

= 1 (Total Gross Pay This Period) -2 (Total Employee Deductions).

## Or

= 3 (Direct Deposit #1) +

4 (Direct Deposit #2). See blue boxes below.

## **Earnings Statement**

Amt. This Period Year to Date

Net Pay \$1,577.38 \$24,710.26

Advice # 592024

Seattle University

PO Box 222000

Seattle, WA 98122

Period Beginning: 7/1/2019

Period Ending: 7/15/2019

Pay Date: 7/10/2019

Employee: Doe, Johnny

901 12th Avenue

Seattle WA 98122

Employee ID: 0000000

Position: Analyst-Jr, Accounting

Information from Form W-4

Federal Withholding Status:

State Withholding Status:

Federal Exemptions:

State Exemptions: 0

Add'l Federal Withholding: \$0.00

Add'l State Withholding: \$0.00

## **Earnings**

Earnings Type	Hours	Rate	This Period	Year To Date
Regular Earnings	82.50	-	\$2,500.00	\$29,919.67
Hol Pay	-	-	-	\$2,137.72
Reserved Sick	-	-	-	\$684.06
Sick	-	-	-	\$1,710.16
Vacation	-	-	-	\$527.33

Total Gross Pay

1 (Total Gross Pay This Period)

\$2,500.00

\$34,978.94

Single

0

## Taxes, Benefits, and Other Deductions

		Employee	Employee YTD	Employer	Employer YTD	Applicable Gross	Applicable Gross YTD
Taxes							
Medicare		\$32.63	\$456.54	\$32.63	\$456.54	\$2,250.50	\$31,482.19
Social Security	у	\$139.53	\$1,951.91	\$139.53	\$1,951.91	\$2,250.50	\$31,482.19
Federal Single	9	\$232.71	\$3,760.12	-	-	\$2,000.50	\$31,232.19
Benefits	Form W-2 Boundary	ox 2 (YTD Federal Withheld)	_1	See expla	nation below (pg.	Porm W-2 B	ox 1 (YTD Wages)
Basic AD&D		-	-	\$0.40	\$6.00	\$2,500.00	\$34,978.94
Basic Life Insu	urance	-	-	\$2.00	\$23.42	\$2,500.00	\$34,978.94
Child Life Pren	mium	-	-	-	-	\$2,500.00	\$34,978.94
Dental Insurar	nce Premium	\$23.50	\$352.50	\$25.00	\$370.24	\$2,500.00	\$34,978.94
Dependent Ca	are FSA	-	-	-	-	\$2,500.00	\$34,978.94
Eligible for Be	nefits	-	-	-	-	\$2,500.00	\$34,978.94
Fidelity Ee De	ferral (%)	\$250.00	\$250.00	-	-	\$2,500.00	\$2,500.00
Fidelity SU Co	ontribution	-	-	\$250.00	\$3,497.91	\$2,500.00	\$34,978.94
Heath Care F	SA	-	-	-	-	\$2,500.00	\$34,978.94
HSA Contribut	tion	-	-	-	-	\$2,500.00	\$34,978.94
Long Term Dis	sability	-	-	\$4.00	\$55.85	\$2,500.00	\$34,978.94
Medical Insura Premium	ance	\$225.00	\$3,046.00	\$580.00	\$8,672.70	\$2,500.00	\$34,978.94

Paid Family & Medical Leave	-	-		- фі	11.12	-	-
Spouse Life Premium	-	-		-	-	\$2,500.00	\$34,978.94
Supplemental AD&D	\$7.50	\$112.50		-	-	\$2,500.00	\$34,978.94
Supplemental Employee Life	-	-		-	-	\$2,500.00	\$34,978.94
Transit Passes	-	\$91.98		-	-	-	\$32,478.94
United Way of KC	-	\$100.00		-	-	-	\$2,315.79
Vision Insurance Premium	\$5.00	\$62.12	\$8.	.00 \$	53.36	\$2,500.00	\$34,978.94
Workerscomp	\$6.75	\$85.01	\$15.	.32 \$19	93.18	\$2,500.00	\$29,919.67
Totals	\$922.62	\$10,268.68	\$1,056.	.88 \$15,39	92.23		
2 (Total Employee Deductions  Deposit Information	<u> </u>				3 (Dir	ect Deposit #1)	
Bank				Accou	nt	Amount	M. W. L. Di.
Boeing Employees Credit U			'	824	10	\$250.00	Multiple Direct Deposits
Boeing Employees Credit U		See 'Leave' Page on		544	12	\$1,327.38	
Leave Used (In Hours)	/	Employee Sub-Menu for Complete Leave Balances		4 (Dire	ect Deposit	<sup>#2)</sup>	
Туре		This Period		Remaining			
Vacation		0.00		162.63			
		0.00		0.00			

YTD

\$55.85

Current

\$4.00

Gross Wages +/- Pre Tax and Tax Deferred Deductions Calculation						
Gross Wages	\$ 2,500.00					
Dental Insurance Premium Fidelity EE Deferral Medical Ins Premium Vision Insurance Premium Long Term Disability Gross Wages Subject to FIT	\$ (23.50) \$ (250.00) \$ (225.00) \$ (5.00) \$ 4.00 \$ 2,000.50					

Description

Long Term Disability