

	AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	TOTAL	PAID HOURS	HOURLY WAGE	
	1	2	3	4	5	6	
1	EMPLOYEE BENEFITS DEPARTMENT						1
2	ADMINISTRATIVE AND GENERAL						2
3	PLANT OP, MAINT & REPAIRS						3
4	LAUNDRY AND LINEN SERVICE						4
5	HOUSEKEEPING						5
6	DIETARY						6
7	NURSING ADMINISTRATION						7
8	CENTRAL SERVICES AND SUPPLY						8
9	PHARMACY						9
10	MEDICAL RECORDS						10
11	MEDICAL SOCIAL SERVICES						11
12	ACTIVITIES PROGRAM						12
13	QA & PERFORMANCE IMPROVEMENT PROGRAM						13
14	TRAINING AND IN-SERVICE EDUCATION						14
15	PATIENT TRANSPORTATION PART A						15

FORM CMS-2540-24 (draft) (INSTRUCTIONS FOR THIS WORKSHEET PUBLISHED IN CMS PUB. 15-2, SECTION 4901.43)

Rev. 1

4995 (CONT.)

FORM CMS-2540-24

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STATISTICAL DATA	PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET S-3 PART IV
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PART IV - SNF WAGE - RELATED COSTS			AMOUNT
RETIREMENT COSTS			
1	401k EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY EMPLOYER CONTRIBUTION		2
3	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4	PRIOR YEAR PENSION SERVICE COST		4

PLAN ADMINISTRATIVE COSTS		
5	401K/TSA PLAN ADMINISTRATION FEES	5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COSTS		
8	HEALTH INSURANCE	8
9	PRESCRIPTION DRUG PLAN	9
10	DENTAL, HEARING AND VISION PLANS	10
11	LIFE INSURANCE	11
12	ACCIDENTAL INSURANCE	12
13	DISABILITY INSURANCE	13
14	LONG-TERM CARE INSURANCE	14
15	WORKERS' COMPENSATION INSURANCE	15
16	RETIREMENT HEALTH CARE COST	16
TAXES		
17	FICA - EMPLOYER'S PORTION ONLY	17
18	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	18
19	UNEMPLOYMENT INSURANCE	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER		
21	EXECUTIVE DEFERRED COMPENSATION	21
22	DAY CARE COST AND ALLOWANCES	22
23	TUITION REIMBURSEMENT	23
24	TOTAL WAGE RELATED COST	24