

## ***Attention!***

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules*; and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G*.

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

**Notice of Plan Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business**

OMB No. 1545-1225

Under sections 6058(b) and 414(r) of the Internal Revenue Code.

**For IRS Use Only**

File page 1 of Form 5310-A in duplicate.

See Who Must File instructions before filing this form.

Department of the Treasury  
Internal Revenue Service

The information provided on this form will be read by computer. Therefore page 1 must be typed (except the signature). Please enter information exactly as requested and only in the space provided. Do not type in shaded areas.

**Reason for filing** (see specific instructions for code to enter):

**Part I** All filers must complete lines 1 and 2.

**1a** Name of plan sponsor (employer if single-employer plan or if reason for filing 1 was entered above) **1b** Employer identification number

Address (number, street, room, or suite no. (If a P.O. box, see page 3 of the instructions.)

**1c** Employer's tax year ends—N/A or (MM)

City State ZIP code

**1d** Telephone number

( )

**2** Person to contact if more information is needed. (If same as line 1a, leave blank.) (Complete even if Power of Attorney is attached):  
Name

Address (number, street, room, or suite no. (If a P.O. box, see page 3 of the instructions.)

City State ZIP code Telephone number

( )

**Part II** Complete lines 3 through 5 if this is a notice of a plan merger or consolidation, spinoff, or transfer of plan assets or liabilities to another plan.

**3a** Name of plan (plan name may not exceed 66 characters):

**b** Enter plan number (3 digits)

**4a** Is this a defined benefit plan? Enter 1 if "Yes." Enter 2 if "No."

If you enter 1, attach an actuarial statement of valuation showing compliance with the requirements of section 401(a)(12) and the regulations under section 414(l).

**4b** If this is a defined contribution plan, enter the appropriate code (see instructions) in the box **AND** attach an actuarial statement of valuation showing compliance with the requirements of sections 401(a)(12) and 414(l).

**5** Other plan(s) involved in the transaction (see instructions).

**a** Enter the total number of plans involved in the transaction other than the plan listed on line 3a:

Complete the following information for the other plan. If more than one other plan, see instructions for the required attachment(s).

**b** If more than one other plan is involved in the transaction, enter the number of this statement (1 of 3, etc.):

**c** Plan name:

**d** Name of employer:

**e** Employer identification number: **f** Plan number (3 digits):

**g** Date of merger or consolidation, spinoff, or transfer of plan assets or liabilities (MMDDYY):

**h** Type of plan (see instructions for code to enter):

**Part III** Complete lines 6 through 10 if you are filing a notice of qualified separate lines of business (QSLOB).

**6** Check the box(es) for the appropriate Code section(s) for which the employer is testing on a QSLOB basis:

Section 410(b)

Section 401(a)(26)

Section 129(d)(8)

**7** First testing year for which this notice applies (MMDDYY):

**8a** Has the employer previously filed a notice of QSLOB? Enter 1 if "Yes." Enter 2 if "No," and skip to line 9.

If line 8a is "Yes," enter the following information relating to the previously filed notice:

**b** Enter the first day of the first testing year for which such notice applied (MMDDYY):

**c** Enter the filing date (MMDDYY) and filing location:

(continued on page 2)

Under penalties of perjury, I declare that I have examined this notice, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete. **Both copies of this page must be signed.**

Signature ▶

Title ▶

Date ▶

< 5310-A >  
< Rev. 9/94 >

< >

< > < >

< >

< > < > < >

< >

< >

< > < > < >

< > >

< >

< >

< >

< >

<

>

<

>

<

<

>

>>>>

< >

<

>

<

>

<

<

>

>

<

>

<

<

>

>

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

**Notice of Plan Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business**

Under sections 6058(b) and 414(r) of the Internal Revenue Code.

**For IRS Use Only**

File page 1 of Form 5310-A in duplicate.

Department of the Treasury  
Internal Revenue Service

See Who Must File instructions before filing this form.

The information provided on this form will be read by computer. Therefore page 1 must be typed (except the signature). Please enter information exactly as requested and only in the space provided. Do not type in shaded areas.

Reason for filing (see specific instructions for code to enter): < >

**Part I** All filers must complete lines 1 and 2.

- 1a** Name of plan sponsor (employer if single-employer plan or if reason for filing 1 was entered above) < \_\_\_\_\_ >  
Address (number, street, room, or suite no. (If a P.O. box, see page 3 of the instructions.) < \_\_\_\_\_ >  
< \_\_\_\_\_ >  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_
- 1b** Employer identification number < \_\_\_\_\_ >  
**1c** Employer's tax year ends—N/A or (MM) \_\_\_\_\_  
**1d** Telephone number \_\_\_\_\_ ( ) \_\_\_\_\_
- 2** Person to contact if more information is needed. (If same as line 1a, leave blank.) (Complete even if Power of Attorney is attached):  
Name < \_\_\_\_\_ >  
Address (number, street, room, or suite no. (If a P.O. box, see page 3 of the instructions.) < \_\_\_\_\_ >  
< \_\_\_\_\_ >  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ Telephone number \_\_\_\_\_ ( ) \_\_\_\_\_

**Part II** Complete lines 3 through 5 if this is a notice of a plan merger or consolidation, spinoff, or transfer of plan assets or liabilities to another plan.

- 3a** Name of plan (plan name may not exceed 66 characters): < \_\_\_\_\_ >
- b** < \_\_\_\_\_ > Enter plan number (3 digits)
- 4a** Is this a defined benefit plan? < > Enter 1 if "Yes." Enter 2 if "No."  
If you enter 1, attach an actuarial statement of valuation showing compliance with the requirements of section 401(a)(12) and the regulations under section 414(l).
- 4b** If this is a defined contribution plan, enter the appropriate code (see instructions) in the box **AND** attach an actuarial statement of valuation showing compliance with the requirements of sections 401(a)(12) and 414(l). < \_\_\_\_\_ > \_\_\_\_\_
- 5** Other plan(s) involved in the transaction (see instructions).  
**a** Enter the total number of plans involved in the transaction other than the plan listed on line 3a: < \_\_\_\_\_ >  
Complete the following information for the other plan. If more than one other plan, see instructions for the required attachment(s).  
**b** If more than one other plan is involved in the transaction, enter the number of this statement (1 of 3, etc.): < \_\_\_\_\_ >  
**c** Plan name: < \_\_\_\_\_ >  
**d** Name of employer: < \_\_\_\_\_ >  
**e** Employer identification number: < \_\_\_\_\_ > **f** Plan number (3 digits): < \_\_\_\_\_ >  
**g** Date of merger or consolidation, spinoff, or transfer of plan assets or liabilities (MMDDYY): < \_\_\_\_\_ >  
**h** Type of plan (see instructions for code to enter): < >

**Part III** Complete lines 6 through 10 if you are filing a notice of qualified separate lines of business (QSLOB).

- 6** Check the box(es) for the appropriate Code section(s) for which the employer is testing on a QSLOB basis:  
< > Section 410(b) < > Section 401(a)(26) < > Section 129(d)(8)
- 7** First testing year for which this notice applies (MMDDYY): < \_\_\_\_\_ >
- 8a** Has the employer previously filed a notice of QSLOB? < > Enter 1 if "Yes." Enter 2 if "No," and skip to line 9.  
If line 8a is "Yes," enter the following information relating to the previously filed notice:  
**b** Enter the first day of the first testing year for which such notice applied (MMDDYY): < \_\_\_\_\_ >  
**c** Enter the filing date (MMDDYY) and filing location: < \_\_\_\_\_ > < \_\_\_\_\_ >

(continued on page 2)

Under penalties of perjury, I declare that I have examined this notice, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete. **Both copies of this page must be signed.**

Signature ▶

Title ▶

Date ▶

- 9** On an attached list, identify each QSLOB operated by the employer. See the line 9 instructions for more details.
- 10** Enter the following information relating to each plan maintained by the employer. If more than 1 plan, attach a schedule for each plan showing the information requested on lines 10a through 10e. See the instructions.

**a** Name of plan: \_\_\_\_\_

**b** Date (MMDDYY) of determination letter, if any: \_\_\_\_\_

**c** Date (MMDDYY) of letter and serial number of opinion/notification letter: \_\_\_\_\_

**d** Date (MMDDYY) and location of pending determination letter request, if any: \_\_\_\_\_

**e** List each QSLOB that has employees benefiting under the plan:

\_\_\_\_\_  
\_\_\_\_\_