

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](#)

Plan Name: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 15px;"></span>	Municipal Code: <i>Example [99-999-9 N]</i> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Reporting Period: <span style="border: 1px solid black; display: inline-block; width: 120px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
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Last Name	First Name	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)	Contributions: (Municipal for Member)	Purchase of Service: (by Member)	List Comments and/ or Breaks in Service:	Effective Date: (if applicable)

	Compensation	Req. Cont. by Mem.	Vol. Cont. by Mem.	Mun. for Mem.	Serv. Pur.	Total Reported Contributions
<b>TOTALS</b>						

CERTIFICATION: BY SUBMITTING THIS FORM I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND ACCURATE. I ALSO CERTIFY THAT ALL EMPLOYEES HAVE BEEN ENROLLED AS REQUIRED BY PLAN DOCUMENTS.

THIS REPORT IS USED TO RECONCILE DEPOSITS AND CONTRIBUTIONS TO INDIVIDUAL MEMBER ACCOUNTS

If accurate withholdings have been remitted, these two amounts will equal.
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	Total Remitted Payments
Month 1	
Month 2	
Month 3	
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.

\_\_\_\_\_  
Print Name of Certifying Officer Date

If faxing or mailing hard copy a signature of Certifying Officer is required.

\_\_\_\_\_  
Signature of Certifying Officer Date