

SAMPLE

Form **5500-EZ**

Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan

This form is required to be filed under
section 6058(a) of the Internal Revenue Code.
▶ Complete all entries in accordance with
the instructions to the Form 5500-EZ.

Official Use Only

OMB No. 1545-0956

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This Form is Open to
Public Inspection.

Department of the Treasury
Internal Revenue Service

Part I Annual Return Identification Information

For the calendar plan year 2003 or fiscal plan year beginning

and ending

- A** This return is:
- (1) the first return filed for the plan;
 - (2) an amended return;
 - (3) the final return filed for the plan;
 - (4) a short plan year return (less than 12 months).

B If filing under an extension of time, check box and attach required information. (see instructions)

Part II Basic Plan Information -- enter all requested information.

1a Name of plan	1b Three-digit plan number (PN) ▶	
	1c Date plan first became effective (mo., day, yr)	
2a Employer's name and address (Address should include room or suite no.)	2b Employer Identification Number (EIN) (Do not enter your Social Security Number)	
	2c Employer's telephone number	
	2d Business code (see instructions)	
3a Plan administrator's name and address (If same as employer, enter "Same")	3b Administrator's EIN	
	3c Administrator's telephone number	

SIGN HERE

DATE HERE

Don't forget to date it!

4 If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN and the plan number from the last return here:

a Employer's name

b EIN

c PN

Caution: A penalty for the late or incomplete filing of this return will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return, including accompanying schedules, statements and attachments, as well as the electronic version of this return if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE

Signature of employer
or plan administrator

Date

Type or print name of individual signing as
employer or plan administrator

For Paperwork Reduction Act Notice, see the instructions for Form 5500-EZ.

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Form **5500-EZ** (2003)

