

## **Attention:**

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that are mailed each spring to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web site at [www.efast.dol.gov](http://www.efast.dol.gov) for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**SCHEDULE F  
(Form 5500)**

**Fringe Benefit Plan Annual Information Return**

**Under Section 6039D of the Internal Revenue Code**

▶ **File as an attachment to Form 5500.**

Department of the Treasury  
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

**2001**

**This Form is NOT Open  
to Public Inspection.**

For the calendar plan year 2001  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

**B** Three-digit  
plan number ▶

**C** Plan sponsor's name as shown on line 2a of Form 5500

**D** Employer Identification Number

**1** Check the Internal Revenue Code section that describes this fringe benefit plan:

- (a)  125 (Cafeteria plan)
- (b)  127 (Educational assistance program)
- (c)  137 (Adoption assistance program)

**2** Enter the total number of employees of the employer .....

Input field for number of employees

**3** Enter the total number of employees eligible to participate in the plan .....

Input field for eligible employees

**4** Enter the total number of employees participating in the plan. (See instructions.) .....

Input field for participating employees

**5** Enter the total cost of the fringe benefit plan for the plan year. (See instructions.) ..

Input field for total cost with .00

**6** Did the fringe benefit plan terminate in this plan year? (See instructions.) .....

Yes  No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 14687J Schedule F (Form 5500) 2001

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