

State of West Virginia
Consolidated Public Retirement Board
Internet Forms Require Signature in Blue Ink
Defined Contribution Systems
4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
Telephone: (304) 558-2407 or Toll-Free (877) 430-5772 Fax: (304) 558-8640

PAYROLL LOCATION FOR THE _____
REMITTANCE SUMMARY REPORT
TEACHERS DEFINED CONTRIBUTION RETIREMENT SYSTEM

for pay period _____ to _____ Actual Pay Date: _____

PAYROLL RUN# _____
 (List all for this report beginning with the lowest)

SALARY DATA

- 1. Total Number of Members on this Report _____
- 2. Gross Salaries Paid during this Pay Period to these Members \$ _____
- 3. Portion of salaries paid during pay period by State Aid Formula \$ _____
- 4. Portion of Salaries during this Pay Period not paid from State Aid Formula or Salaries paid by Higher Education, Etc. \$ _____

CONTRIBUTIONS

- 5. Employees' contributions (Line 2 Times 4.5% or .045) \$ _____
- 6. Employers' contributions (Line 2 times 7.5% or .075) \$ _____
 - a. Portion of Employers' Contribution paid through State Aid Formula \$ _____
 - b. Portion of Employers' Contribution not paid by State Aid Formula or paid by Higher Education, Etc. \$ _____
- 7. Total Contributions (Line 5 plus Line 6) \$ _____

REMITTANCE

- 8. Employees' withholdings (Line 5) \$ _____
- 9. Employers' contribution not paid by State Aid Formula (Line 6b) \$ _____
- Total Remittance from Payroll Location (Line 8 plus Line 9) \$ _____

Prepared by: _____ Date: _____ Telephone #: _____
 (Signature in Blue Ink Required) EXT: _____

Pursuant to the West Virginia Code §18-7B-9 and 18-7B-10, both the employee and the employer share of the contributions must be remitted to the Consolidated Public Retirement Board within five working days of the pay date. Please make your check payable to: West Virginia Teachers' Defined Contribution System.

(ORIGINAL MUST BE RETURNED TO THIS OFFICE)