

Total Compensation Statement: Employee Summary

Last Name	First Name	Age	Sex	ST AT Mar- E ried	Chil- dren	Smok- er	Annual Salary	Vaca- tion Days	Paid Holi- Days	Pers. Days	Break Min.	Workers Compen- sation	Federal Unemploy Insurance	Social Security Medicare	Protection Benefits	Retirement Benefits	Fringe Benefits	
Garrison	Allen	49	M	OH	Yes	Yes	No	\$52,000	\$3,000	\$1,400	\$400	\$3,250	\$270	\$101	\$4,131	\$7,920	\$1,560	\$6,200
Hatcher	Rebecca	33	F	OH	No	No	No	41,600	1,600	1,120	320	2,600	213	101	3,259	4,440	1,248	2,400
Lambert	Michael	59	F	OH	Yes	No	No	120,000	11,538	3,231	923	7,500	650	101	8,507	9,840	8,600	24,400
Lattamer	John	39	M	OH	Yes	Yes	No	48,000	1,846	1,292	369	3,000	250	101	3,825	7,500	1,440	3,200
Miller	Fredrick	62	M	AZ	No	No	Yes	36,400	1,400	980	280	2,275	374	57	2,861	5,220	1,092	3,900
Nelson	Sarah	40	F	OH	Yes	Yes	No	44,200	1,700	1,190	340	2,763	226	101	3,458	7,140	1,326	2,100
Parker	Owen	50	M	OH	Yes	Yes	No	72,000	4,154	1,938	554	4,500	385	101	5,891	9,300	2,160	6,400
Richardson	Betty	44	F	OH	Yes	Yes	No	49,400	1,900	1,330	380	3,088	514	101	3,932	7,800	1,482	3,400
Stanley	James	24	M	OH	No	No	No	26,000	500	700	100	1,625	133	101	2,027	4,044	780	1,900
Weber	Walter	46	F	OH	Yes	Yes	No	62,400	1,200	1,680	480	3,900	327	101	5,003	6,180	1,872	4,400

All 10 Employees' TOTALS:      552,000    28,838    14,862    4,146    34,500      3,342      966      42,893      69,384      21,560      58,300

Annual Payment by Employer in Addition to Wages      **\$196,445**    35.587% of total salary.

Annual Employer Total Value Package to Employees      **\$748,445**



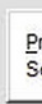
Return to  
Employee  
Data



Print This  
Summary



A



B

Printer  
Setup

Print All  
Employees



Return to  
Employer Data



End