Payslip Details

| Employee Details | |
|-------------------------|--|
| Person Number | 27832774 |
| Name | Alyssa Cox |
| Home Address | 3530 Fountain Cir Apt 304 Auburn Hills, MI 48326 |
| Company | Merrill Lynch, Pierce, Fenner & Smith Inc One Bryant Park New York, NY 10036 |
| Work Location | US - LA - New Orleans - 601 POYDRAS ST - PAN AMERICAN LIFE CENTER (LA9601) |
| State Business ID# | 617530001 |
| Cost Center | 0001009058 |
| GL Company | 3017 |
| Pay Rate | \$28.00 Hourly |

| Payroll Details | |
|-----------------|------------|
| Pay Frequency | Bi-weekly |
| Pay Begin Date | 10/21/2024 |
| Pay End Date | 11/03/2024 |
| Advice # | N/A |
| Pay Date | 11/08/2024 |

| Tax Details | |
|---------------------------------------|-------------------------------------|
| Federal Tax Marital Status | Single or Married filing separately |
| Federal Allowances | 0 |
| Federal Addl Withholding | \$0.00 |
| W-4 - Total Dependent Amount | 17,000 |
| W-4 – Multiple Jobs or Spouse Work | No |
| W-4 - Other Income | 0 |
| W-4 - Deduction | 10,000 |
| LA Tax Marital Status | Single |
| LA Allowances | 1 |
| LA Addl Withholding | -\$200.00 |
| MI State Tax Marital Status | |
| MI State Allowances | 3 |
| MI State Addl Withholding | \$0.00 |

| Description | Prior Period Begin Date | Prior Period End Date | Rate | Current Hours | YTD Hours | Current Earnings | YTD Earnings |
|---|---------------------------------------|--------------------------|------|---------------|-----------|---------------------|--------------|
| Bereavement | | | | | | | 1,218.00 |
| *Dom Partner Insurance | | | | | | 0.00 | 733.74 |
| Early Dismissal for Day | | | 28 | 1 | 14.6 | 28.00 | 395.44 |
| *GTL Imputed | | | | | | 0.00 | 2.08 |
| Holiday | | | | | | | 1,809.54 |
| Inclement Weather | | | | | | | 420.00 |
| Occasional Illness | | | | | | | 843.23 |
| Occasional Illness | | | | | | | 756.00 |
| Incentive Award | | | | | | | 1,000.00 |
| Regular Earnings | | | 28 | 21.5 | 1,400.933 | 602.00 | 37,900.76 |
| Global Recognition | | | | | | | 125.91 |
| Vacation Pay | | | 28 | 15 | 109.25 | 420.00 | 2,998.31 |
| Total (Hours and Earnings) * indicates an Imputed Earning | · · · · · · · · · · · · · · · · · · · | | | · | | 1,050.00 | 48,203.01 |

| Employee Taxes | | | | |
|-----------------------|---------------|-----------|-------------------------|--------------|
| Description | Current Wages | YTD Wages | Current Withheld | YTD Withheld |
| Social Security | 1,050.00 | 46,519.78 | 65.10 | 2,884.23 |
| Medicare | 1,050.00 | 46,519.78 | 15.23 | 674.54 |
| Federal Withholding | 945.00 | 43,143.13 | 0.00 | 2,987.06 |
| State Tax (Res) - MI | 945.00 | 5,258.18 | 12.70 | 168.55 |
| State Tax (Work) - LA | 945.00 | 43,143.13 | 0.00 | 227.92 |
| Total (Taxes) | | | 93.03 | 6,942.30 |

| Direct Deposit Distribution | | | |
|-----------------------------|-----------|----------|--------|
| Financial Institution | Account | Туре | Amount |
| Bank of America | *****6802 | Checking | 851.97 |

| Pre-Tax Deductions | | | | | |
|----------------------------|---------|----------|--|--|--|
| Description | Current | YTD | | | |
| AD&D Insurance | 0.00 | 49.23 | | | |
| Pre-tax 401(k) | 105.00 | 3,376.65 | | | |
| Dental (Regular) | 0.00 | 353.60 | | | |
| HSA Contribution | | 592.20 | | | |
| Medical (Regular) | 0.00 | 610.04 | | | |
| Vision (Regular) | 0.00 | 78.16 | | | |
| Total (Pre-Tax Deductions) | 105.00 | 5,059.88 | | | |

| After-Tax Deductions | | | | | |
|------------------------------|---------|--------|--|--|--|
| Description | Current | YTD | | | |
| RecognitionGUOffset | | 114.51 | | | |
| Total (After-Tax Deductions) | | 114.51 | | | |

| Pay Summary Pay Summary | | | | | |
|-------------------------|----------------------|-------------------------|------------|---------------------------|----------------|
| | Gross (less imputed) | less Pre-Tax Deductions | less Taxes | less After-Tax Deductions | equals Net Pay |
| Current | 1,050.00 | 105.00 | 93.03 | | 851.97 |
| YTD | 47,467.19 | 5,059.88 | 6,942.30 | 114.51 | 35,350.50 |

Payslip Details

| Time Off (Note: If you are a salaried employee, benefit hours taken may not be reflected in the available balance) | | | | | | |
|--|---|---|------|--|--|--|
| Description Current Period Accrual Current Period Hours Taken Available Balance | | | | | | |
| US - Occasional Illness | 0 | 0 | 5.58 | | | |