



**Note:** *The draft you are looking for begins on the next page.*

## **Caution: DRAFT—NOT FOR FILING**

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. **Do not file draft forms.** We incorporate all significant changes to forms posted with this coversheet. However, unexpected issues occasionally arise, or legislation is passed—in this case, we will post a new draft of the form to alert users that changes were made to the previously posted draft. Thus, there are never any changes to the last posted draft of a form and the final revision of the form. Forms and instructions are subject to OMB approval before they can be officially released, so we post drafts of them until they are approved. Drafts of instructions and pubs usually have some additional changes before their final release. Early release drafts are at [IRS.gov/DraftForms](https://www.irs.gov/DraftForms) and remain there after the final release is posted at [IRS.gov/LatestForms](https://www.irs.gov/LatestForms). Also see [IRS.gov/Forms](https://www.irs.gov/Forms).

Most forms and publications have a page on IRS.gov: [IRS.gov/Form1040](https://www.irs.gov/Form1040) for Form 1040; [IRS.gov/Pub501](https://www.irs.gov/Pub501) for Pub. 501; [IRS.gov/W4](https://www.irs.gov/W4) for Form W-4; and [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA) for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at [IRS.gov/FormsComments](https://www.irs.gov/FormsComments). Include “NTF” followed by the form or pub number (for example, “NTF1040”, “NTFW4”, “NTF501”, etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each “NTF” message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click [here](#).

TREASURY/IRS AND OMB USE ONLY DRAFT

Form **8955-SSA**  
 (Rev. December 2026)  
 Department of the Treasury  
 Internal Revenue Service

**Annual Registration Statement Identifying Separated  
 Participants With Deferred Vested Benefits**

This form is required to be filed under section 6057 of the Internal Revenue Code.  
 Go to [www.irs.gov/Form8955SSA](http://www.irs.gov/Form8955SSA) for instructions and the latest information.

OMB No. 1545-2187

This Form Is NOT Open  
 to Public Inspection

**PART I Annual Statement Identification Information**

For the plan year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- A  Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)
- B  Check here if this is an amended registration statement.
- C Check the appropriate box if filing under:  Form 5558  Automatic extension  
 Special extension (enter description) \_\_\_\_\_

**PART II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan	<b>1b</b> Plan Number (PN)
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**Plan Sponsor Information**

<b>2a</b> Plan sponsor's name	<b>2b</b> Employer Identification Number (EIN)
<b>2c</b> Trade name (if different from plan sponsor name)	<b>2d</b> Plan sponsor's phone number
<b>2e</b> In care of name	

<b>2f</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>2g</b> City	<b>2h</b> State	<b>2i</b> ZIP code
<b>2j</b> Foreign province (or state)	<b>2k</b> Foreign country	<b>2l</b> Foreign postal code	

**Plan Administrator Information**

<b>3a</b> Plan administrator's name (if other than plan sponsor)	<b>3b</b> Employer Identification Number (EIN)		
<b>3c</b> In care of name	<b>3d</b> Plan administrator's phone number		
<b>3e</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>3f</b> City	<b>3g</b> State	<b>3h</b> ZIP code
<b>3i</b> Foreign province (or state)	<b>3j</b> Foreign country	<b>3k</b> Foreign postal code	

**4** If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:  
 Plan administrator's name \_\_\_\_\_ EIN \_\_\_\_\_

**5** If the name or EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:  
 Plan sponsor's name \_\_\_\_\_ EIN \_\_\_\_\_ Plan Number (PN) \_\_\_\_\_

<b>6a</b> Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA . . . . .	<b>6a</b>
<b>b</b> Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred . . . . .	<b>6b</b>
<b>7</b> Total number of participants reported on lines 6a and 6b . . . . .	<b>7</b>
<b>8</b> Did the plan administrator provide an individual statement to each participant required to receive a statement? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.**

<b>Sign Here</b>	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed
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Name of plan	Plan Number	EIN
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**PART III Participant Information - enter all requested information**

If additional entries are needed, duplicate and use this page.

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

- Code A** — has not previously been reported.
- Code B** — has previously been reported under the above plan number, but whose previously reported information requires revisions.
- Code C** — has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.
- Code D** — has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account		

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