ERISA Form 8955-SSA
2-D Barcode Standards

Version 1.3
June 7, 2012

Plan Years:
  2009
  2010
  2011

History Log

Version	Date	Summary of Changes	Editor
1.0	01/14/2011	Version 1.0	WBAPSO/CIT
1.1	6/27/2011	- Update Barcode Specs: Page 2 Barcode 1, #6 "Software Version" should be a 2 position numeric field specifying vendor software version (0, 1, 2, 3, etc.) - Add details about font for page data under the Approval Procedures section - Update Plan Name on Page 2 Barcode 1, #9 – Field Notes should make reference to repeating Plan Name from Section 1a, not Section 1b - Field Types: Amounts no longer show decimals in print format	WBAPSO/CIT
1.2	11/01/2011	- Adding 2010 Form 8955-SSA - Barcode is Mandatory for SSA Approval - New Section 7: Form Printing/Notes o Printing Data – Fonts/Sizes o Vendor ID to print in top left corner o Address field updates - Update Approval Procedures – vendor information	WBAPSO/CIT
1.3	6/7/2012	- Added a note about carriage returns in the barcode to the General Standards section - Update Links to State and Country Codes at the end of the Barcode Layout section - Update Title Page and Overview section to reflect plan years for which this document is valid (2009-2011)	WBAPSO/CIT

ERISA Form 8955-SSA   - 2D Barcode Standards

Contents

1. Overview

This document covers only the 2D barcode on ERISA Form 8955-SSA – valid for Plan Years 2009-2011. The 2D barcode is intended to represent the information on the paper form. Barcodes for this form are generated from two sources:
1. The IRS Form 8955-SSA Fill-able PDF produces a barcode after printing the form in Adobe.
2. The approved software vendors for Form 8955-SSA produce a barcode when printing their forms from their software packages.

The first page of the form contains information about the Plan Administrator and Plan Sponsor, as well as annual statement identification data and signatures. This page must have two barcodes, and the content for each barcode is defined in the barcode layout section (see Section 8 - Form 8955-SSA Barcode Layout). The signature and signed dates are the only data fields not included in the barcodes; all other fields are included in the barcode data.

When generating your output file, on the bottom of page 1, you will provide a page number which will indicate this is page 1 of X. Where X is equal to the total number of pages in this submission. (You can reference the official IRS PDF file for correct placement of this information.)

The second page of the form contains participant information, such as the name, social security number, and information about the participant's benefits. The form will allow ten participants on each page 2, and multiple page 2's can be submitted for more participants. Each page 2 must have two barcodes as defined in the layout (see Section 8 - Form 8955-SSA Barcode Layout). All data on this page should be included in the barcode.

On page 2, you will display a number in the upper right corner of the page, identifying the correct page number (i.e. the first page 2 in your submission will have printed on the page, in this location, page 2.1 If you have additional page 2's, you must number them to indicate that they are additional. The next page 2 for this submission would be numbered 2.2, and so on.) You must also indicate on the page, the correct (whole number) page number (i.e. page 3 of 4, page 5 of 6.) (You can reference the official IRS PDF file for correct placement of this information.)

Refer to the form samples provided by the IRS (PDF Form 8955-SSA) for proper layout (labels, graphics, content, lines, scale, margins, etc.). If a software developer does not support 2-D barcodes, the area reserved for the barcode must be left blank. A general rule that can be used to determine if a printer is capable of producing a 2-D barcode is that, if the printer can produce a graphic such as an agency seal or business logo, then the printer should be capable of producing a 2-D barcode that can be scanned.

2. General Standards

- The barcode will be a 2-D barcode in the PDF-417 format. The PDF 417 has error detection and correction capabilities. The error correction level should be set to level 5.
- All fields within the barcode are followed by a carriage return delimiter - <CR>.
  - NOTE – Please do not insert a carriage return within the Plan Name field. It may appear as two lines on the form to fit all 140 characters, but do not use any delimiter in the barcode between the two lines of text. Doing so will make the barcode invalid.
- All fields are required, although a field can be left empty (leaving just the field terminating <CR>).
- Do not zero fill or fill with spaces if a field is to be left blank, unless otherwise specified. If there is no data, a field should be left empty followed by a terminating <CR>. It is up to the decoder to determine how to handle empty fields.
- Stretching or scaling the barcode changes its integrity and reduces the readability of the barcode; please do not stretch or scale the barcode.
- The barcode must be surrounded by at least 1/4" of whitespace.
- Barcodes are required on vendor forms in order to obtain SSA Form Approval for Form 8955-SSA.

3. Approval Procedures

- Software vendors should provide up-to-date contact information including accurate email addresses when submitting forms for approval.
- Test scenarios for 2-D barcode testing are via PDF.
- The format of the Form and the 2-D barcode data will be approved separately and simultaneously, if possible, to expedite the approval process. SSA will indicate exactly what is being approved.
- SSA requests 2 sheets of forms with test data for approval. If submitting a 2-D barcode for approval, at least one sheet with 2-D barcode sample must be a 'max-fill' sample. Samples with data fields that are maximum filled must have data in all fields. The data in the remaining 2-D barcode samples should reflect the data on the sheets, including field inclusion or exclusion requirements based on certain data specified. *Example:* Entry Code 'C' on Page 2 requires data in the "Previous Sponsor's EIN" and "Previous Plan Number" fields, but require *no* data in the "Defined benefit Plan Periodic Payment" and "Total Value of Account" fields.
- SSA requests one printout of a blank form (without data and without a barcode).
- The vendor number must be included in the barcode per barcode layout in Section 8 of this document. It must also be printed at the top of the form per specifications.
- The SSA can provide vendor codes for non-NACTP[1] submissions.

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[1] The **National Association of Computerized Tax Processors** (NACTP) is a nonprofit association that represents tax processing software and hardware developers, electronic filing processors, tax form publishers, and tax

- Please use a fixed pitch font for the printed data on Form 8955-SSA, preferably **Courier New.** Please ensure that the data in each field fits in the appropriate box on the form when printed. Please see Section 7 of this document for font size details.

Any questions or submissions for the Form 8955-SSA barcode specifications should be emailed to: *erisa.forms@ssa.gov,* or sent to:

> Social Security Administration
> Data Operations Center
> **Attn: Erisa Forms Approval, Room 348**
> 1150 E. Mountain Drive
> Wilkes-Barre, PA 18702-7997

The following information should be included with the test sheets, either on a cover page or in the body of the email:
- Date of Request
- **Company Name**
- Address
- Contact Name / Title / Phone
- Email
- **Software Product**
- **Software Product Website**
- **Software Product Sales Phone**
- Vendor ID
- Form Type for approval

4. Duration of Approvals

- Approvals are valid for only one tax year (January through December)
- In general, each new filing season requires new approval, even if the official form does not change.

5. Barcode Specifications

- The barcode is defined as a 2-D barcode in the PDF-417 format. The PDF 417 has error detection and correction capabilities. The error correction level should be set to level 5.
- All fields within the barcode will use <CR> as a field delimiter (carriage returns after each field, including the final *EOD* field).
- All fields are required, except where not applicable for specific entry codes (see Section 8 - Form 8955-SSA Barcode Layout). If no data is provided, the barcode data for that field will be blank followed by the <CR> delimiter. *Exception:* Mandatory data fields may not be left empty.

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processing service bureaus. The association encourages standardization of tax forms and the electronic filing process.

- If there is no data for a field entry, the field should be left empty. Do not zero fill or pad with spaces if a field is to be left blank. *Exception:* Plan Numbers should be left zero filled.
- Stretching or scaling the barcode changes its integrity and reduces the readability of the barcode; it should not be done.
- The barcode must be surrounded by at least 1/4" of whitespace.
- Provide an End of Data field at the end of each barcode ("*EOD*" followed by a <CR>).
- Provide appropriate header information for each page in the first barcode per page (as defined in Section 8).
    - Header, Developer Code, Jurisdiction, and Form Number
        - Please note the printed Developer Code should appear at the top left of the form. (see barcode specs for this field).
    - Specification Version must be updated as revisions are made
    - Software Version must be maintained accurately

6. Rules

- Money fields must:
    - Contain only numbers
    - No punctuation
    - No signed amounts (high order signed or low order signed)
    - No negative amounts
    - Round to the nearest dollar (example: $5,500.99 = 5501)

- Address Fields
    - Must conform to U.S. Postal Service rules since address fields are used by SSA to prepare mail correspondence if necessary. For more information:
        - See U.S. Postal Service Publication 28; or
        - View the U.S. Postal Service website at: pe.usps.com/businessmail101/addressing/deliveryAddress.htm
        - Call the U.S. Postal Service at 1-800-275-8777
    - For State, use only the two-letter abbreviations
    - "FOREIGN" addresses are not validated in the SSA processing, but should conform to regional standards as appropriate.

- Employer EIN
    - Only numeric characters
    - Omit hyphens
    - Do not begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 49, 69, 70, 78, 79, or 89.
    - The employer EIN should normally match the EIN under which tax payments were submitted to the IRS under Form 941, 943, 944, CT-1 or Schedule H.
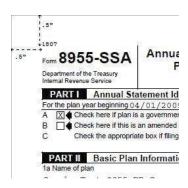
- Employee Name
    - Enter the name exactly as shown on the individual's Social Security Card

- Employee First Name
- Employee Middle Initial
- Employee Last Name
  - Suffix (if shown on Social Security Card)
  o Do not include any titles

- Social Security Number (SSN)
  o Use the number shown on the original /replacement SSN card
  o Only numeric characters
  o Omit hyphens
  o May not begin with an 8 or 9
  o Do not enter a fictitious SSN (for example, 111111111, 333333333 or 123456789).
  o For valid range numbers, check the latest list of newly issued Social Security number ranges on the Internet at www.socialsecurity.gov/employer/ssnvhighgroup.htm.

7. Form Versions and Printing Notes

- Font for data on the form:
  o The printed data on the form should use a fixed-pitch font, preferably **Courier New** (like the IRS PDF version).
  o A 9 point font (for Courier New) seems to work best for most fields, but may require adjustments per field to ensure the max size data is printed within the box. Refer to the IRS PDF document for a working example.
  o A font other than Courier New may also require a different size to fit the data in the appropriate box.

- The 2010 version of the form has a few minor changes from the original 2009 version:
  o Some address fields on the first page are resized to accommodate the Courier New font on the IRS' downloadable PDF version of the form.
  o The Foreign Country field now prints the complete country name followed by a dash and the country code (ex. **Andorra – AN**).
  o The vendor ID should print at the top left of the form, about .5" from the left edge and .5" from the top edge. Print a sample form (IRS version) with data to see an example of the vendor ID printed.

- Vendor facsimile forms are <u>required to have a conforming barcode</u> when printed in order to obtain SSA Form Approval for Form 8955-SSA.

8. Field Types

Field Type	Data Limitations	Print Format	2-D Barcode Format
Text	• All printable characters allowed • No leading or trailing blanks		
Amount	• Money fields • Only characters 0-9 allowed • Right justified, no leading zeros unless specified	999,999,999	999999999
Date	• Must be a valid date with four positions for the year	09/30/2010 Format: mm/dd/yyyy	09302010 Format: mmddyyyy
Numeric	• Only characters 0-9 allowed	999999999	999999999
Checkbox	• Must be capital "X" or empty • Barcode is 0 or 1 (Question 8 is an exception)	X or leave blank	0=Not checked 1=Checked (Question 8 is unique. 0 = unchecked, 1 = Yes, 2 = No
SSN	• Only characters 0-9 allowed • Must contain exactly nine characters • Exception: Can use characters – ""FOREIGN"" • May not be left blank.	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
Federal ID	• Only characters 0-9 allowed • Must contain exactly nine characters • May not be left blank.	99-9999999	999999999
End of Data	• Text characters *EOD* followed by <CR> at the end of each barcode to verify it was read completely	NA	*EOD*

9. Form 8955-SSA Barcode Layout

a. Page 1 - Barcode 1 (bottom left side)

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
1	Header		Text	2	T1	NA	
2	Developer Code		Numeric	4	Vendor's NACTP ID or SSA provided ID. This field cannot be blank.	Print on the top-left of the form, about .5" from the left edge and .5" from the top edge (use approx 6-8 point font). See IRS printed version for correct positioning and size)	9999
3	Jurisdiction		Numeric	2	US	NA	
4	Form Number		Numeric	7	Must be "8955SSA"	NA	
5	Specification Version		Text	4	Version of this specification used to create this barcode. Currently "1.0"	NA	
6	Software Version		Numeric	2	Software product used to create this barcode. Begin with "0" and increment.	NA	

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
7	Current Page Number		Text	6	Value must be 1	NA	1
8	Plan Year Begin Date	Part I	Date	8	• Valid date formatted mm/dd/yyyy • Not past current date **Barcode** • Omit slashes/dashes • Only numeric • Format mmddyyyy	09/30/2010 Format: mm/dd/yyyy	09302010 Format: mmddyyyy
9	Plan Year End Date	Part I	Date	8	• Valid date formatted mm/dd/yyyy • Not past current date **Barcode** • Omit slashes/dashes • Only numeric • Format mmddyyyy	09/30/2010 Format: mm/dd/yyyy	09302010 Format: mmddyyyy
10	Voluntary Filing Indicator	Part I, A	Check Box	1	• 0 or 1 in barcode	X or leave blank	0=Not checked 1=Checked
11	Amended Indicator	Part I, B	Check Box	1	• 0 or 1 in barcode	X or leave blank	0=Not checked 1=Checked
12	F5558 Application Filed Indicator	Part I, C(a)	Check Box	1	• 0 or 1 in barcode	X or leave blank	0=Not checked 1=Checked
13	Extension Automatic Indicator	Part I, C(b)	Check Box	1	• 0 or 1 in barcode	X or leave blank	0=Not checked 1=Checked
14	Extension Special Indicator	Part I, C(c)	Check Box	1	• 0 or 1 in barcode	X or leave blank	0=Not checked 1=Checked
15	Extension Special Text	Part I, C(d)	Text	36			

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
16	Plan Name	Part II, 1a	Text	140			
17	Plan Number	Part II, 1b	Numeric	3	• Only numeric:001-999 • Left fill with zeros	999	999
18	Sponsor Name	Part II, 2a	Text	70			
19	Sponsor Employer Identification Number (EIN)	Part II, 2b	Federal ID	9	• Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
20	Sponsor Trade Name	Part II, 2c	Text	70			
21	Sponsor Phone	Part II, 2d	Numeric	10	**Barcode** • Only numeric • Omit dashes & parens	(999)999-9999 999-999-9999	999999999
22	Sponsor Care Of name	Part II, 2e	Text	35			
23	Sponsor Street Address	Part II, 2f	Text	35	• Used for U.S. AND foreign addresses		
24	Sponsor City Name	Part II, 2g	Text	22	• Used for U.S. AND foreign addresses		
25	Sponsor State	Part II, 2h	Text	2	• U.S. addresses only • Must be a valid state[2]		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
26	Sponsor Zip Code	Part II, 2i	Numeric	9	• U.S. addresses only **Barcode** • Only numeric • Omit dashes • Left fill with zeros	99999-9999	999999999
27	Sponsor Foreign Province/State	Part II, 2j	Text	22	• For use with foreign addresses		
28	Sponsor Foreign Country Code	Part II, 2k	Text	2	• For use with foreign addresses • Must be a valid country code[3]	Full Country Name followed by a dash and the country code (ex. A**ndorra – AN)**	Country Code only
29	Sponsor Foreign Routing Code	Part II, 2l	Text	22	• For use with foreign addresses		
30	End of Data		Text	5	"***EOD***"	NA	*EOD*

b. Page 1 - Barcode 2 (bottom right side)

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
1	Current Page Number		Text	6	Value must be 1	NA	1
2	Plan Number	Part II, 1b	Numeric	3	• Only numeric:001-999 • Left fill with zeros	999	999
3	Sponsor Employer Identification Number (EIN)	Part II, 2b	Federal ID	9	• Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens Left fill with zeros	99-9999999	999999999
4	Administrator Name	Part II, 3a	Text	70			
5	Administrator Employer Identification Number (EIN)	Part II, 3b	Federal ID	9	• Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
6	Administrator Care Of Name	Part II, 3c	Text	35			

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
7	Administrator Phone	Part II, 3d	Numeric	10	**Barcode** • Only numeric • Omit dashes & parens	(999)999-9999 999-999-9999	999999999
8	Administrator Street Address	Part II, 3e	Text	35	• Used for U.S. AND foreign addresses		
9	Administrator City Name	Part II, 3f	Text	22	• Used for U.S. AND foreign addresses		
10	Administrator State	Part II, 3g	Text	2	• U.S. addresses only • Must be a valid state[2]		
11	Administrator Zip Code	Part II, 3h	Numeric	9	• U.S. addresses only **Barcode** • Only numeric • Omit dashes • Left fill with zeros	99999-9999	999999999
12	Administrator Foreign Province/State	Part II, 3i	Text	22	• For use with foreign addresses		
13	Administrator Foreign Country Code	Part II, 3j	Text	2	• For use with foreign addresses • Must be a valid country code[3]	Full Country Name followed by a dash and the country code (ex. **Andorra – AN)**	Country Code Only
14	Administrator Foreign Routing Code	Part II, 3k	Text	22	• For use with foreign addresses		
15	Last Report Admin Name	Part II, 4	Text	70			

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
16	Last Report Admin EIN	Part II, 4	Numeric	9	• Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
17	Last Report Sponsor Name	Part II, 5	Text	70			
18	Last Report Sponsor EIN	Part II, 5	Numeric	9	• Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
19	Last Report Sponsor Plan number	Part II, 5	Numeric	3	• Only numeric • Left fill with zeros	999	999
20	Separated Participants Required on SSA	Part II, 6a	Numeric	8	**Barcode** • Only numeric • Omit commas, dollar signs, etc.	99999999	99999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
21	Voluntary Separated Participants on SSA	Part II, 6b	Numeric	8	**Barcode** • Only numeric • Omit commas, dollar signs, etc.	99999999	99999999
22	Total Participants Reported on SSA	Part II, 7	Numeric	8	**Barcode** • Only numeric • Omit commas, dollar signs, etc.	99999999	99999999
23	Individual Statement Indicator	Part II, 8	Check Box	1	• 0,1, or 2 in barcode • Only allow blank, Yes, or No. Do not allow Yes and No to be filled in at the same time.	X or leave blank	0=Neither block checked 1=Yes checked 2=No checked
24	End of Data		Text	5	"***EOD***"	NA	*EOD*

c. *Page 2 - Barcode 1 (bottom left side)*

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
1	Header		Text	2	T1	NA	
2	Developer Code		Numeric	4	Vendor's NACTP ID or SSA provided ID. This field cannot be blank.	Print on the top-left of the form, about .5" from the left edge and .5" from the top edge (use approx 6-8 point font). See IRS printed version for correct positioning and size)	9999
3	Jurisdiction		Numeric	2	US	NA	
4	Form Number		Numeric	7	8955SSA	NA	
5	Specification Version		Text	5	Version of this specification used to create this barcode. Currently, the text "1.0"	NA	
6	Software Version		Numeric	2	Software product used to create this barcode. Begin with "0" and increment.	NA	

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
7	Current Page Number		Text	6	2, 3, 4, etc. (the first page 2 will be identified as 2. If additional pages are required, increment the page number accordingly (i.e. 3, 4, 5, 6, etc.)	NA	9
8	Name of Plan	i	Text	140	Repeat Name of Plan from Page 1 (section 1a)		
9	Plan Number	ii	Numeric	3	Repeat Plan Number from Page 1 (section 1b)	999	999
10	EIN	iii	Numeric	9	Repeat Sponsor EIN from Page 1 (section 2b)	99-9999999	999999999
11	Entry Code 1	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		
12	Social Security Number (SSN) 1	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
13	First Name 1	Part III, c	Text	11	Required for all Entry Codes		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
14	Middle initial 1	Part III, c	Text	1			
15	Last name 1	Part III, c	Text	35	Required for all Entry Codes		
16	Type of Annuity Code 1	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		
17	Payment Frequency Code 1	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		
18	DB Periodic Payment Amount 1	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
19	DC Total Value of Account Amount 1	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
20	Previous Sponsor EIN 1	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
21	Previous Sponsor Plan Number 1	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999
22	Entry Code 2	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		
23	Social Security Number (SSN) 2	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
24	First Name 2	Part III, c	Text	11	Required for all Entry Codes		
25	Middle initial 2	Part III, c	Text	1			
26	Last name 2	Part III, c	Text	35	Required for all Entry Codes		
27	Type of Annuity Code 2	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		
28	Payment Frequency Code 2	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		
29	DB Periodic Payment Amount 2	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
30	DC Total Value of Account Amount 2	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
31	Previous Sponsor EIN 2	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
32	Previous Sponsor Plan Number 2	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999
33	Entry Code 3	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
34	Social Security Number (SSN) 3	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
35	First Name 3	Part III, c	Text	11	Required for all Entry Codes		
36	Middle initial 3	Part III, c	Text	1			
37	Last name 3	Part III, c	Text	35	Required for all Entry Codes		
38	Type of Annuity Code 3	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		
39	Payment Frequency Code 3	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
40	DB Periodic Payment Amount 3	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
41	DC Total Value of Account Amount 3	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
42	Previous Sponsor EIN 3	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
43	Previous Sponsor Plan Number 3	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
44	Entry Code 4	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		
45	Social Security Number (SSN) 4	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
46	First Name 4	Part III, c	Text	11	Required for all Entry Codes		
47	Middle initial 4	Part III, c	Text	1			
48	Last name 4	Part III, c	Text	35	Required for all Entry Codes		
49	Type of Annuity Code 4	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
50	Payment Frequency Code 4	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		
51	DB Periodic Payment Amount 4	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
52	DC Total Value of Account Amount 4	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
53	Previous Sponsor EIN 4	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
54	Previous Sponsor Plan Number 4	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999
55	End of Data		Text	5	"***EOD***"	NA	*EOD*

d. Page 2 - Barcode 2 (bottom right side)

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
1	Current Page Number		Text	6	2, 3, 4, etc. (the first page 2 will be identified as 2. If additional pages are required, increment the page number accordingly (i.e. 3, 4, 5, 6, etc.)	NA	9
2	Plan Number	ii	Numeric	3	• Only numeric: 001-999 Left fill with zeros	999	999
3	EIN	iii	Numeric	9	• Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens Left fill with zeros	99-9999999	999999999
4	Entry Code 5	Part III, a	Text	1	Must be 1 character Only A, B, C, or D is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
5	Social Security Number (SSN) 5	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
6	First Name 5	Part III, c	Text	11	Required for all Entry Codes		
7	Middle initial 5	Part III, c	Text	1			
8	Last name 5	Part III, c	Text	35	Required for all Entry Codes		
9	Type of Annuity Code 5	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character Only A, B, C, D, E, F, G, or M is valid		
10	Payment Frequency Code 5	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character Only A, B, C, D, E, or M is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
11	DB Periodic Payment Amount 5	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals Round to nearest whole dollar amount	9,999,999,999	9999999999
12	DC Total Value of Account Amount 5	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals Round to nearest whole dollar amount	9,999,999,999	9999999999
13	Previous Sponsor EIN 5	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens Left fill with zeros	99-9999999	999999999
14	Previous Sponsor Plan Number 5	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 Left fill with zeros	999	999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
15	Entry Code 6	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		
16	Social Security Number (SSN) 6	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
17	First Name 6	Part III, c	Text	11	Required for all Entry Codes		
18	Middle initial 6	Part III, c	Text	1			
19	Last name 6	Part III, c	Text	35	Required for all Entry Codes		
20	Type of Annuity Code 6	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
21	Payment Frequency Code 6	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		
22	DB Periodic Payment Amount 6	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
23	DC Total Value of Account Amount 6	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
24	Previous Sponsor EIN 6	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
25	Previous Sponsor Plan Number 6	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999
26	Entry Code 7	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		
27	Social Security Number (SSN) 7	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
28	First Name 7	Part III, c	Text	11	Required for all Entry Codes		
29	Middle initial 7	Part III, c	Text	1			
30	Last name 7	Part III, c	Text	35	Required for all Entry Codes		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
31	Type of Annuity Code 7	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		
32	Payment Frequency Code 7	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		
33	DB Periodic Payment Amount 7	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
34	DC Total Value of Account Amount 7	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
35	Previous Sponsor EIN 7	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
36	Previous Sponsor Plan Number 7	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999
37	Entry Code 8	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		
38	Social Security Number (SSN) 8	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
39	First Name 8	Part III, c	Text	11	Required for all Entry Codes		
40	Middle initial 8	Part III, c	Text	1			
41	Last name 8	Part III, c	Text	35	Required for all Entry Codes		
42	Type of Annuity Code 8	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		
43	Payment Frequency Code 8	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		
44	DB Periodic Payment Amount 8	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
45	DC Total Value of Account Amount 8	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
46	Previous Sponsor EIN 8	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
47	Previous Sponsor Plan Number 8	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999
48	Entry Code 9	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
49	Social Security Number (SSN) 9	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
50	First Name 9	Part III, c	Text	11	Required for all Entry Codes		
51	Middle initial 9	Part III, c	Text	1			
52	Last name 9	Part III, c	Text	35	Required for all Entry Codes		
53	Type of Annuity Code 9	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		
54	Payment Frequency Code 9	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
55	DB Periodic Payment Amount 9	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
56	DC Total Value of Account Amount 9	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
57	Previous Sponsor EIN 9	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999
58	Previous Sponsor Plan Number 9	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
59	Entry Code 10	Part III, a	Text	1	Must be 1 character • Only A, B, C, or D is valid		
60	Social Security Number (SSN) 10	Part III, b	Numeric	9	Required for all Entry Codes Only numeric characters* • Omit dashes • Must be 9 positions • All zeroes for any segment is not valid • Cannot start with 8 or 9 • First 3 positions cannot be 666 *Exception – may contain the word ""FOREIGN""	999-99-9999 Or "FOREIGN"	999999999 Or "FOREIGN"
61	First Name 10	Part III, c	Text	11	Required for all Entry Codes		
62	Middle initial 10	Part III, c	Text	1			
63	Last name 10	Part III, c	Text	35	Required for all Entry Codes		
64	Type of Annuity Code 10	Part III, d	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, F, G, or M is valid		

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
65	Payment Frequency Code 10	Part III, e	Text	1	Required for Entry Codes A & B – Blank for Code C or D Must be 1 character • Only A, B, C, D, E, or M is valid		
66	DB Periodic Payment Amount 10	Part III, f	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
67	DC Total Value of Account Amount 10	Part III, g	Amount	10	Required for Entry Codes A & B – Blank for Code C or D Only numeric characters • Omit Decimals • Round to nearest whole dollar amount	9,999,999,999	9999999999
68	Previous Sponsor EIN 10	Part III, h	Numeric	9	Required for Entry Code C Blank for Code A, B, or D • Must NOT begin with 00, 07, 08, 09, 17, 18, 19, 28, 29, 69, 70, 78, 79, or 89 **Barcode** • Only numeric • Omit hyphens • Left fill with zeros	99-9999999	999999999

Pos	Description	Box # on Form	Field Type	Max Field Length	Field Notes	Print Format	2-D Barcode Format
69	Previous Sponsor Plan Number 10	Part III, i	Numeric	3	Required for Entry Code C Blank for Code A, B, or D • Only numeric:001-999 • Left fill with zeros	999	999
70	End of Data		Text	5	"***EOD***"	NA	*EOD*

[2] Valid 2-character State Codes can be found at: http://www.irs.gov/irb/2011-22_IRB/ar06.html#d0e2463
- See Part A. Section 7. State Abbreviations
- Do not use Military state addresses

[3] Valid 2-character Country Codes can be found at: http://www.irs.gov/irb/2011-22_IRB/ar06.html#d0e2463
- See Part A. Section 8. Foreign Country Codes
- These are the FIPS country codes