# Quarterly Report of Earnings and Contributions

## Deferred Retirement Option Plan

1. **Full Name of Parish or Board and Address**
   
   ________________________________

2. **Date Quarter Ended**
   
   ________________________________

3. **Total Number of Employees Reported**
   
   ________________________________

4. **Number of Pages Attached**
   
   1

## Report Summary and Certification

1. **Total Earnings (total of All Pages – Column 3)**
   
   $__________________________

2. **12.25% of Total Earnings – Employer Contributions (Col. 4)**
   
   $__________________________

3. **Total of Lines 2 [Check(s) Enclosed]**
   
   $__________________________

I hereby certify that the information shown hereon is true and correct to the best of my knowledge. I further certify that all individuals reported are employees of the entity submitting this form and that all meet the requirements to participate in PERS as full time permanent employees.

(Signature) ________________________________

Secretary-Treasurer or Designated Authority ________________________________

Date

Note: Contributions for each quarter are due by the 15th of the month following the quarter end. For example, the due date for the first quarter is April 15. In accordance with R.S. 11:2014 (C) payments received after the due date are subject to a penalty.
## PLAN A

PAROCHIAL EMPLOYEES’ RETIREMENT SYSTEM OF LOUISIANA
CONTINUATION SHEET OF DROP QUARTERLY REPORT

### Page No. ____ of ____

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Name of Employee Alphabetize - Last Name, First</td>
<td>Total Earnings for Quarter</td>
<td>Employer Contributions @ 12.25%</td>
</tr>
</tbody>
</table>

### TOTAL FOR THIS PAGE

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<table>
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PLEASE CONFIRM THAT THE ENDING TOTALS ON THE EMPLOYEE LISTINGS CORRESPOND WITH THE TOTALS SHOWN ON THE COVER PAGE.