SAMPLE

Form **5558**
(Rev. June 2001)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Paperwork Reduction Act Notice, see instructions on back.**

OMB No. 1545-0212

File With IRS Only

File before the normal due date of the Form 5500, 5500-EZ, or 5330 (see instructions)

Name of filer, plan administrator, or plan sponsor (see instructions)

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

City or town, state, and ZIP code

Filer's Identifying Number—Check applicable box and enter number (see instructions).

☐ *Employer identification number* (EIN). Filers checking box 1a must enter an EIN. All other filers, see **Specific Instructions.**
▶ _____ **OR**

☐ Social security number (see **Specific Instructions**)
▶

1 I request an extension of time until ____/____/____ to file (check appropriate box(es)).
month day year

a ☐ Form 5500 or 5500-EZ **(no more than 2½ months).**

The application **is automatically approved** to the date shown on line 1 (above) if: **(1)** box 1a is checked, **(2)** the Form 5558 is signed and filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(3)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed below.

b ☐ Form 5330 **(no more than 6 months).** Payment amount attached is $ _____ (see instructions)

2 Complete the following for the plan(s) covered by this application (see **How To File**):

Plan name/filer	Type of plan (check)			Plan number	Plan year ending		
	Pension	Welfare	Fringe		Month	Day	Year

3 State in detail why you need the extension (if line 1b is checked) _____

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ _____ **Date ▶** _____

Notice to Applicant

To Be Completed by the IRS if Line 1b Is Checked

To Be Completed by the IRS if line 1b is checked ▼

☐ This application for extension to file Form 5330 **IS** approved to the date shown on line 1, if line 1b is checked. **(You must attach an approved copy of this form to each Form 5330 that was granted an extension.)**

☐ The date entered on line 1 is more than the 6-month maximum time allowed for Form 5330. This application is approved to _____ **(You must attach an approved copy of this form to each Form 5330 that was granted an extension.)**

☐ The application for an extension for Form 5330 **is not** approved, because it was filed after the normal due date of the return. **(A 10-day grace period is not granted.)**

☐ This application for an extension for Form 5330 **is not** approved, because

- ☐ The application was not signed.
- ☐ No reason was given on this application or the reason was not acceptable.
- ☐ No payment was attached for the tax due on Form 5330.
- ☐ Other ▶ _____

A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later. **(You must attach a copy of this form to each return you file that is granted a grace period.)**

SIGN & DATE HERE
The owner, trustee, or the enrolled actuary signs and dates this form

_____ (Date) _____ (Director) By: _____

Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

Please Print or Type

Name

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

City or town, state, and ZIP code