



IHSS Earnings Statement  
\* **DUPLICATE** \*

Direct Deposit  
99835699

Recipient	SARAH W		ID 0318101			
Payee/Provider	Tammy Webb		ID 000645698			
Service Period:	08/01/2022 to 08/15/2022		<b>Deductions</b>	<b>Current</b>	<b>YTD</b>	
Timesheet #	4138638998			Federal	\$ 0.00	\$ 0.00
Process Date:	08/16/2022			State	\$ 0.00	\$ 0.00
Pay Rate:	\$15.50			FICA	\$ 67.27	\$ 967.13
Hours Submitted	H 70	M 00		Medicare	\$ 15.73	\$ 226.18
Hours Not Paid	H 00	M 00		SDI/DIEC	\$ 11.94	\$ 171.59
Total Hours Paid	H 70	M 00				
Travel Hours	H	M				
Overtime Hours	H 00	M 00				
Sick Leave Hours	H	M				
	<b>Current</b>	<b>YTD</b>				
Regular*	\$ 1,085.00	\$ 14,478.89				
Adjustment	\$ 0.00	\$ 500.00				
Travel	\$ 0.00	\$ 0.00				
Overtime	\$ 0.00	\$ 0.00				
Sick Leave	\$ 0.00	\$ 620.00				
<b>Total Gross</b>	<b>\$ 1,085.00</b>	<b>\$ 15,598.89</b>				
<b>Net Pay</b>	<b>\$ 990.06</b>	<b>\$ 14,233.99</b>	<b>Total Deductions</b>	<b>\$ 94.94</b>	<b>\$ 1,364.90</b>	
*Includes Overtime Hours at regular rate. Please contact your local County Office for Payment Questions.						