



Main Office
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**Retirement Deduction
 Submittal**

SCHOOL DISTRICT		PAYROLL MONTH / YEAR
Agency Number	Name	mm/yyyy

Check number	Date <small>mm/dd/yyyy</small>	Regular Deductions	2% Deductions	Installments	Total
FILE TOTALS					

COMMENTS	Check Variance (see comments)

CONTACT PERSON IF THERE IS A PROBLEM:

Name			
Title			
Phone		Fax	
Email			

I hereby certify that the information presented on this form and the accompanying deduction report is true and correct.

Signature _____ Date _____

Please send your completed form, monthly report and check to the MTRS Lockbox: **W6970, Massachusetts Teachers' Retirement System, P.O. Box 7777, Philadelphia, PA 19175-6970**. Please do NOT send your paperwork or check to our Main office unless specifically requested by your Employer Services Representative.