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

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Save As | Blank Form 8955-SSA | Form 8955-SSA Instructions | Clear All Form Fields | Print Form

Form **8955-SSA**

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* for instructions and the latest information.

OMB No. 1545-2187

2019

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

1a Name of plan	**1b** Plan Number (PN)

Plan Sponsor Information

2a Plan sponsor's name	**2b** Employer Identification Number (EIN)
2c Trade name (if different from plan sponsor name)	**2d** Plan sponsor's phone number

2e In care of name

2f Mailing address (room, apt., suite no. and street, or P.O. box)	**2g** City	**2h** State	**2i** ZIP code

2j Foreign province (or state)	**2k** Foreign country	**2l** Foreign postal code

Plan Administrator Information

3a Plan administrator's name (if other than plan sponsor)	**3b** Employer Identification Number (EIN)
3c In care of name	**3d** Plan administrator's phone number

3e Mailing address (room, apt., suite no. and street, or P.O. box)	**3f** City	**3g** State	**3h** ZIP code

3i Foreign province (or state)	**3j** Foreign country	**3k** 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)

6a	Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA	**6a**
b	Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred	**6b**
7	Total number of participants reported on lines 6a and 6b	**7**
8	Did the plan administrator provide an individual statement to each participant required to receive a statement? ☐ Yes ☐ 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.

Sign Here ▶	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed

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Name of plan | Plan Number | EIN

PART III Participant Information - enter all requested information

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.) First name	M.I.	Last name	✓	Enter code for nature and form of benefit (d) Type of annuity	(e) Payment frequency	Amount of vested benefit (f) Defined benefit plan — periodic payment	(g) Defined contribution plan — total value of account	(h) Previous sponsor's EIN	(i) Previous plan number

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