

**Annual ED Report
Reconciliation Worksheet, continued
Summary of Reported Corrections**

PLAN 1

County Name and Employer Number: _____

Member's Name and SSN		Adjustment Amounts as Previously Reported				
Name	SSN	Members' Salaries	Employee Contributions	Employer Contributions (Employer Funded)	Employer Contributions (State Aid Funded)	Total Employer Contributions
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Total Corrections Previously Reported						

(If you had more than 25 adjustments for this fiscal year, please attach a sheet of paper to this form, listing all required information . Then include the subtotal from the separate sheet on line 25 of the above table.)

TOTAL FROM PAGE 1	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
Reported Totals					
Total Corrections Previously Reported					
Reported Totals including Reported Corrections					

**Annual ED Report
Reconciliation Worksheet, continued
Summary of Un-Reported Corrections**

PLAN 1

County Name and Employer Number: _____

In this section, provide a breakdown of all individuals for which an adjustment has NOT been previously submitted to, and processed by, CPRB. If you are adding an employee not previously reported or under-reported the amounts should be reflected as a positive, i.e.: \$945.00. If you are removing an employee who was erroneously reported to the plan or over-reported, the amounts should be reflected as a negative, i.e.: (\$945.00).

Member's Name and SSN		Adjustment Amounts for Corrections NOT Previously Reported				
Name	SSN	Members' Salaries	Employee Contributions	Employer Contributions (Employer Funded)	Employer Contributions (State Aid Funded)	Total Employer Contributions
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Total Corrections NOT Previously Reported						

(If you had more than 25 adjustments for this fiscal year, please attach a sheet of paper to this form, listing all required information . Then include the subtotal from the separate sheet on line 25 of the above table.)

	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
TOTAL FROM PAGE 2					
Reported Totals including Reported Corrections					
Total Corrections NOT Previously Reported					
FINAL ED TOTALS -Reported Totals including both Reported and NOT reported Corrections					

**Annual ED Report
Reconciliation Worksheet, continued
Reconciliation of Payroll Reports to Annual ED Totals**

PLAN 1

County Name and Employer Number: _____

INSTRUCTIONS FOR COUNTY BOARDS OF EDUCATION:

For TRS Plan 1 this data must be taken from the WVEIS Teacher Retirement Report - RETI which is labeled "Prog: PWV.510" in the upper left hand corner. A copy of the reports MUST be attached to the Annual ED Report.

INSTRUCTIONS FOR OTHER TRS EMPLOYERS:

The employer must provide a separate payroll report or spreadsheet for each plan. The report or spreadsheet must include, as a minimum for each employee reported in the plan during the fiscal year, the employee name, employee social security number, employee contributions and employer contributions.

	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
Totals From Attached WVEIS Report PWV.510 (See Instructions Above)					

In this section, provide a breakdown of all individuals for which an adjustment must be made to reconcile the above payroll report totals to the FINAL ED TOTALS reported on Page 3. If you are adding an employee not included or under-reported in the above report totals, the amounts should be reflected as a positive, i.e.: \$945.00. If you are removing an employee who was erroneously reported or over-reported in the above report totals, the amounts should be reflected as a negative, i.e.: (\$945.00).

Member's Name and SSN		Adjustment Amounts for Corrections NOT Previously Reported				
Name	SSN	Members' Salaries	Employee Contributions	Employer Contributions (Employer Funded)	Employer Contributions (State Aid Funded)	Total Employer Contributions
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Total Corrections Needed to Reconcile WVEIS Report PWV.510 Totals to the ANNUAL ED TOTALS						

(If you had more than 15 adjustments for this fiscal year, please attach a sheet of paper to this form, listing all required information. Then include the subtotal from the separate sheet on line 15 of the above table.)

	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
Totals From Attached WVEIS Report PWV.510					
Total Corrections Needed to Reconcile WVEIS Report PWV.510 Totals to the ANNUAL ED TOTALS					
FINAL ED TOTALS -Reported Totals including both Reported and NOT reported Corrections					

Prepared By: _____

Date Prepared: _____

E-mail Address: _____

Phone Number: _____

**Annual ED Report
Reconciliation Worksheet, continued
Summary of Reported Corrections**

PLAN 3

County Name and Employer Number: _____

In this section, provide a breakdown of all individuals for which an adjustment has been previously submitted to, and processed by, CPRB. If you are adding an employee not previously reported or under-reported, the amounts should be reflected as a positive, i.e.: \$945.00. If you are removing an employee who was erroneously reported to the plan or over-reported, the amounts should be reflected as a negative, i.e.: (\$945.00).

Member's Name and SSN		Adjustment Amounts as Previously Reported				
Name	SSN	Members' Salaries	Employee Contributions	Employer Contributions (Employer Funded)	Employer Contributions (State Aid Funded)	Total Employer Contributions
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Total Corrections Previously Reported						

(If you had more than 25 adjustments for this fiscal year, please attach a sheet of paper to this form, listing all required information. Then include the subtotal from the separate sheet on line 25 of the above table.)

	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
TOTAL FROM PAGE 1					
Reported Totals					
Total Corrections Previously Reported					
Reported Totals including Reported Corrections					

**Annual ED Report
Reconciliation Worksheet, continued
Summary of Un-Reported Corrections**

PLAN 3

County Name and Employer Number: _____

In this section, provide a breakdown of all individuals for which an adjustment has NOT been previously submitted to, and processed by, CPRB. If you are adding an employee not previously reported or under-reported, the amounts should be reflected as a positive, i.e.: \$945.00. If you are removing an employee who was erroneously reported to the plan or over-reported, the amounts should be reflected as a negative, i.e.: (\$945.00).

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Total Corrections NOT Previously Reported						

(If you had more than 25 adjustments for this fiscal year, please attach a sheet of paper to this form, listing all required information . Then include the subtotal from the separate sheet on line 25 of the above table.)

	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
TOTAL FROM PAGE 2					
Reported Totals including Reported Corrections					
Total Corrections NOT Previously Reported					
FINAL ED TOTALS -Reported Totals including both Reported and NOT reported Corrections					

**Annual ED Report
Reconciliation Worksheet, continued
Reconciliation of Payroll Reports to Annual ED Totals**

PLAN 3

County Name and Employer Number: _____

INSTRUCTIONS FOR COUNTY BOARDS OF EDUCATION:

For TRS Plan 3 this data must be taken from the WVEIS Teacher Retirement Report - RETIV which is labeled "Prog: PWV.515" in the upper left hand corner. A copy of this report MUST be attached to the Annual ED Report.

INSTRUCTIONS FOR OTHER TRS EMPLOYERS:

The employer must provide a separate payroll report or spreadsheet for each plan. The report or spreadsheet must include, as a minimum for each employee reported in the plan during the fiscal year, the employee name, employee social security number, employee contributions and employer contributions.

	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
Totals From Attached WVEIS Report PWV.515 (See Instructions Above)					

In this section, provide a breakdown of all individuals for which an adjustment must be made to reconcile the above payroll report totals to the FINAL ED TOTALS reported on Page 3. If you are adding an employee not included or under-reported in the above report totals, the amounts should be reflected as a positive, i.e.: \$945.00. If you are removing an employee who was erroneously reported or over-reported in the above report totals, the amounts should be reflected as a negative, i.e.: (\$945.00).

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Total Corrections Needed to Reconcile WVEIS Report PWV.515 Totals to the ANNUAL ED TOTALS						

(If you had more than 15 adjustments for this fiscal year, please attach a sheet of paper to this form, listing all required information . Then include the subtotal from the separate sheet on line 15 of the above table.)

	Members' Salaries	Employee Contributions	Employer Contributions County Funded	Employer Contributions State Aid Funded	Total Employer Contributions
Totals From Attached WVEIS Report PWV.515 (See Instructions Above)					
Total Corrections Needed to Reconcile WVEIS Report PWV.515 Totals to the ANNUAL ED TOTALS					
FINAL ED TOTALS -Reported Totals including both Reported and NOT reported Corrections					

Prepared By: _____

Date Prepared: _____

E-mail Address: _____

Phone Number: _____