

Yohana LLC 3460 Hillview Avenue Palo Alto, CA 94303
 Daniel Butcher 14831 Hart Street Van Nuys, CA 91405

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Daniel Butcher	Yohana LLC	240097	04/22/2024	04/28/2024	05/03/2024	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	39.02	1,413.91	114.75	267.30	2.30	1,029.56
YTD	548.78	36,071.23	2,915.10	8,994.03	41.40	24,120.70

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Basic & Vol Life Imputed Income	04/22/2024 - 04/28/2024	0	0	0.58	10.44	OASDI	87.59	2,235.24
Bonus					10,000.00	Medicare	20.49	522.76
Meal/Break Penalty					296.99	Federal Withholding	90.45	3,809.11
Overtime - Wages	04/22/2024 - 04/28/2024	0.516667	54	27.91	232.79	State Withholding (Work) - CA	53.24	2,030.46
Paid Holiday					1,440.00	CA SDI - CASDI	15.53	396.46
Parental/Care Giver Leave					2,592.00			
Personal Day					126.00			
Regular Pay	04/22/2024 - 04/28/2024	38.5	36	1,386.00	19,601.45			
Sick Pay					630.00			
Time Not Worked					864.00			
Vacation					288.00			
Earnings				1,414.49	36,081.67	Employee Taxes	267.30	8,994.03

Pre Tax Deductions			
Description	Amount	YTD	
PRSHIP	113.12	2,885.76	
Eyemed Pre	1.63	29.34	
Pre Tax Deductions	114.75	2,915.10	

Post Tax Deductions			
Description	Amount	YTD	
Info Armor	2.30	41.40	
Post Tax Deductions	2.30	41.40	

Employer Paid Benefits		
Description	Amount	YTD
PRSHIP 401K ER Match	56.56	1,442.91
Employer ADD	0.23	4.14
Employer Basic Life	1.66	29.88
Employer LTD	3.01	54.18
Employer STD	9.18	165.24
Employer Paid Benefits	70.64	1,696.35

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	1,412.86	36,052.33
Medicare - Taxable Wages	1,412.86	36,052.33
Federal Withholding - Taxable Wages	1,299.74	33,166.57
State Withholding (Work) Taxable Wages - CA	1,299.74	33,166.57

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	Married filing jointly (or Qualifying widow(er))
Allowances	0	0
Additional Withholding	0	

Time Off			
Description	Accrued	Reduced	Available
Sick Non-Exempt Time Off Plan	0	0	37.17

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Wells Fargo	Daniel WF	*****4527		1,029.56 USD