PLAN B
Parochial Employees’ Retirement System
Of Louisiana
P O Box 14619
Baton Rouge, Louisiana 70898-4619
2020
Monthly Report of Earnings and Contributions
DEFERRED RETIREMENT OPTION PLAN

1. Full Name of Parish or Board and Address

2. Date Month Ended______________

3. Total Number of Employees Reported_____________

4. Number of Pages Attached_____________________

Report Summary and Certification

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

2. 7.50% 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 B**

**PAROCHIAL EMPLOYEES’ RETIREMENT SYSTEM OF LOUISIANA**

**CONTINUATION SHEET OF DROP MONTHLY REPORT**

<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</td>
<td>Total Earnings for Month</td>
<td>Employer Contributions @ 7.50%</td>
</tr>
<tr>
<td></td>
<td>Alphabetize - Last Name , First</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL FOR THIS PAGE**

$ $

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