

School Division DROP Members Remittance Form

Remittance forms must accompany warrants/checks submitted to the APERS office following each payroll processing date. In order to balance your retirement report, we must have the information listed below for each warrant/check sent to our office. Do not list warrants/checks covering more than one pay period on the same remittance form. List only those warrants/checks actually sent. Copies of this form may be made as necessary.

NAME OF AGENCY _____

PAYROLL CYCLE (W, BW, SM, M) _____ * (*According to our records—if inaccurate, please correct.)

REPORTING MONTH _____ **YEAR** _____ **PAYROLL PROCESSING DATE** _____

Check or Warrant Number	DROP Employer Contributions 4% of Payroll
Total Remittance Submitted	

Explanation of Adjustments

I do hereby certify that the Earnings & Service Report printout to be submitted at month end contains the names of all employees of this agency who participate in the Arkansas Public Employees Retirement System.

I further certify that the amounts opposite the names under the contributions column are the correct amounts withheld for this month, according to the provisions of A.C.A. 24-4-102.

I further certify that in compliance with the Internal Revenue Service (IRS) Ruling 2006-43, the contributions, although designated as employee contributions, are being paid by the employer, as set forth in the resolution adopted by the APERS Board on May 18, 2005.

In accordance with A.C.A. 24-4-102, "Any person who knowingly makes any false statement or who falsifies or permits to be falsified any record, in an attempt to defraud the system as the result of such act, shall be guilty of a misdemeanor and shall, upon conviction by a court, be punished by a fine of not less than one hundred dollars (\$100) or a maximum of six (6) months in jail or both."

Signature/Title of Reporting Official

Agency Number

Email: _____

Phone # _____