



DCP Payment Advice

Send completed form to:
 Department of Retirement Systems PO
 Box 9018 • Olympia, WA 98507-9018

This form is for employers reporting Deferred Compensation Program payments to DRS.

DCP Accounting Unit:
 800-547-6657 option 6, option 4

Important Information

Please do not use staples, paperclips or tape. Print single-sided copies only.

This form may be used for more than one reporting period, however a separate form is required for each reporting group. To redistribute a previous payment you may contact the DCP Accounting Unit for assistance or use the *Credit Redistribution* form.

Employer

Employer Name (as shown on your Statement of Account Activity)	Reporting Group (use a separate form for each group)
--	--

DCP Contributions (Participant)

Check or JV Number	Reporting Period (mm/yy)	Version	Amount
Total			

Instructions

- **Check or JV Number:** Enter the check, journal voucher (JV) or other payment document number. The number must be included for each applicable reporting period.
- **Reporting Period:** For transmittals, use the reporting period month and year – like 01/14 for Jan. 2014.
- **Version:** Enter the reporting period version (example: R1 of 1 or R2 of 2).
- **Amount:** Enter the payment amount for this reporting period. List checks individually.
- **Total:** Enter the total amount paid for all lines.

Example

Check or JV Number	Reporting Period (mm/yy)	Version	Amount
1001	01/16	R1	\$1,500.00
1002	01/16	R2	\$1,000.00
Total			\$2,500.00

