

For the calendar year 1972, or fiscal year beginning _____, 1972 and ending _____, 19

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

Part I Employer and Plan Information

1 Give the number of plans covered by this return

Note: A separate Schedule A or Schedule K is required for each plan adopted by an employer, except for industry or Area-Wide Union-Negotiated Plan designs.

2 Give the number of fund accounts covered by this return

Note: A separate Form 4849 is required for each fund unless filed by the fiduciary or unless the employer is a sole proprietor reporting on a qualified Keogh Plan.

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 your income tax return (Form 1040, 1120, etc.) or other applicable return (Form 990)? 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.) ▶

5 Coverage relating to all plans for the employer's taxable year:	Number of Employees	Amount of Non-deferred Compensation
(a) Total employed (including self-employed individuals)		
(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 that employed plan participants? Yes No

(c) If the answer to question 6(a) or 6(b) is "Yes," give the three-digit serial number(s) of the respective plan(s) involved. (See item 2 of General Instruction E.) ▶

(d) Give the three-digit serial number of each plan which you have treated as partially terminated ▶

7 (a) Enter amount of deduction claimed for contributions made to all plans (except for contributions made on behalf of self-employed individuals). (If a non-taxable employer, enter amount of contributions made.) \$

(b) Enter amount of contributions made on behalf of self-employed individuals, including partners. (See instructions.) \$

Part II Overlapping Pension and Profit-Sharing Plans—Limitation under Section 404(a)(7)

(To be completed only by an employer, other than a tax-exempt organization, if at least one of his employees is covered under one or more pension plans and is also covered under one or more profit-sharing plans.)

1 30% of compensation otherwise paid or accrued to employees who are beneficiaries under such overlapping plans in the year	\$
2 25% of compensation otherwise paid or accrued to employees who are beneficiaries under such overlapping plans in the year	-----
3 Total amount otherwise deductible for year (applicable amounts from Parts II and III of Schedule A)	-----
4 Smaller of line 2 or 3	-----
5 Carryover from prior year under section 404(a)(7)	-----
6 Sum of lines 4 and 5	\$
7 Allowable deduction for year under section 404(a)(7). (Lesser of line 1 or 6)	-----
8 Carryover to succeeding year under section 404(a)(7). (Line 3 plus line 5 minus line 7.)	\$

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.

<div style="border: 1px solid black; padding: 5px; font-size: 0.8em;"> The Internal Revenue Service does not require a seal on this form, but if one is used, please place it here. </div>	Date _____	Signature of employer _____	_____
Date _____	Signature of individual or firm preparing the return _____	Preparer's address _____	Emp. Ident. or Soc. Sec. No. _____

SCHEDULE K.—Annual Status Report of Keogh Plan (HR-10) of Sole Proprietor

(A separate Schedule K is required for each such plan adopted by a sole proprietor)

Name of employer (To be completed only if there is more than one Schedule K being submitted)	Employer identification number
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Part I Identification and Characteristics of Plan

1 Name of plan	2 Serial number you assigned to plan
3 Type of plan: (a) <input type="checkbox"/> Pension (b) <input type="checkbox"/> Profit-sharing	4 Effective date of plan ▶
5 If a pension plan, indicate method of determining amount of retirement benefit: (a) <input type="checkbox"/> Unit benefit (b) <input type="checkbox"/> Fixed benefit (c) <input type="checkbox"/> Money-purchase benefit (d) <input type="checkbox"/> Other (specify)	

Part II Summary of Plan Operation

	Yes	No	
1 Was this plan terminated during the year? <small>If "Yes," attach Form 966-P (except sole proprietors with no employees)</small>			3 Coverage of common-law employees under this plan as of end of year: (a) Total persons employed
2 Were employer contributions used to pay premiums for life insurance on any of the common-law-employee participants?			(b) Persons excluded because: (i) Insufficient years of service (ii) Part-time or temporary
If "Yes," was the cost of such insurance included in Forms W-2?			(c) Total common-law-employees covered

Part III Computation of Allowable Deduction for Contributions made on Behalf of Self-Employed Individuals (If more than one plan is involved, combine amounts for all Keogh plans and enter result on one Schedule K only)

1 Employer contributions made on behalf of self-employed individuals (enter dates paid) ▶	\$
2 Less amount allocated to insurance protection (see instructions)	
3 Net contributions	
4 Earned income (net earnings from self-employment) (see instructions)	
5 10% of line 4 not to exceed \$2,500	
6 Allowable deduction (lesser of lines 3 or 5) Enter here and on line 49 Form 1040	

Part IV Computation of Allowable Deduction for Contributions Made on Behalf of Common-Law Employees

1 Amount of contributions paid for the year (enter dates paid) ▶	\$
2 If profit-sharing plan, enter 15% of compensation paid to all common-law participants	
3 If pension plan, enter amount of current liability (see instructions)	
4 Allowable deduction (lesser of lines 1, 2 or 3)	

Part V Identification of Fiduciary and Fund and Summary of Financial Information

Note: If plan is funded by direct payments to an insurance carrier or by purchase of U.S. Retirement Bonds, without an intervening trust, make no entry in 1, 2, or 4 and enter in 3 "Employer Fiduciary Account."

1 Name of fiduciary	2 Fiduciary identification number
3 Name of fund or custodial account	4 Fund identification number

5 Summary of financial information:	
(a) Balance of net assets at beginning of year (same as balance at end of prior year)	\$
(b)(i) Employer contributions during the year	\$
(ii) Employee contributions during the year	
(iii) Earnings	
(iv) Adjustments (attach schedule)	
(c) Total of (a) and (b)	
(d) Less distributions for the year	
(e) Balance of net assets at end of year	
(f) Investments at end of year:	
(i) Insurance contracts, annuities, etc. (cumulative costs)	\$
(ii) U.S. Retirement Bonds	
(iii) Shares or units of regulated investment companies (mutual funds)	
(iv) General investments (see instructions)	
(v) Cash	