

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC§ 301(c)(2)


Blank lined area for listing applicable Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ No

Blank lined area for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ These actions are effective on the date of the distribution identified in Box 14 of the attached schedule.

Blank lined area for providing other information necessary to implement the adjustment.

Sign Here	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.			
	Signature ▶ 	Date ▶ <u>Feb 10, 2020</u>		
Paid Preparer Use Only	Print your name ▶ <u>Shannon Taylor</u>	Preparer's signature	Title ▶ <u>Director, Financial Reporting</u>	Check <input type="checkbox"/> if self-employed
	Print/Type preparer's name		Date	PTIN
	Firm's name ▶			Firm's EIN ▶
	Firm's address ▶			Phone no.