

## PLAN B

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

**2021**

### Monthly Report of Earnings and Contributions

#### DEFERRED RETIREMENT OPTION PLAN

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

#### Report Summary and Certification

- |   |          |
|---|----------|
| 1. Total Earnings (total of <b>All</b> Pages – Column 3)            | \$ _____ |
| 2. <b>7.50%</b> of Total Earnings – Employer Contributions (Col. 4) | \$ _____ |
| 3. Total of Lines 2 [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 15<sup>th</sup> 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.**

**PLAN B**

**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 <b>@ 7.50%</b>
TOTAL FOR THIS PAGE		\$	\$

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