

INSTRUCTIONS FOR COMPLETING ADJUSTMENT REPORT (RS 2050)

Members of the Police and Fire Retirement System cannot be included on the same Adjustment Forms with members of the Employees' Retirement System.

Please use this form to correct members' days worked, and/or salary earned and/or **Additional** member contributions.

FOR A REFUND PLEASE NOTE:

For a refund of member contributions, loans or arrears overpayments, the employer must attach a separate memo listing the following: member's registration number, member's name, month and year of overpayment, the amount of overpayment and the reason the refund is requested. If you require additional assistance please contact our Report Control Office at (518) 474-1080 or 474-7828.

Letters refer to areas on the sample form segment below.

- A **Employer Name** – Legal name of public employer.
- B **Employer Code** – The five digit number assigned to each participating employer by the Retirement System.
- C **Report Code** – This is a 2 digit number assigned by the Retirement System to uniquely identify a report. **IMPORTANT:** If you are making adjustments for more than one Report Code, use a separate Adjustment Report for each code.

- D **Pages** – Please number each page of RS 2050 being submitted for the same report code.
 - E **Retirement Registration Number** – Enter the member's 8 digit registration number (Police and Fire numbers always begin with "ØA" or "ØB").
 - F **Member's Name** – Enter full name (last, first, middle initial).
 - G **Social Security Number** – Enter the last 4 digits of member's Social Security Number.
 - H **Report Period Month/Year** – Enter the month and year to which the adjustment refers.
 - I ***Days Adjustment** – The number of days being either added or reduced. Reductions must be placed in parenthesis.
 - J **Days for Period Should Be** – The net result of original days reported on monthly report plus or minus the adjustment.
 - K ***Salary Adjustment** – The amount of salary being either added or reduced. Reductions must be placed in parenthesis.
 - L **Salary for Period Should Be** – The net result of original salary reported on monthly report plus or minus the adjustment.
- NOTICE** - Do not use contribution columns unless a check is being submitted with this report.
- M **Additional Contribution Adjustment** – Additional contributions equaling 3% of additional salary being reported.
 - N **Contributions for Period Should Be** – The net result of original contributions reported plus the adjustment.
 - O **Net Totals** – Enter the **net totals** for each column. **Days and salary adjustment** may be negative. Contribution adjustment totals **must** be positive. Each page must be totaled.
 - P **Certification Section** – Original signature is required on each report.

***IMPORTANT: All negative adjustments to days and salary must be in parentheses (), as in samples below. Positive and negative entries should not be entered on the same line.**

Adjustment Report Label (RS 2050-A) – One copy of the label must be completed and attached to the first page of the Adjustment Report. Include the total(s) for all pages submitted for the same report code for that date.

SAMPLE – RS 2050-A

EMPLOYER NAME <u>TOWN OF SAMPLE</u>	REPORT CODE <u>0 1 0</u>									
EMPLOYER CODE <u>3 9 9 9 9</u>										
<table border="1"> <tr> <th colspan="3">TODAY'S DATE</th> </tr> <tr> <td>MO</td> <td>DA</td> <td>YR</td> </tr> <tr> <td>0 8</td> <td>0 6</td> <td>9 2</td> </tr> </table>		TODAY'S DATE			MO	DA	YR	0 8	0 6	9 2
TODAY'S DATE										
MO	DA	YR								
0 8	0 6	9 2								
Total Days Adj. _____	(1 50)									
Total Days Should Be _____	40 00									
Total Salary Adj. _____	(89 00)									
Total Salary Should Be _____	2311 77									
Total Cont. Adj. _____	6 35									
Total Cont. Should Be _____	42 35									
Total Report Check Amount _____	6 35									
Number of Pages This Report _____	1									

SAMPLE – RS 2050

A Employer Name				B Employer Code			C Report Code		D Page <u>1</u> of <u>1</u>			
TOWN OF SAMPLE				3 9 9 9 9			0 1 0					
E Retirement Registration Number	F Member's Name			G Last 4 digits of Social Security Number	H Report Period Month/Year	I Days Adjustment	J Days for Period Should Be	K Salary Adjustment	L Salary for Period Should Be	M Additional Contribution Adj.	N Contributions For Period Should Be	
39999999	Gordon	James	T	6789	0 6 9 2	3.50	20.00	211.00	1411.77	6.35	42.35	
34444444	Brown	Ruth	C	1666	0 6 9 2	(5.00)	20.00	(300.00)	900.00			
0 Totals						(1.50)	40.00	(89.00)	2311.77	6.35	42.35	
P Certified By				Title	Date	Telephone Number						
ORIGINAL SIGNATURE REQUIRED				Supervisor	7/27/92	(555) 111-1111						

Mail completed form to:

NEW YORK STATE AND LOCAL RETIREMENT SYSTEM
 EMPLOYER SERVICES BUREAU
 MAIL DROP 5-1
 110 STATE STREET
 ALBANY NY 12244-0001