

**APPENDIX C  
VCP CHECKLIST**

Plan Name: \_\_\_\_\_ EIN: \_\_\_\_\_ Plan #: \_\_\_\_\_

**INSTRUCTIONS**

**NOTE:** If you are submitting a Streamlined Application under VCP using Appendix F in accordance with section 11.02 of this revenue procedure, this Appendix C does not need to be completed. If you are submitting a VCP submission using Appendix D, then Part I of this Appendix C does not need to be completed.

The Service will be able to respond more quickly to your VCP request if it is carefully prepared and complete. To ensure that your request is in order, use this checklist. Sign and date the checklist (as plan sponsor or authorized representative) and include it in the submission as provided in section 11.10 of Rev. Proc. 2008-50. (Hereafter, all section references are to Rev. Proc. 2008-50)

You must submit a completed copy of this checklist with your request. If a completed checklist is not submitted with your request, substantive consideration of your submission will be deferred until a completed checklist is received.

**PART I – PLAN INFORMATION**

1. APPLICANT'S NAME \_\_\_\_\_

2. APPLICANT'S ADDRESS

\_\_\_\_\_

\_\_\_\_\_

3. APPLICANT'S TELEPHONE NO. \_\_\_\_\_ 4. FAX NO. \_\_\_\_\_  
(optional) (optional)

5. APPLICANT'S EIN \_\_\_\_\_ 6. PLAN NO. \_\_\_\_\_  
(do not use a Social Security Number)

7. PLAN NAME

\_\_\_\_\_

8. TYPE OF SUBMISSION

<input type="checkbox"/>	REGULAR SUBMISSION
<input type="checkbox"/>	REGULAR SUBMISSION - ANONYMOUS
<input type="checkbox"/>	REGULAR SUBMISSION – MULTI-EMPLOYER PLAN
<input type="checkbox"/>	REGULAR SUBMISSION – MULTIPLE EMPLOYER PLAN
<input type="checkbox"/>	GROUP SUBMISSION

9. TYPE OF PLAN (CHECK ONE ONLY):

<input type="checkbox"/>	01	PROFIT SHARING	<input type="checkbox"/>	09	CASH BALANCE
<input type="checkbox"/>	02	401(k)	<input type="checkbox"/>	10	GOVERNMENTAL PLAN (§ 414(d))
<input type="checkbox"/>	03	MONEY PURCHASE	<input type="checkbox"/>	11	SEP
<input type="checkbox"/>	04	DEFINED BENEFIT	<input type="checkbox"/>	12	SARSEP
<input type="checkbox"/>	05	ESOP	<input type="checkbox"/>	13	SIMPLE
<input type="checkbox"/>	06	TARGET BENEFIT	<input type="checkbox"/>	14	STOCK BONUS
<input type="checkbox"/>	07	403(b)	<input type="checkbox"/>	15	KSOP
<input type="checkbox"/>	08	457	<input type="checkbox"/>	16	OTHER (specify):

10. DATE (month and day) ON WHICH PLAN YEAR ENDS \_\_\_\_\_

11. NUMBER OF PARTICIPANTS IN THE PLAN AS PROVIDED ON THE MOST RECENTLY FILED FORM 5500 SERIES (See Rev. Proc. 2008-50, section 12.07.):

\_\_\_\_\_

12. ASSETS IN THE PLAN AS PROVIDED ON THE MOST RECENTLY FILED FORM 5500 SERIES (ROUND TO NEAREST DOLLAR): \$ \_\_\_\_\_  
See Rev. Proc. 2008-50, section 12.07.

**If the Applicant is being represented by someone in connection with this matter or wishes to authorize someone to receive information from us in connection with this matter, submit a completed Form 2848 or Form 8821 and complete items 13 through 18.**

13. NAME OF APPLICANT'S REPRESENTATIVE

\_\_\_\_\_

14. NAME OF REPRESENTATIVE'S FIRM (if applicable)

\_\_\_\_\_

15. REPRESENTATIVE'S ADDRESS

\_\_\_\_\_

\_\_\_\_\_

16. REPRESENTATIVE'S PHONE NO. \_\_\_\_\_ 17. FAX NO. \_\_\_\_\_

18. REPRESENTATIVE'S E-MAIL ADDRESS \_\_\_\_\_

(optional)

**PART II – SUBMISSION REQUIREMENTS**

Answer each question by answering “Yes” or “N/A” as appropriate

Yes	N/A	Question	Reference (Rev. Proc. section)
		1. Have you included an explanation of how and why the failure(s) arose, including a description of the applicable administrative procedures for the plan in effect at the time the failure(s) occurred?	11.03(6)
		2. Have you included a detailed description of the method for correcting the failure(s) identified in your submission? This description must include, for example, the number of employees affected and the expected cost of correction (both of which may be approximated if the exact number cannot be determined at the time of the request), the years involved, and calculations or assumptions the Plan Sponsor used to determine the amounts needed for correction. Note that each step of the correction method must be described in narrative form.	11.03(7)
		3. If you are you requesting that participant loans being corrected under this revenue procedure not be treated as distributions pursuant to § 72(p), have you included the request and a detailed description of the failure? Alternatively, if you are requesting that participant loans being corrected under this revenue procedure be recognized as distributions in the year of correction instead of the year that the deemed distribution occurred under § 72(p), have you included the request and a detailed description of the failure?	11.03(13)
		4. Have you described the earnings or interest methodology (indicating computation period and basis for determining earnings or interest rates) that will be used to calculate earnings or interest on any corrective contributions or distributions? (As a general rule, the interest rate (or rates) earned by the plan during the applicable period(s) should be used in determining the earnings for corrective contributions or distributions.)	11.03(8)
		5. Have you submitted specific calculations for either all affected employees or a representative sample of affected employees? In lieu of providing correction calculations with respect to each employee affected by a failure, you may submit calculations with respect to a representative sample of affected employees. However, the representative sample calculations must be sufficient	11.03(9)

Yes	N/A	Question	Reference (Rev. Proc. section)
		to demonstrate each aspect of the correction method proposed.	
		6. If you are requesting a waiver of the excise tax under § 4974 of the Code, have you included the request, and, if applicable, an explanation supporting the request for any affected owner-employee or 10 percent owner?	11.03(12)
		7. If you are requesting relief of the excise tax under §§ 4972, 4973, or 4979, have you included the request and a detailed description of the failure?	11.03(12)
		8. Have you described the method that will be used to locate and notify former employees or, if there are no former employees affected by the failure(s) or the correction(s), provided an affirmative statement to that effect?	11.03(10)
		9. Have you provided a description of the administrative measures that have been or will be implemented to ensure that the same failure(s) do not recur?	11.03(11)
		10. Have you included a statement that, to the best of the Plan Sponsor's knowledge, the plan is not currently under an Employee Plans examination?	11.03(14)
		11. Have you included a statement that, to the best of the Plan Sponsor's knowledge, the Plan Sponsor is not under an Exempt Organizations examination?	11.03(14)
		12. Have you included a statement that neither the plan nor the Plan Sponsor has been a party to an abusive tax avoidance transaction? Alternatively, have you provided a statement identifying the abusive tax avoidance transaction(s) to which the plan or the Plan Sponsor has been a party?	11.03(15)
		13. If the submission includes a failure related to Transferred Assets, have you included a description of the related employer transaction, including the date of the employer transaction and the date the assets were transferred to the plan?	11.03(16)
		14. Have you included a copy of the portions of the plan document (and adoption agreement, if applicable) relevant to the failure(s) and method(s) of correction?	11.04(1)
		15. Have you included the original signature of the sponsor or the sponsor's authorized representative?	11.07
		16. Have you included a Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821)? Note: Authorization to represent a plan sponsor before the Service using Form 2848 is limited to attorneys, certified	11.08

Yes	N/A	Question	Reference (Rev. Proc. section)
		public accountants, enrolled agents, enrolled retirement plan agents, and enrolled actuaries.	
		17. Have you included a Penalty of Perjury Statement signed (original signature only) and dated by the Plan Sponsor?	11.09
		18. Have you submitted the Appendix E acknowledgement letter?	11.12
		19. Where applicable, have you submitted an application for a determination letter and Form 8717 together with a check for the user fee made payable to the U.S. Treasury?	10.05 and 11.04(2)
		20. If the plan is currently being considered in an unrelated determination letter application, have you included a statement to that effect?	11.03(17)
		21. Have you included a check for the VCP compliance fee, and, if applicable, a separate check for the determination letter fee, each made payable to the U. S. Treasury?	11.04 and 11.05
		22. If your submission is for a terminating Orphan Plan, have you included a request for a waiver of the VCP fee?	11.03(22)
		23. Have you assembled your submission as described in section 11.15?	11.15

If you inserted "N/A" for any item, enter an explanation here:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title or Authority

\_\_\_\_\_  
Typed or printed name of person signing checklist