

FOR PERS USE ONLY

SAMPLE

PUBLIC EMPLOYEES RE	TIREMENT	PUBLIC EMPLOYEES RETIREMENT SYSTEM						SERVICE PERIOD TYPE CODES				
400 P STREET, P.O. BOX 1	ITEM CODE											
					MONTHLY	Y	0					
SUMMARY REPO	SEMI-MON	SEMI-MONTHLY-1ST HALF 1										
MEMBER AND EMP	SEMI-MONTHLY-2ND HALF 2											
						Y-1ST PAYROLL	3					
FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON						BI-WEEKLY-2ND PAYROLL 4						
THE SUMMA	BI-WEEKLY-3RD PAYROLL 5											
PROCEDURE	QUADRIW	EEKLY-1ST PAYROLL	6									
						EEKLY-2ND PAYROLL	7					
EMPLOYER CODE: EMPLOYER NAME:						OFFICE CC	DE	SERVICE PERIOD				
1999			TOWN OF ANYW	/HERE				MONTH	YEAR	TYPE		
				07	2001	0						
I HEREBY CERTIFY THAT I AN		SPECIAL			BEGINNING DATE	U						
NAMED EMPLOYER; AND THA		PAYROLL		MONTH	DAY	YEAR						
		S SET FORTH ON	THIS FORM AND THE SU	PPORTING		T ATTOLE						
DOCUMENTS ARE TRUE AND				07	01	2001						
SIGNATURE				DATE:		SUPPLEMENTAL			ENDING DATE			
	<u>µ</u>			8/15/01		PAYROLL		MONTH	DAY	YEAR		
NAME AND TITLE (PRINT OR TYPE)				PHONE NO:		REPORTING FORM		07	31	2001		
	John Do	e, Accoun	itant	123-456-789	0 (PERS-AC							
	EMPLOYER CONTRIBUTION				(i Eliona	(PERS-ACC-624) ATTACHED			MEMBER			
1. COVERAGE GRP.		DYER RATE				PLOYER CONTRIBUTIONS		CONTRIBUTIONS				
1. COVERAGE GRI .	2. LIVII LC		X 3. WEWBER EA	-	4. EMPLOTER CONTRIBUTIONS		7 NORMAL					
70001		00%	\$1	,000.00	\$0.00		7. NORWAL	\$70.00				
							8. TAX DEFE	8. TAX DEFERRED: \$700.00				
70002	0.000%		\$100.00		\$0.0	\$0.00		TIONAL				
0	0 0.000%		\$0.00		\$0.00			\$0.00				
0	0.000%		\$0.00		\$0.00		10. SUB-TOT	rotal (7+8+9): \$770.00				
0			· · · · · · · · · · · · · · · · · · ·				11. SURVIV	IVOR BENEFIT: \$0.00				
0	0.000%			\$0.00		\$0.00			\$0.00			
0	0.000%		\$0.00		\$0.0	\$0.00		12. TOTAL MEMBER CONTRIBUTIONS:				
0	0.000%		\$0.00		\$0.00		CONTRIE	UTIONS:	\$770.00			
0	0.000%		\$0.00		\$0.00							
			\$0.00		\$0.00		1					
	0 0.000%				6. TOTAL EMPLOYER CONTRIBUTIONS:				¢0.00			
5. TOTAL MEMBER EARNINGS: \$1,100.00 6. TOTAL EMPLOYER CONTRIBUTIONS:									\$0.00			
13. TOTAL MEMBER	PLOYER CO	ONTRIBUTIONS:	(ITEM 6 + ITEM	TEM 12)			\$770.00					
ADJUSTMEN	TS:	14.A SU	IRPLUS ASSET: N	IISCELLANEOUS CATE	EGORY							
		14.B SU	IRPLUS ASSET: S	AFETY CATEGORY								
ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN.												
		14.C A	CC-344/ACC-1520	NOTE: Do not enter in this space corrections of member earnings and contributions made on Pavroll Listing.			arnings					
		15 ADVA	NCE PAYMENT/E	-	DATE P/							
16. BALANCE DUE:	LE TO THE				\$770.00							
	14B, 14C OR	15)		FOR PERS	USE ONLY							
Control No. and Business Month 100				% Change		Audited Remitt		Amount	\$			
				loo / Change				17.				
							Date Paid					
							18.					
							Previous D	ocument Nu	mber			

STATE OF CALIFORNIA