



IRS Form 5500-SF Worksheet

Company/Employer _____

Contact _____ Phone _____

Email _____ Date _____

401k Plan Year _____

Please provide us with the following information, so we can complete the preparation of your company's Form 5500-SF. We want to have your Form 5500-SF ready for your final review and submission. For prompt service, please return this completed worksheet to us within the next 10 days. Send it to fvaguchay@401k-network.com. If you have any questions, please call (800) 660-0050 X2.

- 1) Total number of participants on January 1. This includes any employees which are eligible to participate, if they choose to actually participate or not. For new plans this number would be 0. For existing plans this would be the end of the year number of participants from your previous year form 5500-SF. _____
- 2) Total number of eligible 401k plan participants at the beginning of the plan year. Eligible participants include all persons who are qualified to join the 401k, whether they choose to join the 401k, or not. We need this head-count number of all eligibles as of December 31: **ELIGIBLES** _____
- 3) Total number of participants with account balances as of December 31: **NUMBER OF PARTICIPANTS WITH 401K BALANCES** _____
- 4) Total dollar value of all 401k plan assets held in the company's 401k plan on January 1. (Note-For new plans this value would be \$ 0): **TOTAL DOLLAR (\$) VALUE OF ALL PLAN ASSETS ON JANUARY 1.**

You can derive this total 401k assets value from the year-end statement sent directly to you by your 401k asset custodian. Please note that the value that the custodian reports to you, and you relay to us, may not agree with the total we ultimately use in completing your company's Form 5500-SF. The disparity is caused by contributions deducted or in transit to the 401k asset custodian, but not yet booked or deposited by the 401k asset custodian at year.

\$ _____

- 5) Total dollar value of all 401k plan assets held in the company's 401k plan on December 31: **TOTAL DOLLAR (\$) VALUE OF ALL PLAN ASSETS ON DECEMBER 31: \$ _____** .
To calculate this total, please add the following:
- a) Total the year-end (December 31) values from all brokerage statements you receive, and provide us with as single total amount: \$ _____
 - b) Any year-end contributions, that were made after the end of the year and do not appear on the year end statements: \$ _____
 - c) Outstanding loan balances as of December 31: \$ _____
- 6) **Total employer contributions from January 1 to December 31: \$ _____** . To calculate this total, please add the following:
- a) Employer contributions January 1 through December 31: \$ _____
 - b) Qualified Non-Elective Contributions (QNEC) January 1 through December 31: \$ _____
 - c) Discretionary Employer Contributions (Profit Sharing) January 1 through December 31: \$ _____
 - d) ADP test corrections made January 1 through December 31: \$ _____
 - e) Safe Harbor contributions made January 1 through December 31: \$ _____
- 7) **Total participant contributions from January 1 to December 31: \$ _____**
- 8) **Total of all other contributions into the plan, such as rollovers, January 1 through December 31: \$ _____**
- 9) **Total distributions or benefits paid out from the plan, including rollovers out from January 1 through December 31: \$ _____**
- 10) **Total of corrective distributions paid out and returned to employee or employer from January 1 to December 31: \$ _____**
- 11) **Outstanding loan balances as of December 31: \$ _____**
- 12) **Any administrative fees or other expenses paid out of the plan to vendors: \$ _____**
- 13) **Transfer to or from the plan: \$ _____**

14) Total other income (loss): \$ _____

To obtain this figure, please calculate the following using the above figures:

- a) Take the end of year assets \$ _____
- b) Subtract from that your beginning of year assets \$ _____
- c) Subtract any employer contributions \$ _____
- d) Subtract any participant contributions \$ _____
- e) Subtract any other contributions including rollovers \$ _____
- f) Add any benefits paid \$ _____
- g) Add any corrective distributions made \$ _____
- h) Add any loans not to be repaid \$ _____
- i) Add any other expenses \$ _____
- j) Add or subtract the net of any trust transfers in/out \$ _____

(A positive number is added, a negative number is subtracted)

If the total is a positive number it is income, if a negative number it is a loss. Please enter it in number 14 above.

15) Was your plan covered by a fidelity bond? Yes No

If yes, what was the value of the fidelity bond? \$ _____