

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



**NEW MEXICO**  
**EDUCATIONAL**  
**RETIREMENT**  
**BOARD**

**CONTRIBUTION REPORT**  
**FY 10 (July 1, 2009 through June 30, 2010)**

**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. (9.40%)	Employer Contrib. (10.9%)	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. (12.4%)	Overpayments	Underpayments	Total 'RU' Contributions
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**III 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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**IV Return-to-Work Program Contributions (RT)**

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (20.30%)	Overpayments	Underpayments	Total 'RT' Contributions
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**V PERA Retiree Contributions (RP) wages greater than \$20,000.00**

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (10.9%)	Overpayments	Underpayments	Total 'RP' Contributions
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**VI PERA Retiree Contributions (PU) wages under \$20,000.00**

Salaries	XXXXXXXXXXXXXXXXXXXX Do Not Use	Employer Contrib. (12.4%)	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.\*\*

**VII Penalties** (Include copy of assessment)

Total Penalties

**VIII Other** (Include copy of Invoice) Overpayment from previous periods. Report as a negative and will reduce the Total Remittance.

Other Total

**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
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Printed or Typed Name of Authorized Official	Date	Signature of Authorized Official
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**FOR ERB USE ONLY**

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