

Use this form to elect to become an affected business entity.

Include the election with the original return, and pay the tax by April 15 following the close of each taxable year. You must make a separate election for each taxable year.

The election must be signed by:

- 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.

Federal Employer Identification Number (EIN)

Entity Type: Partnership 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.

Name

Title

Signature

Date