

EMPLOYEE NAME <b>Your Name Here</b>				PAY TYPE	UNITS	PAY RATE	FTE or RATE TYPE	ADJUSTMENT TO GROSS	GROSS PAY
SSN/ID	Employee number	STATEMENT NUMBER	04000001	NML ARR	2.50	3,781.35 27.08	75.00 HOURLY		2,836.01 67.70
PERIOD CLOSING	11/30/2019	ISSUE DATE	11/26/2019						
SICK LEAVE BALANCE	234.22 HRS	VACATION BALANCE	224.00 HRS						
FEDERAL EXEMPTIONS	S/00	STATE EXEMPTIONS	S/00-00						
DISTRICT SANTA CLARA COUNTY OFF OF EDU 1290 RIDDER PARK DRIVE SAN JOSE CA 95131-2304									
LOCATION <organizational info here>									
<b>CALENDAR YEAR TO DATE / W2 ADVICE</b>									
GROSS TAXABLE GROSS			33,527.92						
FEDERAL TAX			2,871.01						
STATE TAX			593.25						
MEDICARE			450.18						
OASDI			1,924.90						
SDI			310.45						
NET			22,365.27						
TAXABLE GROSS							2,390.38	TOTAL GROSS	2,903.71
<b>FISCAL YEAR TO DATE</b>									
DEFERRED PAY			606.48						
Secure Payroll access at <a href="https://ess.sccoe.org">https://ess.sccoe.org</a>									
DEPOSITED TO ACCOUNT NO. XXXXXX1234									
TOTAL GROSS - TOTAL DEDUCTIONS =			NET PAY						
2,903.71	1,206.98		<b>\$1,696.73</b>						
DEDUCTION TOTAL								2,029.58	1,206.98

DEDUCTIONS	TAX DEFERRED	EMPLOYER	EMPLOYEE
FEDERAL TAX			232.68
STATE TAX			44.07
OASDI		160.81	160.81
MEDICARE		37.61	37.61
SDI			25.94
PERS	Y	572.64	203.26
UNEMPLOYMENT INSURANCE		1.30	
WORKER'S COMP. INSURANCE		26.71	
STATUTORY DEDUCTION TOTAL		799.07	704.37
MED1 KAISER DHMO	Y		280.36
LIF MUTUAL OF OMAHA		0.52	
LIF STANDARD INSURANCE CO		2.30	
EYE MEDICAL EYE SVCS OF CALIF		12.97	
DEN DELTA BUY UP PLAN		136.75	
MED KAISER DHMO		1,071.00	
DIS STANDARD INSURANCE CO.		6.97	
DUE SEIU LOCAL 521			42.54
DEN1 DELTA DENTAL BUY UP PLAN	Y		29.71
DFR DEFERRED PAY WITHHOLD			150.00
VOLUNTARY DEDUCTION TOTAL		1,230.51	502.61

<some id numbers here>  
SANTA CLARA COUNTY OFF OF EDU  
1290 RIDDER PARK DRIVE  
SAN JOSE CA 95131-2304

Forwarding Service Requested

Your Name  
Your Address