

**View other LESs**

CHK DT 180126

Go

ID	NAME (Last, First, MI)		SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED					
	OLIVER LATANGIA OVELIA		*****2116	O02	080823	09	000000	ARNG	5570	CHK DT 180126					
ENTITLEMENTS			DEDUCTIONS			ALLOTMENTS				SUMMARY					
Type	Amount	Type	Amount	Type	Amount			+Amt Fwd							
A	BASIC PAY	991.02	FED INC TAX	72.31				+Tot Ent	991.02						
B			FICA TAX	75.81				-Tot Ded	233.53						
C			STATE INC TAX	46.50				-Tot Allt							
D			SGLI	29.00				=Net Amt	757.49						
E			TSP CONTRIBUTION	9.91				-Cr Fwd							
F								=EOM Pay							
G															
H															
I															
J															
K															
L															
M															
N															
O															
<b>TOTAL</b>		991.02	233.53												
<b>LEAVE</b>	BF Bal .0	Ermd .0	Used 0	Cr Bal .0	ETS Bal	Lv Lost .0	Lv Paid .0	Use/Lose .0	<b>FED TAXES</b>	Wage Period 981.11	Wage YTD 981.11	M/S S	Ex 04	Add'l Tax .00	Tax YTD 72.31
<b>FICA TAXES</b>	Wage Period 991.02	Soc Wage YTD 991.02	Soc Tax YTD 61.44	Med Wage YTD 991.02	Med Tax YTD 14.37	<b>STATE TAXES</b>	St CA	Wage Period 981.11	Wage YTD 981.11	M/S S	Ex 04	Tax YTD 46.50			
<b>PAY DATA</b>	BAQ Type W/O DEP	BAQ Depn NO DEP	VHA Zip 00000	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC A	PACIDN		
<b>TRADITIONAL PLAN (TSP)</b>	Base Pay Rate 1	Base Pay Current 9.91	Spec Pay Rate 0	Spec Pay Current .00	Inc Pay Rate 0	Inc Pay Current .00	Bonus Pay Rate 1	Bonus Pay Current .00							
<b>ROTH PLAN</b>	Base Pay Rate 0	Base Pay Current .00	Spec Pay Rate 0	Spec Pay Current .00	Inc Pay Rate 0	Inc Pay Current .00	Bonus Pay Rate 0	Bonus Pay Current .00							
<b>CM AGCY CONTR</b>	AGCY-AUTO .0	AGCY-MATCH .0													
<b>CONTRIBUTION TOTALS</b>	YTD Deductions 9.91	YTD TSP Deferred 9.91	YTD TSP Exempt .00	YTD ROTH .00	YTD TSP AGCY-AUTO 0.00	YTD TSP AGCY-MATCH 0.00									

## REMARKS:

**YTD ENTITLE 991.02**

**YTD DEDUCT 233.53**

YOUR CHECK WAS SENT TO: WESTERN FEDERAL CREDIT UNIO  
DIRECT DEPOSIT DATE: 01/26/18 AMOUNT: \$757.49  
\* AS OF 23 AUG 08, 000 HIGH TEMPO DEPLOYMENT DAYS ACCRUED  
SINCE 1 OCT 00 (OR SINCE ENTERING MILITARY SERVICE)  
TOTAL PERFORMANCE FY 18: UTA 14 AFTP 00 ET 00 ATA 00  
JPT 00 AAUTA 00 AANT 00 RMA 00 SUP IDT TNG 00  
MCOFT 00 RMA 00 AT/ADT 000 FHDA 000  
INACTIVE DUTY TRAINING 12 JAN 18 1 12 JAN 18 2 13 JAN 18 1  
INACTIVE DUTY TRAINING 13 JAN 18 2 14 JAN 18 1 14 JAN 18 2  
ROTC TIME IS NOT CREDITABLE TO TIME IN SERVICE  
YOUR CURRENT STATE CLAIMED IS: CALIFORNIA  
SERVICEMEMBER GROUP LIFE INSURANCE COVERAGE: \$400,000  
YOUR SGLI DEDUCTION INCLUDES TRAUMATIC INJURY PROTECTION (TSGLI)  
SPOUSE SGLI COVERAGE: NONE  
PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME  
TAX PURPOSE. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM  
2058 TO CHANGE/ESTABLISH THE CORRECT STATE IMMEDIATELY.  
-THE DEADLINE FOR SOLDIERS TO HAVE ALL SUPPORTING BAH  
RECERTIFICATION AND SUPPORTING DOCUMENTATION UPLOADED INTO  
IPERMS HAS PASSED. SOLDIERS WHO HAVE MISSING BAH DOCUMENTS IN  
IPERMS WILL HAVE THEIR BAH CHANGED TO THE W/O DEPN RATE UNTIL  
ALL DOCUMENTS ARE PROVIDED. SEE YOUR COMMANDER/HR SUPPORTING  
SPECIALIST IMMEDIATELY FOR ASSISTANCE. REFER TO 001-2018.

