# QUARTERLY RETIREMENT CONTRIBUTION REPORTING TEMPLATE

Quarterly Submission Form

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**Employer Name:**

**Plan Name:**

**Plan ID / Number:**

**Reporting Year:**

**Reporting Quarter:**

**Submission Date:**

| Employee ID | Employee Name (Last, First) | Gross Eligible Compensation | Employee Contributions | | Employer Match Contribution | Employer Non-Elective | Total Contribution |
|---|---|---|---|---|---|---|---|
| | | | Pre-Tax ($) | Roth ($) | | | |
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| **Total:** | | | | | | | |

By signing below, the authorized representative certifies that the information provided in this report is accurate, complete, and in compliance with the terms of the designated retirement plan and applicable regulatory guidelines.

Authorized Representative Signature

Printed Name & Title

Date