



Report of Adjustments

Form 10 – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Calculate Adjustments – Attach additional pages if necessary. Page ____ of ____

Employee Name	Social Security Number	Month Ending mm/ccyy	Wages		Employee Contributions	
			Old Amount	New Amount	Old Amount	New Amount
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Total each Wage and Employee Contribution column here \$ _____ \$ _____ \$ _____ \$ _____

Total same columns from all additional pages here \$ _____ \$ _____ \$ _____ \$ _____

Total columns A, B, C and D by adding two previous lines **A** \$ _____ **B** \$ _____ **C** \$ _____ **D** \$ _____

Subtract... **B** \$ _____ – **A** \$ _____ = **E** \$ _____

Subtract... **D** \$ _____ – **C** \$ _____ = **Total Employee Contributions:** **F** \$ _____

Multiply... **E** \$ _____ X **Applicable Employer Contribution Rate:** _____ % = **Total Employer Contributions:** **G** \$ _____

Add: **F** \$ _____ + **G** \$ _____ = **Contributions Due/To Be Credited:** \$ _____

Explanation of Adjustment:

2 Employer Certification – This section must be completed by an authorized employer representative, not any of the listed employees.

Employer Name: _____ Employer No.: _____ - _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above employer certification and the above information are true and correct.

Employer Representative's Signature: _____ Date mm/dd/ccyy: _____