



Company Information

| Name | Address | Phone |
|---------------------------------|--|------------------|
| Nationwide Mutual Insurance Co. | 1 Nationwide Plaza Columbus, OH 43215 United States of America | +1 (855) 5500411 |

Payslip Information

| Name | Associate ID | Pay Period Begin | Pay Period End | Check Date | Check Number |
|--------------|--------------|------------------|----------------|------------|--------------|
| Anthony Then | 452692 | 11/16/2020 | 11/29/2020 | 12/04/2020 | |

Current and YTD Totals

| Balance Period | Gross Pay | Pre Tax Deductions | Employee Taxes | Post Tax Deductions | Net Pay |
|----------------|-----------|--------------------|----------------|---------------------|-----------|
| Current | 2,999.81 | 117.96 | 855.98 | 17.32 | 2,008.55 |
| YTD | 75,482.89 | 2,914.11 | 20,897.29 | 430.50 | 51,240.99 |

Earnings

| Description | Dates | Hours | Rate | Amount | YTD |
|--------------------------------|----------------------------|-------|-----------|----------|-----------|
| Associate Incentive Plan | | | | | 921.64 |
| LTD Benefit Credit | 11/16/2020 - 11/29/2020 | 0.00 | 0.00 | 8.65 | 214.95 |
| My Health Completion Credit | 11/16/2020 - 11/29/2020 | 0.00 | 0.00 | 20.00 | 500.00 |
| Regular | 11/16/2020 - 11/29/2020 | 77.50 | 38.337469 | 2,971.16 | 73,846.30 |
| Total: | | | | 2,999.81 | 75,482.89 |

Employee Taxes

| Description | Amount | YTD |
|----------------------------|--------|-----------|
| OASDI | 180.56 | 4,544.33 |
| Medicare | 42.23 | 1,062.79 |
| Federal | 440.10 | 11,117.41 |
| State Tax - OH | 84.25 | 2,124.14 |
| City Tax - CLMBS | 72.81 | 1,832.44 |
| School District Tax - 4902 | 36.03 | 216.18 |
| Total: | 855.98 | 20,897.29 |

Pre Tax Deductions

| Description | Amount | YTD |
|--------------------------------|--------|----------|
| Dental Coverage | 3.50 | 87.50 |
| Health Savings Account | 19.23 | 480.75 |
| Medical Coverage | 59.00 | 1,475.00 |
| Nationwide Savings Plan | 29.71 | 707.86 |
| Supplemental Accident Coverage | 1.60 | 40.00 |
| Vision Coverage | 4.92 | 123.00 |
| Total: | 117.96 | 2,914.11 |

Post Tax Deductions

| Description | Amount | YTD |
|-------------------------------|--------|--------|
| Long Term Disability Coverage | 17.32 | 430.50 |
| Total: | 17.32 | 430.50 |

Employer Paid & Memo Items



| Description | Amount | YTD |
|--------------------------------|---------------|-----------------|
| 401(k) Employer Match | 14.85 | 353.95 |
| Short Term Disability Coverage | 20.50 | 509.50 |
| Dental Coverage | 10.25 | 256.25 |
| Health Savings Account Match | | 499.98 |
| Taxable Life Insurance | 0.78 | 19.05 |
| Life Coverage | 4.29 | 106.45 |
| Medical Coverage | 128.00 | 3,200.00 |
| Total: | 178.67 | 4,945.18 |

Federal and FICA Taxable Wages

| Description | Amount | YTD |
|-------------------------------------|----------|-----------|
| OASDI - Taxable Wages | 2,912.34 | 73,295.69 |
| Medicare - Taxable Wages | 2,912.34 | 73,295.69 |
| Federal Withholding - Taxable Wages | 2,882.63 | 72,587.83 |

Withholding

| Description | Federal | Work State |
|------------------------|---------|------------|
| Marital Status | Single | |
| Allowances | 0 | 0 |
| Additional Withholding | 0 | 0 |

My Time Off

| Description | Accrued | Reduced | Available |
|--------------------------------|---------|---------|-----------|
| Your Time Paid Time Off Plan | 5.50 | 0.00 | 107.50 |
| Your Time Unpaid Time Off Plan | 0.00 | 0.00 | 0.00 |

Payment Information

| Bank | Account Name | Account Number | Amount in Pay Group Currency | Pay Group Currency |
|------------------------|-----------------|----------------|------------------------------|--------------------|
| J.P. Morgan Chase Bank | Ants Main Debit | *****8161 | 2,008.55 | USD |
| Total: | | | 2,008.55 | |