Copy C - For EMPLOYE Notice To Employee on	E'S RECORDS (See the back of Copy B.)	41-1628061 OMB No. 1545-0008	Copy 2 – To Be Filed ₩: City, or Local Income Ta		41-1628061 OMB No. 1545-0008
a Employee's social security number 485-68-5992	1 Wages, tips and other compensation 23477.94	2 Federal income tax withheld 1628.94	a Employee's social security number 485-68-5992	1 Wages, tips and other compensation 23477.94	2 Federal income tax withheld 1623-94
	3 Social security wages 25374.02	4 Social security taxes withheld 1065.74	b Employer's identification number (EIN)	3 Social security wages 25374.02	4 Social security taxes withheld 1065.74
b Employer's identification number (EIN) 237293874	5 Medicare wages and tips 25374.02	6 Medicare tax withheld 367.96	237293874	5 Medicare wages and tips 25374.02	6 Medicare tax withheld 367.96
c Employer's name, address and ZIP cod KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901	e		c Employer's name, address and ZIP cod KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901	MEDICAL CENTE	
d Control Number			d Control Number		
e Employee's name, address and ZIP coc JULENE K HART 171 Pioneer Road KALISPELL MT 59901		Suff.	e Employee's name, address and ZIP cod JULENE K HAF 171 Pioneer Road KALISPELL MT 59901	RTMAN	Suff.
7 Social security tips	8 Allocated tips	9 Advance EIC payment	7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code See instructions for box 12 D 1896.08	10 Dependent care benefits	11 Nonqualified plans	12a Code See instructions for box 12 D 1896.08
13 Statutory employee 14 Oth Retirement Plan X Third party sick pay	er.	12b	13 Statutory employee 14 Oth Retirement Plan X Third party sick pay	er	DD 7030.33 12c
MT 0090087 15 State Employer's state I.D. number	23477.94 16 State wages, tips, etc.	747.00 17 State income tax.	MT 0090087 15 State Employer's state I.D. number	23477.94 16 State wages, tips, etc.	747.00 17 State income tax.
18 Local wages, tips, etc.	19 Local income tax.	20 Locality name	18 Local wages, tips, etc.	19 Local income tax.	20 Locality name
Form W-2 Wages and Tax Statement his information is being furnished to the	2012 Internal Revenue Service. If you are red on you if this income is taxable and yo	Dept of the Treasury – IRS quired to file a tax return, a negligence	Form W-2 Wages and Tax Statement	2012	Dept of the Treasury – IRS

FEDERAL Tax Return	/ith Employee's	41-1628061 OMB No. 1545-0008	Copy 2 – To Be Filed V City, or Local Income	Tax Return	41-1628061 OMB No. 1545-0008
a Employee's social security number 485-68-5992	1 Wages, tips and other compensation 24664.40	2 Federal income tax withheld 1848.65	a Employee's social security number 485-68-5992	1 Wages, tips and other compensation 24664.40	2 Federal income tax withheld 1848.65
	3 Social security wages 26518.80	4 Social security taxes withheld 1113.80	h Employed identification number (51)	3 Social security wages 26518.80	4 Social security taxes withheld 1113.80
b Employer's identification number (EIN 237293874	5 Medicare wages and tips 26518.80	6 Medicare tax withheld 384.54	b Employer's identification number (Ell 237293874	5 Medicare wages and tips 26518.80	6 Medicare tax withheld 384.54
c Employer's name, address and ZIP co KALISPELL REGIONA 310 SUNNYVIEW LANI KALISPELL, MT 5990	L MEDICAL CENTER, E		c Employer's name, address and ZIP of KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990	AL MEDICAL CENTER, E	
d Control Number			d Control Number		
e Employee's name, address and ZIP or JULENE K HAF 819 2ND AVE WEST KALISPELL MT 59901	ode RTMAN	Suff.	e Employee's name, address and ZIP JULENE K HA 819 2ND AVE WEST KALISPELL MT 59901	ARTMAN	Sul
7 Social security tips	8 Allocated tips		7 Social security tips	8 Allocated tips	
10 Dependent care benefits	11 Nonqualified plans	12a Code See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code See instructions for box 12 D 1854.40
13 Statutory employee 14 Ot	ther	D 1854.40	13 Statutory employee 14 C	Other	12b
Retirement Plan	e e e e e e e e e e e e e e e e e e e	12c	Retirement Plan		120
Third party sick pay		12d 12 12 12 12 12 12 12 12 12 12 12 12 12	Third party sick pay		12d
MT 0090087	24664.40	824.00	MT 0090087	24664.40	824.00
15 State Employer's state I.D. number	16 State wages, tips, etc.	17 State income tax.	15 State Employer's state I.D. numbe	er 16 State wages, tips, etc.	17 State income tax.
18 Local wages, tips, etc.	19 Local income tax.	20 Locality name Dept of the Treasury – IRS	18 Local wages, tips, etc. Form W-2 Wages and Tax Statement		20 Locality name Dept of the Treasury – IRS
Copy C – For EMPLOYE Notice To Employee on a Employee's social security number	the back of Copy B.)	41-1628061 OMB No. 1545-0008	Copy 2 – To Be Filed W City, or Local Income 1	Tax Return	<u> </u>
Notice To Employee on	the back of Copy B.) 1 Wages, tips and other compensation 24664.40		City, or Local Income 1	Tax Return 1 Wages, tips and other compensation 24664.40	
Notice To Employee on a Employee's social security number	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80	City, or Local Income 1 a Employee's social security number	1 Wages, tips and other compensation 24664.40 3 Social security wages	OMB No. 1545-0008 2 Federal income tax withheld 1848.65
Notice To Employee on a Employee's social security number 485-68-5992	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld	City, or Local Income 1 a Employee's social security number 485-68-5992	Tax Return 1 Wages, tips and other compensation	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld
Notice To Employee on a Employee's social security number 485-68-5992 b Employer's identification number (EIN)	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld	City, or Local Income 1 a Employee's social security number 485-68-5992 b Employer's identification number (EIN	1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld
Notice To Employee on a Employee's social security number 485-68-5992 b Employer's identification number (EIN) 237293874 c Employer's name, address and ZIP co- KALISPELL REGIONAL 310 SUNNYVIEW LANE	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld	City, or Local Income 1 a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP c KALISPELL REGIONA 310 SUNNYVIEW LAN	1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld
Notice To Employee on a Employee's social security number 485-68-5992 b Employer's identification number (EIN) 237293874 c Employer's name, address and ZIP co- KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP co-	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP or KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54
Notice To Employee on a Employee's social security number 485-68-5992 b Employer's identification number (EIN) 237293874 c Employer's name, address and ZIP control Number KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP control Number e Employee's name, address and ZIP control Number KALISPELL MT 59901 KALISPELL MT 59901	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP or KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP or JULENE K HAI 819 2ND AVE WEST KALISPELL MT 59901	1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54
Notice To Employee on a Employee's social security number 485-68-5992 b Employee's identification number (EIN) 237293874 c Employee's name, address and ZIP co- KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP co JULENE K HAR: 819 2ND AVE WEST KALISPELL MT 59901	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP or KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP or JULENE K 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E 11	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54
Notice To Employee on a Employee's social security number 485-68-5992 b Employer's identification number (EIN) 237293874 c Employer's name, address and ZIP control Number KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP control Number e Employee's name, address and ZIP control Number KALISPELL MT 59901 KALISPELL MT 59901	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP or KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP or JULENE K 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 10 Dependent care benefits	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E 1 3 Allocated tips 11 Nonqualified plans 1	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54
Notice To Employee on a Employee's social security number 485-68-5992 b Employee's identification number (EIN) 237293874 c Employee's name, address and ZIP corkALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP cory JULENE K HAR: 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 0 Dependent care benefits 3 Statutory employee 14 Other	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Suff.	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP c KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP c JULENE K 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 O	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E 1 code RTMAN	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54
Notice To Employee on a Employee's social security number 485-68-5992 b Employee's identification number (EIN) 237293874 c Employee's name, address and ZIP co- KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP co- JULENE K HAR' 819 2ND AVE WEST KALISPELL MT 59901	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Suff. 12a Code See instructions for box 12 D 1854.40	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP or KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP or JULENE K A19 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 10 Dependent care benefits 13 Statutory employee	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E 11 code RTMAN 8 Allocated tips 11 Nonqualified plans	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Suff Suff 12a Code See instructions for box 12 D 1854.46
Notice To Employee on a Employee's social security number 485-68-5992 b Employee's identification number (EIN) 237293874 c Employer's name, address and ZIP co- KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP co- JULENE K HAR' 819 2ND AVE WEST KALISPELL MT 59901 Social security tips 0 Dependent care benefits 3 Statutory employee 14 Oth	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Suff. Suff. 12a Code See instructions for box 12 D 1854.40 12c 12d	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP or KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP or JULENE K 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement Plan X Third party sick pay	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E 1 8 Allocated tips 11 Nonqualified plans tither	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Suff Suff 12a Code See instructions for box 12 D 1854.40
Notice To Employee on a Employee's social security number 485-68-5992 b Employee's identification number (EIN) 237293874 c Employee's name, address and ZIP co- KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP co- JULENE K HAR: 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 0 Dependent care benefits 3 Statutory employee 14 Oth	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Suff. Suff. 12a Code See instructions for box 12 D 1854.40 12b	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP c KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP c JULENE K 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement Plan X	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E 11 code RTMAN 8 Allocated tips 11 Nonqualified plans tither	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Suff.
Notice To Employee on a Employee's social security number 485-68-5992 b Employee's identification number (EIN) 237293874 c Employee's name, address and ZIP co- KALISPELL REGIONAL 310 SUNNYVIEW LANE KALISPELL, MT 59901 d Control Number e Employee's name, address and ZIP co- JULENE K HAR' 819 2ND AVE WEST KALISPELL MT 59901 'Social security tips 0 Dependent care benefits 3 Statutory employee Retirement Plan X Third party sick pay	the back of Copy B.) 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 de MEDICAL CENTER,	OMB No. 1545-0008 2 Federal income tax withheld	City, or Local Income T a Employee's social security number 485-68-5992 b Employer's identification number (EIN 237293874 c Employer's name, address and ZIP or KALISPELL REGIONA 310 SUNNYVIEW LAN KALISPELL, MT 5990 d Control Number e Employee's name, address and ZIP or JULENE K 819 2ND AVE WEST KALISPELL MT 59901 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement Plan X Third party sick pay MT 0099087	Tax Return 1 Wages, tips and other compensation 24664.40 3 Social security wages 26518.80 5 Medicare wages and tips 26518.80 ode AL MEDICAL CENTER, E 11 code RTMAN 8 Allocated tips 11 Nonqualified plans tither	OMB No. 1545-0008 2 Federal income tax withheld 1848.65 4 Social security taxes withheld 1113.80 6 Medicare tax withheld 384.54 Surf. Surf. 12a Code See instructions for box 12 D 1854.40 12c 12d



KRAUSE, JULENE K's eStubViewTM



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KRAUSE, JULENE K 171 Pioneer Road KALISPELL, MT 59901

Direct Deposit Earnings Record

Employee Name	Employee No.	Department No.
KRAUSE, JULENE K	34934	01.8766
Payment Date	Deposit No.	Net Deposit
09/27/13	689146	**\$491.67

Current Earnings	Current Taxes	Current Ded	Current Net Pay	Pay Period Ending
1451.93	153.94	806.32	491.67	09/21/13
YTD Earnings	YTD Taxes	YTD Ded	YTD Net Pay	Rate
29977.48	3133.01	16994.97	9849.50	14.55

Direct Deposit Details

	Earnings	Dedu	ctions	
Description	Hours Earnings	Benefit Benefit Hrs	Description	Taxes/Deduction
REGULAR ETB CREDIT BENEFIT	63.500 923.93 16.500 240.08 0.000 287.92	CIB 599.388	PRETAX HEALTH I PRETAX DENTAL I PRETAX VISION I	375.2 41.5 11.0
			FLEX MEDICAL FICA-SOCIAL SEC FICA-MEDICARE	85.0 58.1 13.0
			401K-EMPLOYEE FIT SIT	72. 55. 27.
			401K LOAN	221.

<u>47517850</u>	05/10/13	\$491.66
46821715	04/26/13	\$695.66
46152129	04/12/13	\$491.67
45398322	03/29/13	\$370.64
44725245	03/15/13	\$372.06
123456		

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KRAUSE, JULENE K 171 Pioneer Road KALISPELL, MT 59901

Direct Deposit Earnings Record

Direct Deposit Earlinge Necera					
Employee Name	Employee No.	Department No.			
KRAUSE,JULENE K	34934	01.8766			
Payment Date	Deposit No.	Net Deposit			
09/13/13	686654	**\$491.66			

Cu	rrent Earnings	Current Taxes	Current Ded	Current Net Pay	Pay Period Ending
	1451.92	153.94	806.32	491.66	09/07/13
	YTD Earnings	YTD Taxes	YTD Ded	YTD Net Pay	Rate
ANIANA NA	28525.55	2979.07	16188.65	9357.83	14.55

Direct Deposit Details

		***************************************	<u> </u>	r pehosii		147	
	Earnir	igs			Dec	luctions	
Description	Hours	Earnings	Benefit	Benefit Hrs	Description	Taxes/Deductions	Year-to- Date
REGULAR ETB CREDIT BENEFIT	36.250 43.750 0.000	527.44 636.56 287.92		143.420 596.908	PRETAX HEALTHI PRETAX DENTAL I PRETAX VISION I FLEX MEDICAL FICA-SOCIAL SEC FICA-MEDICARE 401K - EMPLOYEE FIT SIT 401K LOAN	375.21 41.50 11.00 85.00 58.23 13.62 72.60 55.09 27.00 221.01	8055.64 705.50 187.00 1615.00 1113.67 260.47 1426.32 1083.93 521.00 4199.19
otals		1451.92			Totals	960.26	19167.7

Employer Contributions on Your Behalf								
	Description	Current Amount	YTD Amount					
FICA-SOCIAL SEC FICA-MEDICARE 401K EMPL'R MAT ER PROFIT SHARE LIFE INSURANCE WORKERS' COMP UNEMPLOYMENT		58.23 13.62 34.92 3.49 3.41 20.37 3.63	1113.67 260.47 663.26 663.26 30.69 504.92 48.03					
Totals		169.10	3284.3					

Net F	Pay Dis	stribution
Account		Amount

Julene K Krause 171 Pioneer Road Kalispell, MT 59901

Direct Deposit

Employee Pay Stub	Ch	eck number:		<u></u>		/23/2013 - 10/06/2013	Pay Date: 10/09/2013	
Employee					SSN	Status (Fed/State)	Allowances/Ext	ra
Julene K Krause, 171 Pioneer R	oad, Kalispel	I, MT 59901			***-**-5992	Married/Married	Fed-1/0/MT-1/0	
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	t		Amount
Hourly	12.42	9.00	111.78	3,522.36	Checking - ****	**4700		102.23
Taxes	*		Current	YTD Amount	Memo			
Medicare Employee Addl Tax Federal Withholding Social Security Employee Medicare Employee MT - Income Tax			0.00 0.00 -6.93 -1.62 -1.00	0.00 0.00 -218.39 -51.07 -29.00	Direct Deposit			
Net Pay			102.23	3,223.90				

48 Main Company 48 Main Street Kalispell, MT 59901

> Julene K Krause 171 Pioneer Road Kalispell, MT 59901

Direct Deposit

Employee Pay Stub	Check number:				Pay Period: 09/09/2013 - 09/22/2013		Pay Date: 09/25/2013	
Employee						Status (Fed/State)	Allowances/Extra	
Julene K Krause, 171 Pioneer Road, Kalispell, MT 59901					***-**-5992 Married/Married		Fed-1/0/MT-1/0	
Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit			Amount
Hourly	8.32	9.00	74.88	3,410.58	Checking - *****4700		69.15	
Taxes		4	Current	YTD Amount	Memo			
Medicare Employee Addl Tax Federal Withholding Social Security Employee Medicare Employee MT - Income Tax			0.00 0.00 -4.65 -1.08 0.00	0.00 0.00 -211.46 -49.45 -28.00	Direct Deposit			
Net Pav			-5.73 69.15	-288.91 3.121.67				