State of West Virginia Consolidated Public Retirement Board

Emergency Medical Services Retirement System PO Box 40539 Charleston, WV 25364

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

EMERGENCY MEDICAL SERVICES RETIREMENT 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.

ployer Employer Number						
Address	Month/Year					
	Contact Person					
Phone Number	Email Address					
# of Covered Employees						
1. GROSS SALARIES of Covered Employees	\$					
2. EMPLOYEE Contributions Withheld (must match back)	ck-up total exactly) \$					
3. Adjustments (attach copy of adjustment letter)	\$					
4. TOTAL EMPLOYEE Contributions Submitted	\$					
5. EMPLOYER Contributions (10.5% of Line 1)	\$					
6. Adjustments (attach copy of adjustment letter)	\$					
7. TOTAL EMPLOYER Contributions Submitted	\$					
8. TOTAL SUBMITTED (Line 4 + Line 7)	\$					
	F THE MONTH FOLLOWING THE MONTH REPORTED. ENCY MEDICAL SERVICES RETIREMENT SYSTEM.					
I,, Executive Office	cer of the Payroll Records of,					
	continutation 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					

West Virginia Emergency Medical Services Retirement System Monthly Back-Up Report

				1
Employer Number			Month	Year

Pay Period Starting	Pay Period Ending				
Social Security Number	Name	Gross Pay	Retirement Deduction	# Hours (H)	Code H=Hourly