

Form <b>14704</b> (May 2015)	Department of the Treasury - Internal Revenue Service <b>Transmittal Schedule – Form 5500-EZ Delinquent Filer Penalty Relief Program (Revenue Procedure 2015-32)</b> <i>(Attach to Oldest Delinquent Return in this Submission)</i>	OMB Number 1545-0956
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1. Applicant's name *(plan sponsor or plan administrator)*

2. Applicant's street address

3. City or town, state and zip code *(include foreign country name, province/county and zip code, if applicable)*

4. Applicant's Employer Identification Number *(do not use a Social Security Number)* 5. Applicant's telephone number

6. Plan number

7. Plan name

8. Indicate the last day of the plan year for each delinquent return included in this submission *(enter MM/DD/YY)*

9. Check the applicable box below for the amount of payment

Number of Delinquent Returns in this Submission	Amount of Payment <i>(choose one)</i>
(a) One delinquent return	<input type="checkbox"/> \$500
(b) Two delinquent returns	<input type="checkbox"/> \$1,000
(c) Three or more delinquent returns	<input type="checkbox"/> \$1,500