

**JANUARY 1, 2005 WRS ANNUAL STATEMENT OF BENEFITS
DISTRIBUTION REPORT**

Employer Name	EIN #
	69-036-

I certify that:

- 1) I received the January 1, 2005 *Statement of Benefits* forms for my organization's employees from the Department of Employee Trust Funds on _____;
(month/day)

- 2) I distributed all statements to employees beginning on _____ (month/day), except for employees (listed below) for whom I could not make a distribution. For example, they no longer work here. (Provide **Name and Social Security Number**. Use reverse side of form if more space is needed):

RETURN THIS FORM BY MAY 31, 2005, to: Department of Employee Trust Funds, Division of Trust Finance & Employer Services, Att: Dale Ferron, P. O. Box 7931, Madison WI 53707-7931. THIS FORM MAY BE USED WITH A WINDOW ENVELOPE.

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DEPARTMENT OF EMPLOYEE TRUST FUNDS
DIVISION OF TRUST FINANCE & EMPLOYER SERVICES
ATTN: DALE FERRON
P O BOX 7931
MADISON, WI 53707-7931