



Missouri Sheriffs' Retirement System

1739 Elm Court, Suite 202 ■ P.O. Box 105257 ■ Jefferson City, MO 65110-5257

Phone: 573-634-3858 ■ Fax: 573-634-3947 ■ Email: info@sherretmo.com

Website: sherretmo.com

SHERIFFS' 5% CONTRIBUTION VERIFICATION

In order for the Missouri Sheriffs' Retirement System to properly determine the sheriffs' 5% contribution calculation, it is necessary to receive verification of his/her salary. Please complete with your official seal and return to the Sheriffs' Retirement System office via fax at: 573-634-3947.

LAST NAME	FIRST NAME	MIDDLE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LAST 4 -SOCIAL SECURITY #	DATE OF BIRTH
HOME ADDRESS		CITY	STATE	ZIP	HOME TELEPHONE #

COUNTY OF SERVICE AS SHERIFF: _____

(INSERT COUNTY NAME)

COMPENSATION FOR THE IDENTIFIED SHERIFF, NOT INCLUDING TRAVEL AND MILEAGE REIMBURSEMENT, UNIFORM, OR HOUSING ALLOWANCE.

ANNUAL GROSS SALARY INFORMATION:

Year: _____ Gross Salary: _____

Retirement Contribution Percentage Paid by County: _____

Retirement Contribution Percentage Paid by Sheriff: _____

Number of Pay Periods: _____ Calendar Year or Fiscal Year (circle one)

I, _____, CERTIFY THAT THE OFFICIAL RECORDS OF THE COUNTY COMMISSION OF COUNTY MISSOURI, HAVE BEEN REVIEWED AND THE INFORMATION ABOVE IS ACCURATE. CERTIFIED THIS DAY _____, _____, _____.

OFFICIAL SEAL

SIGNATURE