

Annual Financial Report for Retired Chancery Clerk

Statement of gross receipts from all sources accruing as compensation to the office and disbursements occurring as necessary expenses involved solely in complying with laws governing the office.

Please type or print in ink. Round to nearest whole dollar.

___ Original ___ Amended # ___

MANDATORY TO COMPLETE NAME AND CONTACT INFORMATION

Chancery Clerk

COUNTY: _____ Calender Year: 2023

NAME: _____

ADDRESS: _____ LAST 4 OF SSN: _____

DAYTIME TELEPHONE: _____

PART I - REVENUES SUBJECT TO THE SALARY LIMITATION (§ 9-1-43)

County Payroll Income (matched by the county through payroll)

1	Attending Board Meetings	\$	.00
2	Clerk of the Board	\$	.00
3	Court Per Diem	\$	.00
4	County Treasurer	\$	.00
5	County Auditor	\$	.00
6	Copying Tax Rolls	\$	.00
7	Services not Otherwise Provided	\$	.00
8	Youth Court	\$	.00
9	Other :	\$	.00
10	Subtotal County Payroll Income (add lines 1 through 9)	\$	.00

Fee Income (not matched by the county)

11	Lunacy	\$	.00
12	Mineral Lease Commissions	\$	.00
13	Fees - Land Sale, Delinquent Taxes, Redistricting	\$	.00
14	Recording, Filing, Indexing, Copies	\$	.00
15	Other :	\$	.00
16	Subtotal Fee Income (add lines 11 through 15)	\$	.00
17	Total Revenues Subject to Salary Limitation (add lines 10 and 16)	\$	.00

PART II - EXPENSES (§ 9-1-43)

18	Wages (including family members within the first degree)	\$	.00
19	Prior Year Employer Retirement Contribution on Wages for Clerk (if not paid by Board)	\$	.00
20	Employer Retirement Contribution on Employee Wages	\$	.00
21	Employer Social Security/Medicare Contribution on Employee Wages	\$	.00
22	Employer Insurance on Employees	\$	.00
23	Accounting	\$	.00
24	Legal	\$	.00
25	Travel	\$	.00
26	Bank Charges	\$	.00
27	Insurance	\$	.00
28	Professional Fees	\$	.00
29	Office Expenses	\$	.00
30	Supplies	\$	.00
31	Other :	\$	.00
32	Other :	\$	.00
33	Total Expenses (add lines 18 to 32)	\$	.00

PART III - REVENUES NOT SUBJECT TO THE SALARY LIMITATION (§ 9-1-43)

(Place a "P" on a line to indicate county payroll income)

34	Homestead Services	\$	.00
35	Record Restoration	\$	.00
36	Purchase Clerk	\$	.00
37	County Administrator	\$	.00
38	Comptroller/Bookkeeper	\$	.00
39	Other :	\$	.00
40	Court Appointed Custodial Fees	\$	.00
41	Interest Earned on Fee Account	\$	.00
42	Other :	\$	.00
43	Total Revenues Not Subject to Salary Limitation (add lines 34 to 42)	\$	.00

Wages Paid to Family Members Within the First Degree				
Name	Relationship	Social Security #	Date of Hire	Wages Paid
				\$.00
				\$.00
				\$.00
				\$.00
Total Wages Paid to Family Members Within the First Degree				\$.00

Average Annual Compensation (Amount from PERS letter) \$.00
 *Please attach a copy of PERS Letter

Revenues Subject to the Retiree Salary Limitation	
1	Total Revenues Subject to Salary Limitation (page 1, line 17) \$.00
2	Less Expenses (page 1, line 33) \$.00
3	Net Income Subject to Salary Limitation (line 1 minus line 2) \$.00
4	Total Revenue not Subject to Salary Limitation (page 1, line 43) \$.00
5	Total Compensation (Line 3 + Line 4) \$.00
6	Less: Salary Limitation (Average Annual Compensation Amount x .25) \$.00
7	Amount Due to County (line 5 minus line 6 if greater than zero) \$.00

	DATE	YEAR
DATE OF RETIREMENT		

THIS FORM MUST BE FILED WITH THE OFFICE OF THE STATE AUDITOR, P.O. BOX 956, JACKSON MS, 39205, BY APRIL 15, 2024. A copy of this form along with any payment due should be sent to PERS, Employer Reporting Branch, 429 Mississippi Street, Jackson, MS 39201-1005. If you amend your federal tax return, you must file an amended Annual Financial Report with the Office of the State Auditor and with PERS.

I certify the above information is true and correct.

Chancery Clerk: _____ Date: _____