THRIFT SAVINGS PLAN

TSP-2-G

CERTIFICATION OF TRANSFER OF FUNDS AND JOURNAL VOUCHER FOR CONTRIBUTIONS REQUIRING G FUND BREAKAGE

I. IDENTIFICATION

To: TSP Agency Technical Services Fairfax Post Office ATS — P.O. Box 4570 Fairfax, VA 22038-9998 Telephone: (888) 802-0179 Fax Number: (703) 788-2936	**1.** From:

2. Payroll Office Number	**3.** Journal Voucher Report Number **G**	**4.** Current Pay Date (mm/dd/yyyy)	**5.** Type of Media ☐ Electronic submission ☐ Web-based application

II. RECORDS SUBMITTED

	Traditional	Roth	Total
6. Number of Employee Data Records			
7. Number of Current Payment Records			
8. Number of Late Payment Records			
9. Number of Negative Adjustment Records			
10. Total Number of Records			

III. RECORDS BY CONTRIBUTION SOURCE

	Total Current and Late Payments (in dollars)	Total Negative Adjustments (in dollars)
Traditional Employee Contributions	**11.** $	**16.** $
Roth Employee Contributions	**12.** $	**17.** $
Agency Automatic (1%) Contributions	**13.** $	**18.** $
Agency Matching Contributions	**14.** $	**19.** $
Totals	**15.** $	**20.** $
Control Total		**21.** $

IV. CERTIFICATION

I certify that (1) prudent measures have been taken to ensure that the TSP transactions associated with this voucher are correct according to applicable law and TSP procedures; (2) the amount in Block 15 is available to be credited to the TSP receipt account; and (3) the amount in Block 20 may be credited to this agency's account if found to be correct. I understand that (1) the amount of the credit may be reduced by any investment losses computed by the TSP in connection with the money to be returned to the agency and by any amounts that, under applicable law or TSP procedures, may not be returned to this agency; (2) the TSP System will calculate the associated breakage and charge this agency's Treasury account with the attributable expense; and (3) if this payroll submission is processed more than 30 days after the "Current Pay Date," the TSP System will calculate breakage on employee makeup contributions as of the "Current Pay Date" and charge this agency's Treasury account with the attributable expense. Such additional charges will be reversed only if it is established that the late processing was caused by TSP record keeper error.

22. _____
Typed or Printed Name of Authorized Administrative or Certifying Officer

23. _____
Signature of Authorized Administrative or Certifying Officer

24. (_____) _____ – _____
Telephone (Area Code and Number)

25. (_____) _____ – _____
Telefax (Area Code and Number)

26. _____
Date Certified

Reproduce Locally

INSTRUCTIONS   TSP-2-G

Use this form **only** to submit payment records of **makeup contributions** (traditional or Roth) resulting from the performance of military service, employment with an international organization, or a back pay award for an erroneous separation for which breakage must be calculated using **the Government Securities Investment (G) Fund share prices**. Employee Data Records for employees receiving such makeup contributions may also be submitted with this form, but do **not** submit any other payment records with this form. **Important note:** As of January 1, 2021, agencies should submit catch-up contributions on the same record used to submit the equivalent regular contribution.

Current payment records are used to submit current contributions and certain makeup contributions: 16-Record, Traditional; and 12-Record, Roth. **Late payment records** are used to submit late contributions: 46-Record, Traditional; and 42-Record, Roth. **Negative adjustment records** are used to remove erroneous contributions previously reported: 26-Record, Traditional; and 22-Record, Roth.

I. IDENTIFICATION

Block 1, From. Enter address of sender. Include payroll office name, address, and Zip Code.

Block 2, Payroll Office Number. Enter assigned 8-position payroll office number in XX-XX-XXXX format.

Block 3, Journal Voucher Report Number. Enter 6-position report number. The first position is "G." The next two positions represent the calendar year of the reporting pay period. The last three positions

represent a sequential number beginning with 001. This number will serve as a control over receipt of the reports. For example, G03001 would be the first JV report number submitted in the year 2003.

Block 4, Current Pay Date. Enter date payroll paid in mm/dd/yyyy format.

Block 5, Type of Media. Indicate whether you are submitting electronically or using the TSP web-based application.

II. RECORDS SUBMITTED

Block 6, Number of Employee Data Records. Enter total number of employee data records (Record Type 06) submitted.

Block 7, Number of Current Payment Records. Enter number of current Traditional payment records in the Traditional column; the number of current Roth payment records in the Roth column; and the total number of all current payment records in the Total column.

Block 8, Number of Late Payment Records. Enter number of late Traditional payment records in the Traditional column; the number of late Roth payment records in the Roth column; and the total number of all late payment records in the Total column.

Block 9, Number of Negative Adjustment Records. Enter number of Traditional negative adjustment records in the Traditional column; the number of Roth negative adjustment records in the Roth column; and the total of all negative adjustment records in the Total column.

Block 10, Total Number of Records. Enter total number of records in each column. The number of records in the Total column of Block 10 equals the total number of records reported on the trailer record for this submission.

III. RECORDS BY CONTRIBUTION SOURCE

Block 11, Total Traditional Employee Contributions. Enter **total** dollars of traditional employee contributions submitted.

Block 12, Total Roth Employee Contributions. Enter **total** dollars of Roth employee contributions submitted.

Block 13, Total Agency Automatic (1%) Contributions. Enter **total** dollars submitted.

Block 14, Total Agency Matching Contributions. Enter **total** dollars submitted.

Block 15, Total Current and Late Payments Amount. Enter **total** employee contributions (traditional and Roth) and agency contributions. This is equal to the sum of Blocks 11 – 14.

Block 16, Total Traditional Negative Adjustments. Enter **total** dollars of adjustments to traditional employee contributions.

Block 17, Total Roth Negative Adjustments. Enter **total** dollars of adjustments to Roth employee contributions.

Block 18, Total Agency Automatic (1%) Contributions Negative Adjustments. Enter **total** dollars submitted.

Block 19, Total Agency Matching Contributions Negative Adjustments. Enter **total** dollars submitted.

Block 20, Total Negative Adjustments. Enter **total** adjustments to traditional and Roth employee contributions and agency contributions. This is equal to the sum of Blocks 16 – 19.

Block 21, Control Total. Subtract Block 20 from Block 15 and enter amount. This figure is used only for verification of data entry.

IV. CERTIFICATION

Block 22, Typed or Printed Name of Authorized Administrative or Certifying Officer. Type or print name of official who is responsible for the accuracy of this voucher and the data it transmits.

Block 23, Signature of Authorized Administrative or Certifying Officer. Signature of person named in Block 22.

Block 24, Telephone Number. Enter telephone number of certifying officer, including area code.

Block 25, Telefax Number. Enter telefax number of certifying officer, including area code.

Block 26, Date Certified. Enter date the document is signed.