State of West Virginia Consolidated Public Retirement Board Internet Form (Signature in Blue Ink Only)

4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636 Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

TEACHERS' DEFINED CONTRIBUTION RETIREMENT SYSTEM

PAYROLL REMITTANCE SUMMARY REPORT

PAYROLL CENTER:		County C	ode:
Pay period: Beginning through		Actual Pay D	Date:
PAYROLL RUN #(s):			
(List all run numbers covered	in numerical order begins	ning with the lowest)	
SALARY DATA: Salary Data MUST agree with TOTAL Payrol	l Data being remitted for pr	ocessing - <u>NO Exceptions p</u>	permitted in this section.
1. Total Number of TDC Plan Participant records on this Report			
2. TDC Plan Participants' Gross Compensation Paid during this P	Pay Period		\$
3. Portion of total compensation paid through the State-Aid formula			\$
4. Portion of total compensation NOT paid through the State-Aid formula or compensation paid through			
Higher Education, Etc.			\$
CONTRIBUTIONS: Contributions & detail MUST support the to	otal Salary Data remitted fo	r processing - <u>NO Exception</u>	ns permitted in this section.
5. Employees' contributions - MUST agree with actual amount w	ithheld (Line 2 Times 4.5%	or .045)	\$
6. Employers' contributions (Line 2 Times 7.5% or .075)			\$
 a. Portion of Employers' Contribution paid through State-Aid Formula b. Portion of Employers' Contribution NOT paid through State-Aid Formula/Higher Education, Etc. (Line 6a plus Line 6b must equal Line 6) 	\$ \$		
b1. Portion of Forfeiture Allotment <u>USED</u> to reduce Employer Contribution amount <u>NOT paid</u> through State-Aid Formula	a	\$()	
NET AMOUNT of Employers' Contribution NOT Paid through St Forfeiture Allotment (Line 6b - Line 6b1 = NET AMOUNT. Also		\$	
7. Total Contributions (Combined contribution amount required	to process this Payroll	(Line 5 plus Line 6)	\$
Remittance amount Must support total Salary Data and NET Contributions for this Payroll, <u>less any TDC Plan Credit</u> . (When applying a TDC Plan Credit against your remittance you must provide a copy of the Credit Notice.)			
8. Employees' contributions - Enter amount from Line 5	<u>Remittance</u> \$	Subtract: TDC Plan Credit	= <u>NET Remittance</u>
9. Employers' contribution - Enter <u>NET AMOUNT</u> from the bottom of Section 6	\$	\$ -	\$
Total NET Remittance from Payroll Center (Line 8 plus Line 9)	\$	\$ -	\$
Authorization:			
Prepared by:	Title:		Date:
(Authorized TDC Plan Contact Signature Required)			
Approved by: (Signature of Supervising Authority, if applicable)	Title:		Date:
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