

## Form ABE Affected Business Entity Election

2024

Use this form to elect to file as an affected business entity.

This form isn't required if you've checked the ABE box on Forms 41S or 65 and the tax return is signed by an authorized officer or if you've checked the ABE box and completed line 62 on Form ID K-1. The entity must have documentation authorizing the officer to make the election on behalf of all members. The documentation can either be a copy of meeting minutes authorizing the officer or copies of this form signed by each member. Electronic signatures are permitted.

If you're including this form with your return, it must be signed by either:

- · Each member of the electing entity who's a member at the time the election is filed, or
- · Any officer, manager, or member of the electing entity who's authorized.

You must pay the ABE tax on or before the fifteenth day of the fourth month following the close of each taxable year. You must make a separate election for each taxable year.

Federal Employer Identification Number (EIN)	Entity Type: Part	nership	S Corporation
Name of Entity			
Address			
City		State	ZIP Code
Phone number		•	
By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false			
information can result in criminal and civil penalties	S.		
Name	Title		
Signature		Date	