

Appendix A

Revenue Procedure 2014-32 Transmittal Schedule

1. Applicant's Name (Plan Sponsor or Plan Administrator)

2. Plan Name

3. Applicant's Address

4. Applicant's Employer Identification Number (EIN)

5. Three-Digit Plan Number (PN)

6. Plan Year End Date (Enter MM/DD/YYYY)

7. Required Form and Filing Address (Check one):

A. In accordance with sections 5.02(1)(a) and 5.04 of the revenue procedure, the enclosed version of Form 5500-EZ was required to be filed for the year of delinquency and is being mailed to:

**Internal Revenue Service
1973 North Rulon White Blvd.
Ogden, UT 84404**

B. In accordance with sections 5.02(1)(a) and 5.04 of the revenue procedure, the enclosed version of Form 5500 was required to be filed for the year of delinquency and is being mailed to

**Internal Revenue Service
Employee Plans Delinquent Filer Program
EP Classification
9350 Flair Drive
El Monte, CA 91731-2828**