



Montana Teachers' Retirement System

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TRS Office Use Only

FORM 150: VERIFICATION of WAGES

Alternative accessible formats of this document will be provided upon request.

This form is required for any member who is terminating employment AND RETIRING with TRS.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER: Complete this section and provide this form to your employer

Full Name: First	Middle	Last	Suffix (<i>Jr., Sr., etc.</i>)	XXX - XX - Last 4 digits of SSN	() Telephone Number
Mailing Address – Street or P.O. Box			City	State	ZIP (<i>use ZIP+4 if known</i>)

EMPLOYER INFORMATION and INSTRUCTIONS

Employer's Printed Name	TRS Employer Number	()	Telephone Number
Mailing Address – Street or P.O. Box		City	State
		ZIP (<i>use ZIP+4 if known</i>)	

- 1) **Attach** a copy of the TRS member's employment contracts for each of the **last four years** (or **last six years**, if employment began July 1, 2013 or later).
- 2) **Complete** the fields below to verify that reported wages match the member's employment contracts.
- 3) **Attach additional documentation** (such as extra duty contracts or payroll records) to explain additional wages reported to TRS.

EMPLOYER VERIFICATION REQUIRED — Verified wages must reconcile to wages reported to TRS

Fiscal Year: _____ Total Wages reported to TRS by employer: \$ _____

Base Contract amount: \$ _____ or Hourly Rate: \$ _____

Other Compensation: \$ _____ ▶ *Explanation* _____

Total: \$ _____

Fiscal Year: _____ Total Wages reported to TRS by employer: \$ _____

Base Contract amount: \$ _____ or Hourly Rate: \$ _____

Other Compensation: \$ _____ ▶ *Explanation* _____

Total: \$ _____

Fiscal Year: _____ Total Wages reported to TRS by employer: \$ _____

Base Contract amount: \$ _____ or Hourly Rate: \$ _____

Other Compensation: \$ _____ ▶ *Explanation* _____

Total: \$ _____

Fiscal Year: _____ Total Wages reported to TRS by employer: \$ _____

Base Contract amount: \$ _____ or Hourly Rate: \$ _____

Other Compensation: \$ _____ ▶ *Explanation* _____

Total: \$ _____

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FORM 150: VERIFICATION OF WAGES – *Continued*

EMPLOYER:

- If the member's employment began prior to July 1, 2013: ▶ Skip to *Employer Signature*, below.
- If the member's employment began on or after July 1, 2013: TRS requires wage verification for 6 fiscal years. Please complete the fields below, attach employment contracts and additional documentation as applicable, then sign and date this form.

Fiscal Year: _____ Total Wages reported to TRS by employer: \$ _____

Base Contract amount: \$ _____ or Hourly Rate: \$ _____

Other Compensation: \$ _____ ▶ *Explanation* _____

Total: \$ _____

Fiscal Year: _____ Total Wages reported to TRS by employer: \$ _____

Base Contract amount: \$ _____ or Hourly Rate: \$ _____

Other Compensation: \$ _____ ▶ *Explanation* _____

Total: \$ _____

EMPLOYER SIGNATURE

I have enclosed copies of the employment contracts and other documentation required by TRS for accurate processing of the above-named member's retirement packet.

Name and Title of Employer Representative

Representative's Signature

____/____/____
Date