

### NYS Monthly Retirement Report

Employer Code                      Employer Name    **Demo Fire District**                      Month and Year of Report    **/2007**                      Page 1 of 2

Report Code    **10**                      Report Title    **ERS-Monthly**

| Line No | Last, First M | Member's Name                 | Retirem Registration No | Tier | Days Worked | Gross Salary Paid | Member Contribution | Loan Repayment | Arrears Payment |
|---------|---------------|-------------------------------|-------------------------|------|-------------|-------------------|---------------------|----------------|-----------------|
|         |               | First and Second Tier Members |                         |      | 0.00        | 0.00              | 0.00                | 0.00           | 0.00            |
|         |               | Third and Fourth Tier Members |                         |      | 0.00        | 0.00              | 0.00                | 0.00           | 0.00            |
|         |               | First and Second Tier Members |                         |      | 0.00        | 0.00              | 0.00                | 0.00           | 0.00            |
|         |               | Third and Fourth Tier Members |                         |      | 0.00        | 0.00              | 0.00                | 0.00           | 0.00            |
|         |               | <b>GRAND TOTALS</b>           | Retirement              | \$   | 0.00        | 0.00              | 0.00                | 0.00           | 0.00            |
|         |               |                               | Check Amount            |      |             |                   |                     |                |                 |

I hereby certify that this report, consisting of   2   pages and summarizing those payrolls paid in the month of   /2007  , 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 worked 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 Regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number                      **(631)493-0068**

\_\_\_\_\_  
Alternate Telephone Number