

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	04/08/2024	04/14/2024	04/19/2024	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	12.02	1,296.61	105.36	223.80	2.30	965.15
YTD	470.23	33,190.91	2,681.40	8,439.93	36.80	22,032.78

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Basic & Vol Life Imputed Income	04/08/2024 - 04/14/2024	0	0	0.58	9.28	OASDI	80.32	2,056.79
Bonus					10,000.00	Medicare	18.78	481.02
Meal/Break Penalty					260.99	Federal Withholding	66.71	3,617.58
Overtime - Wages					183.28	State Withholding (Work) - CA	43.75	1,919.73
Paid Holiday					1,440.00	CA SDI - CASDI	14.24	364.81
Parental/Care Giver Leave	04/08/2024 - 04/14/2024	24	36	864.00	2,592.00			
Personal Day					126.00			
Regular Pay	04/08/2024 - 04/14/2024	12.01666	36	432.61	16,806.64			
Sick Pay					630.00			
Time Not Worked					864.00			
Vacation					288.00			
Earnings				1,297.19	33,200.19	Employee Taxes	223.80	8,439.93

Pre Tax Deductions			
Description	Amount	YTD	
PR SIP	103.73	2,655.32	
Eyemed Pre	1.63	26.08	
Pre Tax Deductions	105.36	2,681.40	

Post Tax Deductions			
Description	Amount	YTD	
Info Armor	2.30	36.80	
Post Tax Deductions	2.30	36.80	

Employer Paid Benefits		
Description	Amount	YTD
PR SIP 401K ER Match	51.87	1,327.69
Employer ADD	0.23	3.68
Employer Basic Life	1.66	26.56
Employer LTD	3.01	48.16
Employer STD	9.18	146.88
Employer Paid Benefits	65.95	1,552.97

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	1,295.56	33,174.11
Medicare - Taxable Wages	1,295.56	33,174.11
Federal Withholding - Taxable Wages	1,191.83	30,518.79
State Withholding (Work) Taxable Wages - CA	1,191.83	30,518.79

	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		965.15 USD