

Annual Financial Report

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: 2019
NAME:	
ADDRESS:	LAST 4 OF SSN:
DAYTIME TELEPHONE:	ALTERNATE PHONE NUMBER:

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- Should be line 20 on page 2 from your 2018 AFR)	\$.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	Other:	\$	.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

PART IV - EXPENSES FOR REVENUE NOT SUBJECT TO SALARY LIMITATION

44	Wages	\$	.00
45	Supplies	\$	.00
46	Office Expenses	\$	.00
47	Professional Fees	\$	.00
48	Other:	\$	.00
49	Other:	\$	.00
50	Total Expenses (add lines 44 to 49)	\$	.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

Retirement Contributions Calculation - Revenues Subject to the Salary Limitation

1	Total Revenues Subject to Salary Limitation of \$90,000.00 (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	Plus: Wages Paid to Family Members Within the First Degree	\$.00
5	Total Revenue Subject to Salary Limitation	.00
6	Less: Salary Limitation	\$.00
7	Amount Due to County (line 5 minus line 6 if greater than zero)	\$.00

Retirement Contributions Calculation

8	Amount on line 5 NOT TO EXCEED \$90,000		.00
9	Less: Wages Paid to Family Members Within the First Degree	\$	.00
10	Clerk's Retirement Wage on Income Subject to Limitation (line 8 minus line 9)	\$	.00
11	Revenues Not Subject to the Salary Limitation (page 2, line 43)	\$	.00
12	Less: Expenses (line 50)	\$	.00
13	Net Revenues Not Subject to the Salary Limitation	\$	.00
14	Total Clerk's Retirement Wage (line 10 plus line 13, not to exceed \$277,500)	\$	.00
15	Employee Contributions Due (9% of line 14)	\$	.00
16	Less: Contributions Paid to PERS for Employee Share through Monthly Reports on Payroll Income	\$	.00
17	Net Employee Contributions Due (NOT A FEE JOURNAL DEDUCTION)		.00
18	Employer Contributions Due (16.58% of line 14)	\$	.00
19	Less: Contributions paid to PERS for Employer Share through Monthly Reports on Payroll Income	\$	.00
20	Net Employer Contributions Due (FEE JOURNAL DEDUCTION FOR 2020 OR MAY BE PAID BY BOARD OF SUPERVISORS)	\$	.00
Check if paid by: Clerk <input type="checkbox"/>			
Board <input type="checkbox"/>			
21	TOTAL CONTRIBUTIONS DUE (line 17 plus line 20)	\$	.00
22	Less: Adjustments or Advance Payments made by the Clerk- funds submitted with current AFR. NOT additional funds submitted by the Clerk	\$	.00
23	NET CONTRIBUTIONS DUE	\$	.00

THIS FORM MUST BE FILED WITH THE OFFICE OF THE STATE AUDITOR, P.O. BOX 956, JACKSON MS, 39205, BY APRIL 15, 2020. 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: _____