EMPLOYER YEAR END STATEMENT 2023/24

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NAME OF EMPLOYER:			
1.	EMPLOYEE CONTRIBUTIONS AS DEDUCTED FROM PAYROLI 2023/24 (THIS MUST INCLUDE ANY LEAVERS DURING THE YE		
Tota	of main scheme employee contributions:	£	
Tota	of 50/50 scheme employee contributions:	£	
Tota	of APC's for employee contributions:	£	
Tota	of Additional employee contributions (ARCS & Added Years)	£	
2.	EMPLOYER CONTRIBUTIONS: AS ABOVE		\neg
Tota	of employer contributions:	£	
Tota	of SCAPC's for employer contributions:	£	
3.	TOTAL OF 1 & 2:	£	
4.	TOTAL OF <u>ALL</u> EMPLOYEE CONTRIBUTIONS PAID TO SCPF:	£]
5.	TOTAL OF <u>ALL</u> EMPLOYER CONTRIBUTIONS PAID TO SCPF:	£]
6.	TOTAL OF 4 & 5:	£]
BALANCE DUE OR OVERPAID (Difference between 3 & 6): (If a balance is due please send payment immediately together with supporting paperwork. If you believe an overpayment has occurred please attach supporting paperwork and a request for a refund for us to consider.)			

CONFIRMATION OF INFORMATION PROVIDED I certify that the figures supplied are an accurate record of the amounts deducted from the payroll and have been reconciled against the payments made to Shropshire County Pension Fund during the year. If a balance is due to the Fund a payment will be made together with supporting paperwork. If a refund is due from the Fund I have attached a request for payment together with the supporting paperwork including our payment details.

Name:	Position Held:
Date:	Signed:
	(This form must be emailed to us by Director of Finance or authorised signatory)
Please return fo	orm to: Cheryl.Morrell@shropshire.gov.uk
	LGS12a (MARCH 24)