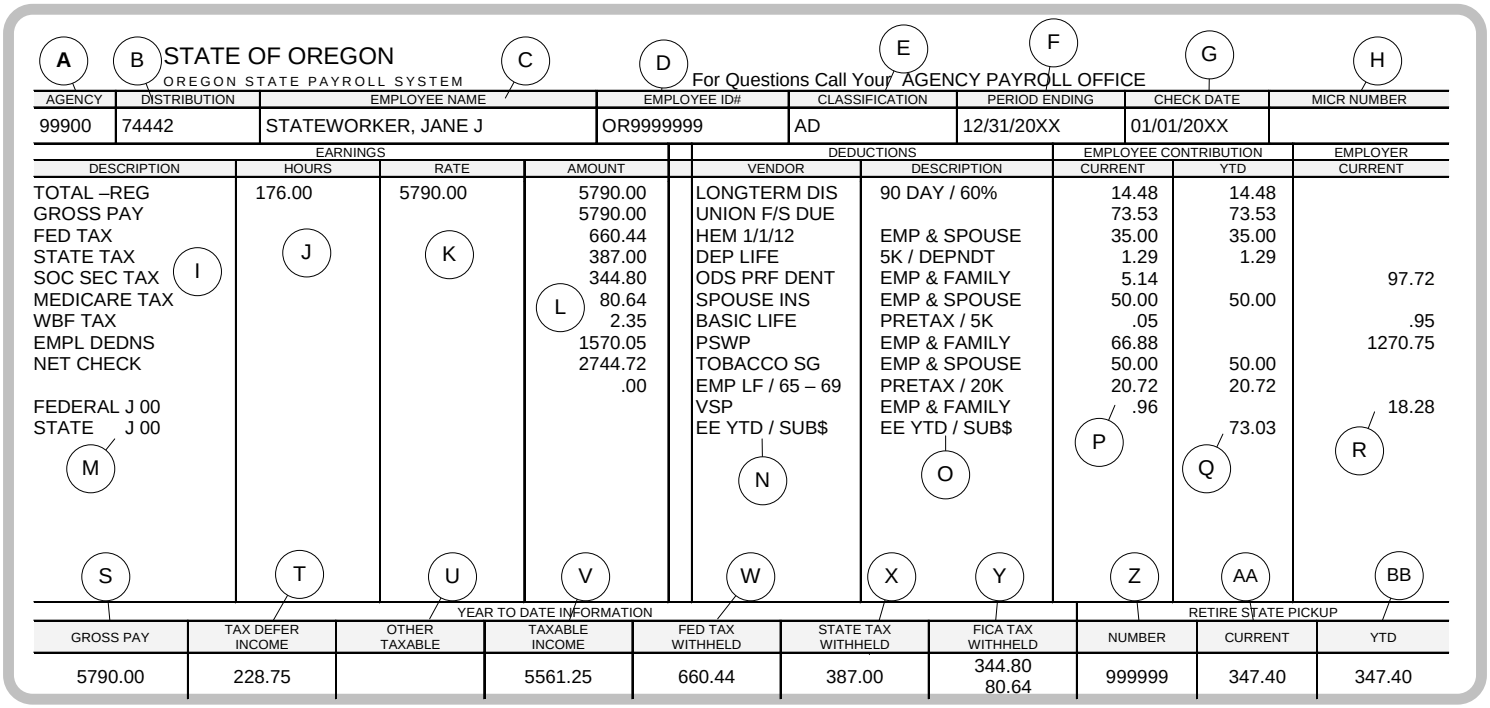
About Your Check Stub / Remittance Advice



STATE OF OREGON
OREGON STATE PAYROLL SYSTEM
For Questions Call Your AGENCY PAYROLL OFFICE

AGENCY	DISTRIBUTION	EMPLOYEE NAME	EMPLOYEE ID#	CLASSIFICATION	PERIOD ENDING	CHECK DATE	MICR NUMBER
99900	74442	STATEWORKER, JANE J	OR9999999	AD	12/31/20XX	01/01/20XX	

EARNINGS				DEDUCTIONS		EMPLOYEE CONTRIBUTION		EMPLOYER
DESCRIPTION	HOURS	RATE	AMOUNT	VENDOR	DESCRIPTION	CURRENT	YTD	CURRENT
TOTAL –REG	176.00	5790.00	5790.00	LONGTERM DIS	90 DAY / 60%	14.48	14.48	
GROSS PAY			5790.00	UNION F/S DUE		73.53	73.53	
FED TAX			660.44	HEM 1/1/12	EMP & SPOUSE	35.00	35.00	
STATE TAX			387.00	DEP LIFE	5K / DEPNDT	1.29	1.29	
SOC SEC TAX			344.80	ODS PRF DENT	EMP & FAMILY	5.14		97.72
MEDICARE TAX			80.64	SPOUSE INS	EMP & SPOUSE	50.00	50.00	
WBF TAX			2.35	BASIC LIFE	PRETAX / 5K	.05		.95
EMPL DEDNS			1570.05	PSWP	EMP & FAMILY	66.88		1270.75
NET CHECK			2744.72	TOBACCO SG	EMP & SPOUSE	50.00	50.00	
			.00	EMP LF / 65 – 69	PRETAX / 20K	20.72	20.72	
FEDERAL J 00				VSP	EMP & FAMILY	.96		18.28
STATE J 00				EE YTD / SUB$	EE YTD / SUB$		73.03	

YEAR TO DATE INFORMATION							RETIRE STATE PICKUP		
GROSS PAY	TAX DEFER INCOME	OTHER TAXABLE	TAXABLE INCOME	FED TAX WITHHELD	STATE TAX WITHHELD	FICA TAX WITHHELD	NUMBER	CURRENT	YTD
5790.00	228.75		5561.25	660.44	387.00	344.80 80.64	999999	347.40	347.40

Legend

No.	Description	No.	Description
A	5-digit payroll agency number.	**O**	Brief description of deduction.
B	Code for agencies to define the work group to which an employee is assigned.	**P**	Amount of money deducted from current pay for the associated benefit / deduction.
C	Official name from personnel records.	**Q**	Year-to-date total of employee-paid deductions.
D	Your 9-character employee identification number assigned by personnel.	**R**	Amount employer pays on your behalf for the associated benefit.
E	Position classification code from personnel records.	**S**	Year-to-date gross pay.
F	Last date of the applicable pay period.	**T**	Year-to-date income paid “pre tax”. Examples include flexible spending accounts and Oregon Savings Growth Plan deferrals.
G	First negotiable date for this paycheck.	**U**	Year-to-date miscellaneous income. Includes value of taxable fringe benefits.
H	Check number for attached paycheck.	**V**	Year-to-date taxable income.
I	Lists type of earnings and taxes by line item. Includes summary total of deductions in (P).	**W**	Year-to-date federal income tax withheld.
J	Hours paid by line item for the pay period.	**X**	Year-to-date state income tax withheld.
K	Rate of pay by line item.	**Y**	Year-to-date FICA tax withheld. Top line is “Soc Sec Tax”, bottom line is “Medicare Tax”.
L	Gross amounts by line item.	**Z**	PERS retirement account number, if applicable.
M	Federal income tax withholding status and allowances. J = Joint, S = Single.	**AA**	Amount employer paid into your PERS account this pay period.
N	Abbreviated description of vendor for benefits and voluntary deductions.	**BB**	Year-to-date amount of (AA).