

Partnership Representative Revocation, Designation, and Resignation

▶ 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

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 Revocations or Resignations *(continued)*

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
Street address				
City or Town	State or Province	Country Code	ZIP or Postal Code	Area code and telephone number

Part III Designations and/or Appointment

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

Section A—Designation of Entity Partnership Representative and/or Appointment of a Designated Individual

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			
U.S. Street address				
City or Town	State	ZIP Code	U.S. Area code and telephone number	
Last Name of Designated individual	First Name	Middle Initial	Suffix	Taxpayer identification number
U.S. Street address				
City or Town	State	ZIP Code	U.S. Area code and telephone number	

Section B—Designation of an Individual Partnership Representative

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
U.S. Street address				
City or Town	State	ZIP Code	U.S. Area code and telephone number	

Part IV Signature Section

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.

	/ / Date (mm/dd/yyyy)
Print/Type name of authorized person	
If the above name is an entity, print/type name of authorized person and title	

Part IV Signature Section *(continued)*

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.

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

Section C—Signature for Resigning Individual Partnership Representative

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

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

Section D—Signature for Resigning Designated Individual

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

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

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).

Signature of authorized person 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	