

PLAN A

Parochial Employees' Retirement System
Of Louisiana
P O Box 14619
Baton Rouge, Louisiana 70898-4619

2019

Monthly Report of Earnings and Contributions

DEFERRED RETIREMENT OPTION PLAN

- | | |
|---|---|
| 1. Full Name of Parish or Board and Address | 2. Date Month Ended _____ |
| _____ | 3. Total Number of Employees Reported _____ |
| _____ | 4. Number of Pages Attached _____ |
| _____ | |

Report Summary and Certification

- | | |
|--|----------|
| 1. Total Earnings (total of All Pages – Column 3) | \$ _____ |
| 2. 11.50% of Total Earnings – Employer Contributions (Col. 4) | \$ _____ |
| 3. Total of <u>Line 2</u> [Check(s) Enclosed] | \$ _____ |

I hereby certify that the information shown hereon is true and correct to the best of my knowledge. I further certify that all individuals reported are employees of the entity submitting this form and that all meet the requirements to participate in PERS as full time permanent employees.

(Signature) _____
Secretary-Treasurer or Designated Authority

Date

Note: Contributions for each quarter are due by the 15th of the month following the quarter end. For example, the due date for the first quarter is April 15. In accordance with R.S. 11:2014 (C) payments received after the due date are subject to a penalty.

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**PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA
CONTINUATION SHEET OF DROP MONTHLY REPORT**

Page No. ____ of ____

Pages

| Column 1 Social Security Number | Column 2 Name of Employee Alphabetize - Last Name , First | Column 3 Total Earnings for Month | Column 4 Employer Contributions @ 11.50% |
|---------------------------------------|---|---|---|
| | | | |
| TOTAL FOR THIS PAGE | | \$ | \$ |

**PLEASE CONFIRM THAT THE ENDING TOTALS ON THE EMPLOYEE LISTINGS
CORRESPOND WITH THE TOTALS SHOWN ON THE COVER PAGE.**

