Statement of Earn	nings For:	Tammy	R Andersor	1		Profit and a format of the control o		Retina Consul	tants Of Car	rolina PA	*************
Clock Number: Company Id: (1013-01		Location 099 Doctors 9 Federal Filing: Single or State Filing: Single		Period Beg Period End Exemption Exemption	<b>5</b> ;	Check Date: 9/20/2024 Pay Type: Hourly Additional Tax: Additional Tax:		1126 Grove Road Greenville, SC 2960S			
Voucher Id	Check	( Amount	Gross P	ay 🕦	Net Pay			Check M	essage		
V6766873	s	0.00	\$1,511.	60	\$1,246.12			***************************************			***************************************
EARNINGS	*Not includ	ed in Totals	^has/Units = L		included in Totals)		TAXES			DEDUCTIONS	
Description	Rate F	irs/Units	Dollars YTI	D Hrs/Unit	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Regular(Hourly)	20.0000	55.58	1,111.60	1,319.98	25,587.87	SOC SEC EE	89.39	1,666.10	Medical(PreTax)	50.00	950.00
Paid Time Off	20.0000	12.00	240.00	86.00	1,642.00	MED EE	20.90	389.65	Dental(PreTax)	0.00	39.56
Holiday Pay	20.0000	8.00	160.00	44.00		FEDERAL WH	19.79		Dental Pre-tax	19.78	336.26
Overtime 1.5			0.00	2.25		SOUTH CAROLINA	65.62	1,210.20			
Bonus			0.00	0.00	50.00	E			ŀ		
*MiscReimb NoTax			0.00	0.00	73.12	and the same of th					
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						o income					
Total:		75.58	1,511.60	1,452.23	28,198.47	Total:	195.70	3,573.35	Total:	69.78	1,325.82
	*************	-	ACCRUAL				*****	DISTRIBUTION			a gad the af a bit is
Accrual Type	erivitese)-jarijslamanaanskeu		Accrued	Take	n Balance	Checking	turina kasidani i Ashami bashiyi u	Account: ####0509		Deposit Amount:	1,246.1
PTO Hourly	**************		3.78	12.0	******	•					* j = C * T * D * B *
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CHECK DATE	VOUCHER ID						
9/20/2024	V6766873						

TOTAL NET PAY \*\*\*\*\*\$1,246.12

Tammy R Anderson 419 Ellis Mill St Simpsonville, SC 29680