EMPLOYEE RETIREMENT CONTRIBUTION RETURN

Annual / Quarterly Reporting Template

Employer Name:

Employer EIN/Tax ID:

Plan Name:

Plan Number:

Reporting Period:

Due Date:

Submission Date:

Contact Person:

CONTRIBUTION BREAKDOWN

No.	Employee Name	SSN / National ID	Eligible Compensation	Employee Contribution	Employer Matching	Total Contribution
		Totals:				

DECLARATION AND AUTHORIZATION

I hereby certify that the information contained in this return is true, correct, and complete to the best of my knowledge and belief, and that the contributions reported herein have been calculated and withheld in accordance with the provisions of the governing retirement plan and applicable laws.

Authorized Employer Representative Signature

Title / Designation

Date