Alameda County Employees' Retirement Association 475 14th Street Suite 1000 Oakland, CA 94612

Sample Direct **Deposit Statement**

PAGE: 1 of 1

DATE: March 31, 2022 ADVICE NUMBER: 1111111 AMOUNT PAID: \$2,317.40

3rd benefit payment of the year for the 3rd month of the year

00001 J CKZ ZA 55554 - 000777777 NNNNNNNNNN 5592700005007 XNNTYJ Z PAYEE NAME PAYEE ADDRESS 1 PAYEE ADDRESS 2 PAYEE ADDRESS 3 **CITY NY 55555**

Income tax withholding you've specified based on WITHHOLDINGS Taxable Amount below **GROSS DISTRIBUTION*** BASE AMOUNT \$2,570.33 FEDERAL TAX WITHHOLDING \$537.46 \$170.10 MBRP - MEDICARE PART B REIMBURSEMENT PLAN \$0.00 **CA-STATE TAX WITHHOLDING** \$119.43 COST OF LIVING WITHHOLDINGS TOTAL \$537.46 OTHER DEDUCTIONS ACRE DUES \$3.00 Base benefit amount plus Medicare REAC DUES \$2.00 subsidy and vested COLA. Medicare \$51.24 DELTA DENTAL PPO 1 PARTY \$316.81 subsidy is not taxable income KAISER PERM. SENIOR ADVANTAGE 1 PARTY \$4.63 VSP 1 PARTY **GROSS DISTRIBUTION TOTAL** \$2,859.86 Costs for healthcare **NON-TAXABLE SUBSIDIES*** plans and retiree Healthcare DELTA DENTAL PPO 1 PARTY (SUBSIDY) \$51.24 association dues KAISER PERM. SENIOR ADVANTAGE 1 PARTY (SUB \$316.81 subsidies if \$4.63 VSP 1 PARTY (SUBSIDY) you're eligible NON-TAXABLE SUBSIDIES TOTAL \$372.68 \$377.68 OTHER DEDUCTIONS TOTAL MBRP from above Part of benefit already taxed Total from above 2,859.86 - 170.10 - 2.48 = 2,687.28CHECK SUM **EXCLUDED FROM** Post-Tax Contributions or \$170.10 \$2.48 TAXABLE AMOUNT \$2.859.86 **GROSS DISTRIBUTION*** \$2687.28 TAXATION**** Rollover Distribution* Total Distribution and Total Withholdings and \$915.14 **NET AMOUNT** \$3,232.54 Non-Taxable Subsidies **Deductions** * "Gross Distribution" is the am with the exception of MBRP be 3,232.54 - 915.14 = 2,317.40Left column total Right column total ** "Non-Taxable Subsidies" are re not included in owards health, dental and vision *** "Post-Tax Contributions or Rollover Distribution" is the non-taxable distributions of previously taxed contributions and or post-tax purchase of service This is your benefit amount **** "Excluded From Taxation" is the non-taxable portion of a service-connected disability benefit, if applicable, and MBRP benefit, if applicable. YEAR TO DATE **GROSS DISTRIBUTION** TAXABLE TAX FREE FED TAX WITHHELD CA STATE TAX WITHHELD \$8,579,58 \$8,061,84 \$517.74 \$1,612,37 \$0.00 2,687.28 x 3 = 2,859.86 x 3 = 8,579.58 - 8,061.84 = 537.46 x 3 = $0.00 \times 3 =$ Year To Date amounts in this example are amounts from above multiplied by 3 because this is the 3rd

benefit payment of the year

STATEMENT ONLY

Sample Paper Check and Statement

PAYEE NAME PAYEE ADDRESS 1 PAYEE ADDRESS 2 PAYEE ADDRESS 3 CITY CA 55555 PAGE: 1 of 1

DATE: March 31, 2022 ADVICE NUMBER: 1111111 AMOUNT PAID: \$2,317.40 3rd benefit payment of the year for the 3rd month of the year

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8,579.58 - 8,061.84 =

PAY TO THE ORDER OF:

 $2.859.86 \times 3 =$

PAYEE NAME
PAYEE ADDRESS 1
PAYEE ADDRESS 2
PAYEE ADDRESS 3
CITY, CA 55555

Year To Date amounts in this example are amounts from above multiplied by 3 because this is the 3rd benefit payment of the year

 $2.687.28 \times 3 =$

ADVICE NUMBER

1111111

Income tax withholding

March 31, 2022

 $537.46 \times 3 =$

This is your benefit amount as calculated above on a detachable paper check

 $0.00 \times 3 =$

\$2,317.40

ADVICE OF DEPOSIT - NON NEGOTIABLE