

Contribution Remittance

Submit only one form per pay period along with payment.

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to noreply.records@state.nm.us for processing. Make a copy of this form for your employer records.

Section 1 Employer Information

Name of Employer		PERA Employer #	
Mailing Address		City	State
		Zip Code	
Pay Period End Date	Pay Date	<input type="checkbox"/> Regular <input type="checkbox"/> Adjustment	

Section 2 Payments

A.	PERA Wages	\$
B.	Employee Contributions	\$
C.	Employer Contributions	\$
D.	Adjustments	\$
E.	Penalty	\$
F.	Total Remittance	\$

Section 3 Payments Enclosed

Check Number	Amount	Check Number	Amount	Check Number	Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
TOTAL - Must equal total in Section 2F \$					

Section 4 Employer Certification

I hereby certify that this report is complete, true and accurate.

Authorized Employer* Printed Name	Title	Email Address	Phone
Signature of Authorized Employer*		Date	

*Human Resources Manager, Payroll Manager or Finance Manager