## 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	21-Jun-2023	4-Jul-2023	11-Jul-2023	121,867.20

Summary					
Description	Current	Year to Date			
Gross Earnings	4,695.95	65,477.13			
Imputed Earnings	8.75	121.93			
Pretax Deductions	0.00	1,424.92			
Employee Tax Deductions	1,442.20	19,612.19			
Voluntary Deductions	191.56	802.84			
Net Payment	3,053.44	43,515.25			

Earnings							
Description	Hours	Rate	Multiple	Current	Year to Date		
Excess Life Imputed				8.75	121.93		
Paid Time Off	8.00	58.59	1	468.72	1,747.15		
Regular Pay	72.00	58.59	1	4,218.48	63,608.05		

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	10,028.87			
Social Security Employee Withheld	291.15	4,052.61			
Medicare Employee Withheld	68.09	947.79			
SIT Withheld (DC)	337.62	4,582.92			

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



## Payslip

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		26.00	
Mayo 403b Plan	Roth Employees Contrib	bution		187.49		749.96	
Group Universal Life Insurance				2.07		26.88	
Net Pay Distribution	Net Pay Distribution						
Check/Deposit Number	Bank Name	Branch Name	Account Nur	nber Curr	ency	Payment Amount	
1011152746	CITIBANK	254070116	XXXXXXX000	USD	)	1,000.00	
1011153101	STATE EMPLOYEES CREDIT UNION	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	374.96			