

# CIPPS Quarterly Reconciliation and Certification

## Quarter Ending \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agy #: \_\_\_\_\_

1. We have reconciled the U092 and U093 (CIPPS Year-To-Date 10/33 Reconciliation Reports) or we have reconciled the following reports applicable to the quarter.

REPORT 10	PAYROLL and DEDUCTION REGISTER
REPORT 33	COMPOSITE TAX REPORT – per pay period
REPORTS 880/881	EMPLOYEE QUARTERLY TAX REPORTS 1 & 2

Check One

- |    |  |                          |
|----|--|--------------------------|
| 1a | There are no differences or all differences are identified and no adjustments are required.  | <input type="checkbox"/> |
| 1b | All differences are identified, and the required adjustments will be handled by us.  | <input type="checkbox"/> |
| 1c | All differences are identified, and the required manual adjustments are included on the attached pages of ADJUSTMENT FORM 1 and/or 2 and REPORT 880 and/or 881 | <input type="checkbox"/> |

Check 'Yes' or 'No' beside each item. Where the answer is no provide an explanation on the reverse side:

- |    |   |                      |
|----|---|----------------------|
| 2. | The pending file has been reviewed and all extraneous transactions which should be removed have been deleted.   | YES: _____ NO: _____ |
| 3. | All non-paid/non-cash items for the quarter have been entered. Examples include Reportable Meals, Personal Use of State Vehicles, Taxable Tuition, Telework Expenses, Moving and Relocation, Gift Cards, etc. | YES: _____ NO: _____ |
| 4. | We have reviewed each Report 831 created during the quarter and certify that we are in compliance with state policies regarding mandated direct deposit and elimination of earnings notice print.             | YES: _____ NO: _____ |
| 5. | We certify that we have reviewed each VRS Automated Reconciliation produced to date and performed corrective actions as deemed appropriate.   | YES: _____ NO: _____ |
| 6. | We certify that all Workers Compensation reimbursements have been applied to the employee record so that taxable income reflected is correct.   | YES: _____ NO: _____ |

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Agency Fiscal Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please fax the signed CIPPS Quarterly Reconciliation and Certification Form and the signed Report 56 Company Total  
Page to (804) 225-3499**