

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 SHERIFF



Statewide Uniform Fees

Name & Address of Employer:

Employer Number: _____

Month Remitting: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

WV State Code §7-14E-2

Sub-section A

Table with 3 columns: Quantity, Rate, Total. Rows include Traffic Accident Reports, Criminal Investigation Reports, Incident Reports, and Property Reports.

Sub-section B

Table with 3 columns: Quantity, Rate, Total. Rows include Adult Private Employment Fingerprinting, Federal Firearm Permit Fingerprinting, Motor Vehicle Number I.D., Adult I.D. Cards, and Photo I.D. Cards.

Sub-section C

Table with 3 columns: Quantity, Rate, Total. Row includes Non-Governmental Background Investigation Reports.

WV State Code §17A-3-17

Table with 3 columns: Quantity, Rate, Total. Rows include Renewals of Class A or G Vehicle Registration and Two Year Renewals Class A or G Vehicle Registration.

WV State Code §59-1-14

Table with 3 columns: Quantity, Rate, Total. Rows include Orders, Notices or Summons Served & Returned, Levying an Attachment on Real Estate & Returned, Other Levies, Writ of Possessions Served, and Attachments or Other Process Served on Any Person.

ADJUSTMENTS (attach explanation) = \$ _____

TOTAL: = \$ _____

Report due on or before the 15th day of the month following the month reported. Make check payable to: WV Deputy Sheriff Retirement System. This must be a separate check from your monthly payroll contributions. *Form must be signed in blue ink.

SHERIFF'S CERTIFICATION:

I, _____, do hereby certify that the above report is a true, correct, and accurate record made from our records. Given under my hand this _____ day of _____, 20____. Signed by: _____ Sheriff of _____ County.