



Public Employees' Retirement System of Nevada

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NAME OF REPORTING AGENCY _____

AGENCY NUMBER _____ FOR CALENDAR MONTH OF _____, 20_____

NOTE: See Instructions for reporting payroll information before preparing this report.

A. Employee's Contributions
(Employees' Portion of EES/ERS Plan) \$ _____

B. Employer's Contributions
(Employers Portion of EES/ERS Plan) \$ _____

C. Employer Paid Contributions
(100% Paid by Employer) \$ _____

D. Total Contributions
(Line A + B + C = Line D) \$ _____

(All 503 Adjustment Totals Should Be Reflected In Lines A Through D)

E. Overpayments/Underpayments (Attach copy of PERS Adjustment Letter)
 Month Amount

_____ Total (Section E Only) \$ _____

F. Penalty Payment \$ _____

G. Total Amount Paid
 (Lines D + E + F = G) \$ _____

H. Total Wages Subject to Contribution \$ _____

<u>FOR PERS USE ONLY</u>
<u>DATE KEYPED</u>
<u>PARTIALLY POSTED DATE</u>
<u>100% POSTED DATE</u>

	Deposits	
	Date	Amount
	_____	_____
	_____	_____
	_____	_____
Total:	_____	(Should be same as Item G above. If not, attach explanation.)

CERTIFICATION

I certify that the above information is correct and complete to the best of my knowledge.

Date: _____ Signature _____
 Title _____