

TEACHERS' DEFINED BENEFIT SYSTEM
APPLICATION FOR CREDIT OF INCORRECTLY SUBMITTED
EMPLOYEE AND/OR EMPLOYER CONTRIBUTIONS

Please complete this form in its entirety. This information will be used to make a determination regarding the account of the member below:

Member Name: _____ SSN: _____

Payroll Loc: _____ Plan _____

Month & Year Contr. Submitted	Salary Paid	Employee Contributions Remitted	Employer Contributions Remitted

Reason for request: _____

The county may need to return the employee contributions to the member. These monies may be tax deferred. Please contact CPRB if you are uncertain. It may also be necessary for the County to adjust the member's W-2 for the affected year. If so, the member should consult with a professional tax advisor to determine whether they need to amend their personal tax return for the year in question.

I do solemnly swear that the above information is a true copy of the contributory records of the above named member for the years listed with this employer.

By: _____ Date: _____
 (Signature of Payroll Administrator)

Title: _____ Phone Number & Ext. _____

CPRB WILL COMPLETE THE BOTTOM OF THIS FORM
AND RETURN TO THE COUNTY TO MAKE THE FOLLOWING ADJUSTMENT:

Include _____ in the EE portion and Include _____ in the ER portion

 CPRB Representative Signature

 Date

Please make the above adjustment on the next payroll and include a copy of this form to ensure proper credit. Also make certain that you correctly report the information on the annual TRS ED report.