#### **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I		t Identification Information			2/04/0047	
For calend	ar plan year 2016 or	fiscal plan year beginning 09/01/			8/31/2017	
		a single-employer plan	a multiple-employer pl		-	
A This ref	urn/report is for:	a one-participant plan	list of participating en	nployer information in ac	ccordance with the	form instructions.)
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check	oox if filing under:	Form 5558	X automatic extension		DFVC program	า
		special extension (enter desc	cription)		_	
Part II	Basic Plan Inf	ormation—enter all requested in	· · ·			
1a Name		onto an requested in	morniadori		<b>1b</b> Three-digit	
LAURENCE	S HARRIS MD PC P	PENSION PLAN			plan numbe	
					(PN) ▶	001
					1c Effective da	ate of plan 08/15/1975
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Roy)			dentification Number
		om, apt., suite no. and street, or P. nce, country, and ZIP or foreign pos		ructions)	(=::+)	13-2790528
	S HARRIS MD PC	, , ,	, , ,	,		telephone number 2-371-4114
					2d Business co	ode (see instructions)
70 E 10TH S		70 E 10T			(	621111
NEW TORK,	NY 10003-5102	NEW TO	RK, NY 10003-5102			
<b>3a</b> Plan a	dministrator's name a	and address X Same as Plan Spo	onsor.		<b>3b</b> Administrate	or's EIN
					3c Administrate	or's telephone number
4 If the r	name and/or EIN of the	he plan sponsor has changed since	the last return/report filed f	or this plan, enter the	<b>4b</b> EIN	
		umber from the last return/report.	·	•		
<b>a</b> Spons	or's name				4c PN	
<b>5a</b> Total	number of participant	s at the beginning of the plan year			5a	6
<b>b</b> Total	number of participant	s at the end of the plan year			5b	6
		n account balances as of the end of			5c	6
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	4
<b>d(2)</b> Tot	al number of active p	articipants at the end of the plan ye	ear		5d(2)	4
		at terminated employment during th			5e	0
		or incomplete filing of this return			use is establishe	d.
SB or Sche	dule MB completed	other penalties set forth in the instru and signed by an enrolled actuary,				
sign	rue, correct, and con Filed with authorized	nplete. d/valid electronic signature.	05/08/2018	EDWARD GREENBER	RG	
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plar	administrator
CION	orginatare or plan		Date	Zittor riamo or marvia	dar orgrining do plan	radiffinitiation
SIGN HERE						
		loyer/plan sponsor	Date			ployer or plan sponsor
	name (including firm	name, if applicable) and address (i	nciude room of suite number	÷1 )	Preparer's teleph	ione number
509 MADIS						
NEW YORK	., NY 10022					

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62	Ware all of the plan's assets during the plan year invested in cligib	do accote?	(Soc instructions )						X Ye	s No
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public a	account	ant (IC	PA)			X Ye	
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		_	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
<u>a</u>	Total plan assets	7a	1	904020	)				191769	91
b	Total plan liabilities	7b		9367						0
С	Net plan assets (subtract line 7b from line 7a)	7c	1	894653	3				191769	91
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		18427	·					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		91079	)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10950	06
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		86468	3					
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8640	68
<u>i</u>									2303	38
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2C	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ıctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not i	nclude transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					250000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	X					13296
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI P	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes X No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C.?						Yes X No
a	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	d enter t	the date		er ruling
	_	g the waiver.			_ Day	<u>/</u>	Year _	
		npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			12b			
<u> </u>	Enter th	ne minimum required contribution for this plan year						
		e amount contributed by the employer to the plan for this plan year			12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)			12d			
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Ye	s X N	10
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to			
	<b>13c(1)</b> N	ame of plan(s):		13c(2)	EIN(s)		13c(3	<b>3)</b> PN(s)
Part	VIII	Trust Information			1			
14a	Name o	f trust			14b <sup>-</sup>	Trust's I	EIN	
14c	Name o	of trustee or custodian					's or custoo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			X No	
		the plan satisfy the nondiscrimination requirements for employee deferrals under section  for the plan year? Check all that apply:		Desig safe h	n-based narbor	d [	"Prior y test	ear" ADP
	- ( )(			"Curre	ent year test	,,	N/A	
16a 		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the lett					-		
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	nter the	date	of the m	nost rec	ent determ	ination
18	Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s [	No	
19	Was ar	ny plan participant a 5% owner who had attained at least age 70 $\%$ during the prior plan year?			Ye	s [	No	

### Laurence S. Harris M.D., P.C.

70 East 10<sup>th</sup> Street New York, NY 10003

April 24, 2018

Edward Greenberg 509 Madison Avenue New York, NY 10022

Dear Mr. Greenberg:

This letter will authorize you to electronically submit my form 5500-SF for 08/31/17.

I am returning to you a manually signed copy of the 5500-SF and understand that as you have informed me it will be included with the return posted by the Department of Labor on the internet for public disclosure and that you will communicate any inquiries and information received from EFast2, Dept of Labor, IRS or PBGC regarding the return.

Sincerely,

Laurence Harris

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				····		
	dar plan year 2016 or f	iscal plan year beginning 09/01/20	016			and ending	08/31/2017	
	eturn/report is for:	a single-employer plan	a multip	le-emp	oloyer p ating e	lan (not multiemployer)	(Filers checking the	nis box must attach a e form instructions.)
		a one-participant plan	a foreig					,
B This ref	turn/report is	the first return/report an amended return/report	the final		•	rn/report (less than 12 r	nonthe)	
C Check	box if filing under:		_			The second secon		
• Oncor	box it ming drider.	Form 5558 special extension (enter descri	⊠ automa ption)	itic ext	ension		☐ DFVC progra	m
Part II	Basic Plan Info	ormation—enter all requested info	ormation					
1a Name	of plan		**********				1b Three-digit	
LAURENCE	S HARRIS MD PC PI	ENSION PLAN					plan numb (PN) ▶	1
W							1c Effective d	late of plan 08/15/1975
Mailin	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Box)					dentification Number 13-2790528
LAURENCE	S HARRIS MD PC	ce, country, and ZIP or foreign posta	ii code (it toi	reign, s	see ins	tructions)	2c Sponsor's	telephone number 2-371-4114
70 E 10TH S	<b>\""</b> "						2d Business c	code (see instructions)
	, NY 10003-5102	70 E 10TH NEW YORI	ST K, NY 1000:	3-5102	2			621111
3a Plan a	administrator's name a	nd address X Same as Plan Spons	sor.				3b Administrat	tor's EIN
							2	
							3C Administrat	tor's telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since the	ne last retur	n/repo	rt filed	for this plan, enter the	4b EIN	
	or's name	mber from the last return/report.					4c PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year $\ldots$			•••••		5a	(
<b>b</b> Total	number of participants	at the end of the plan year					5b	(
C Númb	er of participants with	account balances as of the end of tr	ne plan vear	· (only	defined	contribution plans	5c	6
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the pla	n year			***************************************	5d(1)	4
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan year					5d(2)	4
e Numb	per of participants that	terminated employment during the p	olan vear wi	th acci	rued he	nefits that were less	5e	(
Caution: A	Nenalty for the late	or incomplete filing of this return/	report will	he acc	hassas	unloss rozsonable as	uoo in aatabliah	-t
SB or Sche	allies of perjury and oth	ner penaities set forth in the instructi nd signed by an enrolled actuary, as	ions I decla	ire that	t I havo	evamined this return/re	nort including if	
SIGN HERE	Jour J	10m	4/	u,	18	ACHRUCK	Honny	
	Signature of plan a	dministrator	Date	4	4 11	Enter name of individ	ual signing as plar	n administrator
SIGN HERE	din	11 am		·	•	GACNE NO	k Hrang	
	Signature of emplo	yer/plan sponsor ame, if applicable) and address (inc	Date			Enter name of individ		ployer or plan sponsor
EDWARD G	REENBERG	ame, ii applicable) and address (inc	lude room o	r suite	numbe	er)	Preparer's telepi	none number
509 MADISONEW YORK								
	· · · · · · · · · · · · · · · · · · ·							
For Paperwo	ork Reduction Act Notice	e, see the Instructions for Form 5500-S	\$F	· · · · · · · · · · · · · · · · · · ·				

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6a Were all of the plan's assets during the plan year invested in el	ligible assets	? (See instructions.)					X Yes No
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibile	t of an indepe	endent qualified public	accoun	tant (I	QPA)		⊠ Yes □ No
If you answered "No" to either line 6a or line 6b, the plan c	annot use F	orm 5500-SF and mu	st inste	ad us	e Forr	n 5500.	
c If the plan is a defined benefit plan, is it covered under the PBG							No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Yea	<u>,                                    </u>			b) End of Year
a Total plan assets	7a		190402			1	1917691
b Total plan liabilities		-	936	7			0
C Net plan assets (subtract line 7b from line 7a)			189465	3			1917691
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	 nt		•		
a Contributions received or receivable from:		(4) 7 11104					(b) Total
(1) Employers			1842	7			
(2) Participants							
(3) Others (including rollovers)							
b Other income (loss)			9107	9			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							109506
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	S O-I		86468	,			
Certain deemed and/or corrective distributions (see instructions			00400	-			
f Administrative service providers (salaries, fees, commissions)							
			5. 8 S S S			1,450	
h Total expenses (add lines 8d, 8e, 8f, and 8g)							86468
Net income (loss) (subtract line 8h from line 8c)					- A-1		23038
j Transfers to (from) the plan (see instructions)	··· 8j						
Part IV Plan Characteristics							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2C	ion feature co	odes from the List of P	lan Cha	racteri	stic C	odes in t	he instructions:
b If the plan provides welfare benefits, enter the applicable welfar	re feature cor	los from the Lint of Die	n Char	4 5 -	·		
The production of the applicable wellar	e leature coc	ies nom the List of Pla	in Char	acteris	tic Co	des in th	e instructions:
Part V Compliance Questions		- · · · · · · · · · · · · · · · · · · ·					
10 During the plan year:				Yes	No	N/A	A 4
a Was there a failure to transmit to the plan any participant contr	ibutions withi	n the time period	l	100	110	IVA	Amount
described in 29 CFR 2510.3-102? (See instructions and DOL'	's Voluntary F	iduciary Correction	1	l	<sub>V</sub>		
			l .				
Program)			10a		Х		
<b>b</b> Were there any nonexempt transactions with any party-in-inter	est? (Do not	include transactions			×		
b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)	est? (Do not	include transactions	10a 10b	x			
b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)      Was the plan covered by a fidelity bond?	rest? (Do not	include transactions		X			25000
b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan.	rest? (Do not	include transactions	10b 10c	Х			25000
b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	rest? (Do not	include transactions	10b	Х	Х		25000
b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)	n's fidelity bo	nd, that was caused	10b 10c	X	X		25000
<ul> <li>b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)</li> </ul>	n's fidelity bo other person	include transactions  nd, that was caused  s by an insurance the benefits under	10b 10c	X	X		25000
b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)	n's fidelity bo other person	include transactions  nd, that was caused  s by an insurance the benefits under	10b 10c 10d	X	X		25000
<ul> <li>b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan the plan have any participant loans? (If "Yes," enter amount.</li> </ul>	n's fidelity bo other person come or all of	include transactions  and, that was caused  s by an insurance the benefits under	10b 10c 10d 10e 10f	X	X		
<ul> <li>b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)</li></ul>	n's fidelity bo other person come or all of plan?  as of year-ed? (See instru	include transactions  and, that was caused  s by an insurance the benefits under  end.)  actions and 29 CFR	10b 10c 10d 10e 10f 10g		X		25000 1329
<ul> <li>b Were there any nonexempt transactions with any party-in-inter reported on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the g</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> </ul>	other person or all of plan?	include transactions  and, that was caused  s by an insurance the benefits under  end.)  actions and 29 CFR	10b 10c 10d 10e 10f		× × ×		

Form 5500-S	SF 2016
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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minin (Form 5500) and line 11a below)	num funding requirements? (If "Yes," see instructions and	comple	ete Sch	nedule Si	В		Yes	X No
11a	Enter the unpaid minimum required contribu	tions for all years from Schedule SB (Form 5500) line 40			11a		····		
12	Is this a defined contribution plan subject to FRISA?	the minimum funding requirements of section 412 of the C	Code o	sectio	n 302 of			 ] Yes	X No
	(ii res, complete line 12a or lines 12b, 12	c, 12d, and 12e below, as applicable.)					``  _	-	
	granting the warver	for a prior year is being amortized in this plan year, see in	Month	ns, an	d enter ti Day		of the le		ıling
		), and 10 of Schedule MB (Form 5500), and skip to line			T				
<u>d</u>	Enter the minimum required contribution for the	nis plan year			12b				
	Enter the amount contributed by the employer	r to the plan for this plan year			12c				
	negative amount)	ount in line 12b. Enter the result (enter a minus sign to the			12d				
e	Will the minimum funding amount reported o	n line 12d be met by the funding deadline?				Yes	No		N/A
Part									
13a		pted in any plan year?				Yes	3 X	No	
		that reverted to the employer this year			13a				
b	control of the PBGC?	pants or beneficiaries, transferred to another plan, or brou					Yes	X 1	10
С	If, during this plan year, any assets or liabiliti which assets or liabilities were transferred. (\$	es were transferred from this plan to another plan(s) ident	ify the	plan(s)	to		W		· · · · · · · · · · · · · · · · · · ·
1	13c(1) Name of plan(s):			13c(2)	EIN(s)		13	c(3) P	N(s)
E.S.									
Part	0.0000.00								
14a :	Name of trust				<b>14b</b> ⊤	rust's E	IN		
14c	Name of trustee or custodian						s or cust ne numb		S
Part	IX IRS Compliance Questions								····
15a	Is the plan a 401(k) plan? If "No," skip b		🛮	Yes		[>	No		·
15b	How did the plan satisfy the nondiscrimination 401(k)(3) for the plan year? Check all that app	requirements for employee deferrals under section ly:		Desigi safe h	n-based arbor		"Prior test	year"	ADP
				"Curre	nt year" est		] N/A		
	year? Check all that apply:	coverage requirements under section 410(b) for the plan		Ratio perce test	ntage		erage nefit tes	t [	] N/A
	tol the plan year by combining this plan with a	rimination requirements of sections 410(b) and 401(a)(4) ny other plan under the permissive aggregation rules?		Yes			No		
1/a	If the plan is a master and prototype plan (M& the letter / and the	P) or volume submitter plan that received a favorable IRS serial number							
	If the plan is an individually-designed plan tha letter/	t received a favorable determination letter from the IRS, er	nter the	e date d	of the mo	st rece	nt deten	minati	on
1	Defined Benefit Plan or Money Purchase Pens Were any distributions made during the plan y service?	sion Plan Only: ear to an employee who attained age 62 and had not sepa	arated	from	Yes		No		
19 \	Was any plan participant a 5% owner who had	attained at least age 70 ½ during the prior plan year?			Yes		No		

## 7004

(Rev. December 2016)
Department of the Treasury
Internal Revenue Service

# Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

File a separate application for each return.

► Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

OMB No. 1545-0233

Name Identifying number Print Laurence S Harris MD FACS PC 13-2790528 Number, street, and room or suite no. (If P.O. box, see instructions.) or 7 EAST 10TH STREET 16J Type City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). NEW YORK NY 10003 Note: File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form. Automatic Extension for C Corporations With Tax Years Ending December 31. See instructions. 1a Enter the form code for the return listed below that this application is for . Application Form Application Form Is For: Code Is For: Code Form 1120 12 Form 1120-ND (section 4951 taxes) 20 Form 1120-C 34 Form 1120-PC 21 Form 1120-F Form 1120-POL 15 22 Form 1120-FSC 16 Form 1120-REIT 23 Form 1120-H 17 Form 1120-RIC 24 Form 1120-L 18 Form 1120-SF 26 Form 1120-ND 19 Automatic Extension for Certain Estates and Trusts. See instructions. **b** Enter the form code for the return listed below that this application is for Application Form Application Form Is For: Code Is For: Code Form 1041 (estate other than a bankruptcy estate) 04 Form 1041 (trust) 05 Automatic Extension for Entities Not Using Part I, II, or IV. See instructions. c Enter the form code for the return listed below that this application is for . Application Form Application Form Is For: Code Is For: Code Form 706-GS(D) 01 Form 1120-ND (section 4951 taxes) 20 Form 706-GS(T) 02 Form 1120-PC 21 Form 1041 (bankruptcy estate only) 03 Form 1120-POL 22 Form 1041-N 06 Form 1120-REIT 23 Form 1041-QFT 07 Form 1120-RIC 24 Form 1042 08 Form 1120S 25 Form 1065 Form 1120-SF 09 26 Form 1065-B 10 Form 3520-A 27 Form 1066 11 Form 8612 28 Form 1120 12 Form 8613 29 Form 1120-C 34 Form 8725 30 Form 1120-F 15 Form 8804 31 Form 1120-FSC Form 8831 16 32 Form 1120-H 17 Form 8876 33 Form 1120-L 18 Form 8924 35 Form 1120-ND 19 Form 8928 36 Part IV Automatic Extension for C Corporations With Tax Years Ending June 30. See instructions. d Enter the form code for the return listed below that this application is for **Application** Form **Application** Form Is For: Code Is For: Code Form 1120 12 Form 1120-ND (section 4951 taxes) 20 Form 1120-C Form 1120-PC 34 21 Form 1120-F 15 Form 1120-POL 22 Form 1120-FSC 16 Form 1120-REIT 23 Form 1120-H 17 Form 1120-RIC 24 Form 1120-L 18 Form 1120-SF 26 Form 1120-ND 19

Part	V All Filers Must Complete This Part		
2	If the organization is a foreign corporation that does not have an office or place of business in the check here		<u> </u>
3	If the organization is a corporation and is the common parent of a group that intends to file a corporation check here	▶ [	
	If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) covered by this application.	for each member	
4 5a b	If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, cl. The application is for calendar year 20 $_{\odot}$ , or tax year beginning $_{\odot}$ Sep 1 , 2016, and ending Short tax year. If this tax year is less than 12 months, check the reason: $\Box$ Initial return $\Box$ Fire	Aug 31,	<b>20</b> 17
6	☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions	•	n)
7	Tentative total tax		
,		7 0	1
8	Balance due. Subtract line 7 from line 6 (see instructions)		
	REV 01/25/17 PRO	Form <b>7004</b> (Rev. 1	2-2016