693 W. Nye Lane
Carson City, NV 89703
(775) 687-4200
Fax (775) 687-5131

5820 S. Eastern Ave., Suite 220
Las Vegas, NV 89119
(702) 486-3900

NAME OF REPORTING AGENCY_____

AGENCY NUMBER _____ FOR CALENDAR MONTH OF _____, 20_____

NOTE: See Instructions for reporting payroll information before preparing this report.

A. Employee's Contributions
(Employees' Portion of EES/ERS Plan) $_____

B. Employer's Contributions
(Employers Portion of EES/ERS Plan) $_____

C. Employer Paid Contributions
(100% Paid by Employer) $_____

D. Total Contributions
(Line A + B + C = Line D) $_____
(All 503 Adjustment Totals Should Be Reflected In Lines A Through D)

E. Overpayments/Underpayments (Attach copy of PERS Adjustment Letter)

Month	Amount
_____	_____
_____	_____

Total (Section E Only) $_____

F. Penalty Payment . . . . . $_____

G. Total Amount Paid
(Lines D + E + F = G) . . . . . $_____

H. Total Wages Subject to Contribution $_____

FOR PERS USE ONLY

DATE KEYED

PARTIALLY POSTED DATE

100% POSTED DATE

Deposits

Date	Amount
_____	_____
_____	_____
_____	_____

Total: . . ._____(Should be same as Item G above. If not, attach explanation.)

CERTIFICATION

I certify that the above information is correct and complete to the best of my knowledge.

Date: _____ Signature _____

Title _____

FORM 502
05/08