

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

1974

For the calendar year 1974, or fiscal year beginning _____, 1974 and ending _____, 19

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

Part I Employer and Plan Information (To be completed by All Employers)

1 Enter the number of plans, in the following categories, that you maintain or contributed to:

(a) Keogh plans of partnerships that have no owner-employee participant	
(b) Union-negotiated plans (attach columnar list as explained in B, General Instructions)	
(c) All other plans (attach a Schedule A for each plan)	

2 Show how many fund accounts are covered by this return

Note: File a separate Form 4849 for each fund.

3 Employer type of entity:

(a) <input type="checkbox"/> Corporation (other than Subchapter S)	(c) <input type="checkbox"/> Sole proprietorship	(f) <input type="checkbox"/> Trust or estate (taxable)
(b) <input type="checkbox"/> Corporation (Subchapter S)	(d) <input type="checkbox"/> Partnership	(g) <input type="checkbox"/> Board of trustees or administrator
(e) <input type="checkbox"/> Tax exempt organization	(h) <input type="checkbox"/> Funding exempt organization	

4 If you were granted an extension of time for filing this form or your income tax or other applicable return (Form 1040, 1120, 1065, 990, etc.), give the latest due date ▶

5 Coverage relating to all your plans. Include all employees that were on your payroll during the year. If you have a Keogh plan, include all partners.

	Column A Number of Employees	Column B* Amount of compensation and earned income
(a) Total employed during the year, including partners		
(b) Total not covered by any plan, including terminated employees and partners		
(c) Total covered by at least one plan, including terminated employees (a) less (b)		

*Enter wages and other compensation for common-law employees and the net earnings of partners. Enter only amounts reportable as income on Form 1040.

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 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 (b) is "Yes," give the three-digit serial number(s) of the respective plan(s) involved. (See item (2), General Instruction E.) ▶

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

7 (a) Enter deduction claimed for contributions made to all plans, except contributions made for partners. (If a non-taxable employer, enter contributions made.) \$

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

8 Did you file a consolidated income tax return under section 1501? Yes No

If "Yes," 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 employee is covered under one or more pension plans and also covered under one or more profit-sharing plans.)

1 30% of compensation otherwise paid or accrued to employees covered under overlapping plans	\$
2 25% of compensation otherwise paid or accrued to employees covered under overlapping plans	\$
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.

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	
	Date	Signature of individual or firm preparing the return	Preparer's address
			Emp. Ident. or Soc. Sec. No.