

Form **5500-EZ**

Annual Return of A One-Participant (Owners/Partners and Their Spouses) Retirement Plan or A Foreign Plan

OMB No. 1545-1610

2023

Department of the Treasury
Internal Revenue Service

This form is required to be filed under section 6059(a) of the Internal Revenue Code. Certain foreign retirement plans are also required to file this form (see instructions).

Complete all entries in accordance with the instructions to the Form 5500-EZ. Go to www.irs.gov/Form5500EZ for instructions and the latest information.

This Form is Open to Public Inspection.

Part I Annual Return Identification Information

For the calendar plan year 2023 or fiscal plan year beginning (MM/DD/YYYY) 01/02/2022 and ending 01/02/2023

- A This return is: (1) the first return filed for the plan (3) the final return filed for the plan
(2) an amended return (4) a short plan year return (less than 12 months)
- B Check box if filing under Form 5558 automatic extension
 special extension (enter description) _____
- C If this return is for a foreign plan, check this box (see instructions)
- D If this return is for the IRS Late Filer Penalty Relief Program, check this box
(Must be filed on a paper Form with the IRS. See instructions).
- E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information — enter all requested information.

<p>1a Name of plan <u>Annual Return Plan</u></p>	<p>1b Three-digit plan number (PN) <u>586</u></p> <p>1c Date plan first became effective (MM/DD/YYYY) <u>02/05/2022</u></p>
<p>2a Employer's name <u>ACME CORP Software</u></p> <p>Trade name of business (if different from name of employer) _____ In care of name _____ Mailing address (room, apt., suite no. and street, or P.O. box) <u>235, Park Street Avenue, FL</u> City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FL 63052</u></p>	<p>2b Employer Identification Number (EIN) (Do not enter your Social Security Number) <u>735268329</u></p> <p>2c Employer's telephone number <u>011536259</u></p> <p>2d Business code (see instructions) _____</p>
<p>3a Plan administrator's name (if same as employer, enter "Same") _____ In care of name _____ Mailing address (room, apt., suite no. and street, or P.O. box) _____ City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) _____</p>	<p>3b Administrator's EIN <u>532678</u></p> <p>3c Administrator's telephone number _____</p>
<p>4 If the employer's name, the employer's EIN, and/or the plan name has changed since the last return filed for this plan, enter the employer's name and EIN, the plan name, and the plan number for the last return in the appropriate space provided</p> <p>a Employer's name _____ b(1) Total number of participants at the beginning of the plan year a(2) Total number of active participants at the beginning of the plan year b(2) Total number of active participants at the end of the plan year c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>4b EIN <u>5732900</u></p> <p>4d PN _____</p>
<p>4c Plan name _____</p>	<p>5a(1) Total number of participants at the beginning of the plan year <u>10</u></p> <p>5a(2) Total number of active participants at the beginning of the plan year <u>8</u></p> <p>5b(1) Total number of participants at the end of the plan year <u>5</u></p> <p>5b(2) Total number of active participants at the end of the plan year _____</p> <p>5c Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested <u>2</u></p>

Part III Financial Information

		(1) Beginning of year	(2) End of year
6a Total plan assets	6a	\$ 50000	\$ 60000
b Total plan liabilities	6b	\$ 4000	\$ 5000
c Net plan assets (subtract line 6b from 6a)	6c		