

Prince George's County Association of REALTORS®, Inc.
RENTAL APPLICATION: Part I -Disclosure
Please print clearly and complete all blanks on Part I and Part II of this Form.



Date September 8, 2018

Application is made to lease premises known as 329 TALBOTT AVE, LAUREL, MD 20707
for the *total* rental of \$ 20,400.00 payable monthly in advance on the first day of each month on the
following terms: Monthly Rental: \$ 1,700.00 Security Deposit: \$ 1,700.00
Lease Term: 1 year Date Start: September 11, 2018 Date End: September 10, 2019

A deposit in the sum of One Thousand, Five Hundred Twenty-Five
Dollars (\$ 1,525.00) is made herewith (WHICH SHALL BE APPLIED TO THE SECURITY DEPOSIT UPON
SIGNING THE LEASE OR RETURNED TO APPLICANT IN WHOLE OR IN PART AS HEREINAFTER PROVIDED).
Additionally, a non-refundable fee of Seventy
Dollars (\$ 70.00) is to be used in full by Listing Broker for the credit/consumer check and processing
the application with the understanding that this application, including each prospective occupancy, is subject to Landlord's approval
and acceptance. When so approved and accepted, the applicant(s) agree(s) to execute a lease and to pay any balance due on the
security deposit and/or the first month's rent (as required by Landlord) 1 within days after being notified of acceptance
and before possession is given. In the event the application is approved, but the applicant(s) **REFUSE(S) TO SIGN A LEASE**
WITHIN THE TIME PROVIDED HEREIN, then the Landlord/Agent **SHALL RETAIN THAT PORTION OF THE HEREIN**
DESCRIBED DEPOSIT actually expended as a result of this application, but only to the extent such expenditures exceed the non-
refundable fee set forth above. The balance of the deposit, if any, shall be returned to applicant within fifteen (15) days of receipt of
written communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not
approved and accepted by Landlord, the deposit shall be returned in full to the applicant within fifteen (15) days of such action. The
applicant(s) hereby waive(s) any claim for damages for reason of non-acceptance of this application.

(Initials: AAA ADS)

SPECIAL LEASE REQUIREMENTS:

Waterbed: ☐ Yes ☒ No

Pets: ☐ Yes ☒ No

Special Equipment: _____

Other needs and/or requirements: _____

I/we, the undersigned applicant(s) affirm under the penalties of perjury that I/we have read and understand Part I and Part II of this
application and that my/our answers to the questions on this application are true and correct to the best of my/our personal knowledge,
information and belief and that I/we have not knowingly withheld any fact or circumstance which would, if disclosed, affect my/our
application unfavorably.

APPLICANT(S)' SIGNATURE(S):

09/08/2018 22:23:12

Ayanna Alexander-Sasser

09/08/2018 22:27:09

Allistare Sasser

Checks: \$ 1,595.00 \$ _____ Cash: \$ _____ Date: September 8, 2018

Leasing Broker: FUSION REALTY Broker Code: FUSI1

Address: 5505 NORFIELD RD, CAPITAL HEIGHTS, MD 20743 Phone: (301)893-4539

Leasing Agent: LIZ ALEXANDER MRIS#: 95878 Phone: (301)412-1645

This Recommended Form is property of the Prince George's County Association of REALTORS®, Inc. and is for use by members only.

Previous editions of this Form should be destroyed.

Date Application Received: _____ Consumer/Credit Report Ordered: _____

Office/Owner Approval: _____ Denied: _____ Date: _____

Comments: _____

Deposit Returned: Date: _____ Amount: \$ _____ Withheld: \$ _____

Reason: _____

Maryland Law requires that all applications for leases must contain certain information regarding the liabilities and rights of applicants. Certain liabilities which the prospective Tenant incurs upon signing this application will be enumerated herein. In addition to these liabilities, there are certain other liabilities and rights which the prospective Tenant has under Maryland Law.

1. If a Landlord/Agent requires from a prospective Tenant any fees other than a security deposit as defined by Section 8-203(a) of the Maryland Real Property Code, and these fees exceed \$25.00, then the Landlord/Agent shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made no later than 15 days following the date of occupancy or the written communication by either party to the other of a decision that no tenancy shall occur. The Landlord/Agent may retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application and shall return that portion of the fees not actually expended on behalf of the Tenant making application.

2. If, within 15 days of the first to occur of occupancy or signing a lease, a Tenant decides to terminate the tenancy, the Landlord/Agent may also retain that portion of the fees which represent a loss of rent, if any, resulting from the Tenant's action.

3. The provisions of the foregoing Paragraphs 1 and 2 do not apply to any Landlord/Agent who offers four or less dwelling units for rent on one parcel of property, or at one location, or to seasonal or condominium rentals.

The applicant(s) hereby authorize Listing Broker/Landlord to order and obtain a credit/consumer report from a credit/consumer reporting agency to be used in conjunction with this transaction when the applicant(s) has made application for tenancy. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant(s) hereby authorize the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. Cost of said credit/consumer report is to be paid for by applicant(s) at time of submitting this application.

The truth of the information contained herein is essential, and if the Landlord/Agent determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be cancelled at the option of the Landlord/Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant(s), and **ANY FALSE OR MISLEADING** statement shall be considered a **SUBSTANTIAL** breach of said lease. After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied. If Landlord is out-of-state or overseas, it may take longer to obtain formal approval of tenancy.

I/we understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I/we further understand that the lease **MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**. Should I sign a lease for a dwelling unit managed by Listing Broker/Landlord, I am prepared to deposit with the Listing Broker/Landlord a security deposit in an amount not to exceed the maximum security deposit permitted by Law and in accordance with the risks to the property involved. I understand that the rate of interest on the security deposit is determined in accordance with section 8-203, Real Property Article, Annotated Code of Maryland. If a security deposit is required, I understand that I may make a written request to the Landlord/Agent within fifteen (15) days of the date of occupancy for a list of all existing damages.

I/we understand that any or all of the information given here may be used by the Landlord and/or its Agent to determine my/our reputation for meeting my/our financial obligations and my/our respect for the property of others. I/we freely give my/our consent to Listing Broker/Landlord to consult with any of the persons named or not named who have direct knowledge of my/our financial reliability.

I/we certify that I/we have received and carefully examined a copy of the Standard Dwelling Lease form and any addendum that may be used in conjunction with the Lease. I/we agree that I/we shall apply for all utilities services before taking occupancy of the leased premises and agree to pay all utilities: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required.

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Prince George's County Association of REALTORS®, Inc.
RENTAL APPLICATION: Part II - Applicant Information
Must accompany Part I - Disclosure of Rental Application

Applicant's Name: Ayanna Alexander-Sasser Birth Date: 03/19/1976 SS#: _____

Driver's License #: A425078048207 State: Md

Home Phone: (240)573-8960 Temporary Local # (if applicable): _____

Office Phone: _____ Cell Phone: _____

Email Address #1: AlexanderAyannaA@gmail.com Email Address #2: _____

Present Address: 14164 Aldora Circle Zip: 20866

☐ Own ☒ Rent Years: 7 Rent/Mtg. Pymts: \$ 1,600.00

Present Landlord/Agent: Anita Payne Phone: (301)412-4471

List all previous addresses for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented.(Use additional sheet if needed).

Address: 14164 Aldora Circle, Burtonsville Zip: 20866 From: 07/10/2011 To: 09/10/2018

Landlord/Agent's Name: Anita Payne Phone: (301)412-4471

Address: _____ Zip: _____ From: _____ To: _____

Landlord/Agent's Name: _____ Phone: _____

Applicant's Employer: Amedisys Home Health Position: Office Specialist

Address: 1401 Mercantile Lane Largo, MD How Long: 2yrs

Supervisor: Crystal Spraggins Supervisor's Phone: (301)322-6023

If employed less than one year, give previous employment information:

Previous Employer: _____ Position: _____

Address: _____ How Long: _____

Supervisor: _____ Supervisor's Phone: _____

GROSS ANNUAL INCOME:

Base Pay:	\$ <u>43,680.00</u>	Commissions:	\$ _____
Overtime:	\$ <u>8,380.00</u>	Dividends:	\$ _____
Bonuses:	\$ _____	Other:	\$ <u>500.00</u>
TOTAL:		\$	<u>52,560.00</u>

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IF EMPLOYER REFUSES TO VERIFY APPLICANT'S EMPLOYMENT BY PHONE, IT SHALL BECOME THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE IMMEDIATE WRITTEN CONFIRMATION OF SUCH INFORMATION. IF APPLICANT IS SELF-EMPLOYED, ATTACH COPIES FOR PAST TWO YEARS OF INDIVIDUAL US TAX FORM 1040 AND SELF-EMPLOYMENT US TAX SCHEDULE C.

ASSETS:

Checking Account:	\$	2,500.00	Bank: Suntrust	Acct. #:	_____
Savings Account:	\$	1,000.00	Bank: Capital One	Acct. #:	_____
Credit Union:	\$	1,850.00	Name: Uhaul Federal Credit Union	Acct. #:	_____
Other Assets:	\$	_____	(Specify) _____		
TOTAL:	\$	5,350.00			

LIABILITIES:

	<i>Creditor</i>	<i>Total Due</i>	<i>Monthly Terms</i>
Auto Loan: General Motors		\$ 16,000.00	\$ 400.00
R.E. Mtg.: _____		\$ _____	\$ _____
Credit Cards: _____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
Bank Loans: _____		\$ _____	\$ _____
Personal Loans: _____		\$ _____	\$ _____
Alimony: _____		\$ _____	\$ _____
Child Care/Support: _____		\$ _____	\$ _____
Suits/Judgments: _____		\$ _____	\$ _____
TOTAL:		\$ 16,000.00	\$ 400.00

OCCUPANTS: Number of Adults: _____ Number of Children: **2**

Name: Allistare Sasser	Age: 20	Relationship: Son
Name: Asaiah Sasser	Age: 16	Relationship: Son
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

Pets: Dog (Breed): _____ Cat: _____ Other: _____

AUTOMOBILES:

Type/Make: Hyundai Elantra	Year: 2017	Tag #: 2CX3374	State: MD
Type/Make: _____	Year: _____	Tag #: _____	State: _____
Type/Make: _____	Year: _____	Tag #: _____	State: _____

MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:

Type/Make: _____	Year: _____	Tag #: _____	State: _____
Type/Make: _____	Year: _____	Tag #: _____	State: _____

Are any of the above commercial vehicles? If so, which ones? _____

All motor vehicles or trailers shall have current licenses and may be parked **ONLY** in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), **OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.**

Citizen of (Country): **USA** Passport #: _____

Diplomatic Clause Required? ☐ Yes ☐ No Length of Stay: _____

Have you ever filed bankruptcy? ☐ Yes ☒ No Date: _____ Explanation: _____

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Have you ever been sued for non-payment of rent or been evicted for non-payment?:

☐ Yes ☒ No If "Yes," please explain: _____

Nearest Relative Name: **Liz Alexander**

Relationship: **Mother**

Address: **111 Jonquil Ave, Hyattsville, MD 20785**

Phone: **(301)412-1645**

LOCAL REFERENCES:

Name: **Azriel Sasser**

Relationship: **Son**

Address: **7529 Buchanan St. Hyattsville, MD 20874**

Phone: **(240)713-2474**

Name: _____

Relationship: _____

Address: _____

Phone: _____

I have ☒ / have not ☐ given my present Landlord notice of my intention to vacate.

Reason for vacating is: **Landlord wants home back for daughter**

Applicant's Signature: _____

Ayanna Alexander-Sasser



Date: **09/08/2018 22:23:12**

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R108191991952

CALL 1-800-542-3590 TO VERIFY

To Validate: Touch the stop sign,
then watch it fade and reappear



PAY TO THE
ORDER OF:/
PAGAR A LA
ORDEN DE:

Taylor Properties

IMPORTANT - SEE BACK BEFORE CASHING

Ayanna A Sasser

MP

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/
DIRECCIÓN:

Payable Through
Citizens Alliance Bank
Clara City, MN

ISSUER/DRAWER:
MONEYGRAM PAYMENT SYSTEMS, INC.

PAY EXACTLY

\$ 500.00

FIVE HUNDRED **
DOLLARS 00 CENTS

30377001960018
049883 245190195

10919161871081 91991952 90

Valid Money Order includes: 1. Heat sensitive, red stop sign AND 2. Contains a True Watermark hold up to light to view.

INTERNATIONAL MONEY ORDER

75-16
919



R108191991963

CALL 1-800-542-3590 TO VERIFY

To Validate: Touch the stop sign,
then watch it fade and reappear



PAY TO THE
ORDER OF:/
PAGAR A LA
ORDEN DE:

Taylor Properties

IMPORTANT - SEE BACK BEFORE CASHING

Ayanna A Sasser

MP

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/
DIRECCIÓN:

Payable Through
Citizens Alliance Bank
Clara City, MN

ISSUER/DRAWER:
MONEYGRAM PAYMENT SYSTEMS, INC.

PAY EXACTLY

\$ 500.00

FIVE HUNDRED **
DOLLARS 00 CENTS

30377001960018
049883 245190196

10919161871081 91991963 90

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION WU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY
ORDER

17-811939918

A 203608 D 090218
T 1901 24
178119399185 L 027106

\$ 450.00

NOT GOOD OVER \$500

PAY EXACTLY FOUR HUNDRED FIFTY DOLLARS AND NO CENTS

PAY TO THE
ORDER OF

Taylor Properties

PAYMENT FOR/ACCT. #

Ayanna A Sasser

PURCHASER'S ADDRESS



To Validate: Touch the stop sign,
then watch it fade and reappear



PAY TO THE
ORDER OF:/
PAGAR A LA
ORDEN DE:

Taylor Properties

IMPORTANT - SEE BACK BEFORE CASHING

Ayanna A Sasser

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/
DIRECCIÓN:

Payable Through
Citizens Alliance Bank
Clara City, MN

ISSUER/DRAWER:
MONEYGRAM PAYMENT SYSTEMS, INC.

PAY EXACTLY

\$ 45.00

FORTY-FIVE *****
DOLLARS 00 CENTS

30377001960018
049883 245190194

⑆091916187⑆1081 91991941⑈ 90

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN
UNION WU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY
ORDER

17-819121326

A 268451 D 090718
T 1840 05
178191213263 L 000315

\$ 105.00

PAY EXACTLY

PAY TO THE
ORDER OF

Taylor Properties

Ayanna A Sasser

PURCHASER'S ADDRESS

PAYMENT FOR/ACCT. #

PURCHASER'S SIGNATURE
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑆102100400⑆ 40178191213263⑈

COLOSSIANS 3 23 LLC JERSEY MIKE'S SUBS

LA VALE MD 21502

CO. NO. 14620

DEPT NO	EMPL NO	EMPLOYEE NAME		TAXPAYER ID	FED WH STATUS	PAY PERIOD		CHECK DATE	CHECK NO
140	1273	ALLISTARE SASSER		XXX-XX-2905	FLT AMT .00	7/30/18-8/12/18		8/17/18	31908
EARNINGS	HOURS/UNITS	RATE	THIS PAY	DEDS	THIS PAY	Y-T-D	DESCR	THIS PAY	Y-T-D
REG	80.00	10.400	832.00	SOCSEC	65.57	625.13	GROSS	958.20	8696.70
OT1	8.09	15.600	126.20	MDCARE	15.33	146.19	TIPS	99.37	1385.96
TIPS			99.37	MDC TAX	77.19	699.14	TIPS	99.37	1385.96
TOTAL PAY		1057.57		TOTAL DEDUCTIONS		158.09		NET PAY	899.48

S 21.63

	TAXABLE WAGES	
	THIS PAY	YTD
FEDERAL	1057.57	10082.66
SOCSEC	1057.57	10082.66
MDCARE	1057.57	10082.66
STATE	1057.57	10082.66
LOCAL		

PAY STATEMENT

Jetpay

Amedisys Holding, LLC 3854 American Way, Suite A Baton Rouge, LA 70816 301/322-6023		Pay Group: BW2-Biweekly 2 Pay Begin Date: 07/28/2018 Pay End Date: 08/10/2018	Business Unit: 20125 Advice #: 6975412 Advice Date: 08/17/2018
Ayanna A Alexander 7529 Buchanan Street #255 Landover Hills, MD 20784		Employee ID: 10073527 Department: 0000-Agency Department Location: Largo, MD Job Title: Business Office Specialist	TAX DATA: Marital Status: Single Allowances: 8 Addl. Percent: Addl. Amount:
			Federal Single 5
			MD State Single 5

HOURS AND EARNINGS						TAXES		
Description	Current			YTD		Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings			
Hourly Pay	21.18	64.00 H	1,355.30	1,209.00 H	24,827.80	Fed Withholding	46.67	1,273.38
Overtime Coeff	21.18	9.82 H	311.93	128.45 H	3,959.83	Fed MED/EE	28.32	413.26
Hourly Pay	21.18	3.90 H	82.59	11.65 H	241.47	Fed OASDI/EE	121.07	1,767.02
Paid Time Off	21.18	16.00 H	338.82	67.00 H	1,384.32	MD Withholding	93.56	1,889.20
Holiday			0.00	16.00 H	328.00			
TOTAL:	Hours:	93.72	2,088.64	1,432.10	30,741.42	TOTAL:	289.62	5,342.86
	Units:	0.00		0.00				
	Tracking Hours:	0.00		0.00				

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Health Ins CDHP - Silver	47.52	814.93	Critical Illness (Employee)	8.54	136.64	Health Ins CDHP - Silver	150.48	2,540.46
Dental	35.65	570.40	Critical Illness - Child	1.20	19.20	Basic Life and AD & D	0.83	12.68
Vision	5.20	83.20	STD Regular	19.28	299.18	401K	36.76	371.65
401K	83.55	844.68	Employee Stock Purchase Plan	88.84	334.84	HSA Semi-Annual ER Match	0.00	250.00
EE Health Care Savings Account	47.50	772.50				HSA Semi-Annual ER Match (DP)	0.00	250.00
TOTAL:	219.42	3,085.71	TOTAL:	117.86	789.86	*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 2,088.64	1,869.22	289.62	337.28	1,461.74
YTD 30,741.42	27,655.71	5,342.86	3,875.57	21,522.99

PTO BALANCES						NET PAY DISTRIBUTION			
Plan Description	Starting Balance	Earned	Taken	Adjustments	Available Balance	Payment Type	Account Type	Account Number	Amount
PTO	0.00	84.47	67.00	0.00	17.47	Advice #000000006975412	Checking	156111571469	760.10
							Checking	6220004071542	453.14
							Checking	1000194399829	146.17
							Savings	149330129	102.33
TOTAL:						1,461.74			

NOTE: Rate * Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation. H = Hours , U = Units

MESSAGE:

Amedisys Holding, LLC 3854 American Way, Suite A Baton Rouge, LA 70816 301/322-6023		Pay Group: BW2-Biweekly 2 Pay Begin Date: 08/11/2018 Pay End Date: 08/24/2018	Business Unit: 20125 Advice #: 7006278 Advice Date: 08/31/2018
Ayanna A Alexander 7529 Buchanan Street #255 Landover Hills, MD 20784		Employee ID: 10073527 Department: 0000-Agency Department Location: Largo, MD Job Title: Business Office Specialist	TAX DATA: Marital Status: Single Allowances: 8 Addl. Percent: Addl. Amount:
			Federal Single 5
			MD State Single 5

HOURS AND EARNINGS						TAXES		
Description	Current		Hours	YTD		Description	Current	YTD
	Rate	Earnings		Hours	Earnings			
Hourly Pay	21.18	80.00 H	1,694.12	1,289.00 H	26,521.92	Fed Withholding	41.18	1,314.56
Overtime Coeff	21.18	10.92 H	346.87	139.37 H	4,306.70	Fed MED/EE	27.62	440.88
Holiday		0.00		16.00 H	328.00	Fed OASDI/EE	118.12	1,885.14
Hourly Pay		0.00		11.65 H	241.47	MD Withholding	89.93	1,979.13
Paid Time Off		0.00		67.00 H	1,384.32			
TOTAL:	Hours:	90.92	2,040.99	1,523.02	32,782.41	TOTAL:	276.85	5,619.71
	Units:	0.00		0.00				
	Tracking Hours:	0.00		0.00				

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Health Ins CDHP - Silver	47.52	862.45	Critical Illness (Employee)	8.54	145.18	Health Ins CDHP - Silver	150.48	2,690.94
Dental	35.65	606.05	Critical Illness - Child	1.20	20.40	Basic Life and AD & D	0.83	13.51
Vision	5.20	88.40	STD Regular	19.28	318.46	401K	35.92	407.57
401K	81.64	926.32	Employee Stock Purchase Plan	84.71	419.55	HSA Semi-Annual ER Match	0.00	250.00
EE Health Care Savings Account	47.50	820.00				HSA Semi-Annual ER Match (DP)	0.00	250.00
TOTAL:	217.51	3,303.22	TOTAL:	113.73	903.59	*TAXABLE		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 2,040.99	1,823.48	276.85	331.24	1,432.90
YTD 32,782.41	29,479.19	5,619.71	4,206.81	22,955.89

PTO BALANCES						NET PAY DISTRIBUTION			
Plan Description	Starting Balance	Earned	Taken	Adjustments	Available Balance	Payment Type	Account Type	Account Number	Amount
PTO	0.00	89.70	67.00	0.00	22.70	Advice #000000007006278	Checking	156111571469	745.11
							Checking	6220004071542	444.20
							Checking	1000194399829	143.29
							Savings	149330129	100.30
TOTAL:						1,432.90			

NOTE: Rate * Hours = Earnings unless an hours or earnings adjustment is included or Rate is from an FLSA calculation. H = Hours , U = Units

MESSAGE: