

Note: *The draft you are looking for begins on the next page.*



Caution: *DRAFT—NOT FOR FILING*

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. **Do not file draft forms** and do **not** rely on draft forms, instructions, and publications for filing. We generally do not release draft forms until we believe we have incorporated all changes, but sometimes unexpected issues arise, or legislation is passed. Also, forms generally are subject to OMB approval before they can be officially released. Drafts of instructions and publications usually have some changes before their final release.

Early release drafts are at [IRS.gov/DraftForms](https://www.irs.gov/DraftForms) and may remain there even after the final release is posted at [IRS.gov/LatestForms](https://www.irs.gov/LatestForms). All information about all forms, instructions, and pubs is at [IRS.gov/Forms](https://www.irs.gov/Forms).

Almost every form and publication also has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at [IRS.gov/Form1040](https://www.irs.gov/Form1040); the Pub. 501 page is at [IRS.gov/Pub501](https://www.irs.gov/Pub501); the Form W-4 page is at [IRS.gov/W4](https://www.irs.gov/W4); and the Schedule A (Form 1040) page is at [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA). If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

If you wish, you can submit comments about draft or final forms, instructions, or publications at [IRS.gov/FormsComments](https://www.irs.gov/FormsComments). We cannot respond to all comments due to the high volume we receive. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

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

2019

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 2019 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)
- D** If this return is for the IRS Late Filer Penalty Relief Program, 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	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** *(continued)*

7 Contributions received or receivable from:		Amount
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			
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.)			
10a	a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500), line 40			
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.				
11a	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)			
11b	b Enter the minimum required contribution for this plan year			
11c	c Enter the amount contributed by the employer to the plan for this plan year			
11d	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)			
11e	e Will the minimum funding amount reported on line 11d be met by the funding deadline?	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