

TY 2026 5330 MeF ATS Scenario 3

SSN: 111-00-1111

Filed by Individual

Form Required: 5330

Attachment: Payment Record

PreparerFirmGrp – N/A

PreparerFirmEIN

PreparerFirmName

PreparerFirmUSAddress

MultSoftwarePackagesUsedInd - No

OriginatorGrp

EFIN – as assigned

OriginatorTypeCd - ERO

PractitionerPINGrp

EFIN – as assigned

PIN - 15512

PinEnteredByCd – ERO or N/A for Online Filer

SignatureOptionCd – 15512

ReturnTypeCD - 5330

TaxPeriodBeginDt – 01/01/2026

TaxperiodEndDt – 12/31/2026

Filer

SSN – 111-00-1111

IndividualName – John Doe

IndividualNameControl – JOHN

USAddress – 000 Any Street, No Town, GA 30308

BusinessOfficerGrp

PersonNm – John Doe

PersonTitleTxt -- President

PhoneNum – 404-234-4444

EmailAddressTxt --

SignatureDt – self-select

TaxpayerPIN – self-select

DiscussWithPaidPreparerInd – Y

PreparerPersonDetail – N/A

PreparerPersonNm – Jane Doe

PTIN – P00900099

PhoneNum – 404-111-0000

EmailAddressTxt

PreparationDt – self-select

SelfEmployedInd – Y

TY 2026 5330 MeF ATS Scenario 3

SSN: 111-00-1111

Filed by Individual

SigningOfficerGrp

PersonFirtNm – John

PersonLastNm – Doe

SSN – 111-00-1111

IRSResponsiblePrtyInfoCurrInd -- Y

binaryAttachmentCnt – 0

Note: This scenario reports the following prohibited transaction event:

Section 4975(a) imposes an excise tax on a disqualified person who engages in a prohibited transaction with the plan.

Complete reporting of this event will require the following Form 5330 return:

By the **Individual** [disqualified person] (the return attached to this cover page).

Form **5330**
(Rev. December 2025)
Department of the Treasury
Internal Revenue Service

Return of Excise Taxes Related to Employee Benefit Plans

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to www.irs.gov/Form5330 for instructions and the latest information.

Filer tax year beginning January 1, 2026		and ending December 31, 2026	
A Name of filer (see instructions) John Doe		B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.)	
Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) 000 Any Street		Employer identification number (EIN)	
City or town No Town	State or province GA	Country	ZIP or foreign postal code 30308
C Name of plan XYZ 401(k) Plan		Social security number (SSN) 111-00-1111	
D Name and address of plan sponsor XYZ Plan Sponsor 456 Ave No Town, GA 3030		E Plan sponsor's EIN 00-9000000	
H If this is an amended return, check here ☐		F Plan year ending (MM/DD/YYYY) 12/31/2026	
		G Plan number 001	

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed. See instructions.**Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

	FOR IRS USE ONLY	
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a 3,940.08
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4
5a Section 4978 tax on ESOP dispositions	209	5a
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7 3,940.08

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year

8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	10d

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11
12 Total Section B taxes. Add lines 8a through 10d or 11. Enter here and on Part II, line 17		12

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year

13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13
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Name of filer: **John Doe**Filer's identifying number: **111-00-1111****Part I Taxes** (continued)**Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred**

- 14** Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3).
Enter here and on Part II, line 17

204

14**Section E. Tax that is reported by the last day of the month following the month in which the failure occurred**

- 15** Section 4980F tax on failure to provide notice of significant reduction in future accruals (from
Schedule J, line 5). Enter here and on Part II, line 17

228

15**Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction**

- 16** Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K,
line 2). Enter here and on Part II, line 17

237

16**Part II Tax Due**

- 17** Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)

17**3,940.08**

- 18** Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return

18**0.00**

- 19 Tax due.** If the amount on line 17 is more than the amount on line 18, subtract line 18 from line 17.
For details on how to pay, go to www.irs.gov/Payments or see the instructions

19**3,940.08**

- 20a Overpayment.** If the amount on line 18 is more than the amount on line 17, subtract line 17 from
line 18

20a

b Routing number **c** Type: ☐ Checking ☐ Savings

d Account number

**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.

(404) 234-4444

Your signature

Telephone number

Date

**Paid
Preparer
Use Only**

Preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Name of filer: **John Doe**Filer's identifying number: **111-00-1111****Schedule A Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)**

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))	1	
2	Amount allowable as a deduction under section 404	2	
3	Subtract line 2 from line 1	3	
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4	
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5	
6	Subtract line 5 from line 4	6	
7	Amount of line 6 carried forward and deductible in this tax year	7	
8	Subtract line 7 from line 6	8	
9	Tentative taxable excess contributions. Add lines 3 and 8	9	
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax	10	
11	Taxable excess contributions. Subtract line 10 from line 9	11	
12	Multiply line 11 by 10%. Enter here and on Part I, line 1	12	

Schedule B Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers. See instructions	1	
2	Amount excludable from gross income under section 403(b). See instructions	2	
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3	
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4	
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5	
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6	
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7	
8	Taxable excess contributions. Add lines 3 and 7	8	
9	Multiply line 8 by 6%	9	
10	Enter the value of your account as of the last day of the year	10	
11	Multiply line 10 by 6%	11	
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2	12	

Name of filer: **John Doe**

Filer's identifying number: **111-00-1111**

Schedule C Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

- 1** Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):
a ☐ discrete **b** ☒ other than discrete (a lease or a loan)

2 Complete the table below to disclose the prohibited transactions and figure the initial tax. See instructions.

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	4/1/2023	Loan	9,467.21	1,420.08
(ii)	1/1/2024	Loan	8,400.00	1,260.00
(iii)	1/1/2025	Loan	8,400.00	1,260.00
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a **3** **3,940.08**

- 4** Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement. See instructions ☒ **Yes** ☐ **No**

Name of filer: **John Doe**

Filer's identifying number: **111-00-1111**

Schedule C Tax on Prohibited Transactions (Section 4975) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return) (continued)

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction. See instructions.

(a) Item no. from line 2	(b) Name and address of disqualified person	(c) EIN or SSN	(d) Date of correction	(e) Description of correction
1	John Doe	111-00-1111	12/31/2026	Loan and interest paid in full
	000 Any Street			
	No Town, GA 30308			
2	John Doe	111-00-1111	05/30/2026	Loan and interest paid in full
	000 Any Street			
	No Town, GA 30308			
3	John Doe	111-00-1111	10/15/2026	Loan and interest paid in full
	000 Any Street			
	No Town, GA 30308			
	</			

Name of filer: **John Doe**Filer's identifying number: **111-00-1111****Schedule F Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4))**
Reported by the 15th day of the 10th month after the last day of the plan year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status.	
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements . . .	1a
b	Enter the amount of the accumulated funding deficiency	1b
c	Multiply the greater of line 1a or line 1b by 5%. Enter the result here and on Part I, line 10b	1c
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan.	
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a
b	Enter the number of days during the tax year which are included in the period beginning on the first day following the close of the 240-day period and ending on the day the rehabilitation plan is adopted	
c	Multiply line 2b by \$1,100	2c
d	Enter the greater of line 2a or line 2c here and on Part I, line 10c	2d

Schedule G Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1	Did you make an election to be taxed under section 4977? ☐ Yes ☐ No	
2	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid: _____	
3	If line 1 is "Yes," enter the excess fringe benefits on this line. See instructions	3
4	Enter 30% of line 3 here and on Part I, line 11	4

Schedule H Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1
2	Multiply line 1 by 10% and enter here and on Part I, line 13	2

Schedule I Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1	Date reversion occurred MM ____ DD ____ YY ____	
2a	Employer reversion amount: _____ b Excise tax rate (20% or 50%): _____	
3	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14	3
4	Explain below why you qualify for a 20% rather than a 50% excise tax rate:	

Schedule J Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice: _____	
2	Enter the effective date of the amendment MM ____ DD ____ YY ____	
3	Enter the number of days in the noncompliance period: _____	
4	Enter the total number of failures to provide ERISA section 204(h) notice. See instructions	4
5	Multiply line 4 by \$100. Enter here and on Part I, line 15	5
6	Provide a brief description of the failure, and of the correction, if any:	

Schedule K Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to: _____	
2	Multiply line 1 by \$20,000. Enter the result here and on Part I, line 16	2

Schedule L Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

1	Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted	
2	Multiply line 1 by \$100. Enter the result here and on Part I, line 10d	2

TY 2026 5330 MeF ATS Scenario 3

SSN: 111-00-1111

Filed by Individual

Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-4444
Account Type	Checking
Payment Amount	\$3,941.00
Requested Payment Date	7/7/2027
Taxpayer Daytime Phone	(404) 234-4444