

Form SS-16 Completion Instructions for Kentucky Retirement System Members

Bill Smith is the Master Commissioner for Bluegrass County. During the month of January 2007 his wages were \$4,000.00. Being a member of the Kentucky Retirement System, Bill will report 5% less, \$4,000.00 – 5%. After calculating the 5% for KRS ($\$4,000 \times 5\% = \200), the maximum reportable wage is \$3,800.00. Therefore, on the SS-16 (see example below) Bill would then report \$3,800.00 in wages for Social Security and Medicare and remit the appropriate taxes.

Commonwealth of Kentucky Social Security Coverage and Reporting Branch 2007 Monthly Report of Commissioner Wages and Taxes

0000	Bluegrass County Master Commissioner	(A) Period Covered: January 2007
-------------	---	---

This original PURPLE form is to be mailed to the Social Security Coverage and Reporting Branch, PO Box 639, Frankfort KY 40602-0639, no later than the fifth day of the month following receipt of fees or salary for the previous month. Indicate such month in box A, "Period Covered". Include ONE check made payable to the Kentucky State Treasurer for the total amount of the social security and medicare taxes in columns E and G.

(B) Social Security Number	(C) Name	(D) Soc Sec Wages	(E) SS Tax @6.20%	(F) Medicare Wages	(G) Medi Tax @1.45%
123-45-6789	Bill Smith	3,800.00	235.60	3,800.00	55.10
SAMPLE					
TOTALS----->		3,800.00	235.60	3,800.00	55.10

(H) \$290.70
Check # 1234

*Add columns E and G together to calculate the amount of FICA tax due.
(Enter the amount on Line H.)
*Send ONE check payable to the Kentucky State Treasurer for this amount.
*Send the original PURPLE form.

THIS FORM IS FOR THE 2007 REPORT YEAR ONLY

FOR OFFICIAL USE ONLY	
PRU: 104 Type: _____ Pay Date: ___/___/2007 Tran Code: 1602	Cab/Dept: 39-758 Seg #: _____ SSN: _____
Wage: _____ ER Cont: _____ EE Cont _____	CK #: _____ CK Amt: _____ DOC #: _____
FOR OFFICIAL USE ONLY	
PRU: 104 Type: M Pay Date: ___/___/2007 Tran Code: 1602	Cab/Dept: 39-758 Seg #: _____ SSN: _____
Wage: _____ ER Cont: _____ EE Cont _____	CK #: _____ CK Amt: _____ DOC #: _____