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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**

**2018**

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](http://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 2018 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.**

<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>4</b> 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.	
<b>a</b> Employer's name	<b>4b</b> EIN
<b>4c</b> Plan name	<b>4d</b> PN
<b>5a(1)</b> Total number of participants at the beginning of the plan year	<b>5a(1)</b>
<b>a(2)</b> Total number of active participants at the beginning of the plan year	<b>5a(2)</b>
<b>b(1)</b> Total number of participants at the end of the plan year	<b>5b(1)</b>
<b>b(2)</b> Total number of active participants at the end of the plan year	<b>5b(2)</b>
<b>c</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>5c</b>

**Part III Financial Information**

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

