

**PLAN A**

Parochial Employees' Retirement System  
Of Louisiana  
P O Box 14619  
Baton Rouge, Louisiana 70898-4619

**2023**

**Quarterly Report of Earnings and Contributions**

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- |  |   |
|--|---|
| 1. Full Name of Parish or Board and Address<br>_____<br>_____<br>_____ | 2. Date Quarter Ended _____                 |
|  | 3. Total Number of Employees Reported _____ |
|  | 4. Number of Pages Attached _____           |
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Report Summary and Certification

- |  |          |
|--|----------|
| 1. Total Earnings (total of <b>All</b> Pages – Column 3)   | \$ _____ |
| 2. <b>9.50%</b> of Total Earnings – Employee Contributions<br>(Total of <b>All</b> pages – Column 4) | \$ _____ |
| 3. <b>11.50%</b> of Total Earnings – Employer Contributions  | \$ _____ |
| 4. Total of Lines 2 & 3 [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) \_\_\_\_\_ Date \_\_\_\_\_  
Secretary-Treasurer or Designated Authority

**Note: Contributions for each quarter are due by the 15<sup>th</sup> 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.**

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**PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA  
CONTINUATION SHEET OF QUARTERLY REPORT**

Page No. \_\_\_\_ of \_\_\_\_

Pages

Column 1 Social Security Number	Column 2 Name of Employee Alphabetize - Last Name , First	Column 3 Total Earnings for Quarter	Column 4 Employee Contributions @ <b>9.50%</b>
TOTAL FOR THIS PAGE		\$	\$

**PLEASE CONFIRM THAT THE ENDING TOTALS ON THE EMPLOYEE LISTINGS  
CORRESPOND WITH THE TOTALS SHOWN ON THE COVER PAGE.**