PENNSYLVANIA MUNICIPAL RETIREMENT SYSTEM

P.O. Box 1165, Harrisburg, PA 17108 (800) 622-7968 or (717) 787-2065

QUARTERLY REPORT OF COMPENSATION AND CONTRIBUTIONS PMRB-21 (pdf template)

Click Here for Form Instructions

								Revised	: Revision Date:	
Plan Name:					Municipal Code: E	xample [99-999-9 N]	Reporting Period:			
<u>Last Name</u>	<u>First Name</u>	Middle Initial	Member Key or Last 4-digits of Social Security Number if reporting new member:	Quarterly Compensation:	Required Contributions (by Member)	: Voluntary Contributions: (by Member)	<u>Contributions:</u> (Municipal for Member)	Purchase of Service: (by Member)	List Comments and/ or Breaks in Service:	Effective Date: (if applicable)
						+				
			TOTALS	Compensation	Req. Cont. by Mem.	Vol. Cont. by Mem.	Mun. for Mem.	Serv. Pur.	Total Reported Contributions	7
						USED TO RECONCILE			Total Remitted Payments	
CERTIFICATION: BY SUMBITTING THIS FORM I CERTIFY THAT THE						CONTRIBUTIONS TO EMBER ACCOUNTS	If accurate	Month 1		
INFORMATION ON THIS REPORT IS TRUE AND ACCURATE. I ALSO CERTIFY THAT ALL EMPLOYEES HAVE BEEN ENROLLED AS REQUIRED BY PLAN					III DONE IVI	EMBENACCOONIS	withholdings have been remitted, these	Month 2		
DOCUMENTS.							two amounts will	Month 3		
							equal.	Total:		
Completed forms should be printed to a pdf file and can be submitted to RA-RSCOMPLETEDFORMS@pa.gov. Please use the municipal code as the file name for the attachment.										
completed forms should be printed to a partial and active and the recommendation of the fine figure and the first fine figure and the first figure and the figure										
Drint Name of Cartife	ing Officer		-	Date	-					
Print Name of Certifying Officer Date If faxing or mailing hard copy a signature of Certifying Officer is required.										
Signature of Certifying Officer			_	Date	-					