1. Plan Sponsor
Check for name/address change
Check if you do not want forms and instructions next year

Name
Address

City State Zip

2. Plan Administrator
Check for name/address change
Check if same as plan sponsor and go to Item 3

Name
Address

City State Zip

3. Employer Identification Number/Plan Number (EIN/PN)
(a) Enter 9-digit EIN
(b) Enter 3-digit PN

(c) Does EIN/PN match entry on 2004 Form 5500? □ Yes □ No □ 2004 Form 5500 not required.

If no, attach explanation, check box in item 18, and enter EIN/PN from 2004 Form 5500:
9-digit EIN
3-digit PN

4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on the most recent premium filing, enter both prior EIN and prior PN.
(a) Prior 9-digit EIN
(b) Prior 3-digit PN
(c) Effective Date of Change

5. Plan Coverage Status (check one)
(a) □ Covered (b) □ Uncertain (If uncertain, you should file. See instructions, page 27.)

6. Is this the first year’s premium filing for this plan?
(a) □ No (b) □ Yes If yes, enter the following dates.
(c) Enter Effective Date of Coverage

7. Transfers from disappearing plans:
Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this plan since the most recent premium filing? (See instructions, page 27.) □ No □ Yes

If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S).

Transferor’s 9-digit EIN
3-digit PN

Transfer Type
M C S
M C S

(If more than 2, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 18.)

8. Business Code and CUSIP number
(a) Enter 6-digit Business Code:
(b) Enter first 6 digits of CUSIP number:

9. Name of Plan:

continue on page 2
10. Name and Phone Number of Plan Contact
   (a) Name: ____________________________  (b) Area Code and Phone Number: ____________________________

11. Plan Type (Check appropriate box to indicate type of plan and type of filing.)
   (a) ☐ Multiemployer plan  (b) ☐ Single-Employer plan (Includes Multiple Employer plan)

12. (a) This premium is for the plan year beginning: MM DD YYYY
    (b) This premium is for the plan year ending: MM DD YYYY
    (c) ☐ Check here if the plan year beginning date has changed since last filing with PBGC
    (d) Adoption date of plan year change: MM DD YYYY

13. Enter PARTICIPANT COUNT for the plan year specified in item 12.
    (See instructions, page 29.) ............................................................... 13

14. (a) MULTIEMPLOYER premium:
    Multiply item 13 by the $2.60 premium rate and enter amount ................................. 14(a)
    (b) SINGLE-EMPLOYER flat-rate premium:
        Multiply the participant count in item 13 by $19 ................................. 14(b)
    (c) SINGLE-EMPLOYER variable-rate premium:
        From Schedule A, item 6 ................................. 14(c)
    (d) SINGLE-EMPLOYER total premium:
        Add items 14(b) and 14(c). Enter amount ........................................ 14(d)

15. Premium credits (See instructions, page 29.)
    (a) Amount paid by check or electronic funds transfer with 2005 Form 1-ES (item 8 of Form 1-ES). ................................. 15(a)
    (b) Other credit (including any credit claimed in item 7 of the 2005 Form 1-ES and any short-year credit). (See instructions, page 29.) ................................... 15(b)
    (c) Total credit: Add items 15(a) and 15(b). Enter amount ........................................ 15(c)

16. Amount due. If the amount in item 14(a) or 14(d) is LARGER than the amount in item 15(c), subtract item 15(c) from item 14(a) or 14(d) and enter the amount due in item 16 ................................. 16
    See page 30 of instructions for payment methods. Indicate how you are paying the amount due:
        ☐ by check enclosed with this form, or ☐ by electronic funds transfer.

17. Overpayment. If the amount in item 14(a) or 14(d) is SMALLER than the amount in item 15(c), subtract item 15(c) from item 14(a) or 14(d) and enter the overpayment in item 17 ................................. 17
    An amount of overpayment may be refunded or credited against the plan's next premium filing.
    If you want to take a credit, check here: .... If you want a refund, check here: ....
    For a refund by electronic funds transfer, indicate whether transfer is to a checking account or savings account and enter the bank routing number and account number for the refund and sub-account number (if any).

18. If you have attachments other than Schedule A, check here: ☐ Put EIN/PN (item 3(a) and (b)) and date premium payment year commenced (PYC) on each sheet.

19. Multiemployer Plan Declaration (NOTE: SINGLE-EMPLOYER Plan Administrators must sign the certification in item 8 of Schedule A.)
    I certify under penalty of perjury that, to the best of my knowledge and belief, the information in this filing is true, correct, and complete.
    Signature of Multiemployer Plan Administrator
    Date
    Print or type first name of individual who signs  Print or type last name of individual who signs  Business E-mail Address (Optional)