



# FSA/LPFSA/Transportation and Parking Remittance Report

Wisconsin Department  
of Employee Trust Funds  
801 W Badger Road  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

Employer Information		
Employer ID number (EIN) 69-036-0001-	Employer name	Payroll check date

Medical, Dependent, Transportation/Parking Reductions		
<b>Please note: Transportation and parking deductions must be reported separately.</b>		
<b>A. Medical reductions</b> FSA \$ _____ LPFSA \$ _____	<b>B. Dependent day care reductions</b>	<b>C. Transportation and parking reductions</b> Transportation \$ _____ Parking \$ _____

Adjustments			
List only those adjustments that were not included in the totals above, and fax a copy of this form to: <b>Total Administrative Service Corporation (TASC), Attn: Kymberly Starker (ext. 2459) or Jackie Moehrke (ext. 4912) at 1-800-422-4661, and send a copy to the Department of Employee Trust Funds at 608-266-0133.</b>			

Name (first, middle, last, former/maiden)		Social Security number	Payroll checks (date of first check, date of last check)  through
Medical reduction adjustment FSA \$ _____ LPFSA \$ _____	Dependent day care adjustment	Transportation and parking adjustment Transportation \$ _____ Parking \$ _____	Total adjustment

Name (first, middle, last, former/maiden)		Social Security number	Payroll checks (date of first check, date of last check)  through
Medical reduction adjustment FSA \$ _____ LPFSA \$ _____	Dependent day care adjustment	Transportation and parking adjustment Transportation \$ _____ Parking \$ _____	Total adjustment

Name (first, middle, last, former/maiden)		Social Security number	Payroll checks (date of first check, date of last check)  through
Medical reduction adjustment FSA \$ _____ LPFSA \$ _____	Dependent day care adjustment	Transportation and parking adjustment Transportation \$ _____ Parking \$ _____	Total adjustment

<b>Grand Total</b> Should equal the election amounts reported to our third party administrator. Any items requiring adjustments or changes should be reflected on the following month's report.	<b>(A + B + C) Reductions + Adjustments →</b>
---	---

**STAR Transactions** List STAR AP voucher number in the table below associated with this report. Attach additional lists if necessary. *Screen prints are not necessary if the AP vouchers are listed below.*

Transaction date	Trans	Agency number	Transaction number	Batch number	Transaction amount
	AP				

Prepared by: _____	Telephone.: _____	<b>STAR total →</b>
--------------------	-------------------	---------------------

