

**TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA**  
**Post Office Box 53524**  
**Oklahoma City, Oklahoma 73152**  
**SUMMARY OF TAX-SHELTERED ANNUITY REPORT**

Under penalty of perjury, I certify this to be a true and complete report of the payroll information required by the Teachers' Retirement System of Oklahoma for the district named hereon.

TRS Co.-Dist. Code \_\_\_\_\_

Pay Period \_\_\_\_\_

\_\_\_\_\_  
Contact person's signature required. Unsigned reports will be returned.

\_\_\_\_\_  
Title

Contact phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
Name (Reporting Agency)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

	TOTAL DEPOSITS FOR MONTH
Total remittance sent with this report (complete list of warrants below)	

LIST OF WARRANTS ENCLOSED

WARRANT NO.	AMOUNT	WARRANT NO.	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARTICIPANTS IN THE TEACHERS' RETIREMENT TAX-DEFERRED ANNUITY PLAN MUST BE ACTIVE MEMBERS OF THE OKLAHOMA TEACHERS' RETIREMENT SYSTEM.

Prepare in duplicate and send one copy to the Teachers' Retirement System.