



REPORT OF RETIREMENT DEDUCTIONS

Employer/Frequency/Agreement Code (Example: 0928PB1)						Employer Name						Page ____ of ____	
Pay Period Beginning _Pay Period Ending													
Social Security Number	Name (Last First MI)	Earning Type	Lump Sum *		Earnings End Date	Hours Paid	Gross Salary	Taxed Employee Deductions	Tax Deferred		Work Code (N, D, Q, R)	Comments	
			Earnings Begin Date	Earnings End Date					Member Salary Reduction Contributions	Employer Paid Benefit Contributions			
I hereby certify that the foregoing payroll report is correct, that all employees subject to participation in the Fund in accordance with the laws, rules and regulations are shown hereon, and that the time credited to and the compensation by each employee is stated as shown by certified payrolls and records now on file in this office.											PAGE TOTAL		
Signature			Print Name			Title			Phone Number		Fax Number		Email Address

Form PR79 (Rev. 6/05) * OPTIONAL: Use only if dates are different than pay period beginning/ending above.