

State of West Virginia
Consolidated Public Retirement Board
4101 MacCorkle Avenue SE, Charleston, WV 25304-1636
Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394
CPRB@wvretirement.com www.wvretirement.com

Deputy Sheriff Retirement System Monthly Payroll Report Instruction Sheet

Please complete all forms in blue ink. Always send original forms to CPRB.
Please write neatly and clearly. CPRB cannot accept signature stamps.

Back-Up Report

List employees sorted alphabetically by last name. Include employee SSN.
List each member's gross salary.
List each member's retirement deduction withheld. Must be 8.5% of gross salary.
List number of hours worked by employee.
Total each column.
***If you prefer not to use CPRB's monthly back-up report, you may submit your own back-up report as long as all required information is included.*

Monthly Payroll Report (Coversheet)

Complete the top portion of the form with your agency information. Be sure to list the number of covered employees and total hours reported for the payroll month.

Line 1 Record total gross salaries from back-up report.
Line 2 Record total retirement deductions from back-up report.
***Check for accuracy by multiplying gross salaries by 8.5%. Total employee withheld must be no more than 1 cent off for each contributing employee.*

Line 3 Use only for adjustments required by CPRB. Do not use for rounding.
Line 4 Total employee contributions submitted (Line 2+3)
Line 5 Record total employer contributions submitted (must be 12.0% of gross salaries).
***Check for accuracy by multiplying gross salaries by 12.0%. Total employer contributions must be no more than 1 cent off for each contributing employee.*

Line 6 Use only for adjustments required by CPRB. Do not use for rounding.
Line 7 Total employer contributions submitted (Line 5+6)
Line 8 Total submitted (Line 4+7). This should match the check total.

Complete the Certification and Signature section at the bottom of the coversheet. Signatures must be originals. CPRB cannot accept signature stamps.

Submitting Report

Send original coversheet, back-up report, and checks to:
DSRS
PO Box 40539
Charleston, WV 25364

**Reports and Payments are due on or before the 15th day of the month
following the month being reported.
Example: January's report is due on or before February 15th.**

*** Additional Notes: Lump sum annual leave payments are not pensionable. Do not withhold contributions on lump sum leave payments. If a contributing employee has a back pay settlement, please contact CPRB to determine if contributions are to be withheld.*

State of West Virginia Consolidated Public Retirement Board

Deputy Sheriff Retirement System

PO Box 40539 Charleston, WV 25364

Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

**DEPUTY
RETIREMENT**



**SHERIFF
SYSTEM**

MONTHLY PAYROLL REPORT

Please return completed form, back-up documents, and check to the Consolidated Public Retirement Board. Attention: Uniformed Services

**Form must be signed in blue ink.*

Employer: _____

Employer Number _____

Address _____

Month/Year _____

Contact Person _____

Phone Number _____

Email Address _____

of Covered Employees _____

Total Hours Reported _____

- 1. **GROSS SALARIES** Of Covered Employees \$ _____
- 2. **EMPLOYEE** Contributions Withheld (must match back-up total exactly) \$ _____
- 3. Adjustments (attach copy of adjustment letter) \$ _____
- 4. **TOTAL EMPLOYEE** Contributions Submitted \$ _____
- 5. **EMPLOYER** Contributions (12% of Line 1) \$ _____
- 6. Adjustments (attach copy of adjustment letter) \$ _____
- 7. **TOTAL EMPLOYER** Contributions Submitted \$ _____
- 8. **TOTAL SUBMITTED** (Line 4 + Line 7) \$ _____

REPORT DUE ON OR BEFORE THE 15TH DAY OF THE MONTH FOLLOWING THE MONTH REPORTED.

MAKE CHECK(S) PAYABLE TO: WV DEPUTY SHERIFF RETIREMENT SYSTEM.

I, _____, Executive Officer of the Payroll Records of _____ County,
do hereby certify that the above report, together with all continuation sheets attached thereto, is a true, correct, and
accurate record made from our payroll records.

Given under my hand this _____ day of _____ 20_____.

Signed by: _____ Executive Officer of _____ County.

West Virginia Deputy Sheriff Retirement System
Monthly Back-Up Report

Employer Number

_____|_____
Month | Year

Pay Period Starting

Pay Period Ending

| Social Security Number | Name | Gross Pay | Retirement Deduction | # Hours (H) | H=Hourly |
|---------------------------|------|-----------|-------------------------|-------------|----------|
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When a new employee is hired, or if an employee is returning to work after a leave of absence, please add all required information to back-up. If employee terminates position, please remove from back-up after last salary information has been reported.

Deputy Sheriff Retirement System Monthly Payroll Contribution Reporting Important Reminders

- ▶ Round each member's hours to the nearest **whole** hour.
- ▶ Total each column on the back-up report.
- ▶ Employee Contributions Withheld (line 2) on the Monthly Report and the total retirement deductions from the back-up report **must match to-the-penny**.
- ▶ ***Adjustments should not be made on monthly reports unless CPRB has previously directed you to do so.*** This includes rounding, additional monies for back pay, or previously unreported contributions.
- ▶ Always send original forms to CPRB.
- ▶ CPRB cannot accept reports with stamped signatures; signatures must be true, original signatures.
- ▶ All monthly payroll contribution payments and reports must be received by CPRB no later than the 15th day of the month to avoid delinquency surcharges.
- ▶ You may submit back-up data on your own form, provided it contains the required information and is in the same order as our forms (ssn, name, gross pay, retirement deduction and hours).
- ▶ Forms are available for download from our website at www.wvretirement.com. Be sure to choose the correct retirement system and then click Forms. Internet forms must be signed in BLUE ink.

Web Contributions System Now Available for DSRS Employers

We are excited to offer the Web Contributions System to DSRS agencies to utilize in reporting monthly payroll and retirement contributions to CPRB. The Web Contributions System is a secure and easy way for you to report your employees' monthly payroll information to CPRB. With Web Reporting, you may enter your employees' salary, retirement contribution and service worked into a web-based application and submit the information to CPRB via a secure website.

The Web Contributions System allows you two options for remitting monthly retirement contributions: ACH Debit and Lockbox. ACH Debit allows the Retirement Board, upon approval each month by your agency, to withdraw contributions directly from your agency's checking account. With this option, you are no longer required to mail the retirement report along with payment to CPRB each month; the entire process takes place electronically. Lockbox allows you to submit your retirement report online via the web, and the contribution payment along with a "coupon" is sent directly to the Treasurer's Office.

Contact CPRB at 800-654-4406 and ask to be connected to the DSRS Web Contributions Section to request access to our test site. Accessing the test site will allow you to see how easy and convenient the Web Contributions System is for monthly payroll reporting! If you choose to participate, please complete and return the enclosed questionnaire. If you choose to submit contributions via ACH, please complete the enclosed Debit Authorization form in addition to the questionnaire.

***Contact the DSRS Payroll Reporting Section with any questions
you may have regarding monthly payroll reporting.***

State of West Virginia
Consolidated Public Retirement Board
4101 MacCorkle Avenue, SE
Charleston, WV 25304-1636
1-800-654-4406

DEBIT AUTHORIZATION

PLEASE PRINT:

Employer Number and FEIN: _____
Employer Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Contact Name: _____

FINANCIAL INFORMATION

| | |
|--|---|
| Employee Contributions: | Name of Financial Institution: _____ |
| | Routing Number: _____ |
| | Account Number: _____ |
| Employer Contributions: | Name of Financial Institution: _____ |
| | Routing Number: Currently must be the same as Employee Portion |
| | Account Number: _____ |
| Loan Payment (Teachers and Deputy Sheriffs Only): | Name of Financial Institution: _____ |
| | Routing Number: Currently must be the same as Employee Portion |
| | Account Number: _____ |

Is the account listed above a checking account or a savings account?

- Savings Account*
 Checking Account

Please remember to attach a voided check for the account indicated above.

Debit Authorization cannot be processed without a voided check.

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries within the scope of Consolidated Public Retirement Board transactions, into my Checking account(s) as indicated above and the Financial Institution(s) named above, hereinafter called DEPOSITORY. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

(Sign Name)

(Date)

Return Form to:

Consolidated Public Retirement Board
4101 MacCorkle Avenue, SE
Charleston, WV 25304
Attn: Uniformed Services Section