

Employment Information

To be completed by employer - return both pages to requesting agency
(Mail or fax to agency address/fax number on first page)

EMPLOYEE NAME Debbie L Cook	SOCIAL SECURITY NUMBER -5764	CASE NUMBER 2042941
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Employment period:	DATE BEGAN/EXPECTED TO BEGIN	DATE ENDED/EXPECTED TO END	IF ENDED, DATE LAST PAID
REASON EMPLOYED	EXPLAIN:		GROSS AMOUNT
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			

Pay rate: \$ 9.⁰⁰ /hour
 \$ _____ /day
 \$ _____ /acre
 Other (explain): _____

If per acre, # of acres anticipated: _____
 Does this rate depend on the type of work performed? Yes No
 If yes, explain: _____

Income received/expected: Provide information for these months: _____

What was the date of the first pay check received? 1-23-15

EMPLOYMENT IS:	AVERAGE # HOURS PER PAY PERIOD: <u>40</u>	HOW OFTEN PAID:
<input type="checkbox"/> Part time <input checked="" type="checkbox"/> Full time		<input checked="" type="checkbox"/> Each week <input type="checkbox"/> Once a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> End of job <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____

Work Schedule:

SUN	MON	TUE	WED	THUR	FRI	SAT

Attach verification of income earned, itemized by pay period, or complete the table below.
 Note: For future months, anticipate income.

Date received	Income received (the net pay after wages which are only reasonably certain the employer will be paid)						
Gross earnings							
No. of hours worked							
Advances/Tips/Bonuses							
Child Support withheld							
Medical insurance							

Medical insurance:

Does the employer have medical insurance through you or your company? Yes No
 Is medical insurance available through you or your company? Yes No
 If yes, what is the employee cost? \$ _____ per _____ (period of coverage)

Signature of employer:

I understand that the information provided on this form is correct to the best of my knowledge. I understand that this form is not a contract for services.

EMPLOYER SIGNATURE 	COMPANY/BUSINESS NAME ESSG	
FEDEN 262724506	PHONE NUMBER 962-767-9095	DATE 4-10-15

Check Register Report

Affiliate: ESSG II 500

For Period From: 01/23/15 - 04/17/15 Date Type: Check Date
 Branch From: Employee
 Branch: ALL
 SSN: XXX-XX-5764 Payment Batch ID:

Employee Name	Check Num.	Check Date	Gross Amn't	Total Taxes	Total Deductions	Net Check	Is DD	PPE
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Branch : 500

Cook,Debbie L	555998022	01/23/15	\$279.63	\$50.74	\$0.00	\$228.89	Y	01/18/15
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Transaction				Tax			Deduction	
Type	Units	Rate	Total Pay	Tax Name	Taxable Gross	Tax Amt.	Deduct. Type	Amount
Reg	29.07	\$9.00	\$261.63	Federal Income	\$279.63	\$19.12		
Orientation	2.00	\$9.00	\$18.00	FICA EE	\$279.63	\$17.34		
				MED EE	\$279.63	\$4.05		
				MN WH	\$279.63	\$10.23		

Cook,Debbie L	556002620	01/30/15	\$366.35	\$84.70	\$0.00	\$281.65	Y	01/25/15
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Transaction				Tax			Deduction	
Type	Units	Rate	Total Pay	Tax Name	Taxable Gross	Tax Amt.	Deduct. Type	Amount
Reg	40.00	\$9.00	\$360.00	Federal Income	\$366.35	\$39.45		
OT	0.47	\$13.50	\$6.35	FICA EE	\$366.35	\$22.71		
				MED EE	\$366.35	\$5.31		
				MN WH	\$366.35	\$17.23		

Cook,Debbie L	556008227	02/06/15	\$219.87	\$43.78	\$0.00	\$176.09	Y	02/01/15
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Transaction				Tax			Deduction	
Type	Units	Rate	Total Pay	Tax Name	Taxable Gross	Tax Amt.	Deduct. Type	Amount
Reg	24.43	\$9.00	\$219.87	Federal Income	\$219.87	\$17.56		
				FICA EE	\$219.87	\$13.63		
				MED EE	\$219.87	\$3.19		
				MN WH	\$219.87	\$9.40		

Cook,Debbie L	556013582	02/13/15	\$366.48	\$84.74	\$0.00	\$281.74	Y	02/08/15
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Transaction				Tax			Deduction	
Type	Units	Rate	Total Pay	Tax Name	Taxable Gross	Tax Amt.	Deduct. Type	Amount
Reg	40.00	\$9.00	\$360.00	Federal Income	\$366.48	\$39.47		
OT	0.48	\$13.50	\$6.48	FICA EE	\$366.48	\$22.72		
				MED EE	\$366.48	\$5.31		
				MN WH	\$366.48	\$17.24		

Employee Name	Check Num.	Check Date	Gross Amn't	Total Taxes	Total Deductions	Net Check	Is DD	PPE
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Subtotal - 500

Transaction Type	Pay Unit	Total Pay	Tax Name	Tax Am'nt	Ded. Type	Ded. Am'nt
Reg	133.50	\$1,201.50	Federal Income Tax	\$115.60		
OT	0.95	\$12.83	FICA EE	\$76.40		
Orientation	2.00	\$18.00	MED EE	\$17.86		
	136.45	\$1,232.33	MN WH	\$54.10		
				\$263.96		

No. of Employees: 1

No. of Checks: 4

Total Branch Net Check Amount	\$968.37
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Total Branch DD Net Check Amount	\$968.37
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Report Total

Transaction Type	Pay Unit	Total Pay	Tax Name	Tax Am'nt	Deduct. Type	Deduct. Am'nt
Reg	133.50	\$1,201.50	Federal Income Tax	\$115.60		
Orientation	2.00	\$18.00				
OT	0.95	\$12.83	FICA EE	\$76.40		
			MED EE	\$17.86		
			MN WH	\$54.10		
	136.45	\$1,232.33				
				\$263.96		

Summary			
+Gross Amount	\$1,232.33	No. of Checks	4
-Taxes	\$263.96	No. of Employees	1
-Deductions	\$0.00		
Net Amount	\$968.37		