

SAMPLE EARNINGS STATEMENT

STATE OF MONTANA
 THE UNIVERSITY OF MONTANA - MISSOULA PAYROLL
 VOID 180 DAYS AFTER ISSUE DATE

****DIRECT DEPOSIT ACKNOWLEDGEMENT STATEMENT - DO NOT CASH****

LOC/DEPT	DATE	NUMBER	AMOUNT
1311	6/25/1997		*****679.09

Six Hundred Seventy Nine & 09/100*****

DEPOSITED IN THE NAME OF

John Doe
 Human Resource Services
 LO 265
 Missoula, MT 59812

**EXPLANATION
 of DEDUCTIONS
 NOT A VALID CHECK**
 FOR CONFIRMATION OF DIRECT DEPOSIT ONLY

Montana Educator's Credit Union

THIS IS A STATEMENT OF YOUR EARNINGS AND PAYROLL DEDUCTIONS. PLEASE DETACH AND RETAIN.

IDENT. NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PERIOD END	DEPOSIT DATE	DOCUMENT NO.	DEPOSIT AMOUNT
010203040	Doe, John	010-20-3040	06/17/1997	06/25/1997	44945	679.09

DESCRIPTION OF DEDUCTIONS	DEDUCTIONS	CURRENT	YTD
Employer Contribution (MO Flex Credit)	BasicBen	-245.00	-245.00
Mandatory Basic Term Life Insurance Premium for Employee	BasicLif	2.80	2.80
Mandatory Dental Insurance Premium	Dental	50.00	50.00
Federal Tax Withholding	Fed W/H	20.00	578.14
Flex Administration Fee	Flex Adm	2.75	16.50
Forfeited Flex Credit	ForfCrdt	.00	.00
Insurance Premium Reserve Account for 10-month Employees	InsResv	.00	.00
Long Term Disability Premium	LTD	4.70	4.70
Health Insurance Premium (Medical/Vision)	MedVis	323.10	323.10
Medicare Tax	Medicare	12.57	156.86
Montana Family Education and Savings Program	MTFESP	.00	.00
Social Security Tax	OASDI	53.76	670.72
Retirement for Staff (Employee Contribution)	PERS	62.87	817.31
Retirement for Faculty (Employee Contribution)	Ret-TIAA	62.87	817.31
Retirement for Faculty (Employee Contribution)	TRS	62.87	817.31
Dependent Care Optional Reimbursement Account	RbDepCar	.00	.00
Health Care Optional Reimbursement Account	RbHealth	.00	.00
State Tax Withholding	State W/H	16.88	287.19
Reserve for Supplemental Term Life Ins. Premium (10 mnth empl)	TermLfrs	.00	.00
Supplemental Term Life Insurance Premium	TermLife	4.26	4.26
Supplemental Term Life Insurance Premium for Dependents	TermSupp	8.20	8.20
Reserve for Supplemental Term Life Ins. Premium/Dependents (10 mo.)	TermSupR	.00	.00
Tax Sheltered Annuity Deduction	VALIC	12.50	522.50
Optional Accidental Death and Dismemberment Premium	Vol Accd	4.30	4.30