## Payroll Calculation Sheet Effective 01/01/2020 (Revised 02/18/2020)

HEALTH INSURANCE AND OTHER EMPLOYER CHARGES				
CODE		Ar	nc	ount
D865P	(Employer HI - Select Benefits)			nployer
D867P	(Employer HI - ASEA)	Не	altl	loyee h/Life
D860P	(Employer HI - LTC)	Rate	s Sł	ance neet on
D866P	(Employer HI - PSEA)	DOF Payro website for		te for
D902P	(Employer HI - MMP)	curi	rent	trates
D807P	ER Basic Life		-	
Plan A	All Other Units	\$	•	1.43
Plan B	Units TM, MM, BB, CC, AA, AP	\$	(	).29
D805P	ER Basic ADD, Dep Life, Basic TA	\$	(	0.95
UIP	Unemployment	0	.4	0%
D804P	ER Term Leave	1	.4	0%
D879P	ER Cashin Charge	2	.1	1%
D802P	ASEA Legal Trust per pay period	\$	4.	00
D803P	APEA Legal Trust per month	\$1	12	.00
D810P	CEA Legal Trust per month	\$	12	.00
D808P	Corr Off Injury Leave per month	\$	8.	00
D910P	GGU Injury Leave per year	\$	8.	00
D937P	ER MEBA Pension	1	1.7	70%

WORKERS' COMPENSATION						
DEPT	CODE	ER%	DEPT	CODE	ER%	
01	D811P	1.01	10	D820P	2.52	
02	D812P	1.22	11	D821P	1.49	
03	D813P	0.89	12	D822P	5.45	
04	D814P	0.99	18	D823P	0.83	
05	D815P	1.13	20	D824P	5.72	
06	D816P	3.43	25	D826P	4.74	
07	D817P	1.19	31	D828P	0.85	
08	D818P	0.93	33	D830P	0.63	
09	D819P	2.10	41	D831P	1.33	

SBS					
CODE		%			
D500 Employee	SBS	6.13			
D800P Employer	SBS	6.13			
Maximum Gross	\$	137,700.00			
Maximum Deduction	\$	8,441.01			

RETIREMENT- DEFINED BENEFIT PLAN					
TYPE	CODE	EE%	CODE	ER%	
PERS - A	D512	6.75	D840P	22.00	
PERS - C	D511	6.75	D841P	22.00	
PERS - E	D515	6.75	D842P	22.00	
PERS - F	D513	7.50	D843P	22.00	
PERS - M	D510	6.75	D844P	22.00	
PERS - P	D514	7.50	D845P	22.00	
PERS - D	D516	9.60	D840P	22.00	
TRS	D517	8.65	D846P	12.56	
LEGTRS	D518	8.65			
JRS	D519	7.00	D848P	40.72	

RETIREMENT- DEFINED CONTRIBUTION PLAN					
TYPE	CODE	EE%	CODE	ER%	
All Types	D570	8.00	D950P	5.00	
Occ Dea	ath & Disabili	ity - Other	D952P	0.26	
Occ De	eath & Disab	ility - F&P	D953P	0.72	
	Retiree Me	dical Plan	D954P	1.32	
	F/T HRA	D955P	\$88.40 semi-mo	onthly	
			\$81.60 bi-week	ly	
	P/T HRA	D957P	\$1.36 per hour		
Def. Ben. U	nfund. Liab.	D951P	22% less above	e amts	
TRS	D575	8.00	D960P	7.00	
Occ	Death & Dis	sability - T	D962P	0.08	
	Retiree Me	dical Plan	D964P	1.09	
	F/T HRA	D965P	\$88.40 semi-mo	onthly	
	P/T HRA	D966P	Contract % of F	/T rate	
Def. Ben. U	nfund. Liab.	D961P	12.56% less abo	ve amts	

MEDICARE					
CODE	%				
MEDIE Employee Medicare	1.45				
MEDIP Employer Medicare	1.45				
Maximum Gross	NO LIMIT				
Maximum Deduction	NO LIMIT				
MEDIE Addt'l EE Medicare	0.90				
On Wages Over \$	200,000.00				

## **2020 Percentage Method Tables**

STANDARD Withholding Rate Schedules (Use these if the Form W-4 is from 2019 or earlier, or if the Form W-					
4 is from 2020 or later and the box in Step 2 of Form W-4 is NOT					
		checked.)			
If the Adjust Wage Amoun		The tentative		of the amount that the Adjusted	
	But less	amount to	Plus this	Annual Wage	
At least	than	withhold is	percentage	exceeds	
Α	В	С	D	E	
	ľ	Married Filing Jo	intly		
		· ·	,		
\$0 \$11,900	\$11,900 \$31,650	\$0.00 \$0.00	0% 10%	\$0 \$11,900	
\$31,650	\$92,150	\$1,975.00	12%	\$31,650	
\$92,150	\$182,950	\$9,235.00	22%	\$92,150	
\$182,950	\$338,500	\$29,211.00	24%	\$182,950	
\$338,500	\$426,600	\$66,543.00	32%	\$338,500	
\$426,600	\$633,950	\$94,735.00	35%	\$426,600	
\$633,950		\$167,307.50	37%	\$633,950	
	Single of	or Married Filing	Separately		
\$0	\$3,800	\$0.00	0%	\$0	
\$3,800	\$13,675	\$0.00	10%	\$3,800	
\$13,675	\$43,925	\$987.50	12%	\$13,675	
\$43,925	\$89,325	\$4,617.50	22%	\$43,925	
\$89,325	\$167,100	\$14,605.50	24%	\$89,325	
\$167,100	\$211,150	\$33,271.50	32%	\$167,100	
\$211,150	\$522,200	\$47,367.50	35%	\$211,150	
\$522,200		\$156,235.00	37%	\$522,200	
Head of Household					
\$0	\$10,050	\$0.00	0%	\$0	
\$10,050	\$24,150	\$0.00	10%	\$10,050	
\$24,150	\$63,750	\$1,410.00	12%	\$24,150	
\$63,750	\$95,550	\$6,162.00	22%	\$63,750	
\$95,550	\$173,350	\$13,158.00	24%	\$95,550	
\$173,350	\$173,330	\$31,830.00	32%	\$173,350	
\$173,330 \$217,400	\$528,450	\$45,926.00	35%	\$217,400	
	φυ <u>2</u> υ,4υυ				
\$528,450		\$154,793.50	37%	\$528,450	

Form W-4, Step 2, Checkbox, Withholding Rate Schedules (Use these if the Form W-4 is from 2020 or later and the box in Step 2 of Form W-4 IS checked.)					
of the amount If the Adjusted Annual Wage Amount (line 2a) is The tentative Adjusted					
At least	But less than <b>B</b>	amount to withhold is  C	Plus this percentage <b>D</b>	Annual Wage exceeds	
	N	//arried Filing Jo	intly		
\$0	\$12,400	\$0.00	0%	\$0	
\$12,400	\$22,275	\$0.00	10%	\$12,400	
\$22,275	\$52,525	\$987.50	12%	\$22,275	
\$52,525	\$97,925	\$4,617.50	22%	\$52,525	
\$97,925	\$175,700	\$14,605.50	24%	\$97,925	
\$175,700	\$219,750	\$33,271.50	32%	\$175,700	
\$219,750	\$323,425	\$47,367.50	35%	\$219,750	
\$323,425		\$83,653.75	37%	\$323,425	
	Single o	r Married Filing	Separately		
\$0 \$6,200	\$6,200 \$11,138	\$0.00 \$0.00	0% 10%	\$0 \$6,200	
\$11,138	\$26,263	\$493.75	12%	\$11,138	
\$26,263	\$48,963	\$2,308.75	22%	\$26,263	
\$48,963	\$87,850	\$7,302.75	24%	\$48,963	
\$87,850	\$109,875	\$16,635.75	32%	\$87,850	
\$109,875	\$265,400	\$23,683.75	35%	\$109,875	
\$265,400		\$78,117.50	37%	\$265,400	
	I	Head of Househ	old		
\$0	\$9,325	\$0.00	0%	\$0	
\$9,325	\$16,375	\$0.00	10%	\$9,325	
\$16,375	\$36,175	\$705.00	12%	\$16,375	
\$36,175	\$52,075	\$3,081.00	22%	\$36,175	
\$52,075 \$00,075	\$90,975 \$113,000	\$6,579.00 \$15,915.00	24%	\$52,075 \$90,975	
\$90,975 \$113,000	\$113,000 \$268,525	\$15,915.00	32% 35%	\$90,975 \$113,000	
\$268,525	ψΖΟΟ,ΌΖΌ	\$77,396.75	37%	\$268,525	