**EMPLOYEE TRANSACTION REPORT**

Department of Employee Trust Funds

Wisconsin Retirement System

P.O. Box 7931
Madison, WI 53707-7931

Fax: 608-267-3931

Refer to your WRS Employer Administration Manual Chapter 9 for current year transaction reporting and Chapter 11 for reporting service and/or earnings in a year prior to the current year. Please print/type in large, clear letters and numbers to avoid processing delays.

***Employer Note****: Each page of this form allows for entry of information for up to three employees. You may use multiple form copies when entering more than three employees.*

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| Employee Required Contributions | Benefit Adjustment Contribution | Employee Paid Additional Contributions | Employer Paid Additional Contributions |
| Pre Tax | Post Tax | Pre Tax | Post Tax | Core | Variable | Core | Variable |
| Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents |
|       |     |       |     |       |     |       |     |       |     |       |     |       |     |       |     |

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| Social Security No.      Name: Last, First, MI     Street or P.O. Box      City, State, ZIP       | EmpCat | ActionCode | Termination/Action Date(MM/DD/CCYY) | Last EarningsDate(MM/DD/CCYY) | NewEmp.Code | 1-1-XX thru 6-30-XXTeachers/Judges/Educ. Support Personnel Only | Calendar Year to Date |
| Hours ofService |  Earnings Dollars Cents | Hours ofService |  Earnings Dollars Cents |
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| Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents |
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| Social Security No.     Name: Last, First, MI      Street or P.O. Box      City, State, ZIP       | EmpCat | ActionCode | Termination/Action Date(MM/DD/CCYY) | Last EarningsDate(MM/DD/CCYY) | NewEmp.Code | 1-1-XX thru 6-30-XXTeachers/Judges/Educ. Support Personnel Only | Calendar Year to Date |
| Hours ofService |  Earnings Dollars Cents | Hours ofService |  Earnings Dollars Cents |
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| Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents | Dollars | Cents |
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| I understand that Wis. Stat. § 943.395 provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct. | Employer Agent Signature      | Date      | Prepared by Telephone No. (include ext.)           |

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| Employer Name      | Report Date: (mm/dd/ccyy)      | Page No.      | Employer Identification No. 69-036      |
| Social Security No.      Name: Last, First, MI     Street or P.O. Box      City, State, ZIP       | EmpCat | ActionCode | Termination/Action Date(MM/DD/CCYY) | Last EarningsDate(MM/DD/CCYY) | NewEmp.Code | 1-1-XX thru 6-30-XXTeachers/Judges/Educ. Support Personnel Only | Calendar Year to Date |
|  |  |  |  |  |  | Hours ofService |  Earnings Dollars Cents | Hours ofService |  Earnings Dollars Cents |
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