

2021

**FORM TO REPORT TAX DEFERRED CONTRIBUTIONS TO
ANOTHER EMPLOYER SPONSORED RETIREMENT PLAN**

I estimate that I have contributed or will contribute \$ _____* on a voluntary, tax-deferred basis to another Employer Sponsored Retirement Plan during the 2021 tax year which begins January 1, 2021

** Exclude any mandatory, employer-required contributions. But include Roth 403(b) contributions.*

The IRS 402(g) tax deferred limit for 2021 is \$19,500 with an additional \$6,500 catch-up provision for employee's reaching age 50 by 12/31/2021.

Check the box that applies:

- As of the date of this form, **my combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have not exceeded the IRS limits**. Please use the above provided amount to offset my 402(g) before-tax limit in 2021. I understand that upon my combined tax-deferred contributions reaching the 402(g) limit, my contributions at UAMS will continue under the UA 457(b) plan up to the applicable limits.
- My combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have already exceeded the IRS limits**. Please **move \$ _____** from before-tax to after-tax within my payroll record and my 403(b) Retirement Plan AND use the above amount to offset my 402(g) tax-deferred limit for the remainder of the 2021 calendar year. I understand that my contributions will continue under the UA 457(b) plan up to the applicable limits. I also understand that this increase in my taxable wage base may result in additional Federal and State tax liability. *This option is only available if my last UAMS payroll of 2021 has not yet processed.*
- My combined tax-deferred contributions** through the UA Retirement Plan and the other Employer Sponsored Retirement Plan **have already exceeded the IRS limits**. Please **refund \$ _____** from my 403(b) Retirement Plan AND use the above amount to offset my 402(g) before-tax limit for the remainder of the 2021 calendar year. I understand that my contributions will continue under the UA 457(b) plan up to the applicable limits. By requesting this refund, I understand this may result in a refund of University matching contributions. I also understand that this increase in my taxable wage base may result in additional Federal and State tax liability.

(Printed Employee Name)

(Date)

(Employee Signature)

(SSN)

INSTRUCTIONS: Deliver this form to UAMS Office of Human Resources (4C Central Building), scan and email to AskHR@uams.edu, or fax to UAMS Benefits at (501) 686-5386.