

CO. FILE DEPT. CLOCK NUMBER
ABC 126543 123456 12345 00000000 1

ANY COMPANY CORP.
475 ANY AVENUE
ANYTOWN, USA 10101

Social Security Number: 987-65-4321
Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 3, \$25 Additional Tax
State: 2
Local: 2

Earnings Statement

Period ending: 7/18/2008
Pay date: 7/25/2008

JOHN STILES
101 MAIN STREET
ANYTOWN, USA 12345

Earnings	rate	hours	this period	year to date
Regular	10.00	32.00	320.00	16,640.00
Overtime	15.00	1.00	15.00	780.00
Holiday	10.00	8.00	80.00	4,160.00
Tuition			37.43*	1,946.80
			Gross Pay	\$ 452.43
				23,526.80
Deductions	Statutory			
	Federal Income Tax		- 40.60	2,111.20
	Social Security Tax		- 28.05	1,458.60
	Medicare Tax		- 6.56	341.12
	NY State Income Tax		- 8.43	438.36
	NYC Income Tax		- 5.94	308.88
	NY SUI/SDI Tax		- 0.60	31.20
	Other			
	Bond		- 5.00	100.00
	401(k)		- 28.85*	1,500.20
	Stock Plan		-15.00	150.00
	Life Insurance		- 5.00	50.00
	Loan		- 30.00	150.00
	Adjustment			
	Life Insurance		+ 13.50	
			Net Pay	\$ 291.90
* Excluded from federal taxable wages				
Your federal wages this period are \$386.15				

Other Benefits and Information

	this period	total to date
Group Term Life	0.51	27.00
Loan Amt Paid		840.00
Vac Hrs		40.00
Sick Hrs		16.00
Title	Operator	

Important Notes

EFFECTIVE THIS PAY PERIOD YOUR REGULAR HOURLY RATE HAS BEEN CHANGED FROM \$8.00 TO \$10.00 PER HOUR.

WE WILL BE STARTING OUR UNITED WAY FUND DRIVE SOON AND LOOK FORWARD TO YOUR PARTICIPATION.

UNITED STATES

DRIVER LICENSE

EXPIRES 09/21/2034

DL 6383736743891101



LN DOE
FN JOHN

123 ANY STREET
ANY CITY, CA 92127

DOB 09/21/1970
SSN ON FILE

DONOR

SEX M HAIR BLK EYES BLU
HGT 5'11" WGT 185LB

US 11/05/2001266737RP/AMER/19

CLASS C
END NONE



ANY COMPANY CORP.
475 ANY AVENUE
ANYTOWN, USA 10101

Payroll check number: 0000000000
Pay date: 7/25/2008
Social Security No. 987-65-4321

Pay to the
order of:

JOHN STILES

This amount:

TWO HUNDRED NINETY-ONE AND 90/100 DOLLARS

\$291.90

BANK NAME
STREET ADDRESS
CITY STATE ZIP

SAMPLE
NON-NEGOTIABLE
VOID VOID VOID

Authorized Signature
AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

⑈001379⑈ ⑆122000496⑆4040110157⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

ACCOUNT STATEMENT

YOUR DETAILS

Jane Doe
100 Main Street, Anytown, USA
555-0100

Statement Period 1 MAY 2021 to 31 MAY 2021
Account Number 333 008755555
Account Name Jane Doe
Email Address Not Recorded

Your Account Balance

Your opening account balance as at 1 MAY 2021	\$50,000.00
Your closing account balance as at 31 MAY 2021	\$123,084.85

Your account valuation

Investment option name	Option code	Units	Unit Price \$	Value \$	%
BT Active Balanced	210	1,3297.9090	1,300	17,287.28	40
First choice moderate	080	2,3000.5678	100	23,005.68	30
First choice Lifestaged	010	7,100.9876	900	63,908.89	20
2001-09					
Perpetual Balanced growth	021	8,210.0021	230	18,883.00	10
Account value				123,084.85	100.00

Your insurance details

Benefit Type	Insurance cover amount \$	Benefit amount \$
Amount paid on Death of Terminal illness	10,000.00	17,000.00
Amount paid upon Total and Permanent Disablement	10,000.00	17,000.00

22222		a Employee's social security number 75395184613		OMB No. 1545-0008		
b Employer identification number (EIN) 4963147952			1 Wages, tips, other compensation \$100.00		2 Federal income tax withheld \$500.00	
c Employer's name, address, and ZIP code John Stiles 100 Main Street, Anytown, USA			3 Social security wages \$1000.00		4 Social security tax withheld \$100.00	
			5 Medicare wages and tips \$500.00		6 Medicare tax withheld \$5000.00	
			7 Social security tips \$500.00		8 Allocated tips \$150.00	
d Control number 753951852			9		10 Dependent care benefits \$5000.00	
e Employee's first name and initial Arnav		Last name Desai	Suff. M	11 Nonqualified plans \$500.00		12a A \$500.00
123 Any Street, Any Town, USA				13 Statutory employee Retirement plan Third-party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C \$1500.00
				14 Other NA		12c A \$500.00
						12d B \$1000.00
f Employee's address and ZIP code						
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Any Town 7414568313		\$50.00	\$500.00	\$100.00	\$550.00	Any Town

Homeowners Insurance Application

Named Insured(s) and Mailing Address

Ziggy Starpixel,
42 Rainbow Sparkle Boulevard
Unicornville,
NV 12345

Insurance Company

Fake Insurance Co
650 Davis Street
San Francisco, CA 94111

Primary Email: rainbow.unicorn.987654@fakeemail.nowhere

Primary Phone #: 555 555 1212

Alternate Phone #: 555 555 1213

Insured Property

42 Rainbow Sparkle Boulevard
Unicornville, NV 12345

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without prior authorization, we may as permitted by law, provide information about you contained in our records and files to certain persons or organizations.

NOTICE: As part of Esurance's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Policy Number	Purchase Date and Time	Effective Date	Expiration Date
123456	10/6/2009 at 1pm	10/10/2009	10/9/2010

Primary Applicant Information

Name

Ziggy Starpixel

Date of Birth	Gender	Marital Status	Education Level
2/20/2000	M	S	

Existing Esurance Policy	Drivers License Number	DL State	Currently Insured - Auto
123456	1234567A	NV	Fake Auto Ins Co

Length of Time with Current Auto Carrier	Length of Time with Prior Auto Carrier
1 Year	2 years

Years with Prior Property Company	Type of Current Property Policy
1 Year	Home

Co-Applicant Information

Name

Luna Starlight-Glitterdust

Date of Birth	Gender	Marital Status	Education Level
2/29/2000	F	S	Graduate

Relationship to Primary Applicant	Drivers License Number	DL State	Currently Insured- Auto
Domestic Partner	987654A	NV	Fake Auto Ins Co.

Length of Time with Current Auto Carrier	Length of Time with Prior Auto Carrier
1 year	6 months

Total Auto Claims, Accidents, and Violations for all Applicants

Number of Auto Accidents		Number of Violations		Number of Comp Claims
At-Fault	Not-at-Fault	Major	Minor	