



**PRIMARY AND SECONDARY EDUCATION
RETIREMENT PAYMENT TRANSMITTAL**

State Form 26716 (R10 / 10-07)
Approved by the State Board of Accounts, 2007

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Fax number: (317) 232-3882
Home page: www.in.gov/trf

INSTRUCTIONS:

1. Complete requested information
2. Sign and date the report
3. Attach your payment to the report
4. Use the reverse side to list checks
5. Forward your report and payment to the Fund by the due date

Reporting units are ineligible to receive any distribution of money from the State of Indiana if this report and the retirement payment are not received by the due date.

Name of unit	Account number
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Period covered:

SCHOOL YEAR: _____ QUARTER: 1st July 1 / Sept. 30 – Payment Due October 15th
 2nd Oct 1 / Dec 31 – Payment Due January 15th
 3rd Jan 1 / Mar 31 – Payment Due April 15th
 4th Apr 1 / Jun 30 – Payment Due July 15th

July 1, _____ to June 30, _____

RETIREMENT PAYMENT

	P-31 TOTALS	PAYMENT	DIFFERENCE <i>(Please explain)</i>
TOTAL WAGES	_____		
MANDATORY POST-TAX CONTRIBUTIONS @ 3% (EMPLOYEE CONTRIBUTIONS)	_____		
MANDATORY PRE-TAX CONTRIBUTIONS @ 3% (FMPI OYFR PICK-UP)	_____		
TOTAL MANDATORY CONTRIBUTIONS	_____		
EMPLOYEE VOLUNTARY POST-TAX CONT.	_____		
EMPLOYEE VOLUNTARY PRE-TAX CONT.	_____		
TOTAL VOLUNTARY CONTRIBUTIONS	_____		
EMPLOYER SHARE (ERP) @ 7.25%	_____		
FSP WAGES	_____		
FSP CONTRIBUTIONS @ 7.25%	_____		
TOTAL TEACHERS	_____		
TOTAL SERVICE DAYS	_____		

I hereby certify that the quarterly gross salary, annuity account contribution, and retirement funding are correct for the teachers and administrators who are eligible for membership and service credit in the Indiana State Teachers' Retirement Fund.

Signature of School Corporation Treasurer or Township Trustee	Date signed (<i>month, day, year</i>)
Contact person	Telephone number
	Fax number

NOTE: If you have any changes of address or key personnel to report, please attach the appropriate changes.