

Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4971, 4972, 4973(a)(2), 4975, 4976, 4977, 4978,
4978A, 4978B, 4979, 4979A, and 4980 of the Internal Revenue Code)

For tax year beginning _____, 19____ and ending _____, 19____

Name (see general instructions)	Check applicable box and enter number: <input type="checkbox"/> Employer identification number OR <input type="checkbox"/> Social security number (see general instructions)
Number and street (or P.O. box number if mail is not delivered to street address)	
City or town, state, and ZIP code	
Name and address of employer whose plan was involved in the prohibited transaction, if applicable	Employer identification number
	Plan year ending
Name of plan	Plan number

Part I Tax on Failure To Meet Minimum Funding Standards (Section 4971)

- 1 Accumulated funding deficiency in the plan's minimum funding standard account (see specific instructions)
- 2 Accumulated funding deficiency in the plan's alternative minimum funding standard account (see specific instructions)
- 3 Tax due—10% of line 1 or 10% of line 2 for plan years beginning after 12-31-88 (5% of line 1 or line 2 for multiemployer plans or for plan years beginning before 1-1-89) (See instructions.) Enter here and on line 21 _____ ▶

Please Sign Here	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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	▶ _____ Your signature	▶ _____ Date
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date ▶ _____
	Firm's name (or yours if self-employed) and address ▶ _____	

Part IV Tax on Disqualified Benefits (Section 4976)

14 If your welfare benefit fund has provided a disqualified benefit during your taxable year, enter the amount of the disqualified benefit here and on line 24 (see instructions)

Part V Tax on Excess Fringe Benefits (Section 4977)

15a Did you make an election to be taxed under section 4977? Yes No
b If "Yes," enter the calendar year in which the excess fringe benefits were paid ▶ 19
c If line a is "Yes," enter the excess fringe benefits on this line (see instructions)
d Enter 30% of line c on this line and on line 25

Part VI Tax on Certain ESOP Dispositions (Sections 4978, 4978A and 4978B)

16a Enter here and on line 26a your section 4978 or 4978A tax on dispositions of employer securities by employee stock ownership plans and certain worker-owned cooperatives (see instructions). Check the box to indicate which tax you are filing for Section 4978 Section 4978A
b Enter here and on line 26b your section 4978B tax on dispositions of employer securities to which section 133 applied

Part VII Tax on Nondeductible Employer Contributions to Qualified Plans (Section 4972)

17a Total contributions for your tax year to your qualified (under section 401(a), 403(b), or 408(k)) plan
b Amount allowable as a deduction under section 404
c Subtract line b from line a
d Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86
e Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year or any prior tax year
f Subtract line e from line d
g Amount of line f carried forward and deductible in this tax year
h Subtract line g from line f
i Taxable excess contributions—add line c and line h
j TAX—Enter 10% of line i here and on line 27 below

Part VIII Tax on Excess Contributions to Certain Plans (Section 4979)

18a Enter the amount of any excess contributions under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), 501(c)(18) or excess aggregate contributions described in section 401(m)
b Enter 10% of the amount entered on line 18a here and on line 28

Part IX Tax on Certain Prohibited Allocations of Qualified ESOP Securities (Section 4979A)

19 If you owe any tax under section 4979A, enter the amount of the tax here and on line 29 below (see instructions)

Part X Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980)

20a Date reversion occurred ▶ month ___ day ___ year ___
b If you owe any tax under section 4980, enter the amount here and on line 30 below (see instructions)

Part XI Summary of Taxes Due

21 Tax on failure to meet minimum funding standard (from line 3)
22 Tax on excess contributions to section 403(b)(7)(A) custodial accounts (from line 12)
23 Tax on prohibited transactions (from line 13b)
24 Tax on disqualified benefits (from line 14)
25 Tax on excess fringe benefits (from line 15d)
26a Tax on certain ESOP dispositions (from line 16a)
b Tax on certain ESOP dispositions (from line 16b)
27 Tax on nondeductible contributions to qualified plans (from line 17j)
28 Tax on excess contributions to certain plans (from line 18b)
29 Tax on certain prohibited allocations of qualified ESOP securities (from line 19)
30 Tax on reversion of qualified plan assets to an employer (from line 20b)
31a Total tax (add lines 21 through 30)
b Enter amount of tax paid upon filing of Form 5558, if applicable
c Total tax due (subtract line 31b from line 31a). Pay in full with return. (Make checks or money orders payable to Internal Revenue Service.) ▶
32 Are you electing to be taxed on a prohibited transaction which occurred prior to January 1, 1975, so that your plan and trust will retain its exempt status? Yes No
33 Have you corrected any of the prohibited transactions which you are reporting on this return? Yes No
If "Yes," complete Part XIII.

Part XII Schedule of Other Participating Disqualified Persons

34	(a) Name and address of disqualified person	(b) Transaction number from Part III	(c) Employer identification number or social security number
(i)		
(ii)		
(iii)		

Part XIII Description of Correction (See line 33 instructions.)

35	(a) Transaction number from Part III	(b) Nature of correction	(c) Date of correction
		
		
		