ID	NAME (Last, First,MI)			S	SOC. SEC. NO.		GRADE PAY DA		Y DATE	E YRS SVC		ET	ETS BRANCE		:H	ADSN/DSSN		PERIOD COVERED			
	IA.	NDERSON	MICHAEL G			**-**-4596	O1	220	220513		)	880808		AF		4047		1-31 DEC 22			
ENTITLEMENTS				NTS		DE			DUCTIONS			ALLOTMENTS				T	SUMMARY				
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A B		SE PAY		3477.30 280.29		30 FEDERA	FEDERAL TAXES			270.68 215.59							TOT EN		5263.5		
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IF T	ΓSP E	ELECTION	AMT EX	CEEDS NE	ET AMT					S'	TART	ACCES	SION		220831(	353)					
DUE, TSP WILL NOT BE DEDUCTED.						R	RESUME INDEBTEDNESS 221201(335)														
-REVIEW YOUR LES EVERY MONTH TO ENSURE YOU							S.	STOP INDEBTEDNESS 221231(335)													
AR	E RE	CEIVING T	HE COI	RRECT PA	Y AND					С	ORRE	CT FICA	WAGE	S/DEDT	N YTD	•	(355)				
EN.	ENTITLEMENTS. IF NOT, SEE YOUR COMMANDER OR								С	CORRECT MEDICARE WAGES/DEDTN YTD (355)											
										CONTROL WILDIONIC WANDLONDED IN THE (300)											

CORRECT SEPARATN DATE

BANK NAVY FEDERAL CREDIT UNION

221221(355)

WWW.DFAS.MIL

DFAS Form 702, Jan 02

PAY OFFICE TODAY!

BAH BASED ON W/O DEP, ZIP 84056

MEMBER'S SGLI COVERAGE AMOUNT IS \$400,000