## **EMPLOYER YEAR END STATEMENT 2024/25**



LGS12a (MARCH 25)

NAME OF EMPLOYER:	
EMPLOYER CONTRIBUTION RATE:	
1. EMPLOYEE CONTRIBUTIONS AS DEDUCTED FROM PAYROLL FOR THE YEAR OF 2024/25 (THIS MUST INCLUDE ANY LEAVERS DURING THE YEAR):	
Total of main scheme <b>employee</b> contributions:	£
Total of 50/50 scheme <b>employee</b> contributions:	£
Total of APC's for <b>employee</b> contributions:	£
Total of Additional employee contributions (ARCS & Added Years)	£
2. EMPLOYER CONTRIBUTIONS: AS ABOVE	
Total of employer contributions:	£
Total of SCAPC's for employer contributions:	£
3. TOTAL OF 1 & 2:	£
4. TOTAL OF <u>ALL</u> EMPLOYEE CONTRIBUTIONS PAID TO SCPF:	£
5. TOTAL OF <u>ALL</u> EMPLOYER CONTRIBUTIONS PAID TO SCPF:	£
6. 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.)	
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 Shropshire County 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 including our payment details.	
Name:Position Held:	
Date: Signed:	
(This form must be emailed to us by Director of Finance or authorised signatory)	
Please return form to: Cheryl.Morrell@shropshire.gov.uk	