Employee Profile	Velorynt Labs Company (37546)	Period:	12/17/2024 to 12/26/2024	Page 74
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Laura Smith

8356 Joy Lakes	Emp Id 5908	Status T	Emp Type RFT	Home # 942-0478935
Debrabury, FL	SSN 351-20-2239	Position	Statutory 0.00	Work #
26024	DOB 10/21/1967(57)	Title	Seasonal 0.00	Ext.
	Gender M	Pay Group	Domestic Emp No	longvele Zamail@yahoo.com
	Marital Status S	Job Code	Probation 0.00	Mail Stop
Hire Date 06/17/2016	Visa Type	Tax Form W2	Union	Nickname
Rehire Date	Exp	WCC 8810	Union Date	surname
Term Date 09/14/2019	Citizen	EEOC	Collect Dues No	Prior Last
Term Reason N/A	I9 Verified Yes	Supervisor ID	Paid Init. Fees No	Disability
Adj Sen Date	I9 Reverify	Name	Veteran	Smoker No
Pension No	Deceased No	Def Comp No	Legal Rep No	

Rate/Salary Information

AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	606
Pay Frequency	В	Base	Base Rate	14.30	•	06/17/2019 to 12/31/2100	Positions	700
OT Exempt	No	Base	Base Rate	13.90		06/17/2018 to 06/16/2019		
Default Hours	0.00	Base	Base Rate	13.45		06/17/2017 to 06/16/2018		
		Base	Base Rate	13.00		09/04/2016 to 06/16/2017		
		Base	Base Rate	12.00		07/01/2016 to 09/03/2016		

Tax Information

Employee Tax		Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	07/01/2016 t12/31/2100	Yes	MED-R Medicare - Employe	07/01/2016 to 12/31/2100	
SS	OASDI		0.00	07/01/2016 t12/31/2100	Yes	SS-R OASDI - Employer	07/01/2016 to 12/31/2100	
FITW	Federal Income Tax	S-2	20.00	01/01/2018 t12/31/2100	Yes	FUTA Fed Unemployment	07/01/2016 to 12/31/2100	
MN	Minnesota SITW	S-2	0.00	07/01/2016 t12/31/2100	Yes	MNAST Minnesota Federal L	o 07/01/2016 to 12/31/2100	
						MNDW Workforce Enhancer	n 07/01/2016 to 12/31/2100	
						MNSUI Minnesota SUI	07/01/2016 to 12/31/2100	

Deduction Information

Code	Deduction	Rate	CalcCode Frequency	Goal/Paid	Min/Max/Annual Max	Arrears	Agency	Effective Dates
FH125	Health Insurance	87.87	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	091000019 9414336673	Yes	Laura Smith	%	100.00 07/15/2016	07/15/2016 to 12/31/210	00 No

Labor Allocation Information

No Labor Allocation Information

Fringe Benefit Information

ECode	CalcCode Rate Code	Rate	Rate Per	Amount Tabled	? Units	Frequenc	ey Goal/Paid/Goal Bal.	Min/Max/Ann. Max	Effective Dates
STD		0.00		4.85 No	0.00	B5	0.00/0.00/0.00	0.00/0.00/0.00	01/01/2018 to 12/31/2100

Benefit Accrual Information

BCode	Rate	Amount Hours	Max/Carryover Max Length of Service	Hours: Used/Avail/Total/Prob	Dollars: Used/Avail/Total/Prob	Effective Dates
PER	0.00	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/0.00/0.00/0.00	09/01/2016 to 12/31/2100
SICK	0.00	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/0.00/0.00/0.00	09/01/2016 to 12/31/2100
VAC-NE	EX0800	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/0.00/0.00/0.00	09/01/2016 to 12/31/21
VAC/CC	0.00	0.00 0.00	0.00/0.00	0.00/0.00/0.00/0.00	0.00/0.00/0.00/0.00	01/01/2018 to 12/31/21

401k Detail Information

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