REQUIRED PAYMENT STATUS CHECKLIST

Submitted with the Annual Certification of Required Payments

Entity Name	Entity Code	Fiscal Year Ended June 30
Chief Financial Officer / Finance Director	**Audit Contact Email**	**Date of Submission**

Entity type: ☐ Local School System ☐ State Charter School

INSTRUCTIONS

For each agency or plan listed below, indicate whether the entity is delinquent in any required payments as of the submission date. An explanation is required if Delinquent is selected. Select N/A only if the entity is not a participating employer in that agency or plan.

For purposes of this checklist and the Annual Certification of Required Payments, an entity is not delinquent if no required payment is past due as of the submission date. A past-due balance that is subject to an unresolved reconciliation or billing discrepancy, which the entity is actively working with the agency or plan to resolve, is not considered delinquent. Amounts not subject to a reconciliation or billing discrepancy must continue to be remitted when due. If any balance with an agency or plan is past due as of the submission date but is not considered delinquent, select Not Delinquent, describe the balance in the Explanation column, and upload documentation through Suralink with this checklist showing the entity is actively working with the agency or plan to resolve it (e.g., correspondence, reconciliation workpapers).

Agency / Plan	Not Delinquent	Delinquent	N/A	Explanation
State Health Benefit Plan *Employer and employee premium contributions.*	☐	☐	☐	
Teachers Retirement System of Georgia (TRS) *Employer and employee retirement contributions.*	☐	☐	☐	
Georgia Public School Employees Retirement System (PSERS) *Employer and employee retirement contributions.*	☐	☐	☐	
Georgia Department of Labor *Unemployment insurance contributions or reimbursements.*	☐	☐	☐	

Submit this completed checklist, the signed Annual Certification of Required Payments, and any required supporting documentation through Suralink by December 31.