

Payment Date

Employee Name

EARNINGS STATEMENT

Payroll

TriNet USA, Inc. 1 Park Place Suite 600 Dublin CA 94568-7983 5103525000

Employee Address

Employee Name		24 Jon 2024			Payroll			.th.lv			10215A 64th Cir			
Fahim Uddin Person Number				Semimon			•			19215A 64th Cir Apt 1C Fresh Meadows, NY 11365				
00010233626		6-Jan-202			31-Jan-2024					US	icauows,		05	
Hire Date				/Salary Job Title Staff Database En				Engineer						
7-Sep-2021		82,761.87			Star	Data	apase	Engineer						
Summary				0					V	- D-1-				
Description			Current					Year to Date						
Gross Earnings								\$7,630.97				\$15,261.94		
Imputed Earnings								\$15.89			\$31.78			
Pretax Deductions								\$292.78			\$585.56			
Employee Tax Deductions								\$2,662.06				\$5,324.10		
Voluntary Deductions						·			\$27.24					
Net Payment								\$4,646.62					\$9,293.26	
Description			Current		Year to Dat	е	D	escription			Current)	ear to Date	
Earnings							Н	ours						
II Life and AD and D			\$15.8	.89 \$31.78					,	0.	00	32.00		
Reg Salary			\$7,615.0		· ·					'				
Reg Salary Retroactive			\$0.0								0.	00	32.00	
Totals			\$7,630.9	' '							02.00			
			ψ1,050.3	31	Ψ12,21	13.31			JIIS		\$1.	77	\$3.54	
Absences			\$0.0		90 \$3,046.0		Dental EE - RSP				\$61.		\$123.76	
TNAM Paid Time Off USA Entitlement													\$457.86	
Retroactive					CO. O.	10.00	Savings 401k				\$228.93 \$0.20			
Totals			\$0.0		0 \$3,046.03		Vision EE - GCP						\$0.40	
Tax Deductions							Tota	ls			\$292.	78	\$585.56	
FIT Withheld			\$1,325.2	27		50.54		her Deductio	ns					
Social Security Employee Withheld			\$469.			Critic	al Illness			\$3.4	12	\$6.84		
Medicare Employee Withheld			\$109.7	73						·		\$20.40		
NY State Disability Insurance EE			\$0.5		\$1.18		Tota	ls			\$13.6	32	\$27.24	
SIT Withheld (NY)			\$439.6	64	\$87	79.28								
Family Leave Insurance Employee		;	\$28.4	41	\$56.81									
Withheld (NY)														
City Withheld (NY,Queens,New York)			\$289.2	26 \$578.52										
Totals			\$2,662.0	06 \$5,324.10										
Employer Liabilities														
Dental Contrib - RSP			\$13.6	\$13.60 \$27.20										
Life and ADD Contrib			\$12.1											
Long-Term Disability Contrib			\$17.8		\$35.68									
Medical Contrib - RSP			\$420.2		\$840.52									
			\$228.9		\$457.86									
Savings 401k Employer Match			\$36.3		<u>'</u>									
Short-Term Disability Contrib					· ·									
Vision Contrib - GCP		+	\$1.5											
Totals			\$730.6	30.68 \$1,461.36										
Accrual Hours														
Description			Start Balance			Earned Taker			End Balance					
Civic Duty Time Off			24				0			0		24		
Personal Floating Holiday			8			0				0		8		
Paid Time Off			114.98				6.28	(0	121.26			
Sick/Family Care				48			0				0 48			
Net Pay Distribution	1													
Check/Deposit	Bank N	Name	Branch Name				Account Number			Currency			Payment	
Number											Amount			
567322492	Bank o	f America					XXX	XXXXX6236		USD			\$4,646.62	
Tax Withholding Info	ormation													
Type Marital Status							Total Dep	endent A	mount		Extra	Withholding		
FEDERAL_2020		or Married filing separately				\$0.00				\$0.00				
					<u>*</u>									
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EARNINGS STATEMENT

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Tax Withholding Information								
Type	Marital Status	Exemptions	Additional Amount					
NY	Single or Head of household	0	\$0.00					