

Request for Information

OMB No. 1545-1610

Employer Identification Number: «EIN»

Plan Name: «Plan_Nm»

Plan Number: «Plan_Num»

Plan Period Ending: «Plan_Yr»

Our records show there were no participants listed on Line «In_#» of the Form «frm_#» for the «Plan_Yr» plan year. In order to clarify this information, please answer the following questions:

1. Please enter the number of plan participants at the beginning of the plan year:

2. Please enter the number of plan participants at the end of the plan year:

3. If the number of plan participants for the plan year in question reported on line 2 above is not zero, please prepare and file an amended Form «frm_#» using the EFAST2 filing system for the plan year in question within 30 days from the date of this request and mail a copy with your response.
4. Before filing your amended return, please review your return for completeness and ensure all information is correctly reported as required. Incorrect or missing information may result in future contacts similar to this.
5. In order for us to improve our process, please provide a brief explanation explaining why the number of plan participants was zero on the original Form «frm_#»:

6. Please provide the name and contact information of someone knowledgeable of the plan's form and operations who is authorized to speak with us regarding this matter:

Name _____

Title _____

Telephone Number _____

Best Time to Call _____

For additional information regarding this compliance check, you can visit our website:
[http://www.irs.gov/Retirement-Plans/Employee-Plans-Compliance-Unit-\(EPCU\)](http://www.irs.gov/Retirement-Plans/Employee-Plans-Compliance-Unit-(EPCU)).