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Almost every form and publication also has its own page on IRS.gov. For example, the Form 1040 page is at [IRS.gov/Form1040](https://www.irs.gov/Form1040); the Publication 17 page is at [IRS.gov/Pub17](https://www.irs.gov/Pub17); the Form W-4 page is at [IRS.gov/W4](https://www.irs.gov/W4); and the Schedule A (Form 1040) page is at [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA). If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not in a Search box. Note that these are friendly shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications at [IRS.gov/FormsComments](https://www.irs.gov/FormsComments). We cannot respond to all comments due to the high volume we receive. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

**Partnership Representative Revocation, Designation,
 and Resignation Form**

► Go to www.irs.gov/Form8979 for instructions and the latest information.

Type or Print	Name of Partnership	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	Tax Year Ending / /
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code, and country. Follow the country's practice for entering the postal code.	

Check here if this form is being filed with an Administrative Adjustment Request (Form 8082 or Form 1065X) ►

Part I Reason for Filing

The person signing this form affirmatively states that (check applicable boxes):

- 1 The partnership is revoking (check box 1a, 1b, or 1c):
 - a The **entity partnership representative** and (check box 1a(i) or 1a(ii)):
 - i Designating an **entity partnership representative** and appointing a **designated individual**. Complete Part II, Section A and Part III, Section A. Sign Part IV, Section A.
 - ii Designating an **individual partnership representative**. Complete Part II, Section A and Part III, Section B. Sign Part IV, Section A.
 - b The **individual partnership representative** and (check box 1b(i) or 1b(ii)):
 - i Designating an **entity partnership representative** and appointing a **designated individual**. Complete Part II, Section B and Part III, Section A. Sign Part IV, Section A.
 - ii Designating an **individual partnership representative**. Complete Part II, Section B and Part III, Section B. Sign Part IV, Section A.
 - c The **designated individual** and appointing a **successor designated individual**. Complete Part II, Section A and Part III, Section A. Sign Part IV, Section A.
- 2 The partnership representative is resigning (check box 2a or 2b).
 - a The **entity partnership representative** is resigning. Complete Part II, Section A and sign Part IV, Section B.
 - b The **individual partnership representative** is resigning. Complete Part II, Section B and sign Part IV, Section C.
- 3 The designated individual is resigning. Complete Part II, Section A and sign Part IV, Section D.
- 4 There is no partnership representative designation in effect so the partnership is (check box 4a or 4b):
 - a Designating an **entity partnership representative** and appointing a **designated individual**. Complete Part III, Section A and sign Part IV, Section E.
 - b Designating an **individual partnership representative**. Complete Part III, Section B and sign Part IV, Section E.

Part II Revocations or Resignations

Part II, Section A Revocation or Resignation of an Entity Partnership Representative or Designated Individual

If the entity partnership representative or the designated individual is being revoked or is resigning, complete this entire section.

Name of entity partnership representative					Taxpayer identification number	
Street address						
City or Town		State or Province	Country Code	ZIP or Postal Code	Area code and telephone number	
Last Name of Designated Individual		First Name		Middle Initial	Suffix	Taxpayer identification number
Street address						
City or Town		State or Province	Country Code	ZIP or Postal Code	Area code and telephone number	

Part II, Section B Revocation or Resignation of an Individual Partnership Representative

If the individual partnership representative is being revoked or is resigning, complete this section.

Last Name of individual partnership representative	First Name	Middle Initial	Suffix	Taxpayer identification number
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Street address

City or Town	State or Province	Country Code	ZIP or Postal Code	Area code and telephone number
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Part III Designations and/or Appointment

Part III, Section A Designation of Entity Partnership Representative and/or Appointment of a Designated Individual.

Both the successor partnership representative and the appointed designated individual must have substantial presence in the United States. See instructions.

If an entity partnership representative is being designated or a designated individual is being appointed, complete this entire section.

Name of partnership representative	Taxpayer identification number
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U.S. street address

City or Town	State	ZIP Code	U.S. area code & telephone number
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Last Name of Designated Individual	First Name	Middle Initial	Suffix	Taxpayer identification number
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U.S. street address

City or Town	State	ZIP Code	U.S. area code & telephone number
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Part III, Section B Designation of an Individual Partnership Representative. *The successor partnership representative must have substantial presence in the United States. See instructions.*

If the partnership representative being designated is an individual, complete this section.

Last Name of partnership representative	First Name	Middle Initial	Suffix	Taxpayer identification number
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U.S. street address

City or Town	State	ZIP Code	U.S. area code & telephone number
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Part IV Signature Section

Part IV, Section A Signature for Revocation by the Partnership. *If this form is being filed to revoke either the partnership representative or the designated individual and to designate/appoint a successor, complete this section.*

The undersigned declares under penalties of perjury that:

I am duly authorized by the partnership or LLC to (1) revoke the designation of the partnership representative or the appointment of the designated individual and (2) make a designation of a successor partnership representative (and appointment of a designated individual, if applicable) or make an appointment of a successor designated individual.

Print/Type name of authorized person	
If the above name is an entity, print/type name of authorized person and title	

Signature of authorized person	Date (mm/dd/yyyy)
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Part IV, Section B Signature for Resigning Entity Partnership Representative

If this form is being filed by a designated individual for the resignation of the entity partnership representative, complete this section.

Print/Type name of resigning entity partnership representative Date (mm/dd/yyyy)

Print/Type name of designated individual

Signature of designated individual Date (mm/dd/yyyy)

Part IV, Section C Signature for Resigning Individual Partnership Representative

If this form is being filed by an individual partnership representative to resign, complete this section.

Print/Type name of resigning individual partnership representative Date (mm/dd/yyyy)

Signature of resigning individual partnership representative

Part IV, Section D Signature for Resigning Designated Individual

If this form is being filed by a designated individual to resign, complete this section.

Print/Type name of resigning designated individual Date (mm/dd/yyyy)

Signature of resigning designated individual

Part IV, Section E Signature for Designation of a Partnership Representative Without Revocation

If this form is being filed to designate a partnership representative (and appoint a designated individual if applicable) because no partnership representative designation is in effect, complete this section.

Under penalties of perjury I declare that I am duly authorized by the partnership or LLC to make this designation of the partnership representative (and appointment of a designated individual, if applicable).

Print/Type name of authorized person Date (mm/dd/yyyy)

If the above name is an entity, print/type name of authorized person and title

Signature of authorized person Date (mm/dd/yyyy)