

4. EMPLOYER DECLARATION & CERTIFICATION

I hereby certify under penalty of perjury that the information provided on this return is true, correct, and complete to the best of my knowledge, and that the contributions listed above have been withheld and remitted in accordance with plan documents and applicable regulations.

AUTHORIZED SIGNATURE

DATE

PRINTED NAME & TITLE

CONTACT PHONE NUMBER

Submission Instructions: Please complete all sections of this form. Ensure that total amounts in Section 2 reconcile with the individual breakdown detailed in Section 3. Submit the completed form along with your remittance transfer confirmation according to your established transmission protocol.