

Earnings Statement

Pay period: Mar 1, 2023 - Mar 15, 2023 Pay Day: Mar 31, 2023 Joshua Oxner's bank account (\dots 7016): \$4,828.95

Company

Givinga Inc. 711 Atlantic Ave. 6th Floor Boston, MA 02111 877-470-8044

Employee

Joshua Oxner XXX-XX-9022 276 highway 230 lot A Laramie, WY 82070

Employee Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours Salaried	\$84.13	86.666667	\$7,291.67	\$41,057.70
Total Hours Worked		86.666667		
Paid Holidays				\$2,692.32
<u>Bonus</u>			\$0.00	\$12,000.00
Gross Earnings			\$7,291.67	\$55,750.02

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	\$1,156.50	\$10,165.62
Social Security	\$450.79	\$3,364.92
<u>Medicare</u>	\$105.43	\$786.96

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$450.79	\$3,364.92
<u>Medicare</u>	\$105.43	\$786.96
<u>FUTA</u>	\$0.00	\$42.00
WY Unemployment Insurance	\$0.00	\$663.48
WY Workers' Compensation	\$72.71	\$542.72

Employee Deductions

Description	Туре	Current	Year To Date
Employee Medical Insurance	Medical Insurance	\$0.00	\$654.60
Dependents Medical Insurance	Medical Insurance	\$0.00	\$654.60
Guideline Traditional 401(k)	401(k)	\$729.17	\$5,575.02
Health FSA	Health FSA	\$20.83	\$125.00
Employee Dental Insurance	Dental Insurance	\$0.00	\$18.40
Employee Vision Insurance	Vision Insurance	\$0.00	\$3.55
Dependents Vision Insurance	Vision Insurance	\$0.00	\$2.50
Dependents Dental Insurance	Dental Insurance	\$0.00	\$18.40

Employer Contributions

Description	Туре	Current	Year To Date
Employee Medical Insurance	Medical Insurance	\$0.00	\$1,963.70
Dependents Medical Insurance	Medical Insurance	\$0.00	\$1,963.70
Guideline Traditional 401(k)	401(k)	\$291.67	\$2,230.02
Health FSA	Health FSA	\$20.83	\$125.00
Employee Dental Insurance	Dental Insurance	\$0.00	\$55.20
Employee Vision Insurance	Vision Insurance	\$0.00	\$10.70
Dependents Vision Insurance	Vision Insurance	\$0.00	\$7.45
Dependents Dental Insurance	Dental Insurance	\$0.00	\$55.20

Summary

Description	Current	Year To Date
Gross Earnings	\$7,291.67	\$55,750.02
Pre-Tax Deductions/Contributions	\$750.00	\$7,052.07
Taxes	\$1,712.72	\$14,317.50
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$4,828.95	\$34,380.45
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$4,828.95	\$34,380.45

Paid Time Off Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited