

Form 5500-EZ

Department of the Treasury
Internal Revenue Service

Annual Return of A One-Participant (Owners/Partners and Their Spouses) Retirement Plan or A Foreign Plan

This form is required to be filed under section 6058(a) of the Internal Revenue Code. Certain foreign retirement plans are also required to file this form (see instructions).
 ▶ **Complete all entries in accordance with the instructions to the Form 5500-EZ.**
 ▶ **Go to www.irs.gov/Form5500EZ for instructions and the latest information.**

OMB No. 1545-1610

2021

This Form is Open to Public Inspection.

Part I Annual Return Identification Information

For the calendar plan year 2021 or fiscal plan year beginning (MM/DD/YYYY) and ending

- A** This return is: (1) the first return filed for the plan; (3) the final return filed for the plan;
 (2) an amended return; (4) a short plan year return (less than 12 months)
- B** Check box if filing under Form 5558 automatic extension
 special extension (enter description) _____
- C** If this return is for a foreign plan, check this box (see instructions)
- D** If this return is for the IRS Late Filer Penalty Relief Program, check this box (see instructions)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

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 (MM/DD/YYYY)	
2a Employer's name		2b Employer Identification Number (EIN) (Do not enter your Social Security Number)	
Trade name of business (if different from name of employer)		2c Employer's telephone number	
In care of name		2d Business code (see instructions)	
Mailing address (room, apt., suite no. and street, or P.O. box)			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
3a Plan administrator's name (If same as employer, enter "Same")		3b Administrator's EIN	
In care of name		3c Administrator's telephone number	
Mailing address (room, apt., suite no. and street, or P.O. box)			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
4 If the employer's name, the employer's EIN, and/or the plan name has changed since the last return filed for this plan, enter the employer's name and EIN, the plan name, and the plan number for the last return in the appropriate space provided.			
a Employer's name		4b EIN	
4c Plan name		4d PN	
5a(1) Total number of participants at the beginning of the plan year		5a(1)	
a(2) Total number of active participants at the beginning of the plan year		5a(2)	
b(1) Total number of participants at the end of the plan year		5b(1)	
b(2) Total number of active participants at the end of the plan year		5b(2)	
c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5c	

Part III Financial Information

	(1) Beginning of year	(2) End of year
6a Total plan assets	6a	
b Total plan liabilities	6b	
c Net plan assets (subtract line 6b from 6a)	6c	

Part III Financial Information

			Amount
7	Contributions received or receivable from:		
a	Employers	7a	
b	Participants	7b	
c	Others (including rollovers)	7c	

Part IV Plan Characteristics

8 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions.

Part V Compliance and Funding Questions

		Yes	No	Amount
9	During the plan year, did the plan have any participant loans? If "Yes," enter amount as of year end	9		
10	Is this a defined benefit plan that is subject to minimum funding requirements? If "Yes," complete Schedule SB (Form 5500) and line 10a below. (See instructions.)	10		
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500), line 40			10a
11	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? If "Yes," complete lines 11a or 11b, 11c, 11d, and 11e below, as applicable.	11		
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, enter the month, day, and year (MM/DD/YYYY) of the letter ruling granting the waiver (see instructions)			11a
b	Enter the minimum required contribution for this plan year			11b
c	Enter the amount contributed by the employer to the plan for this plan year			11c
d	Subtract the amount in line 11c from the amount in line 11b. Enter the result (enter a minus sign to the left of a negative amount)			11d
e	Will the minimum funding amount reported on line 11d be met by the funding deadline?	11e	Yes No N/A	

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

Under penalties of perjury, I declare that I have examined this return including, if applicable, any related Schedule MB (Form 5500) or Schedule SB (Form 5500) signed by an enrolled actuary, 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