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	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	30-Aug-2023	12-Sep-2023	19-Sep-2023	121,867.20

Summary					
Description	Current	Year to Date			
Gross Earnings	4,695.95	88,956.88			
Imputed Earnings	8.75	165.68			
Pretax Deductions	0.00	1,424.92			
Employee Tax Deductions	1,442.20	26,823.18			
Voluntary Deductions	191.56	1,760.64			
Net Payment	3,053.44	58,782.46			

Earnings						
Description	Hours	Rate	Multiple	Current	Year to Date	
Excess Life Imputed				8.75	165.68	
Paid Time Off	8.00	58.59	1	468.72	2,215.87	
Regular Pay	72.00	58.59	1	4,218.48	86,575.33	

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

Description	Hours	Rate	Multiple	Current
Paid Time Off	8.00	58.59	1	468.72
Regular Pay	72.00	58.59	1	4,218.48

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	13,755.57		
Social Security Employee Withheld	291.15	5,508.35		
Medicare Employee Withheld	68.09	1,288.24		
SIT Withheld (DC)	337.62	6,271.02		

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



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Tax Withholding Information					
Туре	Marital Status	Exemptions	Additional Amount		
DC	Single	0	0.00		

Other Deductions						
Description				Current		Year to Date
Critical Illness In	surance Employee			2.00		36.00
Mayo 403b Plan	Roth Employees Contrib	oution		187.49		1,687.41
Group Universal	Group Universal Life Insurance					37.23
Net Pay Distribution	n					
Check/Deposit	Bank Name	Branch Name	Account Nun	nber Curi	rency	Payment
Number						Amount
1665118957	STATE	255076753	XXXXXX926	USD)	3,053.44
	EMPLOYEES					
	CREDIT UNION					

Employer Match				
Description	Current	Year to Date		
Mayo 403b Plan Employers Contribution	.00	374.97		
Mayo 403b Plan Roth Employers Contribution	93.74	843.66		