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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.

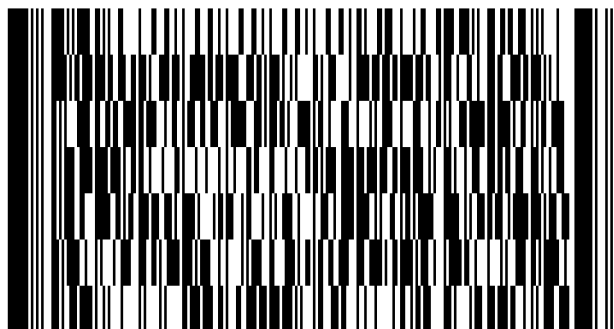
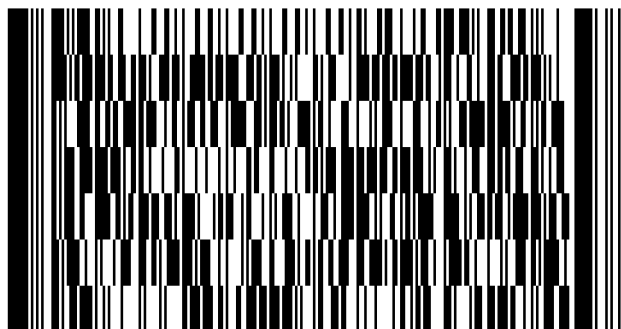
**Sign
Here**

Signature of plan sponsor

Date signed

Signature of plan administrator

Date signed



PART III Participant Information - enter all requested information

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.

Entry code "C" only

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