

## TAX SHELTER ELECTION FORM FOR POLITICAL SUBDIVISION EMPLOYERS

*Required By Internal Revenue Code Section 414(h) For Employees' Retirement  
Contributions To Be Treated As Being Picked Up By The Employer*

Tax sheltering of employee contributions is effective only on a prospective basis **and** only upon execution of this form by the New Hampshire Retirement System (NHRS) and receipt of a copy by the employer

To the New Hampshire Retirement System Board of Trustees:

The \_\_\_\_\_ hereby notifies the Board of Trustees of  
(Name of Employer)

its election to participate in the tax shelter program under RSA 100-A:16, I(e) with respect to all of its Employee, Teacher, Police Officer and Firefighter members of the NHRS.

The employer understands that by making this election, it will be required to make whatever changes are necessary to its tax reporting procedures so that payroll deductions for NHRS mandatory employee contributions for all NHRS membership classes will not be reported as taxable wages for Federal income tax purposes but will be reported as wages for purposes of F.I.C.A. and Medicare taxes, if required by Federal law. All NHRS members in the employ of the employer shall be included in the tax shelter program with no exceptions.

The employer is requesting that the tax sheltering of contributions be effective as of the beginning of the first payroll period commencing in the month of \_\_\_\_\_.  
(Prospective Date: Month and Year)

\_\_\_\_\_  
(Signature of Chief Fiscal Officer)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Print Chief Fiscal Officer's Name and Title)

Employer NHRS ID # \_\_\_\_\_ *To be assigned by NHRS*

### CERTIFICATION OF ELECTION

I hereby certify that on \_\_\_\_\_ the governing body of \_\_\_\_\_  
(Date) (Name of Employer)

elected to participate **prospectively** in the New Hampshire Retirement System's tax shelter program under the provisions of RSA 100-A:16, I(e) and Internal Revenue Code Section 414(h).

\_\_\_\_\_  
(Signature of Administrative Authority)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date Signed)

**Please return this form with a copy of the document evidencing the governing body's adoption of the tax shelter program to:** NHRS Field Audit Division, 54 Regional Drive, Concord, NH 03301-8507

### FOR NEW HAMPSHIRE RETIREMENT SYSTEM USE ONLY

This acknowledges NHRS' receipt of the election by \_\_\_\_\_ to participate in the tax shelter provisions of the New Hampshire Retirement System. Effective with contributions for the first complete payroll period beginning in the month of \_\_\_\_\_, all deductions for members' mandatory retirement contributions shall be considered pre-tax contributions under the provisions of RSA 100-A:16, I (e) and Internal Revenue Code 414(h).

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(NHRS Executive Director or Designee)