## Payroll Calculation Sheet Effective 07/11/2022

HEALTH INSURANCE AND OTHER EMPLOYER CHARGES				
CODE		Ar	nount	
D865P	(Employer HI - Select Benefits)		Employer	
D867P	(Employer HI - ASEA)		mployee alth/Life	
D860P	(Employer HI - LTC)	Insurance Rate Sheet on		
D866P	(Employer HI - PSEA)		F Payroll bsite for	
D902P	(Employer HI - MMP)	curr	ent rates	
D807P	ER Basic Life		-	
Plan A	All Other Units	\$	1.43	
Plan B	Units TM, MM, BB, CC, AA, AP	\$	0.29	
D805P	ER Basic ADD, Dep Life, Basic TA	\$	1.44	
UIP	Unemployment	0	.00%	
D804P	ER Term Leave	0	.40%	
D879P	ER Cashin Charge	3	.51%	
D802P	ASEA Legal Trust per pay period	\$	4.00	
D803P	APEA Legal Trust per month	\$1	2.00	
D810P	CEA Legal Trust per month	\$1	2.00	
D910P	GGU Injury Leave per year	\$	8.00	
D937P	ER MEBA Pension	11	.70%	

WORKERS' COMPENSATION					
DEPT	CODE	ER%	DEPT	CODE	ER%
01	D811P	1.71%	11	D821P	1.40%
02	D812P	0.93%	12	D822P	4.26%
03	D813P	1.03%	16	D832P	0.96%
04	D814P	0.60%	18	D823P	0.68%
05	D815P	0.64%	20	D824P	3.11%
<del>06</del>	D816P	0.0343	25	D826P	4.77%
07	D817P	1.20%	26	D833P	5.33%
08	D818P	0.80%	31	D828P	0.60%
09	D819P	1.85%	33	D830P	0.68%
10	D820P	3.25%	41	D831P	1.04%

SBS					
CODE		%			
D500 Employee	SBS	6.13%			
D800P Employer	SBS	6.13%			
Maximum Gross	\$	147,000.00			
Maximum Deduction	\$	9,011.10			

RETIREMENT- DEFINED BENEFIT PLAN				
TYPE	CODE	EE%	CODE	ER%
PERS - A	D512	6.75%	D840P	24.79%
PERS - C	D511	6.75%	D841P	24.79%
PERS - E	D515	6.75%	D842P	24.79%
PERS - F	D513	7.50%	D843P	24.79%
PERS - M	D510	6.75%	D844P	24.79%
PERS - P	D514	7.50%	D845P	24.79%
PERS - D	D516	9.60%	D840P	24.79%
TRS	D517	8.65%	D846P	12.56%
LEGTRS	D518	8.65%		
JRS	D519	7.00%	D848P	45.34%

RETIREMENT- DEFINED CONTRIBUTION PLAN				
TYPE	CODE	EE%	CODE	ER%
All Types	D570	8.00%	D950P	5.00%
Occ Dea	ath & Disabil	ity - Other	D952P	0.30%
Occ De	eath & Disab	ility - F&P	D953P	0.68%
	Retiree Me	dical Plan	D954P	1.10%
	F/T HRA	D955P	\$86.04 bi-week	dy
	P/T HRA	D957P	\$1.43 per hour	
Def. Ben. Unfund. Liab. D951P		24.79% less at	ove amts	
TRS	D575	8.00%	D960P	7.00%
Occ	Death & Dis	sability - T	D962P	0.08%
	Retiree Me	dical Plan	D964P	0.87%
	F/T HRA	D965P	\$86.04 bi-week	dy
	P/T HRA	D966P	Contract % of I	=/T rate
Def. Ben. Ur	nfund. Liab.	D961P	12.56% less abo	ove 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			

## **2022 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.)				
,	of the amount If the Adjusted Annual that the					
Wage Amoun	,	The tentative		Adjusted		
	But less	amount to	Plus this	Annual Wage		
At least	than	withhold is	percentage	exceeds		
Α	В.	C	D	E		
	N	Married Filing Jo	intly			
\$0	\$13,000	\$0.00	0%	\$0		
\$13,000	\$33,550	\$0.00	10%	\$13,000		
\$33,550	\$96,550	\$2,055.00	12%	\$33,550		
\$96,550	\$191,150	\$9,615.00	22%	\$96,550		
\$191,150	\$353,100	\$30,427.00	24%	\$191,150		
\$353,100	\$444,900	\$69,295.00	32%	\$353,100		
\$444,900	\$660,850	\$98,671.00	35%	\$444,900		
\$660,850	,	\$174,253.50	37%	\$660,850		
	Single of	or Married Filing	Separately			
\$0	<b>#4.250</b>	የ በ በ በ ተ	0%	ΦΩ		
\$4,350	\$4,350 \$14,625	\$0.00 \$0.00	10%	\$0 \$4,350		
\$4,550 \$14,625	\$46,125	\$1,027.50	10%	\$14,625		
\$14,025	\$93,425	\$4,807.50	22%	\$46,125		
\$93,425	\$174,400	\$15,213.50	24%	\$93,425		
\$174,400	\$220,300	\$34,647.50	32%	\$174,400		
\$220,300	\$544,250	\$49,335.50	35%	\$220,300		
\$544,250	ψ0++,200	\$162,718.00	37%	\$544,250		
ψο 11,200		φ102,710.00	01 70	ψο 11,200		
Head of Household						
\$0	\$10,800	\$0.00	0%	\$0		
\$10,800	\$25,450	\$0.00	10%	\$10,800		
\$25,450	\$66,700	\$1,465.00	12%	\$25,450		
\$66,700	\$99,850	\$6,415.00	22%	\$66,700		
\$99,850	\$180,850	\$13,708.00	24%	\$99,850		
\$180,850	\$226,750	\$33,148.00	32%	\$180,850		
\$226,750	\$550,700	\$47,836.00	35%	\$226,750		
\$550,700		\$161,218.50	37%	\$550,700		

## 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.)

If the Adjus Wage Amou		The tentative amount to	Plus this	of the amount that the Adjusted Annual Wage	
At least	than <b>B</b>	withhold is <b>C</b>	percentage <b>D</b>	exceeds	
^		Married Filing Jo		_	
		viairiou i iiiig oo			
\$0	\$12,950	\$0.00	0%	\$0	
\$12,950	\$23,225	\$0.00	10%	\$12,950	
\$23,225	\$54,725	\$1,027.50	12%	\$23,225	
\$54,725	\$102,025	\$4,807.50	22%	\$54,725	
\$102,025	\$183,000	\$15,213.50	24%	\$102,025	
\$183,000	\$228,900	\$34,647.50	32%	\$183,000	
\$228,900	\$336,875	\$49,335.50	35%	\$228,900	
\$336,875		\$87,126.75	37%	\$336,875	
			_		
	Single of	or Married Filing	Separately		
	00.475	40.00	20/	40	
\$0	\$6,475	\$0.00	0%	\$0	
\$6,475	\$11,613	\$0.00	10%	\$6,475	
\$11,613	\$27,363	\$513.75	12%	\$11,613	
\$27,363	\$51,013 \$04,500	\$2,403.75	22%	\$27,363 \$54,043	
\$51,013 \$01,500	\$91,500	\$7,606.75	24% 32%	\$51,013 \$01,500	
\$91,500 \$114,450	\$114,450 \$276,425	\$17,323.75 \$24,667.75	32% 35%	\$91,500 \$114,450	
\$114,450	\$270,425	\$24,007.75	37%	\$276,425	
φ270,425		фо 1,359.00	31 70	<b>Φ270,423</b>	
		Head of Househ	old		
ricad of riouschold					
\$0	\$9,700	\$0.00	0%	\$0	
\$9,700	\$17,025	\$0.00	10%	\$9,700	
\$17,025	\$37,650	\$732.50	12%	\$17,025	
\$37,650	\$54,225	\$3,207.50	22%	\$37,650	
\$54,225	\$94,725	\$6,854.00	24%	\$54,225	
\$94,725	\$117,675	\$16,574.00	32%	\$94,725	
\$117,675	\$279,650	\$23,918.00	35%	\$117,675	
\$279,650		\$80,609.25	37%	\$279,650	