

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

- 1a There are no differences or all differences are identified and no adjustments are required. YES: _____ NO: _____
- 1b All differences are identified, and the required adjustments will be handled by us. YES: _____ NO: _____
- 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 YES: _____ NO: _____
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 are in compliance with state policies regarding elimination of earnings notice print. YES: _____ NO: _____

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 or (804) 786-9201**