

JPMORGAN CHASE & CO.

Pay Statement

Employer Name	Employer Address	State - Employer BIN
JPMorgan Chase Bank, National Association	1111 Polaris Parkway Columbus, OH 43240	NJ - 134-994-650/000
Employee Name	Payroll Company	FLSA Status
Lei Yu	0802	Salaried Exempt
Employee Address	Department	Base Rate
160 Morgan St, APT 1711 Jersey City, NJ 07302	449847	210,000.00
Person Number (SID)	Payroll	Shift Diff (% of Eligible Wages)
I800783	Semimonthly	N/A

Pay Date	Pay Period Begin Date	Pay Period End Date
06/30/2025	06/16/2025	06/30/2025

Summary		
Description	Current Amount	YTD Amount
Gross Pay	8,750.00	25,600.30
Total Taxes	2,715.98	8,020.14
Total Deductions	603.67	1,362.02
Net Pay	5,430.35	16,218.14

Earnings							
Description	Earnings Begin Date	Earnings End Date	Hours	Rate	Multiplier	Current Amount	YTD Amount
Regular Salary	06/16/2025	06/30/2025				8,750.00	25,454.55
LTIP Dividends US							145.75
Earnings Total						8,750.00	25,600.30

Taxable Benefits		
Description	Current Amount	YTD Amount
Imputed Basic Life	2.50	5.00
BASIC Imputed Basic Life Adjustment		2.17

Taxes				
Description	Current Amount	YTD Amount	Taxable Wages	YTD Taxable Wages
SUI Employee Withheld (NJ)	37.19	108.80	8,750.00	25,600.30
SIT Withheld (NJ)	485.38	1,433.26	8,315.00	24,732.47
Family Leave Insurance Employee Withheld (NJ)	28.87	84.48	8,750.00	25,600.30
FIT Withheld	1,507.68	4,471.88	8,148.83	24,245.45
Social Security Employee Withheld	532.35	1,557.47	8,586.33	25,120.45
Medicare Employee Withheld	124.51	364.25	8,586.33	25,120.45
Taxes Total	2,715.98	8,020.14		

Deductions			
Description	Tax Type	Current Amount	YTD Amount
401(k) Before Tax Contribution	Before	437.50	875.00
Healthcare Spending Act	Before	80.00	240.00
Medical	Before	77.00	231.00
Dental Maintenance Org	Before	5.40	16.20
Vision Plan	Before	3.77	11.31
Vision Adjustment	Before		-0.50
Dental Maint Org Adjustment	Before		-0.72
Medical Adjustment	Before		-10.27
Before Tax Subtotal		603.67	1,362.02
After Tax Subtotal		0.00	0.00
Deductions Total		603.67	1,362.02

Tax Data			
Type	Marital Status	Allowances	Addl. Amount
FEDERAL	Single or Married filing separately	0	0.00
STATE / NJ - Work/Resident	Single	0	0.00

Leave Balances		
Description	Hours Taken	Available Hours
Sick Exempt	0.000	64.000

Net Pay Distribution				
Payment Type	Payment Reference	Account Type	Account Number	Amount
Direct Deposit	143960395765	SAVINGS	XXXXXX8378	250.00
Direct Deposit	143960395850	CHECKING	XXXXXX9899	1,500.00

Direct Deposit	143960396052	CHECKING	XXXXXXX6772	3,680.35
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