

State of West Virginia
Consolidated Public Retirement Board
 Post Office Box 40554, Charleston, West Virginia 25364
 Telephone: (304) 558-3570 or (800) 654-4406 Fax: (304) 558-1394

**TEACHERS' DEFINED BENEFIT RETIREMENT SYSTEM (TRS-Plan 1)
 MONTHLY RETIREMENT REPORT**

Name and Address of Employer: _____ Month/Year: _____ Fiscal Year: _____
 _____ Payroll Run No.: _____
 _____ No. Covered Employees: _____
 _____ Telephone No.: _____
 Contact Person: _____ Email Address: _____

Please note that a copy of the payroll with a detailed breakdown per person of gross salary and contribution is required to accompany this report as per West Virginia Code § 18-7A-15.

1. **Gross Salaries** of Covered Employees **hired before 7/1/05** \$ _____
2. **Employee Contributions** (6% of Line 1):
 - A. County Portion of Gross Salaries \$ _____
 - B. State Portion of Gross Salaries \$ _____
 - C. Total **Employee** Contributions Withheld (Line 2A + Line 2B) \$ _____
3. **Employer Contributions** (15% of Line 1):
 - A. County Portion of Employer Contributions \$ _____
 - B. State Portion of Employer Contributions \$ _____
 - C. Total **Employer** Contributions Withheld (Line 3A + Line 3B) \$ _____
4. **Total Reported** (Line 2C + Line 3C) \$ _____
5. **Adjustments** (Attach explanation) \$ _____
6. **Total Submitted** (Line 4 +/- Line 5) \$ _____

Monthly Retirement Reports are due on or before the 15th day of the month following the month being reported. Make checks payable to: WV Teachers' Retirement System.

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