

Employee Name	Person Number	Payroll
		COG Bi-Weekly
Hire Date	Job Title	Tax Reporting Unit Name
		City of Greeley
Employee Address	Position	Tax Reporting Unit Address
		1000 10th Street
		Greeley, CO 80631
		US

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly				21.10

Summary		
Description	Current	Year to Date
Gross Pay - total pay for the period including regular, overtime, and leave pay	1,688.00	42,924.00
Imputed Earnings - total taxable value of additional benefits (e.g. Group Term Life Insurance)	0.50	6.00
Pretax Deductions - total pretax deductions (e.g, medical, dental, vision, 401(k), HSA, FSA, et	c.) 158.02	3,885.80
Employee Tax Deductions - total federal and state taxes deducted	447.76	11,469.67
Voluntary Deductions - after tax deductions from the "Other Deductions" section below	28.75	696.00
Net Payment - what actually goes into your bank account(s)	1,053.47	26,872.53

Earnings		
Description	Current	Year to Date
Basic Life Imputed Income - included in the "Imputed Earnings" section above	0.50	6.00
Overtime - included in the "Gross Pay" figure above	0.00	139.99
Regular Hours - included in the "Gross Pay" figure above	1,350.40	38,450.43

Description	Start Date	End Date	Quantity	Туре	Rate	Multiple	Amount
Holiday Leave Entitlement Earnings Results			8.00	Hours	21.10	1.00	168.80
Paid Time Off Entitlement Earnings Results			8.00	Hours	21.10	1.00	168.80
Regular Hours Earnings Results			64.00	Hours	21.10	1.00	1,350.40

This section details what portion of your pay was related to leave time taken:

Absences		
Description	Current	Year to Date
Compensatory Time Off Entitlement Payment	0.00	145.28
Compensatory Time Off Entitlement Retroactive	0.00	0.80
Holiday Leave Entitlement Payment	168.80	1,830.80
Paid Time Off Discretionary Disbursement Payment	0.00	844.00
Paid Time Off Entitlement Payment	168.80	1,512.70

Hours		
Description	Current	Year to Date
Compensatory Time Off Entitlement Hours	0.00	7.00
Holiday Leave Entitlement Hours	8.00	88.00
Overtime Hours Worked	0.00	4.50
Paid Time Off Discretionary Disbursement Hours	0.00	40.00
Paid Time Off Entitlement Hours	8.00	72.00
Regular Hours Hours Worked	64.00	1,833.00



In the Pretax Deductions section, "EE" refers to the employee contribution amount, not the plan level. So, even if you have Employee + Family coverage, it will be listed as EE for your part of the premium.

Pretax Deductions			
Description	Current	Year to Date	
Deferred 401K	67.52	1,713.80	
Dental B EE	4.50	108.00	
Medical Choice EE	86.00	2,064.00	
Tax Deductions			
Description	Current	Year to Date	
FIT Withheld - Federal Income Tax	247.51	6,368.68	
Social Security Employee Withheld	99.08	2,527.00	
Medicare Employee Withheld	23.17	590.99	
SIT Withheld (CO) - State Income Tax		1,983.00	

Other Deductions				
Description	Current	Year to Date		
Flower Fund	0.00	6.00		
Supplemental ADD	2.75	66.00		
Supplemental Life	26.00	624.00		

Description	Current	Year to Date
Basic Life ADD	12.05	144.60
Deferred 401K Employer Match	33.76	856.90
Dental B ER	13.55	325.20
Employer 4 Pct Contrib	67.52	1,713.80
Long Term Disability	4.26	102.24
Medical Choice ER	349.11	8,378.64
Vision ER	0.45	10.80
Medicare Employer Liability	23.17	590.99
Social Security Employer Liability	99.08	2,527.00

Net Pay Distribution				
Check/Deposit	Bank Name	Account Number	Currency	Payment
Number				Amount
			USD	1,053.47

The W4 that the Federal Income Tax calculation is based on

Tax Withholding Information				
Туре	Marital Status	Total Dependent Amount	Extra Withholding	
FEDERAL_2020	Single or Married filing separately	0.00	50.00	

The State W4 that the State Income Tax calculation is based on.

Tax Withholding Information			
Туре	Marital Status	Exemptions	Additional Amount
СО			15.00