

STATE OF NEW MEXICO
 Educational Retirement Board
 P.O. Box 26129
 SANTA FE, NM 87502-0129
 PHONE: (505) 827-8030 FAX: (505) 827-8010



CONTRIBUTION REPORT
 FY 18 (July 1, 2017 through June 30, 2018)

Administrative Unit: _____ For Period Ending: _____

Electronic Report Filename: _____ Wire Date: _____

I Educational Retirement Act Contributions (R) wages greater than \$20,000.00

Salaries	Employee Contrib. (10.70%)	Employer Contrib. (13.90%)	Overpayments	Underpayments	Total 'R' Contributions
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II Educational Retirement Act Contributions (RU) wages under \$20,000.00

Salaries	Employee Contrib. (7.90%)	Employer Contrib. (13.90%)	Overpayments	Underpayments	Total 'RU' Contributions
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III Return-to-Work Program Contributions (RT) earnings greater than \$20,000.00

Salaries	Employee Contrib. (10.70%)	Employer Contrib. (13.90%)	Overpayments	Underpayments	Total 'RT' Contributions
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IV Return-to-Work Program Contributions (TU) earnings under \$20,000.00

Salaries	Employee Contrib. (7.90%)	Employer Contrib. (13.90%)	Overpayments	Underpayments	Total 'RT' Contributions
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V Alternative Retirement Plan Contributions (AP) (Universities, Jr. Colleges, Community Colleges ONLY)

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (3.00%)	Overpayments	Underpayments	Total 'AP' Contributions
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VI PERA Retiree Contributions (RP) earnings greater than \$20,000.00

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (13.90%)	Overpayments	Underpayments	Total 'RP' Contributions
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VII PERA Retiree Contributions (PU) earnings under \$20,000.00

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (13.90%)	Overpayments	Underpayments	Total 'PU' Contributions
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SUBTOTAL CONTRIBUTIONS

NOTE: In accordance with the Educational Retirement Act, penalties will be assessed when reports and contributions are not postmarked by the 15th of the following month.

VIII Penalties (Include copy of assessment) The amount you place in this column will increase your deposit amount.

Total Penalties

IX Other: Take credit (-) or pay what is due from the Statement of Account. (attach copy of statement)

Other Total plus or minus

Subtotal Contributions, plus Penalties, plus or minus the statement total = Total Remittance

TOTAL REMITTANCE

I hereby certify to the best of my knowledge and belief that this Report, the electronic Monthly Employment Report, and the associated contributions are true and correct and in compliance with the requirements of the Educational Retirement Act and Educational Retirement Board Rules.

Name of Contact	PIN No.	Contact Telephone Number and E-Mail address
Printed or Typed Name of Authorized Official	Date	Signature of Authorized Official

FOR ERB USE ONLY

Postmark Date of Original _____ Received By _____ Treasury Receipt # = Cash Con Date = Treasury Receipt Date _____