Department Pay Period End Date Paycheck Issue Date P075281 11/23/2021 12/03/2021 Federal W4 Information State W4 Information Addl Percent Addl Amount **Status** Allowances State Resident **Status Allowances Addl Percent Addl Amount Gross to Net Information Total Gross** Federal Gross **FICA Gross** Medicare Gross **Total Taxes Total Deductions Net Pay** Current YTD Earnings (* = Taxable Business Expenses / Relocation; # = Non-Paid) Rates of pay are established pursuant to statute, collective bargaining agreement, or compensation plan Description **Prior Period Prior Period Hours** Rate **Amount** YTD Amount **Begin Date End Date** 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Total: **Taxes** Description Resident **Taxable Gross** YTD Amount **Amount** Fed MED/EE Fed Withholding MN Withholding Total: **Before-Tax Deductions** After-Tax Deductions Employer Paid Benefits (* = Taxable) YTD Amt Description **Amount** Description YTD Amt Description YTD Amt **Amount** Medical Insurance Fed Med/ER **Employee Additional** Dental Insurance Medical Insurance Life MSRS - Deferred Dental Insurance Employee AD/D Administrative Fee Compensation Spouse Life Medical/Dental Basic Life Child Life Expense Account Medical/Dental Expense Long Term Disability MSRS State Account MSRS - Deferred Highway Patrol MSRS State Highway Compensation HIth Care Svng Patrol Law Enforcement Plan - EE MSRS - Deferred Unit Compensation Total: Total: Total: **Net Pay Distribution** Paycheck Number **Payment Type** Account Type Financial Institution **Amount Direct Deposit** Checking **Direct Deposit** Checking Total: Agency Contact Information

City

St Paul

Address Line 2

Ext:

State

MN

Postal Code

55101-5155

Address Line 1

651/201-7000

1000

445 MINNESOTA ST STE

Agency

Telephone:

Public Safety Dept