

EMPLOYEE PAY STUB

Last Name, First
POSITION TITLE
Payment Period
04/01/2023 - 05/01/2023

EMPLOYEE ID
990000000
KAA
Payment Date
05/04/2023

Earnings	Pay Period Hours	Pay Period Gross	YTD
	168.00	5,000.00	20,000.00

Deductions	Info	Pay Period	YTD
Not subject to FAMILI Premiums	Kaiser Cafe 125 Medical	55.00	220.00
Not subject to FAMILI Premiums	EyeMed Cafe 125 Medical	5.00	20.00
Not subject to FAMILI Premiums	FSA Cafe 125 Medical	20.00	80.00
Not subject to FAMILI Premiums	Group Term Life Cafe 125	20.00	80.00
	401K Retirement Contribution	700.00	2,800.00
	Medicare	65.00	260.00
	Federal Tax	600.00	2,400.00
	State Tax	225.00	900.00
	Local Tax	5.00	20.00
	Social Security Tax	310.00	930.00
	FAMILI Premium	22.05	88.20
Total Deductions:		2,027.05	7,798.20
Net Pay:		2,972.95	12,201.80

Example of FAMILI deduction
0.45% of wages
(Gross wages—deductions not
subject to FAMILI premiums)