

**MONTHLY REPORT OF EMPLOYEE
AND MUNICIPAL CONTRIBUTIONS**

CO-923 Rev. 8/2015

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
MUNICIPAL EMPLOYEES RETIREMENT SYSTEM
55 ELM STREET
HARTFORD, CONNECTICUT 06106

TOWN	FUND
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GROUP

PART

EMPLOYEE(S) NAME(S) LAST, FIRST, M.I.	MEMBER ID	TOTAL HOURS	EARNINGS UP TO SOC. SEC. MAX		EARNINGS OVER SOC.SEC. MAXIMUM OR EMPLOYEES NOT COVERED BY SOC. SEC.		COMMENTS	HOURS WORKED BY WEEK						
			<u>EARNINGS</u>	<u>CONTRIB.</u>	<u>EARNINGS</u>	<u>CONTRIB.</u>		WK 1	WK 2	WK 3	WK 4	WK 5		
TOTAL EARNINGS AND CONTRIBUTIONS			(a)	(b)	(c)	(d)								

I certify that all the employees listed in this report have been regularly appointed to authorized positions and that the rates and computations are correct.

SIGNATURE - REPORTING OFFICER

TITLE

DATE

TOTAL EARNINGS COVERED BY FICA (col. a)

TOTAL EARNINGS NOT COVERED BY FICA (col. c)
OR OVER SOCIAL SECURITY MAXIMUM (col. c)

TOTAL EMPLOYEES CONTRIBUTIONS (col. b. & d)

X MUNICIPAL CONTRIBUTION PLAN =

X MUNICIPAL CONTRIBUTION PLAN =

CHECK NO. TOTAL AMOUNT

CHECK NO. TOTAL AMOUNT