



**WC SUBSIDIARY SERVICES LLC (91563)**

SP97563

**Tax Withholding Report**

Report generated on 08/28/2023 at 12:57 PM

Employee: LAURA OLSON - GJ4602

**Federal Tax Withholding**

Filing Status

Withholding

Override Type

MJ - MJ

Override Amount

EIC File Status

W-4 Filed/Year

W-5 Filed/Year

**State Tax Withholding**

State 1

State

TEXAS

Filing Status

Allowance

Secondary Allowance

Exemption

Supplemental Exemption



HBOM00319598

Non-Resident Certification

Override Type

Override Amount

**I-9 Information**

Completed INS Form

NO

IRCA Document Number

IRCA ID Document

Alien Registration #

I-9 Renewal Date

FICA Exempt

NO

PAYROLL

MAGGIE TAYLOR

CONTACTS

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- Your Core Employee Handbook ha...
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- Would you like to learn more about...

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- PTO Worksheet
- Web User Authorization
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- Job Code Form

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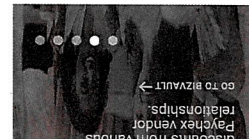
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Employee Search > OLSON, LAURA

Employee Search Employee Listings

# OLSON, LAURA - WC SUBSIDIARY SERVICES LLC (91563)

PROJECT MANAGER

- Personal Details
- Tax Withholding
- Employment
- Pay Stubs
- Direct Deposit
- Time Off
- Benefits Summary
- 401(k) Summary
- More

ACTIONS



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Title Description		Job Code Date		Status - Date	
PROJECT MANAGER	04/20/2021	ACTIVE - 07/08/2020			
Type - Date		Benefit Group		Benefits Thru Date	
FULL TIME - 07/08/2020	PRIMARY			08/19/2023	Client Employee # 1
Work Shift		Union Code			
Pay Group/Method		Workers' Comp Class Code		Clock #	
BW PD FRI PPE SAT	8810				
Employer ID		Project Code		Client Name	
STAFF ONE HR, LLC				WC SUBSIDIARY SERVICES LLC	
Department		Division		Location	
		WCGG-STAFF-PROFESSIONA		MAIN	
PEO Start Date		Client Start Date		Supervisor	
07/08/2020	07/08/2020				
Compensation		Pay Period		Current Annualized Pay	
Hourly Rate	31.2500	BI-WEEKLY		65000.00	
Standard Hours		Pay Type		Default Timesheet Hours	
80.00	SALARY			80.00	
Overtime Exempt		Last Hire Date		Original Hire Date	
YES	07/08/2020			07/08/2020	
Seniority Date		PEO Start Date		Last Performance Review Date	
07/08/2020	07/08/2020			07/08/2020	
Termination Reason		Rehire		Auto Accept Timesheet	
	Not Specified				Daily Time Sheets

HUMAN RESOURCES  
 (515) 348-8759  
 SEE ALL CONTACTS



# Employee List

EMPLOYEE ID	USER NAME	EMPLOYEE NAME	EMPLOYEE STATUS	EMPLOYEE TEMPLATE	CLIENT ID	CLIENT NAME	CLIENT STATUS	CLIENT CITY	REGISTERED	VIEW PORTAL
GJ4602	LAURALEIGHOLSON	OLSON LAURA LEIGH	A	EMP-DFLT-NEXTGEN	91563	WC SUBSIDIARY SERVI...	A		YES	<a href="#">VIEW PORTAL</a>

Search

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This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2020

Dept. of the Treasury - IRS

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

15 State Employer's state ID number

16 State wages, tips, etc.

17 State income tax

12d Code

12c Code

13 Statutory employee

14 Other

12b Code

10 Dependent care benefits

11 Nonqualified plans

12a Code See inst. for box 12

DD 2893.60

7 Social security tps

8 Allocated tps

9 0.00

e Employee's name, address, and ZIP code

LAURA LEIGH OLSON

Surf.

d Control number

c Employer's name, address, and ZIP code

STAFF ONE HR, LLC  
2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411

b Employer ID number (EIN)

11-3660133

5 Medicare wages and tps

29878.91

6 Medicare tax withheld

433.24

3 Social security wages

29878.91

4 Social security tax withheld

1852.49

1 Wages, tips, other comp.

29878.91

2 Federal income tax withheld

1939.59

a Employee's soc. sec. no.

41-0852411

OMB No. 1545-0008

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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**Form W-2 Wage and Tax Statement** 2021  
Dept. of the Treasury - IRS

**Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of copy B.)**

41-0852411 OMB No. 1545-0008

1 Wages, tips, other comp. 62849.54  
2 Federal income tax withheld 4131.87  
3 Social security wages 62849.54  
4 Social security tax withheld 3896.67  
5 Medicare wages and tips 62849.54  
6 Medicare tax withheld 911.32

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WEST PALM BEACH, FL 33411

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LAURA LEIGH OLSON  
Suff.

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10 Dependent care benefits  
11 Nonqualified plans DD 7084.43  
12a Code See inst. for box 12 DD

13 Statutory employee  
14 Other DEN 160.54  
12b Code  
Retirement plan  
12c Code MED 1948.98  
12d Code VIS 40.94  
12e Code

15 State Employer's state ID number  
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17 State income tax  
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**Form W-2 Wage and Tax Statement** 2021  
Dept. of the Treasury - IRS

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Dept. of the Treasury - IRS

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**Form W-2 Wage and Tax Statement** 2021  
Dept. of the Treasury - IRS

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**Form W-2 Wage and Tax Statement** 2022  
Dept. of the Treasury - IRS

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OMB No. 1545-0008 41-0852411

**a** Employee's soc. sec. no. [REDACTED]  
**1** Wages, tips, other comp. 62008.03  
**2** Federal income tax withheld 3921.87  
**3** Social security wages [REDACTED]  
**4** Social security tax withheld 3844.50  
**5** Medicare wages and tips 62008.03  
**6** Medicare tax withheld 899.12

**c** Employer's name, address, and ZIP code  
 STAFF ONE HR, LLC  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411

**d** Control number [REDACTED]

**e** Employee's name, address, and ZIP code  
 LAURA LEIGH OLSON  
 [REDACTED]

**7** Social security tips 0.00  
**8** Allocated tips 0.00  
**9** [REDACTED]

**10** Dependent care benefits  
**11** Nonqualified plans DD 7522.76  
**12a** Code See inst. for box 12

**13** Statutory employee  
**14** Other DEN  
**12b** Code 333.69  
**12c** Code 2597.76  
**12d** Code 60.52

**15** State Employer's state ID number [REDACTED]  
**16** State wages, tips, etc. [REDACTED]  
**17** State income tax [REDACTED]

**18** Local wages, tips, etc. [REDACTED]  
**19** Local income tax [REDACTED]  
**20** Locality name [REDACTED]

**Form W-2 Wage and Tax Statement** 2022  
Dept. of the Treasury - IRS

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**Form W-2 Wage and Tax Statement** 2022  
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 LAURA LEIGH OLSON  
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Notice to Employee

DO you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount of the credit is based on income and family size. Workers without a child qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit [www.irs.gov/efic](http://www.irs.gov/efic). See also Pub. 590, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You also may visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The amount reported in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RTTA) taxes were withheld, you may be able to claim a credit for the excess federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.00 in Tier 2 RTTA tax was withheld, you may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see instructions for Employee, below.)

Instructions for Employee

1. Generalized employee business expense reimbursements (concessions). See the instructions for Form 1040, line 17, for more information.

2. Enter the amount on the wages line of your tax return.

3. Enter the amount on the federal income tax withheld line of your tax return.

4. Unreported 1099 income tax return to you at least once. Unreported 1099 income tax return to you at least once. Unreported 1099 income tax return to you at least once.

5. Actual amount of tips you received, report that amount even if it is more than the amount shown on the 1099. Use Form 4137 to figure the amount of tips you received. Report that amount even if it is more than the amount shown on the 1099. Use Form 4137 to figure the amount of tips you received.

6. The amount shown on the 1099 is based on the amount reported to you on Form 1040-SSA. See the instructions for Form 1040-SSA.

7. Adoption benefit (not included in box 1). Complete Form 8839, Adoption Benefit, to figure any tax benefits and any non-taxable amount. Report that amount on Form 1040, line 17.

8. Employer contributions to your Archer MSA. Report on Form 1040, line 17, the amount of contributions to your Archer MSA. Report on Form 1040, line 17, the amount of contributions to your Archer MSA.

9. Employer contributions to your Archer MSA. Report on Form 1040, line 17, the amount of contributions to your Archer MSA.

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WC SUBSIDIARY SERVICES LLC

Employee Voucher Report

From 01/01/2020 To 12/31/2020

HR | Payroll | Benefits | Insurance

Sorted by Employee Name

Pay Date	Period Start	Period End	Reg Hours	Premium Hours	Gross Pay	Reimburse Amt	Gross Earned	Federal Tax	FICA	State Tax	Other Taxes	Payroll Deductions	Net Pay	Weeks Worked
07/10/20	06/14/20	06/27/20	80.00	0.00	5,769.24	0.00	\$5,769.24	587.79	421.45	0.00	0.00	858.58	3,901.42	2.00
07/17/20	06/28/20	07/11/20	72.00	0.00	5,769.24	0.00	\$5,769.24	587.79	421.46	0.00	0.00	858.58	3,901.41	2.00
07/31/20	07/12/20	07/25/20	80.00	0.00	5,769.24	0.00	\$5,769.24	621.73	433.26	0.00	0.00	682.69	4,031.56	2.00
08/14/20	07/26/20	08/08/20	80.00	0.00	5,769.24	0.00	\$5,769.24	588.66	421.75	0.00	0.00	854.64	3,904.19	2.00
08/28/20	08/09/20	08/22/20	80.00	0.00	5,769.24	0.00	\$5,769.24	588.66	421.76	0.00	0.00	854.64	3,904.18	2.00
09/11/20	08/23/20	09/05/20	80.00	0.00	5,769.24	0.00	\$5,769.24	588.66	421.75	0.00	0.00	854.64	3,904.19	2.00
09/25/20	09/06/20	09/19/20	32.00	0.00	2,884.62	0.00	\$2,884.62	171.00	201.08	0.00	0.00	566.18	1,946.36	2.00
10/09/20	09/20/20	10/03/20	0.00	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals For:			1,504.00	0.00	112,500.18	0.00	\$112,500.18	11,409.50	8,233.21	0.00	0.00	16,515.60	76,341.87	40.00
07/17/20	06/28/20	07/11/20	24.00	0.00	750.00	0.00	\$750.00	0.00	57.38	0.00	0.00	0.00	692.62	2.00
07/31/20	07/12/20	07/25/20	80.00	0.00	2,500.00	0.00	\$2,500.00	170.35	191.25	0.00	0.00	0.00	2,138.40	2.00
08/14/20	07/26/20	08/08/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
08/28/20	08/09/20	08/22/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
09/11/20	08/23/20	09/05/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
09/25/20	09/06/20	09/19/20	72.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
10/09/20	09/20/20	10/03/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
10/23/20	10/04/20	10/17/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.20	0.00	0.00	0.00	2,062.24	2.00
11/06/20	10/18/20	10/31/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
11/20/20	11/01/20	11/14/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
12/04/20	11/15/20	11/28/20	72.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
12/18/20	11/29/20	12/12/20	80.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
12/31/20	12/13/20	12/26/20	72.00	0.00	2,500.00	0.00	\$2,500.00	160.84	185.19	0.00	0.00	0.00	2,062.25	2.00
Totals For:	OLSON LAURA LEIGH		960.00	0.00	30,750.00	0.00	\$30,750.00	1,939.59	2,285.73	0.00	0.00	1,008.92	25,515.76	26.00
01/09/20	12/15/19	12/28/19	64.00	0.00	9,230.76	0.00	\$9,230.76	657.01	669.14	0.00	0.00	3,983.85	3,920.76	2.00
01/17/20	12/29/19	01/11/20	72.00	0.00	9,230.77	0.00	\$9,230.77	657.01	669.14	0.00	0.00	3,983.85	3,920.77	2.00
01/31/20	01/12/20	01/25/20	80.00	0.00	9,230.77	0.00	\$9,230.77	755.21	703.28	0.00	0.00	3,537.50	4,234.78	2.00
02/14/20	01/26/20	02/08/20	80.00	0.00	9,230.77	0.00	\$9,230.77	657.01	669.14	0.00	0.00	3,983.85	3,920.77	2.00
02/28/20	02/09/20	02/22/20	80.00	0.00	9,230.77	0.00	\$9,230.77	657.01	669.14	0.00	0.00	3,983.85	3,920.77	2.00
03/13/20	02/23/20	03/07/20	80.00	0.00	9,230.77	0.00	\$9,230.77	657.01	669.14	0.00	0.00	3,983.85	3,920.77	2.00

HBOM00319610

202016

Laura LEIGH Olson

Staff One HR  
12750 Meritt Drive, suite 910  
Dallas, TX 75251

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

AMOUNT: 692.62

074412 64-1278/611 07-17-2020

*Handwritten signature*

VOID AFTER 90 DAYS	0.00	0.00	0.00
.. IMPORTANT NOTES ..	750.00		
Total:	750.00		

REGULAR PAY	750.00		
Y-T-D EARNINGS	750.00		
PAID TIME OFF	0.00		
EMPLOYER CONTRIBUTIONS	57.38		
Net Pay	692.62		
Net Pay Y-T-D	692.62		
DIRECT DEPOSIT	750.00		
Net Pay	750.00		

REGULAR PAY	750.00		
DEDUCTIONS / TAXES	10.88		
Net Pay	739.12		

Employee ID Employee Name Charge Description Rate Hours/ Amount Units  
644602 Laura LEIGH Olson  
07-11-2020 REGULAR PAY 312500 24.00 750.00

Fed Tax MJ/Married Filing State Tax / Method Of Payment: Salary  
644602 Laura LEIGH Olson 07-17-2020 06-28-2020 07-11-2020 074412

202017

[Redacted]  
 Laura LEIGH Olson

Staff One HR  
 12750 Merit Drive, suite 910

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

*Laura Leigh Olson*

AMOUNT 495497

07-31-2020

VOID AFTER 90 DAYS	
Total:	3,250.00
** IMPORTANT NOTES **	
Total:	0.00

REGULAR PAY		3,250.00
Description	Amount	
Y-T-D EARNINGS	PAID TIME OFF	
Total:	2,138.40	
EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
Total:	361.60	418.98

CURRENT EARNINGS DETAIL		REGULAR PAY	312500	8000	250000
Charge Description	Rate Hours/ Units				
DEDUCTIONS / TAXES					
Description	Amount	Y-T-D			
FEDERAL TAX	17035	17035			
MEDICARE	3625	3625			
SOC SECURITY	15600	15600			
	4713	4713			
	20150	20150			

Employee ID Employee Name  
 646402 Laura LEIGH OLSON

Check Date Period Start Period End Check No  
 07-31-2020 07-12-2020 07-25-2020 495497

Voucher #: 008521 Sort Order: 13

Staff One HR  
 12750 Merit Drive, suite 910  
 Dallas, TX 75251

202018

Laura LEIGH Olson

Staff One HR  
12750 Merit Drive, suite 910

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

AMOUNT 502832

08-14-2020

VOID \*\*

0

VOID AFTER 90 DAYS	Total: 5,750.00	** IMPORTANT NOTES **	Total: 232.49	232.49
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DIRECT DEPOSIT		Type	
Net Pay	Amount	62604	Account
Totals: 80.00 2500.00		2,062.25	
Net Pay		2,062.25	
Net Pay Y-T-D		4,893.27	
Y-T-D EARNINGS		Total: 2,062.25	
PAID TIME OFF	Description C/D Accrued Used/available	REGULAR PAY 5,750.00	
EMPLOYER CONTRIBUTIONS	Amount Y-T-D	MEDICAL 218.93	
Total: 437.75		DENTAL 9.95	
856.73		GRP LIFE 1.83	
		VISION 1.78	

Employee ID Employee Name	644602 Laura LEIGH Olson	Check Date	08-14-2020	Period Start	07-26-2020	Period End	08-08-2020	Check No	502832
Voucher #: 008541 Sort Order: 14									
Fed Tax M/ Married Filing									
State Tax / Method Of Payment: Salary									
CURRENT EARNINGS DETAIL									
Change Description	Rate Hours/	Amount	MEDICAL 125 70.43						
Date	Units	Amount	LIFE INS 12.53						
08-08-2020	REGULAR PAY	312500 8000 2500.00	DENTAL 125 6.98						
			VISION 125 1.78						
			FEDERAL TAX 160.84						
			MEDICARE 35.10						
			SOC SECURITY 150.09						
			361.59						



202019

Laura LEIGH Olson

Pay: Non-negotiable  
 To The Order Of: Laura LEIGH Olson  
 Staff One HR  
 12750 Merit Drive, suite 910

\*\*VOID\*\*

AMOUNT 511551  
 08-28-2020

*Handwritten signature*

VOID AFTER 90 DAYS	Total: 8,250.00	** IMPORTANT NOTES **	Total: 232.49	464.98
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REGULAR PAY		8,250.00
Y-T-D EARNINGS		2,062.25
PAID TIME OFF		2,062.25
Description C/D accrued Used/available		
EMPLOYER CONTRIBUTIONS		437.75
Description Amount Y-T-D		1,294.48
MEDICAL		218.93
DENTAL		9.95
GRP LIFE		1.83
VISION		1.78
MEDICAL 125		70.43
LIFE NS		12.53
DENTAL 125		6.98
VISION 125		1.78
FEDERAL TAX		160.84
MEDICARE		35.10
SOC SECURITY		150.09

DIRECT DEPOSIT		80.00	2500.00
Type Account		62604	
Net Pay		2,062.25	
Net Pay Y-T-D		6,955.52	
CURRENT EARNINGS DETAIL			
Charge Description	Rate Hours/ Units	Amount	
REGULAR PAY	312500	80.00	2500.00
DEDUCTIONS / TAXES			
Description Amount Y-T-D			
MEDICAL 125		70.43	140.86
LIFE NS		12.53	25.06
DENTAL 125		6.98	13.96
VISION 125		1.78	3.56
FEDERAL TAX		160.84	422.03
MEDICARE		35.10	117.33
SOC SECURITY		150.09	501.88

Employee ID Employee Name  
 644602 Laura LEIGH Olson  
 Check Date Period Start Period End Check No  
 08-28-2020 08-09-2020 08-22-2020 511551  
 Voucher #: 008561 Sort Order: 14  
 Staff One HR  
 12750 Merit Drive, suite 910  
 Dallas, TX 75251



202021

[Redacted]  
 Laura LEIGH Olson

Staff One HR  
 12750 Merit Drive, suite 910  
 Dallas, TX 75251

To The Order Of: Laura LEIGH Olson  
 Pay: Non-negotiable

AMOUNT 525185  
 09-25-2020

**\*\* VOID \*\***

*Handwritten signature*

VOID AFTER 90 DAYS	Total: 13,250.00	** IMPORTANT NOTES **	Total: 232.49	929.96
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DIRECT DEPOSIT		Totals: 80.00 2500.00	
Type	Account	Amount	
	62604	2,062.25	
Net Pay		2,062.25	
Net Pay Y-T-D		11,080.02	
Y-T-D EARNINGS		Total: 2,062.25	
Description	Amount	Description C/D	Accrued Used/Available
REGULAR PAY	13,000.00		
HOLIDAY	250.00		
MEDICAL	218.93		
DENTAL	9.95		
GRP LIFE	1.83		
VISION	1.78		
	875.72		
EMPLOYER CONTRIBUTIONS		Total: 437.75 2,169.98	
Description	Amount	Y-T-D	

Employee ID	644602	Employee Name	Laura LEIGH Olson
Check Date	09-25-2020	Check No	525185
Period Start	09-06-2020	Period End	09-19-2020
Voucher #: 008649 Sort Order: 15			
Method Of Payment: Salary			
CURRENT EARNINGS DETAIL			
Charge Description	Rate	Hours/Units	Amount
REGULAR PAY	31.2500	72.00	2250.00
HOL DAY	31.2500	8.00	250.00
DEDUCTIONS / TAXES			
Description	Amount	Y-T-D	
MEDICAL 125	70.43	281.72	
LIFE NS	12.53	50.12	
DENTAL 125	6.98	27.92	
VISION 125	1.78	7.12	
FEDERAL TAX	150.84	813.71	
MEDICAL CARE	36.10	187.53	
SOC SECURITY	150.09	801.86	

202022

Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson  
 Pay: Non-negotiable  
 12750 Merit Drive, suite 910  
 Staff One HR  
 10-09-2020  
 AMOUNT  
 533415

VOID AFTER 90 DAYS		
Total:	15,750.00	** IMPORTANT NOTES **
Total:	232.49	1162.45

Type		Amount		Account		62604	
DIRECT DEPOSIT		2,062.25		Net Pay		2,062.25	
Totals:		80.00		2500.00			
Y-T-D EARNINGS		Amount		Description C/D accrued Used/available			
REGULAR PAY		15,500.00		PAID TIME OFF		2,062.25	
HOLIDAY		250.00					
Total:		15,750.00					
Y-T-D EARNINGS		Amount		Description		Y-T-D	
MEDICAL		218.93		EMPLOYER CONTRIBUTIONS		437.75	
DENTAL		9.95					
GRP LIFE		1.83					
VISION		1.78					
		8.90					

Employee ID Employee Name		Check Date		Period Start		Period End		Check No	
GJ4602 Laura LEIGH Olson		10-09-2020		09-20-2020		10-03-2020		533415	
Fed Tax MJ/Married Filing		State Tax /		Method Of Payment: Salary					
CURRENT EARNINGS DETAIL		Rate Hours /		Amount		Description		Y-T-D	
REGULAR PAY		312500 80.00		2500.00		MEDICAL 125		352.15	
						LIFE INS		62.65	
						DENTAL 125		24.90	
						VISION 125		8.90	
						FEDERAL TAX		974.56	
						MEDICARE		222.63	
						SOC SECURITY		951.95	
								150.09	

Staff One HR  
 12750 Merit Drive, suite 910  
 Dallas, TX 75251  
 Voucher #: 008694 Sort Order: 13

202024

Laura LEIGH Olson

Staff One HR  
12750 Merit Drive, suite 910  
Dallas, TX 75251

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

AMOUNT 539926

10-23-2020

*Handwritten signature*

VOID AFTER 90 DAYS	Total: 18,250.00	** IMPORTANT NOTES **	Total: 232.49	1394.94
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DIRECT DEPOSIT		Type	
62604	Amount	2,062.24	Net Pay
Totals: 80.00 2500.00		Net Pay	
C		2,062.24	
Net Pay Y-T-D		15,204.51	
Y-T-D EARNINGS		Total: 2,062.24	
PAID TIME OFF		Description C/D accrued Used/available	
EMPLOYER CONTRIBUTIONS		Description Amount Y-T-D	
REGULAR PAY	18,000.00	MEDICAL	218.93 1,313.58
HOLIDAY	250.00	DENTAL	9.95 59.70
		GRP LIFE	1.83 10.98
		VISION	1.78 10.68

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
644602	Laura LEIGH Olson	10-23-2020	10-04-2020	10-17-2020	539926
Voucher #: 008715 Sort Order: 13					
Method of Payment: Salary					
CURRENT EARNINGS DETAIL					
Charge Description	Rate Hours/ Units	Amount	DEDUCTIONS / TAXES		
REGULAR PAY	312500	80.00 2500.00	MEDICAL 125	70.43	422.58
			LIFE NS	12.53	75.18
			DENTAL 125	6.98	41.88
			VISION 125	1.78	10.68
			FEDERAL TAX	160.84	1,135.39
			MEDICARE	35.11	257.74
			SOC SECURITY	150.09	1,102.04

202025

Laura LEIGH OLSON

To The Order Of: Laura LEIGH OLSON  
 Pay: Non-negotiable  
 12750 Merit Drive, suite 910  
 Staff One HR  
 11-06-2020  
 549591  
 AMOUNT  
 \*\*VOID\*\*

VOID AFTER 90 DAYS			
Total:	20,750.00	** IMPORTANT NOTES **	Total: 232.49 1627.43

DIRECT DEPOSIT		Type	
80.00	2500.00	62604	2,062.25
Net Pay		Net Pay Y-T-D	
2,062.25		17,266.76	
Total:		Total:	
2,062.25	2,062.25	437.75	3,483.24
Y-T-D EARNINGS		EMPLOYER CONTRIBUTIONS	
20,500.00	250.00	218.93	1,532.51
REGULAR PAY	HOLIDAY	MEDICAL	DENTAL
20,500.00	250.00	218.93	1,532.51
PAID TIME OFF		DENTAL	
2,062.25	2,062.25	9.95	69.65
Description C/D accrued Used/available		GRP LIFE	
		1.83	12.81
		VISION	
		1.78	12.46

CURRENT EARNINGS DETAIL		DEDUCTIONS / TAXES	
Rate Hours / Amount	Units	Description Amount Y-T-D	
312500	8000	25000	49301
REGULAR PAY	10-31-2020	MEDICAL 125	7043
Fed Tax MJ/Varried Filing		LIFE NS	
State Tax /	11-06-2020	DENTAL 125	698
11-06-2020	10-18-2020	VISION 125	1246
10-18-2020	10-31-2020	FEDERAL TAX	129623
Method Of Payment: Salary	549591	MEDICARE	29284
Employee ID Employee Name		SOC SECURITY	
644602	Laura LEIGH OLSON	15009	125213
Check Date	11-06-2020		
Period Start	10-18-2020		
Period End	10-31-2020		
Check No	549591		

Staff One HR  
 12750 Merit Drive, suite 910  
 Dallas, TX 75251

202026

[Redacted]  
 Laura LEIGH Olson

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

**\*\* VOID \*\***

Staff One HR  
 12750 Merit Drive, suite 910

AMOUNT  
 11-20-2020  
 558903

*Handwritten signature*

VOID AFTER 90 DAYS	Total: 23,250.00	** IMPORTANT NOTES **	Total: 232,49	1859.92
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<b>Totals:</b>		80.00	2500.00
Type	Account	Amount	
REGULAR PAY	62604	2,062.25	
<b>Net Pay</b>		<b>2,062.25</b>	
<b>Net Pay Y-T-D</b>		<b>19,329.01</b>	
<b>Y-T-D EARNINGS</b>		<b>2,062.25</b>	
Description	Amount	Description C/D	Accrued Used/Available
REGULAR PAY	23,000.00		
HOLIDAY	250.00		
MEDICAL	218.93	1,751.44	
DENTAL	79.60	9.95	
GRP LIFE	14.64	1.83	
VISION	14.24	1.78	
<b>EMPLOYER CONTRIBUTIONS</b>		<b>437.75</b>	
<b>Total:</b>		<b>3,920.99</b>	

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
64602	Laura LEIGH Olson	11-20-2020	11-01-2020	11-14-2020	558903
Voucher #: 008775 Sort Order: 12					
Method of Payment: Salary					
<b>CURRENT EARNINGS DETAIL</b>		<b>DEDUCTIONS / TAXES</b>			
Charge Description	Rate Hours/ Units	Amount	Description	Amount	Y-T-D
REGULAR PAY	31.2500	80.00	MEDICAL 125	70.43	563.44
		2500.00	LIFE INS	12.53	100.24
			DENTAL 125	6.98	55.84
			VISION 125	1.78	14.24
			FEDERAL TAX	160.84	1457.07
			MEDICARE	36.10	327.94
			SOC SECURITY	150.09	1402.22

202027

Laura LEIGH Olson

Staff One HR  
12750 Merit Drive, suite 910

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

12-04-2020

566491

AMOUNT

\*\* VOID \*\*

12750 Merit Drive, suite 910

Staff One HR

12750 Merit Drive, suite 910

VOID AFTER 90 DAYS	Total: 25,750.00	** IMPORTANT NOTES **	Total: 232.49	2092.41
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Type		DIRECT DEPOSIT		Totals:		80.00	2500.00	
Account	62604	Amount	2,062.25	Net Pay	2,062.25			
Net Pay Y-T-D		21,391.26						
Y-T-D EARNINGS		PAID TIME OFF						
Description	Amount	Description C/D accrued	Used/available					
REGULAR PAY	25,250.00							
HOLIDAY	500.00							
MEDICAL	218.93	1,970.37						
DENTAL	9.95	89.55						
GRP LIFE	1.83	16.47						
VISION	1.78	16.02						
EMPLOYER CONTRIBUTIONS		Amount Y-T-D						
Total:	437.75	4,358.74						

Employee ID	6J4602	Employee Name	Laura LEIGH Olson	Check Date	12-04-2020	Period Start	11-15-2020	Period End	11-28-2020	Check No	566491
Voucher #: 008795 Sort Order: 12											
Fed Tax MJ/Married Filing											
State Tax /											
Method Of Payment: Salary											
CURRENT EARNINGS DETAIL											
Date	11-28-2020	Charge Description	REGULAR PAY	Rate	312500	Hours	72.00	Amount	2250.00		
	11-28-2020		HOL DAY		312500		8.00	250.00			
DEDUCTIONS / TAXES											
Description	Amount	Y-T-D									
MEDICAL 125	7043										
LIFE INS	112.77										
DENTAL 125	6.98										
VISION 125	16.02										
FEDERAL TAX	160.84										
MEDICARE	35.10										
SOC SECURITY	150.09										
	1552.31										

Staff One HR  
12750 Merit Drive, suite 910  
Dallas, TX 75251



202028

[Redacted]  
 Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson  
 Pay: Non-negotiable  
 Staff One HR  
 12750 Merit Drive, suite 910  
 12-18-2020  
 AMOUNT  
 573933

VOID AFTER 90 DAYS	Total: 28,250.00	** IMPORTANT NOTES **	Total: 232.49	2324.90
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DIRECT DEPOSIT		Totals: 80.00 2500.00	
Type	Account	Amount	
C	62604	2,062.25	
Net Pay		2,062.25	
Net Pay Y-T-D		23,453.51	
Y-T-D EARNINGS		Total: 2,062.25	
Description	Amount	Description C/D	Accrued Used/Available
REGULAR PAY	27,750.00		
HOLIDAY	500.00		
MEDICAL	218.93		
DENTAL	99.50		
GRP LIFE	1.83		
VISION	1.78		
EMPLOYER CONTRIBUTIONS		Total: 437.75	
Description	Amount	Y-T-D	
MEDICAL	218.93	2,189.30	
DENTAL	99.50	99.50	
GRP LIFE	1.83	18.30	
VISION	1.78	17.80	

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
644602	Laura LEIGH Olson	12-18-2020	11-29-2020	12-12-2020	573933
Voucher #: 008909 Sort Order: 12					
Method Of Payment: Salary					
CURRENT EARNINGS DETAIL					
Charge Description	Rate	Hours/	Amount		
REGULAR PAY	31.2500	80.00	2500.00		
DEDUCTIONS / TAXES					
Description	Amount	Y-T-D			
MEDICAL 125	70.43	704.30			
LIFE NS	12.53	125.30			
DENTAL 125	69.80	69.80			
VISION 125	17.80	17.80			
FEDERAL TAX	160.84	1,778.75			
MEDICARE	35.10	388.14			
SOC SECURITY	150.09	1,702.40			

202029

[Redacted]  
 Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

Staff One HR  
 12750 Merit Drive, suite 910

\*\* VOID \*\*

AMOUNT

12-31-2020

581892

PHR\_SS\_OASIS\_CHECKS\_V2

VOID AFTER 90 DAYS	Total: 30,750.00	** IMPORTANT NOTES **	Total: 232.49	2557.39
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DIRECT DEPOSIT		Type	
62604	Account	2,062.25	Net Pay
80.00	Totals:	2,062.25	Net Pay Y-T-D
25,515.76	Net Pay Y-T-D	Y-T-D EARNINGS	
30,000.00	REGULAR PAY	2,062.25	Total:
750.00	HOLIDAY	437.75	EMPLOYER CONTRIBUTIONS
218.93	MEDICAL	5,234.24	Amount Y-T-D
9.95	DENTAL		Description
109.45	GRF LIFE		Amount Y-T-D
20.13	VISION		Amount Y-T-D
19.58			

12-26-2020	REGULAR PAY	312500	72.00	2500.00	774.73
12-26-2020	HOL DAY	312500	80.00	2500.00	137.83
					137.83
					76.78
					19.58
					178
					1959.59
					433.24
					1852.49

Employee ID Employee Name  
 64602 Laura LEIGH Olson  
 Check Date Period Start Period End Check No  
 12-31-2020 12-13-2020 12-26-2020 581892  
 Method Of Payment: Salary  
 DEDUCTIONS / TAXES  
 Description Amount Y-T-D  
 MEDICAL 125 774.73  
 LIFE NS 1253 137.83  
 DENTAL 125 76.78  
 VISION 125 19.58  
 FEDERAL TAX 160.84 1959.59  
 MEDICARE 35.10 433.24  
 SOC SECURITY 150.09 1852.49

Staff One HR  
 12750 Merit Drive, suite 910  
 Dallas, TX 75251

20211

[Redacted]  
 Laura LEIGH Olsson

Staff One HR  
 12750 Meritt Drive, suite 910  
 Dallas, TX 75251

To The Order Of: Laura LEIGH Olsson

Pay: Non-negotiable

AMOUNT: 589235

01-15-2021

\*\* VOID \*\*

*Handwritten signature*

VOID AFTER 90 DAYS	Total: 2,500.00	** IMPORTANT NOTES **	Total: 232.49
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DIRECT DEPOSIT		Type	
62604	Amount	2,063.75	Net Pay
Totals: 80.00 2500.00		Net Pay Y-T-D	
2,063.75		2,063.75	
Y-T-D EARNINGS		PAID TIME OFF	
2,250.00	Amount	436.25	Total
REGULAR PAY	2,250.00	EMPLOYER CONTRIBUTIONS	
HOLIDAY	250.00	Description Amount Y-T-D	
MEDICAL		218.93	218.93
DENTAL		9.95	9.95
GNP LIFE		1.83	1.83
VISION		1.78	1.78

CURRENT EARNINGS DETAIL		DEDUCTIONS / TAXES	
01-09-2021	REGULAR PAY	312500	7200
01-09-2021	HOL DAY	312500	800
Rate Hours/ Amount		Description Amount Y-T-D	
800 2500		MEDICAL 125 7043	
7200 22500		DENTAL 125 1253	
7200 22500		LIFE NS 1253	
7200 22500		DENTAL 125 688	
7200 22500		VISION 125 178	
7200 22500		FEDERAL TAX 15934	
7200 22500		MEDICARE 2610	
7200 22500		SOC SECURITY 15009	
7200 22500		MEDICAL 125 7043	
7200 22500		DENTAL 125 1253	
7200 22500		LIFE NS 1253	
7200 22500		DENTAL 125 688	
7200 22500		VISION 125 178	
7200 22500		FEDERAL TAX 15934	
7200 22500		MEDICARE 2610	
7200 22500		SOC SECURITY 15009	

Employee ID Employee Name  
 644602 Laura LEIGH Olsson

Check Date Period Start Period End Check No  
 01-15-2021 12-27-2020 01-09-2021 589235

Voucher #: 008966 Sort Order: 12

Method of Payment: Salary

Fed Tax M/ Married Filing State Tax /

Staff One HR  
 12750 Meritt Drive, suite 910  
 Dallas, TX 75251



20213

[Redacted]  
 Laura LEIGH OLSON

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 Non-negotiable  
 Pay: Non-negotiable  
 To The Order Of: Laura LEIGH OLSON  
 [Redacted]  
 02-12-2021  
 AMOUNT  
 604145  
 [Handwritten Signature]

VOID AFTER 90 DAYS	
Total:	7,500.00
** IMPORTANT NOTES **	
Total:	232.49
464.98	

DIRECT DEPOSIT	
Type	Account
62604	Amount
Net Pay	
2,063.75	
C	
Net Pay Y-T-D	
6,267.40	
Y-T-D EARNINGS	
Total: 2,063.75	
PAID TIME OFF	
Description C/D accrued Used/available	
REGULAR PAY	7,250.00
HOLIDAY	250.00
MEDICAL	
REGULAR PAY	218.93
DENTAL	9.95
GNP LIFE	1.83
VISION	1.78
EMPLOYER CONTRIBUTIONS	
Description	Amount
Y-T-D	436.25
Total: 1,232.60	

CURRENT EARNINGS DETAIL		
Charge Description	Rate Hours/ Units	Amount
REGULAR PAY	31250	2500.00
Fed Tax M/ Married Filing		
State Tax /		
Method Of Payment: Salary		
DEDUCTIONS / TAXES		
Description	Amount	Y-T-D
MEDICAL 125	70.43	140.86
LIFE NS	12.53	25.06
DENTAL 125	6.98	13.96
VISION 125	1.78	3.56
FEDERAL TX	158.34	487.53
MEDICARE	35.10	105.45
SOC SECURITY	150.09	455.18

Employee ID Employee Name  
 604602 Laura LEIGH OLSON  
 Check Date Period Start Period End Check No  
 02-12-2021 01-24-2021 02-06-2021 604145  
 Voucher #: 009042 Sort Order: 12  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411

20214

Laura LEIGH Olson

Staff One HR  
2054 VISTA PARKWAY STE 300  
To The Order Of: Laura LEIGH Olson  
Pay: Non-negotiable  
611280  
02-26-2021  
AMOUNT  
611280  
VOID \*\*

VOID AFTER 90 DAYS	Total: 10,000.00	** IMPORTANT NOTES **	Total: 232.49	697.47
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DIRECT DEPOSIT		Type	
Net Pay	2,063.74	62604	Account
Net Pay Y-T-D	8,331.14	C	
Y-T-D EARNINGS		PAID TIME OFF	
REGULAR PAY	9,750.00	Description C/D accrued Used/available	
HOLIDAY	250.00	Amount	
Total: 2,063.74		Total: 1,668.86	
EMPLOYER CONTRIBUTIONS		MEDICAL	
Description Amount Y-T-D		218.93	
MEDICAL		DENTAL	
9.95		DENTAL	
29.85		GRP LIFE	
1.83		VISION	
5.49		1.78	
5.34		5.34	

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
604602	Laura LEIGH Olson	02-26-2021	02-07-2021	02-20-2021	611280
Fed Tax MJ/Married Filing					
State Tax /					
Method Of Payment: Salary					
CURRENT EARNINGS DETAIL					
Charge Description	Rate Hours/	Amount	Description Amount Y-T-D		
REGULAR PAY	312500	80.00	MEDICAL 125		
		2500.00	LIFE INS		
			DENTAL 125		
			DENTAL 125		
			VISION 125		
			FEDERAL TAX		
			MEDICARE		
			SOC SECURITY		
			211.26		
			70.43		
			37.59		
			12.53		
			6.88		
			20.94		
			5.34		
			646.87		
			141.56		
			35.11		
			150.09		
			605.27		

20215

[Redacted]  
 Laura LEIGH Olson

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 Pay: Non-negotiable  
 To The Order Of: Laura LEIGH Olson  
 03-12-2021  
 AMOUNT  
 619242

VOID AFTER 90 DAYS		
Total:	12,500.00	** IMPORTANT NOTES **
Total:	232.49	929.96

DIRECT DEPOSIT	
Type	Amount
C 62604	2,063.75
Net Pay	
2,063.75	
Net Pay Y-T-D	
10,394.89	
Total:	
2,063.75	
Y-T-D EARNINGS PAID TIME OFF	
Description	Amount
REGULAR PAY	12,250.00
HOLIDAY	250.00
MEDICAL	
DESCRIPTION	AMOUNT
REGULAR PAY	12,250.00
HOLIDAY	250.00
EMPLOYER CONTRIBUTIONS	
Description	Amount
Y-T-D	436.25
218.93	875.72
9.95	39.80
1.83	7.32
1.78	7.12
MEDICAL	
DESCRIPTION	AMOUNT
REGULAR PAY	12,250.00
HOLIDAY	250.00
EMPLOYER CONTRIBUTIONS	
Description	Amount
Y-T-D	436.25
218.93	875.72
9.95	39.80
1.83	7.32
1.78	7.12

CURRENT EARNINGS DETAIL	
Charge Description	Rate Hours/ Units
REGULARPAY	312500 8000 250000 8000
DEDUCTIONS / TAXES	
Description	Amount
Y-T-D	281.72
70.43	281.72
MEDICAL 125	
DESCRIPTION	AMOUNT
REGULAR PAY	12,250.00
HOLIDAY	250.00
EMPLOYER CONTRIBUTIONS	
Description	Amount
Y-T-D	436.25
218.93	875.72
9.95	39.80
1.83	7.32
1.78	7.12
MEDICAL 125	
DESCRIPTION	AMOUNT
REGULAR PAY	12,250.00
HOLIDAY	250.00
EMPLOYER CONTRIBUTIONS	
Description	Amount
Y-T-D	436.25
218.93	875.72
9.95	39.80
1.83	7.32
1.78	7.12

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411  
 Voucher #: 009133 Sort Order: 12  
 Employee ID Employee Name  
 614602 Laura LEIGH Olson  
 Check Date Period Start Period End Check No  
 03-12-2021 02-21-2021 03-06-2021 619242  
 Method Of Payment: Salary  
 State Tax /

20216

Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

\*\* VOID \*\*

Staff One HR  
2054 VISTA PARKWAY STE 300

03-26-2021

AMOUNT

626686

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VOID AFTER 90 DAYS		
Total:	15,000.00	** IMPORTANT NOTES **
Total:	232.49	1162.45

Y-T-D EARNINGS	Amount	Description C/D Accrued Used/available
REGULAR PAY	14,750.00	
HOLIDAY	250.00	
Total:	2,063.75	
PAID TIME OFF		
EMPLOYER CONTRIBUTIONS		
Total:	436.25	2,541.36

Net Pay	2,063.75	
Net Pay Y-T-D	12,458.64	
Net Pay	2,063.75	
Net Pay	2,063.75	

Employee ID Employee Name	626686 Laura LEIGH Olson
Check Date	03-26-2021
Period Start	03-07-2021
Period End	03-20-2021
Check No	626686
Method Of Payment	Salary
Charge Description	REGULAR PAY
Rate Hours/	312500 2500.00 80.00
Amount HrsMkd	
Units	
Current Earnings Detail	
DEDUCTIONS / TAXES	
Description	Amount Y-T-D
MEDICAL 125	70.43
LIFE INS	62.65
DENTAL 125	6.98
VISION 125	8.90
FEDERAL TAX	159.34
MEDICARE	35.10
SOC SECURITY	150.09
Total	905.45

Staff One HR  
2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411



20217

[Redacted]  
 Laura LEIGH Olson

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

VOID \*\*

Staff One HR  
 2054 VISTA PARKWAY STE 300

AMOUNT  
 04-09-2021  
 634111

*Handwritten signature*

VOID AFTER 90 DAYS	Total: 17,500.00	** IMPORTANT NOTES **	Total: 232.49	1394.94
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DIRECT DEPOSIT		Type	
Net Pay	Amount	62604	2,063.75
Net Pay Y-T-D	14,522.39	Total: 2,063.75	
Y-T-D EARNINGS		PAID TIME OFF	
REGULAR PAY	17,000.00	Description C/D accrued Used/Available	
HOLIDAY	500.00	Description	
MEDICAL	218.93	1,313.58	Amount Y-T-D
DENTAL	9.95	59.70	EMPLOYER CONTRIBUTIONS
GRP LIFE	1.83	10.98	Description
VISION	1.78	10.68	Amount Y-T-D

CURRENT EARNINGS DETAIL		DEDUCTIONS / TAXES	
Change Description	Rate Hours/ Amount HrsMkd	Description	
REGULAR PAY	312500 7200	MEDICAL 125	7043
HOL DAY	312500 800	LIFE NS	1253
Units		DENTAL 125	698
Rate Hours/ Amount HrsMkd		VISION 125	178
Units		FEDERAL TAX	15934
Rate Hours/ Amount HrsMkd		MEDICARE	3510
Units		SOC SECURITY	15009
Rate Hours/ Amount HrsMkd		DEDUCTIONS / TAXES	10554

Employee ID Employee Name  
 634602 Laura LEIGH Olson  
 Check Date Period Start Period End Check No  
 04-09-2021 03-21-2021 04-03-2021 634111  
 Voucher #: 009209 Sort Order: 12  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411

20218

Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

\*\*VOID\*\*

Staff One HR  
2054 VISTA PARKWAY STE 300

04-23-2021

AMOUNT

641854

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VOID AFTER 90 DAYS	Total: 20,000.00	** IMPORTANT NOTES **	Total: 232.49	1627.43
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Type		DIRECT DEPOSIT		Amount		2,063.75		62604	
Net Pay		2,063.75		Net Pay Y-T-D		16,586.14		Total: 2,063.75	
Y-T-D EARNINGS		PAID TIME OFF		Description C/D Accrued Used/available		Amount		19,500.00	
REGULAR PAY		500.00		HOLIDAY		500.00		REGULAR PAY	
MEDICAL		218.93		DENTAL		1,532.51		MEDICAL	
DENTAL		9.95		GRP LIFE		12.81		DENTAL	
VISION		1.78		VISION		12.46		VISION	
EMPLOYER CONTRIBUTIONS		436.25		Y-T-D		3,413.86		Total: 436.25	

Employee ID Employee Name		641854 Laura LEIGH Olson		Check Date		04-23-2021		Period Start		04-04-2021		Period End		04-17-2021		Check No		641854	
CURRENT EARNINGS DETAIL		Rate Hours/		Amount HrsMkd		Units		REGULAR PAY		312500		8000		250000		8000		MEDICAL 125	
Fed Tax M/J/ Married filing		State Tax /		Method Of Payment: Salary		DEDUCTIONS / TAXES		Description		Amount		Y-T-D		493.01		87.71		MEDICAL 125	
LIFE INS		12.53		DENTAL 125		48.86		VISION 125		12.46		1,205.63		281.96		35.10		MEDICAL 125	
MEDICAL 125		150.09		FEDERAL TAX		1,204.23		MEDICARE		281.96		1,205.63		35.10		35.10		MEDICAL 125	

20219

[Redacted]  
 Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

\*\* VOID \*\*

Staff One HR  
 2054 VISTA PARKWAY STE 300

AMOUNT

05-07-2021

650326

*Handwritten signature*

PHR-SS-OASIS-CHECKS-V2

VOID AFTER 90 DAYS	Total: 22,500.00	** IMPORTANT NOTES **	Total: 232.49	1859.92
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Y-T-D EARNINGS		PAID TIME OFF		EMPLOYER CONTRIBUTIONS	
Description	Amount	Description C/O Accrued	Used/Available	Description	Amount Y-T-D
REGULAR PAY	22,000.00			MEDICAL	218.93
HOLIDAY	500.00			GRP LIFE	1.83
				DENTAL	79.60
				VISION	14.24
Total: 2,063.75		Total: 436.25		Total: 3,850.11	
Net Pay		Net Pay Y-T-D		Net Pay	
2,063.75		18,649.89		2,063.75	
DIRECT DEPOSIT		C		Type	
Account	62604	Amount	2,063.75	Amount	2,063.75
Total: 80.00		2500.00		80.00	

CURRENT EARNINGS DETAIL		DEDUCTIONS / TAXES	
Charge Description	Rate Hours/ Units	Description	Amount Y-T-D
REGULAR PAY	312500 8000	MEDICAL 125	70.43
	250000 8000	LIFE NS	12.53
	8000	DENTAL 125	6.98
		VISION 125	1.78
		FEDERAL TAX	159.34
		MEDICARE	36.10
		SOC SECURITY	150.09
Total: 563.44		Total: 1,355.72	
Method of Payment: Salary		DEDUCTIONS / TAXES	
Fed Tax M/ Married Filing	State Tax /	Method of Payment: Salary	
64602	Laura LEIGH Olson	05-07-2021	04-18-2021
05-01-2021	REGULAR PAY	05-01-2021	650326
Employee ID	Employee Name	Check Date	Period Start
64602	Laura LEIGH Olson	05-07-2021	04-18-2021
Check No	Check No	Period End	Check No
650326	650326	05-01-2021	650326

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411

202110

Laura LEIGH OLSON

To The Order Of: Laura LEIGH OLSON  
 Pay: Non-negotiable  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 AMOUNT  
 657385  
 05-21-2021  
 \*\* VOID \*\*

VOID AFTER 90 DAYS	.. IMPORTANT NOTES ..	Total: 25,000.00	Total: 232.49 2092.41
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DIRECT DEPOSIT		Type	
62604	Account	2,063.74	Amount
Net Pay		2,063.74	
Net Pay Y-T-D		20,713.63	
Y-T-D EARNINGS		Total: 2,063.74	
24,500.00	REGULAR PAY	218.93	MEDICAL
500.00	HOLIDAY	1.83	GRP LIFE
		9.95	DENTAL
		89.55	VISION
		1,970.37	EMPLOYER CONTRIBUTIONS
PAID TIME OFF		Total: 436.26 4,286.37	
Description C/D accrued Used/available		Description Amount Y-T-D	

CURRENT EARNINGS DETAIL		Date	
312500	REGULAR PAY	05-15-2021	05-15-2021
2500.00	Rate Hours/ Amount HrsHkd	80.00	Units
Fed Tax MJ/Warrior Filing		Method Of Payment: Salary	
State Tax /		DEDUCTIONS / TAXES	
05-21-2021	05-02-2021	05-15-2021	05-15-2021
657385	Check No	657385	Check No
Employee ID Employee Name		Period Start Period End	
Laura LEIGH OLSON		05-02-2021 05-15-2021	
Voucher #: 009304 Sort Order: 12		MEDICAL 125	
633.87	LIFE INS	112.77	DENTAL 125
62.82	VISION 125	1.78	FEDERAL TAX
1,602.91	MEDICARE	35.11	SOC SECURITY
352.17		150.09	
1,505.81			

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411

202111

Laura LEIGH Olson

Staff One HR  
2054 VISTA PARKWAY STE 300

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

06-04-2021

AMOUNT 664528

VOID \*\*

664528

VOID AFTER 90 DAYS	Total: 27,500.00	.. IMPORTANT NOTES ..	Total: 2324.99	2324.99
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DIRECT DEPOSIT		Type	
Net Pay	2,063.75	62604	Amount
Net Pay Y-T-D	22,777.38	PAID TIME OFF	
EMPLOYER CONTRIBUTIONS		Description C/D accrued Used/Available	
Total:	436.25	2,063.75	Amount Y-T-D
REGULAR PAY		Description	
REGULAR PAY	27,000.00	HOLIDAY	500.00
MEDICAL		Description	
MEDICAL	218.93	DENTAL	2,189.30
GRP LIFE	1.83	DENTAL	99.50
VISION	1.78	VISION	17.80

CURRENT EARNINGS DETAIL		Rate Hours/ Amount HrsMkd	
REGULAR PAY	312500	80.00	2500.00
DEDUCTIONS / TAXES		Description	
MEDICAL 125	704.30	LIFE NS	125.30
DENTAL 125	69.80	DENTAL 125	69.80
VISION 125	17.80	VISION 125	17.80
FEDERAL TAX	159.34	FEDERAL TAX	1,762.25
MEDICARE	35.10	MEDICARE	387.27
SOC SECURITY	150.09	SOC SECURITY	1,655.90
Employee ID Employee Name		Check Date	
644602	Laura LEIGH Olson	06-04-2021	05-16-2021
Fed Tax M/Married Filing		State Tax /	
Method of Payment: Salary		Period Start Period End	
Voucher #: 009323 Sort Order: 12		Check No	
664528		664528	

202112

[Redacted]  
 Laura LEIGH Olson

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 Laura LEIGH Olson  
 To The Order Of: Laura LEIGH Olson  
 Pay: Non-negotiable  
 \*\*VOID\*\*  
 AMOUNT 669574  
 06-18-2021  
 669574  
 [Handwritten Signature]

VOID AFTER 90 DAYS Best wishes for a Happy Birthday!	Total: 30,000.00	** IMPORANT NOTES **	Total: 232.49 2557.39
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Totaals: 80.00 2500.00 72.00		Type Account Amount	
DIRECT DEPOSIT		62604 2,063.75	
Net Pay		2,063.75	
Net Pay Y-T-D		24,841.13	
Y-T-D EARNINGS		Total: 2,063.75	
PAID TIME OFF		Description C/D accrued Used/available	
REGULAR PAY	29,250.00	HOLIDAY	750.00
MEDICAL	218.93	DENTAL	9.95
GRF LIFE	1.83	VISION	1.78
EMPLOYER CONTRIBUTIONS	436.25	EMPLOYER CONTRIBUTIONS	5,158.87

Employee ID	644602	Employee Name	Laura LEIGH Olson
Charge Description	REGULAR PAY	Rate Hours/	31.2500 72.00
Amount	2250.00	Units	800
CURRENT EARNINGS DETAIL		Description Amount Hrs/Kd	
DEDUCTIONS / TAXES		Description Amount Y-T-D	
MEDICAL 125	70.43	LIFE INS	12.83
DENTAL 125	6.88	DENTAL	75.78
VISION 125	1.78	VISION	19.58
FEDERAL TAX	159.34	FEDERAL TAX	1,921.59
MEDICARE	35.10	MEDICARE	422.37
SOC SECURITY	150.09	SOC SECURITY	1,805.99

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411  
 Voucher #: 009342 Sort Order: 12  
 (91563)

202113

Laura Leigh Olson

Staff One HR  
2054 VISTA PARKWAY STE 300  
07-02-2021

Pay: Non-negotiable

To The Order Of: Laura Leigh Olson

AMOUNT: 674672

VOID \*\*

674672

VOID AFTER 90 DAYS	Total: 32,500.00	.. IMPORTANT NOTES ..	Total: 232.49	2789.88
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DIRECT DEPOSIT		Type	
Net Pay	Amount	62604	C
2,063.75	Net Pay Y-T-D	2,063.75	
26,904.88	Net Pay Y-T-D	2,063.75	
Y-T-D EARNINGS		Description	
PAID TIME OFF	Amount	31,750.00	REGULAR PAY
PAID TIME OFF	Description C/O accrued Used/Available	750.00	HOLIDAY
EMPLOYER CONTRIBUTIONS	Amount	2,627.16	MEDICAL
EMPLOYER CONTRIBUTIONS	Description	119.40	DENTAL
EMPLOYER CONTRIBUTIONS	Amount	1.83	GRP LIFE
EMPLOYER CONTRIBUTIONS	Description	21.36	VISION
EMPLOYER CONTRIBUTIONS	Amount	436.25	Total:
EMPLOYER CONTRIBUTIONS	Description	5,595.12	Total:

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
674672	Laura Leigh Olson	07-02-2021	06-13-2021	06-26-2021	674672
Voucher #: 009361 Sort Order: 12					
Method of Payment: Salary					
CURRENT EARNINGS DETAIL					
Charge Description	Rate	Hours/	Amount	Hrs/Std	Date
REGULAR PAY	312500	80.00	2500.00	80.00	06-26-2021
DEDUCTIONS / TAXES					
DEDUCTIONS / TAXES	Description	Amount	Y-T-D		
DEDUCTIONS / TAXES	MEDICAL 125	7043	845.16		
DEDUCTIONS / TAXES	LIFE INS	1253	150.36		
DEDUCTIONS / TAXES	DENTAL 125	688	83.76		
DEDUCTIONS / TAXES	VISION 125	178	21.36		
DEDUCTIONS / TAXES	FEDERAL TAX	15934	2080.93		
DEDUCTIONS / TAXES	MEDICARE	3510	457.47		
DEDUCTIONS / TAXES	SOC SECURITY	15009	1956.08		

202114

Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson  
 Pay: Non-negotiable  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 07-16-2021  
 AMOUNT  
 679233  
 \*\*VOID\*\*

VOID AFTER 90 DAYS	Total: 35,000.00	** IMPORTANT NOTES **	Total: 232.49	3022.37
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Y-T-D EARNINGS		PAID TIME OFF		EMPLOYER CONTRIBUTIONS	
Description	Amount	Description	C/O accrued	Description	Amount
REGULAR PAY	34,000.00	MEDICAL	218.93	VISION	1.78
HOLIDAY	1,000.00	DENTAL	9.95	GRF LIFE	23.79
					129.35
					2,846.09
Total: 2,063.75		Total: 436.25		Total: 6,031.37	

CURRENT EARNINGS DETAIL		DEDUCTIONS / TAXES	
Charge Description	Rate Hours/ Amount	Description	Amount
REGULAR PAY	72.00 2250.00	MEDICAL 125	70.43
HOL DAY	312500 800 2500.00	LIFE NS	12.53
		DENTAL 125	90.74
		VISION 125	1.78
		FEDERAL TAX	2,240.27
		MEDICAL	35.10
		SOC SECURITY	150.09
			2,106.17

Employee ID Employee Name  
 679233 Laura LEIGH Olson  
 Check Date Period Start Period End Check No  
 07-16-2021 06-27-2021 07-10-2021 679233  
 Method Of Payment: Salary  
 Fed Tax MJ/Married Filing State Tax /  
 Voucher #: 009421 Sort Order: 12  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411



202115

[Redacted]  
 Laura LEIGH Olson

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 Laura LEIGH Olson  
 Pay: Non-negotiable  
 To The Order Of: Laura LEIGH Olson  
 07-30-2021  
 AMOUNT 684005  
 \*\*VOID\*\*

VOID AFTER 90 DAYS	
Total:	37,500.00
** IMPORTANT NOTES **	
Total:	0.00
3022.37	

DIRECT DEPOSIT	
Type	Account
62604	2,139.91
Net Pay	
2,139.91	
Net Pay Y-T-D	
31,108.54	
Y-T-D EARNINGS	
PAID TIME OFF	
Description C/D accrued Used/Available	
Description Amount	
REGULAR PAY	36,500.00
HOLIDAY	1,000.00
MEDICAL	0.00
DENTAL	2,846.09
GRP LIFE	0.00
VISION	23.14
EMPLOYER CONTRIBUTIONS	
Description Amount Y-T-D	
Total: 360.09 6,391.46	

CURRENT EARNINGS DETAIL	
Rate Hours/ Amount HrsMkd	
Date	
REGULAR PAY	312500 8000 2500.00 80.00
MEDICAL 125 -0.01 915.58	
VISION 125 0.00 23.14	
LIFE NS 0.00 162.89	
DENTAL 125 0.00 90.74	
FEDERAL TAX 168.56 2403.12	
MEDICARE 36.25 528.82	
SOC SECURITY 155.00 2261.17	
DEDUCTIONS / TAXES	
Description Amount Y-T-D	
Total: 915.58	
Method of Payment: Salary	
State Tax /	
Fed Tax M/ Married Filing	
Employee ID Employee Name	
644602 Laura LEIGH Olson	
Check Date	
Period Start Period End Check No	
07-30-2021 07-11-2021 684005	
Voucher #: 009478 Sort Order: 12	

202116

Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

\*\* VOID \*\*

Staff One HR  
2054 VISTA PARKWAY STE 300

08-13-2021

698772

*Handwritten signature*

VOID AFTER 90 DAYS	
Total:	40,000.00
.. IMPORTANT NOTES ..	
Total:	213.56 3235.93

Y-T-D EARNINGS	Amount	39,000.00	REGULAR PAY
HOLIDAY	Amount	1,000.00	
PAID TIME OFF		2,037.30	
Description C/D accrued Used/available			
EMPLOYER CONTRIBUTIONS		462.70	6,954.16
Description			
MEDICAL		0.00	2,846.09
DENTAL		9.95	139.30
GRF LIFE		1.83	25.62
VISION		1.78	24.92
MEDICAL		200.00	200.00

Type	Account	Amount
DIRECT DEPOSIT	62604	2,037.30
Net Pay		2,037.30
Net Pay Y-T-D		33,145.84

08-07-2021	REGULAR PAY	312500	80.00	2500.00	80.00
CURRENT EARNINGS DETAIL		Rate Hours/ Amount HrsKd			
DEDUCTIONS / TAXES		Description Amount Y-T-D			
MEDICAL 125		103.34	175.42	1018.92	
LIFE INS		12.53	97.72		
DENTAL 125		6.98	2.82		
VISION 125		1.78	2.64	1.78	2.64
FEDERAL TAX		155.39	2564.51	34.63	563.45
MEDICARE		34.63	563.45	148.05	2409.22
SOC SECURITY		148.05	2409.22		

Employee ID	64602
Employee Name	Laura LEIGH Olson
Check Date	08-13-2021
Period Start	07-25-2021
Period End	08-07-2021
Check No	698772

Voucher #: 009517 Sort Order: 12

Staff One HR  
2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411

202117

Laura LEIGH OLSON

To The Order Of: Laura LEIGH OLSON

Pay: Non-negotiable

\*\*VOID\*\*

Staff One HR  
2054 VISTA PARKWAY STE 300  
11-3660133

AMOUNT  
08-27-2021  
693214

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VOID AFTER 90 DAYS	Total: 42,500.00	** IMPORTANT NOTES **	Total: 213.56	3449.49
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DIRECT DEPOSIT		Type		Amount	
Net Pay		2,037.31		62604	
Net Pay Y-T-D		35,183.15		PAID TIME OFF	
Y-T-D EARNINGS		Total: 2,037.31		Description C/D accrued Used/available	
REGULAR PAY		41,500.00		MEDICAL	
HOLIDAY		1,000.00		DENTAL	
MEDICAL		0.00		GRP LIFE	
VISION		1.78		MEDICAL	
MEDICAL		2,846.09		VISION	
DENTAL		149.25		MEDICAL	
GRP LIFE		27.45		VISION	
MEDICAL		1.83		MEDICAL	
VISION		26.70		VISION	
MEDICAL		200.00		MEDICAL	
VISION		400.00		VISION	

CURRENT EARNINGS DETAIL		Description		Rate Hours/ Amount Hrs/Std	
REGULAR PAY		312500		80.00	
MEDICAL 125		2500.00		80.00	
LIFE NS		1253		187.95	
DENTAL 125		688		104.70	
VISION 125		178		26.70	
FEDERAL TAX		155.39		2719.80	
MEDICARE		34.82		588.07	
SOC SECURITY		148.05		2557.27	
DEDUCTIONS / TAXES		Description		Amount Y-T-D	
MEDICAL 125		10334		1,122.26	
LIFE NS		1253		187.95	
DENTAL 125		688		104.70	
VISION 125		178		26.70	
FEDERAL TAX		155.39		2719.80	
MEDICARE		34.82		588.07	
SOC SECURITY		148.05		2557.27	

Employee ID Employee Name  
644602 Laura LEIGH OLSON  
Check Date 08-27-2021  
Period Start Period End 08-08-2021 08-21-2021  
Check No 693214  
Voucher #: 009556 Sort Order: 12

Staff One HR  
2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411

202118

Laura LEIGH OLSON

To The Order Of: Laura LEIGH OLSON

Pay: Non-negotiable

\*\*VOID\*\*

Staff One HR  
2054 VISTA PARKWAY STE 300  
11-3660133

09-10-2021

698090

*Handwritten signature*

VOID AFTER 90 DAYS		
Total:	45,000.00	** IMPORTANT NOTES **
Total:	213.56	3663.05

Y-T-D EARNINGS	Amount	Description C/D accrued Used/available
REGULAR PAY	44,000.00	
HOLIDAY	1,000.00	
Total:	2,037.30	
PAID TIME OFF		
EMPLOYER CONTRIBUTIONS	Amount	Description Y-T-D
MEDICAL	0.00	2,846.09
DENTAL	9.95	159.20
GNR LIFE	1.83	29.28
VISION	1.78	28.48
MEDICAL	200.00	600.00
Total:	462.70	7,779.55

Type	Account	Amount
DIRECT DEPOSIT	62604	2,037.30
Net Pay		2,037.30
Net Pay Y-T-D		37,220.45

Charge Description	Rate Hours/ Units	Amount Hrs/Mkd
REGULAR PAY	312500	80.00 2500.00 80.00
DEDUCTIONS / TAXES		
MEDICAL 125	10334	1,225.60
LIFE INS	1253	200.48
DENTAL 125	698	111.8
VISION 125	178	28.48
FEDERAL TAX	15739	2,875.20
MEDICARE	3463	632.70
SOC SECURITY	14805	2,705.32

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
694602	Laura LEIGH OLSON	09-10-2021	08-22-2021	09-04-2021	698090

Voucher #: 009592 Sort Order: 12  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411

202119

[Redacted]  
 Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson

Pay: **Non-negotiable**

**\*\* VOID \*\***

Staff One HR  
 2054 VISTA PARKWAY STE 300  
 11-3660133

AMOUNT  
 702901  
 09-24-2021

*Handwritten signature*

VOID AFTER 90 DAYS	Total: 47,500.00	** IMPORTANT NOTES **	Total: 213.56	3876.61
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Type	Account	Amount	Description
Totals:	80.00	2500.00	72.00
Net Pay	62604	2,037.31	2,037.31
Net Pay Y-T-D		39,257.76	
Y-T-D EARNINGS		46,250.00	46,250.00
PAID TIME OFF		1,250.00	1,250.00
REGULAR PAY		2,846.09	2,846.09
HOLIDAY		169.15	169.15
DENTAL		31.11	31.11
GRP LIFE		1.83	1.83
VISION		1.78	1.78
MEDICAL		200.00	200.00
Medical		800.00	800.00

Charge Description	Rate Hours/ Units	Amount	Hrs/Skd	Y-T-D
REGULAR PAY	312500	7200	2250 00	7200
HOL DAY	800	2500 00	000	000
<b>CURRENT EARNINGS DETAIL</b>				
Fed Tax MJ/Married Filing				
State Tax /				
Method of Payment: Salary				
<b>DEDUCTIONS / TAXES</b>				
Medical 125	103 34	1328 94		1328 94
DENTAL 125	6 96	118 66		118 66
LIFE NS	12 53	213 01		213 01
VISION 125	1 78	30 26		30 26
FEDERAL TAX	155 39	3 030 88		3 030 88
MEDICARE	34 62	67 32		67 32
SOC SECURITY	148 05	2 853 37		2 853 37

Employee ID Employee Name  
 64602 Laura LEIGH Olson  
 Check Date Period Start Period End Check No  
 09-24-2021 09-05-2021 09-18-2021 702901  
 Voucher #: 009610 Sort Order: 12  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 WEST PALM BEACH, FL 33411

202120

Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson  
 Pay: Non-negotiable  
 Staff One HR  
 2054 VISTA PARKWAY STE 300  
 11-3660133  
 10-08-2021  
 AMOUNT  
 707710  
 \*\* VOID \*\*

VOID AFTER 90 DAYS	50,000.00	.. IMPORTANT NOTES ..	Total: 213.56	4090.17
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Totals:	80.00	2500.00	80.00
Type	Amount	Account	62604
DIRECT DEPOSIT			
Net Pay			
2,037.30			
Net Pay Y-T-D			
41,295.06			
Total: 2,037.30			
PAID TIME OFF			
Description C/D accrued Used/available			
Y-T-D EARNINGS	Amount	REGULAR PAY 48,750.00	
HOLIDAY 1,250.00			
Medical	Amount	MEDICAL 0.00	
DENTAL 2,846.09			
DENTAL 179.10			
GRP LIFE 1.83			
VISION 32.94			
VISION 32.04			
MEDICAL 1,000.00			

Employee ID	644602	Employee Name	Laura LEIGH Olson
Check Date	10-08-2021	Period Start	09-19-2021
Check No	707710	Period End	10-02-2021
Voucher #: 009628 Sort Order: 11			
Staff One HR 2054 VISTA PARKWAY STE 300 WEST PALM BEACH, FL 33411			
Fed Tax M/ Married Filing			
State Tax /			
Method Of Payment: Salary			
CURRENT EARNINGS DETAIL			
Charge Description	Rate Hours/ Units	Amount HrsHkd	Amount Y-T-D
REGULAR PAY	31.2500	80.00	2500.00
MEDICAL 125 1432.28			
LIFE INS 225.54			
DENTAL 125 125.64			
VISION 125 32.04			
FEDERAL TAX 155.39			
MEDICARE 34.63			
SOC SECURITY 148.05			
DEDUCTIONS / TAXES			

202121

Laura Leigh Olson

To The Order Of: Laura Leigh Olson

Pay: Non-negotiable

\*\*VOID\*\*

Staff One HR  
2054 VISTA PARKWAY STE 300  
11-3660133

AMOUNT

10-22-2021

717279

PHR\_SS\_ORGIS\_CHECKS\_V2

VOID AFTER 90 DAYS	Total: 52,500.00	** IMPORTANT NOTES **	Total: 213.56	4303.73
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DIRECT DEPOSIT		Type	
Net Pay	Amount	62604	C
2,037.31	2,037.31		
Net Pay Y-T-D		Net Pay Y-T-D	
43,332.37	43,332.37		
Y-T-D EARNINGS		PAID TIME OFF	
Description	Amount	Description C/D accrued Used/Available	Description Y-T-D
REGULAR PAY	51,250.00		REGULAR PAY
HOLIDAY	1,250.00		HOLIDAY
MEDICAL	0.00		MEDICAL
DENTAL	2,846.09		DENTAL
GRP LIFE	189.05		GRP LIFE
VISION	34.77		VISION
MEDICAL	33.82		MEDICAL
	1,200.00		
Total:	462.69	Total:	9,167.63

CURRENT EARNINGS DETAIL		DEDUCTIONS / TAXES	
Charge Description	Rate Hours/ Units	Description	Amount
REGULAR PAY	312500 80.00	MEDICAL 125	10334
	2500.00 80.00	LIFE INS	1253
		DENTAL 125	698
		VISION 125	178
		FEDERAL TAX	15639
		MEDICARE	3462
		SOC SECURITY	14805
			2,149.47
Fed Tax M/ Married Filing		Method Of Payment: Salary	
State Tax /		DEDUCTIONS / TAXES	Amount
10-22-2021		Y-T-D	717279
10-03-2021		10-16-2021	
10-16-2021		10-16-2021	
Employee ID	604602	Employee Name	Laura Leigh Olson
Check Date	10-22-2021	Period Start	10-16-2021
Check No	717279	Period End	10-16-2021
Voucher #: 009645 Sort Order: 11			

Staff One HR  
2054 VISTA PARKWAY STE 300  
WEST PALM BEACH, FL 33411

11-3660133

(91563)

202122

Laura LEIGH Olson

To The Order Of: Laura LEIGH Olson

Pay: Non-negotiable

\*\*VOID\*\*

Staff One HR  
2054 VISTA PARKWAY STE 300  
11-3660133

11-05-2021

AMOUNT

718323

PHR\_98\_0519\_CHECKS\_V2

VOID AFTER 90 DAYS	55,000.00	Total:
** IMPORTANT NOTES **	213.56	Total:
	4517.29	

REGULAR PAY	53,750.00	Description
HOLIDAY	1,250.00	Description
Y-T-D EARNINGS	55,000.00	Total:
PAID TIME OFF	2,037.31	Description C/D Accrued Used/available
EMPLOYER CONTRIBUTIONS	462.69	Total:
MEDICAL	0.00	Description
DENTAL	9.95	Amount Y-T-D
GRP LIFE	1.83	
VISION	1.78	
MEDICAL	200.00	Medical
VISION	35.60	Medical
GRP LIFE	36.60	Medical
DENTAL	199.00	Medical
MEDICAL	2,846.09	Medical

Net Pay	45,369.68
Net Pay Y-T-D	45,369.68
Net Pay	2,037.31
DIRECT DEPOSIT	2,037.31
Totals:	80.00 2500.00 80.00

Employee ID	64602	Employee Name	Laura LEIGH Olson
Check Date	11-05-2021	Period Start	10-17-2021
Check No	718323	Period End	10-30-2021
Voucher #: 009662 Sort Order: 11			
Method of Payment: Salary			
Charge Description	Rate	Hours/Units	Amount HrsMkd
REGULAR PAY	31.2500	80.00	2500.00
CURRENT EARNINGS DETAIL			
DEDUCTIONS / TAXES			
MEDICAL 125	103.24		1,032.96
LIFE INS	12.53		250.60
DENTAL 125	6.98		139.60
VISION 125	1.78		35.60
FEDERAL TAX	155.39		3,496.85
MEDICARE	34.62		771.19
SOC SECURITY	148.05		3,297.52