**EMPLOYER END OF YEAR RECONCILIATION STATEMENT**

**Financial Year 2024/25**

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| --- | --- |
| **NAME OF EMPLOYER:**  **EMPLOYER CONTRIBUTION RATE:** | |
| 1. **EMPLOYEE CONTRIBUTIONS AS DEDUCTED FROM PAYROLL FOR THE YEAR 2024/25**   **(THIS MUST INCLUDE ANY LEAVERS DURING THE YEAR):** | |
| Total of main scheme **employee** contributions: | **£** |
| Total of 50/50 scheme **employee** contributions: | **£** |
| Total of APC’s for **employee** contributions: | **£** |
| Total of Additional employee contributions (ARCS & Added Years): | **£** |
| 1. **EMPLOYER CONTRIBUTIONS: AS ABOVE** | |
| Total of employer contributions: | **£** |
| 1. **TOTAL OF 1 & 2:** | |
| Total of **Employee** and **Employer** contributions: | **£** |
| 1. **TOTAL OF ALL EMPLOYEE CONTRIBUTIONS PAID:** | **£** |
| 1. **TOTAL OF ALL EMPLOYER CONTRIBUTIONS PAID:** | **£** |
| 1. **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). | **£** |
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| **TOTAL OF LUMP SUM DEFICIT PAYMENT MADE (if applicable):** | **£** |

**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 the 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.

**Name: Position Held:**

**Date: Signed:**

(This form must be signed by Director of Finance or authorised signatory)

Please return the form to: **Pensions Shared Service** [**PSSEmployers@richmondandwandsworth.gov.uk**](mailto:PSSEmployers@richmondandwandsworth.gov.uk)