Employee Profile Velorynt Labs Company (37546) Period: 12/17/2024 to 12/26/2024	Page 69
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Jocelyn Taylor

1006 Shery St	Emp Id 5532	Status A	Emp Type RFT	Home #
Shaontown, WY	SSN 609-85-2596	Position	Statutory 0.00	Work #
93506-7144	DOB 12/28/1961(62)	Title	Seasonal 0.00	Ext.
	Gender M	Pay Group	Domestic Emp No	Email
	Marital Status M	Job Code	Probation 0.00	Mail Stop
Hire Date 01/04/2016	Visa Type	Tax Form W2	Union	Nickname
Rehire Date	Exp	WCC 8810	Union Date	surname
Term Date	Citizen	EEOC	Collect Dues No	Prior Last
Term Reason	I9 Verified Yes	Supervisor ID	Paid Init. Fees No	Disability
Adj Sen Date	I9 Reverify	Name	Veteran	Smoker
Pension No.	Deceased No	Def Comp No	Legal Rep No	

Rate/Salary Information

Kate/Salal y 11	noi mau	711						
AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	606
Pay Frequency	В	Base	Base Rate	20.95		01/03/2024 to 12/31/2100	Positions	700
OT Exempt	No	Base	Base Rate	20.30		01/03/2023 to 01/02/2024		
Default Hours	0.00	Base	Base Rate	19.75		05/08/2022 to 01/02/2023		
		Base	Base Rate	16.75		01/03/2022 to 05/07/2022		
		Base	Base Rate	16.00		01/05/2021 to 01/02/2022		
		Base	Base Rate	14.60		01/04/2020 to 01/04/2021		
		Base	Base Rate	14.05		01/04/2019 to 01/03/2020		
		Base	Base Rate	13.75		01/04/2018 to 01/03/2019		
		Base	Base Rate	13.40		01/04/2017 to 01/03/2018		
		Base	Base Rate	13.00		04/04/2016 to 01/03/2017		
		Base	Base Rate	12.00		01/04/2016 to 04/03/2016		

Tax Information

Employee Tax		Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	01/15/2016 t·12/31/2100	Yes	MED-R Medicare - Employe	01/15/2016 to 12/31/2100	
SS	OASDI		0.00	01/15/2016 t·12/31/2100	Yes	SS-R OASDI - Employer	01/15/2016 to 12/31/2100	
FITW	Federal Income Tax	M-1	20.00	01/04/2016 t·12/31/2100	Yes	FUTA Fed Unemployment	01/15/2016 to 12/31/2100	
MN	Minnesota SITW	M-1	0.00	01/04/2016 t·12/31/2100	Yes	MNAST Minnesota Federal L	o 01/15/2016 to 12/31/2100	
·						MNDW Workforce Enhancer	n 01/15/2016 to 12/31/2100	
						MNSUI Minnesota SUI	01/15/2016 to 12/31/2100	

Deduction Information

Code	Deduction	Rate	CalcCode	Frequency	Goal/Paid	Min/Max/Annual Max	Arrears	Agency	Effective Dates
401KC	401K Contributio	6.00	%401K		0.00/0.00	0.00/0.00/0.00	0.00		04/01/2016 to 12/31/2100
401kUM	401kUnmatch	14.00	%401K		0.00/0.00	0.00/0.00/0.00	0.00		08/01/2022 to 12/31/2100
401kUnr	401K Unmatch	12.00	%401K		0.00/0.00	0.00/0.00/0.00	0.00		03/31/2019 to 08/01/2022
DNTL	Dental Insurance	18.32		B5	0.00/0.00	0.00/0.00/0.00	0.00		09/01/2019 to 12/31/2100
FH125	Health Insurance	158.14		B5	0.00/0.00	0.00/0.00/0.00	0.00		09/01/2019 to 12/31/2100

AutoPay Information

No AutoPay Information

Direct Deposit Information

Sequence	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	Effective Dates	Exclude Special
99.00	296076262 2743046665	Yes	Iocelyn Taylor	0/0	100.00 02/12/2016	02/12/2016 to 12/31/2100) No

Labor Allocation Information

No Labor Allocation Information

Fringe Benefit Information

ECode	CalcCode Rate Code R	tate Rate Per	Amount Tabl	ed? Units	Frequenc	y Goal/Paid/Goal Bal.	Min/Max/Ann. Max	Effective Dates
STD	0.	.00	11.07 No	0.00	ML	0.00/0.00/0.00	0.00/0.00/0.00	03/17/2019 to 12/31/2100

Benefit Accrual Information

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee Run Time: 11:06 AM

No