



IHSS Earnings Statement
* **DUPLICATE** *

Direct Deposit
99636278

Recipient	SARAH W		ID 0318101			
Payee/Provider	Tammy Webb		ID 000645698			
Service Period:	07/01/2022 to 07/15/2022		Deductions	Current	YTD	
Timesheet #	4136197769			Federal	\$ 0.00	\$ 0.00
Process Date:	07/18/2022			State	\$ 0.00	\$ 0.00
Pay Rate:	\$15.50			FICA	\$ 56.70	\$ 816.30
Hours Submitted	H 59	M 00		Medicare	\$ 13.26	\$ 190.91
Hours Not Paid	H 00	M 00		SDI/DIEC	\$ 10.06	\$ 144.83
Total Hours Paid	H 59	M 00				
Travel Hours	H	M				
Overtime Hours	H 00	M 00				
Sick Leave Hours	H	M				
	Current	YTD				
Regular*	\$ 914.50	\$ 12,418.16				
Adjustment	\$ 0.00	\$ 500.00				
Travel	\$ 0.00	\$ 0.00				
Overtime	\$ 0.00	\$ 0.00				
Sick Leave	\$ 0.00	\$ 248.00				
Total Gross	\$ 914.50	\$ 13,166.16				
Net Pay	\$ 834.48	\$ 12,014.12	Total Deductions	\$ 80.02	\$ 1,152.04	
*Includes Overtime Hours at regular rate. Please contact your local County Office for Payment Questions.						