



# 403b Maximum Allowable Contribution Worksheet for 2009 Tax Year

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Worksite: \_\_\_\_\_

### Calculations

**Note:** You must maximize your Type "A" contribution before using the Type "B" contribution.

- 1. Annual deferral limit. 1 \$16,500
  - 2. Type "A" Catch-up Contribution\*\*
    - a. Have you completed 15 or more years of service with your current school district employer? 2a Yes / No  
*If you answered "No" to line 2a, skip to line 5 and enter \$0. Do not complete steps 2b through 4b.*
    - b. Have your previous 403(b) contributions averaged less than \$5,000 per year? 2b Yes / No  
*If you answered "No" to line 2a or 2b, skip to line 5 and enter \$0.  
If you answered "Yes" to line 2a and 2b, continue.*
- \*\*If you have 15 years of service with your current school employer and your deferral average for all previous years does not exceed \$5,000, you are eligible to defer an annual additional Type "A" catch-up contribution of \$3,000, up to a maximum lifetime catch-up limit of \$15,000.
- 3. Have you made any Type "A" catch-up contributions? 3 \_\_\_\_\_  
*If you answered "No" to line 2, then skip to line 5 and enter \$3,000.*
  - 4. Complete Question 4 only if the answer to Line 3 is "Yes."
    - a. Enter total amount of any previous Type "A" contributions. 4a \_\_\_\_\_
    - b. Subtract line 4a from \$15,000 and enter amount. 4b \_\_\_\_\_  
*If line 4b is equal to or greater than \$3,000, skip to line 5 and enter \$3,000.  
If line 4b is less than \$3,000, then enter line 4b amount on line 5.*
  - 5. Type "A" catch-up contribution amount (may not exceed \$3,000) 5 \_\_\_\_\_
  - 6. Type "B" catch-up contribution.
    - a. Will you be at least age 50 by 12/31/2009? 6a Yes / No
    - b. If "Yes," enter \$5,500 on line 6b. If "No," enter \$0. 6b \_\_\_\_\_
  - 7. Add lines 1, 5, and 6b, then enter total. 7 \_\_\_\_\_  
**This is your total Maximum 403(b) contribution allowable for 2009.**
  - 8. Enter total of any 403(b) contributions already made since January 1, 2009. 8 \_\_\_\_\_
  - 9. Subtract line 8 from line 7 (Enter amount here.) 9 \_\_\_\_\_

**Line 9 is the total remaining amount you may contribute to a 403(b) plan or plans during the 2009 tax year.**

**IMPORTANT:** You may rely on the accuracy of the worksheet if the information you provide is correct and complete. Neither the district nor the county superintendent can complete this worksheet for you. Please make sure the information you provide is correct. By signing this worksheet, you certify that all the information provided is accurate and you agree to indemnify and hold harmless the district and the county superintendent from any and all damages, which may result from providing inaccurate or incomplete information. You understand that your total annual contributions to the 403(b) plan may not exceed the lesser of \$46,000 or 100% of compensation, including employer, if any, and employee contributions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach to Salary Reduction Agreement. Required if you are utilizing Type A or Type B catch-up provisions.