



# CONTRIBUTION REMITTANCE

**NOTE: Submit only ONE form per employer per pay period.**

**THIS FORM MUST ACCOMPANY PAYMENT**

33 Plaza La Prensa, Santa Fe, New Mexico 87507  
 (505) 476-9401 fax (505) 476-9300 voice  
 (800) 342-3422 Toll-Free  
[www.nmpera.org](http://www.nmpera.org)

Mail Date: \_\_\_\_\_

## I. Employer Information

A. Name and Address	B. Employer Number (5 digits)	C. Pay Period End Date
		D. Pay Date
E. Type of Payment: Regular <input type="checkbox"/> Adjustment <input type="checkbox"/>		

## II. Payments

A. PERA Wages	\$
B. Employee Contributions	\$
C. Employer Contributions	\$
D. Adjustments	\$
E. Penalty	\$
<b>F. TOTAL REMITTANCE</b>	<b>\$</b>

## III. Payments Enclosed

Check Number	Amount	Check Number	Amount
	\$		\$
	\$		\$
	\$		\$
	\$	<b>TOTAL – Must equal total in II(F)</b>	<b>\$</b>

## IV. Employer Certification (Must be completed)

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

Name (Please Print)	Title	Telephone Number

*Make a copy of this form for your employer records*