

# 2009 W-2 Data Checklist and Certification

The district has no reportable payments/benefits.

or

Enclosed is data for the following payments/benefits:

- Group Term Life Insurance in Excess of \$50,000 – Current Employees
- Group Term Life Insurance in Excess of \$50,000 – Former Employee
- Life Insurance Other Than Group Term Life Insurance
- Third Party Sick Pay – District Paid
- Non-Taxable Third Party Sick Pay – Employee Paid
- Employee Use of District Vehicles
- Health and Welfare Benefits Provided to Domestic Partners of Employees
- Health Savings Account
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Workers' Compensation

I certify that, to the best of my knowledge and belief, the data reported is true and correct and in compliance with federal and state laws and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
District

\_\_\_\_\_  
E-mail Address

Return to: Carolyn Nielsen, District Fiscal Services Payroll  
Riverside County Office of Education

By: **January 08, 2010**