

# Report Transmittal

*Not To Be Mailed  
To Taxpayer*

Name and Address of Taxpayer		Related or Key Return	
Return Form No.	Years or Periods	Tax Shelter Promoter Subsequent Year Examined	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)
Return Form No.	Years or Periods	Investor Returns Require 8271	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agreement <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> TEFRA <input type="checkbox"/> Non TEFRA		Supervisory Conference Offered	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)
Other Information (Unagreed issues and important information not covered in workpapers or reports)			

SAMPLE

Examiner	Date	Approved By (Signature of reviewers)
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