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All early releases of draft forms, instructions, and publications are available at www.IRS.gov/draftforms. All information about forms, instructions, and publications is accessible from www.IRS.gov/formspubs.

If you have any comments on this draft, you can email us at taxforms@irs.gov or submit them to us on our IRS.gov page titled Comment on Forms and Publications. Please include the form or publication number in the subject. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each suggestion. Please note that we may not be able to consider many suggestions until the subsequent revision.

Form **5500-EZ**

Department of the Treasury
Internal Revenue Service

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.
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.

OMB No. 1545-0956

2012

This Form is Open to Public Inspection.

Part I Annual Return Identification Information

For the calendar plan year 2012 or fiscal plan year beginning , 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.

1a Name of plan

1b Three-digit plan number (PN) ►

1c Date plan first became effective (MM,DD,YYYY)

2a Employer's name

Trade name of business (if different from name of employer)

In care of name

Mailing address (room, apt., suite no. and street, or P.O. Box)

City, state, and ZIP code (if foreign, see instructions)

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 (If same as employer, enter "Same")

In care of name

Mailing address (room, apt., suite no. and street, or P.O. Box)

City, state, and ZIP code (if foreign, see instructions)

3b Administrator's EIN

3c Administrator's telephone number

4a Name of trust (optional)

4b Trust's EIN (optional)

5 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:

a Employer's name

5b EIN

5c PN

6a Total number of participants at the beginning of the plan year . . . **6a**

b Total number of participants at the end of the plan year . . . **6b**

Part III Financial Information

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

Part III *(Continued)*

			Amount
8	Contributions received or receivable from:		
a	Employers	8a	
b	Participants	8b	
c	Others (including rollovers)	8c	

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

			Yes	No	Amount
10	During the plan year, did the plan have any participant loans? If "Yes," enter amount as of year end	10			
11	Is this a defined benefit plan that is subject to minimum funding requirements? If "Yes," complete Schedule SB (Form 5500) and line 11a below. (See instructions.)	11			
a	Enter the amount from Schedule SB (Form 5500), line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code? If "Yes," complete lines 12a or 12b, 12c, 12d, and 12e below, as applicable:	12			
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)			12a	
b	Enter the minimum required contribution for this plan year			12b	
c	Enter the amount contributed by the employer to the plan for this plan year			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)			12d	

			Yes	No	N/A
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	12e			

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)