

**DATAAIR**

EMPLOYEE BENEFIT SYSTEMS, INC.

Serving Pension & Benefits Professionals since 1967

Native Import for Form 8955-SSA

Page One

Field	Column	Description or info to be Entered	Field Length	Field Specs
1	A	DTPLANPR	constant	must be in the first position
2	B	Plan Year (XXXX)	4	
3	C	Plan Ident	10	Tells the system which Plan data is to be stored in
4	D	Plan Year Beginning	DATE	mmddyyyy
5	E	8955SSA	Constant	Tells the system which form data is to be stored in.
6	F	1	1	Tells the system which page of the form is to receive data
7	G	copy number		You should only have on page 1 for each plan
8	H	Leave Blank		This field is reserved for future use
9	I	Plan Year Ending	DATE	mmddyyyy
10	J	Government, Church, or other plan electing to voluntarily file	1	"1" indicates the box is checked -- blank indicates it is not checked
11	K	Amended Box	1	"1" indicates the box is checked -- blank indicates it is not checked
12	L	Form 5558 filed	1	"1" indicates the box is checked -- blank indicates it is not checked
13	M	Automatic Extension	1	"1" indicates the box is checked -- blank indicates it is not checked
14	N	Special Extension	1	"1" indicates the box is checked -- blank indicates it is not checked
15	O	Special Extension Description	35	Name and number assigned to the disaster
16	P	Name of Plan	70	
17	Q	3-digit plan number	3	001-500 allowed
18	R	Plan Sponsor Name	70	
19	S	Plan Sponsor EIN	10	Must be valid - Do not use Prefixes 00,07,08,09,17,18,19,28,29,49,69,70,78,79,89,96,97
20	T	Plan Sponsor Trade Name	70	
21	U	Plan Sponsor Care of Name	70	
22	V	Plan Sponsor Street Address	35	

23	W	Plan Sponsor City	22	
24	X	Plan Sponsor State	2	
25	Y	Plan Sponsor Zip Code	10	
26	Z	Plan Sponsor Phone Number	14	
27	AA	Plan Sponsor Foreign Province or State	22	
28	AB	Plan Sponsor Foreign Country Code	2	
29	AC	Plan Sponsor Foreign Postal Code	10	
30	AD	Plan Administrator Name	70	
31	AE	Plan Administrator EIN	10	Must be valid - Do not use Prefixes 00,07,08,09,17,18,19,28,29,49,69,70,78,79,89,96,97
32	AF	Plan Administrator Care of Name	70	
33	AG	Plan Administrator Street Name	35	
34	AH	Plan Administrator City	22	
35	AI	Plan Administrator State	2	
36	AJ	Plan Administrator Zip Code	10	
37	AK	Plan Administrator Phone Number	14	
38	AL	Plan Administrator Foreign Province or State	22	
39	AM	Plan Administrator Foreign Country Code	2	
40	AN	Plan Administrator Foreign Postal Code	10	
41	AO	Plan Administrator Name Changed From	70	
42	AP	Plan Administrator EIN Changed From	10	Must be valid - Do not use Prefixes 00,07,08,09,17,18,19,28,29,49,69,70,78,79,89,96,97
43	AQ	Plan Sponsor Name Changed From	70	
44	AR	Plan Sponsor EIN Changed From	10	Must be valid - Do not use Prefixes 00,07,08,09,17,18,19,28,29,49,69,70,78,79,89,96,97
45	AS	Plan Sponsor 3-digit plan number changed from	3	001-500 allowed
46	AT	Number of Deferred Vested Participants Required to be Reported	8	
47	AU	Number of Deferred Vested Participants Voluntarily being Reported	8	
48	AV	Administrator Provided Deferred Vested Participants with Required Notice	1	"1" means YES box is checked. Blank means Yes box is skipped.
49	AW	Administrator did NOT provide required statement to Deferred Vested Participants	1	"1" means NO box is checked. Blank means NO box is skipped.

Native Import for Form 8955-SSA

Page Two

Field	Column	Description or info to be Entered	Field Length	Field Specs
1	A	DTPLANPR	Constant	Must be in first field
2	B	Plan Year (XXXX)	4	2009 or 2010
3	C	PlanIdent	10	Tells PR which plan the data belongs in
4	D	Plan Year Beginning	DATE	MMDDYYYY
5	E	8955SSA		Tells PR the form to receive the imported data
6	F	2	1	Tells PR which page of the form is to receive imported data
7	G	Copy Number		
8	H	Leave Blank		Reserved for Future Use
9	I	Plan Name	70	
10	J	3-digit plan number	3	001-500
11	K	Plan sponsor EIN	10	Must be valid - Do not use Prefixes 00,07,08,09,17,18,19,28,29,49,69,70,78,79,89,96,97
12	L	Entry Code	1	Can only be A, B, C or D
13	M	Deferred Vested's Social Security Number	11	9-digit SSN or the word FOREIGN
14	N	Deferred Vested's First Name	11	
15	O	Deferred Vested's Middle Initial	1	
16	P	Deferred Vested's Last Name	15	
17	Q	Incomplete Information Indicator	1	"1" means box is checked - Blank means box is unchecked
18	R	Type of Annuity	1	Only use A, B, C, D, E, F, G or M
19	S	Payment Frequency	1	Only use A, B, C, D, E, or M
20	T	Defined Benefit - Periodic Payment	12	Assumes 2 decimal places - if entering whole dollars include 00 at the end
21	U	Defined Contribution - Total Value of Account	12	Assumes 2 decimal places - if entering whole dollars include 00 at the end
22	V	Previous Plan Sponsor's EIN	10	Must be valid - Do not use Prefixes 00,07,08,09,17,18,19,28,29,49,69,70,78,79,89,96,97
23	W	Previous Plan Sponsor's 3-digit plan number	3	001-500
24	X	Deferred Vested's Street Address	35	Optional
25	Y	Deferred Vested's City	22	Optional
26	Z	Deferred Vested's State	2	Optional
27	AA	Deferred Vested's Zip Code	10	Optional
28	AB	Deferred Vested's Foreign Province or State	22	Optional
29	AC	Deferred Vested's Foreign Country Code	2	Optional
30	AD	Deferred Vested's Foreign Postal Code	10	Optional