REMITTANCE FORM INSTRUCTIONS
SCHOOL DROP PARTICIPANTS

Contributions must be accompanied by a remittance form and submitted within 10 days of each payroll processing date, or interest for delinquent contributions will be due.

Step 1: Complete the Agency information:

Agency Number
Payroll Cycle
Reporting Month/Reporting Year
Payroll Processing Date

Processing of your remittance will be delayed if these fields are not completed.

Step 2: Enter the check/warrant:

Check or Warrant number
Employer Contributions

Notes: A separate remittance form must accompany the checks/warrants submitted for each **payroll processing date. ONLY include the checks/warrants that are ACTUALLY being mailed.**

List each check/warrant submitted for the payroll processing date separately, entering the check/warrant number, the Employee contributions and the Employer contributions. The Excel sheet will total all of the Contributions for all categories. If you are doing the form by hand, you must total each column of contributions.

**** Effective January 1, 2012, all Employers must include the earnings, ER contributions and hours worked for DROP/Retired members employed by their agency. ****

The Reporting Official must sign the Remittance Form and include an email address and telephone number.

EFFECTIVE July 1, 2016

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 _____ **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.e. active, DROP, retirees).

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 not less than one hundred dollars ($100) or a maximum of six (6) months in jail or both."

Agency Number _____ _____
Signature/Title of Reporting Official

Email: _____ **Phone#:** _____

Effective July 1, 2016