



Payment Distribution Voucher
(Form 4D) — *FOR EMPLOYER USE ONLY*

rev. 05/21

HOW TO SUBMIT:	EMAIL
	Form4D@trsl.org

Employer name:	Employer ID: (####)
Total remitted: (Amount will auto-calculate from total contributions in blocks below.)	

REGULAR PLAN		
Apply to Mo/Yr (MM/YY)	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 (MM/YY)	Type	Contributions
Current Year		
1.	S - Member	\$
2.	U - Member	\$
3.	-- Employer	\$
4.	I - Employer	\$
TOTAL		\$

PLAN A		
Apply to Mo/Yr (MM/YY)	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 (MM/YY)	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.