

Netpay Payroll Register

EMPLOYEE NAME DIV DEPT NUM. CLOCK SOC.SEC. FREQ M/S EX	EARNINGS CURRENT HOURS RATE AMOUNT	CURRENT AMOUNT	TAXES CURRENT AMOUNT	DEDUCTIONS CURRENT AMOUNT	CHECK # NET PAY
ADELY, SUZANNE S 0100 0009 xxx-xx-1980 SEM S2 S2 YTD GROSS: 7500.00	SALARY TOTALS	2500.00 2500.00	FICA 155.00 MEDFICA 36.25 FED WTH 339.11 NY 121.89 NYR 20.42 672.67		5442V 1827.33
GARCIA, VIRGINIA M 0100 0008 xxx-xx-1744 SEM S0 S0 YTD GROSS: 4999.59	REGULAR 40.00 20.8300 TOTALS 40.00	833.20 833.20	FICA 51.65 MEDFICA 12.08 63.73		5443V 615.58
LO, JOANN Y 0100 0001 xxx-xx-2996 SEM S2 S2 YTD GROSS: 51833.35	SALARY SICK 8.00 TOTALS 8.00	2833.33 2833.33	FICA 175.67 MEDFICA 41.08 CA DIS. 25.50 FED WTH 422.45 CA 143.99 808.69		5444V 2024.64
LOPEZ, JOSE A 0100 0007 xxx-xx-8917 SEM S1 S1 YTD GROSS: 36156.17	SALARY TOTALS	1875.00 1875.00	FICA 116.25 MEDFICA 27.18 CA DIS. 16.88 FED WTH 225.05 CA 58.73 444.09		5445V 1430.91
OLIVA, JOSE L 0100 0005 xxx-xx-8173 SEM S3 S3 YTD GROSS: 51833.35	SALARY TOTALS	2833.33 2833.33	FICA 175.67 MEDFICA 41.08 FED WTH 380.26 IL 96.05 693.06		5446V 2140.27
ROBINSON, DIANA 0100 0002 xxx-xx-5946 SEM S1 S1 YTD GROSS: 47291.71	SALARY TOTALS	2541.67 2541.67	FICA 157.59 MEDFICA 36.85 FED WTH 391.72 NY 127.27 NYCR 89.08 802.51		5447V 1739.16
SPACH, CHRISTINA F 0100 0006 xxx-xx-7492 SEM S1 S1 YTD GROSS: 45916.73	SALARY SICK 8.00 TOTALS 8.00	2416.67 2416.67	FICA 149.84 MEDFICA 35.04 FED WTH 360.47 SC 140.27 685.62		5448V 1731.05
DEPARTMENT # 0100 EMPLOYEES CURRENT PAY TOTALS	REGULAR 40.00 SALARY SICK 16.00	833.20 15000.00	FICA 981.67 MEDFICA 229.56 DISAB 42.38 FED WTH 2119.06		CHKS: 7

Netpay Payroll Register

EMPLOYEE NAME DIV DEPT NUM. CLOCK SOC.SEC. FREQ M/S EX	EARNINGS CURRENT			CURRENT		TAXES CURRENT		DEDUCTIONS CURRENT		CHECK #
	HOURS	RATE	AMOUNT			AMOUNT		AMOUNT		NET PAY
DEPARTMENT #0100						STATE	688.20			
						LOCAL	109.50			
TOTALS	56.00		15833.20				4170.37			11508.94
COMPANY TOTALS						FICA	981.67			7
FOOD CHAIN WORKERS ALLIA	REGULAR	40.00	833.20			MEDFICA	229.56			
	SALARY		15000.00			DISAB	42.38			
	SICK	16.00				FED WTH	2119.06			
TOTALS	56.00		15833.20			STATE	688.20			
						LOCAL	109.50			11508.94
							4170.37			

Netpay Check Reconciliation Report

For Checks Drawn on AB (0260-0337-9) on Account# xxxxxxxxxx2510

EMPLOYEE NAME	EMP.NO.	Check Number	Check Amount
ADELY, SUZANNE S	0009	5442	1,827.33
GARCIA, VIRGINIA M	0008	5443	615.58
LO, JOANN Y	0001	5444	2,024.64
LOPEZ, JOSE A	0007	5445	1,430.91
OLIVA, JOSE L	0005	5446	2,140.27
ROBINSON, DIANA	0002	5447	1,739.16
SPACH, CHRISTINA F	0006	5448	1,731.05
** DIVISION # TOTALS		7	11,508.94
** FOOD CHAIN WORKERS ALLIANC			
**			
*** COMPANY TOTALS		7	11,508.94
*** FOOD CHAIN WORKERS ALLIANC			

Netpay Department Summary

** FIRST PAY OF MONTH **

**** Home Department ****

**** Home Department ****

Department - Number / Title
Earn/Ded Descriptions

Current Pay
A M O U N T S

Month to Date
A M O U N T S

Department: 0100 - EMPLOYEES *****

Earnings Paid		Earnings	Hours	Earnings	Hours
REGULAR EARNINGS	+	833.20	40.00	833.20	40.00
SICK EARNINGS	+		16.00		16.00
SALARY EARNINGS	+	15,000.00		15,000.00	
* Total Gross Pay/Hours	=	15,833.20	56.00	15,833.20	56.00

Taxes/Deductions Withheld		Employee	Employer	Employee	Employer
FEDERAL WITHHOLDING TAX	-	2,119.06		2,119.06	
STATE INCOME TAX	-	688.20		688.20	
LOCAL WAGE TAX	-	109.50		109.50	
SOCIAL SECURITY	-	981.67	981.67	981.67	981.67
FICA MEDICARE TAX	-	229.56	229.56	229.56	229.56
UNEMPLOYMENT/DISABILITY	-	42.38	42.08	42.38	42.08
* Total Net Pay/Employer Amt	=	11,508.94	1,253.31	11,508.94	1,253.31

*** COMPANY TOTALS *****

Earnings Paid		Earnings	Hours	Earnings	Hours
REGULAR EARNINGS	+	833.20	40.00	833.20	40.00
SICK EARNINGS	+		16.00		16.00
SALARY EARNINGS	+	15,000.00		15,000.00	
* Total Gross Pay/Hours	=	15,833.20	56.00	15,833.20	56.00

Taxes/Deductions Withheld		Employee	Employer	Employee	Employer
FEDERAL WITHHOLDING TAX	-	2,119.06		2,119.06	
STATE INCOME TAX	-	688.20		688.20	
LOCAL WAGE TAX	-	109.50		109.50	
SOCIAL SECURITY	-	981.67	981.67	981.67	981.67
FICA MEDICARE TAX	-	229.56	229.56	229.56	229.56
UNEMPLOYMENT/DISABILITY	-	42.38	42.08	42.38	42.08
* Total Net Pay/Employer Amt	=	11,508.94	1,253.31	11,508.94	1,253.31

Netpay Tax Liability Report

Name of Tax	---- Current Tax Amount	Payroll ---- Taxable Wages	Number of Employees Taxable	Tax Rate	Month To Date Tax Amount	Quarter To Date Tax Amount	Tax ID Number	---- Tax Alert Information ---- Current/ Addtl Due Previously Due Due Date		
FEDERAL WITHHOLDING	2119.06	15833.20	7		2119.06	2119.06	90-0728464			
SOCIAL SECURITY TAX 6.20%	981.67	15833.20	7		981.67	981.67	90-0728464			
EMPLOYER SOC. SEC. 6.20%	981.67	15833.20	7		981.67	981.67	90-0728464			
FICA MEDICARE TAX	229.56	15833.20	7		229.56	229.56	90-0728464			
EMPLOYER MEDICARE 1.45%	229.56	15833.20	7		229.56	229.56	90-0728464			
* TOTAL FEDERAL TAX	4541.52				4541.52	4541.52			4541.52	10/18/2017
CALIFORNIA STATE TAX	202.72	4708.33	2		202.72	202.72	015 7788 1	N	245.10	10/18/17
ILLINOIS STATE TAX	96.05	3666.53	2		96.05	96.05	90-0728464 000			
NEW YORK STATE TAX	249.16	5041.67	2		249.16	249.16	900728464 9	N	358.66	10/18/17
SO. CAROLINA STATE TAX	140.27	2416.67	1		140.27	140.27	10045567-8			
* TOTAL STATE INCOME TAX	688.20				688.20	688.20				
CALIF. TRAINING TAX				0.1000			015 7788 1			
CA EMPLOYER UNEMPL \$7000				3.6000			015 7788 1			
IL EMPLOYER UNEMPL \$12960	4.58 U	833.20	1	0.5500	4.58	4.58	4705239 7			
NEW YORK MTA PAYROLL TAX		5041.67	2				900728464			
NY EMPLOYER UNEMPL \$10900	37.50	2500.00	1	1.5000	37.50	37.50	8606165 6			
* TOTAL EMPLOYER UNEMP TAX	42.08				42.08	42.08				
CALIF. DISAB. INS. 0.90%	42.38	4708.33	2		42.38	42.38	015 7788 1		(This is deposited with CA)	
* TOTAL EMPLOYEE DISAB TAX	42.38				42.38	42.38				
NEW YORK CITY - RES	89.08	2541.67	1		89.08	89.08	900728464		(This is deposited with NY)	
NY YONKERS - RES 16.75%	20.42	2500.00	1		20.42	20.42	900728464		(This is deposited with NY)	
* TOTAL CITY TAX	109.50				109.50	109.50				

Netpay Tax Liability Report

Name of Tax	---- Current Payroll ---- Tax Taxable Amount Wages	Number of Employees Taxable	Tax Rate	M o n t h T o D a t e Tax Amount	Q u a r t e r T o D a t e Tax Amount	Tax ID Number	---- Tax Alert Information ---- Current/ Previously Due Addtl Due Due Date			
*** TOTAL LIABILITIES *** FOR COMPANY ***	5423.68			5423.68	5423.68					

Tax Alert Legend:

- U : The Unemployment tax amount was adjusted due to a change in your UI rate or QTD rounding.
- N : You have elected to NOT print a tax payment check for this authority or the check was suppressed due to an alternate pay method.

Netpay Tax Liability Report

Name of Tax	---- Current Tax Amount	Payroll ---- Taxable Wages	Number of Employees Taxable	Tax Rate	Month To Date Tax Amount	Quarter To Date Tax Amount	Tax ID Number	---- Tax Alert Information ---- Current/ Addtl Due			Previously Due	Due Date
FEDERAL WITHHOLDING	2119.06	15833.20	7		2119.06	2119.06	90-0728464					
SOCIAL SECURITY TAX 6.20%	981.67	15833.20	7		981.67	981.67	90-0728464					
EMPLOYER SOC. SEC. 6.20%	981.67	15833.20	7		981.67	981.67	90-0728464					
FICA MEDICARE TAX	229.56	15833.20	7		229.56	229.56	90-0728464					
EMPLOYER MEDICARE 1.45%	229.56	15833.20	7		229.56	229.56	90-0728464					
* TOTAL FEDERAL TAX	4541.52				4541.52	4541.52			4541.52			10/18/2017
CALIFORNIA STATE TAX	202.72	4708.33	2		202.72	202.72	015 7788 1	N	245.10			10/18/17
ILLINOIS STATE TAX	96.05	3666.53	2		96.05	96.05	90-0728464 000					
NEW YORK STATE TAX	249.16	5041.67	2		249.16	249.16	900728464 9	N	358.66			10/18/17
SO. CAROLINA STATE TAX	140.27	2416.67	1		140.27	140.27	10045567-8					
* TOTAL STATE INCOME TAX	688.20				688.20	688.20						
CALIF. TRAINING TAX				0.1000			015 7788 1					
CA EMPLOYER UNEMPL \$7000				3.6000			015 7788 1					
IL EMPLOYER UNEMPL \$12960	4.58 U	833.20	1	0.5500	4.58	4.58	4705239 7					
NEW YORK MTA PAYROLL TAX		5041.67	2				900728464					
NY EMPLOYER UNEMPL \$10900	37.50	2500.00	1	1.5000	37.50	37.50	8606165 6					
* TOTAL EMPLOYER UNEMP TAX	42.08				42.08	42.08						
CALIF. DISAB. INS. 0.90%	42.38	4708.33	2		42.38	42.38	015 7788 1		(This is deposited with CA)			
* TOTAL EMPLOYEE DISAB TAX	42.38				42.38	42.38						
NEW YORK CITY - RES	89.08	2541.67	1		89.08	89.08	900728464		(This is deposited with NY)			
NY YONKERS - RES 16.75%	20.42	2500.00	1		20.42	20.42	900728464		(This is deposited with NY)			
* TOTAL CITY TAX	109.50				109.50	109.50						

Netpay Tax Liability Report

Name of Tax	---- Current Payroll ---- Tax Taxable Amount Wages	Number of Employees Taxable	Tax Rate	M o n t h T o D a t e Tax Amount	Q u a r t e r T o D a t e Tax Amount	Tax ID Number	---- Tax Alert Information ---- Current/ Previously Due Addtl Due Due Date			
*** TOTAL LIABILITIES *** FOR COMPANY ***	5423.68			5423.68	5423.68					

Tax Alert Legend:

- U : The Unemployment tax amount was adjusted due to a change in your UI rate or QTD rounding.
- N : You have elected to NOT print a tax payment check for this authority or the check was suppressed due to an alternate pay method.

Netpay Current Deduction Report

DEDUCTION REPORT - 04

EMPLOYEE NAME	DIR DP%
EMP# DEPT#	DED AMT

GARCIA, VIRGINIA M	
0008 0100	153.89

*** REPORT 04 TOTALS

153.89

Netpay Current Deduction Report

EMPLOYEE NAME		SICK IN	SICKBAL	SICKBAL	DEDUCTION REPORT - 07	
EMP#	DEPT#	DED AMT	DED AMT	END BAL	VAC IN	DED AMT
ADELY, SUZANNE S					3.33	
0009	0100	4.00				
GARCIA, VIRGINIA M					0.83	
0008	0100	2.00				
LO, JOANN Y				4.00-	8.33	
0001	0100	4.00	8.00			
LOPEZ, JOSE A					3.33	
0007	0100	2.00				
OLIVA, JOSE L					6.67	
0005	0100	4.00				
ROBINSON, DIANA					6.67	
0002	0100	4.00				
SPACH, CHRISTINA F				155.00	3.33	
0006	0100	5.00	8.00			

***	REPORT 07 TOTALS			151.00	32.49	
***		25.00	16.00			

Dates and Scheduling

Period Ending Date : OCT 31,2017 Qtr #: 4 Process: 22 Week #: 43
 Payroll Check Date : OCT 31,2017 Pay of Month : 2
 End Month by : Check Date
 This is the LAST pay of the Month

PAYROLL CONTACT
INFORMATION

Call : (310)783-0951
 FAX : (310)783-0369

Employee Check Stub Message : (66 Characters)

Deductions Selected

Y/N	CODE	DEDUCTION DESCRIPTION	GOAL	HOW	PAY OF MONTH	WHEN
Yes	21	DIRECT DEPOSIT 1 \$\$		\$\$\$	1 2 3 4 5	1stCHK
Yes	22	DIRECT DEPOSIT 2 %%		%%%	1 2 3 4 5	1stCHK
Yes	80	SICK HOURS ACCRUED		\$\$\$	1 2 3 4 5	1stCHK
Yes	81	SICK HOURS TAKEN		%%%	1 2 3 4 5	ALLCKS
Yes	82	VACATION HOURS ACCRUED		\$\$\$	1 2 3 4 5	1stCHK
Yes	83	VACATION HOURS TAKEN		%%%	1 2 3 4 5	ALLCKS
Yes	99	MISCELLANEOUS DEDUCTION		\$\$\$	1 2 3 4 5	1stCHK
Yes	LN	LOAN DEDUCTION	Yes	\$\$\$	1 2 3 4 5	1stCHK

Company Messages

CLIENT RESPONSIBLE FOR CHECKING ACCURACY OF PAYROLL CHECKS !

Optional Report Selection

- Netpay Current Deduction Report
- Check Journal
- Netpay Check Reconciliation Report
- ACH - Direct Deposit Report
- Netpay Department Summary
- Netpay Tax Liability Report
- Netpay Employee Report
- Netpay Personnel Report
- Netpay Month To Date Report
- Netpay Quarter To Date Report
- Netpay Year To Date Report
- AUTOTAX REPORT
- Cash Analysis

Netpay Timesheet

EMPLOYEE NAME											CODE	ANY UNIT	TEMPORARY
1 RATE	EMP.NO.	REGULAR	O/TIME	SALARY	OTHER	VACTION	SICK	HOLIDAY	BONUS	ANY HOUR			
2 RATE	TEMP	HOURS	HOURS	\$ \$ \$	\$ \$ \$	HOURS	HOURS	HOURS	\$ \$ \$	ANY \$\$\$	L= LABOR#		
3 RATE	DEDUCT											ANY DED	D= DEPT #
* DEPARTMENT #0100													
* EMPLOYEES													
*													
ADELY, SUZANNE S													
2-	28.8484	0009		\$ 2500.00									
GARCIA, VIRGINIA M													
1-	20.8300	0008	40.00										
LO, JOANN Y													
2-	32.6948	0001		\$ 2833.33									
LOPEZ, JOSE A													
2-	21.6363	0007		\$ 1875.00									
OLIVA, JOSE L													
2-	30.7716	0005		\$ 2833.33									
ROBINSON, DIANA													
2-	29.3292	0002		\$ 2541.67									
SPACH, CHRISTINA F													
2-	27.8868	0006		\$ 2416.67									
NEXT AVAILABLE EMPL #													
FOR NEW HIRE													
#0010													

*** COMPANY TOTALS													
		40.00		15000.00									

4130 - FOOD CHAIN WORKERS ALLIANCE IN

Cash Analysis Report

Dear Client,

First Pay of Quarter

Your payroll was processed on OCT 11,2017 with checks dated for OCT 13,2017. Please find the following enclosed:

Report Title	# of Pages	Report Title	# of Pages
Vouchers	7	Netpay Payroll Register	2
Netpay Check Reconciliation Report	1	ACH - Direct Deposit Report	2
Netpay Department Summary	1	Netpay Tax Liability Report	2
Netpay Current Deduction Report	2	AUTOTAX REPORT	1
Netpay Timesheet	2		

Reg Hrs : 40.00	O/T Hrs :	Oth Hrs : 16.00	#EESPaid: 7	#NotPaid:	# Vendor:	# Checks:	#Voucher: 7
#NewHire:	#Changes:	#Manuals:	# VOIDS :	# Active: 7	#InActiv:	# Terms :	SB ID# : 1424

Check Totals:

<u>Bank Name</u>	<u>Bank ABA T/R#</u>	<u>Checks From-To</u>	<u>Bank Account</u>
AB	026003379		xxxxxxxxxx2510

ACH Direct Deposit Totals:

Employee ACH via Net Pays (Checking):	11508.94	
Employee ACH via Deduction (Checking):	153.89	
Total ACH DEBIT Withdrawals on: OCT 12,2017		17086.51

**Cash Required this Payroll-All Accounts: 17086.51

Other Payroll Totals:

Total Adjusted Gross Pay:	15833.20	
Total Tax Liabilities:	5423.68	
Tax Payments are Due with This Payroll:	4541.52	
Check Reconciliation File Created:	Yes	

Client Messages:

Thank You for Using our Payroll Service

Employee File Number 0009	Employee Name SUZANNE S. ADELY			Company Name & Address FOOD CHAIN WORKERS ALLIANCE IN 1730 W OLYMPIC BLVD #300 LOS ANGELES, CA 90015	
Company 4130	Division	Department 0100	Clock Number	Social Security Number XXX-XX-1980	
Period Start OCT 1, 2017	Period Ending OCT 15, 2017	Check Date OCT 13, 2017	FW S 02 ST S 02		



EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
SALARY			FICA	155.00	VAC IN	3.33	GROSS	7500.00
		2500.00	MEDFICA	36.25	SICK IN	4.00	FICA	465.00
			FED WTH	339.11			MEDFICA	108.75
			NY	121.89			FED WTH	1017.33
			YONKER	20.42			STATE	365.67
							LOCAL	61.26
							VAC BAL	9.99
							VAC IN	9.99
							SICK IN	12.00
							SICKBAL	12.00
Total		\$ 2500.00	Total \$	672.67	Total \$	0.00	Voucher Number	0005442
							Net Pay Amount	*****1827.33

FOOD CHAIN WORKERS ALLIANCE IN
1730 W OLYMPIC BLVD #300
LOS ANGELES, CA 90015

Bank T/R # 021000021 Bank Account # xxxxxxxxxx0129 Deposit Amount 1827.33 Description NET PAY

0100 0009
SUZANNE S. ADELY
46 BRANDON ROAD
YONKERS, NY 10704

***** Non-Negotiable - This is Not a Check *****

Employee File Number 0008	Employee Name VIRGINIA M. GARCIA			Company Name & Address FOOD CHAIN WORKERS ALLIANCE IN 1730 W OLYMPIC BLVD #300 LOS ANGELES, CA 90015	
Company 4130	Division	Department 0100	Clock Number	Social Security Number XXX-XX-1744	
Period Start OCT 1, 2017	Period Ending OCT 15, 2017	Check Date OCT 13, 2017	FW S 00 ST S 00		



EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	40.00	20.8300	833.20	FICA	51.65	VAC IN	0.83	GROSS	4999.59
				MEDFICA	12.08	SICK IN	2.00	FICA	309.97
						DIR DP%	153.89	MEDFICA	72.49
								VAC BAL	4.98
								VAC IN	4.98
								SICK IN	12.00
								SICKBAL	6.00
Total	40.00	\$	833.20	Total	\$ 63.73	Total	\$ 153.89	Voucher Number	0005443
								Net Pay Amount	*****769.47

FOOD CHAIN WORKERS ALLIANCE IN
1730 W OLYMPIC BLVD #300
LOS ANGELES, CA 90015

Bank T/R #	Bank Account #	Deposit Amount	Description
071923909	XXXXXXXXXX1133	153.89	DIR DP%
071923909	XXXXXXXXXX7317	615.58	NET PAY

0100 0008
VIRGINIA M. GARCIA
18801 CYPRESS AVE
COUNTRY CLUB HILLS, IL 60478

***** Non-Negotiable - This is Not a Check *****

Employee File Number 0001	Employee Name JOANN Y. LO	Company Name & Address FOOD CHAIN WORKERS ALLIANCE IN 1730 W OLYMPIC BLVD #300 LOS ANGELES, CA 90015		
Company 4130	Division 0100	Clock Number	Social Security Number xxx-xx-2996	
Period Start OCT 1, 2017	Period Ending OCT 15, 2017	Check Date OCT 13, 2017	FW S 02 ST S 02	



EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
SALARY			FICA	175.67	VAC IN	8.33	GROSS	51833.35
SICK	8.00		MEDFICA	41.08	SICK IN	4.00	FICA	3213.67
			CA DIS.	25.50	SICKBAL	8.00	MEDFICA	751.58
			FED WTH	422.45			DISAB	466.50
			CA	143.99			FED WTH	7526.51
							STATE	2531.21
							VAC BAL	91.63
							VAC IN	104.97
							SICK IN	52.00
							SICKBAL	-4.00
Total	8.00	\$	Total \$	808.69	Total \$	0.00	Voucher Number	0005444
							Net Pay Amount	*****2024.64

FOOD CHAIN WORKERS ALLIANCE IN
1730 W OLYMPIC BLVD #300
LOS ANGELES, CA 90015

Bank T/R # 122243431 Bank Account # xxxxxxxxxxx6662 Deposit Amount 2024.64 Description NET PAY

0100 0001
JOANN Y. LO
719 ORANGE GROVE AVE #207
GLENDALE, CA 91205

***** Non-Negotiable - This is Not a Check *****

Employee File Number 0007	Employee Name JOSE A. LOPEZ			Company Name & Address FOOD CHAIN WORKERS ALLIANCE IN 1730 W OLYMPIC BLVD #300 LOS ANGELES, CA 90015	
Company 4130	Division	Department 0100	Clock Number	Social Security Number xxx-xx-8917	
Period Start OCT 1, 2017	Period Ending OCT 15, 2017	Check Date OCT 13, 2017	FW S 01 ST S 01		



EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
SALARY			FICA	116.25	VAC IN	3.33	GROSS	36156.17
		1875.00	MEDFICA	27.18	SICK IN	2.00	FICA	2241.68
			CA DIS.	16.88			MEDFICA	524.26
			FED WTH	225.05			DISAB	325.41
			CA	58.73			FED WTH	4261.45
							STATE	1086.36
							VAC BAL	81.64
							VAC IN	64.94
							SICK IN	40.00
							SICKBAL	60.00
Total		\$ 1875.00	Total	\$ 444.09	Total	\$ 0.00	Voucher Number	0005445
							Net Pay Amount	*****1430.91

FOOD CHAIN WORKERS ALLIANCE IN
1730 W OLYMPIC BLVD #300
LOS ANGELES, CA 90015

Bank T/R # 322271627 Bank Account # xxxxxxxxxxx1971 Deposit Amount 1430.91 Description NET PAY

0100 0007
JOSE A. LOPEZ
1219 1/2 S PLYMOUTH BLVD
LOS ANGELES, CA 90019

***** Non-Negotiable - This is Not a Check *****

Employee File Number 0005	Employee Name JOSE L. OLIVA			Company Name & Address FOOD CHAIN WORKERS ALLIANCE IN 1730 W OLYMPIC BLVD #300 LOS ANGELES, CA 90015	
Company 4130	Division	Department 0100	Clock Number	Social Security Number xxx-xx-8173	
Period Start OCT 1, 2017	Period Ending OCT 15, 2017	Check Date OCT 13, 2017	FW S 03 ST S 03		



EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
SALARY			FICA	175.67	VAC IN	6.67	GROSS	51833.35
		2833.33	MEDFICA	41.08	SICK IN	4.00	FICA	3213.67
			FED WTH	380.26			MEDFICA	751.58
			IL	96.05			FED WTH	6724.90
							STATE	1750.07
							VAC BAL	208.59
							VAC IN	126.73
							SICK IN	76.00
							SICKBAL	244.00
Total		\$ 2833.33	Total	\$ 693.06	Total	\$ 0.00	Voucher Number	0005446
							Net Pay Amount	*****2140.27

FOOD CHAIN WORKERS ALLIANCE IN
1730 W OLYMPIC BLVD #300
LOS ANGELES, CA 90015

Bank T/R # 071000013 Bank Account # xxxxxxxxxxx3478 Deposit Amount 2140.27 Description NET PAY

0100 0005
JOSE L. OLIVA
5630 N FRANCISCO AVE
CHICAGO, IL 60659

***** Non-Negotiable - This is Not a Check *****

Employee File Number 0002	Employee Name DIANA ROBINSON			Company Name & Address FOOD CHAIN WORKERS ALLIANCE IN 1730 W OLYMPIC BLVD #300 LOS ANGELES, CA 90015	
Company 4130	Division	Department 0100	Clock Number	Social Security Number xxx-xx-5946	
Period Start OCT 1, 2017	Period Ending OCT 15, 2017	Check Date OCT 13, 2017	FW S 01 ST S 01		



EARNINGS	TAXES	DEDUCTIONS	YEAR TO DATE
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DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
SALARY			2541.67	FICA	157.59	VAC IN	6.67	GROSS	47291.71
				MEDFICA	36.85	SICK IN	4.00	FICA	2932.09
				FED WTH	391.72			MEDFICA	685.73
				NY	127.27			FED WTH	7192.66
				NYCITY	89.08			STATE	2353.55
								LOCAL	1537.56
								VAC BAL	217.81
								VAC IN	126.73
								SICK IN	76.00
								SICKBAL	248.00

Total	\$	2541.67	Total \$	802.51	Total \$	0.00	Voucher Number	0005447	Net Pay Amount	*****1739.16
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FOOD CHAIN WORKERS ALLIANCE IN
1730 W OLYMPIC BLVD #300
LOS ANGELES, CA 90015

Bank T/R # 021272723 Bank Account # xxxxxxxxxx8262 Deposit Amount 1739.16 Description NET PAY

0100 0002
DIANA ROBINSON
100-03 89 AVE
RICHMOND HILL, NY 11418

***** Non-Negotiable - This is Not a Check *****

Employee File Number 0006	Employee Name CHRISTINA F. SPACH			Company Name & Address FOOD CHAIN WORKERS ALLIANCE IN 1730 W OLYMPIC BLVD #300 LOS ANGELES, CA 90015	
Company 4130	Division	Department 0100	Clock Number	Social Security Number xxx-xx-7492	
Period Start OCT 1, 2017	Period Ending OCT 15, 2017	Check Date OCT 13, 2017	FW S 01 ST S 01		



EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
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DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
SALARY			2416.67	FICA	149.84	VAC IN	3.33	GROSS	45916.73
SICK	8.00		0.00	MEDFICA	35.04	SICK IN	5.00	FICA	2846.84
				FED WTH	360.47	SICKBAL	8.00	MEDFICA	665.79
				SC	140.27			FED WTH	6848.93
								STATE	2665.13
								VAC BAL	90.54
								VAC IN	63.27
								SICK IN	91.00
								SICKBAL	155.00

Total	8.00	\$	2416.67	Total \$	685.62	Total \$	0.00	Voucher Number	0005448	Net Pay Amount	*****1731.05
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FOOD CHAIN WORKERS ALLIANCE IN
1730 W OLYMPIC BLVD #300
LOS ANGELES, CA 90015

Bank T/R # 121102036 Bank Account # xxxxxxxxxxxx2688 Deposit Amount 1731.05 Description NET PAY

0100 0006
CHRISTINA F. SPACH
502 SIMS AVE
COLUMBIA, SC 29205

***** Non-Negotiable - This is Not a Check *****