

# 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
<b>TOTAL GROSS EARNINGS</b>			<b>\$4,045.00</b>	<b>\$81,390.00</b>

### 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
<b>TOTAL TAXES</b>	<b>\$1,118.69</b>	<b>\$22,504.84</b>

### PRE-TAX DEDUCTIONS

BENEFIT DESCRIPTION	CURRENT PERIOD	YEAR TO DATE
Medical Insurance - PPO Plan (Employee + Spouse)	\$285.00	\$6,270.00

Medical Insurance - FIC Plan (Employee + Spouse)	\$205.00	\$0,270.00
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
<b>TOTAL PRE-TAX DEDUCTIONS</b>	<b>\$935.84</b>	<b>\$20,056.48</b>

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
<b>TOTAL POST-TAX DEDUCTIONS</b>	<b>\$162.15</b>	<b>\$3,567.30</b>

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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