

Annual Employer's Return for Employees' Pension or Profit-Sharing Plans

For the calendar year 1971, or fiscal year beginning _____, 1971 and ending _____, 19

Please type or print

Name of employer	Employer identification number
Address (number and street)	
City or town, State, and ZIP code	

1 Give the number of plans covered by this return
Note: A separate Schedule A is required for each.

2 Give the number of fund accounts covered by this return
Note: A separate Form 4849 is required for each, unless filed by the fiduciary.

3 Employer type of entity:
 (a) Corporation (other than Subchapter S) (b) Corporation (Subchapter S) (c) Sole proprietorship
 (d) Partnership (e) Tax exempt organization (f) Trust or estate (taxable)

4 (a) Have you been granted an extension of time for filing the income tax return (Form 1040, 1120, etc.) or other applicable return (Form 990) required of the respective employer type entity listed in item 3? Yes No
 (b) If the answer to question 4(a) is "Yes," give the date to which such extension has been granted. (See General Instruction C.)

Coverage relating to all plans as of the end of the employer's taxable year or annual accounting period:	Number of Employees	Amount of Non-deferred Compensation
(a) Total employed		
(b) Total not covered by any plan		
(c) Total covered by at least one plan (line 5(a) less line 5(b))		

6 (a) Has the total number of participants for any plan in effect for the current year decreased by more than 20% from the number of participants in such plan for the previous year? Yes No
 (b) Have you closed a plant or division employing plan participants? Yes No
 (c) If the answer to question 6(a) or 6 (b) is "Yes," give the two-digit serial number(s) of the respective plan(s) involved. (See item 2 of General Instruction E.)
 (d) Give the two-digit serial number of each plan which you have treated as partially terminated

7 Enter amount of deduction claimed for contributions made to all plans. (If a non-taxable employer, enter amount of contributions made.) (Do not include amounts on Form 2950SE.) \$
(Applicable to All Taxable Employers)

8 Are any of your employees covered under both a profit-sharing and a pension plan? Yes No
 If "Yes," complete lines 9 through 17.

Overlapping Pension and Profit-Sharing Plans—Limitation under Section 404(a)(7)
 (Applicable only when an employee is covered under both a pension and a profit-sharing plan)

9 Total nondeferred compensation paid or accrued for:	
(a) All employees	\$ _____
(b) All employees under both a pension and a profit-sharing plan	_____
10 30% of compensation otherwise paid or accrued to employees who are beneficiaries under such overlapping plans in the year	_____
11 25 percent of covered compensation in year	_____
12 Total amount otherwise deductible for year (from Schedule(s) A)	_____
13 Smaller of line 11 or 12.	_____
14 Carryover from prior year under section 404(a)(7)	_____
15 Sum of lines 13 and 14.	_____
16 Allowable deduction for year under section 404(a)(7). (Lesser of line 10 or 15.)	_____
17 Carryover to succeeding year under section 404(a)(7). (Line 12 plus line 14 minus line 16.)	_____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the employer, his declaration is based on all information of which he has any knowledge.

The Internal Revenue Service does not require a seal on this form, but if one is used, please place it here.

Date	Signature of employer	Address
_____	_____	_____
Date	Signature of individual or firm preparing the return	
_____	_____	