

Precision Payroll of America, LLC offers a report for your employees that lists their total compensation. All employer paid benefits for the year are listed as well.

Dear [name of employee],

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 contact our Human Resource Department.

[name of Company]

SUMMARY OF BENEFIT COSTS

EMPLOYEE PAID BENEFIT	EMPLOYER COST OF BENEFIT
Employer FICA Match	\$3,838.32
Employer MEDICARE Match	\$897.67
Federal Unemployment Insurance	\$56.00
State Unemployment Insurance	\$542.00
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	\$2400.56
Paid Dental Insurance	\$539.10
Paid Time Off	\$225.00
Paid Sick Time	\$567.00
Paid Vacation Time	<u>\$345.00</u>
Total Benefit Cost	\$19,741.75
Annual Salary	<u>\$53,554.45</u>
Actual Realized Income	\$73,296.20

SAMPLE

YOUR FRINGE BENEFITS EQUAL AN ADDITIONAL 36.86% PCT. OF YOUR ANNUAL COMPENSATION.

For additional information, please contact Ted Stepniewski at 630.242.1500 or tstepniewski@precisionpayroll.com