

Understanding Your Payroll Voucher example

Example 1 – Non-Exempt hourly employee, overtime earned, low deductible insurance, 457(B) deduction, supplemental life coverage, RHC (retiree healthcare), United Way deduction

KALAMAZOO RESA

<i>Earnings</i>	<i>Hours</i>	<i>Amount</i>	<i>Deductions</i>	<i>Amount</i>	<i>YTD Deduct</i>	<i>Contribution</i>	<i>YTD Gross</i>
HOURLY	84.31	2,341.30	FICA	146.69	278.76	146.69	4,758.95
OVER TIME	3.83	159.67	MEDICARE	34.31	65.20	34.31	
			FED TAX	227.19	416.88	0.00	<i>Current Earnings:</i>
			MICH TAX	83.55	158.46	0.00	
			ORS MPSRS	.00	.00	633.00	2,500.97
			MIP PP	160.06	304.57	.00	
			DC-EM	.00	.00	25.01	<i>Current Net</i>
			DC-MC	175.07	333.13	.00	
			RHC	75.03	142.77	.00	1,461.00
			MED LD BEN	.00	.00	250.16	
			MED LD LP	60.00	120.00	.00	<i>Pay Period</i>
			DENT BEN	.00	.00	13.71	<i>Ending</i>
			VISION BEN	.00	.00	3.82	
			GRPLIF20K	.00	.00	1.55	
			GROUP LTD	.00	.00	3.75	01/21/22
			SUPP LIFE	8.84	17.68	.00	
			457(B)	65.00	130.00	.00	<i>Pay Date</i>
			UNITED WAY	4.30	4.30	.00	
			CONSUMERS	1,461.00	2,793.40	.00	01/21/22
							<i>Stub No</i>
			Total	2,500.97	4,758.95	1,112.00	V773928

STATEMENT OF EARNINGS AND DEDUCTIONS - PLEASE DETACH AND KEEP FOR YOUR RECORDS

Example 2 – Non-exempt hourly employee, overtime earned, PHFEM/PHFMC contributions to personal healthcare fund

KALAMAZOO RESA

<i>Earnings</i>	<i>Hours</i>	<i>Amount</i>	<i>Deductions</i>	<i>Amount</i>	<i>YTD Deduct</i>	<i>Contribution</i>	<i>YTD Gross</i>
HOURLY	88.06	1,933.80	PICA	129.60	244.56	129.60	3,944.47
OVER TIME	4.75	156.47	MEDICARE	30.31	57.20	30.31	
			FED TAX	165.62	304.90	.00	<i>Current Earnings</i>
			MICH TAX	74.44	139.55	.00	
			ORS MPSRS	.00	.00	438.12	2,090.27
			DC-EM	.00	.00	146.32	
			DC-MC	104.51	197.22	.00	<i>Current Net</i>
			PHFEM	.00	.00	41.81	
			PHPMC	41.81	78.89	.00	1,543.98
			DENT BEN	.00	.00	13.71	
			VISION BEN	.00	.00	3.82	<i>Pay Period</i>
			GRPLIF20K	.00	.00	1.55	
			GROUP LTD	.00	.00	3.75	<i>Ending</i>
			5/3 Bank	1,543.98	2,922.15	.00	
TOTAL	92.81	2,090.27					01/21/22
<i>Leave</i>	<i>Balance</i>	<i>Taken YTD</i>					<i>Pay Date</i>
							01/21/22
							<i>Snub No</i>
			Total	2,090.27	3,944.47	808.99	V773648

STATEMENT OF EARNINGS AND DEDUCTIONS -PLEASE DETACH AND KEEP FOR YOUR RECORDS

Example 3 – Exempt employee, PHFEM/PHFMC contributions to personal healthcare fund, supplemental life coverage for self, spouse, and child

KALAMAZOO RESA

<i>Earnings</i>	<i>Hours</i>	<i>Amount</i>	<i>Deductions</i>	<i>Amount</i>	<i>YTD Deduct</i>	<i>Contribution</i>	<i>YTD Gross</i>
PRIMARYPAY	80.31	3,062.55	FICA	189.88	379.76	189.88	6,125.10
			MEDICARE	44.41	88.82	44.41	
			FED TAX	361.94	723.88	.00	<i>Current Earnings</i>
			MICH TAX	123.65	247.30	.00	
			ORS MPSRS	.00	.00	641.91	3,062.55
			DC-EM	.00	.00	214.38	
			DC-MC	91.88	183.76	.00	<i>Current Net</i>
			PHFEM	.00	.00	61.25	
			PHFMC	61.25	122.50	.00	2,138.01
			GRPLIF20K	.00	.00	1.55	
			GROUP LTD	.00	.00	3.75	<i>Pay Period</i>
			SUPP LIFE	13.23	26.46	.00	<i>Ending</i>
			LIFE CHILD	1.08	2.16	.00	
			LIFE SPOUS	2.84	5.68	.00	
			STD DED	34.38	68.76	.00	01/21/22
			CONSUMERS	2,138.01	4,276.02	.00	<i>Pay Date</i>
							01/21/22
							<i>Stub No</i>
			Total	3,062.55	6,125.10	1,157.13	V773656

STATEMENT OF EARNINGS AND DEDUCTIONS - PLEASE DETACH AND KEEP FOR YOUR RECORDS

Current Net - The amount when all deductions have been subtracted from Gross Pay

Current – The amount/s for this payroll period

Year to Date – The amount for the calendar year (January to December) to date

Hours – Number of hours worked for part time employees. For full-time employees this is a Power School system used number and will vary based on daily work schedule. Employees who do not work 12 months and who have spread pay over 26 pays will have a number lower than hours worked.

Employer Paid Benefits

Benefit

ORS MPSRS	Employer contribution to Employee's retirement plan
DC-EM	Employer contribution to Employee's MPSRS PP or DC retirement plan
PHFEM	Employer contribution to the employee's retirement health plan
Med LD Ben	Employer paid medical benefit
Dental Ben	Employer paid vision benefit
Vision Ben	Employer paid vision benefit
Group Life 20K	Employer paid \$20K life policy for all full-time employees
Group LTD	Employer paid Long Term Disability

Taxes and MPSRS

FICA	Social Security Tax
EIC	Earned Income
Credit FIT	Federal Income
Medicare	Medicare Tax
MIP	MPSRS Member Investment Plan Contribution
RHC	MPSRS Retirement Health Care

Additional Retirement and Tax Information

Retire	This field indicates the Michigan Public Schools Employee Retirement System plan in which you are enrolled. The following codes are used:
A (MIP G)	Automatic enrollee, with Graded contributions of 3.0% of reportable wages of the first \$5,000.00 fiscal year earnings, 3.6% of the next \$10,000.00 and 4.3% of the remaining earnings over \$15,000.00, or 7% if elected to increase contributions and retain the 1.5 percent pension factor, or 0% if elected a DC (defined contribution) plan.
B (Basic)	Plan with 0% employee contribution, or 4% of reportable wages if elected to increase contributions and retain the 1.5 percent pension factor.
H (Pen +)	Plan enrolled after 6/30/10, with contributions of 3.0%-6.4% of reportable wages, or 0% if elected a DC (defined contribution) plan.
M (MIP F)	MIP plan elected before 1/1/90, with contributions of 3.9% of reportable wages, or 7% if elected to increase contributions and retain the 1.5 percent pension factor, or 0% if elected DC (defined contribution) plan.
P (MIP +)	Plan enrolled after 6/30/08, with contributions of 3.0%-6.4% of reportable wages, or 7% if elected to increase contributions and retain the 1.5 percent pension factor, or 0% if elected DC (defined contribution) plan.
W (w/drw)	Withdrawal from the MIP plan.
X (None)	No membership in the Michigan Public Schools Employee Retirement System.
Marital Status	Your Marital Status regarding Federal Income Tax withholding: H = Head of Household M = Withholding computed at the Married rate S = Withholding computed at the Single rate

Other Employee Deductions

MED LD	Premium share for low deductible Health Care for 1P one person, 2P for 2-person for 2 people or FF for family
Dental Premium	Premium share for dental coverage can be 2 person or family
Vision	Premium share for vision coverage can be 2 person or family
ADDL Life and Disability	Additional employee elected coverage for Life and Disability
457B	Employee elected personal investment with TSA approved vendor
403B	Employee elected personal investment with TSA approved vendor
United Way	Employee donation to United Way
DC-MC	Employee contribution to the MPSRS Pension Plus or Defined Contribution retirement plan
RHC	Employee contribution to MPSRS Retirement Health Care
PHFMC	Employee contribution to the MPSRS Personal Healthcare Fund
MCFSFA	Medical Care Flexible Spending Account
CDFSFA	Dependent Care Flexible Spending Account
AD&D	Employee elected AD&D coverage for self, spouse or child/ren
Life	Employee elected life coverage on self, spouse or child/ren