



IPERS PERIODIC WAGE DETAIL FOR (Employer Name): _____

EMPLOYER ID: _____

REPORTING PERIOD: _____

DUE DATE: _____

**** All Date fields must indicate Month/Day/Year**

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Soc. Sec. No.	Last Name	First Name	MI	Occ Code
Street Address	City	State	Zip Code +4	Date of Birth
Gender: M or F	Start Date	Termination Date	Last IPERS Check Date	Period Wages

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