

# Registrars of Voters Employees' Retirement System

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PARISH: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	GROSS SALARY	7% EMPLOYEE CONTRIBUTIONS	17% EMPLOYER CONTRIBUTIONS
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ACTIVE MEMBERS	Do not include retirees, terminated employees or DROP participants			
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$
5		\$	\$	\$
6		\$	\$	\$
7		\$	\$	\$
8		\$	\$	\$
9		\$	\$	\$
10		\$	\$	\$
11		\$	\$	\$
12		\$	\$	\$
13		\$	\$	\$
14		\$	\$	\$
15		\$	\$	\$
16		\$	\$	\$
17		\$	\$	\$
18		\$	\$	\$
19		\$	\$	\$
20		\$	\$	\$
<b>TOTAL FOR ACTIVE MEMBERS</b>		\$	\$	\$

DROP PARTICIPANTS				
1		\$	\$0	\$
2		\$	\$0	\$
3		\$	\$0	\$
<b>TOTAL FOR DROP PARTICIPANTS</b>		\$		\$

**TOTAL FOR ACTIVE AND DROP PARTICIPANTS**

\$	\$	\$	\$
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**TOTAL AMOUNT OF CHECK(S)  
ENCLOSED**

\$ \_\_\_\_\_

I hereby certify that the information shown is true and correct to the best of my knowledge.

(Signature) \_\_\_\_\_  
Secretary-Treasurer or Designated Authority

\_\_\_\_\_ Date

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_