

Form 5500-EZ

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

OMB No. 1545-1610

2021

Department of the Treasury
Internal Revenue Service

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.**

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)			
In care of name	2c Employer's telephone number		
Mailing address (room, apt., suite no. and street, or P.O. box)	2d Business code (see instructions)		
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	

