

**\*Required fields**

\*Plan name:

\*EIN:  (ex. 33-3333333) \*PN:  (ex. 333)

\*Notice filer name:

\*Role of filer:  ▼

**Plan Sponsor Information**

\*Plan sponsor name:

\*Address:

\*City:

\*State:  ▼

\*Zip Code:  (ex. 12345-1234)

\*Telephone:  (ex. 202-111-1111) Ext.

E-mail address:  (ex. aa@a.com)

Fax:  (ex. 202-111-1111)

**Plan Sponsor's Duly Authorized Representative (if any)**

First name:

Last name:

Company:

Title:

Address:

City:

State:  ▼

Zip Code:  (ex. 12345-1234)

Telephone:  (ex. 202-111-1111) Ext.

E-mail address:  (ex. aa@a.com)

Fax:  (ex. 202-111-1111)

\*Filing for plan year beginning:  (YYYY)

\*Is the plan terminated?  Yes  No

If yes, date of plan termination:   
(MM/DD/YYYY)

\*Is the plan insolvent?  Yes  No

If yes, date of plan insolvency:   
(MM/DD/YYYY)

\*Did the plan receive withdrawal liability payments in the plan year?  Yes  No

What forms of withdrawal liability payments did the plan receive in the plan year?

\*Lump sum settlement payments:  Yes  No

\*Number of employers that have made lump sum settlement payments:

\*Total of lump sum settlement payments: \$

\*Periodic payments:  Yes  No

\*Number of employers making periodic payments:

\*Total of periodic payments: \$

\*Were any of the periodic payments due to a settlement of withdrawal liability?  Yes  No

\*Number of employers making periodic payments attributable to settlements:

\*Total of periodic payments attributable to settlements: \$

\*Number of employers withdrawn during the plan year not yet assessed withdrawal liability:

## Withdrawal Liability Information

### Attached Documents

[Click here for additional instructions.](#)

For each employer that has withdrawn during the plan year and **has not** yet been assessed withdrawal liability, attach document/s described in #1 below.

For each withdrawn employer that **has** been assessed withdrawal liability, attach document/s described in #2 below. Only one subcategory (A, B or C) is required for each withdrawn employer.

Provide an explanation in the "Comments" box for any missing documents.

Comments:

File:  No file chosen

Document Type:

**Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger than 25MB, please click on this link: <http://PBGC.leapfile.com>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at [multiemployerprogram@pbgc.gov](mailto:multiemployerprogram@pbgc.gov) or 1-800-736-2444 (ext. 3993 or 6047). Local callers may directly dial 202-326-4000 (ext. 3993 or 6047).**

**1. For each employer that has withdrawn during the plan year and **has not** yet been assessed withdrawal liability, attach a schedule with the following information:**

- i. Name of employer
- ii. Date of withdrawal
- iii. Amount of withdrawal liability, if already calculated
- iv. Contribution owed in plan year before withdrawal
- v. Reason employer has not yet been assessed withdrawal liability

[The attached template may be used.](#)

[File 1.docx](#)

**2. For each employer that has been assessed withdrawal liability, attach one of the three (A, B, and/or C):**

**(A). Schedule of lump sum and periodic payments received in the plan year and/or expected to be received in future plan years with the following information:**

For lump sum payments:

- i. Name of employer
- ii. Amount of payment
- iii. Date of payment
- iv. Is the amount of payment included in the assets as of the last valuation date? Y/N
- v. If yes, provide the date of the last valuation

For periodic payments:

- i. Name of employer
- ii. Amount of payment
- iii. Payment starting date
- iv. Payment ending date
- v. Frequency of payment (monthly, quarterly, annually)
- vi. Is the employer currently on making its payments? Y/N
- vii. If no, provide the date of the last payment received

[The attached templates may be used.](#) The first tab is for lump sum payments and the second tab is for periodic payments.

[File 3.docx](#)

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**(B). Documents showing withdrawal liability paid. Attach documents containing the information required in the payment information listed in 2(A), such as the employer's withdrawal liability settlement agreement or the employer's withdrawal liability payment schedule established under 29 CFR part 4219.**

[File 4.docx](#)

Delete

**(C). For any plan year in which the information required to be filed does not change from the information filed for a previous year, a statement that there is no change in the employer's withdrawal liability payment.**

[File 5.docx](#)

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## Withdrawal Liability Information

Withdrawal - 33-3333333/123

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[Submit Filing](#)

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### Plan Filing Information

[Edit](#)

<b>Plan name:</b>	Withdrawal
<b>EIN / PN:</b>	33-3333333/123
<b>Notice filer name:</b>	Zjfh Xceu Rkgsy
<b>Role of filer:</b>	Accountant

### Plan Sponsor Information

<b>Name:</b>	Test
<b>Address:</b>	Test Test, GA 12312
<b>Phone:</b>	123-123-1232
<b>Email:</b>	N/A
<b>Fax:</b>	N/A

### Plan Sponsor's Duly Authorized Representative

<b>Name:</b>	
<b>Company:</b>	N/A
<b>Title:</b>	N/A
<b>Address:</b>	
<b>Phone:</b>	N/A
<b>Email:</b>	N/A
<b>Fax:</b>	N/A

<b>Filing for plan year beginning:</b>	2019
<b>Is the plan terminated?</b>	Yes
<b>If yes, date of plan termination:</b>	4/3/2019
<b>Is the plan insolvent?</b>	Yes
<b>If yes, date of insolvency:</b>	4/17/2019
<b>Did the plan receive withdrawal liability payments in the plan year?</b>	Yes

<b>Lump sum settlement payments:</b>	Yes
<b>Number of employers that have made lump sum settlement payments:</b>	98
<b>Total of lump sum settlement payments:</b>	\$98.00
<b>Periodic payments:</b>	Yes
<b>Number of employers making periodic payments:</b>	12
<b>Total of periodic payments:</b>	\$12.00
<b>Were any of the periodic payments due to a settlement of withdrawal liability?</b>	Yes
<b>Number of employers making periodic payments attributable to settlements:</b>	65
<b>Total of periodic payments attributable to settlements:</b>	\$65.00
<b>Number of employers withdrawn during the plan year and not yet assessed withdrawal liability:</b>	489

**Attached Documents**

[Edit](#)

- Schedule for employer that has not yet been assessed withdrawal liability
- Schedule of lump sum and periodic payments for employer that has been assessed withdrawal liability
- Documents showing withdrawal liability paid
- A statement that there is no change in employer's withdrawal liability payment

**Comments**

N/A

**PBGC**  
Withdrawal Liability Information

**Plan Filing Information**

Plan name:	Withdrawal	EIN/PN:	33-3333333/123
Notice filer name:	Zjfh Xceu Rkgsy	Role of filer:	Accountant

**Plan Sponsor Information**

Plan sponsor name:	Test		
Address:	Test	City:	Test
State:	GA	Zip:	12312
Telephone:	(123) 123-1232 Ext:	E-mail:	
Fax:			

**Plan Sponsor's Authorized Representative Information**

First name:		Last name:	
Company:		Title:	
Address:		City:	
State:		Zip:	
Telephone:	Ext:	E-mail:	
Fax:			

Filing for plan year beginning:			2019
Is the plan terminated?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date of plan termination:	03-APR-2019
Is the plan insolvent?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date of insolvency:	17-APR-2019
Did the plan receive withdrawal liability payments in the plan year?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What forms of withdrawal liability payments did the plan receive in the plan year?			
Lump sum settlement payments:			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Number of employers that have made lump sum settlement payments:		98
	Total of lump sum settlement payments:		\$98.00
Periodic payments:			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Number of employers making periodic payments:		12
	Total of periodic payments:		\$12.00
	Were any of the periodic payments due to a settlement of withdrawal liability?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Number of employers making  
periodic payments attributable to

settlements:	65
Total of periodic payments attributable to settlements:	\$65.00

Number of employers withdrawn and not yet assessed withdrawal liability:	489
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**Submission status - Filing not yet submitted**

CONFIDENTIAL

### Attached Documents

- Schedule for employer that has not yet been assessed withdrawal liability
- Schedule of lump sum and periodic payments for employer that has been assessed withdrawal liability
- Documents showing withdrawal liability paid
- A statement that there is no change in employer's withdrawal liability payment

**Missing Information** If required information has not been submitted, explain below.

**Submission status - Filing not yet submitted**

[Go To Data Summary](#)





**Schedule of lump sum payments received in the plan year and/or expected to be received in future plan years**

If applicable, enter the following information for each employer that has been assessed withdrawal liability

(i)	(ii)	(iii)	(iv)	(v)	(vi)
Name of employer	Amount of payment	Date of payment (mm/dd/yyyy)	Is the amount of payment included in the assets as of the last valuation date? Select "Yes" or "No" from drop-down list	If (iv) is yes, provide the date of the last valuation	Comments
ABC Company	\$5,000	01/01/2014	Yes	12/31/2017	

**Schedule of periodic payments received in the plan year and/or expected to be received in future plan years**

**If applicable, enter the following information for each employer that has been assessed withdrawal liability**

(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
Name of employer	Amount of payment	Payment starting date (mm/dd/yyyy)	Payment ending date (mm/dd/yyyy)	Frequency of payment Select from drop-down list	Is the employer current on making its payments? Select "Yes" or "No" from drop-down list	If (vi) is no, provide the date of the last payment received (mm/dd/yyyy)	Comments
ABC Company	\$5,000	01/01/2014	12/31/2034	Annually	No	01/01/2016	