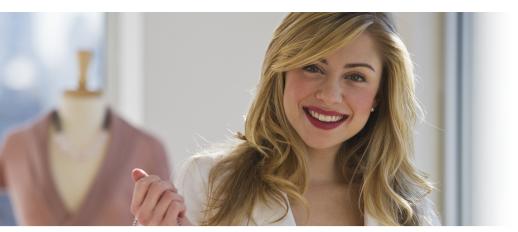


Payroll • Tax • HR Services • Insurance Services



Testimonials

"Old fashioned type of customer service that is a pleasure to work with... Calls are returned promptly and even more quickly than expected"

-Steven C., Happy Pest Control

"Thank you for the seamless transition mid-year to Pink Payroll... I invested no more than 20 minutes and the conversion was unbelievably smooth."

-Quentin S., Terramoto Transportation

Contact Us Speak to a payroll expert today

Erica Phillips (858) 217-5802 ephillips@pinkpayroll.com

Corporate Office

2015 Services BrochureV1

(800) 995-0308 8316 Clairemont Mesa Blvd, Ste. 204 San Diego, CA 92111

PAYROLL

Printed PaychecksUnlimited PayTypesElectronic ReportsDirect DepositOnline Payroll & StubsBenefit DeductionsPayCard DepositsVacation | PTOReimbursementsBenefit DeductionsQuickBooks® DownloadUnlimited PayTypes

PAYROLLTAX

IRS Tax Pay EFTPSCA State OnLineQuarterly Tax ReturnsState ACHTax PayState Tax ReturnsAll Fed Payroll Tax CalcIRS 941 ReturnsEmployee W4 & W2All State Payroll TaxIRS PIN Online MonitorEmployee W2 OnlineAnnual Tax Returns

ONLINE PAYROLL SERVICES

Employer AccessEmployee SetUpEmployee PaystubHours EntryPayroll CalculationEmployer Reports

TIMEKEEPING — HOURSTRACKING & IMPORTING

Webclocks Email Updates Time & Labor Savings
RealTime w Payroll Physical Clocks IP | SmartPhone | FPrint

WORKERS COMP INSURANCE "PAY-AS-YOU-GO"

Calculated Each Payroll Reduces Cash Outlay More Accurate Audit

BENEFITS CALCULATIONS & DEDUCTIONS

401K | IRA | AFLAC * HSA | Health | Dental Deduction & Match

HUMAN RESOURCE OPTIONS

OnLine | Live Agent Low Cost Flat Rate Local Referrals

COMBINED SERVICES

All Services Combined One Stop Services Opt Out Options

www.PinkPayroll.com



2015 Payroll Highlights

published 11/4/2014

FICA CHANGES	2015 Wage Base	Rate	2014 Wage Base	Rate
Social Security	\$118,500	6.20%	\$117,000	6.20%
Medicare - Up to Threshold Medicare - Over Threshold + .9%	\$200,000 \$200,000+	1.45% 2.35%	\$200,000 \$200,000	1.45% 2.35%

Note: Additional Medicare Tax will be withheld by employer from employee wages, on wages/comp paid to employee in excess of \$200,000. Employer tax will be handled in the individual's income tax return.

RETIREMENT PLAN CONTRIBUTION LIMITS	2015	2014
PlanType 401(k) / 403(b) Age 50 or Over Catch-Up	\$18,000 \$ 6,000	\$17,500 \$ 5,500
SIMPLE IRA / 408(p) Age 50 or Over Catch-Up	\$12,500 \$ 3,000	\$12,000 \$ 2,500
Defined contribution maximum deferral (employer & employee combined)	\$53,000 or 100% of compensation, whichever is less	\$52,000 or 100% of compensation, whichever is less
Employee Compensation Limit	\$265,000	\$250,000

HSA CONTRIBUTION LIMITS	2015	2014
Coverage Type Self Only (minimum HDHP deductible \$1,300/max OOP \$6,450)	\$3,350	\$3,300
Age 55 or Over Catch-Up	\$1,000	\$1,000
Family (minimum HDHP deductible \$2,600/max OOP \$12,900)	\$6,650	\$6,550
Age 55 or Over Catch-Up	\$1,000	\$1,000

Pink Payroll makes every effort to ensure the above information is accurate and correct as of the date of publication. Pink Payroll obtains this information from IRS & other websites. Your use of this information is at your own risk. You assume full responsibility of any actions against you or your company resulting from the use of this information. Pink Payroll is not liable for any damages resulting in your use of this information.

Contact Us for more information

Main Office (800) 995-0308 Erica Phillips Desk (858) 217-5802 ephillips@pinkpayroll.com www.PinkPayroll.com

2015 Bank Holidays

(no Paycheck Direct Deposit on these days)

Jan 1	Thu	New Years Day	Oct 12	Mon	Columbus Day
Jan 19	Mon	MLK Day	Nov 11	Wed	Veterans Day
Feb 16	Mon	Presidents Day	Nov 26	Thu	Thanksgiving
May 25	Mon	Memorial Day	Dec 25	Fri	Christmas
July 4	Sat	Independence Day	Jan 1'16	Fri	New Years Day
Sept 7	Mon	Labor Dav			



New Client Data Form

Please fax to 866-794-5515 or email to payroll@pinkpayroll.com for prompt attention

Company Name				
Company dba Organization Type	Company Name			# Employees:
Organization Type	• •			
Partnership Individual Non-Profit 501(c)3 Church Submits payroll day forday		□ Corp (S or C)	□ LLC □Sole Prop	
Account Signer & Primary Business Owner First Name Last Name Last Name Cell Business Check Copy/Scan Diffice (He wirk), see below)* SSM (for ACH Bank Transfers) Email Office Phone Cell Phone Cell Phone *Titles: Diresident/VP for Corp Owner if Sole Proprietor Managing Member for LLC Other? Tax IDs FEINI (Federal Tax ID) EDD# (State Tax ID) EDD# (State Tax ID) Company Banking Info Bank Name Routing Number Account Number Company Addresses (write same if applies) Physical Street Address 1 Street Address 2 Street Address 2 Street Address 2 Street Address 2 Street Malling Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name Jemail Phone Title: Name Jemail State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner name, SS and Driver's License Owner name, Se racted (Japrox) Type of Business / Describe Briefly Tax Mailing Address Place Address Province Address Province Address Submitted to Pink Payroll by: Name Org Phh email date submitted/ Submitted to Pink Payroll by: Name			idual .	
First Name Last		•	☐ Church	
First Name Last	Account Signer & Prim	nary Business Owner		
Last Name Title (title on file w IR5,see below)* SS# (for Acth Bank Transfers) Email Office Phone Cell Phone Cell Phone *Titles: □ President/VP for Corp □ Owner if Sole Proprietor □ Managing Member for LLC □ Other? Tax IDs FEIN (Federal Tax ID) EDD# (State Tax ID) Company Banking Info Bank Name Routing Number Account Number Company Addresses (write same if applies) Physical Tax Mailing Address Street Address 1 Street Address 2 City, State □ IP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Uname email Phone Title: Uname email Phone Title: Uname email Phone Title: Submitted (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Uname email Phone Title: Submitted (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Uname email Phone Title: Submitted to Pink Payroll by: Name Org Ph email Gate Submitted	_	iai, suomess omie.		DI FACE PROVIDE LIC.
Title (title on file w IRS, see below)* Siff (for ACH Bank Transfers) Email Office Phone *Titles: President/VP for Corp Owner if Sole Proprietor Managing Member for LLC Other?				
SSI (for ACH Bank Transfers) Email Office Phone Cell Phone *Titles: President/VP for Corp Owner if Sole Proprietor Managing Member for LLC Other?		1 1 14		
Email Office Phone Cell Phone *Titles: □ President/VP for Corp □ Owner if Sole Proprietor □ Managing Member for LLC □ Other? Tax IDS FEIN (Federal Tax ID) EDD# (State Tax ID) Company Banking Info Bank Name Routing Number Account Number Company Addresses (write same if applies) Physical Tax Mailing Address Street Address 1 Street Address 2 City, State 2 ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Nam		nefers)		,
Cell Phone *Titles: President/VP for Corp Owner if Sole Proprietor Managing Member for LLC Other? Tax IDS FEIN (Federal Tax ID) FEIN (Federal Tax ID) EDD# (State Tax ID)	•	,		ETTOOLOLEDS II (Otate Tax 15)
*Titles: President/VP for Corp Owner if Sole Proprietor Managing Member for LLC Other? Tax IDS FEIN (Federal Tax ID)	Office Phone			
Tax IDS FEIN (Federal Tax ID) COmpany Banking Info Bank Name Routing Number Account Number Company Addresses (write same if applies) Physical Tax Mailing Address Paycheck Mailing Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Name email Phone Title:	Cell Phone			
FEIN (Federal Tax ID) EDD# (State Tax ID)	*Titles: ☐ President/	VP for Corp ☐ Owner if Sole F	roprietor □ Managing Member	for LLC Other?
FEIN (Federal Tax ID) EDD# (State Tax ID)	Tax IDs			
Company Banking Info Bank Name Routing Number Account Number Company Addresses (write same if applies) Physical Tax Mailing Address Paycheck Mailing Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: If we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted ///				
Company Banking Info Bank Name Routing Number Account Number Company Addresses (write same if applies) Physical Tax Mailing Address Paycheck Mailing Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name Jemail Phone Title: Name Jemail Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name Jemail Phone Title: Name Jemail Phone Title: Submitted (Payroll Submission, view reports etc.) (example: office manager)				
Bank Name Routing Number Account Number Physical Tax Mailing Address Paycheck Mailing Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Name email Phone Title: Name email Phone Title: Imited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: If we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted				
Routing Number Account Number Company Addresses (write same if applies) Physical Tax Mailing Address Paycheck Mailing Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner Name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph_ email date submitted)		
Account Number Physical Tax Mailing Address Paycheck Mailing				
Company Addresses (write same if applies) Physical Tax Mailing Address Paycheck Mailing Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: NameOrg Ph email date submitted _/_/ date submitted _/_/	_			
Physical Tax Mailing Address Paycheck Mailing Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted	Account Number			
Street Address 1 Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted ///	Company Addresses (write same if applies)		
Street Address 2 City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted _/ details up details authorized in the submitted _/ date submitted _/		Physical	Tax Mailing Address	Paycheck Mailing
City, State ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted/	Street Address 1			
ZIP Phone Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted _/_/_	Street Address 2			
Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted ///	City, State			
Other Authorized Payroll Parties - *authorization form you sign will include details Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title: If we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted _/_/_	ZIP			
Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title:	Phone			
Full Account Authorization (example: a business partner, spouse. Unless authorized, no account access will be given) Name email Phone Title:	Other Authorized Pa	vroll Parties - *authorization	form vou sign will include deta	ils
Name email Phone Title:				
Name email Phone Title: Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted //_/_		•	, and a second s	,,
Limited (Payroll Submission, view reports etc.) (example: office manager) Name email Phone Title: Name email Phone Title: IF we are setting up State Employment Tax ID, provide: Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: Name Org Ph email date submitted//		:		
Name email Phone Title: Name email Phone Title: Name email Phone Title:				
Name email Phone Title:	Limited (Payroll Sub	mission, view reports etc.) (ex	ample: office manager)	
Name email Phone Title:	Name email Phone	Title:		
Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: NameOrg Ph email date submitted//_	Name email Phone	Title:		
Owner name, SS and Driver's License Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: NameOrg Ph email date submitted//_		State Foundation and Tax ID		
Owner name, SS and Driver's License Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: NameOrg Ph email date submitted//_			viae:	
Owner Name & Percent Owned Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: NameOrg Ph email date submitted//_	·			_
Date Business Started (approx) Type of Business / Describe Briefly Submitted to Pink Payroll by: NameOrg Ph email date submitted//				_
Type of Business / Describe Briefly NameOrg Ph email date submitted//_				-
Ph email date submitted//				
emaildate submitted/_/	Type of Business /	Describe Briefly		
date submitted//				Pn
				data submitted / /



2015 Payroll Tax Highlights Federal & California

Employee Taxes

Social Security 6.2% of gross pay –wage limit of \$118,500

Medicare 1.45% of gross pay to threshold (varies), over that rate is 2.35%

Federal Withholding Based upon W-4 filing status
State Withholding Based upon W-4/DE-4 filing status

CA Disability .9% of gross pay – wage limit is \$104,378 (maximum \$939.40)

*It is the responsibility of the employer to withhold and pay these taxes on behalf of their employees

Employer Taxes

Social Security 6.2% of gross pay –wage limit of \$117,000

Medicare 1.45% of gross pay, over \$200,000 wage limit 2.35% The following 3 taxes are paid on the first \$7,000 earned by each Employee per year:

Federal Unemployment .6% base plus 1.5% (Total 2.1% based on CA's Federal loan default status)

State Unemployment CA New Business rate 3.4%. Employment Training Tax CA New Business rate .1%.

TAX PAYMENT AND RETURN FILING REQUIREMENTS

- Deposits are due to the IRS (social security, Medicare and federal withholding taxes) based on assigned filing frequency minimum 12 deposits per year
- > 941 Federal return due quarterly to IRS 4 returns per year
- State Tax deposits are due quarterly for new business minimum 4 deposits per year
- Federal Unemployment deposit frequency is determined by the amount of tax due up to 4 deposits annually with 1 return at year end (940 Federal Return)
- California Tax returns 2 returns each of 4 quarters
- ➤ W2 at year end 1 per employee that worked for you during the year
- ➤ W3 at year end 1 copy sent to SSA

RECORD KEEPING

As an employer, you should keep a personnel file on each employee. Required information includes:

- ➤ W-4: Provides name, address, social security number, filing status, number of exemptions
- > I-9: Required by Federal Government to make sure that all employees are US citizens or have permission to work in the United States

WORKERS COMPENSATION INSURANCE

Workers Compensation Insurance is required, by law, in the state of California. The cost is based upon your current payroll information and the type of work your employees are performing.

2015 BANK HOLIDAYS (No Paycheck Direct Deposit on these Days)

New Years Day	Thu	Jan 1	Independ Day	Sat	July 4	Thanksgiving	Thu	Nov 26
MLK Day	Mon	Jan 19	Labor Day	Mon	Sept 7	Christmas	Fri	Dec 25
Presidents Day	Mon	Feb 16	Columbus Day	Mon	Oct 14	New Years	Fri	Jan 1 '16
Memorial Day	Mon	May 25	Veterans Day	Wed	Nov 11			



PAYROLL AND TAX CALCULATOR FOR NEW CLIENTS

EMPLOYER TAX		Employer Pays up to Wage:	Per Payroll Estimated Wages:	Per Payroll Estimated Wages:	Annual Estimated Wages:	Max Annual***
SAMPLE GROSS WAGES PER	PAYROLL:		\$	\$	\$	
Medicare	6.20%	\$ 106,800	Employer Cost	Employer Cost	Employer Cost	
Social Security	1.45%	no limit	\$	\$	\$	
State Unemployment* Federal Unemployment** Employment Training Tax	3.40% 1.50% 0.10%	\$ 7,000 \$ 7,000 \$ 7,000	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ 238 \$ 105 \$ 7
		Total Tax:	\$	\$	\$	
Worker's Comp		Rate	\$	\$	\$	
worker 3 comp		nate	Υ	٧	Υ	

EMPLOYEE TAX:				
SAMPLE GROSS WAGES F	ER PAYROLL:		\$ \$	\$
Employee Taxes				
Medicare#	6.20%	106,800	\$ \$	\$
Social Security	1.45%	no limit	\$ \$	\$
State Disability	1.00%	\$93,316	\$ \$	\$

N	O.	te	C	•
ı٧	v	ιc	3	

·

#higher income earners taxed at 2.35% for higher wages

^{*}New employer rate

^{**}in California for 2013 as of 12/1/2012

^{***}max based on criteria above

Payroll Summary

Pay Frequency: Bi-Weekly

Pay Period: 11/10/2014 to 11/23/2014 Check Date: 11/28/2014

Gross Pay : \$16,331.02 **Net Pay:** \$11,156.75

			ER			tesponsibility Client		Responsibility I Company	
Taxes		Туре	Rate	Taxable Wages	EE Withheld	ER Contribution	EE Withheld	ER Contribution	Tax Totals
	Federal - 941	EIC		15,941.65	0.00	0.00	0.00	0.00	0.00
		Federal		15,122.80	0.00	0.00	1,607.68	0.00	1,607.68
		FICA	6.20	15,941.65	0.00	0.00	988.38	988.38	1,976.76
		Medicare	1.45	15,941.65	0.00	0.00	231.15	231.15	462.30
		Federal - 941			\$0.00	\$0.00	\$2,827.21	\$1,219.53	\$4,046.74
	FUTA	FUTA	0.60	15,941.65	0.00	0.00	0.00	95.66	95.66
		FUTA			\$0.00	\$0.00	\$0.00	\$95.66	\$95.66
	State	CA ETT		15,941.65	0.00	0.00	0.00	0.00	0.00
		CA SDI		15,941.65	0.00	0.00	159.42	0.00	159.42
		CA State Income Tax		15,122.80	0.00	0.00	543.25	0.00	543.25
		CA State Unemployment (Employer)	3.40	15,941.65	0.00	0.00	0.00	542.01	542.01
		CA			\$0.00	\$0.00	\$702.67	\$542.01	\$1,244.68
		Totals			\$0.00	\$0.00	\$3,529.88	\$1,857.20	\$5,387.08
Total Payroll Ex 11/28/2014 Total Employee Transact	-	Checks Direct Deposit Voids Taxes Deductions Invoice		\$6,883.32 \$4,273.43 \$0.00 \$5,387.08 \$2,108.63 \$80.45 \$18,732.91					
Total Amount Debited From Your	Account	Direct Deposit Taxes Invoice Vendor Payment		\$-5,387.08 \$-80.45	****1234 ****1234 ****1234 ****1234	Torrey Pines Bank Torrey Pines Bank Torrey Pines Bank Torrey Pines Bank	Excludes Taxes	That Are Your Respon	sibility



Torrey Pines Bank San Diego, CA

YOUR COMPANY LOGO HERE

123 Any Street San Diego, CA 92101 (858) 123-4567

DATE	CHECK NO.
11/28/2014	MULTI-DD

AMOUNT

PAY ***VOID***VOID*** THIS IS NOT A CHECK ***VOID***VOID*** \$0.00

\$218.15

\$310.00

\$218.15

\$310.00

TO THE ORDER OF

> **Steve Goss** 1890 Lincoln Ave. San Diego, CA 92122

AUTHORIZED SIGNATURE(S) VOID AFTER 90 DAYS

PERSONAL INFORMATION **EARNINGS PIECES HOURS** YTD HOURS AMOUN'I Regular Hours 2,000.00 2,000.00

1890 Lincoln Ave. San Diego, CA 92122

Steve Goss

Base Pay Rate \$2,000.00 EMPLOYEE # 00000002

TOTAL EARNINGS \$2,000.00 \$2,000.00 FILING STATUS **EMPLOYER INFORMATION** YTD AMT TAX TYPE AMOUNT DEMO PAYROLL Federal 45.15 45.15 Federal M 7 +0.00FICA 124.00 124.00 State M 7 123 Any Street +0.00Medicare 29.00 29.00 San Diego, CA 92101 20.00 CA SDI 20.00 (858)111-0000

PAY PERIOD 11/10/14 TO 11/23/14 PAY FREQUENCY Bi-Weekly CHECK DATE 11/28/2014 CHECK # ** MULTIPLE DIRECT DEPOSIT **

TOTAL WITHHOLDINGS YTD CO MATCH AMOUNT **EARNED TAKEN BALANCE** ADJUSTMENTS CO MATCH YTD AMT ACCRUAL 401KLoan 150.00 150.00 ROTH% 80.00 80.00 160.00 160.00

80.00

\$80.00

TOTAL DED

	DIRECT DEPOSIT INF	ORMATION	NET PAY	AMOUNT	YTD AMT
Savings	***1212	\$100.00		¢1 471 95	¢1 /71 0E
Checking	***5656	\$1,371.85		\$1,471.85	\$1,471.85

YOUR COMPANY LOGO HERE

123 Any Street San Diego, CA 92101 (858) 123-4567

DATE	CHECK NO.
11/28/2014	E00004

AMOUNT

\$0.00

PAY ***VOID***VOID*** THIS IS NOT A CHECK ***VOID***VOID***

TO THE ORDER OF

Susan N Ortiz 31265 Market Dr. Winchester, CA 92596

AUTHORIZED SIGNATURE(S) VOID AFTER 90 DAYS

PERSONAL INFORMATION	EARNINGS	PIECES	HOURS	YTD HOURS	AMOUNT	YTD AMT
Susan N Ortiz	Regular Hours		72.50	72.50	1,044.00	1,044.00
31265 Market Dr.	Overtime Hours		1.50	1.50	32.40	32.40
Winchester, CA 92596						

Base Pay Rate \$14.40 EMPLOYEE # 00000009

	TOTAL EARNINGS	74.00 74.00	\$1,076.40	\$1,076.40
EMPLOYER INFORMATION	FILING STATUS	TAX TYPE	AMOUNT	YTD AMT
DEMO PAYROLL 123 Any Street San Diego, CA 92101 (858)111-0000	Federal S 9 +0.00 State S 9 +0.00	FICA Medicare CA SDI	66.74 15.61 10.76	66.74 15.61 10.76

PAY PERIOD 11/10/14 TO 11/23/14 PAY FREQUENCY Bi-Weekly CHECK DATE 11/28/2014 CHECK # E00004

CHECK # E00004				TOTAL WITHHOLDIN	IGS		\$93.11	\$93.11
ACCRUAL	EARNED	TAKEN	BALANCE	ADJUSTMENTS	CO MATCH	YTD CO MATCH	AMOUNT	YTD AMT
PTO	3.08		37.87	CHSUPP-1			172.15	172.15
				PAYFEE			1.50	1.50
				TOTAL DED			\$173.65	\$173.65

	DIRECT DEPOSIT INFOR	RMATION	NET PAY	AMOUNT	YTD AMT
Checking	***2345	\$809.64		\$809.64	\$809.64

Payroll Detail

Pink Payroll

www.pinkpayroll.com (858)547-3599

Hours and Wages				Taxes Deduct			Deductions		Net Pay	Employe	F
Туре	Rate Pieces	Hours	Amount	Tax	Amount	Deduction	Amount	Match	Check Number	Liability	Amount
Employee: Daniels, N	lick (0000003)				Dept: 000	00002 - Retail		Loc: 0000010	0 - Los Angeles	Div: 00000001 - Main	
ay Date: 11/28/2014	(System)										
Regular Hours	\$10.00	45:00	450.00	Federal	4.84	401K	11.25	\$0.00	394.99	FICA	27.90
-		45:00	\$450.00	FICA	27.90		\$11.25	\$0.00	0013000	Medicare	6.52 2.70
				Medicare	6.52		•	,		FUTA CA SUTA	15.30
				CA SDI	4.50					SALES	7.7
					\$43.76						\$60.19
Employee: Goss, Ste	ve (00000002)				Dept: 000	00010 - Officer		Loc: 0000010	00 - Los Angeles	Div: 00000001 - Main	
ay Date: 11/28/2014	(System)										
Regular Hours	\$2,000.00		2,000.00	Federal	45.15	401KLoan	150.00	\$0.00	1,471.85	FICA	124.00
-	-		\$2,000.00	FICA	124.00	ROTH%	160.00	\$80.00	MULTI-DD	Medicare	29.00
				Medicare	29.00		\$310.00	\$80.00	02 22	FUTA CA SUTA	12.00 68.00
				CA SDI	20.00		φο το.σο	φου.σσ		OFFICER	0.0
					\$218.15						\$233.0
Employee: Kotsos, J	ane M (0000007)				Dept: 000	00003 - Sales		Loc: 0000020	0 - San Diego	Div: 00000001 - Main	
ay Date: 11/28/2014	(System)										
Regular Hours	\$35.00	80:00	2,800.00	Federal	646.43	S125CafGI	15.25	\$0.00	2,201.47	FICA	205.20
Overtime Hours	\$52.50	10:00	525.00	FICA	205.20		\$15.25	\$0.00	0013001	Medicare	47.9
		90:00	\$3,325.00	Medicare	47.99	Reimbursement	¥10.20	ψ0.00	0013001	FUTA CA SUTA	19.80 112.5
				CA State	220.09	ExpReimb	44.53	\$0.00		SALES	57.4
				CA SDI	33.10		\$44.53	\$0.00			\$443.0
Faradaman Milabarda	0				\$1,152.81					Div 0000004 M-1-	
Employee: Michaels, ay Date: 11/28/2014	(System)				Dept: 000	00010 - Officer		LOC: 0000010	0 - Los Angeles	Div: 00000001 - Main	
-				Federal	300.96	401K\$			4.004.04	FICA	186.78
Regular Hours	\$40.63	80:00	3,250.00 \$3,250.00	FICA	186.78		325.00	\$130.00	1,991.94	Medicare	43.6
		80:00	\$3,250.00	Medicare	43.68	S125CafGl	237.50	\$0.00	E00003	FUTA	18.0
				CA State	134.01		\$562.50	\$130.00		CA SUTA	102.4
				CA SDI	30.13					OFFICER	0.0
					\$695.56						\$350.96
Employee: Ortiz, Sus	an N (00000009)				Dept: 000	00002 - Retail		Loc: 0000010	0 - Los Angeles	Div: 00000001 - Main	
ay Date: 11/28/2014	(System)										
Regular Hours	\$14.40	72:30	1,044.00	FICA	66.74	CHSUPP-1	172.15	\$0.00	809.64	FICA	66.74
Overtime Hours	\$21.60	1:30	32.40	Medicare	15.61	PAYFEE	1.50	\$0.00	E00004	Medicare	15.6
	-	74:00	\$1,076.40	CA SDI	10.76		\$173.65	\$0.00	2000.	FUTA CA SUTA	6.46 36.60
					\$93.11		ψ170.00	ψ0.00		RETAIL	20.09
											\$145.50
Employee: Riffel, Sco	ott L (00000004)				Dept: 000	00001 - Office		Loc: 0000010	0 - Los Angeles	Div: 00000001 - Main	
ay Date: 11/28/2014	(System)										
Regular Hours	\$16.00	32:00	512.00	FICA	31.74	401KLoan	50.76	\$0.00	266.36	FICA	31.74
• • • •	· · · · · · · · · · · · · · · · · · ·	32:00	\$512.00	Medicare	7.42	Advance	125.00	\$0.00	0013002	Medicare	7.42
			•	CA SDI	5.12	ROTH%	25.60	\$20.48	0010002	FUTA CA SUTA	3.07 17.41
					\$44.28		\$201.36	\$20.48		OFFICE	1.4
							φ201.30	φ20.46			\$61,0
Employee: Sanders,	Jaylene M (00000006)				Dept: 000	00001 - Driver		Loc: 0000020	0 - San Diego	Div: 00000001 - Main	
ay Date: 11/28/2014	(System)										
Regular Hours	\$12.50	66:16	828.33	Federal	32.66	401K	225.00	\$0.00	462.59	FICA	48.9
- 0	. =	66:16	\$828.33	FICA	48.98	MED125	38.31	\$0.00	0013003	Medicare	11.46
			,	Modicaro	11.46		30.01	Ψ5.00	0010000	FUTA	4.74

Company: DEMO PAYROLL (00100001)

Year: 2014

Printed: 11/14/2014 4:50:49 pm

PayrollDetailReport.rpt

Pay Frequency: Bi-Weekly



FUTA

SALES

CA SUTA

26.86

14.31

\$106.35

\$263.31

11.46

1.43

7.90

\$102.43

Medicare

CA State

CA SDI

Payroll Detail

roll Detail

Pink Payroll

www.pinkpayroll.com (858)547-3599

Pay Frequency: Bi-Weekly

	Hours an	d Wages			Ta	Kes		Deductions		Net Pay	Employer	
Туре	Rate	Pieces	Hours	Amount	Tax	Amount	Deduction	Amount	Match	Check Number	Liability	Amount
Employee: Sharpel, Michael D (00000005)			Dept: 00	000001 - Driver		Loc: 00000200	- San Diego	Div: 00000001 - Main				
Pay Date: 11/28/2014	(System)											
Regular Hours Overtime Hours	\$25.50 \$38.25		79:12 1:45 80:57	2,019.60 66.94 \$2,086.54	Federal FICA Medicare CA State CA SDI	176.65 123.27 28.83 68.06 19.88 \$416.69	401KLoan MED125	98.52 98.31 \$196.83	\$0.00 \$0.00 \$0.00	1,473.02 0013004	FICA Medicare FUTA CA SUTA DRIVER	123.27 28.83 11.93 67.60 35.95 \$267.58
Employee: Watson, Katherine A (00000010)			Dept: 00000001 - Office			Loc: 00000100	- Los Angeles	Div: 00000001 - Main				
Pay Date: 11/28/2014	(System)											
Regular Hours	\$30.00		80:00 80:00	2,400.00 \$2,400.00	Federal FICA Medicare CA State CA SDI	400.99 148.80 34.80 119.66 24.00 \$728.25	ROTH% Reimbursement ExpReimb	72.00 \$72.00 117.23 \$117.23	\$72.00 \$72.00 \$0.00 \$0.00	1,716.98 0013005	FICA Medicare FUTA CA SUTA SALES	148.80 34.80 14.40 81.60 41.45 \$321.05
Employee: Whitney,	Timothy M (0000	(8000				Dept: 00	000003 - Sales		Loc: 00000200	- San Diego	Div: 00000001 - Mai	in
Pay Date: 11/28/2014	(System)											
Regular Hours	\$9.00		44:45 44:45	402.75 \$402.75	FICA Medicare CA SDI	24.97 5.84 4.03 \$34.84				367.91 0013006	FICA Medicare FUTA CA SUTA SALES	24.97 5.84 2.42 13.69 6.96

CompanyTotals:					Total # of Pays:	10	Total # o	f Employees: 10			
Regular Hours Overtime Hours	0.00	579:43 13:15 592:58	15,706.68 624.34 \$16,331.02	Federal FICA Medicare CA State CA SDI	1,607.68 988.38 231.15 543.25 159.42 \$3,529.88	401K 401K\$ 401KLoan Advance CHSUPP-1 MED125 PAYFEE ROTH% S125CafGl Reimbursement ExpReimb	236.25 325.00 299.28 125.00 172.15 136.62 1.50 257.60 252.75 \$1,806.15	0.00 130.00 0.00 0.00 0.00 0.00 0.00 172.48 0.00 \$302.48	\$11,156.75	FICA Medicare FUTA CA SUTA DRIVER OFFICE OFFICER RETAIL SALES	988.38 231.15 95.66 542.01 35.95 1.41 0.00 20.09 127.92 \$2,042.57
							\$161.76	\$0.00			

Company: DEMO PAYROLL (00100001)

Year: 2014

Printed: 11/14/2014 4:50:49 pm

PayrollDetailReport.rpt



Current Paid Time Off Detail

Pink Payroll www.pinkpayroll.com (858)547-3599

	Employee		PTO Details						
Name ID	Hire Dt	Seniority Dt	Rate	Rate Balance Earned					
Paid Time Off Plan:	PTO PTO 80h/yr								
Daniels, Nick (00000003)	10/01/2006		3.07700000	20:52	73:52	60:00			
Kotsos, Jane (00000007)	01/23/2008		3.07700000	33:52	73:52	40:00			
Ortiz, Susan (00000009)	07/12/2010		3.07700000	37:52	73:52	36:00			
Riffel, Scott (00000004)	05/03/2005		3.07700000	3:52	73:52	70:00			
Sanders, Jaylene (0000006)	08/25/2010		3.07700000	23:52	73:52	50:00			
Sharpel, Michael (0000005)	10/09/2002		3.07700000	63:52	73:52	10:00			
Watson, Katherine (0000010)	08/19/2006		3.07700000	53:52	73:52	20:00			
Whitney, Timothy (0000008)	11/28/2011		3.07700000	3:52	73:52	70:00			

Company Totals: 241:56 590:56 356:00

Company: DEMO PAYROLL (00100001)

Year: 2014

Printed: 11/14/2014 4:47:20 pm
CurrentPaidTimeOffDetailReport.rpt



Check Register

Pay Frequency:

Pay Period: 11/10/2014 to 11/23/2014 Check Date: 11/28/2014

Pink Payroll www.pinkpayroll.com (858)547-3599

Paye	e information		Transaction Refe	rences	Transaction Detail						
Name	ID	Туре	Status	Payroll Dates	Date	Number	Total Amount		Paid to Accoun	nt Detail	
***1234	Torrey Pines Banl	(·						
Pink Payroll		Invoice	Paid	11/28/2014 to 11/28/2014	11/28/2014	E00006	80.45				
Nick Daniels	00000003	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	0013000	394.99				
Jane M Kotsos	0000007	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	0013001	2,201.47				
Scott L Riffel	0000004	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	0013002	266.36				
Jaylene M Sanders	00000006	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	0013003	462.59				
Michael D Sharpel	00000005	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	0013004	1,473.02				
Katherine A Watson	00000010	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	0013005	1,716.98				
Timothy M Whitney	8000000	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	0013006	367.91				
Steve Goss	00000002	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	E00001	100.00	s	***1212	100.00	
Steve Goss	00000002	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	E00002	1,371.85	С	***5656	1,371.85	
Sondra Michaels	00000013	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	E00003	1,991.94	С	***4324	1,991.94	
Susan N Ortiz	00000009	Payroll	Paid	11/10/2014 to 11/23/2014	11/28/2014	E00004	809.64	С	***2345	809.64	
Tax Impound		Tax	Paid	11/28/2014 to 11/28/2014	11/28/2014	E000027829	5,387.08				
California State Disburs	ser	Vendor	Paid	11/10/2014 to 11/23/2014	11/28/2014	E00005	172.15				
Account Tota	ls:	Payroll Check Count: Direct Deposit Count: Manual Check Count: Vendor Check Count:	7 4 2		Payroll Checks: Direct Deposit: Manual Checks: Vendor Checks:	\$6,883.32 \$4,273.43 \$252.60					
		Tax Check Count: Total Check Count:	14		Tax Checks: Total Checks:	\$5,387.08 \$16,796.43					
Company Total	ls:	Payroll Check Count: Direct Deposit Count: Manual Check Count: Vendor Check Count:	7 4 2		Payroll Checks: Direct Deposit: Manual Checks: Vendor Checks:	\$6,883.32 \$4,273.43 \$252.60					
		Tax Check Count: Total Check Count:	1		Tax Checks: Total Checks:	\$5,387.08 \$16,796.43					

Company: DEMO PAYROLL (00100001)

Year: 2014

Printed: 11/14/2014 4:50:00 pm CheckRegisterManualChkReport.rpt

