

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ [SECTIONS 301 AND 316.](#)

18 Can any resulting loss be recognized? ▶ [NOT APPLICABLE.](#)

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ [SEE LINES 15 AND 16.](#)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature ▶ _____ Date ▶ _____

Print your name ▶ [SIGNATURE ON FILE](#)

Title ▶ _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SIGNATURE ON FILE				
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				