



8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-4258
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
 www.TRSL.org • web.master@trsl.org

Form 4D (09/13)

Payment Distribution Voucher

Employer ID _____ Employer Name _____

Total remitted _____ (Amount must equal total contributions in blocks below.)

REGULAR PLAN

Apply to Mo/Yr	Type	Contributions
Current Year		
1. ____ / _____	S - Member	\$ _____
2. ____ / _____	U - Member	\$ _____
3. ____ / _____	-- Employer	\$ _____
4. ____ / _____	I - Employer	\$ _____
Prior Year		
	S - Member	\$ _____
	U - Member	\$ _____
	-- Employer	\$ _____
	I - Employer	\$ _____
TOTAL		\$ _____

OPTIONAL RETIREMENT PLAN (ORP)

Apply to Mo/Yr	Type	Contributions
Current Year		
1. ____ / _____	S - Member	\$ _____
2. ____ / _____	U - Member	\$ _____
3. ____ / _____	-- Employer	\$ _____
4. ____ / _____	I - Employer	\$ _____
Prior Year		
	S - Member	\$ _____
	U - Member	\$ _____
	-- Employer	\$ _____
	I - Employer	\$ _____
TOTAL		\$ _____

PLAN A

Apply to Mo/Yr	Type	Contributions
Current Year		
1. ____ / _____	S - Member	\$ _____
2. ____ / _____	U - Member	\$ _____
3. ____ / _____	-- Employer	\$ _____
4. ____ / _____	I - Employer	\$ _____
Prior Year		
	S - Member	\$ _____
	U - Member	\$ _____
	-- Employer	\$ _____
	I - Employer	\$ _____
TOTAL		\$ _____

PLAN B

Apply to Mo/Yr	Type	Contributions
Current Year		
1. ____ / _____	S - Member	\$ _____
2. ____ / _____	U - Member	\$ _____
3. ____ / _____	-- Employer	\$ _____
4. ____ / _____	I - Employer	\$ _____
Prior Year		
	S - Member	\$ _____
	U - Member	\$ _____
	-- Employer	\$ _____
	I - Employer	\$ _____
TOTAL		\$ _____

Apply to Mo/Yr - Actual month/year for which the contribution payments are being made.
Type - S = Sheltered; U = Unsheltered; I = Interest (Sheltered and Unsheltered applies only to members' contributions.)
Line 1 - Members' total Sheltered contributions must be entered on this line.
Line 2 - Members' total Unsheltered contributions must be entered on this line.
Line 3 - Employers' share of contributions must be entered on this line.
Line 4 - Interest for delinquent payments of contributions must be entered on this line.
Prior Year - If Prior Year, allocate amounts for each contribution type. No month/year classification is required.