



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Request for Quotation

| |
|------------|
| RFQ NUMBER |
| CPR10006 |

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| PAGE |
| 1 |

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|----------------------------------------|
| ADDRESS CORRESPONDENCE TO ATTENTION OF |
| KRISTA FERRELL 304-558-2596 |

VENDOR

*707094906 412-937-9656
TRIANGLE SYSTEMS INC
300 BILMAR DRIVE STE 100

PITTSBURGH PA 15205

SHIP TO

CONSOLIDATED PUBLIC RETIREMENT
BOARD
BUILDING 5, ROOM 1000
1900 KANAWHA BOULEVARD, EAST
CHARLESTON, WV
25305-0720 558-3570

| | | | | |
|--------------|---------------|----------|--------|---------------|
| DATE PRINTED | TERMS OF SALE | SHIP VIA | F.O.B. | FREIGHT TERMS |
| 07/21/2009 | | | | |

BID OPENING DATE: 08/11/2009 BID OPENING TIME 01:30PM

| LINE | QUANTITY | UOP | CAT NO | ITEM NUMBER | UNIT PRICE | AMOUNT |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|--------|-------------|------------|----------|
| 0001 | 1 | LS | | 966-50 | .5073 | 27900.00 |
| PRINTING: BOOKS, CATALOGS, MAGAZINES, PAMPHLETS, ETC | | | | | | |
| REQUEST FOR QUOTATION (RFQ) OPEN END CONTRACT | | | | | | |
| THE WEST VIRGINIA STATE PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA CONSOLIDATED PUBLIC RETIREMENT BOARD, IS SOLICITING BIDS TO PROVIDE THE AGENCY WITH PRINTING AND MAILING OF 1099 FORMS PER THE ATTACHED SPECIFICATIONS. | | | | | | |
| TECHNICAL QUESTIONS CONCERNING THIS SOLICITATION MUST BE SUBMITTED IN WRITING TO KRISTA FERRELL IN THE WEST VIRGINIA STATE PURCHASING DIVISION AT 304-558-4115 OR VIA EMAIL AT KRISTA.S.FERRELL@WV.GOV. DEADLINE FOR ALL TECHNICAL QUESTIONS IS JULY 30, 2009 BY THE CLOSE OF BUSINESS. ALL TECHNICAL QUESTIONS RECEIVED, IF ANY, WILL BE ANSWERED BY ADDENDUM AFTER THE DEADLINE HAS LAPSED. | | | | | | |
| QUESTIONS CONCERNING THE PROCESS BY WHICH A VENDOR MAY SUBMIT A BID TO THE STATE OF WEST VIRGINIA ARE NOT CONSIDERED TO BE TECHNICAL QUESTIONS AND MAY BE AT ANY TIME PRIOR TO THE BID OPENING AND IN ANY FORMAT. | | | | | | |
| EXHIBIT 10 | | | | | | |
| REQUISITION NO.: | | | | | | |

RECEIVED
2009 AUG 10 A 10:49
PURCHASING DIVISION
STATE OF WV

| | | | |
|-------------------------------------------|--------------|-----------------------------------|--|
| SEE REVERSE SIDE FOR TERMS AND CONDITIONS | | | |
| SIGNATURE | TELEPHONE | DATE | |
| Frank A. Senda | 412-937-9656 | 8-7-2009 | |
| TITLE | EIN | ADDRESS CHANGES TO BE NOTED ABOVE | |
| President | 251286191 | | |

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the **West Virginia Code** and the **Legislative Rules** of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
5. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the **West Virginia Code**.
8. Vendor preference will be granted upon written request in accordance with the **West Virginia Code**.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the **Legislative Rules** of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
14. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
15. **WEST VIRGINIA ALCOHOL & DRUG-FREE WORKPLACE ACT:** If this Contract constitutes a public improvement construction contract as set forth in Article 1D, Chapter 21 of the West Virginia Code ("The West Virginia Alcohol and Drug-Free Workplace Act"), then the following language shall hereby become part of this Contract: "The contractor and its subcontractors shall implement and maintain a written drug-free workplace policy in compliance with the West Virginia Alcohol and Drug-Free Workplace Act, as set forth in Article 1D, Chapter 21 of the West Virginia Code. The contractor and its subcontractors shall provide a sworn statement in writing, under the penalties of perjury, that they maintain a valid drug-free work place policy in compliance with the West Virginia and Drug-Free Workplace Act. It is understood and agreed that this Contract shall be cancelled by the awarding authority if the Contractor: 1) Fails to implement its drug-free workplace policy; 2) Fails to provide information regarding implementation of the contractor's drug-free workplace policy at the request of the public authority; or 3) Provides to the public authority false information regarding the contractor's drug-free workplace policy."

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in case of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130



State of West Virginia
Department of Administration
Purchasing Division
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ADDRESS CORRESPONDENCE TO ATTENTION OF

KRISTA FERRELL
304-558-2596

*707094906 412-937-9656
TRIANGLE SYSTEMS INC
300 BILMAR DRIVE STE 100
PITTSBURGH PA 15205

CONSOLIDATED PUBLIC RETIREMENT
BOARD
BUILDING 5, ROOM 1000
1900 KANAWHA BOULEVARD, EAST
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01:30PM

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| ADDENDUM ACKNOWLEDGEMENT | | | | | | |
| I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. | | | | | | |
| ADDENDUM NO.'S: | | | | | | |
| NO. 1 | | | | | | |
| NO. 2 | | | | | | |
| NO. 3 | | | | | | |
| NO. 4 | | | | | | |
| NO. 5 | | | | | | |
| I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. | | | | | | |
| VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING. | | | | | | |
|  SIGNATURE | | | | | | |
| TRIANGLE SYSTEMS COMPANY | | | | | | |
| 08-07-09 | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | | | | |
|-----------|-------------------------------------------------------------------------------------|-----------|--------------|-----------------------------------|--------|
| SIGNATURE |  | TELEPHONE | 412-937-9656 | DATE | 8-7-09 |
| TITLE | PRESIDENT | FEIN | 251286191 | ADDRESS CHANGES TO BE NOTED ABOVE | |

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| DATE | | | | | | |
| REV. 11/96 | | | | | | |
| EXHIBIT 10 | | | | | | |
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| I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC. | | | | | | |
| ADDENDUM NO.'S: | | | | | | |
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| SIGNATURE | TELEPHONE | DATE |
| <i>Frank A. Ferrell</i> | 412-937-9656 | 8-7-09 |
| TITLE | ADDRESS CHANGES TO BE NOTED ABOVE | |
| PRESIDENT | 25-1286191 | |

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| <p><i>Frank A. Banda</i> SIGNATURE TRIANGLE SYSTEMS COMPANY 8-7-09 DATE</p> | | | | | | |
| REV. 11/96 | | | | | | |
| EXHIBIT 3 | | | | | | |
| LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE. | | | | | | |
| UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT. | | | | | | |
| RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
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| SIGNATURE <i>Frank A. Banda</i> | TELEPHONE 412-937-9656 | DATE 8-7-09 |
| TITLE PRESIDENT | 25-1286191 | ADDRESS CHANGES TO BE NOTED ABOVE |

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| <p>ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT</p> | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | | | | |
|-----------|-----------------------|-----------|--------------|-----------------------------------|--------|
| SIGNATURE | <i>Frank A. Senda</i> | TELEPHONE | 412-937-9656 | DATE | 8-7-09 |
| TITLE | PRESIDENT | FEE | 251286191 | ADDRESS CHANGES TO BE NOTED ABOVE | |

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| WITHOUT FURTHER ORDER. | | | | | | |
| THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM. | | | | | | |
| REV. 05/26/2009 | | | | | | |
| EXHIBIT 4 | | | | | | |
| LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER. | | | | | | |
| REV. 3/88 | | | | | | |
| PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD. | | | | | | |
| NOTICE | | | | | | |

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

| | | |
|-----------------------------------|------------------------|-----------------------------------|
| SIGNATURE <i>Frank A. Ferrell</i> | TELEPHONE 412-937-9656 | DATE 8-7-09 |
| TITLE PRESIDENT | FEIN 25-1286191 | ADDRESS CHANGES TO BE NOTED ABOVE |

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| <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: KRISTA FERRELL-FILE 21</p> <p>RFQ. NO.: CPR10006</p> <p>BID OPENING DATE: 08/11/2009</p> <p>BID OPENING TIME: 1:30 PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: 412 937 9656</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY): JOEL GRAMLING</p> | | | | | | |

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| <i>Frank A. Benda</i> | 412-937-9656 | 8-7-09 | |
| TITLE | FAX | ADDRESS CHANGES TO BE NOTED ABOVE | |
| PRESIDENT | 25-1286191 | | |

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Specifications for RFQ on 1099R Preparation

July 2009

The scope of this project is as follows:

It will be the responsibility of the West Virginia Consolidated Public Retirement Board (WVCPRB) to provide the personal and financial information to the vendor. The data will be sent to the vendor in the format attached (attachment#1). The vendor will then provide the necessary forms (1099R's) compliant with the regulations of the Internal Revenue Service, print, collate, and mail the documents, using the most cost effective method. The vendor will then provide electronic copies of the 1099R information as mailed. This data must be submitted to the WVCPRB secure FTP website. See details below.

All copies of 1099R's must be original print, duplicated copies are unacceptable. All three of the 1099R must be on one single 8.5"x11" sheet with perforations between each copy. The first one is to be sent to the IRS, the second one is to be sent to the State, and the third is for the recipient to retain for their records. Instructions will be printed on the reverse side.

1099R paper weight must be 24 pound. They are folded and inserted into the envelope.

No pull-apart or pressure-sealed forms. All copies must be on paper inserted in an envelope.

Envelopes must have IMPORTANT TAX RETURN DOCUMENT ENCLOSED on them, must also have TEMP RETURN SERVICE on them, and must be 2-window, white, 9 7/16" x 3 7/8" size with confidential tint.

Vendor must remit bid in line item form to include:

- 1.) Cost to print 1099s with instructions on reverse
- 2.) Cost to print or copy insert (duplex)
- 3.) Cost to insert forms for mailing
- 4.) Postage cost per mail piece and total for 55,000 pieces
- 5.) 1099 Express licenses (8)
- 6.) Grand total

Forms must be Internal Revenue Service (IRS) compliant.

If there are incomplete addresses, the complete address must be added by the vendor, using USPS approved methods (i.e. 9 digit zip codes).

Addresses must be bar-coded according to the USPS guidelines.

Vendor must provide the upgraded 1099 Express software to read and print the data (i.e. WVCPRB must be able to pull up a record, edit, and print the 1099R). Vendor must provide data of all 1099R's mailed. This data must be submitted via FTP to our secure FTP website. WVCPRB will provide a userid, password, and URL.

Q:\ITMgrs\1099\Specs...

The successful bidder must have a Compliance Office that maintains expertise with IRS requirements for 1099R's. Vendor must provide proof of this expertise.

The vendor must mail the approximately 55,000 forms per year using the most cost effective method. If the number of mail pieces go over 55,000 additional postage will be needed.

Vendor must have the capability to add inserts in with the 1099R's. Inserts are to be 8.5"x11". Paper weight for inserts must be 20 lbs. Inserts will be duplex and printed in black ink. Keep in mind that one of the inserts (every other year, next time 2011) is a full-color calendar provided by the WV State Auditor's Office and the WVCPRB has no control over the paper weight. WVCPRB will mail this calendar to your location. WVCPRB instruction inserts will be sent to the vendor in PDF format, vendor will print a sample, and fax back a copy of the insert for WVCPRB approval to ensure legibility and completeness. Upon WVCPRB approval, the vendor will copy and add the inserts. Unit price for inserts will be used for each separate insert added by WVCPRB as multiple inserts may be necessary. If there are multiple inserts and all recipients do not receive all inserts the WVCPRB will divide the file and inform vendor.

Vendor must agree to safeguard all information and sign a WVCPRB Confidentiality and Non-Disclosure Statement.

The successful bid must agree to the following timeline:

November 1 – Vendor will test WVCPRB data.

November 30 – On or before this date the vendor will send results of testing to WVCPRB.

December 1 – The vendor will ask for final count from WVCPRB so they can order paper and envelopes.

December 31 – On or before this date the vendor will schedule a time to help install the 1099 Express (or similar) software required to reproduce individual 1099R's. The vendor will supply a file created from the WVCPRB test file that will allow 1099 Express Software to bring up any account and print that account. This file will be purely for test purposes. For the live run the vendor will also supply a file for use with this software. In addition to that file the vendor will supply a final production file that will contain the whole reproduction of the print job. This file must be submitted to the WVCPRB secure FTP website.

January 1 – Vendor will request a postage check from WVCPRB. The postage check will be made payable to US POSTMASTER. Any excess will be credited on the final bill or any additional postage required will be requested on the final bill.

January 10 – Vendor will receive postage check on or before this date. Also inserts must be provided by WVCPRB on or before this date. Vendor will print a sample insert and fax to (304) 558-6337 for approval.

January 18 – Vendor will sweep FTP site for WVCPRB data. The input file will be in the preferred layout (attachment#1), no particular order, but will need to be sorted by zip for mailing discounts.

January 26 – Vendor will deliver all forms to the Post Office to be mailed. Do not break up into batches – **must be mailed all at once on the same day.**

January 27 – Vendor will submit the data via our secure FTP site to the WVCPRB.

Consolidated Public Retirement Board Confidentiality and Non-disclosure Statement

Protecting confidentiality and understanding the sensitive nature of information recorded at the Consolidated Public Retirement Board (CPRB) becomes the responsibility of every person. We must strictly adhere to a policy of non-disclosure of any information relating to our clients, and every state employee or contract worker working inside of or with our office must sign and abide by this confidentiality statement.

At no time, shall any state employee or contract worker who is working inside or with the CPRB discuss or distribute personal information regarding any client of this agency. This personal information includes, but is not limited to, client or employee salaries, medical history, pension specific information, social security numbers, or any other identifying numbers, addresses, banking information, telephone numbers, or any other data or information excluded from protection by the WV Freedom of Information Act.

"I, FRANK A. RENDA understand the sensitive nature and the confidentiality of the client/employee information stored at the West Virginia Consolidated Public Retirement Board. I therefore acknowledge and agree that personal client/employee information and any other related data is to be treated as confidential information which is not a matter of public record. I therefore agree not to permit distribution or engage in discussion of this information to any person. I understand that, if at any time I am approached by an outside individual, agency or media representative, I shall direct their queries to the Executive Director of the Consolidated Public Retirement Board."

Print Name:

FRANK A. RENDA

Signature:

Frank A. Renda

Date: 08-07-09

Revised 7/05/07

Individual Vendors

Pricing Sheet

RFQ#: CPR10006

| Description | Unit Price | Quantity | Extended Price |
|---------------------------------------------------|-----------------|----------|---------------------|
| Print 1099 w/ instruction: on the reverse side | <u>\$.04</u> | 55,000 | <u>\$ 2 200.00</u> |
| Print or copy insert (duplex) | <u>\$.022</u> | 55,000 | <u>\$ 1 210.00</u> |
| Insert forms for mailing | <u>\$.078</u> | 55,000 | <u>\$ 4 290.00</u> |
| Postage | <u>\$.360</u> | 55,000 | <u>\$ 19 800.00</u> |
| 1099 Express Licenses mailing | <u>\$ 50.00</u> | 8 | <u>\$ 400.00</u> |
| Total: | | | <u>27 900.00</u> |

**** It is strongly preferred that all vendors submit pricing on this form in lieu of submitting company quotes.**

****The above quantities are for bid evaluation purposes only. Actual quantities may vary.**

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code, §5A-3-37**. (Does not apply to construction contracts). **West Virginia Code, §5A-3-37**, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:

- ____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- ____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- ____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

2. Application is made for 2.5% resident vendor preference for the reason checked:

- ____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

3. Application is made for 2.5% resident vendor preference for the reason checked:

- ____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

4. Application is made for 5% resident vendor preference for the reason checked:

- ____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- ____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- ____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: _____ Signed: _____

Date: _____ Title: _____

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

VENDOR OWING A DEBT TO THE STATE:

West Virginia Code §5A-3-10a provides that: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

PUBLIC IMPROVEMENT CONTRACTS & DRUG-FREE WORKPLACE ACT:

If this is a solicitation for a public improvement construction contract, the vendor, by its signature below, affirms that it has a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the **West Virginia Code**. The vendor **must** make said affirmation with its bid submission. Further, public improvement construction contract may not be awarded to a vendor who does not have a written plan for a drug-free workplace policy in compliance with Article 1D, Chapter 21 of the **West Virginia Code** and who has not submitted that plan to the appropriate contracting authority in timely fashion. For a vendor who is a subcontractor, compliance with Section 5, Article 1D, Chapter 21 of the **West Virginia Code** may take place before their work on the public improvement is begun.

ANTITRUST:

In submitting a bid to any agency for the state of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the state of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the state of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the state of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership or person or entity submitting a bid for the same materials, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

LICENSING:

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.

Under penalty of law for false swearing (**West Virginia Code §61-5-3**), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

Vendor's Name: TRIANGLE Systems

Authorized Signature: Frank A. [Signature] Date: 08-07-09

MEMORANDUM

TO: State of West Virginia 1099-R Recipient

DATE: January 2009

RE: Explanation of 2008 Form 1099-R

To assist you in understanding your 2008 Form 1099-R, the following information is provided:

Box 1 - Gross distribution - This is the total gross annuity, loan offset or lump-sum distribution you received in 2008. **If you retired in 2008 from the Teachers' Retirement or the Deputy Sheriff Retirement System and took a loan offset, you will receive two (2) 1099-R forms.**

Box 2a - Taxable amount - This is the total amount of your annuity or lump-sum distribution in 2008 that may be subject to income tax. If you are required to complete a 2008 income tax return, please report the amount in this box.

Box 4 - Federal income tax withheld - This is the total amount of federal income tax deducted from your annuity or lump-sum distribution in 2008. Include this amount on your federal income tax return as tax withheld, and if Box 4 shows an amount other than zero, attach Copy B to your return.

Box 5 - Employee contributions or insurance premiums - The figure reported in this box, if any, is the total amount of your annuity or lump-sum distribution in 2008 that is **not taxable**. This figure is for IRS purposes only and is not a deduction from your annuity. **This is not a deduction for insurance premiums.**

Box 7 - Distribution code - If you are age 59 ½ or less, and your distribution code is a "2" in Box 7, you may need to file Form 5329. ***Questions regarding your tax preparation should be directed to the IRS or your tax preparer.***

Box 9b - Total employee contributions - This box applies to retirees only. There is only an amount reported in this box the first year of your retirement. This amount represents the total nontaxable contributions, if any, prior to July 1, 1986 and is for IRS purposes only. This is not a deduction from your retirement annuity.

Box 10 - State tax withheld - This is the total amount of West Virginia state income tax deducted from your annuity or lump-sum distribution in 2008. Deductions for state income tax are for the State of West Virginia only.

For an explanation of information reported in all other boxes, see the instructions on the back of your 1099-R form.

*****NOTICE TO RETIREES ONLY*****

TO AVOID DELAY IN RECEIVING YOUR ANNUAL 1099R, PLEASE NOTIFY OUR OFFICE OF ANY ADDRESS CHANGES.

Federal Tax Law requires that we notify all retirees/beneficiaries annually of their option to have federal tax withheld from their pension check.

- A. You have the right to elect not to have withholding apply.
- B. You have the right to revoke a prior election not to have withholding apply.
- C. You have the right to adjust the allowance claimed on your current withholding certificate.

***** IMPORTANT: YOU DO NOT NEED TO REQUEST A WITHHOLDING CERTIFICATE UNLESS YOU WISH TO CHANGE YOUR WITHHOLDING STATUS.** Forms may be obtained by writing to our office or by visiting our web-site at www.wvretirement.com and clicking on the "Retirees" link.

PAYER'S name, street address, city, state, and ZIP code
W VA. PUBLIC EMPLOYEES RET SYS
4101 MACCORKLE AVENUE SE
CHARLESTON, WV 25304

PAYER'S Federal identification No.
55-6011167

RECIPIENT'S identification No.
000-00-0000

RECIPIENT'S Name and Address

JOHN DOE
123 HOME STREET
ANYWHERE, WV 25304-1636

Account number (see instructions)
236328338920080001P1

16 Year of Roth cont.

Form **1099-R** This information is being furnished
to the Internal Revenue Service.

1 Gross distribution
\$ 1985.88
2a Taxable amount
\$ 1985.88
2b Taxable amount
not determined
3 Capital gain (incl. in 2a)

5 Employee contributions
or insurance premiums

7 Distribution
code **7** IRA/
SEP/
SIMPLE

9a Your percentage of total
distribution

10 State tax withheld

13 Local tax withheld

OMB No. 1545-0119

2008

Total
distribution

4 Federal tax withheld

6 Net unrealized appreciation
in employer's securities

8 Other

9b Total employee contributions

11 State/Payer's state no.

14 Name of locality

Distributions From
Pensions, Annuities,
Retirement or Profit-
Sharing Plans, IRAs
Insurance
Contracts, etc.

Form **1099-R Copy B**

Report this income
on your Federal
tax return. If this
form shows Fed-
eral income tax
withheld in box 4
attach this copy
to your return

12 State distribution

15 Local distribution

PAYER'S name, street address, city, state, and ZIP code
W VA. PUBLIC EMPLOYEES RET SYS
4101 MACCORKLE AVENUE SE
CHARLESTON, WV 25304

PAYER'S Federal identification No.
55-6011167

RECIPIENT'S identification No.
000-00-0000

RECIPIENT'S Name and Address

JOHN DOE
123 HOME STREET
ANYWHERE, WV 25304-1636

Account number (see instructions)
236328338920080001P1

16 Year of Roth cont.

Form **1099-R** This information is being furnished
to the Internal Revenue Service.

1 Gross distribution
\$ 1985.88
2a Taxable amount
\$ 1985.88
2b Taxable amount
not determined
3 Capital gain (incl. in 2a)

5 Employee contributions
or insurance premiums

7 Distribution
code **7** IRA/
SEP/
SIMPLE

9a Your percentage of total
distribution

10 State tax withheld

13 Local tax withheld

OMB No. 1545-0119

2008

Total
distribution

4 Federal tax withheld

6 Net unrealized appreciation
in employer's securities

8 Other

9b Total employee contributions

11 State/Payer's state no.

14 Name of locality

Distributions From
Pensions, Annuities,
Retirement or Profit-
Sharing Plans, IRAs
Insurance
Contracts, etc.

Form **1099-R Copy C**

For Recipient's
Records

12 State distribution

15 Local distribution

PAYER'S name, street address, city, state, and ZIP code
W VA. PUBLIC EMPLOYEES RET SYS
4101 MACCORKLE AVENUE SE
CHARLESTON, WV 25304

PAYER'S Federal identification No.
55-6011167

RECIPIENT'S identification No.
000-00-0000

RECIPIENT'S Name and Address

JOHN DOE
123 HOME STREET
ANYWHERE, WV 25304-1636

Account number (see instructions)
236328338920080001P1

16 Year of Roth cont.

Form **1099-R** This information is being furnished
to the Internal Revenue Service.

1 Gross distribution
\$ 1985.88
2a Taxable amount
\$ 1985.88
2b Taxable amount
not determined
3 Capital gain (incl. in 2a)

5 Employee contributions
or insurance premiums

7 Distribution
code **7** IRA/
SEP/
SIMPLE

9a Your percentage of total
distribution

10 State tax withheld

13 Local tax withheld

OMB No. 1545-0119

2008

Total
distribution

4 Federal tax withheld

6 Net unrealized appreciation
in employer's securities

8 Other

9b Total employee contributions

11 State/Payer's state no.

14 Name of locality

Distributions From
Pensions, Annuities,
Retirement or Profit-
Sharing Plans, IRAs
Insurance
Contracts, etc.

Form **1099-R Copy 2**

File this copy
with your state,
city, or local
income tax
return, when
required

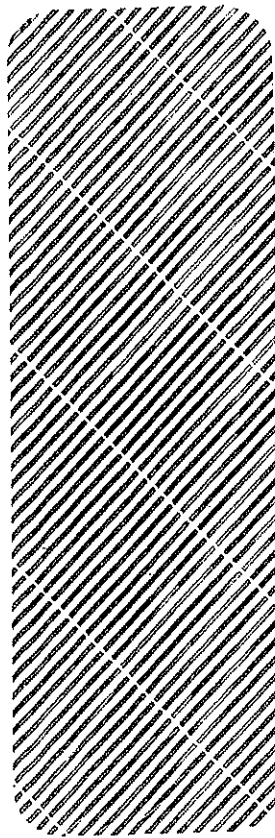
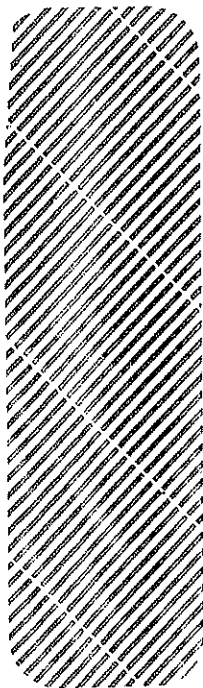
12 State distribution

15 Local distribution

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
PITTSBURGH, PA
PERMIT NO. 4540

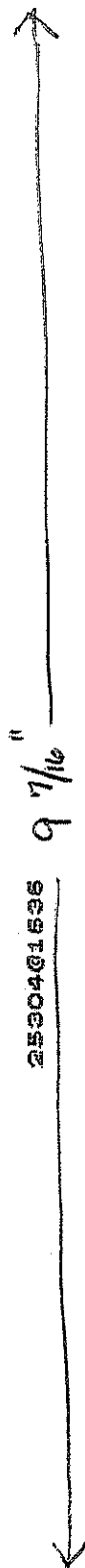
**Important Tax Return
Document Enclosed**

51P



2530401535 9 7/16"

4"



*

Attachment#1 - File Layout

```

01 MOORES--PREFERRED-RECORD.
05 MPR-RECIPIENT-ZIP-5          PIC X(05).
05 FILLER                      PIC X(04).
05 MPR-RECIPIENT-NAME          PIC X(40).
05 MPR-RECIPIENT-AREA.
    10 MPR-RECIPIENT-ADDRESS1
        PIC X(40).
    10 MPR-RECIPIENT-ADDRESS2
        PIC X(40).
    10 MPR-RECIPIENT-ADDRESS3
        PIC X(40).
    10 MPR-RECIPIENT-ADDRESS4
        PIC X(40).
    10 MPR-RECIPIENT-ADDRESS5
        PIC X(40).
    10 MPR-RECIPIENT-ADDRESS6
        PIC X(40).
05 MPR-RECIPIENT-AREA-OCC      REDEFINES
    MPR-RECIPIENT-AREA.
    10 MPR-RECIPIENT-ADDRESS  OCCURS 6 TIMES
        PIC X(40).
05 MPR-PAYER-EIN              PIC X(09).
05 MPR-LOCATION-ID              PIC X(04).
05 MPR-BRANCH-NBR              PIC X(04).
05 MPR-RECIPIENT-TIN           PIC X(09).
05 MPR-DO-NOT-MERGE-IND        PIC X.
05 MPR-FOREIGN-IND             PIC X.
05 MPR-SECONDARY-MERGE-CRITERIA
        PIC X(20).
05 MPR-TIN-TYPE                PIC X.
05 MPR-ACCOUNT-NBR.
    10 MPR-SSN                  PIC X(09).
    10 MPR-ACCT-NBR             PIC X(06).
    10 MPR-ANNUITY-OR-REFUND
        PIC X(03).
    10 MPR-BEN-OR-CK-NBR        PIC X(02).
05 MPR-TYPE-OF-RETURN-CODE     PIC X.
05 MPR-PRODUCT-TYPE           PIC X(15).
05 MPR-AMOUNT-1                PIC 9(10)V99.
05 MPR-AMOUNT-2                PIC 9(10)V99.
05 MPR-AMOUNT-3                PIC 9(10)V99.
05 MPR-AMOUNT-4                PIC 9(10)V99.
05 MPR-AMOUNT-5                PIC 9(10)V99.
05 MPR-AMOUNT-6                PIC 9(10)V99.
05 MPR-AMOUNT-7                PIC 9(10)V99.
05 MPR-AMOUNT-8                PIC 9(10)V99.
05 MPR-AMOUNT-9                PIC 9(10)V99.
05 MPR-AMOUNT-A                PIC 9(10)V99.
05 MPR-AMOUNT-B                PIC 9(10)V99.
05 MPR-AMOUNT-C                PIC 9(10)V99.
05 MPR-AMOUNT-D                PIC 9(10)V99.
05 MPR-AMOUNT-E                PIC 9(10)V99.

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| | | |
|----|--------------------------------|---------------|
| 05 | MPR-STATE-TAX-WH | PIC 9(10)V99. |
| 05 | MPR-LOCAL-TAX-WH | PIC 9(10)V99. |
| 05 | MPR-STATE-DIST-AMT | PIC 9(10)V99. |
| 05 | MPR-LOCAL-DIST-AMT | PIC 9(10)V99. |
| 05 | FILLER | PIC X(24). |
| 05 | MPR-PAYER-OFFICE-CODE | PIC X(04). |
| 05 | MPR-ZIP4-DELIVERY-POINT-DIGITS | PIC X(06). |
| 05 | MPR-RETURN-NAME | PIC X(40). |
| 05 | MPR-RETURN-ADDRESS-1 | PIC X(40). |
| 05 | MPR-RETURN-ADDRESS-2 | PIC X(40). |
| 05 | MPR-RETURN-ADDRESS-3 | PIC X(40). |
| 05 | MPR-2ND-PAYEE-NAME-IND | PIC X. |
| 05 | MPR-PRINT-PROOF-IND | PIC X. |
| 05 | MPR-RULE-OF-78-MESSAGE | PIC X. |
| 05 | MPR-HALF-TIME-STUDENT-IND | PIC X. |
| 05 | MPR-GRAD-STUDENT-IND | PIC X. |
| 05 | MPR-LIABILITY-IND | PIC X. |
| 05 | MPR-GROSS-PROCEEDS-IND | PIC X. |
| 05 | MPR-BANKRUPTCY-IND | PIC X. |
| 05 | MPR-FOREIGN-ENTITY-IND | PIC X. |
| 05 | MPR-REIMBURSED-AMT-IND | PIC X. |
| 05 | MPR-TERM-ILL-IND | PIC X. |
| 05 | MPR-DIST-CODE-MSA | PIC X. |
| 05 | MPR-DIRECT-SALES-IND-MISC | PIC X. |
| 05 | MPR-1098-E | PIC X. |
| 05 | MPR-IRA-SEP-SIMPLE-IND | PIC X. |
| 05 | MPR-TOTAL-DIST-IND | PIC X. |
| 05 | MPR-TAXABLE-AMT-NOT-DET-IND | PIC X. |
| 05 | MPR-DOC-SPEC-CODE | PIC X(02). |
| 05 | MPR-WRITTEN-ASSURANCE-IND | PIC X. |
| 05 | MPR-REC-PROP-OTHER-THAN-CASH | PIC X. |
| 05 | MPR-DECEASED-IND | PIC X. |
| 05 | MPR-IRA-SEP-SIMPLE-5498 | PIC X. |
| 05 | MPR-MED-CHO-IND-1099-MSA | PIC X. |
| 05 | MPR-MED-CHO-IND-5498-MSA | PIC X. |
| 05 | MPR-ACADEMIC-PERIOD-IND | PIC X. |
| 05 | MPR-QUALIFIED-CONTRACT-LTC | PIC X. |
| 05 | MPR-1099G-AMT2-TAX-YEAR | PIC X(04). |
| 05 | MPR-TRADE-BUS-INCOME-IND | PIC X. |
| 05 | MPR-REQ-MIN-DIST-IND | PIC X. |
| 05 | MPR-CORRECTION-IND | PIC X. |
| 05 | MPR-2ND-TIN-NOTICE-IND | PIC X. |
| 05 | MPR-LAST-FILING-IND | PIC X. |
| 05 | MPR-TRUSTEE-TO-TRUSTEE-IND | PIC X. |

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05 MPR-QUILIFIED-TUITION-IND      PIC X.

05 MPR-DESIGNATED-BEN              PIC X.
05 MPR-STATE-CODE                  PIC X(02).
05 MPR-DATE                        PIC X(08).
05 MPR-DESC-A-B-C-OID-S           PIC X(40).
05 MPR-STATE-PAYER-STATE-NBR
                                PIC X(15).
05 MPR-COUNTRY-DIV-INT            PIC X(15).
05 MPR-CUSIP-NBR                  PIC X(15).
05 MPR-INSURED-FOREIGN-DNM        PIC X.
05 MPR-INSURED-TID               PIC X(09).
05 MPR-INSURED-NAME              PIC X(40).
05 MPR-INSURED-STREET            PIC X(40).
05 MPR-INSURED-CITY-STATE-ZIP
                                PIC X(40).
05 MPR-PCT-DIST                   PIC X(03).
05 MPR-PCT-TOTAL-ANNUITY          PIC X(03).
05 MPR-LOCALITY-NAME             PIC X(15).
05 MPR-CUST-SHORT-NAME           PIC X(15).
05 MPR-PAYEE-CONTROL-NAME        PIC X(04).
05 MPR-CUST-SERV-PHONE-NBR       PIC X(25).
05 MPR-DIST-CODE-1099Q           PIC X.
05 MPR-USER-DEFINED-MISC-1       PIC X(100).
05 MPR-USER-DEFINED-MISC-2       PIC X(100).
05 MPR-USER-DEFINED-MISC-3       PIC X(100).
05 MPR-LINE-MESSAGE-1            PIC X(72).
05 MPR-LINE-MESSAGE-2            PIC X(72).
05 MPR-LINE-MESSAGE-3            PIC X(72).
05 MPR-MOORE-RESERVED            PIC X(20).

01 MOORES-CONTROL-RECORD.
05 MCR-LITERAL                    PIC X(14).
05 MCR-TYPE-OF-RETURN            PIC X.
05 MCR-NBR-OF-PAYEES             PIC 9(10).
05 MCR-CONTROL-TOTAL-1           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-2           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-3           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-4           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-5           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-6           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-7           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-8           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-9           PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-10          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-11          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-12          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-13          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-14          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-15          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-16          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-17          PIC 9(16)V99.
05 MCR-CONTROL-TOTAL-18          PIC 9(16)V99.
05 FILLER                        PIC X(1301).

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END FILE LAYOUT

Anne Werum Lambright, Executive Director
Consolidated Public Retirement Board
4101 MacCorkle Avenue SE
Charleston, WV 25304
www.wvretirement.com



Glen B. Gainer III, State Auditor
West Virginia State Auditor's Office
Electronic Payments Division
Building 1, Suite W-125
www.wvsao.gov

2010 DIRECT DEPOSIT CALENDAR FOR RETIREES

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | |
|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|-----------|----|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | | 28 | | | | | | | 28 | 29 | 30 | 31 | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | |
| APRIL | | | | | | | MAY | | | | | | | JUNE | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | 1 | 2 | 3 | | | | | | | 1 | | 1 | 2 | 3 | 4 | 5 | | |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 25 | 26 | 27 | 28 | 29 | 30 | | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | |
| | | | | | | | | 30 | 31 | | | | | | | | | | | | |
| JULY | | | | | | | AUGUST | | | | | | | SEPTEMBER | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | 1 | 2 | 3 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | | |
| OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | | | 1 | 2 | 3 | 4 | | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | | 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | |
| 31 | | | | | | | | | | | | | | | | | | | | | |



Date Deposit funds will be available in your account
(Also indicates the date paper checks will be mailed)

If the Amount of your Direct Deposit is Wrong:

Contact: Retirement Benefits
Consolidated Public Retirement Board
1.800.654.4406

For Problems With Your Bank Account:

Contact: Electronic Payments Division
West Virginia State Auditor's Office
1.800.500.4079