

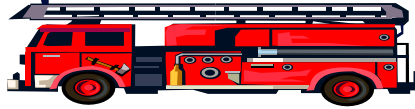
State of West Virginia Consolidated Public Retirement Board

Municipal Police Officers and Firefighters Retirement System

PO Box 40539 Charleston, WV 25364

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

Municipal Paid Professional Firefighters



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 (8.5% 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 Municipal Police Officers and Firefighters Retirement System

I, _____, Executive Officer of the Payroll Records of _____,
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 _____.

