



Date

Your Organization's Name
Address
City, State and Zip

Trust ID

Attn: Payroll Dept

It is very important that we confirm our records of your **payroll** at this time to be used to calculate your share of trust expenses, stop loss insurance deductible and the goal for your trust reserve account.

At this time, we should have data for the quarters shown below. Please review what we have recorded for any possible errors. If any errors or zeroes are found or the words "not received" appear by any quarter, please send a copy of your state quarterly wage report or quarterly federal 941 form to us. PLEASE NOTE: If your participation in the Trust involves more than one state, we must have your quarterly reports to the participating states, not the 941 as it may overstate your payroll for Trust purposes.

Fourth quarter, 2016 (10/01/16-12/31/16)

First quarter, 2017 (1/01/17-3/31/17)

Second quarter, 2017 (4/01/17-6/30/17)

Third quarter, 2017 (7/01/17 – 9/30/17)

Using this letter as a cover sheet, please fax or email a copy of your agency's total gross wages (only the page showing total gross payroll) to:

Fax: 800-654-9018

Email: payrollcollect@501c.com

Your prompt response to this letter is greatly appreciated. Should you have any questions, please feel free to call The Trust at 800-442-4867.