

# INFORMATION ABOUT COMPLETING THE *DISCLOSURE OF COMPENSATION* FORM

Complete the *Disclosure of Compensation* form on page 19 if you are a PERA retiree performing services for a PERA employer and either of the following is true:

- » For tax purposes, the PERA employer reports compensation paid to you or your company under a tax identification number different from your Social Security number.
- » You are performing services for a company owned or operated by an affiliated party (see page 4).

If your working arrangement meets either of these definitions, you must disclose the amount of salary earned for services provided. The associated working retiree contributions from services rendered will be deducted from your PERA monthly benefit. If you fail to report compensation to PERA and the PERA employer, you may be required to pay the employer contribution amount plus interest, as well as the working retiree contribution at PERA's actuarial investment assumption rate.

If you are performing services for multiple PERA employers, a separate form must be submitted for each PERA employer. If you need additional copies of this form, go to PERA's website at [www.copera.org](http://www.copera.org) or call PERA's Customer Service Center at 1-800-759-7372.

If applicable, you may provide copies of invoices along with your *Disclosure of Compensation* form. See the example below.

*Note:* If there is a discrepancy between your *Disclosure of Compensation* form and what was reported to PERA by your employer, please contact your employer to make a correction.

After completing the *Disclosure of Compensation* form, provide a photocopy of the form to the PERA employer and send the completed original form to PERA.

## EXAMPLE:

Date(s) Worked	Date of Invoice (if applicable)	Type of Service Provided	Compensation Received by Retiree to be reported to PERA*	Compensation Received by Retiree NOT to be reported to PERA*
1/5/2018	2/31/18	Consulting	\$ 1,000.00	\$
		Mileage	\$	\$ 28.00
			\$	\$
			\$	\$
<b>Total:</b>			\$ 1,000.00	\$ 28.00

\* Compensation reported to PERA should only include amounts paid for services rendered. Any amounts that were reimbursed for travel, materials, and other expenses should not be reported to PERA.



### Disclosure of Compensation

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Your SSN 

6	1	4
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3	2
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8	2	4	2
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See instructions on page 18 before completing this form.

#### Retiree Information

Your Name Freeman Sarah Campbell  
Last First MI  
Mailing Address 4095 Eaton St Wheat Ridge, CO 80212  
Street City State ZIP Code  
Telephone Number ( 805 ) 208-6600 Email Address sarahbultemafreeman@gmail.com

Sign up for electronic delivery of PERA information?  Yes  No

#### If applicable:

Name of company providing services to the PERA employer n/a

Company Tax Identification Number (TIN): 

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Name of owner of company sole proprietor

Please specify the nature of the relationship between you and the affiliated party (For example: The affiliated party is your spouse, daughter, brother-in-law, etc.) Self

#### Compensation Received

Name of PERA Employer \_\_\_\_\_

Enter the compensation received from the PERA employer listed above.

Date(s) Worked	Date of Invoice (if applicable)	Type of Service Provided	Compensation Received by Retiree to be reported to PERA*	Compensation Received by Retiree NOT to be reported to PERA*
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Total:</b>			\$	\$

\* Compensation reported to PERA should only include amounts paid for services rendered. Any amounts that were reimbursed for travel, materials, and other expenses should not be reported to PERA.

Sign Here →

Signature  Date 6/26/2023