

Form **8453-PE**

E-file Declaration for Form 1065

OMB No. 1545-0123

(For return of partnership income or administrative adjustment request)
File electronically with the partnership's return or administrative adjustment request.
(Don't file paper copies.)

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8453PE for the latest information.

For calendar year 2024, or tax year beginning , 2024, and ending , 20 .

Name of partnership
Aerospace Edge LLC

Employer identification number
93-1468534

Part I Form 1065 Information (whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	38,328.
2	Gross profit (Form 1065, line 3)	2	38,328.
3	Ordinary business income (loss) (Form 1065, line 23)	3	9,717.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration of Partner or Member or Partnership Representative (see instructions)
Be sure to keep a copy of the partnership's Return of Partnership Income or AAR.

I declare under penalties of perjury:

- 1a. If this Form 1065 is transmitted as part of a return of partnership income, I'm a partner or member of the above partnership.
- b. If this Form 1065 is transmitted as part of an administrative adjustment request (AAR), I'm the partnership representative (PR).
- 2. The information I've given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's Form 1065.
- 3. To the best of my knowledge and belief, the partnership's corresponding return or AAR is true, correct, and complete.
- 4. I consent to my ERO, transmitter, and/or ISP sending the partnership's return or AAR, this declaration, and accompanying forms, schedules and statements to the IRS.
- 5. I consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership's return or AAR is accepted and, if rejected, the reason(s) for the rejection.
- 6. If the processing of the partnership's return or AAR is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay.

Sign Here

Signature of partner or member or PR

03/05/2025

Date

LLC MEMBER

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I've reviewed the above partnership's return or AAR and that the entries on Form 8453-PE are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return or AAR and only declare that this form accurately reflects the data on the return or AAR. The partner or member or PR will have signed this form before I submit the return or AAR. I'll give the partner or member or PR a copy of all forms and information to be filed with the IRS, and I've followed all other requirements in **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I'm also the Paid Preparer, under penalties of perjury, I declare that I've examined the above partnership's return or AAR and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I've any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I've examined the above partnership's return or AAR and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I've any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

REV 02/14/25 TTBIZ Form **8453-PE** (2024)

BAA