

**Internal Revenue Service**

**Department of the Treasury**

Person to Contact/ID Number:

Contact Telephone Number:

Name of Plan:

Plan Number:

Tax Period(s):

Taxpayer Identification Number:

Date:

Dear Sir or Madam:

Our examination of your Form(s) 5330, *Return of Excise Taxes Related to Employee Benefit Plans*, for the above tax period(s) resulted in no change in the tax liability, and corrective action if any, reported on the return(s). We are pleased to inform you that we have accepted the return(s) as filed.

If you have any questions, please contact the person whose name and telephone number are shown above.

Thank you for your cooperation.

Sincerely,

Director, EP Examinations