Statement of Earn			R Anderson			<u> </u>		Retina Consul	tants Of Ca	roiina PA	
Employee #: 32: Clock Number: Company Id: i10	Location Doctors 13-01 Federal Filin State Filing:			Period Begin Period End: Exemptions: Exemptions:	8/17/2024	Check Date: 8/23/2024 Pay Type: Hourly Additional Tex: Additional Tex:		1126 Grove Road Greenville, SC 29605			
Voucher Id	Checi	k Amount	Gross P	When the second second second	Net Pay			Check Mi	ssage		
V6691156		0.00	\$1,524.0		1,255.28	<u> </u>					
EARNINGS		led in Totals	there in a secretary in the second secretary and the	The second secon	duded in Totals)		TAXES			DEDUCTIONS	
Description		Hrs/Units	Dollars YTI	The second section of the second second	YTD Dollars	Description	Curren	t YTD	Description	Current	YTD
Regular(Hourly)	20.0000	66.20	1,324.00	1,188.55		SOC SEC EE	90.16		Medical(PreTax		850.00
Paid Time Off	20.0000	10.00	200.00	74.00	1,402.00		21.08			0.00	39.56
Overtime 1.5			0.00	2.25		FEDERAL WH	21.28		Dental Pre-tax	19.78	296.70
Bonus			0.00	0.00		SOUTH CAROLINA	66.42				
Holiday Pay			0.00	36.00	696.00			,			
*MiscReimb NoTax			0.00	0.00	73.12						
									1		
									<u> </u>		
Total:		76.20	1,524.00	1,300.80	25,169.87	Total:	198.9			69.78	1,186.26
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Accrual Type			Accrued	Taken		Checking		Account: ####0509		Deposit Amount:	1,255.28
PTO Hourly			4.50	10.00	93.27						
						1					
						I					



CHECK DATE	Annruck In				
8/23/2024	V6691156				

TOTAL NET PAY *****\$1,255.28

Tammy R Anderson 419 Ellis Mill St Simpsonville, SC 29680