

# SAMPLE

Form **5330**  
(Rev. October 2003)  
Department of the Treasury  
Internal Revenue Service

## Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4978A, 4978B, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Filer tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** Name of filer (see page 2 of the instructions)

Number, street, and room or suite no. (If a P.O. box, see page 2 of the instructions)

City or town, state, and ZIP code

**B** Check applicable box and see instructions.

Employer identification number (EIN)

Social security number (SSN)

**Filer's identifying number**

▶

**C** Name and address of plan sponsor

**E** Plan sponsor's EIN

**F** Plan year ending

**D** Name of plan

**G** Plan number

**H** Check here if this is an amended return

### Part I Summary of Taxes Due

	FOR IRS USE ONLY		
1 Section 4972 tax on nondeductible contributions to qualified plans (from line 13l)	161	1	
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from line 22)	164	2	
3 Section 4976 tax on disqualified benefits (from line 23)	200	3	
4a Section 4978 and 4978A tax on certain ESOP dispositions (from line 24a)	209	4a	
b Section 4978B tax on certain ESOP dispositions (from line 24b)	202	4b	
5 Section 4979A tax on certain prohibited allocations of qualified ESOP securities (from line 25)	203	5	
6 Section 4975 tax on prohibited transactions (from line 26c)	159	6	
7 Section 4971 tax on failure to meet minimum funding standards (from line 31)	163	7	
8 Section 4977 tax on excess fringe benefits (from line 32d)	201	8	
9 Section 4979 tax on excess contributions to certain plans (from line 33b)	205	9	
10a Section 4980 tax on reversion of qualified plan assets to an employer (from line 36)	204	10a	
b Section 4980F tax on failure to provide notice of significant reduction in future accruals (from line 43)	228	10b	
11 Section 4971(f) tax on failure to pay liquidity shortfall (from line 47)	226	11	
12a Total tax. Add lines 1 through 11 (see page 3 of the instructions)		12a	
b Enter amount of tax paid with Form 5558 or any other tax paid prior to filing this return		12b	
c Total tax due. Subtract line 12b from line 12a. Attach check or money order payable to "United States Treasury." Write your name, identifying number, and "Form 5330, Section(s) _____" on your payment.		12c	

**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 taxpayer) is based on all information of which preparer has any knowledge.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

**Paid Preparer's Use Only**

\_\_\_\_\_  
Preparer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm's name (or yours if self-employed) and address

For Privacy Act and Paperwork Reduction Act Notice, see page 9 of the instructions.

MGA

Form **5330** (Rev. 10-2003)

**SIGN HERE**

**DATE HERE**