MAYO CLINIC

Payslip

Godson M Agwo 3301 Dubois pl se WASHINGTON, DC 20019

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Payslip

Employee Name	Person Number	Hire Date	Tax Reporting Unit Name		
Godson M Agwo	329943	28-Nov-2022	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH		
Employee Address		Employer Address	Employer Address and Phone Number		
3301 Dubois pl se		200 FIRST STREET SW			
WASHINGTON, DC 20019 US		Rochester, MN 5590	05 US		
		(888) 266-0440			

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	2-Aug-2023	15-Aug-2023	22-Aug-2023	121,867.20

Summary				
Description	Current	Year to Date		
Gross Earnings	4,695.95	79,564.98		
Imputed Earnings	8.75	148.18		
Pretax Deductions	0.00	1,424.92		
Employee Tax Deductions	1,442.20	23,938.78		
Voluntary Deductions	191.56	1,377.52		
Net Payment	3,053.44	52,675.58		

Earnings					
Description	Hours	Rate	Multiple	Current	Year to Date
Excess Life Imputed				8.75	148.18
Paid Time Off	0.00			0.00	1,747.15
Regular Pay	80.00	58.59	1	4,687.20	77,669.65

Earnings Breakdown: This section details the Earnings by rate for the above summary.

Description	Hours	Rate	Multiple	Current
Regular Pay	80.00	58.59	1	4,687.20

Pretax Deductions				
Description	Current	Year to Date		
Mayo 403b Plan Employees Contribution	0.00	1,312.42		
Mayo Select	0.00	112.50		

Tax Deductions		
Description	Current	Year to Date
FIT Withheld	745.34	12,264.89
Social Security Employee Withheld	291.15	4,926.05
Medicare Employee Withheld	68.09	1,152.06
SIT Withheld (DC)	337.62	5,595.78

Tax Withholding Information					
Туре	Marital Status	Total Dependent Amount	Extra Withholding		
FEDERAL_2020	Single or Married filing separately	0.00	0.00		
Tax Withholding Information					
Туре	Marital Status	Exemptions	Additional Amount		



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DC	Single	0	0.00

Other Deductions						
Description				Current	,	Year to Date
Critical Illness In	surance Employee			2.00		32.00
Mayo 403b Plan	Roth Employees Contrib	oution		187.49		1,312.43
Group Universal Life Insurance				2.07		33.09
Net Pay Distribution						
Check/Deposit Number	Bank Name	Branch Name	Account Nun	nber Curr	ency	Payment Amount
1382455243	CITIBANK	254070116	XXXXXX000	USD		1,000.00
1382455282	STATE EMPLOYEES	255076753	XXXXXX926	USD		2,053.44

Employer Match		
Description	Current	Year to Date
Mayo 403b Plan Employers Contribution	.00	374.97
Mayo 403b Plan Roth Employers Contribution	93.74	656.18