# CONGREGATIONAL PAYROLL INFORMATION

| POSITION NAME | PAYROLL PERIOD | PER PAY PERIOD | | | | | MARITAL STATUS | NO. OF EXEMP. | PER PAY PERIOD | | | | | NET PAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Gross Salary | Housing Allowance | Net Salary | Other | TSA | | | Federal WIH | State WIH | (6.20%) FICA | (1.45) Medicare | Other _____ | |
| | | | | | | | | | | | | | | |
| Monthly Totals | | | | | | | | | | | | | | |
| Quarterly Totals | | | | | | | | | | | | | | |
| Annual Totals | | | | | | | | | | | | | | |
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