

Annual Benefits Statement

Precision Payroll of America now offers a new report for your employees that list their total compensation including all employer paid benefits for the year.

SAMPLE

Dear (EMPLOYEE'S NAME),

Your Benefits Statement is a brief outline of your company benefits. It is our way of showing you how much we appreciate your contribution to the success of our company. Should you have any questions regarding this report, please call our Human Resource Department.

_____ Your Company Name

SUMMARY OF BENEFIT COSTS

<u>EMPLOYER PAID BENEFIT</u>	<u>EMPLOYER COST OF BENEFIT</u>
Employer FICA Match	\$3,838.32
Employer MEDICARE Match	\$897.67
Federal Unemployment Insurance	\$56.00
State Unemployment Insurance	\$272.00
Other Assessment Taxes	\$38.25
Worker's Compensation Premium	\$1,788.57
Company Paid Auto Allowances	\$3,067.00
Disability Payments	\$500.00
Fringe Benefits	\$2,500.00
Special Bonus	\$1,650.00
Company Match 401K	\$787.28
Paid Medical Insurance	\$24.56
Paid Dental Insurance	\$39.10
Paid Time off	\$225.00
Paid Sick Time	\$567.00
Paid Vacation Time	<u>\$345.00</u>
 Total Benefit Cost	 \$16,595.75
Annual Salary	<u>\$53,554.45</u>
 Actual Realized Income	 \$70,150.20

**YOUR FRINGE BENEFITS EQUAL AN ADDITIONAL 30.99% PCT.
OF YOUR ANNUAL COMPENSATION.**

Please call Gary Young at (630) 242-1522
or email gyoung@precisionpayroll.com for more information.