

# CONTRIBUTION REMITTANCE NOTIFICATION FORM



Employer Name- \_\_\_\_\_

Contribution for-  General Employees  Fire  Police  Police & Fire

Total \$ Contribution

Employer	<input type="text"/>
Employee Pre-Tax	<input type="text"/>
Employee After-Tax	<input type="text"/>
State Excise Tax Receipts	<input type="text"/>

This contribution is based on payroll for the period:

Make contribution checks payable to the: Florida Municipal Pension Trust Fund  
And mail check with this form to: Retirement Services  
P.O. Box 1757  
Tallahassee, Florida 32302-1757

FOR FLC OFFICE USE ONLY

Contribution Receipt Date : \_\_\_\_\_

Received By \_\_\_\_\_

Check #'s: \_\_\_\_\_

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