Employee Profile Velorynt Labs Company (37546)	Period:	12/17/2024 to 12/26/2024	Page 65
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## **Caroline Jones**

Stream Apt. 219	Emp Id 4632	Status	A	Emp Type		Home # 5	509-121-3247
Riverton, UT	SSN 088-39-6286	Position		Statutory	0.00	Work #	
47589	DOB 12/26/2001(22)	Title		Seasonal	0.00	Ext.	
	Gender M	Pay Group		Domestic Emp	No	Email	
	Marital Status S	Job Code		Probation	0.00	Mail Stop	
Hire Date 04/19/2023	Visa Type	Tax Form	W2	Union		Nickname	
Rehire Date	Exp	WCC	8810	Union Date		surname	
Term Date	Citizen	EEOC		Collect Dues	No	Prior Last	
Term Reason	I9 Verified No	Supervisor ID		Paid Init. Fees	No	Disability	
Adj Sen Date	I9 Reverify	Name		Veteran		Smoker	No
Pension No	Deceased No	Def Comp	No	Legal Rep	No		
Rate/Salary Informa	tion						

#### Rate/Salary Information

AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	605
Pay Frequency	В	Base	Base Rate	19.00	•	04/19/2024 to 12/31/2100	Positions	700
OT Exempt	No	Base	Base Rate	18.00		04/28/2023 to 04/18/2024		
Default Hours	0.00	-						

#### **Tax Information**

Employee Tax		Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	04/28/2023 t·12/31/2100	Yes	MED-R Medicare - Employer	04/28/2023 to 12/31/2100	
SS	OASDI		0.00	04/28/2023 t·12/31/2100	Yes	SS-R OASDI - Employer	04/28/2023 to 12/31/2100	
FITW	Federal Income Tax	S-0	0.00	04/28/2023 t·12/31/2100	Yes	FUTA Fed Unemployment	04/28/2023 to 12/31/2100	
MN	Minnesota SITW	S-1	0.00	04/28/2023 t·12/31/2100	Yes	MNAST Minnesota Federal Lo	04/28/2023 to 12/31/2100	
<del></del>						MNDW Workforce Enhancen	o4/28/2023 to 12/31/2100	
						MNSUI Minnesota SUI	04/28/2023 to 12/31/2100	

#### **Deduction Information**

Code	Deduction 1	Rate	CalcCode	Frequency	Goal/Paid	Min/Max/Annual Max	Arrears	Agency	Effective	Dates	
401KC	401K Contribution	100.00			0.00/0.00	0.00/0.00/0.00	0.00		07/01/2023 t	to 12/31/2100	_

### **AutoPay Information**

No AutoPay Information

### **Direct Deposit Information**

Sequence 1	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	Effective Dates	s Exclude Special
99.00	296075933 2294694696	Yes	Caroline	%	100.00 04/28/2023	04/01/2023 to 12/31	1/2100 No

### **Labor Allocation Information**

No Labor Allocation Information

### Fringe Benefit Information

ECode	CalcCode Rate Code	Rate	Rate Per	Amount Table	d? Units	Frequen	cy Goal/Paid/Goal Bal.	Min/Max/Ann. Max	Effective	Dates
STD		0.00		9.50 No	0.00	ML	0.00/0.00/0.00	0.00/0.00/0.00	08/30/2024 to	o 12/31/2100

#### **Benefit Accrual Information**

BCode	Rate	Amount Hours	Max/Carryover Max Length of Service	Hours: Used/Avail/Total/Prob	Dollars: Used/Avail/Total/Prob	Effective Dates
ESST	0.00	0.00 0.00	0.00/0.00	0.00/14.11/0.00/0.00	0.00/257.31/0.00/0.00	01/01/2024 to 06/01/2024
PTO1	0.00	0.00 0.00	0.00/0.00	23.00/39.36/0.00/0.00	437.00/747.84/0.00/0.00	06/02/2024 to 12/31/2100
PTO2	0.00	0.00 0.00	0.00/0.00	0.00/38.31/0.00/0.00	0.00/689.58/0.00/0.00	04/19/2023 to 09/09/2023

### **401k Detail Information**

No 401k Detail Information

**Review Information** 

No Review Information

**Emergency Contact Information** 

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee 11:06 AM

Jone

Velorynt Labs Company (37546) **Employee Profile** Page Period: 12/17/2024 to 12/26/2024 66

Name	Relationship	Home Phone	Work Phone	Address	City	State Zip	Country
Alexa Taylor	Partner	276-237-7575		992 Maria Plain	Jamesborough	PR 52030	
Nicole Miller	Brother	149-629-1234		2737 Sexton Glens	Thomasport	PR 55119	

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Profile © 1995-2024 MPAY 12/26/24 11:06 AM Run Date: Run Time: Locations Positions Employee

Employee Profile Velorynt Labs Company (37546)  Period Company (37546)	od: 12/17/2024 to 12/26/2024 Page 67
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# **Jeffrey Bennett**

3407 French River Juliemouth, ND 55428	Emp Id 2796 SSN 795-56-8275 DOB 12/08/1980(44)	Status T Position Title	Emp Type RFT Statutory 0.00 Seasonal 0.00	Home # 373-146-1203 Work # Ext.
33420	Gender M	Pay Group	Domestic Emp No	Ext. Emaidronbyrd@exple.net
	Marital Status M	Job Code	Probation 0.00	Mail Stop
Hire Date 02/04/2012 Rehire Date	Visa Type Exp	Tax Form W2 WCC 8810	Union Union Date	Nickname surname
Term Date 08/31/2018	Citizen	EEOC	Collect Dues No	Prior Last
Term Reason	I9 Verified No	Supervisor ID	Paid Init. Fees No	Disability
Adj Sen Date	I9 Reverify	Name	Veteran	Smoker No
Pension No	Deceased No	Def Comp No	Legal Rep No	

### Rate/Salary Information

AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	605
Pay Frequency	В	Base	Base Rate	17.83		02/04/2018 to 12/31/2100	Positions	700
OT Exempt	No	Base	Base Rate	17.40		02/05/2017 to 02/03/2018		
Default Hours	0.00	Base	Base Rate	16.90		05/15/2016 to 02/04/2017		
		Base	Base Rate	16.50		01/01/2015 to 05/14/2016		

#### **Tax Information**

Employee Tax	ζ.	Status	Add'l Amount	Effective Dates	Default	Employer	Tax	Effective	Dates	Default
MED	Medicare		0.00	01/01/2015 t·12/31/2100	Yes	MED-R	Medicare - Employer	01/01/2015 t	o 12/31/2100	
SS	OASDI		0.00	01/01/2015 t·12/31/2100	Yes	SS-R	OASDI - Employer	01/01/2015 t	o 12/31/2100	
FITW	Federal Income Tax	M-3	0.00	01/01/2015 t·12/31/2100	Yes	FUTA	Fed Unemployment	01/01/2015 t	o 12/31/2100	
MN	Minnesota SITW	M-3	0.00	01/01/2015 t·12/31/2100	Yes	MNAST	Minnesota Federal Lo	01/01/2015 t	o 12/31/2100	
·						MNDW	Workforce Enhancem	01/01/2015 t	o 12/31/2100	
						MNSUI	Minnesota SUI	01/01/2015 t	0 12/31/2100	

### **Deduction Information**

Code	Deduction	Rate	CalcCode F	Frequency Goal/Paid	Min/Max/Annual Max	Arrears	Agency	Effective Dates	
401KC	401K Contributi	on6.00	%401K	0.00/0.00	0.00/0.00/0.00	0.00		04/08/2016 to 12/31/2100	

### **AutoPay Information**

No AutoPay Information

### **Direct Deposit Information**

Sequence	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	Effective Dates	Exclude Special
99 00	091000022 7301097572	Yes	Jefferey	%	100 00 01/01/2015	01/01/2000 to 12/31/210	0 No

### **Labor Allocation Information**

No Labor Allocation Information

### **Fringe Benefit Information**

ECode	CalcCode Rate Code Ra	ate Rate Per	Amount Tableo	d? Units	Frequenc	ey Goal/Paid/Goal Bal.	Min/Max/Ann. Max	Effective Dates	
STD	0.0	00	6.21 No	0.00	B5	0.00/0.00/0.00	0.00/0.00/0.00	01/01/2018 to 12/31/210	0

# **Benefit Accrual Information**

BCode	Rate	Amount Hours	Max/Carryover Max Length of Service	Hours: Used/Avail/Total/Prob	Dollars: Used/Avail/Total/Prob	Effective Dates
PER	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	01/01/2016 to 12/31/2100
SICK	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	01/01/2016 to 12/31/2100
VAC-NE	EX0800	0.00 - 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/0.00/0.00/0.00	01/01/2016 to 12/31/21
VAC/CC	0.00	0.00 0.00	0.00/0.00	32.52/0.00/0.00/0.00	579.83/0.00/0.00/0.00	01/01/2018 to 06/30/20

### 401k Detail Information

No 401k Detail Information

**Review Information** 

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee Run Time: 11:06 AM

**Employee Profile** Velorynt Labs Company (37546) Page Period: 12/17/2024 to 12/26/2024 68

Date	Reviewer	Rating	Raise Amount	New Pay Amnt	New Pay Per	New Position	Effective Date	Next Review
02/04/20	18		0.00	17.83			02/04/2018	01/01/1900

**Emergency Contact Information** 

Name	Relationship	Home Phone	Work Phone	Address	City	State Zip	Country
Terri Rivers	Spouse	119-586-5181					

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: Run Time: 12/26/24 11:06 AM Locations Positions Employee

Employee Profile  Velorynt Labs Company (37546)  Period: 12/17/2024 to 12/26/2024	Page 69
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# Jocelyn Taylor

1006 Shery St Shaontown, WY 93506-7144	Emp Id         5532           SSN         609-85-2596           DOB         12/28/1961(62)           Gender         M           Marital Status         M	Status A Position Title Pay Group Job Code	Emp TypeRFTStatutory0.00Seasonal0.00Domestic EmpNoProbation0.00	Home # Work # Ext. Email Mail Stop
Hire Date 01/04/2016 Rehire Date Term Date Term Reason Adj Sen Date Pension No	Visa Type Exp Citizen 19 Verified Yes 19 Reverify Deceased No	Tax Form W2 WCC 8810 EEOC Supervisor ID Name Def Comp No	Union Union Date Collect Dues No Paid Init. Fees No Veteran Legal Rep No	Nickname surname Prior Last Disability Smoker

#### Rate/Salary Information

•								
AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	606
Pay Frequency	В	Base	Base Rate	20.95		01/03/2024 to 12/31/2100	Positions	700
OT Exempt	No	Base	Base Rate	20.30		01/03/2023 to 01/02/2024		
Default Hours	0.00	Base	Base Rate	19.75		05/08/2022 to 01/02/2023		
		Base	Base Rate	16.75		01/03/2022 to 05/07/2022		
		Base	Base Rate	16.00		01/05/2021 to 01/02/2022		
		Base	Base Rate	14.60		01/04/2020 to 01/04/2021		
		Base	Base Rate	14.05		01/04/2019 to 01/03/2020		
		Base	Base Rate	13.75		01/04/2018 to 01/03/2019		
		Base	Base Rate	13.40		01/04/2017 to 01/03/2018		
		Base	Base Rate	13.00		04/04/2016 to 01/03/2017		
		Base	Base Rate	12.00		01/04/2016 to 04/03/2016		

### Tax Information

Employee Ta	X	Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	01/15/2016 t·12/31/2100	Yes	MED-R Medicare - Employe	r 01/15/2016 to 12/31/2100	
SS	OASDI		0.00	01/15/2016 t·12/31/2100	Yes	SS-R OASDI - Employer	01/15/2016 to 12/31/2100	
FITW	Federal Income Tax	M-1	20.00	01/04/2016 t·12/31/2100	Yes	FUTA Fed Unemployment	01/15/2016 to 12/31/2100	
MN	Minnesota SITW	M-1	0.00	01/04/2016 t·12/31/2100	Yes	MNAST Minnesota Federal I	o 01/15/2016 to 12/31/2100	
<del>.</del>						MNDW Workforce Enhancer	n 01/15/2016 to 12/31/2100	
						MNSUI Minnesota SUI	01/15/2016 to 12/31/2100	

### **Deduction Information**

Code	Deduction	Rate	CalcCode	Frequency	Goal/Paid	Min/Max/Annual Max	Arrears	Agency	Effective Dates
401KC	401K Contributio	6.00	%401K		0.00/0.00	0.00/0.00/0.00	0.00		04/01/2016 to 12/31/2100
401kUM	401kUnmatch	14.00	%401K		0.00/0.00	0.00/0.00/0.00	0.00		08/01/2022 to 12/31/2100
401kUnr	401K Unmatch	12.00	%401K		0.00/0.00	0.00/0.00/0.00	0.00		03/31/2019 to 08/01/2022
DNTL	Dental Insurance	18.32		B5	0.00/0.00	0.00/0.00/0.00	0.00		09/01/2019 to 12/31/2100
FH125	Health Insurance	158.14		B5	0.00/0.00	0.00/0.00/0.00	0.00		09/01/2019 to 12/31/2100

### **AutoPay Information**

No AutoPay Information

### **Direct Deposit Information**

Sequence	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	Effective Dates	Exclude Special
99.00	296076262 2743046665	Ves	Iocelyn Taylor	0/0	100 00 02/12/2016	02/12/2016 to 12/31/210	0 No

### **Labor Allocation Information**

No Labor Allocation Information

### Fringe Benefit Information

ECode	CalcCode Rate Code R	Rate Per	Amount Table	ed? Units	Frequenc	y Goal/Paid/Goal Bal.	Min/Max/Ann. Max	Effective	Dates
STD	0.	.00	11.07 No	0.00	ML	0.00/0.00/0.00	0.00/0.00/0.00	03/17/2019 to	012/31/2100

### **Benefit Accrual Information**

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee Run Time: 11:06 AM

No

Employee Profile	Velorynt Labs Company (37546)	Period:	12/17/2024 to 12/26/2024	Page 70
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BCode	Rate	Amount Hours	Max/Carryover Max Length of Service	Hours: Used/Avail/Total/Prob	Dollars: Used/Avail/Total/Prob	Effective Dates
ESST	0.00	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/-1.30/0.00/0.00	01/01/2024 to 01/01/20
PER	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	01/01/2016 to 12/31/20
PTO1	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	01/01/2021 to 01/01/20
PTO2	0.00	0.00 0.00	0.00/0.00	130.00/64.61/0.00/0.00	2723.50/1353.58/0.00/0.00	01/01/2021 to 12/31/21
SICK	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	04/22/2016 to 12/31/20
VAC-NE	00.0X	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/0.00/0.00/0.00	08/06/2017 to 12/31/20
VAC-NE	00.0X	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	107.20/553.15/0.00/0.00	04/22/2016 to 08/05/2017
VAC/CO	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	01/01/2018 to 12/31/2020

### 401k Detail Information

No 401k Detail Information

### **Review Information**

Date	Reviewer	Rating	Raise Amount	New Pay Amnt	New Pay Per	New Position	Effective Date	Next Review
01/04/20	18		0.00	13.75			01/04/2018	01/01/1900
04/04/20	16 Ronell Ranev		1.00	13.00			04/04/2016	01/04/2017

# **Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Address	City	State Zip	Country
Emily Sanchez	Spouse	872-015-4314		USNV Hernandez	Maplesyrup	AE 60890	

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: Run Time: 12/26/24 11:06 AM Locations Positions Employee

Employee Profile Velorynt L Company (3754	abs Period:	12/17/2024 to 12/26/2024	Page 71
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# **Joel Dorsey**

1420 Brookview Lane Clarkville, MA 76911	Emp Id 1121 SSN 808-03-9317 DOB 04/25/1980(44)	Status T Position Title	Emp Type Statutory 0.00 Seasonal 0.00	Home # 7548815882 Work # Ext.
	Gender M	Pay Group	Domestic Emp No	Email
	Marital Status S	Job Code	Probation 0.00	Mail Stop
Hire Date 07/27/2023	Visa Type	Tax Form W2	Union	Nickname
Rehire Date	Exp	WCC 8810	Union Date	surname
Term Date 09/01/2023	Citizen	EEOC	Collect Dues No	Prior Last
Term Reason N/A	I9 Verified No	Supervisor ID	Paid Init. Fees No	Disability
Adj Sen Date	I9 Reverify	Name	Veteran	Smoker No
Pension No	Deceased No	Def Comp No	Legal Rep No	
	_	-		

### Rate/Salary Information

AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	606
Pay Frequency	B	Base	Base Rate	18.00		08/04/2023 to 12/31/2100	Positions	700
OT Exempt	No							
Default Hours	0.00							

### Tax Information

Employee Tax		Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	08/04/2023 td2/31/2100	Yes	MED-R Medicare - Empl	oyer 08/04/2023 to 12/31/2100	
SS	OASDI		0.00	08/04/2023 t·12/31/2100	Yes	SS-R OASDI - Employ	ver 08/04/2023 to 12/31/2100	
FITW	Federal Income Tax	S-0	0.00	08/04/2023 t·12/31/2100	Yes	FUTA Fed Unemployme	ent 08/04/2023 to 12/31/2100	
MN	Minnesota SITW	S-1	0.00	07/31/2023 t12/31/2100	Yes	MNAST Minnesota Federa	al Lo 08/04/2023 to 12/31/2100	
-						MNDW Workforce Enhar	ncem 08/04/2023 to 12/31/2100	
						MNSUI Minnesota SUI	08/04/2023 to 12/31/2100	

#### **Deduction Information**

No Deduction Information

### **AutoPay Information**

No AutoPay Information

### **Direct Deposit Information**

Sequence 1	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	Effective Date	es Exclude Special
99.00	296076301 5589890010	Yes	Joel Dorsey	%	100.00 07/31/2023	07/31/2023 to 12/3	1/2100 No

### **Labor Allocation Information**

No Labor Allocation Information

### **Fringe Benefit Information**

No Fringe Benefit Information

#### **Benefit Accrual Information**

BCode	Rate	Amount Hours	Max/Carryover Max Length of Service	Hours: Used/Avail/Total/Prob	Dollars: Used/Avail/Total/Prob	Effective Dates
PTO1	0.00	0.00 0.00	0.00/0.00	0.00/0.00/0.00/13.86	0.00/0.00/0.00/249.48	07/27/2023 to 12/31/2100

### 401k Detail Information

No 401k Detail Information

### **Review Information**

No Review Information

### **Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Address	City	State Zip	Country
Michel Richard		667-577-7708					

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee 11:06 AM

Dorsey

Employee Profile  Velorynt Labs Company (37546)  Period: 12/17/2024 to 12/26/2024	Page 72
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### Patricia Paul

515 Brittany Forks	Emp Id 3602	Status	T	Emp Type	RPT	Home #	
Savannah, GA	SSN 145-16-8120	Position		Statutory	0.00	Work #	
59966	DOB 11/26/1967(57)	Title		Seasonal	0.00	Ext.	
	Gender F	Pay Group		Domestic Emp	No	Exhanes@yahoo.com	
	Marital Status S	Job Code		Probation	0.00	Mail Stop	
Hire Date 06/07/2017	Visa Type	Tax Form	W2	Union		Nickname	
Rehire Date	Exp	WCC	8810	Union Date		surname	
Term Date 12/21/2020	Citizen	EEOC		Collect Dues	No	Prior Last	
Term Reason N/A	I9 Verified Yes	Supervisor ID		Paid Init. Fees	No	Disability	
Adj Sen Date	I9 Reverify	Name		Veteran		Smoker	No
Pension No	Deceased No	Def Comp	No	Legal Rep	No		

### **Rate/Salary Information**

AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	606
Pay Frequency	В	Base	Base Rate	13.25	•	11/25/2018 to 12/31/2100	Positions	700
OT Exempt	No	Base	Base Rate	13.00		08/07/2017 to 11/24/2018		
Default Hours	0.00	Base	Base Rate	12.00		06/16/2017 to 08/06/2017		

## Tax Information

Employee Tax		Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	06/16/2017 t12/31/2100	Yes	MED-R Medicare - Employe	r 06/16/2017 to 12/31/2100	
SS	OASDI		0.00	06/16/2017 t12/31/2100	Yes	SS-R OASDI - Employer	06/16/2017 to 12/31/2100	
FITW	Federal Income Tax	S-1	0.00	06/16/2017 t12/31/2100	Yes	FUTA Fed Unemployment	06/16/2017 to 12/31/2100	
MN	Minnesota SITW	S-1	0.00	06/16/2017 t12/31/2100	Yes	MNAST Minnesota Federal I	o 06/16/2017 to 12/31/2100	
						MNDW Workforce Enhancer	n 06/16/2017 to 12/31/2100	
						MNSUI Minnesota SUI	06/16/2017 to 12/31/2100	

#### **Deduction Information**

Code	Deduction	Rate	CalcCode	Frequency	Goal/Paid	Min/Max/Annual Max	Arrears	Agency	Effective Dates	
401KC	401K Contributio	1.00	%401K		0.00/0.00	0.00/0.00/0.00	0.00		09/08/2017 to 04/14/201	9
DNTL	Dental Insurance	15.10		B5	0.00/0.00	0.00/0.00/0.00	0.00		09/01/2017 to 04/14/201	9
FH125	Health Insurance	78.90		B5	0.00/0.00	0.00/0.00/0.00	0.00		09/01/2017 to 04/14/201	ı <b>9</b>

### **AutoPay Information**

No AutoPay Information

### **Direct Deposit Information**

Sequence 1	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	e Effective Dates	Exclude Special
99.00	291070001 8224461774	Yes	Patricia, Paul	%	100.00 06/30/2017	06/30/2017 to 12/31/2100	) No

### **Labor Allocation Information**

No Labor Allocation Information

### **Fringe Benefit Information**

No Fringe Benefit Information

#### **Benefit Accrual Information**

BCode	Rate	Amount Hours	Max/Carryover Max Length of Service	Hours: Used/Avail/Total/Prob	Dollars: Used/Avail/Total/Prob	Effective Dates
PER	0.00	0.00 0.00	0.00/0.00	14.00/0.00/0.00/0.00	185.50/0.00/0.00/0.00	09/01/2017 to 04/13/2019
SICK	0.00	0.00 0.00	0.00/0.00	35.00/0.00/0.00/0.00	318.00/145.75/0.00/0.00	09/01/2017 to 04/13/2019
VAC-NE	EX0700	0.00 0.00	0.00/0.00	18.83/0.00/0.00/0.00	0.00/249.50/0.00/0.00	10/05/2018 to 04/13/20
VAC-NE	00.0X	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	481.00/40.04/0.00/0.00	09/22/2017 to 10/05/20
VAC/CO	0.00	0.00 0.00	0.00/0.00	0.96/0.00/0.00/0.00	0.00/12.72/0.00/0.00	01/01/2018 to 04/13/20

Paul

### 401k Detail Information

No 401k Detail Information

**Review Information** 

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee 11:06 AM

**Employee Profile** Velorynt Labs Company (37546) Page Period: 12/17/2024 to 12/26/2024 73

Date	Reviewer	Rating	Raise Amount	New Pay Amnt	New Pay Per	New Position	Effective Date	Next Review
08/21/2017			1.00	13.00			08/07/2017	01/01/1900

# **Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Address	City	State Zip	Country
Daniel Carter	Son	509-308-5675					_
Joshua Powell	Daughter	931-098-1556					

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: Run Time: 12/26/24 11:06 AM Locations Positions Employee

Employee Profile Velorynt Labs Company (37546)  Period: 12/17/2024 to 12/26/2024	Page 74
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## **Laura Smith**

	Status	1	Emp Type	RFT	Home # 942	-0478935
351-20-2239	Position		Statutory	0.00	Work #	
10/21/1967(57)	Title		Seasonal	0.00	Ext.	
M	Pay Group		Domestic Emp	No	longvele Francil@yahoo.c	om
Status S	Job Code		Probation	0.00	Mail Stop	
pe	Tax Form	W2	Union		Nickname	
	WCC	8810	Union Date		surname	
	EEOC		Collect Dues	No	Prior Last	
ied Yes	Supervisor ID		Paid Init. Fees	No	Disability	
rify	Name		Veteran		Smoker	No
ed No	Def Comp	No	Legal Rep	No		
f e	10/21/1967(57) M I Status S //pe fied Yes erify	10/21/1967(57)  M Pay Group I Status S Job Code  Tax Form WCC EEOC fied Yes Supervisor ID Name	10/21/1967(57)	10/21/1967(57) Title Seasonal M Pay Group Domestic Emp I Status S Job Code Probation  Tope Tax Form W2 Union WCC 8810 Union Date EEOC Collect Dues fied Yes Supervisor ID Paid Init. Fees erify Name Veteran	10/21/1967(57)   Title   Seasonal   0.00	Title Seasonal 0.00 Ext.  M Pay Group Domestic Emp No longvele Francil@yahoo.cc Status S Job Code Probation 0.00 Mail Stop  Tax Form W2 Union Nickname WCC 8810 Union Date surname EEOC Collect Dues No Prior Last fied Yes Supervisor ID Paid Init. Fees No Disability erify Name Veteran Smoker

## Rate/Salary Information

AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	606
Pay Frequency	В	Base	Base Rate	14.30	•	06/17/2019 to 12/31/2100	Positions	700
OT Exempt	No	Base	Base Rate	13.90		06/17/2018 to 06/16/2019		
Default Hours	0.00	Base	Base Rate	13.45		06/17/2017 to 06/16/2018		
		Base	Base Rate	13.00		09/04/2016 to 06/16/2017		
		Base	Base Rate	12.00		07/01/2016 to 09/03/2016		

### Tax Information

Employee Tax		Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	07/01/2016 t·12/31/2100	Yes	MED-R Medicare - Employe	er 07/01/2016 to 12/31/2100	
SS	OASDI		0.00	07/01/2016 t·12/31/2100	Yes	SS-R OASDI - Employer	07/01/2016 to 12/31/2100	
FITW	Federal Income Tax	S-2	20.00	01/01/2018 t·12/31/2100	Yes	FUTA Fed Unemployment	07/01/2016 to 12/31/2100	
MN	Minnesota SITW	S-2	0.00	07/01/2016 t·12/31/2100	Yes	MNAST Minnesota Federal	Lo 07/01/2016 to 12/31/2100	
						MNDW Workforce Enhance	m 07/01/2016 to 12/31/2100	
						MNSUI Minnesota SUI	07/01/2016 to 12/31/2100	

### **Deduction Information**

Code	Deduction	Rate	CalcCode Frequency	Goal/Paid	Min/Max/Annual Max	Arrears	Agency	Effective Dates
FH125	Health Insurance	87.87	B5	0.00/0.00	0.00/0.00/0.00	0.00		09/01/2019 to 12/31/2100

### **AutoPay Information**

No AutoPay Information

### **Direct Deposit Information**

Sequence	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	Effective Dates	Exclude Special
99.00	091000019 9414336673	Yes	Laura Smith	%	100.00 07/15/2016	07/15/2016 to 12/31/210	00 No

### **Labor Allocation Information**

No Labor Allocation Information

### **Fringe Benefit Information**

ECode	CalcCode Rate Code Rate	Rate Per	Amount Tablec	l? Units	Frequer	ncy Goal/Paid/Goal Bal.	Min/Max/Ann. Max	Effective Dates	
STD	0.00		4.85 No	0.00	B5	0.00/0.00/0.00	0.00/0.00/0.00	01/01/2018 to 12/31.	/2100

### **Benefit Accrual Information**

BCode	Rate	Amount Hou	rs Max/Carryover Max Length	of Service Hours: Used/Avail/Total/P	rob Dollars: Used/Avail/Total/Prob	Effective	Dates
PER	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	09/01/2016 t	o 12/31/2100
SICK	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	09/01/2016 t	o 12/31/2100
VAC-NE	EX0800	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/0.00/0.00/0.00	09/01/2016 t	o 12/31/21
VAC/CC	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	01/01/2018 t	o 12/31/21

### **401k Detail Information**

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee Run Time: 11:06 AM Laura