

**Annual Financial Report for Retired Circuit 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**

Circuit Clerk

COUNTY: \_\_\_\_\_ Calender Year: 2019

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LAST 4 OF SSN: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

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

County Payroll Income (matched by the county through payroll)

1	County Registrar	\$	.00
2	Conducting Elections	\$	.00
3	Assisting Election Commissioners	\$	.00
4	Court Per Diem	\$	.00
5	State Fail Cases	\$	.00
6	Allowance for Deputy Hire	\$	.00
7	Grand Jury Docket	\$	.00
8	Fees Not Otherwise Provided	\$	.00
9	Other :	\$	.00
10	Subtotal County Payroll Income (add lines 1 through 9)	\$	.00

Fee Income (not matched by the county)

11	Court Costs, Transcripts	\$	.00
12	Marriages	\$	.00
13	Copies, etc.	\$	.00
14	Commissions on Money Received	\$	.00
15	Other :	\$	.00
16	Subtotal Fee Income (add lines 11 through 15)	\$	.00
17	<b>Total Revenues Subject to Salary Limitation (add lines 10 and 16)</b>	<b>\$</b>	<b>.00</b>

**PART II - EXPENSES (§ 9-1-43)**

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

**PART III - REVENUES NOT SUBJECT TO THE SALARY LIMITATION (§ 9-1-43)**  
(Place a "P" on a line to indicate county payroll income)

35	Interest Earned on Fee Account	\$	.00
36	Criminal Records Searches	\$	.00
37	Passport Agent Fees	\$	.00
38	Setting Up/Programming Voting Machines	\$	.00
39	Assisting Supervisors in Implementing Redistricting Plans	\$	.00
40	Other :	\$	.00
41	Other :	\$	.00

42	<b>Total Revenues Not Subject to Salary Limitation (add lines 35 to 41)</b>	\$ .00
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<b>Wages Paid to Family Members Within the First Degree</b>				
Name	Relationship	Social Security #	Date of Hire	Wages Paid
				\$ .00
				\$ .00
				\$ .00
				\$ .00
<b>Total Wages Paid to Family Members Within the First Degree</b>				<b>\$ .00</b>

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

<b>Revenues Subject to the Retiree Salary Limitation</b>	
1	Total Revenues Subject to Salary Limitation (page 1, line 17) <span style="float: right;">\$ .00</span>
2	Less Expenses (page 1, line 34) <span style="float: right;">\$ .00</span>
3	Net Income Subject to Salary Limitation (line 1 minus line 2) <span style="float: right;">\$ .00</span>
4	Total Revenue not Subject to Salary Limitation (page 1 line 42) <span style="float: right;">\$ .00</span>
5	Total Compensation (line 3 + line 4) <span style="float: right;">\$ .00</span>
6	Less: Salary Limitation (Average Annual Compensation Amount x .25) <span style="float: right;">\$ .00</span>
7	Amount Due to County (line 5 minus line 6 if greater than zero) <span style="float: right;">\$ .00</span>

	<b>DATE</b>	<b>YEAR</b>
<b>DATE OF RETIREMENT</b>		

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.

Circuit Clerk: Date: