

MEDCARE SYSTEMS

Healthcare Excellence Center
2500 Medical Plaza Drive, Suite 800
Chicago, IL 60611
Federal Tax ID: 36-4567890
www.medcaresystems.org

PAY STATEMENT

Statement #: PS-2025-0892
Date Issued: 11/01/2025

EMPLOYEE NAME
PATEL, ANITA R., RN

EMPLOYEE ID
MCS-RN-34567

SOCIAL SECURITY NUMBER
XXX-XX-6789

DEPARTMENT
Critical Care Unit - 4th Floor

POSITION
Registered Nurse II

PAY PERIOD
10/16/2025 - 10/31/2025

PAY DATE
November 6, 2025

PAY FREQUENCY
Bi-Weekly

EARNINGS AND COMPENSATION

DESCRIPTION	RATE	HOURS/UNITS	CURRENT PERIOD	YEAR TO DATE
Regular Hourly Wage	\$42.50	76.00	\$3,230.00	\$70,465.00
Night Shift Differential	\$5.00/hr	36.00	\$180.00	\$3,960.00
Weekend Premium	\$3.00/hr	16.00	\$48.00	\$1,056.00
Overtime (Time and Half)	\$63.75	4.00	\$255.00	\$2,805.00
Charge Nurse Premium	\$4.00/hr	8.00	\$32.00	\$704.00
Continuing Education Stipend	-	-	\$150.00	\$750.00
On-Call Compensation	\$75.00/day	2.00	\$150.00	\$1,650.00
TOTAL GROSS EARNINGS			\$4,045.00	\$81,390.00

FEDERAL AND STATE TAXES

TAX TYPE	CURRENT PERIOD	YEAR TO DATE
Federal Income Tax	\$607.00	\$12,209.00
Social Security Tax (OASDI)	\$250.79	\$5,046.18
Medicare Tax	\$58.65	\$1,180.16
Illinois State Income Tax	\$202.25	\$4,069.50
TOTAL TAXES	\$1,118.69	\$22,504.84

PRE-TAX DEDUCTIONS

BENEFIT DESCRIPTION	CURRENT PERIOD	YEAR TO DATE
Medical Insurance - PPO Plan (Employee + Spouse)	\$725.00	\$6,270.00

Medical Insurance - Family (Employee + Spouse)

\$200.00

\$9,200.00

Dental Insurance - Family Coverage	\$48.00	\$1,056.00
Vision Insurance	\$12.00	\$264.00
Flexible Spending Account (Healthcare)	\$115.38	\$2,538.36
Dependent Care FSA	\$192.31	\$4,230.82
403(b) Retirement Plan (7%)	\$283.15	\$5,697.30
TOTAL PRE-TAX DEDUCTIONS	\$935.84	\$20,056.48

POST-TAX DEDUCTIONS

DEDUCTION TYPE	CURRENT PERIOD	YEAR TO DATE
Life Insurance - Supplemental (\$300,000)	\$28.50	\$627.00
Short-Term Disability Insurance	\$15.75	\$346.50
Long-Term Disability Insurance	\$22.40	\$492.80
Professional Liability Insurance	\$18.00	\$396.00
Parking Permit	\$65.00	\$1,430.00
Nursing Association Dues	\$12.50	\$275.00
TOTAL POST-TAX DEDUCTIONS	\$162.15	\$3,567.30

NET PAY (DIRECT DEPOSIT)

\$1,828.32**DIRECT DEPOSIT INFORMATION**

Financial Institution:	Northern Trust Bank
Account Type:	Checking
Account Number:	****3456
Routing Number:	071000152

PAID TIME OFF BALANCE

Vacation Hours Available:	152.00 hrs
Sick Leave Available:	88.00 hrs
Personal Days Available:	24.00 hrs
Hours Accrued This Period:	8.00 hrs

CONFIDENTIAL PAYROLL DOCUMENT

This statement contains sensitive personal and financial information. Please keep it secure.

For payroll questions, contact the Payroll Department at (312) 555-0147 or email payroll@medcaresystems.org
 To view pay statements online or update direct deposit information, visit the Employee Portal at <https://employee.medcaresystems.org>

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