

# AGENCY CONTRIBUTION SUBMISSION FORM

AGENCY NAME: \_\_\_\_\_ MONTH \_\_\_\_\_

Name	SS#	Base Comp	State Pay	Total Comp	ER Cont	EE Cont
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“I UNDERSTAND THAT THERE IS A LAG TIME BETWEEN THE END OF EACH MONTH AND THE DATE THAT CONTRIBUTIONS ARE DUE TO BE SUBMITTED TO FRS. CONTRIBUTIONS ARE ALWAYS DUE BY THE 20<sup>TH</sup> OF THE IMMEDIATE FOLLOWING MONTH. FOR EXAMPLE, CONTRIBUTIONS COLLECTED FOR JANUARY ARE DUE TO FRS BY FEBRUARY 20<sup>TH</sup>. I HEREBY ACKNOWLEDGE THAT CONTRIBUTIONS ARE CALCULATED IN ACCORDANCE WITH ALL APPLICABLE STATE LAWS, INCLUDING BUT NOT LIMITED TO R.S. 11:233, 2252(9), AND 2262.”

SUBMITTED BY: \_\_\_\_\_  
SIGNATURE , TITLE, & DATE