NYS Monthly Retirement Report by Date Range

Employer Code

Employer Name **Demo Fire District**

Month and Year of Report **02/2018**

Report Code **10**

Report Title **ERS-Monthly**

Line No	Member's Name Last, First Mi	Retirem Registration No	Tier	Days Worked	Gross Salary Paid	Member Contribution	Loan Repayment	Arrears Payment
1	**Employee, 1**	**1111111111**	**4**	**10**	**1642.34**	**49.27**	**0.00**	**0.00**
		First and Second Tier Members		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
		Third and Fourth Tier Members		**10.00**	**1642.34**	**49.27**	**0.00**	**0.00**
		First and Second Tier Members		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
		Third and Fourth Tier Members		**10.00**	**1642.34**	**49.27**	**0.00**	**0.00**
	GRAND TOTALS	Retirement Check Amount **$ 49.27**		**10.00**	**1642.34**	**49.27**	**0.00**	**0.00**

I hereby certify that this report, consisting of ___2__ pages and summarizing those payrolls paid in the month of __02/2018_____, is a true and correct statement pertaining to all employees who are lawfully members of the Retirement System. I further certify that each person actually worker the number of days reported, which number was computed as is prescribed by part 315 of Title 2 of the New York State Codes, Rules and Regualations.

Date

Signature

Title

631 493-0068

Telephone Number

Alternate Telephone Number