



PAYROLL SUBMITTAL FORM

UNIT NAME AND NUMBER

MONTH/YEAR

To The Middlesex County Retirement Board:

I hereby certify that in accordance with the provisions of M.G.L. c. 32, as amended, I have deducted, during the periods listed below, the respective amounts set forth from the compensation payable during said month to the employees of the above named unit who are members of the Middlesex County Retirement System and herewith remit to you said amounts to be credited to their respective accounts in the annuity savings fund of said system totaling

_____.

TOWN		
WEEK #	PAYDATE	AMOUNT
TOTALS		

SCHOOL (IF APPLICABLE)		
WEEK #	PAYDATE	AMOUNT
TOTALS		

TOTAL PAYROLL

AUTHORIZED SIGNATURE: _____

DATE: _____