

EXAMPLE 2: Reporting Termination Wages

Member terminated in January 2016 with final wages and contributions remitted with the February 2016 reporting. A Form 9 is required to add the wages and contributions to January, the month in which the wages and contributions were earned.

Only one Form 9 is necessary to report termination wages, the form used is dependent upon the member's job category. The Form 9 for R or RU members is used in this example.

Enter the School Name, Employee Name, Employee SS#, Adjustment line, check the Underpayment line and the R job category line.

| SCHOOL NAME: | | ABC School | | | | |
|------------------|----------|--------------------------|------|---------------------------------|--------------------|----------------------|
| EMPLOYEE NAME: | | John Johnson | | | EMPLOYEE SS#: | 123-45-6789 |
| TOTAL | | | | The total must be reported on | Adjustment(s) will | l appear on electron |
| ADJUSTMENT AMT: | \$ | 141.4 | 6 | Line I of the Form 100 in the | file named: | ABC022016W1 |
| | | Total adj. = (2) + (3) h | elow | Under or Over payment Columns | | |
| PLEASE CHECK ONE | <u>:</u> | | | | | |
| _ | | Overpayment | (Amo | unts must be shown as negative) | X | R ← |
| → | X | Underpayment | (Amo | unts must be shown as positive) | | RU |

Next, enter an explanation for the adjustment:

Explanation of adjustment. Member termed 1/20/2016, wages belong to January.

Then, complete the **Period to be Adjusted, Salary**, and **Contribution** sections:

** The period to be adjusted will always be the last day of the month you are adjusting.

| EACH PERIOD TO BE ADJUSTED | SALARY | | MEMBER CONTRIBUTIONS | | EMPLOYER CONTRIBUTIONS | |
|----------------------------|--------|--------|-------------------------|-------|------------------------|-------|
| 1/31/2016 | \$ | 575.00 | \$ | 61.53 | \$ | 79.93 |
| | | | | | | |
| TOTALS: | \$ | 575.00 | \$ | 61.53 | \$ | 79.93 |
| | • | (1) | • | (2) | , | (3) |

The **Member** and **Employer Contributions** column totals are added and entered into the **Total Adjustment Amount**:

| TOTAL | | The total must be reported on |
|-----------------|--------------------------------|-------------------------------|
| ADJUSTMENT AMT: | \$ 141.46 | Line I of the Form 100 in the |
| | Total adj. = $(2) + (3)$ below | Under or Over payment Columns |

An authorized official must sign and date the form.

For each period listed on the Form 9, an entry must appear on the Work Report as an adjustment. For this Form 9 there is one positive adjustment for January 2016.

The **Total Adjustment Amount** must show on the Form 100 on the **Underpayments** line for the R job category, it is not reflected under Salaries, Employee Contrib. or Employer Contrib.

| Administrative Unit:ABC SCHOOL | | | | | For Period Ending:02/29/2016 | | | |
|--------------------------------|-----------------------|---|---|--------------|------------------------------|-------------------------------------|--|--|
| Electro | onic Report Filename: | :ABC022016W1 | | | Wire Date: | | | |
| Educat | tional Retirement Act | Contributions (R) wages gr | eater than \$20,000.00 | | | | | |
| \$ | 10,000.00 Salaries | \$ 1,070.00 Employee Contrib. (10.70%) | \$ 1,390.00 Employer Contrib. (13.90%) | Overpayments | \$ 141.46 Underpayments | 2,601.46 Total 'R' Contributions | | |

If you need help creating the adjustments on the Work Report, please contact your software provider.

If you have questions, please contact an NMERB analyst:

| Rosalie Garcia | Phone: 505-476-6144 | Email: Rosalie.Gard | eia1@state.nm.us |
|-----------------|---------------------|----------------------|------------------|
| Jessica Tapia | Phone: 505-476-6101 | Email: Jessica.Tapia | a2@state.nm.us |
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EDUCATIONAL RETIREMENT BOARD 701 CAMINO DE LOS MARQUEZ P.O. BOX 26129 SANTA FE, NM 87502-0129



PHONE: (505) 827-8030 FAX NUMBER: (505) 827-8010

ADJUSTMENTS TO MONTHLY REPORTS Regular Members "R" and "RU"

This form must be completed, signed and submitted to the Educational Retirement Board when an employee has been over or under paid and the incorrect amount was reported on a <u>previous</u> report. To prevent an overpayment of withdrawn (refunded) contributions, fax to this office as soon as the error is discovered and retain the original for your records.

*Remember that the electronic file should include all entries as they appear on this form.

| SCHOOL NAME: | ABC School | | |
|-------------------------------|-----------------------------|--|--|
| EMPLOYEE NAME: | John Johnson | | EMPLOYEE SS#: 123-45-6789 |
| TOTAL ADJUSTMENT AMT: \$ | 141.46 | The total must be reported on Line I of the Form 100 in the | *Adjustment(s) will appear on electroni file named: ABC022016W1 |
| | Total adj. = (2) + (3) belo | | |
| PLEASE CHECK ONE: | | | |
| | Overpayment | (Amounts must be shown as negative) | X R |
| X | Underpayment | (Amounts must be shown as positive) | RU |
| NOTE: If this adjustment is | due to a Job Category rep | ported in error you might need to comp | plete 2 Form 9's. Refer to instructions. |
| Explanation of adjustment. | Member termed 1/2 | 20/2016, wages belong to Janua | ıry. |
| | | | |
| EACH PERIOD TO BE ADJUSTED | SALARY | MEMBER CONTRIBUTIONS | EMPLOYER CONTRIBUTIONS |
| 1/31/2016 | \$ 575.00 | \$ 61.53 | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | |
| | | | |
| TOTALS: | \$ 575.00 | \$ 61.53 | \$ 79.93 |
| TOTALS. | (1) | (2) | (3) |
| | (-) | (=) | (5) |
| SIGNATURE OF AUTHOR | IZED OFFICIAL: | M | |
| DATE: 3/15/16 | | | \ \ |
| | | | ERB FORM 9 |
| | | | REVISED 05/28/09 |
| | | | |