

## **Caution: *DRAFT—NOT FOR FILING***

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Almost every form and publication also has its own easily accessible information page on IRS.gov. For example, the Form 1040 page is at [IRS.gov/form1040](https://www.irs.gov/form1040); the Form W-2 page is at [IRS.gov/w2](https://www.irs.gov/w2); the Publication 17 page is at [IRS.gov/pub17](https://www.irs.gov/pub17); the Form W-4 page is at [IRS.gov/w4](https://www.irs.gov/w4); the Form 8863 page is at [IRS.gov/form8863](https://www.irs.gov/form8863); and the Schedule A (Form 1040) page is at [IRS.gov/schedulea](https://www.irs.gov/schedulea). If typing in the links above instead of clicking on them: type the link into the address bar of your browser, not in a Search box; the text after the slash must be lowercase; and your browser may require the link to begin with “www.”. Note that these are shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications on the [Comment on Tax Forms and Publications](#) page on IRS.gov. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each one. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

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

**2015**

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.**
- ▶ **Information about Form 5500-EZ and its instructions is at [www.irs.gov/form5500ez](http://www.irs.gov/form5500ez).**

**This Form is Open  
to Public Inspection.**

**Part I Annual Return Identification Information**

**For the calendar plan year 2015 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** If filing under an extension of time, check this box (see instructions) . . . . .
- C** If this return is for a foreign plan, check this box (see instructions) . . . . .

**Part II Basic Plan Information – enter all requested information.**

<b>1a</b> Name of plan		<b>1b</b> Three-digit plan number (PN) ▶	
		<b>1c</b> Date plan first became effective (MM/DD/YYYY)	
<b>2a</b> Employer's name		<b>2b</b> Employer Identification Number (EIN) (Do not enter your Social Security Number)	
Trade name of business (if different from name of employer)		<b>2c</b> Employer's telephone number	
In care of name		<b>2d</b> 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)			
<b>3a</b> Plan administrator's name (If same as employer, enter "Same")		<b>3b</b> Administrator's EIN	
In care of name		<b>3c</b> 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)			
<b>4a</b> Name of trust (answering 4a, 4b, 4c, and 4d is optional)		<b>4b</b> Trust's EIN	
<b>4c</b> Name of trustee or custodian		<b>4d</b> Trustee or custodian's telephone number	
<b>5</b> If the name and/or EIN of the employer has changed since the last return filed for this plan, enter the name, EIN, and plan number for the last return in the appropriate space provided:		<b>5b</b> EIN	
<b>a</b> Employer's name		<b>5c</b> PN	
<b>6a(1)</b> Total number of participants at the beginning of the plan year . . . . .	<b>6a(1)</b>		
<b>a(2)</b> Total number of active participants at the beginning of the plan year . . . . .	<b>6a(2)</b>		
<b>b(1)</b> Total number of participants at the end of the plan year . . . . .	<b>6b(1)</b>		
<b>b(2)</b> Total number of active participants at the end of the plan year . . . . .	<b>6b(2)</b>		
<b>c</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<b>6c</b>		

**Part III Financial Information**

		(1) Beginning of year	(2) End of year
<b>7a</b> Total plan assets . . . . .	<b>7a</b>		
<b>b</b> Total plan liabilities . . . . .	<b>7b</b>		
<b>c</b> Net plan assets (subtract line <b>7b</b> from <b>7a</b> ) . . . . .	<b>7c</b>		

Part III (Continued)

Table with 3 columns: Question (8, 8a, 8b, 8c), Description (Employers, Participants, Others), and Amount.

Part IV Plan Characteristics

9 Enter the applicable two-character feature codes from the List of Plan Characteristics Codes in the instructions: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Part V Compliance and Funding Questions

10-16 Compliance and Funding Questions. Includes Yes/No/Amount columns and sub-questions a-e regarding funding requirements and amendments.

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

Preparer's name (including firm name, if applicable) and address, including room or suite number (optional) Preparer's telephone number (optional)