

WC SUBSIDIARY SERVICES LLC (91563)

SP91563

Tax Withholding Report

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

Employee: LAURA OLSON - [REDACTED]



Federal Tax Withholding

Filing Status	Withholding	Override Type
MJ - MJ	[REDACTED]	[REDACTED]
Override Amount	EIC File Status	W-4 Filed/Year
[REDACTED]	[REDACTED]	[REDACTED]
W-5 Filed/Year		
[REDACTED]		

State Tax Withholding

State 1

State

TEXAS

Filing Status

[REDACTED]

Allowance

[REDACTED]

Secondary Allowance

[REDACTED]

Exemption

[REDACTED]

Supplemental Exemption

[REDACTED]

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



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Review PTO Summary Report View paid-time-off info of s...

Client Training Center View key features, training ...

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New Worksite Location Form

Web User Authorization

PTO Worksheet

Employee Information Change Form

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CONTACTS

MAGGIE TAYLOR PAYROLL

Employee Search Employee Listings

Employee Search > OLSON, LAURA

OLSON, LAURA - WC SUBSIDIARY SERVICES LLC () PROJECT MANAGER

ACTIONS

Personal Details Tax Withholding Employment Pay Stubs Direct Deposit Time Off

Benefits Summary 401(k) Summary More



HUMAN RESOURCES

(515) 348-8759

SEE ALL CONTACTS

Title Description PROJECT MANAGER	Job Code Date 04/20/2021	Status - Date ACTIVE - 07/08/2020
Type - Date FULL TIME - 07/08/2020	Benefit Group PRIMARY	Benefits Thru Date 08/19/2023
Work Shift	Union Code	Client Employee #
Pay Group/Method BW PD FRI PPE SAT	Workers' Comp Class Code 8810	Clock #
Employer ID STAFF ONE HR, LLC	Project Code	Client Name WC SUBSIDIARY SERVICES LLC
Department	Division WCCG-STAFF-PROFESSIONA	Location MAIN
PEO Start Date 07/08/2020	Client Start Date 07/08/2020	Supervisor

Compensation

Hourly Rate 31.2500	Pay Period BI-WEEKLY	Current Annualized Pay 65000.00
Standard Hours 80.00	Pay Type SALARY	Default Timesheet Hours 80.00
Overtime Exempt YES	Last Hire Date 07/08/2020	Original Hire Date 07/08/2020
Seniority Date 07/08/2020	PEO Start Date 07/08/2020	Last Performance Review Date 07/08/2020
Termination Reason	Rehire Not Specified	Auto Accept Timesheet <input checked="" type="checkbox"/> Daily Time Sheets <input type="checkbox"/>

Employee List

EMPLOYEE ID	USER NAME	EMPLOYEE NAME	EMPLOYEE STATUS	EMPLOYEE WEB TEMPLATE	CLIENT ID	CLIENT NAME	CLIENT STATUS	CLIENT OTK PLATFORM	REGISTERED	
██████	LAURALEIGHOLSON	OLSON LAURA LEIGH	A	EMP-DFLT-NEXTGEN	██████	WC SUBSIDIARY SERVI...	A		YES	VIEW PORTAL

PAYCHEX

HR | Payroll | Benefits | Insurance

The Power of Simplicity®

Copy B – To Be Filed With Employee's FEDERAL Tax Return.			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
██████████	29878.91	1939.59			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	29878.91	1852.49			
11-3660133	5 Medicare wages and tips	6 Medicare tax withheld			
	29878.91	433.24			
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					
e Employee's name, address, and ZIP code Suff.					
LAURA LEIGH OLSON ██████████ ██████████					
7 Social security tips	8 Allocated tips	9			
0.00	0.00				
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12			
		DD 2893.60			
13 Statutory employee	14 Other	12b Code			
Retirement plan		12c Code			
Third-party sick pay		12d Code			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

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Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury -- IRS

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Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR 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 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could 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 earned income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.gov/ETC. Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

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 Social Security Administration (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.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting 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 2020 and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(Also see Instructions for Employee, below.)

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. **Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 9959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 9959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or insured on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or non-governmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for Social Security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note. If a year is shown code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A. Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B. Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C. Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

D. Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E. Elective deferrals under a section 403(b) salary reduction agreement.

F. Elective deferrals under a section 408(b)(6) salary reduction SEP.

G. Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan.

H. Elective deferrals to a section 501(c)(19)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J. Nontaxable sick pay (information only, not included in box 1, 3, or 5).

K. 20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L. Substantiated employee business expense reimbursements (nontaxable).

M. Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N. Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P. Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q. Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R. Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S. Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

T. Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

U. Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V. Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W. Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y. Deferrals under a section 409A nonqualified deferred compensation plan.

Z. Income under a nonqualified deferred compensation plan that is to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA. Designated Roth contributions under a section 401(k) plan.

BB. Designated Roth contributions under a section 403(b) plan.

DD. Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF. Perm tied benefits under a qualified special employer health reimbursement arrangement.

GG. Income from qualified equity grants under section 83(j).

HH. Aggregate deferrals under section 83(j) elections as of the close of the calendar year.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utility fees. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.

Included in Box 14, if applicable, are amounts paid to you as qualified sick leave wages or qualified family leave wages under the Families First Coronavirus Response Act. Specifically, up to three types of paid qualified sick leave wages or qualified family leave wages are reported in Box 14.

*Sick leave wages subject to the \$511 per day limit because of care you required;

*Sick leave wages subject to the \$200 per day limit because of care you provided to another;

*Emergency family leave wages.

If you have self-employment income in addition to wages paid by your employer, and you intend to claim any qualified sick leave or qualified family leave equivalent credit, you must report the qualified sick leave or qualified family leave wages on Form 7202, Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals, included with your income tax return and reduce (but not below zero) any qualified sick leave or qualified family leave equivalent credits by the amount of these qualified leave wages. If you have self-employment income, you should refer to the Instructions for your individual income tax return for more information.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

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[REDACTED]					
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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 **2021** Dept. of the Treasury – IRS

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(Also see Instructions for Employee, below.)

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or non-governmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for Social Security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Notes. If a year to lows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

- A. Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.
- B. Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.
- C. Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)
- D. Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
- E. Elective deferrals under a section 403(b) salary reduction agreement.
- F. Elective deferrals under a section 408(k)(6) salary reduction SEP.
- G. Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan.
- H. Elective deferrals to a section 501(c)(19)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.
- J. Nontaxable sick pay (information only, not included in box 1, 3, or 5).
- K. 20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L. Substantiated employee business expense reimbursements (nontaxable).

M. Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N. Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P. Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

Q. Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R. Employer contributions to your Archer MSA, Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S. Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

T. Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V. Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W. Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y. Deferrals under a section 409A nonqualified deferred compensation plan.

Z. Income under a nonqualified deferred compensation plan that is subject to satisfy section 409(a). This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA. Designated Roth contributions under a section 401(k) plan.

BB. Designated Roth contributions under a section 403(b) plan.

DD. Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF. Permitted benefits under a qualified small employer health reimbursement arrangement.

GG. Income from qualified equity grants under section 83(i).

HH. Aggregate deferrals under section 83(i) elections as of the close of the calendar year.

Box 13, if the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utility fees. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Included in Box 14, if applicable, are amounts paid to you as qualified sick leave wages or qualified family leave wages under the Families First Coronavirus Response Act. Specifically, up to six types of paid qualified sick leave wages or qualified family leave wages may be reported in Box 14.

-Sick leave wages subject to the \$511 per day limit paid for leave taken after December 31, 2020, and before April 1, 2021, because of care you required;

-Sick leave wages subject to the \$200 per day limit paid for leave taken after December 31, 2020, and before April 1, 2021, because of care you provided to another;

-Emergency family leave wages paid for leave taken after December 31, 2020, and before April 1, 2021;

-Sick leave wages subject to the \$511 per day limit paid for leave taken after March 31, 2021, and before October 1, 2021, because of care you required;

-Sick leave wages subject to the \$200 per day limit paid for leave taken after March 31, 2021, and before October 1, 2021, because of care you provided to another; and

-Emergency family leave wages paid for leave taken after March 31, 2021, and before October 1, 2021.

If you have self-employment income in addition to wages paid by your employer, and you intend to claim any qualified sick leave or qualified family leave equivalent credit, you must report the qualified sick leave or qualified family leave wages on Form 7202, Credits for Sick Leave and Family Leave for Certain Self-Employed Individuals, included with your income tax return, and may have to reduce (but not below zero) any qualified sick leave or qualified family leave equivalent credit by the amount of these qualified family leave wages. If you have self-employment income, you should refer to the instructions for your individual income tax return for more information.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Copy B – To Be Filed With Employee's FEDERAL Tax Return.			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	62008.03	3921.87			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	62008.03	3844.50			
11-3660133	5 Medicare wages and tips	6 Medicare tax withheld			
	62008.03	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					
e Employee's name, address, and ZIP code					Suff.
LAURA LEIGH OLSON					
7 Social security tips 0.00					
8 Allocated tips 0.00					
9					
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
				DD 7522.76	
13 Statutory employee		14 Other		12b Code	
		DEN 333.69			
Retirement plan		MED 2597.76		12c Code	
		VIS 60.52			
Third-party sick pay				12d Code	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	62008.03	3921.87			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	62008.03	3844.50			
11-3660133	5 Medicare wages and tips	6 Medicare tax withheld			
	62008.03	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					
e Employee's name, address, and ZIP code					Suff.
LAURA LEIGH OLSON					
7 Social security tips 0.00					
8 Allocated tips 0.00					
9					
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
				DD 7522.76	
13 Statutory employee		14 Other		12b Code	
		DEN 333.69			
Retirement plan		MED 2597.76		12c Code	
		VIS 60.52			
Third-party sick pay				12d Code	
15 State Employer's state I.D. number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2022 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		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	62008.03	3921.87			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	62008.03	3844.50			
11-3660133	5 Medicare wages and tips	6 Medicare tax withheld			
	62008.03	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					
e Employee's name, address, and ZIP code					Suff.
LAURA LEIGH OLSON					
7 Social security tips 0.00					
8 Allocated tips 0.00					
9					
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
				DD 7522.76	
13 Statutory employee		14 Other		12b Code	
		DEN 333.69			
Retirement plan		MED 2597.76		12c Code	
		VIS 60.52			
Third-party sick pay				12d Code	
15 State Employer's state I.D. number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.			41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	62008.03	3921.87			
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld			
	62008.03	3844.50			
11-3660133	5 Medicare wages and tips	6 Medicare tax withheld			
	62008.03	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					
e Employee's name, address, and ZIP code					Suff.
LAURA LEIGH OLSON					
7 Social security tips 0.00					
8 Allocated tips 0.00					
9					
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
				DD 7522.76	
13 Statutory employee		14 Other		12b Code	
		DEN 333.69			
Retirement plan		MED 2597.76		12c Code	
		VIS 60.52			
Third-party sick pay				12d Code	
15 State Employer's state I.D. number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

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. The amount of the credit is based on income and family size. Workers without children could 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/EITC. See also Pub. 596, 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.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting 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 (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA 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

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 Instructions to determine if you are required to complete Form 8959.
Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 Instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.
Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for Social Security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 52 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.
Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 Instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A. Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.
B. Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 Instructions.
C. Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5) D Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
E. Elective deferrals under a section 403(b) salary reduction agreement.
F. Elective deferrals under a section 408(k)(6) salary reduction SEP.
G. Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan.
H. Elective deferrals to a section 501(c)(19)(D) tax-exempt organization plan. See the Form 1040 Instructions for how to deduct.
J. Nontaxable sick pay (information only, not included in box 1, 3, or 5).
K. 20% excise tax on excess golden parachute payments. See the Form 1040 Instructions.

L. Substantiated employee business expense reimbursements (nontaxable).
M. Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 Instructions.
N. Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 Instructions.
P. Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).
Q. Nontaxable combat pay. See the Instructions for Form 1040 Instructions for details on reporting this amount.
R. Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
S. Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
T. Adoption benefit (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.
V. Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.
W. Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
Y. Deferrals under a section 409A nonqualified deferred compensation plan.
Z. Income under a nonqualified deferred compensation plan that is to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 Instructions.
AA. Designated Roth contributions under a section 401(k) plan.
BB. Designated Roth contributions under a section 403(b) plan.
DD. Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
EE. Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
FF. Permitted benefits under a qualified small employer health reimbursement arrangement.
GG. Income from qualified equity grants under section 83(j).
HH. Aggregate deferrals under section 83(i) elections as of the close of the calendar year.
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utility fees. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.
Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.



WC SUBSIDIARY SERVICES LLC

Employee Voucher Report

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

Sorted by Employee Name

HR | Payroll | Benefits | Insurance

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	\$0.00	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	91.72	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	91.72	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	91.72	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	91.72	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	91.72	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	91.72	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	91.72	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	91.72	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	91.72	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	91.72	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	91.72	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
01/03/20	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

(91563)

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

Voucher #: 008500 Sort Order: 13

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	07-17-2020	06-28-2020	07-11-2020	074412

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL		
		Rate	Hours/ Units	Amount
07-11-2020	REGULAR PAY	31.2500	24.00	750.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICARE	10.88	10.88
SOC SECURITY	46.50	46.50

Totals: 24.00 750.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	0.00	692.62

Net Pay Y-T-D

692.62

Total: 0.00

Total: 57.38 57.38

Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	750.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D

Total: 750.00 ** IMPORTANT NOTES ** Total: 0.00 0.00

VOID AFTER 90 DAYS

0 P H R _ S S _ O A S I S _ C H E C K S _ V 2

074412
64-1278/611

07-17-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

*****692.62

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202016

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	07-31-2020	07-12-2020	07-25-2020	495497

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
07-25-2020	REGULAR PAY	31.2500	80.00	2500.00	FEDERAL TAX	170.35	170.35
					MEDICARE	36.25	47.13
					SOC SECURITY	155.00	201.50

Totals:	80.00	2500.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,138.40	2,138.40

Net Pay Y-T-D

2,831.02

Total:	2,138.40
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Total:	361.60	418.98
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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	3,250.00								

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

0 P H R _ S S _ O A S I S _ C H E C K S _ V 2

495497

07-31-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson
[REDACTED]

Non-Negotiable

Laura LEIGH Olson
[REDACTED]

202017

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	08-14-2020	07-26-2020	08-08-2020	502832

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL		
		Rate	Hours/ Units	Amount
08-08-2020	REGULAR PAY	31.2500	80.00	2500.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL 125	70.43	70.43
LIFE NS	12.53	12.53
DENTAL 125	6.98	6.98
VISION 125	1.78	1.78
FEDERAL TAX	160.84	331.19
MEDICARE	35.10	82.23
SOC SECURITY	150.09	351.59

Totals:	80.00	2500.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25

Net Pay Y-T-D

4,893.27

Total:	2,062.25
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Total:	437.75	856.73
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Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	5,750.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
MEDICAL	218.93	218.93
DENTAL	9.95	9.95
GRP LIFE	1.83	1.83
VISION	1.78	1.78

Total:	5,750.00	** IMPORTANT NOTES **	Total:	232.49	232.49
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VOID AFTER 90 DAYS

502832

08-14-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson
[REDACTED]

Non-Negotiable

Laura LEIGH Olson
[REDACTED]

202018

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	08-28-2020	08-09-2020	08-22-2020	511551

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL		
		Rate	Hours/ Units	Amount
08-22-2020	REGULAR PAY	31.2500	80.00	2500.00

Description	DEDUCTIONS / TAXES	
	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	492.03
MEDICARE	35.10	117.33
SOC SECURITY	150.09	501.68

Totals:	80.00	2500.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25
			Net Pay Y-T-D
			6,955.52

Total:	2,062.25
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Total:	437.75	1,294.48
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Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	8,250.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
MEDICAL	218.93	437.86
DENTAL	9.95	19.90
GRP LIFE	1.83	3.66
VISION	1.78	3.56

Total:	8,250.00	** IMPORTANT NOTES **	Total:	232.49	464.98
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VOID AFTER 90 DAYS

PHR_08_08_2020_CHECKS_V2

511551

08-28-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson
[REDACTED]

Non-Negotiable

Laura LEIGH Olson
[REDACTED]

202019

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	09-11-2020	08-23-2020	09-05-2020	517695

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL		
		Rate	Hours/ Units	Amount
09-05-2020	REGULAR PAY	31.2500	80.00	2500.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL 125	70.43	211.26
LIFE NS	12.53	37.59
DENTAL 125	6.98	20.94
VISION 125	1.78	5.34
FEDERAL TAX	160.84	652.87
MEDICARE	35.10	152.43
SOC SECURITY	150.09	651.77

Totals: 80.00 2500.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25

Net Pay Y-T-D

9,017.77

Total: 2,062.25

Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	10,750.00				

Total: 437.75 1,732.23

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
MEDICAL	218.93	656.79
DENTAL	9.95	29.85
GRP LIFE	1.83	5.49
VISION	1.78	5.34

Total: 10,750.00

** IMPORTANT NOTES **

Total: 232.49 697.47

VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

517695

09-11-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202020

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	09-25-2020	09-06-2020	09-19-2020	525185

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
09-19-2020	REGULAR PAY	31.2500	72.00	2250.00	MEDICAL 125	70.43	281.72
09-19-2020	HOLIDAY	31.2500	8.00	250.00	LIFE NS	12.53	50.12
					DENTAL 125	6.98	27.92
					VISION 125	1.78	7.12
					FEDERAL TAX	160.84	813.71
					MEDICARE	35.10	187.53
					SOC SECURITY	150.09	801.86

Totals:		80.00	2500.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25

Net Pay Y-T-D

11,080.02

Total:		2,062.25
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Total:		437.75	2,169.98
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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	13,000.00						MEDICAL	218.93	875.72
HOLIDAY	250.00						DENTAL	9.95	39.80
							GRP LIFE	1.83	7.32
							VISION	1.78	7.12

Total:	13,250.00	** IMPORTANT NOTES **	Total:	232.49	929.96
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VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

525185

09-25-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202021

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	10-09-2020	09-20-2020	10-03-2020	533415

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL		
		Rate	Hours/ Units	Amount
10-03-2020	REGULAR PAY	31.2500	80.00	2500.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL 125	70.43	352.15
LIFE NS	12.53	62.65
DENTAL 125	6.98	34.90
VISION 125	1.78	8.90
FEDERAL TAX	160.84	974.55
MEDICARE	35.10	222.63
SOC SECURITY	150.09	951.95

Totals:	80.00	2500.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25

Net Pay Y-T-D

13,142.27

Total:	2,062.25
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Total:	437.75	2,607.73
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Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	15,500.00				
HOLIDAY	250.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
MEDICAL	218.93	1,094.65
DENTAL	9.95	49.75
GRP LIFE	1.83	9.15
VISION	1.78	8.90

Total:	15,750.00
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**** IMPORTANT NOTES ****

Total:	232.49	1162.45
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VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

533415

10-09-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202022

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	10-23-2020	10-04-2020	10-17-2020	539926

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL		
		Rate	Hours/ Units	Amount
10-17-2020	REGULAR PAY	31.2500	80.00	2500.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
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

Totals: 80.00 2500.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.24	2,062.24

Net Pay Y-T-D

15,204.51

Total: 2,062.24

Total: 437.76 3,045.49

Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	18,000.00				
HOLIDAY	250.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
MEDICAL	218.93	1,313.58
DENTAL	9.95	59.70
GRP LIFE	1.83	10.98
VISION	1.78	10.68

Total: 18,250.00

** IMPORTANT NOTES **

Total: 232.49 1394.94

VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

539926

10-23-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202024

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	11-06-2020	10-18-2020	10-31-2020	549591

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
10-31-2020	REGULAR PAY	31.2500	80.00	2500.00	MEDICAL 125	70.43	493.01
					LIFE NS	12.53	87.71
					DENTAL 125	6.98	48.86
					VISION 125	1.78	12.46
					FEDERAL TAX	160.84	1,296.23
					MEDICARE	35.10	292.84
					SOC SECURITY	150.09	1,252.13

Totals: 80.00 2500.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25

Net Pay Y-T-D

17,266.76

Total: 2,062.25

Y-T-D EARNINGS		PAID TIME OFF				EMPLOYER CONTRIBUTIONS			
Description	Amount	Description	C/O	Accrued	Used	Available	Description	Amount	Y-T-D
REGULAR PAY	20,500.00						MEDICAL	218.93	1,532.51
HOLIDAY	250.00						DENTAL	9.95	69.65
							GRP LIFE	1.83	12.81
							VISION	1.78	12.46

Total: 437.75 3,483.24

Total: 20,750.00

** IMPORTANT NOTES **

Total: 232.49 1627.43

VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

549591

11-06-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202025

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	11-20-2020	11-01-2020	11-14-2020	558903

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	Description	Amount	Y-T-D
11-14-2020	REGULAR PAY	31.2500	80.00	2500.00	MEDICAL 125	70.43	563.44
					LIFE NS	12.53	100.24
					DENTAL 125	6.98	56.84
					VISION 125	1.78	14.24
					FEDERAL TAX	160.84	1,457.07
					MEDICARE	35.10	327.94
					SOC SECURITY	150.09	1,402.22

Totals:	80.00	2500.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25
			Net Pay Y-T-D
			19,329.01

Total:	2,062.25	Total:	437.75	3,920.99
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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	23,000.00						MEDICAL	218.93	1,751.44
HOLIDAY	250.00						DENTAL	9.95	79.60
							GRP LIFE	1.83	14.64
							VISION	1.78	14.24

Total:	23,250.00	** IMPORTANT NOTES **	Total:	232.49	1859.92
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VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

558903

11-20-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202026

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	12-04-2020	11-15-2020	11-28-2020	566491

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL		
		Rate	Hours/ Units	Amount
11-28-2020	REGULAR PAY	31.2500	72.00	2250.00
11-28-2020	HOLIDAY	31.2500	8.00	250.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL 125	70.43	633.87
LIFE NS	12.53	112.77
DENTAL 125	6.98	62.82
VISION 125	1.78	16.02
FEDERAL TAX	160.84	1,617.91
MEDICARE	35.10	363.04
SOC SECURITY	150.09	1,552.31

Totals: 80.00 2500.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25
			Net Pay Y-T-D
			21,391.26

Total: 2,062.25

Total: 437.75 4,358.74

Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	25,250.00				
HOLIDAY	500.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
MEDICAL	218.93	1,970.37
DENTAL	9.95	89.55
GRP LIFE	1.83	16.47
VISION	1.78	16.02

Total: 25,750.00 ** IMPORTANT NOTES ** Total: 232.49 2092.41

VOID AFTER 90 DAYS

PHR_99_OASIS_CHECKS_V2

566491

12-04-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202027

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	12-18-2020	11-29-2020	12-12-2020	573933

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	Description	Amount	Y-T-D
12-12-2020	REGULAR PAY	31.2500	80.00	2500.00	MEDICAL 125	70.43	704.30
					LIFE NS	12.53	125.30
					DENTAL 125	6.98	69.80
					VISION 125	1.78	17.80
					FEDERAL TAX	160.84	1,778.75
					MEDICARE	35.10	398.14
					SOC SECURITY	150.09	1,702.40

Totals: 80.00 2500.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25

Net Pay Y-T-D

23,453.51

Total: 2,062.25

Total: 437.75 4,796.49

Y-T-D EARNINGS		PAID TIME OFF				EMPLOYER CONTRIBUTIONS			
Description	Amount	Description	C/O	Accrued	Used	Available	Description	Amount	Y-T-D
REGULAR PAY	27,750.00						MEDICAL	218.93	2,189.30
HOLIDAY	500.00						DENTAL	9.95	99.50
							GRP LIFE	1.83	18.30
							VISION	1.78	17.80

Total: 28,250.00

** IMPORTANT NOTES **

Total: 232.49 2324.90

VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

573933

12-18-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202028

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	12-31-2020	12-13-2020	12-26-2020	581892

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
12-26-2020	REGULAR PAY	31.2500	72.00	2250.00	MEDICAL 125	70.43	774.73
12-26-2020	HOLIDAY	31.2500	8.00	250.00	LIFE NS	12.53	137.83
					DENTAL 125	6.98	76.78
					VISION 125	1.78	19.58
					FEDERAL TAX	160.84	1,939.59
					MEDICARE	35.10	433.24
					SOC SECURITY	150.09	1,852.49

Totals: 80.00 2500.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,062.25	2,062.25

Net Pay Y-T-D

25,515.76

Total: 2,062.25

Total: 437.75 5,234.24

Y-T-D EARNINGS		PAID TIME OFF				EMPLOYER CONTRIBUTIONS			
Description	Amount	Description	C/O	Accrued	Used	Available	Description	Amount	Y-T-D
REGULAR PAY	30,000.00						MEDICAL	218.93	2,408.23
HOLIDAY	750.00						DENTAL	9.95	109.45
							GRP LIFE	1.83	20.13
							VISION	1.78	19.58

Total: 30,750.00

** IMPORTANT NOTES **

Total: 232.49 2557.39

VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

581892

12-31-2020

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202029

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	01-15-2021	12-27-2020	01-09-2021	589235

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
01-09-2021	REGULAR PAY	31.2500	72.00	2250.00	MEDICAL 125	70.43	70.43
01-09-2021	HOLIDAY	31.2500	8.00	250.00	LIFE NS	12.53	12.53
					DENTAL 125	6.98	6.98
					VISION 125	1.78	1.78
					FEDERAL TAX	159.34	159.34
					MEDICARE	35.10	35.10
					SOC SECURITY	150.09	150.09

Totals: 80.00 2500.00

Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75

Net Pay Y-T-D

2,063.75

Total: 2,063.75

Total: 436.25 436.25

Y-T-D EARNINGS		PAID TIME OFF				EMPLOYER CONTRIBUTIONS			
Description	Amount	Description	C/O	Accrued	Used	Available	Description	Amount	Y-T-D
REGULAR PAY	2,250.00						MEDICAL	218.93	218.93
HOLIDAY	250.00						DENTAL	9.95	9.95
							GRP LIFE	1.83	1.83
							VISION	1.78	1.78

Total: 2,500.00

** IMPORTANT NOTES **

Total: 232.49 232.49

VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

589235

01-15-2021

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20211

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	01-29-2021	01-10-2021	01-23-2021	597587

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
01-23-2021	REGULAR PAY	31.2500	80.00	2500.00	VISION 125	0.00	1.78
					LIFE NS	0.00	12.53
					DENTAL 125	0.00	6.98
					MEDICAL 125	0.00	70.43
					FEDERAL TAX	168.85	328.19
					MEDICARE	36.25	71.35
					SOC SECURITY	155.00	305.09

Totals:	80.00	2500.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,139.90	2,139.90
			Net Pay Y-T-D
			4,203.65

Total:	2,139.90	Total:	360.10	796.35
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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	4,750.00						MEDICAL	0.00	218.93
HOLIDAY	250.00						DENTAL	0.00	9.95
							GRP LIFE	0.00	1.83
							VISION	0.00	1.78

Total:	5,000.00	** IMPORTANT NOTES **	Total:	0.00	232.49
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VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

597587

01-29-2021

Staff One HR
12750 Merit Drive, suite 910

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20212

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	02-12-2021	01-24-2021	02-06-2021	604145

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
02-06-2021	REGULAR PAY	31.2500	80.00	2500.00	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	159.34	487.53
					MEDICARE	35.10	106.45
					SOC SECURITY	150.09	455.18

Totals:	80.00	2500.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75
			Net Pay Y-T-D
			6,267.40

Total:	2,063.75	Total:	436.25	1,232.60
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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	7,250.00						MEDICAL	218.93	437.86
HOLIDAY	250.00						DENTAL	9.95	19.90
							GRP LIFE	1.83	3.66
							VISION	1.78	3.56

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

PHR_00_OASIS_CHECKS_V2

604145

02-12-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20213

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	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					DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/ Units	Amount	Description	Amount	Y-T-D
02-20-2021	REGULAR PAY	31.2500	80.00	2500.00	MEDICAL 125	70.43	211.26
					LIFE NS	12.53	37.59
					DENTAL 125	6.98	20.94
					VISION 125	1.78	5.34
					FEDERAL TAX	159.34	646.87
					MEDICARE	35.11	141.56
					SOC SECURITY	150.09	605.27

Totals:	80.00	2500.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.74	2,063.74
			Net Pay Y-T-D
			8,331.14

Total:	2,063.74	Total:	436.26	1,668.86
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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	9,750.00						MEDICAL	218.93	656.79
HOLIDAY	250.00						DENTAL	9.95	29.85
							GRP LIFE	1.83	5.49
							VISION	1.78	5.34

Total:	10,000.00	** IMPORTANT NOTES **	Total:	232.49	697.47
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VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

611280

02-26-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson
[REDACTED]

Non-Negotiable

Laura LEIGH Olson
[REDACTED]

20214

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	03-12-2021	02-21-2021	03-06-2021	619242

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
03-06-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	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	159.34	806.21
						MEDICARE	35.10	176.66
						SOC SECURITY	150.09	755.36

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75
Total:			10,394.89

Total:	2,063.75	Total:	436.25	2,105.11
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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	12,250.00						MEDICAL	218.93	875.72
HOLIDAY	250.00						DENTAL	9.95	39.80
							GRP LIFE	1.83	7.32
							VISION	1.78	7.12

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

PHR_00_OASIS_CHECKS_V2

619242

03-12-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20215

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	03-26-2021	03-07-2021	03-20-2021	626686

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL			
		Rate	Hours/Units	Amount	HrsWkd
03-20-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL 125	70.43	352.15
LIFE NS	12.53	62.65
DENTAL 125	6.98	34.90
VISION 125	1.78	8.90
FEDERAL TAX	159.34	965.55
MEDICARE	35.10	211.76
SOC SECURITY	150.09	905.45

Totals:	80.00	2500.00	80.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75
			Net Pay Y-T-D
			12,458.64

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

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
MEDICAL	218.93	1,094.65
DENTAL	9.95	49.75
GRP LIFE	1.83	9.15
VISION	1.78	8.90

Total:	15,000.00
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**** IMPORTANT NOTES ****

Total:	232.49	1162.45
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

626686

03-26-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20216

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	04-09-2021	03-21-2021	04-03-2021	634111

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-03-2021	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL 125	70.43	422.58
04-03-2021	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	12.53	75.18
						DENTAL 125	6.98	41.88
						VISION 125	1.78	10.68
						FEDERAL TAX	159.34	1,124.89
						MEDICARE	35.10	246.86
						SOC SECURITY	150.09	1,055.54

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75

Net Pay Y-T-D

14,522.39

Total:	2,063.75
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Total:	436.25	2,977.61
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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	17,000.00						MEDICAL	218.93	1,313.58
HOLIDAY	500.00						DENTAL	9.95	59.70
							GRP LIFE	1.83	10.98
							VISION	1.78	10.68

Total:	17,500.00	** IMPORTANT NOTES **	Total:	232.49	1394.94
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

634111

04-09-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20217

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	04-23-2021	04-04-2021	04-17-2021	641854

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-17-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	70.43	493.01
						LIFE NS	12.53	87.71
						DENTAL 125	6.98	48.86
						VISION 125	1.78	12.46
						FEDERAL TAX	159.34	1,284.23
						MEDICARE	35.10	281.90
						SOC SECURITY	150.09	1,205.63

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75
Total:			16,586.14

Total:	2,063.75	Total:	436.25	3,413.86
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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	19,500.00						MEDICAL	218.93	1,532.51
HOLIDAY	500.00						DENTAL	9.95	69.65
							GRP LIFE	1.83	12.81
							VISION	1.78	12.46

Total:	20,000.00	** IMPORTANT NOTES **	Total:	232.49	1627.43
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

641854

04-23-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20218

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	05-07-2021	04-18-2021	05-01-2021	650326

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
05-01-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	70.43	563.44
						LIFE NS	12.53	100.24
						DENTAL 125	6.98	55.84
						VISION 125	1.78	14.24
						FEDERAL TAX	159.34	1,443.57
						MEDICARE	35.10	317.00
						SOC SECURITY	150.09	1,355.72

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75

Net Pay Y-T-D

18,649.89

Total:	2,063.75
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Total:	436.25	3,850.11
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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	1,751.44
HOLIDAY	500.00						DENTAL	9.95	79.60
							GRP LIFE	1.83	14.64
							VISION	1.78	14.24

Total:	22,500.00	** IMPORTANT NOTES **	Total:	232.49	1859.92
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

650326

05-07-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

20219

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	05-21-2021	05-02-2021	05-15-2021	657385

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
05-15-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	70.43	633.87
						LIFE NS	12.53	112.77
						DENTAL 125	6.98	62.82
						VISION 125	1.78	16.02
						FEDERAL TAX	159.34	1,602.91
						MEDICARE	35.11	352.17
						SOC SECURITY	150.09	1,505.81

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.74	2,063.74
Total:			20,713.63

Total:	2,063.74	Total:	436.26	4,286.37
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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	24,500.00						MEDICAL	218.93	1,970.37
HOLIDAY	500.00						DENTAL	9.95	89.55
							GRP LIFE	1.83	16.47
							VISION	1.78	16.02

Total:	25,000.00	** IMPORTANT NOTES **	Total:	232.49	2092.41
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

657385

05-21-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202110

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	06-04-2021	05-16-2021	05-29-2021	664528

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
05-29-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	70.43	704.30
						LIFE NS	12.53	125.30
						DENTAL 125	6.98	69.80
						VISION 125	1.78	17.80
						FEDERAL TAX	159.34	1,762.25
						MEDICARE	35.10	387.27
						SOC SECURITY	150.09	1,655.90

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75
Total:			22,777.38

Total:	2,063.75	Total:	436.25	4,722.62
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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	27,000.00						MEDICAL	218.93	2,189.30
HOLIDAY	500.00						DENTAL	9.95	99.50
							GRP LIFE	1.83	18.30
							VISION	1.78	17.80

Total:	27,500.00	** IMPORTANT NOTES **	Total:	232.49	2324.90
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

664528

06-04-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202111

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	06-18-2021	05-30-2021	06-12-2021	669574

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
06-12-2021	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL 125	70.43	774.73
06-12-2021	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	12.53	137.83
						DENTAL 125	6.98	76.78
						VISION 125	1.78	19.58
						FEDERAL TAX	159.34	1,921.59
						MEDICARE	35.10	422.37
						SOC SECURITY	150.09	1,805.99

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75

Net Pay Y-T-D

24,841.13

Total:	2,063.75
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Total:	436.25	5,158.87
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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	29,250.00						MEDICAL	218.93	2,408.23
HOLIDAY	750.00						DENTAL	9.95	109.45
							GRP LIFE	1.83	20.13
							VISION	1.78	19.58

Total:	30,000.00	** IMPORTANT NOTES **	Total:	232.49	2557.39
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VOID AFTER 90 DAYS
Best wishes for a Happy Birthday!

PHR_00_OASIS_CHECKS_V2

669574

06-18-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202112

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	07-02-2021	06-13-2021	06-26-2021	674672

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
06-26-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	70.43	845.16
						LIFE NS	12.53	150.36
						DENTAL 125	6.98	83.76
						VISION 125	1.78	21.36
						FEDERAL TAX	159.34	2,080.93
						MEDICARE	35.10	457.47
						SOC SECURITY	150.09	1,956.08

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75
Total:			26,904.88

Total:	2,063.75	Total:	436.25	5,595.12
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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	31,750.00						MEDICAL	218.93	2,627.16
HOLIDAY	750.00						DENTAL	9.95	119.40
							GRP LIFE	1.83	21.96
							VISION	1.78	21.36

Total:	32,500.00	** IMPORTANT NOTES **	Total:	232.49	2789.88
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

674672

07-02-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202113

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	07-16-2021	06-27-2021	07-10-2021	679233

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-10-2021	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL 125	70.43	915.59
07-10-2021	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	12.53	162.89
						DENTAL 125	6.98	90.74
						VISION 125	1.78	23.14
						FEDERAL TAX	159.34	2,240.27
						MEDICARE	35.10	492.57
						SOC SECURITY	150.09	2,106.17

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,063.75	2,063.75

Net Pay Y-T-D

28,968.63

Total:	2,063.75
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Total:	436.25	6,031.37
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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	34,000.00						MEDICAL	218.93	2,846.09
HOLIDAY	1,000.00						DENTAL	9.95	129.35
							GRP LIFE	1.83	23.79
							VISION	1.78	23.14

Total:	35,000.00	** IMPORTANT NOTES **	Total:	232.49	3022.37
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VOID AFTER 90 DAYS

PHR_00_OASIS_CHECKS_V2

679233

07-16-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202114

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	07-30-2021	07-11-2021	07-24-2021	684005

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-24-2021	REGULAR PAY	31.2500	80.00	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	168.85	2,409.12
						MEDICARE	36.25	528.82
						SOC SECURITY	155.00	2,261.17

Totals:	80.00	2500.00	80.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,139.91	2,139.91
			Net Pay Y-T-D
			31,108.54

Total:	2,139.91	Total:	360.09	6,391.46
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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	36,500.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,000.00						DENTAL	0.00	129.35
							GRP LIFE	0.00	23.79
							VISION	0.00	23.14

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

PHR_00_OASIS_CHECKS_V2

684005

07-30-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202115

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	08-13-2021	07-25-2021	08-07-2021	688772

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
08-07-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,018.92
						LIFE NS	12.53	175.42
						DENTAL 125	6.98	97.72
						VISION 125	1.78	24.92
						FEDERAL TAX	155.39	2,564.51
						MEDICARE	34.63	563.45
						SOC SECURITY	148.05	2,409.22

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.30	2,037.30
			Net Pay Y-T-D
			33,145.84

Total:	2,037.30	Total:	462.70	6,854.16
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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	39,000.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,000.00						DENTAL	9.95	139.30
							GRP LIFE	1.83	25.62
							VISION	1.78	24.92
							Medical	200.00	200.00

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

PHR_08_08_2021_08_13_2021_08_13_2021_V2

688772

08-13-2021

Staff One HR
2054 VISTA PARKWAY STE 300

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202116

(91563)

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

11-3660133

Voucher #: 009556 Sort Order: 12

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	08-27-2021	08-08-2021	08-21-2021	693214

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
08-21-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,122.26
						LIFE NS	12.53	187.95
						DENTAL 125	6.98	104.70
						VISION 125	1.78	26.70
						FEDERAL TAX	155.39	2,719.90
						MEDICARE	34.62	598.07
						SOC SECURITY	148.05	2,557.27

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.31	2,037.31
			Net Pay Y-T-D
			35,183.15

Total:	2,037.31	Total:	462.69	7,316.85
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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	41,500.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,000.00						DENTAL	9.95	149.25
							GRP LIFE	1.83	27.45
							VISION	1.78	26.70
							Medical	200.00	400.00

Total:	42,500.00	** IMPORTANT NOTES **	Total:	213.56	3449.49
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VOID AFTER 90 DAYS

PHR_99_OASIS_CHECKS_V2

693214

08-27-2021

Staff One HR
2054 VISTA PARKWAY STE 300
11-3660133

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson
[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202117

(91563)

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

11-3660133

Voucher #: 009592 Sort Order: 12

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	09-10-2021	08-22-2021	09-04-2021	698090

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
09-04-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,225.60
						LIFE NS	12.53	200.48
						DENTAL 125	6.98	111.68
						VISION 125	1.78	28.48
						FEDERAL TAX	155.39	2,875.29
						MEDICARE	34.63	632.70
						SOC SECURITY	148.05	2,705.32

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.30	2,037.30

Net Pay Y-T-D

37,220.45

Total:	2,037.30
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Total:	462.70	7,779.55
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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	44,000.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,000.00						DENTAL	9.95	159.20
							GRP LIFE	1.83	29.28
							VISION	1.78	28.48
							Medical	200.00	600.00

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

PHR_SS_OASIS_CHECKS_V2

698090

09-10-2021

Staff One HR
2054 VISTA PARKWAY STE 300
11-3660133

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202118

(91563)

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

11-3660133

Voucher #: 009610 Sort Order: 12

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	09-24-2021	09-05-2021	09-18-2021	702901

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
09-18-2021	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL 125	103.34	1,328.94
09-18-2021	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	12.53	213.01
						DENTAL 125	6.98	118.66
						VISION 125	1.78	30.26
						FEDERAL TAX	155.39	3,030.68
						MEDICARE	34.62	607.32
						SOC SECURITY	148.05	2,853.37

Totals:		80.00	2500.00	72.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,037.31	2,037.31

Net Pay Y-T-D

39,257.76

Total:		2,037.31
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Total:		462.69	8,242.24
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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	46,250.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,250.00						DENTAL	9.95	169.15
							GRP LIFE	1.83	31.11
							VISION	1.78	30.26
							Medical	200.00	800.00

Total:	47,500.00	** IMPORTANT NOTES **	Total:	213.56	3876.61
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VOID AFTER 90 DAYS

PHR_09_04_2021_CHECKS_V2

702901

09-24-2021

Staff One HR
2054 VISTA PARKWAY STE 300
11-3660133

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202119

(91563)

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

11-3660133

Voucher #: 009628 Sort Order: 11

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	10-08-2021	09-19-2021	10-02-2021	707710

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
10-02-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,432.28
						LIFE NS	12.53	225.54
						DENTAL 125	6.98	125.64
						VISION 125	1.78	32.04
						FEDERAL TAX	155.39	3,186.07
						MEDICARE	34.63	701.95
						SOC SECURITY	148.05	3,001.42

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.30	2,037.30

Net Pay Y-T-D

41,295.06

Total:	2,037.30
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Total:	462.70	8,704.94
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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	48,750.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,250.00						DENTAL	9.95	179.10
							GRP LIFE	1.83	32.94
							VISION	1.78	32.04
							Medical	200.00	1,000.00

Total:	50,000.00	** IMPORTANT NOTES **	Total:	213.56	4090.17
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VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

707710

Robert J. [Signature]

10-08-2021

Staff One HR
2054 VISTA PARKWAY STE 300
11-3660133

AMOUNT

**** VOID ****

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202120

(91563)

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

11-3660133

Voucher #: 009645 Sort Order: 11

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	10-22-2021	10-03-2021	10-16-2021	712729

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
10-16-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,535.62
						LIFE NS	12.53	238.07
						DENTAL 125	6.98	132.62
						VISION 125	1.78	33.82
						FEDERAL TAX	155.39	3,341.46
						MEDICARE	34.62	736.57
						SOC SECURITY	148.05	3,149.47

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.31	2,037.31
Total:			43,332.37

Total:	2,037.31	Total:	462.69	9,167.63
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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	51,250.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,250.00						DENTAL	9.95	189.05
							GRP LIFE	1.83	34.77
							VISION	1.78	33.82
							Medical	200.00	1,200.00

Total:	52,500.00	** IMPORTANT NOTES **	Total:	213.56	4303.73
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VOID AFTER 90 DAYS

PHR_SS_OASIS_CHECKS_V2

Robert J. [Signature]

712729

10-22-2021

Staff One HR
2054 VISTA PARKWAY STE 300
11-3660133

AMOUNT

**** VOID ****

Pay: **Non-negotiable**

To The Order Of: Laura LEIGH Olson
[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202121

(91563)

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

11-3660133

Voucher #: 009662 Sort Order: 11

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	Laura LEIGH Olson	11-05-2021	10-17-2021	10-30-2021	718323

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
10-30-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,638.96
						LIFE NS	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

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.31	2,037.31

Net Pay Y-T-D

45,369.68

Total:	2,037.31
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Total:	462.69	9,630.32
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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	53,750.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,250.00						DENTAL	9.95	199.00
							GRP LIFE	1.83	36.60
							VISION	1.78	35.60
							Medical	200.00	1,400.00

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

PHR_00_OASIS_CHECKS_V2

718323

11-05-2021

Staff One HR
2054 VISTA PARKWAY STE 300
11-3660133

AMOUNT

** VOID **

Pay: Non-negotiable

To The Order Of: Laura LEIGH Olson

[REDACTED]

Non-Negotiable

Laura LEIGH Olson

[REDACTED]

202122

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009693 Sort Order: 9

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	11-19-2021	10-31-2021	11-13-2021	45224336

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
11-13-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,742.30
						LIFE NS	12.53	263.13
						DENTAL 125	6.98	146.58
						VISION 125	1.78	37.38
						FEDERAL NCOME	155.39	3,652.24
						MEDICARE - EE	34.63	805.82
						SOCIAL SEC - EE	148.05	3,445.57

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.30	2,037.30
			Net Pay Y-T-D
			47,406.98

Total:	2,037.30	Total:	462.70	10,093.02
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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	56,250.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,250.00						DENTAL	9.95	208.95
							GRP LIFE	1.83	38.43
							VISION	1.78	37.38
							Medical	200.00	1,600.00

Total:	57,500.00	** IMPORTANT NOTES **	Total:	213.56	4730.85
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

11-19-2021

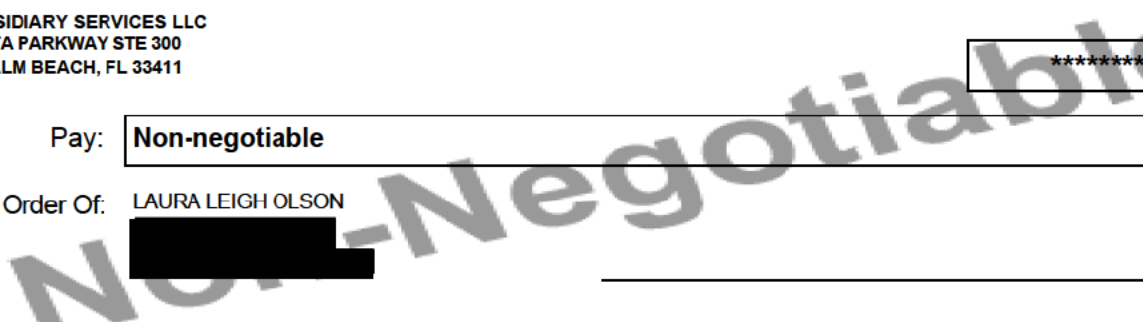
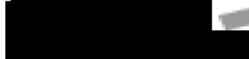
45224336

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202125

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009708 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	12-03-2021	11-14-2021	11-27-2021	45414963

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
11-27-2021	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL 125	103.34	1,845.64
11-27-2021	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	12.53	275.66
						DENTAL 125	6.98	153.56
						VISION 125	1.78	39.16
						FEDERAL NCOME	155.39	3,807.63
						MEDICARE - EE	34.62	840.44
						SOCIAL SEC - EE	148.05	3,593.62

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.31	2,037.31
			Net Pay Y-T-D
			49,444.29

Total:	2,037.31	Total:	462.69	10,555.71
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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	58,500.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,500.00						DENTAL	9.95	218.90
							GRP LIFE	1.83	40.26
							VISION	1.78	39.16
							Medical	200.00	1,800.00

Total:	60,000.00	** IMPORTANT NOTES **	Total:	213.56	4944.41
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

12-03-2021

45414963

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

Non-Negotiable

OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
202126

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009723 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	12-17-2021	11-28-2021	12-11-2021	45619558

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
12-11-2021	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL 125	103.34	1,948.98
						LIFE NS	12.53	288.19
						DENTAL 125	6.98	160.54
						VISION 125	1.78	40.94
						FEDERAL NCOME	155.39	3,963.02
						MEDICARE - EE	34.63	875.07
						SOCIAL SEC - EE	148.05	3,741.67

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,037.30	2,037.30
			Net Pay Y-T-D
			51,481.59

Total:	2,037.30	Total:	462.70	11,018.41
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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	61,000.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,500.00						DENTAL	9.95	228.85
							GRP LIFE	1.83	42.09
							VISION	1.78	40.94
							Medical	200.00	2,000.00

Total:	62,500.00	** IMPORTANT NOTES **	Total:	213.56	5157.97
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

12-17-2021

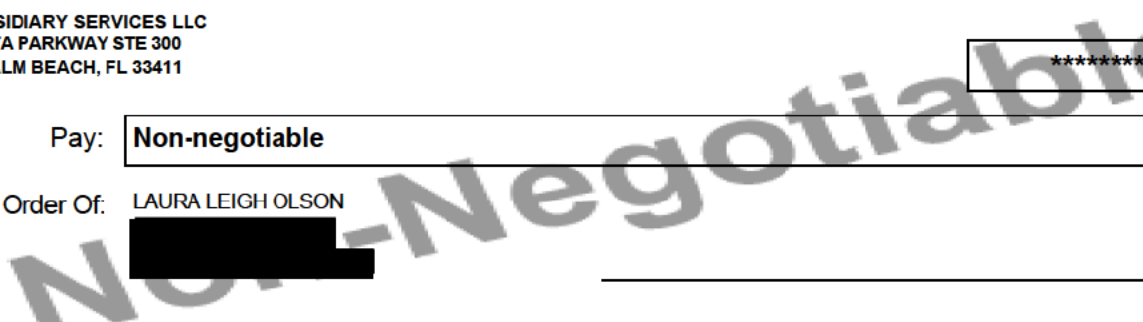
45619558

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202127

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009737 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	12-31-2021	12-12-2021	12-25-2021	45817380

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL				DEDUCTIONS / TAXES		
		Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
12-25-2021	REGULAR PAY	31.2500	72.00	2250.00	72.00	VISION 125	0.00	40.94
12-25-2021	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	0.00	288.19
						DENTAL 125	0.00	160.54
						MEDICAL 125	0.00	1,948.98
						FEDERAL NCOME	168.85	4,131.87
						MEDICARE - EE	36.25	911.32
						SOCIAL SEC - EE	155.00	3,896.67

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,139.90	2,139.90
			Net Pay Y-T-D
			53,621.49

Total:	2,139.90	Total:	360.10	11,378.51
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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	63,250.00						MEDICAL	0.00	2,846.09
HOLIDAY	1,750.00						DENTAL	0.00	228.85
							GRP LIFE	0.00	42.09
							VISION	0.00	40.94
							Medical	0.00	2,000.00

Total:	65,000.00	** IMPORTANT NOTES **	Total:	0.00	5157.97
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P H R _ S S _ O A S I S _ C H E C K S _ V 2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

12-31-2021

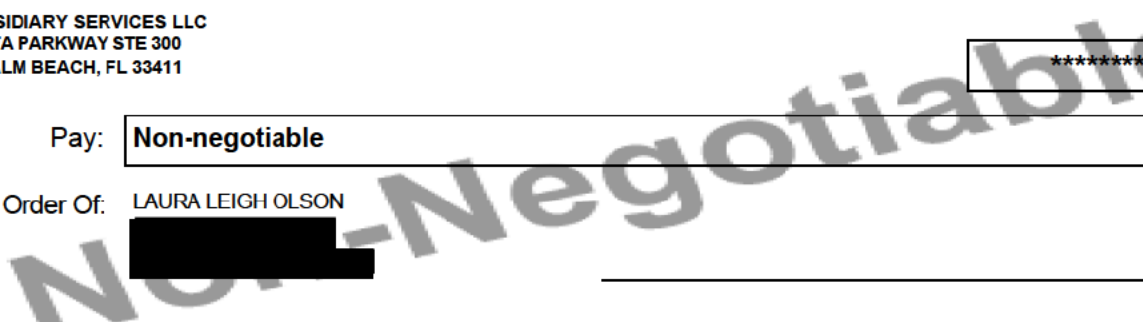
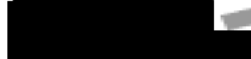
45817380

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202128

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010381 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	07-14-2023	06-25-2023	07-08-2023	54402612

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-08-2023	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL PRE-LIFE NS	115.10	1,496.30
07-08-2023	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	18.75	321.91
						DENTAL NS	6.98	90.74
						VISION INS	1.78	40.94
						VISION 125 A	0.00	-0.08
						FEDERAL INCOME	140.37	1,977.91
						MEDICARE - EE	34.46	483.90
						SOCIAL SEC - EE	147.32	2,069.07

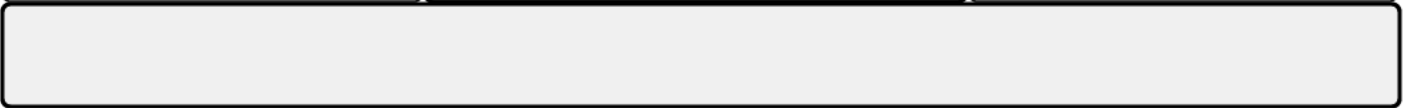
Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,035.24	2,035.24
Net Pay Y-T-D			28,519.31

Total:	2,035.24	Total:	464.76	6,480.69
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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	33,750.00						GRP LIFE	1.83	24.48
HOLIDAY	1,250.00						CLSP 91570 CIGN	212.50	2,762.50
							CLSP 91563 METL	9.95	129.35
							CLSP 91563 METL	1.78	40.94
							VISION	0.00	17.84

Total:	35,000.00	** IMPORTANT NOTES **	Total:	226.06	2975.11
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

07-14-2023

54402612

AMOUNT

**** VOID ****

Pay: Your net pay has been directly deposited into your bank account.

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202314

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010392 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	07-28-2023	07-09-2023	07-22-2023	54624812

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-22-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL PRE-LIFE NS	115.10	1,611.40
						DENTAL NS	18.75	340.66
						VISION INS	6.98	97.72
						VISION 125 A	1.78	42.72
						FEDERAL INCOME	0.00	-0.08
						MEDICARE - EE	140.37	2,118.28
						SOCIAL SEC - EE	34.45	518.35
							147.32	2,216.39

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,035.25	2,035.25
			Net Pay Y-T-D
			30,554.56

Total:	2,035.25	Total:	464.75	6,945.44
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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	36,250.00						GRP LIFE	1.83	26.31
HOLIDAY	1,250.00						CLSP 91570 CIGN	212.50	2,975.00
							VISION	0.00	17.84

Total:	37,500.00	** IMPORTANT NOTES **	Total:	214.33	3019.15
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

07-28-2023

54624812

AMOUNT

**** VOID ****

Pay: Your net pay has been directly deposited into your bank account.

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202315

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010414 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	08-11-2023	07-23-2023	08-05-2023	54845823

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
08-05-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL PRE-LIFE NS	150.69	1,762.09
						DENTAL NS	12.50	353.16
						VISION INS	9.41	107.13
						VISION 125 A	1.79	44.51
						FEDERAL INCOME	0.00	-0.08
						MEDICARE - EE	135.80	2,254.08
						SOCIAL SEC - EE	33.90	552.25
							144.96	2,361.35

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,010.95	2,010.95
Total:			32,565.51

Total:	2,010.95	Total:	489.05	7,434.49
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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	38,750.00						GRP LIFE	0.00	26.31
HOLIDAY	1,250.00						CLSP 91570 CIGN	0.00	2,975.00
							VISION	0.00	17.84
							CLSP 91563 METL	2.89	2.89

Total:	40,000.00	** IMPORTANT NOTES **	Total:	2.89	3022.04
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

08-11-2023

54845823

AMOUNT

**** VOID ****

Pay: Your net pay has been directly deposited into your bank account.

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202316

MC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010425 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	08-25-2023	08-06-2023	08-19-2023	55068687

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL			
		Rate	Hours/Units	Amount	HrsWkd
08-19-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL PRE-LIFE NS	192.40	1,954.49
DENTAL NS	12.50	365.66
VISION INS	8.72	115.85
VISION INS	1.78	46.29
VISION 125 A	0.00	-0.08
FEDERAL INCOME	130.88	2,384.96
MEDICARE - EE	33.31	585.56
SOCIAL SEC - EE	142.42	2,503.77

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	1,977.99	1,977.99
			Net Pay Y-T-D
			34,543.50

Total:	1,977.99
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Total:	522.01	7,956.50
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Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	41,250.00				
HOLIDAY	1,250.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
GRP LIFE	0.00	26.31
CLSP 91570 CIGN	0.00	2,975.00
VISION	0.00	17.84
CLSP 91563 METL	2.89	5.78

Total:	42,500.00	** IMPORTANT NOTES **	Total:	2.89	3024.93
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Oasis

A **PAYCHEX** company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

08-25-2023

55068687

AMOUNT

**** VOID ****

Pay: **Your net pay has been directly deposited into your bank account.**

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
202317

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

2021

Part I Employee		2 Social security number (SSN) [REDACTED]	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 90-0788333
1 Name of employee (first name, middle initial, last name) LAURA L OLSON		7 Name of employer WC SUBSIDIARY SERVICES LLC			10 Contact telephone number [REDACTED]
3 Street address (including apartment no.) [REDACTED]		9 Street address (including room or suite no.) [REDACTED]			13 Country and ZIP or foreign postal code [REDACTED]
4 City or town [REDACTED]	5 State or province [REDACTED]	6 Country and ZIP or foreign postal code [REDACTED]	11 City or town [REDACTED]	12 State or province [REDACTED]	13 Country and ZIP or foreign postal code [REDACTED]

Part II Employee Offer of Coverage		Employee's Age on January 1				Plan Start Month (enter 2-digit number): 08							
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Form 1095-C (2021) **Part III Covered Individuals** – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage														
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
18																			
19																			
20																			
21																			
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29																			
30																			

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

2021

Part I Employee		2 Social security number (SSN)	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 90-0788333
1 Name of employee (first name, middle initial, last name) LAURA L OLSON		7 Name of employer WC SUBSIDIARY SERVICES LLC			
3 Street address (including apartment no.)		9 Street address (including room or suite no.)		10 Contact telephone number	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage		Employee's Age on January 1												Plan Start Month (enter 2-digit number): 08		
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)			1E	1E	1E	1E	1E	1E	1E	1A	1A	1A	1A	1A		
15 Employee Required Contribution (see instructions)	\$	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$ 119.72	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C		
17 ZIP Code																

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																
	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18																
19																
20																
21																
22																
23																
24																
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28																
29																
30																

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009751 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	01-14-2022	12-26-2021	01-08-2022	45998569

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
01-08-2022	REGULAR PAY	31.2500	72.00	2250.00	72.00	MED125	103.34	103.34
01-08-2022	HOLIDAY	31.2500	8.00	250.00	0.00	DENTAL 125 A	16.93	16.93
						VISION 125 A	3.56	3.56
						FEDERAL NCOME	149.79	149.79
						MEDICARE - EE	34.45	34.45
						SOCIAL SEC - EE	147.32	147.32

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.61	2,044.61
			Net Pay Y-T-D
			2,044.61

Total:	2,044.61	Total:	455.39	455.39
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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	2,250.00						MEDICAL	200.00	200.00
HOLIDAY	250.00						GRP LIFE	1.83	1.83

Total:	2,500.00	** IMPORTANT NOTES **	Total:	201.83	201.83
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

01-14-2022

45998569

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20221

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009766 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	01-28-2022	01-09-2022	01-22-2022	46185547

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
01-22-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	206.68
						DENTAL 125 A	16.93	33.86
						VISION 125 A	3.56	7.12
						FEDERAL NCOME	149.79	299.58
						MEDICARE - EE	34.46	68.91
						SOCIAL SEC - EE	147.33	294.65

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.59	2,044.59

Net Pay Y-T-D

4,089.20

Total:	2,044.59
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Total:	455.41	910.80
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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	4,750.00						MEDICAL	200.00	400.00
HOLIDAY	250.00						GRP LIFE	1.83	3.66

Total:	5,000.00	** IMPORTANT NOTES **	Total:	201.83	403.66
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PHR_SS_OASIS_CHECKS_V2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

01-28-2022

46185547

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

Non-Negotiable

OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
20222

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009779 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	02-11-2022	01-23-2022	02-05-2022	46374470

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
02-05-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	310.02
						DENTAL 125 A	16.93	50.79
						VISION 125 A	3.56	10.68
						FEDERAL NCOME	149.79	449.37
						MEDICARE - EE	34.45	103.36
						SOCIAL SEC - EE	147.32	441.97

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.61	2,044.61
			Net Pay Y-T-D
			6,133.81

Total:	2,044.61	Total:	455.39	1,366.19
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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	7,250.00						MEDICAL	200.00	600.00
HOLIDAY	250.00						GRP LIFE	1.83	5.49

Total:	7,500.00	** IMPORTANT NOTES **	Total:	201.83	605.49
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[REDACTED]

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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

02-11-2022

46374470

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

Non-Negotiable

OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
20223

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009792 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	02-25-2022	02-06-2022	02-19-2022	46578108

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
02-19-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	413.36
						DENTAL 125 A	16.93	67.72
						VISION 125 A	3.56	14.24
						FEDERAL NCOME	149.79	599.16
						MEDICARE - EE	34.46	137.82
						SOCIAL SEC - EE	147.32	589.29

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.60	2,044.60

Net Pay Y-T-D

8,178.41

Total:	2,044.60
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Total:	455.40	1,821.59
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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	9,750.00						MEDICAL	200.00	800.00
HOLIDAY	250.00						GRP LIFE	1.83	7.32

Total:	10,000.00	** IMPORTANT NOTES **	Total:	201.83	807.32
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

02-25-2022

46578108

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

Non-Negotiable

OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
20225

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009806 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	03-11-2022	02-20-2022	03-05-2022	46776788

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
03-05-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	516.70
						DENTAL 125 A	16.93	84.65
						VISION 125 A	3.56	17.80
						FEDERAL NCOME	149.79	748.95
						MEDICARE - EE	34.45	172.27
						SOCIAL SEC - EE	147.32	736.61

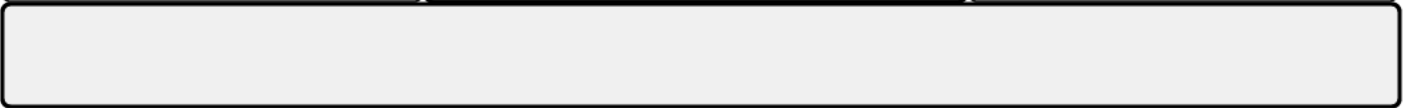
Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.61	2,044.61
Net Pay Y-T-D			10,223.02

Total:	2,044.61	Total:	455.39	2,276.98
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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	12,250.00						MEDICAL	200.00	1,000.00
HOLIDAY	250.00						GRP LIFE	1.83	9.15

Total:	12,500.00	** IMPORTANT NOTES **	Total:	201.83	1009.15
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

03-11-2022

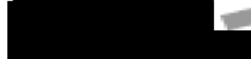
46776788

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20226

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

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

Voucher #: 009819 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	03-25-2022	03-06-2022	03-19-2022	46979865

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
03-19-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	620.04
						DENTAL 125 A	16.93	101.58
						VISION 125 A	3.56	21.36
						FEDERAL NCOME	149.79	898.74
						MEDICARE - EE	34.46	206.73
						SOCIAL SEC - EE	147.33	883.94

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.59	2,044.59
			Net Pay Y-T-D
			12,267.61

Total:	2,044.59	Total:	455.41	2,732.39
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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	14,750.00						MEDICAL	200.00	1,200.00
HOLIDAY	250.00						GRP LIFE	1.83	10.98

Total:	15,000.00	** IMPORTANT NOTES **	Total:	201.83	1210.98
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

03-25-2022

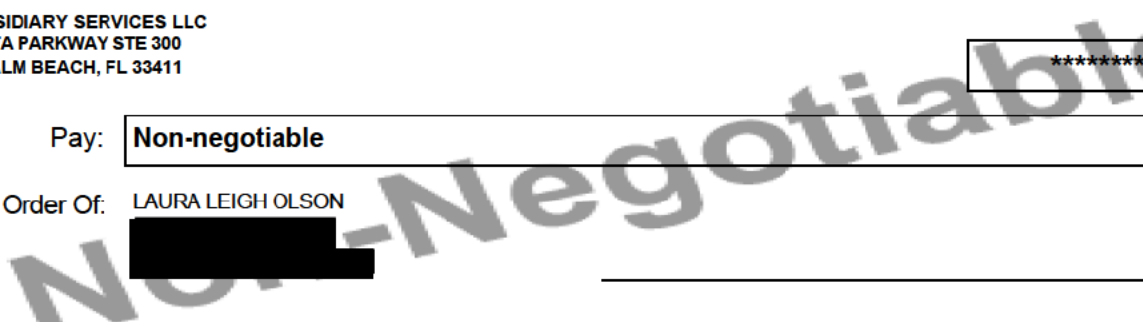
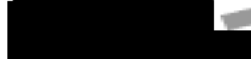
46979865

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20227

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009832 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	04-08-2022	03-20-2022	04-02-2022	47193065

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-02-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	723.38
						DENTAL 125 A	16.93	118.51
						VISION 125 A	3.56	24.92
						FEDERAL NCOME	149.79	1,048.53
						MEDICARE - EE	34.45	241.18
						SOCIAL SEC - EE	147.32	1,031.20

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.61	2,044.61
Total:			14,312.22

Total:	2,044.61	Total:	455.39	3,187.78
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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	17,250.00						MEDICAL	200.00	1,400.00
HOLIDAY	250.00						GRP LIFE	1.83	12.81

Total:	17,500.00	** IMPORTANT NOTES **	Total:	201.83	1412.81
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

04-08-2022

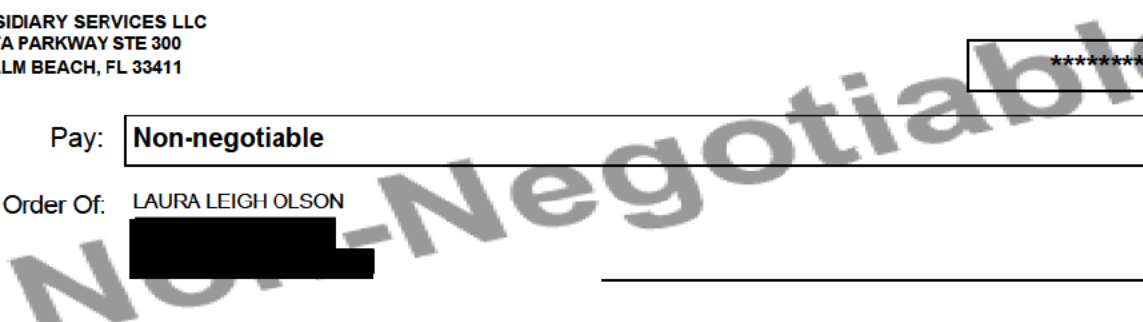
47193065

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20228

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009845 Sort Order: 9

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	04-22-2022	04-03-2022	04-16-2022	47417911

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-16-2022	REGULAR PAY	31.2500	72.00	2250.00	72.00	MED125	103.34	826.72
04-16-2022	HOLIDAY	31.2500	8.00	250.00	0.00	DENTAL 125 A	16.93	135.44
						VISION 125 A	3.56	28.48
						FEDERAL NCOME	149.79	1,198.32
						MEDICARE - EE	34.46	275.64
						SOCIAL SEC - EE	147.32	1,178.58

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.60	2,044.60

Net Pay Y-T-D

16,356.82

Total:	2,044.60
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Total:	455.40	3,643.18
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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	19,500.00						MEDICAL	200.00	1,600.00
HOLIDAY	500.00						GRP LIFE	1.83	14.64

Total:	20,000.00	** IMPORTANT NOTES **	Total:	201.83	1614.64
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PHR_SS_OASIS_CHECKS_V2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

47417911

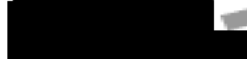
04-22-2022

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20229

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009859 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	05-06-2022	04-17-2022	04-30-2022	47607306

Fed Tax MJ/Married Filing State Tax / Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-30-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	930.06
						DENTAL 125 A	16.93	152.37
						VISION 125 A	3.56	32.04
						FEDERAL NCOME	149.79	1,348.11
						MEDICARE - EE	34.45	310.09
						SOCIAL SEC - EE	147.32	1,325.90

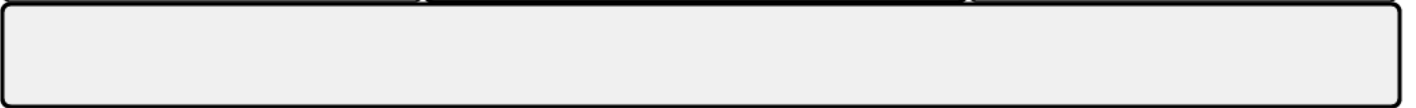
Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.61	2,044.61
Net Pay Y-T-D			18,401.43

Total:	2,044.61	Total:	455.39	4,098.57
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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	200.00	1,800.00
HOLIDAY	500.00						GRP LIFE	1.83	16.47

Total:	22,500.00	** IMPORTANT NOTES **	Total:	201.83	1816.47
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

05-06-2022

47607306

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

Non-Negotiable

OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
202210

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009872 Sort Order: 7

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	05-20-2022	05-01-2022	05-14-2022	47860439

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
05-14-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	1,033.40
						DENTAL 125 A	16.93	169.30
						VISION 125 A	3.56	35.60
						FEDERAL NCOME	149.79	1,497.90
						MEDICARE - EE	34.45	344.54
						SOCIAL SEC - EE	147.33	1,473.23

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.60	2,044.60
			Net Pay Y-T-D
			20,446.03

Total:	2,044.60	Total:	455.40	4,553.97
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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	24,500.00						MEDICAL	200.00	2,000.00
HOLIDAY	500.00						GRP LIFE	1.83	18.30

Total:	25,000.00	** IMPORTANT NOTES **	Total:	201.83	2018.30
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

05-20-2022

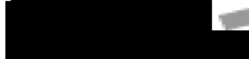
47860439

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202211

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009885 Sort Order: 7

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	06-03-2022	05-15-2022	05-28-2022	48077936

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
05-28-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	1,136.74
						DENTAL 125 A	16.93	186.23
						VISION 125 A	3.56	39.16
						FEDERAL NCOME	149.79	1,647.69
						MEDICARE - EE	34.46	379.00
						SOCIAL SEC - EE	147.32	1,020.55

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.60	2,044.60
			Net Pay Y-T-D
			22,490.63

Total:	2,044.60	Total:	455.40	5,009.37
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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	27,000.00						MEDICAL	200.00	2,200.00
HOLIDAY	500.00						GRP LIFE	1.83	20.13

Total:	27,500.00	** IMPORTANT NOTES **	Total:	201.83	2220.13
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PHR_00_OASIS_CHECKS_V2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

06-03-2022

48077936

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

Non-Negotiable

OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
202212

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009909 Sort Order: 7

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	06-17-2022	05-29-2022	06-11-2022	48288959

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
06-11-2022	REGULAR PAY	31.2500	72.00	2250.00	72.00	MED125	103.34	1,240.08
06-11-2022	HOLIDAY	31.2500	8.00	250.00	0.00	DENTAL 125 A	16.93	203.16
						VISION 125 A	3.56	42.72
						FEDERAL NCOME	149.79	1,797.48
						MEDICARE - EE	34.45	413.45
						SOCIAL SEC - EE	147.32	1,767.87

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.61	2,044.61
			Net Pay Y-T-D
			24,535.24

Total:	2,044.61	Total:	455.39	5,464.76
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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	29,250.00						MEDICAL	200.00	2,400.00
HOLIDAY	750.00						GRP LIFE	1.83	21.96

Total:	30,000.00	** IMPORTANT NOTES **	Total:	201.83	2421.96
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Best wishes for a Happy Birthday!

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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

06-17-2022

48288959

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

Non-Negotiable

OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
202213

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009959 Sort Order: 8

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	07-01-2022	06-12-2022	06-25-2022	48520606

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
06-25-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MED125	103.34	1,343.42
						DENTAL 125 A	16.93	220.09
						VISION 125 A	3.56	46.28
						FEDERAL NCOME	149.79	1,947.27
						MEDICARE - EE	34.46	447.91
						SOCIAL SEC - EE	147.32	1,915.19

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.60	2,044.60
			Net Pay Y-T-D
			26,579.84

Total:	2,044.60	Total:	455.40	5,920.16
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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	31,750.00						MEDICAL	200.00	2,600.00
HOLIDAY	750.00						GRP LIFE	1.83	23.79

Total:	32,500.00	** IMPORTANT NOTES **	Total:	201.83	2623.79
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

07-01-2022

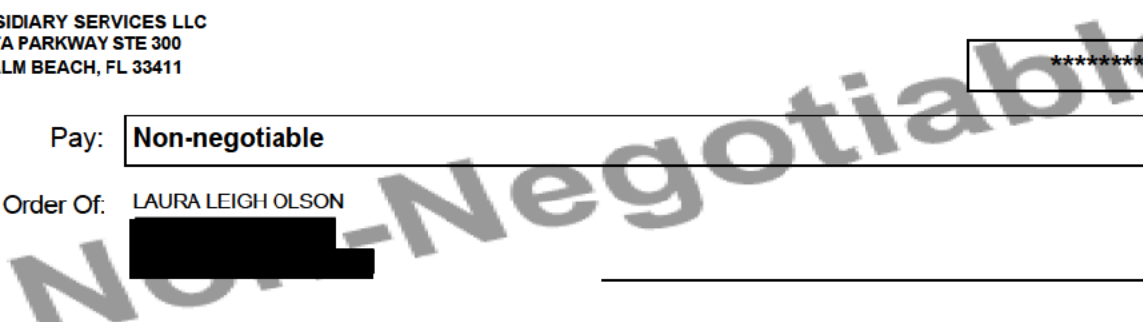
48520606

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202214

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009971 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	07-15-2022	06-26-2022	07-09-2022	48742084

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL				DEDUCTIONS / TAXES		
		Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-09-2022	REGULAR PAY	31.2500	72.00	2250.00	72.00	MED125	103.34	1,446.76
07-09-2022	HOLIDAY	31.2500	8.00	250.00	0.00	DENTAL 125 A	16.93	237.02
						VISION 125 A	3.56	49.84
						FEDERAL NCOME	149.79	2,097.06
						MEDICARE - EE	34.45	482.36
						SOCIAL SEC - EE	147.33	2,062.52

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,044.60	2,044.60
			Net Pay Y-T-D
			28,624.44

Total:	2,044.60	Total:	455.40	6,375.56
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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	34,000.00						MEDICAL	200.00	2,800.00
HOLIDAY	1,000.00						GRP LIFE	1.83	25.62

Total:	35,000.00	** IMPORTANT NOTES **	Total:	201.83	2825.62
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

07-15-2022

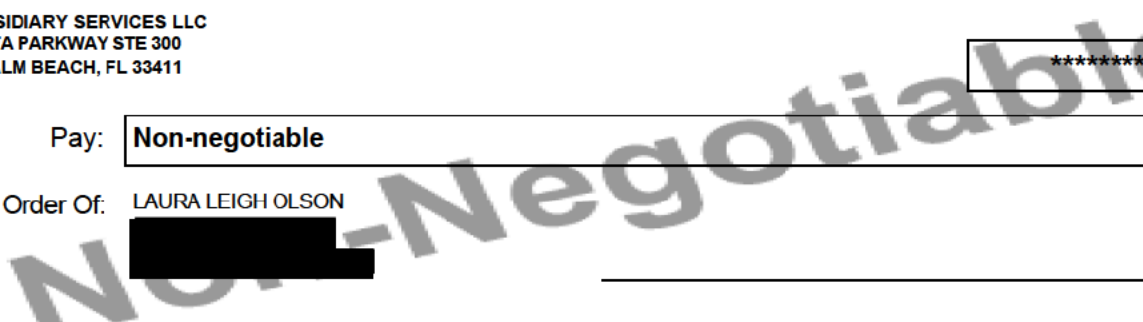
48742084

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202215

STAFF ONE HR, LLC (91563)
 d/b/a STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 561-227-6500

STAFF ONE HR
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411
 OASIS DALLAS1 TEAM 888-627-4735
 Voucher #: 009982 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	07-29-2022	07-10-2022	07-23-2022	48979247

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-23-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	VISION 125 A	0.00	49.84
						DENTAL 125 A	0.00	237.02
						MED125	0.00	1,446.76
						FEDERAL NCOME	164.65	2,261.71
						MEDICARE - EE	36.25	518.61
						SOCIAL SEC - EE	195.00	2,217.52

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,144.10	2,144.10
			Net Pay Y-T-D
			30,768.54

Total:	2,144.10	Total:	355.90	6,731.46
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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	36,500.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,000.00						GRP LIFE	0.00	25.62

Total:	37,500.00	** IMPORTANT NOTES **	Total:	0.00	2825.62
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Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
 2054 VISTA PARKWAY STE 300
 WEST PALM BEACH, FL 33411

48979247

07-29-2022

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
 2054 VISTA PARKWAY, SUITE 300
 WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202216

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010015 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	08-12-2022	07-24-2022	08-06-2022	49175891

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
08-06-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	115.10
						DENTAL 125 A	16.93	253.95
						VISION 125 A	3.56	53.40
						MED125	0.00	1,446.76
						FEDERAL NCOME	148.38	2,410.09
						MEDICARE - EE	34.29	552.90
						SOCIAL SEC - EE	146.59	2,364.11

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,035.15	2,035.15
			Net Pay Y-T-D
			32,803.69

Total:	2,035.15	Total:	464.85	7,196.31
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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	39,000.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,000.00						GRP LIFE	1.83	27.45
							CLSP 91570 CIGN	212.50	212.50

Total:	40,000.00	** IMPORTANT NOTES **	Total:	214.33	3039.95
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

08-12-2022

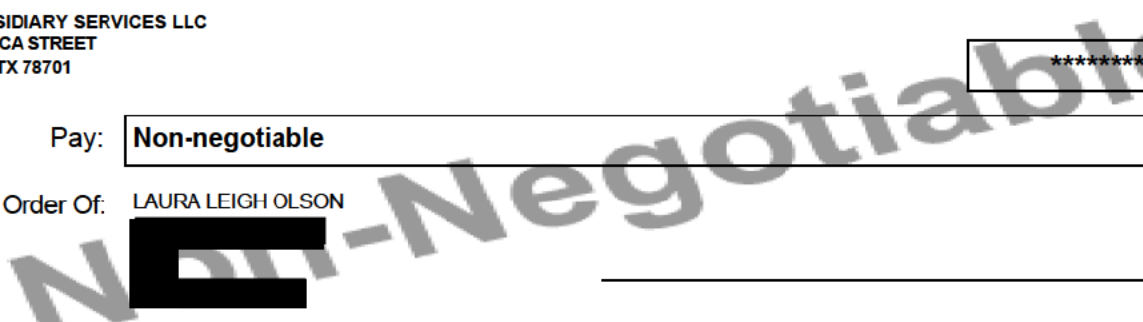
49175891

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202217

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010026 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	08-26-2022	08-07-2022	08-20-2022	49411808

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
08-20-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	230.20
						DENTAL 125 A	16.93	270.88
						VISION 125 A	3.56	56.96
						MED125	0.00	1,446.76
						FEDERAL NCOME	148.38	2,558.47
						MEDICARE - EE	34.28	587.18
						SOCIAL SEC - EE	146.59	2,510.70

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,035.16	2,035.16
			Net Pay Y-T-D
			34,838.85

Total:	2,035.16	Total:	464.84	7,661.15
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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	41,500.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,000.00						GRP LIFE	1.83	29.28
							CLSP 91570 CIGN	212.50	425.00

Total:	42,500.00	** IMPORTANT NOTES **	Total:	214.33	3254.28
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

08-26-2022

49411808

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202218

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010050 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	09-09-2022	08-21-2022	09-03-2022	49623692

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
09-03-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	345.30
						DENTAL 125 A	16.93	287.81
						VISION 125 A	3.56	60.52
						MED125	0.00	1,446.76
						FEDERAL NCOME	148.38	2,706.85
						MEDICARE - EE	34.28	621.46
						SOCIAL SEC - EE	146.60	2,657.30

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		2,035.15	2,035.15

Net Pay Y-T-D

36,874.00

Total:	2,035.15
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Total:	464.85	8,126.00
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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	44,000.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,000.00						GRP LIFE	1.83	31.11
							CLSP 91570 CIGN	212.50	637.50

Total:	45,000.00	** IMPORTANT NOTES **	Total:	214.33	3468.61
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PHR_SS_OASIS_CHECKS_V2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

09-09-2022

49623692

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202219

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010061 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	09-23-2022	09-04-2022	09-17-2022	49858026

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL				DEDUCTIONS / TAXES		
		Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
09-17-2022	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL NS	115.10	460.40
09-17-2022	HOLIDAY	31.2500	8.00	250.00	0.00	VISION 125 A	0.00	60.52
						DENTAL 125 A	0.00	287.81
						MED125	0.00	1,446.76
						FEDERAL NCOME	150.84	2,857.69
						MEDICARE - EE	34.59	650.05
						SOCIAL SEC - EE	147.86	2,805.16

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C		2,051.61	2,051.61

Net Pay Y-T-D

38,925.61

Total:	2,051.61
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Total:	448.39	8,574.39
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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	46,250.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,250.00						GRP LIFE	0.00	31.11
							CLSP 91570 CIGN	212.50	850.00

Total:	47,500.00	** IMPORTANT NOTES **	Total:	212.50	3681.11
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Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

09-23-2022

49858026

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

91563 1 10301
202221

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010072 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	10-07-2022	09-18-2022	10-01-2022	50088013

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
10-01-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	575.50
						VISION 125 A	0.00	60.52
						DENTAL 125 A	0.00	287.81
						MED125	0.00	1,446.76
						FEDERAL NCOME	150.84	3,008.53
						MEDICARE - EE	34.58	690.63
						SOCIAL SEC - EE	147.86	2,953.02

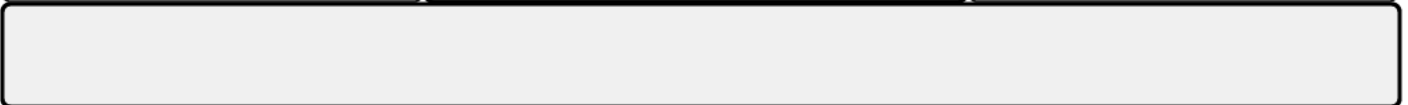
Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,051.62	2,051.62
			Net Pay Y-T-D
			40,977.23

Total:	2,051.62	Total:	448.38	9,022.77
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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	48,750.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,250.00						GRP LIFE	0.00	31.11
							CLSP 91570 CIGN	212.50	1,062.50

Total:	50,000.00	** IMPORTANT NOTES **	Total:	212.50	3893.61
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

10-07-2022

50088013

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202222

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010095 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	10-21-2022	10-02-2022	10-15-2022	50313043

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
10-15-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	LIFE NS	203.15	203.15
						MEDICAL NS	115.10	690.60
						DENTAL 125 A	-16.94	270.87
						DENTAL NS	20.94	20.94
						VISION 125 A	0.00	60.52
						MED125	0.00	1,446.76
						FEDERAL NCOME	180.36	3,158.89
						MEDICARE - EE	34.52	725.15
						SOCIAL SEC - EE	147.62	3,100.64

Totals:	80.00	2500.00	80.00
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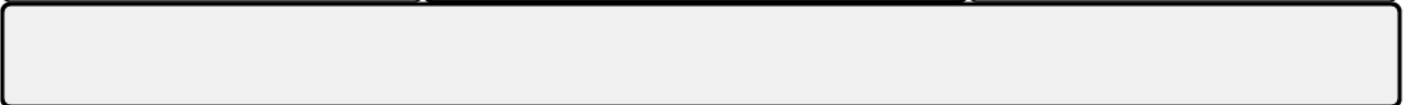
Type	Account	Amount	Net Pay
C	[REDACTED]	1,845.25	1,845.25
			Net Pay Y-T-D
			42,822.48

Total:	1,845.25
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Total:	654.75	9,677.52
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Y-T-D EARNINGS		PAID TIME OFF			EMPLOYER CONTRIBUTIONS	
Description	Amount	Description	C/O	Accrued	Used	Available
REGULAR PAY	51,250.00					
HOLIDAY	1,250.00					
		MEDICAL		0.00		2,800.00
		GRP LIFE		-1.84		29.27
		CLSP 91570 CIGN		212.50		1,275.00
		GRP LIFE		5.49		5.49
		CLSP 91563 METL		29.85		29.85

Total:	52,500.00	** IMPORTANT NOTES **	Total:	246.00	4139.61
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

10-21-2022

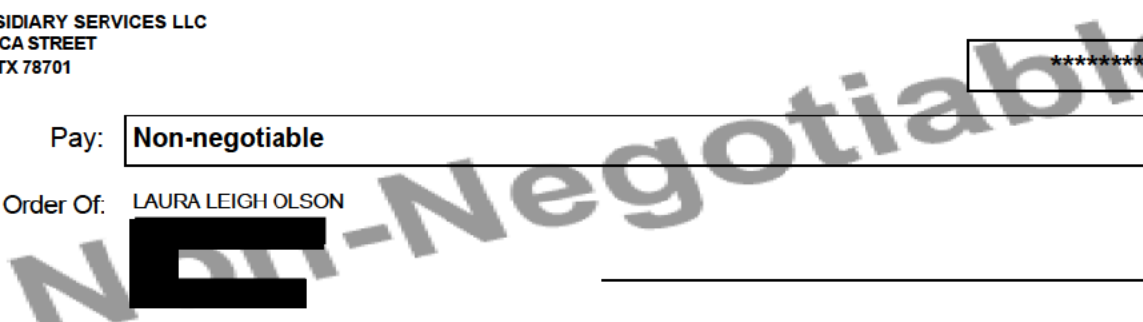
50313043

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202223

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010106 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	11-04-2022	10-16-2022	10-29-2022	50533018

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
10-29-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	LIFE NS	203.15	406.30
						MEDICAL NS	115.10	805.70
						DENTAL NS	20.94	41.88
						VISION 125 A	0.00	60.52
						DENTAL 125 A	0.00	270.87
						MED125	0.00	1,446.76
						FEDERAL INCOME	148.33	3,307.22
						MEDICARE - EE	34.28	759.43
						SOCIAL SEC - EE	146.56	3,247.20

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		1,831.64	1,831.64
Total:			44,654.12

Total:	1,831.64	Total:	668.36	10,345.88
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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	53,750.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,250.00						GRP LIFE	0.00	29.27
							CLSP 91570 CIGN	212.50	1,487.50
							GRP LIFE	5.49	10.98
							CLSP 91563 METL	29.85	59.70

Total:	55,000.00	** IMPORTANT NOTES **	Total:	247.84	4387.45
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

11-04-2022

50533018

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202224

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010117 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	11-18-2022	10-30-2022	11-12-2022	50763236

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
11-12-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	920.80
						LIFE NS	40.63	446.93
						DENTAL NS	6.98	48.86
						VISION 125 A	0.00	60.52
						DENTAL 125 A	0.00	270.87
						MED125	0.00	1,446.76
						FEDERAL NCOME	150.00	3,457.22
						MEDICARE - EE	34.48	793.91
						SOCIAL SEC - EE	147.44	3,394.64

Totals:	80.00	2500.00	80.00
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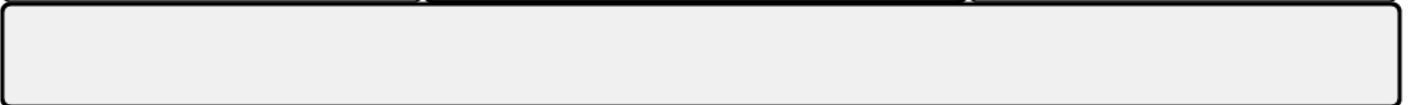
Type	Account	Amount	Net Pay
C		2,005.37	2,005.37
			Net Pay Y-T-D
			46,659.49

Total:	2,005.37
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Total:	494.63	10,840.51
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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	56,250.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,250.00						GRP LIFE	0.00	29.27
							CLSP 91570 CIGN	212.50	1,700.00
							GRP LIFE	1.83	12.81
							CLSP 91563 METL	9.95	69.65

Total:	57,500.00	** IMPORTANT NOTES **	Total:	224.28	4611.73
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

11-18-2022

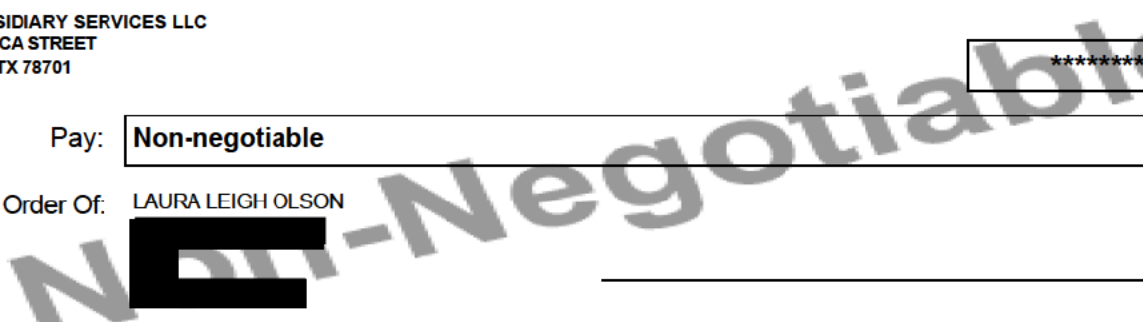
50763236

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202225

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010139 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	12-02-2022	11-13-2022	11-26-2022	50972595

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
11-26-2022	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL NS	115.10	1,035.90
11-26-2022	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	40.63	487.56
						DENTAL NS	6.98	55.84
						VISION 125 A	0.00	60.52
						DENTAL 125 A	0.00	270.87
						MED125	0.00	1,446.76
						FEDERAL INCOME	150.00	3,607.22
						MEDICARE - EE	34.48	828.39
						SOCIAL SEC - EE	147.43	3,542.07

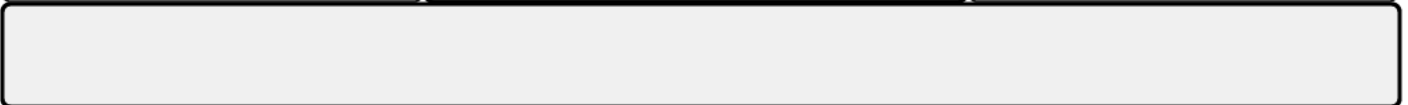
Totals:		80.00	2500.00	72.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,005.38	2,005.38
			Net Pay Y-T-D
			48,664.87

Total:		2,005.38	Total:	494.62	11,335.13
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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	58,500.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,500.00						GRP LIFE	0.00	29.27
							CLSP 91570 CIGN	212.50	1,912.50
							GRP LIFE	1.83	14.64
							CLSP 91563 METL	9.95	79.60

Total:	60,000.00	** IMPORTANT NOTES **	Total:	224.28	4836.01
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Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

12-02-2022

50972595

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202226

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010172 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	12-16-2022	11-27-2022	12-10-2022	51215338

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
12-10-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	1,151.00
						LIFE NS	40.63	528.19
						DENTAL NS	6.98	62.82
						VISION 125 A	0.00	60.52
						DENTAL 125 A	0.00	270.87
						MED125	0.00	1,446.76
						FEDERAL INCOME	150.00	3,757.22
						MEDICARE - EE	34.48	862.87
						SOCIAL SEC - EE	147.43	3,689.50

Totals:	80.00	2500.00	80.00
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
C	[REDACTED]	2,005.38	2,005.38
			Net Pay Y-T-D
			50,670.25

Total:	2,005.38	Total:	494.62	11,829.75
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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	61,000.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,500.00						GRP LIFE	0.00	29.27
							CLSP 91570 CIGN	212.50	2,125.00
							GRP LIFE	1.83	16.47
							CLSP 91563 METL	9.95	89.55

Total:	62,500.00	** IMPORTANT NOTES **	Total:	224.28	5060.29
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

12-16-2022

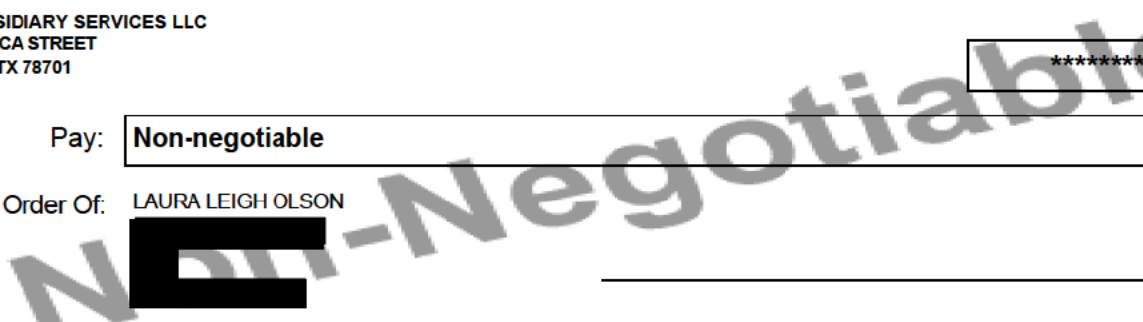
51215338

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202227

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010183 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	12-30-2022	12-11-2022	12-24-2022	51435038

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
12-24-2022	REGULAR PAY	31.2500	80.00	2500.00	80.00	DENTAL NS	0.00	62.82
						LIFE NS	0.00	528.19
						MEDICAL NS	0.00	1,151.00
						VISION 125 A	0.00	60.52
						DENTAL 125 A	0.00	270.87
						MED125	0.00	1,446.76
						FEDERAL INCOME	164.65	3,921.87
						MEDICARE - EE	36.25	899.12
						SOCIAL SEC - EE	155.00	3,844.50

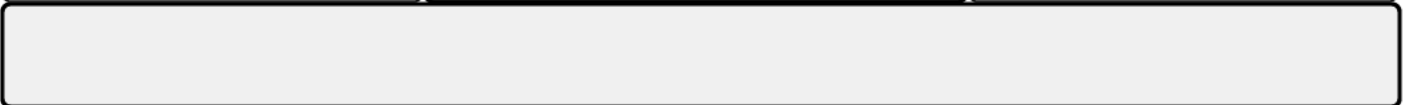
Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,144.10	2,144.10
			Net Pay Y-T-D
			52,814.35

Total:	2,144.10	Total:	355.90	12,185.65
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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	63,500.00						MEDICAL	0.00	2,800.00
HOLIDAY	1,500.00						GRP LIFE	0.00	29.27
							CLSP 91570 CIGN	0.00	2,125.00
							GRP LIFE	0.00	16.47
							CLSP 91563 METL	0.00	89.55

Total:	65,000.00	** IMPORTANT NOTES **	Total:	0.00	5060.29
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Oasis

A **PAYCHEX** company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

12-30-2022

51435038

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202228

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010205 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	01-13-2023	12-25-2022	01-07-2023	51643409

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
01-07-2023	REGULAR PAY	31.2500	64.00	2000.00	64.00	MEDICAL NS	115.10	115.10
01-07-2023	HOLIDAY	31.2500	16.00	500.00	0.00	LIFE NS	40.63	40.63
						VISION 125 A	17.76	17.76
						VISION INS	10.68	10.68
						DENTAL NS	6.98	6.98
						FEDERAL INCOME	137.17	137.17
						MEDICARE - EE	34.07	34.07
						SOCIAL SEC - EE	145.67	145.67

Totals:	80.00	2500.00	64.00
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Type	Account	Amount	Net Pay
C		1,991.94	1,991.94
Total:			1,991.94

Total:	1,991.94	Total:	508.06	508.06
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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	2,000.00						GRP LIFE	1.83	1.83
HOLIDAY	500.00						CLSP 91570 CIGN	212.50	212.50
							CLSP 91563 METL	9.95	9.95
							CLSP 91563 METL	10.68	10.68

Total:	2,500.00	** IMPORTANT NOTES **	Total:	234.96	234.96
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Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

01-13-2023

51643409

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

91563 1 10301
20231

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010216 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	01-27-2023	01-08-2023	01-21-2023	51846927

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
01-21-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	230.20
						LIFE NS	40.63	81.26
						VISION NS	10.68	21.36
						DENTAL NS	6.98	13.96
						VISION 125A	0.00	17.76
						FEDERAL INCOME	139.30	276.47
						MEDICARE - EE	34.32	68.39
						SOCIAL SEC - EE	146.77	292.44

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		2,006.22	2,006.22
			Net Pay Y-T-D
			3,998.16

Total:	2,006.22	Total:	493.78	1,001.84
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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	4,500.00						GRP LIFE	1.83	3.66
HOLIDAY	500.00						CLSP 91570 CIGN	212.50	425.00
							CLSP 91563 METL	9.95	19.90
							CLSP 91563 METL	10.68	21.36

Total:	5,000.00	** IMPORTANT NOTES **	Total:	234.96	469.92
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PHR_SS_OASIS_CHECKS_V2

Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

01-27-2023

51846927

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

91563 1 10301
20232

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010227 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	02-10-2023	01-22-2023	02-04-2023	52065569

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
02-04-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	345.30
						LIFE NS	40.63	121.89
						DENTAL NS	6.98	20.94
						VISION INS	1.78	23.14
						VISION 125 A	0.00	17.76
						FEDERAL INCOME	140.37	416.84
						MEDICARE - EE	34.46	102.85
						SOCIAL SEC - EE	147.32	439.76

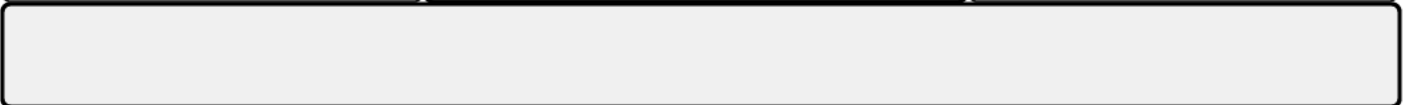
Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,013.36	2,013.36
			Net Pay Y-T-D
			6,011.52

Total:	2,013.36	Total:	486.64	1,488.48
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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	7,000.00						GRP LIFE	1.83	5.49
HOLIDAY	500.00						CLSP 91570 CIGN	212.50	637.50
							CLSP 91563 METL	9.95	29.85
							CLSP 91563 METL	1.78	23.14

Total:	7,500.00	** IMPORTANT NOTES **	Total:	226.06	695.98
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

02-10-2023

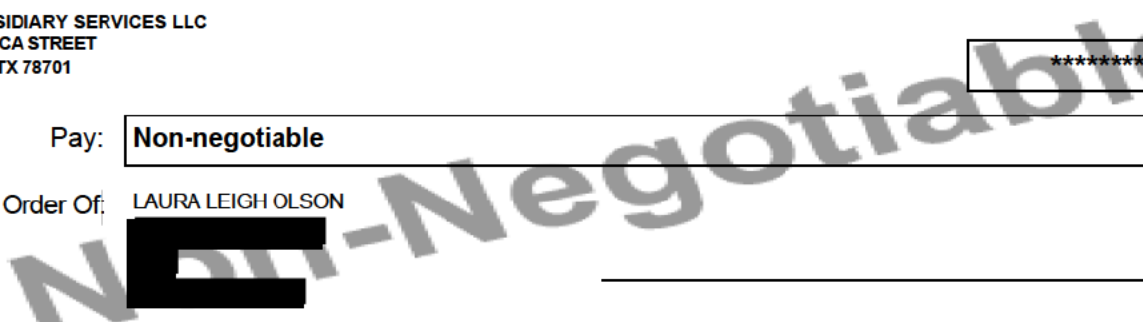
52065569

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20233

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010260 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	02-27-2023	02-05-2023	02-18-2023	52288258

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
02-18-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	460.40
						LIFE NS	40.63	162.52
						DENTAL NS	6.98	27.92
						VISION INS	1.78	24.92
						VISION 125 A	0.00	17.76
						FEDERAL INCOME	140.37	557.21
						MEDICARE - EE	34.45	137.30
						SOCIAL SEC - EE	147.32	587.08

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,013.37	2,013.37
			Net Pay Y-T-D
			8,024.89

Total:	2,013.37	Total:	486.63	1,975.11
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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	9,500.00						GRP LIFE	1.83	7.32
HOLIDAY	500.00						CLSP 91570 CIGN	212.50	850.00
							CLSP 91563 METL	9.95	39.80
							CLSP 91563 METL	1.78	24.92

Total:	10,000.00	** IMPORTANT NOTES **	Total:	226.06	922.04
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

02-27-2023

52288258

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20234

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010271 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	03-10-2023	02-19-2023	03-04-2023	52483261

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
03-04-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	575.50
						LIFE NS	40.63	203.15
						DENTAL NS	6.98	34.90
						VISION INS	1.78	26.70
						VISION 125 A	0.00	17.76
						FEDERAL INCOME	140.37	697.58
						MEDICARE - EE	34.45	171.75
						SOCIAL SEC - EE	147.32	734.40

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,013.37	2,013.37
			Net Pay Y-T-D
			10,038.26

Total:	2,013.37
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Total:	486.63	2,461.74
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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	12,000.00						GRP LIFE	1.83	9.15
HOLIDAY	500.00						CLSP 91570 CIGN	212.50	1,062.50
							CLSP 91563 METL	9.95	49.75
							CLSP 91563 METL	1.78	26.70

Total:	12,500.00	** IMPORTANT NOTES **	Total:	226.06	1148.10
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P H R _ 5 5 _ O A S I S _ C H E C K S _ V 2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

03-10-2023

52483261

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20235

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010282 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	03-24-2023	03-05-2023	03-18-2023	52692758

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
03-18-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	690.60
						LIFE NS	40.63	243.78
						DENTAL NS	6.98	41.88
						VISION INS	1.78	28.48
						VISION 125 A	0.00	17.76
						FEDERAL INCOME	140.37	837.95
						MEDICARE - EE	34.46	206.21
						SOCIAL SEC - EE	147.32	881.72

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		2,013.36	2,013.36
			Net Pay Y-T-D
			12,051.62

Total:	2,013.36	Total:	486.64	2,948.38
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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	14,500.00						GRP LIFE	1.83	10.98
HOLIDAY	500.00						CLSP 91570 CIGN	212.50	1,275.00
							CLSP 91563 METL	9.95	59.70
							CLSP 91563 METL	1.78	28.48

Total:	15,000.00	** IMPORTANT NOTES **	Total:	226.06	1374.16
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P H R _ 5 5 _ O A S I S _ C H E C K S _ V 2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

03-24-2023

52692758

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20236

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010293 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	04-07-2023	03-19-2023	04-01-2023	52903707

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-01-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL NS	115.10	805.70
						LIFE NS	40.63	284.41
						DENTAL NS	6.98	48.86
						VISION INS	1.78	30.26
						VISION 125 A	0.00	17.76
						FEDERAL INCOME	140.37	978.32
						MEDICARE - EE	34.45	240.66
						SOCIAL SEC - EE	147.32	1,029.04

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,013.37	2,013.37
			Net Pay Y-T-D
			14,064.99

Total:	2,013.37	Total:	486.63	3,435.01
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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	17,000.00						GRP LIFE	1.83	12.81
HOLIDAY	500.00						CLSP 91570 CIGN	212.50	1,487.50
							CLSP 91563 METL	9.95	69.65
							CLSP 91563 METL	1.78	30.26

Total:	17,500.00	** IMPORTANT NOTES **	Total:	226.06	1600.22
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Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

04-07-2023

52903707

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20237

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010304 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	04-21-2023	04-02-2023	04-15-2023	53122218

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-15-2023	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL PRE-LIFE NS	115.10	920.80
04-15-2023	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	40.63	325.04
						DENTAL NS	6.98	56.84
						VISION INS	1.78	32.04
						VISION 125 A	0.00	17.76
						FEDERAL INCOME	140.37	1,118.69
						MEDICARE - EE	34.46	275.12
						SOCIAL SEC - EE	147.32	1,176.36

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,013.36	2,013.36
Net Pay Y-T-D			16,078.35

Total:	2,013.36	Total:	486.64	3,921.65
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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	19,250.00						GRP LIFE	1.83	14.64
HOLIDAY	750.00						CLSP 91570 CIGN	212.50	1,700.00
							CLSP 91563 METL	9.95	79.60
							CLSP 91563 METL	1.78	32.04

Total:	20,000.00	** IMPORTANT NOTES **	Total:	226.06	1826.28
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

04-21-2023

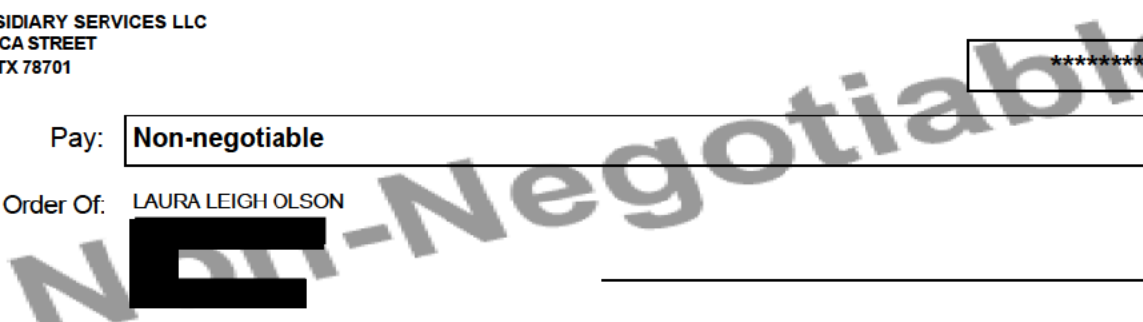
53122218

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20238

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010326 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	05-05-2023	04-16-2023	04-29-2023	53334110

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
04-29-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL PRE-LIFE NS	115.10	1,035.90
						DENTAL NS	40.63	365.67
						VISION INS	6.98	62.82
						VISION 125 A	1.78	33.82
						FEDERAL INCOME	0.00	17.76
						MEDICARE - EE	140.37	1,259.06
						SOCIAL SEC - EE	34.45	309.57
							147.32	1,323.68

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		2,013.37	2,013.37
			Net Pay Y-T-D
			18,091.72

Total:	2,013.37	Total:	486.63	4,408.28
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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	21,750.00						GRP LIFE	1.83	16.47
HOLIDAY	750.00						CLSP 91570 CIGN	212.50	1,912.50
							CLSP 91563 METL	9.95	89.55
							CLSP 91563 METL	1.78	33.82

Total:	22,500.00	** IMPORTANT NOTES **	Total:	226.06	2052.34
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PHR_SS_OASIS_CHECKS_V2

Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

05-05-2023

53334110

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
20239

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010337 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	05-19-2023	04-30-2023	05-13-2023	53549003

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
05-13-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL PRE-LIFE NS	115.10	1,151.00
						DENTAL NS	40.63	406.30
						VISION INS	6.98	69.80
						VISION 125 A	1.78	35.60
						FEDERAL INCOME	0.00	17.76
						MEDICARE - EE	140.37	1,399.43
						SOCIAL SEC - EE	34.45	344.02
							147.32	1,471.00

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		2,013.37	2,013.37
Net Pay Y-T-D			20,105.09

Total:	2,013.37	Total:	486.63	4,894.91
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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	24,250.00						GRP LIFE	1.83	18.30
HOLIDAY	750.00						CLSP 91570 CIGN	212.50	2,125.00
							CLSP 91563 METL	9.95	99.50
							CLSP 91563 METL	1.78	35.60

Total:	25,000.00	** IMPORTANT NOTES **	Total:	226.06	2278.40
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PHR_SS_OASIS_CHECKS_V2

Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

05-19-2023

53549003

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202310

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010348 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	06-02-2023	05-14-2023	05-27-2023	53750771

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL			
		Rate	Hours/Units	Amount	HrsWkd
05-27-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL PRE-LIFE NS	115.10	1,266.10
DENTAL NS	40.63	446.93
VISION INS	6.98	76.78
VISION INS	1.78	37.38
VISION 125 A	0.00	17.76
FEDERAL INCOME	140.37	1,539.80
MEDICARE - EE	34.46	378.48
SOCIAL SEC - EE	147.32	1,618.32

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,013.36	2,013.36

Net Pay Y-T-D

22,118.45

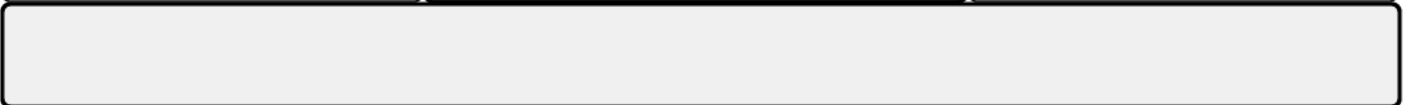
Total:	2,013.36
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Total:	486.64	5,381.55
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Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	26,750.00				
HOLIDAY	750.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
GRP LIFE	1.83	20.13
CLSP 91570 CIGN	212.50	2,337.50
CLSP 91563 METL	9.95	109.45
CLSP 91563 METL	1.78	37.38

Total:	27,500.00	** IMPORTANT NOTES **	Total:	226.06	2504.46
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PHR_SS_OASIS_CHECKS_V2

Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

53750771

06-02-2023

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202311

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010359 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
91563	LAURA LEIGH OLSON	06-16-2023	05-28-2023	06-10-2023	53967349

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
06-10-2023	REGULAR PAY	31.2500	72.00	2250.00	72.00	LIFE NS	-143.77	303.16
06-10-2023	HOLIDAY	31.2500	8.00	250.00	0.00	MEDICAL PRE-VISION 125 A	115.10	1,381.20
						VISION 125 A	-17.84	-0.08
						DENTAL NS	6.98	83.76
						VISION INS	1.78	39.16
						FEDERAL INCOME	142.51	1,682.31
						MEDICARE - EE	34.71	413.19
						SOCIAL SEC - EE	148.43	1,766.75

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C		2,212.10	2,212.10
			Net Pay Y-T-D
			24,330.55

Total:	2,212.10	Total:	287.90	5,669.45
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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	29,000.00						GRP LIFE	2.52	22.65
HOLIDAY	1,000.00						CLSP 91570 CIGN	212.50	2,550.00
							CLSP 91563 METL	9.95	119.40
							CLSP 91563 METL	1.78	39.16
							VISION	17.84	17.84

Total:	30,000.00	** IMPORTANT NOTES **	Total:	244.59	2749.05
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Best wishes for a Happy Birthday!

PHR_SS_OASIS_CHECKS_V2



A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

06-16-2023

53967349

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202312

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010370 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	06-30-2023	06-11-2023	06-24-2023	54184230

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
06-24-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	VISION 125 A	0.00	-0.08
						VISION INS	0.00	39.16
						DENTAL NS	0.00	83.76
						MEDICAL PRE-	0.00	1,381.20
						LIFE NS	0.00	303.16
						FEDERAL NCOME	155.23	1,837.54
						MEDICARE - EE	36.25	449.44
						SOCIAL SEC - EE	155.00	1,921.75

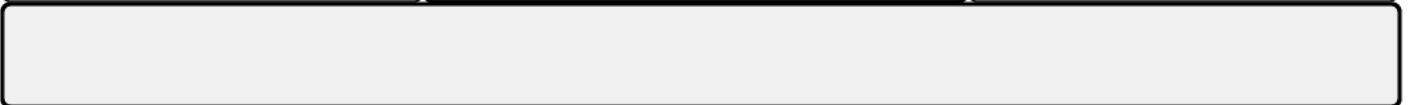
Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		2,153.52	2,153.52
			Net Pay Y-T-D
			26,484.07

Total:	2,153.52	Total:	346.48	6,015.93
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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	31,500.00						GRP LIFE	0.00	22.65
HOLIDAY	1,000.00						CLSP 91570 CIGN	0.00	2,550.00
							CLSP 91563 METL	0.00	119.40
							CLSP 91563 METL	0.00	39.16
							VISION	0.00	17.84

Total:	32,500.00	** IMPORTANT NOTES **	Total:	0.00	2749.05
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PHR_SS_OASIS_CHECKS_V2

Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

54184230

06-30-2023

AMOUNT

*****0.00

Pay: **Non-negotiable**

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202313

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010381 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	07-14-2023	06-25-2023	07-08-2023	54402612

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-08-2023	REGULAR PAY	31.2500	72.00	2250.00	72.00	MEDICAL PRE-LIFE NS	115.10	1,496.30
07-08-2023	HOLIDAY	31.2500	8.00	250.00	0.00	LIFE NS	18.75	321.91
						DENTAL NS	6.98	90.74
						VISION INS	1.78	40.94
						VISION 125 A	0.00	-0.08
						FEDERAL INCOME	140.37	1,977.91
						MEDICARE - EE	34.46	483.90
						SOCIAL SEC - EE	147.32	2,069.07

Totals:	80.00	2500.00	72.00
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Type	Account	Amount	Net Pay
C		2,035.24	2,035.24

Net Pay Y-T-D

28,519.31

Total:	2,035.24
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Total:	464.76	6,480.69
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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	33,750.00						GRP LIFE	1.83	24.48
HOLIDAY	1,250.00						CLSP 91570 CIGN	212.50	2,762.50
							CLSP 91563 METL	9.95	129.35
							CLSP 91563 METL	1.78	40.94
							VISION	0.00	17.84

Total:	35,000.00	** IMPORTANT NOTES **	Total:	226.06	2975.11
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PHR_SS_OASIS_CHECKS_V2

Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

07-14-2023

54402612

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON

[Redacted Signature]

Non-Negotiable

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[Redacted Signature]

91563 1 10301
202314

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010392 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	07-28-2023	07-09-2023	07-22-2023	54624812

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
07-22-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL PRE-LIFE NS	115.10	1,611.40
						DENTAL NS	18.75	340.66
						VISION INS	6.98	97.72
						VISION 125 A	1.78	42.72
						FEDERAL INCOME	0.00	-0.08
						MEDICARE - EE	140.37	2,118.28
						SOCIAL SEC - EE	34.45	518.35
							147.32	2,216.39

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	2,035.25	2,035.25

Net Pay Y-T-D

30,554.56

Total:	2,035.25
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Total:	464.75	6,945.44
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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	36,250.00						GRP LIFE	1.83	26.31
HOLIDAY	1,250.00						CLSP 91570 CIGN	212.50	2,975.00
							VISION	0.00	17.84

Total:	37,500.00	** IMPORTANT NOTES **	Total:	214.33	3019.15
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PHR_99_OASIS_CHECKS_V2

Oasis

A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

07-28-2023

54624812

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON

[REDACTED]

OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON

[REDACTED]

91563 1 10301
202315

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010414 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
	LAURA LEIGH OLSON	08-11-2023	07-23-2023	08-05-2023	54845823

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

CURRENT EARNINGS DETAIL						DEDUCTIONS / TAXES		
Charge Date	Description	Rate	Hours/Units	Amount	HrsWkd	Description	Amount	Y-T-D
08-05-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00	MEDICAL PRE-LIFE NS	150.69	1,762.09
						DENTAL NS	12.50	353.16
						VISION INS	9.41	107.13
						VISION 125 A	1.79	44.51
						FEDERAL INCOME	0.00	-0.08
						MEDICARE - EE	135.80	2,254.08
						SOCIAL SEC - EE	33.90	552.25
							144.96	2,361.35

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C		2,010.95	2,010.95
			Net Pay Y-T-D
			32,565.51

Total:	2,010.95	Total:	489.05	7,434.49
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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	38,750.00						GRP LIFE	0.00	26.31
HOLIDAY	1,250.00						CLSP 91570 CIGN	0.00	2,975.00
							VISION	0.00	17.84
							CLSP 91563 METL	2.89	2.89

Total:	40,000.00	** IMPORTANT NOTES **	Total:	2.89	3022.04
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

08-11-2023

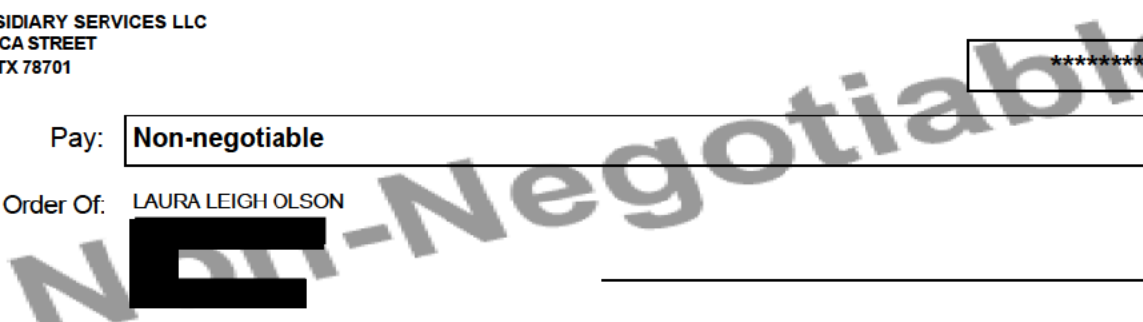
54845823

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202316

WC SUBSIDIARY SERVICES LLC (91563)

814 LAVACA STREET
AUSTIN, TX 78701
512-327-3300

STAFF ONE HR
2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411
OASIS DALLAS1 TEAM 888-627-4735
Voucher #: 010425 Sort Order: 6

Employee ID	Employee Name	Check Date	Period Start	Period End	Check No
[REDACTED]	LAURA LEIGH OLSON	08-25-2023	08-06-2023	08-19-2023	55068687

Fed Tax MJ/Married Filing

State Tax /

Method Of Payment: Salary

Charge Date	Description	CURRENT EARNINGS DETAIL			
		Rate	Hours/Units	Amount	HrsWkd
08-19-2023	REGULAR PAY	31.2500	80.00	2500.00	80.00

Description	DEDUCTIONS / TAXES	
	Amount	Y-T-D
MEDICAL PRE-LIFE NS	192.40	1,954.49
DENTAL NS	12.50	365.66
VISION INS	8.72	115.85
VISION 125 A	1.78	46.29
FEDERAL INCOME	0.00	-0.08
MEDICARE - EE	130.88	2,384.96
SOCIAL SEC - EE	33.31	585.56
	142.42	2,503.77

Totals:	80.00	2500.00	80.00
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Type	Account	Amount	Net Pay
C	[REDACTED]	1,977.99	1,977.99
			Net Pay Y-T-D
			34,543.50

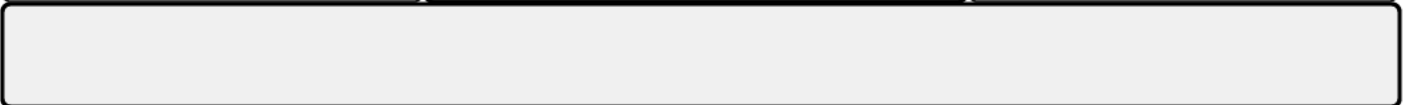
Total:	1,977.99
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Total:	522.01	7,956.50
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Y-T-D EARNINGS		PAID TIME OFF			
Description	Amount	Description	C/O	Accrued	Used/Available
REGULAR PAY	41,250.00				
HOLIDAY	1,250.00				

EMPLOYER CONTRIBUTIONS		
Description	Amount	Y-T-D
GRP LIFE	0.00	26.31
CLSP 91570 CIGN	0.00	2,975.00
VISION	0.00	17.84
CLSP 91563 METL	2.89	5.78

Total:	42,500.00	** IMPORTANT NOTES **	Total:	2.89	3024.93
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A PAYCHEX company

WC SUBSIDIARY SERVICES LLC
814 LAVACA STREET
AUSTIN, TX 78701

08-25-2023

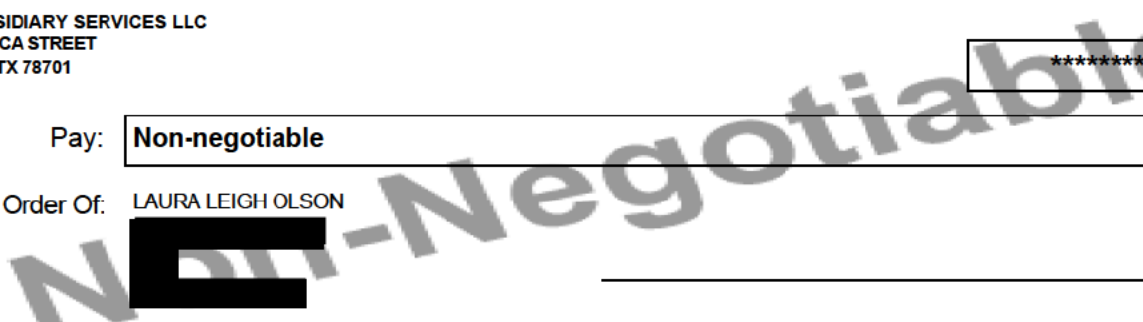
55068687

AMOUNT

*****0.00

Pay: Non-negotiable

To The Order Of: LAURA LEIGH OLSON



OASIS OUTSOURCING, LLC
2054 VISTA PARKWAY, SUITE 300
WEST PALM BEACH, FL 33411

LAURA LEIGH OLSON



91563 1 10301
202317

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

2022

Part I Employee		2 Social security number (SSN)	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 90-0788333
1 Name of employee (first name, middle initial, last name) LAURA L OLSON		7 Name of employer WC SUBSIDIARY SERVICES LLC		10 Contact telephone number	
3 Street address (including apartment no.)		9 Street address (including room or suite no.)		13 Country and ZIP or foreign postal code	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Part II Employee Offer of Coverage		Employee's Age on January 1												Plan Start Month (enter 2-digit number): 08	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E		
15 Employee Required Contribution (see instructions)	\$	\$ 98.81	\$ 98.81	\$ 98.81	\$ 98.81	\$ 98.81	\$ 98.81	\$ 98.81	\$ 113.71	\$ 113.71	\$ 113.71	\$ 113.71	\$ 113.71		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C		
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																		
	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18																		
19																		
20																		
21																		
22																		
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28																		
29																		
30																		



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View paid-time-off info of s...

Client Training Center
View key features, training ...

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Job Code Form

New Worksite Location Form

Web User Authorization

PTO Worksheet

Employee Information Change Form

SEE ALL DOCUMENTS & LINKS

PAYCHEX NEWS

2023 Minimum Wage Changes
Minimum wage rates have incr...
We're happy to assist you in makin...
If you have questions, please cont...

Refer and Earn
Refer a business to Paychex and y...

New Employee Handbook
Your Core Employee Handbook ha...

Paychex Oasis Training and R...
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SEE ALL NEWS

CONTACTS

MAGGIE TAYLOR
PAYROLL

Employee Search Employee Listings

Employee Search > OLSON, LAURA

OLSON, LAURA
- WC SUBSIDIARY SERVICES LLC (91563)
PROJECT MANAGER

ACTIONS

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

Personal Details

EDIT

First Name	Last Name	Middle Initial
LAURA	OLSON	LEIGH
NickName	Date of Birth	
NickName		
Age	Employee ID	
SSN	Gender	
Ethnicity	Marital Status	
Home Phone Number	Mobile Phone Number	
User Email	Work Email	

Home Address

Street Address Line 1	Apt/Suite #	<input checked="" type="checkbox"/> Enrolled in paperless W-2.
	Apt/Suite	
City	State	Zip Code
County	School District No.	Geocode
	School District No.	

Mailing Address

Street Address Line 1	Apt/Suite #



HUMAN RESOURCES

(515) 348-8759

SEE ALL CONTACTS

W-2 Address

Street Address Line 1

[Redacted]

Apt/Suite #

[Redacted]

City

[Redacted]

State

[Redacted]

Zip Code

[Redacted]

Emergency Contact

Name

[Redacted]

Relationship

[Redacted]

Phone Number

[Redacted]

Other Details

Handicapped

Blind

Smoker

Court Ordered Medical
NO

Hawaii Medical Waiver
-

Mail Check Home
NO

Officer
NO

Citizenship

License Plate

License Plate State

Vietnam Veteran

Service Medal Veteran

Disabled Veteran

Separated Veteran

Active Duty Veteran

Tax Credit Employee
NO

S Corporation
NO

Handbook Mailed

Handbook Received

Max Garnishment %

Clock Number

WORLD CLASS PROPERTY COMPANY

814 Lavaca Street | Austin, Texas 78701 | www.worldclassproperty.com

June 23, 2020

Laura Olson


Dear Laura,

Welcome to World Class Property Company, a World Class Company. This letter (this "Letter Agreement") will confirm the nature of your job duties, your compensation and the terms of your employment as of the above date. This Letter Agreement constitutes a valid and binding agreement between World Class Capital Group, LLC (or "Company") and ("you" and "your"), as set forth herein.

1. **Position:** Your work position will be **Director, Special Projects**. In this role you will be responsible for project management, operational execution, implementation of strategic initiatives, relationship management, and spearheading special projects as assigned by the CEO. You will be based out of our Downtown Austin location (814 Lavaca St., Austin, Texas 78701) and will report to our President & CEO Nate Paul. Your start date is set for July 6th, 2020. This is an exempt position.
2. **Terms of Employment:** Your employment with the Company is "at will". This means that you may terminate your employment at any time and for any reason. Similarly, the Company may terminate your employment at any time and for any reason.
3. **Compensation:** In exchange for your work efforts, you will receive the following compensation: \$65,000 per annum payable in equal bi-weekly payments on regular pay dates, except for your first and final payments which may be pro-rated. Your compensation evaluation will be assessed after the completion of your first year of employment with the Company, or as otherwise in accordance with the established Company compensation review policy. You will be eligible for a discretionary bonus on the anniversary of your employment.
4. **Benefits:** You will be eligible to participate in medical insurance program and our 401k on the 1st of the month following 60 days of full-time employment. **Expense Reimbursements:** You shall be entitled to expense reimbursements in accordance with the Company's expense reimbursement policy for reasonable business expenses incurred by you on behalf of or in furtherance of the business of the Company, including mileage reimbursement at a rate as established by the Company for business use of your personal vehicle. Reimbursement requests must be in accordance with the Company's expense reimbursement policy and include paid receipts.
5. **Computer & Cell Phone:** The Company may provide you with a Company smart phone and laptop computer for business use only.
6. **Exclusivity:** In return for the compensation payments set forth in this offer of employment, you agree to devote 100% of your professional time and energies to the Company and not engage in any other business or professional activities without the prior approval of the Company. Any outside business or professional activities, if approved, must be conducted without the use of Company supplies, equipment or facilities, and no outside business or professional activities may interfere with the performance of your duties for the Company.

7. **Confidentiality:** You agree to protect the Company Entities' Confidential Information, both during and after your employment, and shall not disclose to any person, or otherwise use, except in connection with your job duties under this Letter Agreement, any Confidential Information. "Confidential Information" means any and all technical, business and other information which (1) is proprietary to or possessed or hereafter required by the Company Entities and disclosed to, developed or otherwise acquired by the Company Entities during the term of your employment whether or not related to the performance of your duties; and (2) derives independent economic value, actual or potential, from not being generally known to the public or to other persons, other than the Company Entities and its agents and employees, who can obtain economic value from its disclosure or use. Such Confidential Information includes, without limitation, any and all information concerning actual or potential investors, customers, or suppliers, product pricing, computer formulae, pay procedures or calculations, information regarding business plans and operations, methods and plans of operations, marketing strategies, sales and distribution plans or strategies, cost information, pricing strategies, and acquisition and investment plans. This paragraph 9 shall survive the termination of your employment and of this Letter Agreement.
8. **Ownership of Work Product:** You agree that all means original photographs, works of authorship, developments, discoveries, ideas, know-how, trademarks, and trade secrets, whether or not patentable or registrable under copyright or similar laws, that you may solely or jointly conceive, develop, or reduce to practice ("Work Product") relating, directly or indirectly, to the business of Company or the methods of conducting business used or could be used by the Company shall belong exclusively to the Company. You agree to promptly disclose all Work Product to the Company and perform all actions reasonably requested by the Company to establish and confirm the Company's ownership thereof, including assigning to the Company, or its designee, all of your right, title, and interest in all Work Product. You also agree not to publish any Work Product, including, but not limited to photographs, to any social media outlet, such as Facebook, Twitter, Tumblr, or Instagram, without the express permission of the Company.
9. **Non-Disparagement:** You agree not to (nor cause or cooperate with others to) publicly criticize, ridicule, disparage or defame the Company Entities, their affiliates and/or their principals and representatives, including their products, services, policies, officers, employees, or management staff with or through any written or oral statement or image (including, but not limited to, any statements made via websites, blogs, postings to the internet, or emails and whether or not they are made anonymously or through the use of a pseudonym). The foregoing does not apply to statutorily privileged statements made to governmental or law enforcement agencies.
10. **Arbitration:** Any controversy, dispute or claim ("Claim") whatsoever between you on the one hand, and the Company, or any of its subsidiaries, employees, officers, directors and agents (collectively the "Company Entities", and together with you, the "Parties") on the other hand, arising out of this Letter Agreement or in any way connected with your employment shall be settled by binding arbitration at the request of either party. The Claims covered by this Letter Agreement include any claims arising in tort, contract or statute, including but not limited to, claims for discrimination and/or harassment in employment on the basis of race, gender, sex, religion, creed, national origin, age over 40, pregnancy, disability, sexual orientation or any other basis protected by state or federal law. Within ninety (90) days of receipt of notice of a Claim, the Parties shall agree on an arbitrator with the American Arbitration Association, and, if no agreement is reached, either party may petition the Superior Court for the selection of an arbitrator. The arbitrator shall apply Texas substantive law and the Texas Evidence Code to the proceeding unless otherwise agreed. The demand for arbitration must be in writing and must be made by the aggrieved party within the applicable statute of limitations period. The arbitration shall take place in Travis County, Texas. The Parties shall be entitled to conduct reasonable discovery, including, without limitation, conducting depositions, propounding interrogatories, and requesting documents. The arbitrator shall have the authority to determine what constitutes reasonable discovery and may, among other things, limit the number of depositions a party may take, the number of interrogatories a

party may propound, and the number and nature of documents a party may request. The arbitrator shall prepare in writing and provide to the Parties a decision and award which includes factual findings and the reasons upon which the decision is based. The decision of the arbitrator shall be binding and conclusive on the Parties and unreviewable for error of law or legal reasoning of any kind. Judgment upon the award rendered by the arbitrator may be entered in any court having proper jurisdiction. Each party shall bear its own attorney's fees and costs of arbitration, and the arbitrator may award reasonable attorney's fees and costs to the prevailing party pursuant to Texas Law. Such costs may include the arbitrator's fees. Both you and the Company Entities understand and agree that by using arbitration to resolve any Claims, the Parties are giving up any right to have a judge or jury trial with regard to those Claims.

11. **Severability:** If any term, provision covenant or condition of this Letter Agreement is held by a court to be invalid, void or unenforceable, the remaining terms and provisions shall remain in effect and shall in no way be affected, impaired or invalidated.
12. **Former Employment.** Employee represents and warrants that he is not a party to or subject to any agreements relating to any prior employment that affect his eligibility to be employed by the Company or limit the manner in which Employee may be employed by the Company.
13. **Choice of Law:** Texas law shall govern the construction, interpretation and enforcement of this Letter Agreement.
14. **Integration:** This Letter Agreement contains our entire agreement covering the subject matter addressed here and supersedes all other agreements, understandings or past practices, whether written or oral.
15. **Modifications:** No modification, amendment or waiver of any of the provisions contained in the Letter Agreement, or any future representation, promise, or condition made in connection with the subject matter of this Letter Agreement, shall be binding upon either of us unless made in writing and signed by you and the Company.
16. **Employment Eligibility:** In compliance with the Immigration and Reform and Control Act of 1986, this offer of employment and your continued employment is contingent upon satisfactory results from credit and criminal checks and your ability to provide approved documentation that verifies your right to work in the United States, prior to beginning work. Please be prepared to provide such documentation on or before your first day of work. Documents which establish both identity and employment authorization include a U.S. Passport; Certificate of U.S. Citizenship; Certificate of Naturalization; Current foreign passport with valid endorsement authorizing employment; and Resident alien card or other alien registration card, with photo. You may also provide two separate documents, which together verify employment authorization and identity. Documents verifying employment authorization include: Social Security Card (unless it specifies that it does not authorize employment; Certificate of U.S. birth; or other approved documentation. Documents that verify identity include U.S. Driver's License or similar State ID card with photo; or other approved documentation of identity for applicants under age 18 or from a state which does not issue an ID card.

If you have any questions about the terms of your employment or the contents of this Letter Agreement, please don't hesitate to discuss them with your supervisor.

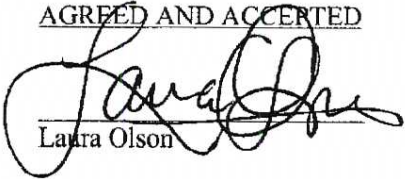
We look forward to working with you and having you on the World Class Team!

Sincerely,



Nate Paul

AGREED AND ACCERTED



Laura Olson

6.29.20
Date

Contact

Top Skills

Microsoft Office

Microsoft Excel

Microsoft Word

laura leigh olson

District Director at Senator Donna Campbell, MD
San Antonio

Experience

Bella Marketing

Owner

May 2010 - Present (11 years)

San Antonio, Texas

- Created and successfully manage Bella Marketing, specializing in custom branding and reorganization
- Freelance Make-up Artist

Senator Donna Campbell, MD

District Director, Correspondence Director, Scheduler

April 2014 - January 2020 (5 years 10 months)

13750 San Pedro Avenue, Suite 250 San Antonio, Texas 78232

- Oversee district office operations
- Serve as liaison for State Senator in her six county district
- Contribute to communication channels that ensure seamless operation between district activities, issues, events and the Capitol legislative advisors
- Develop objectives, policies, strategies and operating plans for district office
- Develop relationships and work closely with key individuals in local Governments, Chambers and Business Community as well as State and U.S. Legislators
- Present issues that may need state legislation to the Senator for consideration
- Responsible for vetting and making recommendations for the Gubernatorial Nomination Committee applicants within SD25
- Prepare briefing materials related to district activities and concerns
- Prepare and staff Senator at events and meetings throughout the district
- Serve as central point of contact for the district
- Responsible for recruiting, hiring, training, and managing district office staff and interns
- Conduct constituent outreach and casework resolution
- Scheduler for all Senate and Campaign meetings and events as well as personal time
- Responsible for the Senator's official senate correspondence
- Plan and execute campaign events, fundraisers and conventions

Senator Donna Campbell, M.D.
Bexar County Coordinator
November 2013 - April 2014 (6 months)
900 NE Loop 410, Suite D-124

GHK Enterprises

Executive Assistant
May 2007 - May 2010 (3 years 1 month)

Coordinated CEO's business and personal schedules; Arranged travel, scheduled personal and business calendars including social events and business meetings

Responsible for contacting and scheduling all land sales appointments for this owner-financed, land development office

Closed all Deeds of Trust and Contracts for Deeds; handled monthly payments for over 600 properties; legally mandatory late notices, legal postings and foreclosures, recordings of Deeds and Repossession

Solely handled collection and posting of property taxes for each of the properties

Managed a 100-unit mini-storage facility in Castroville

Prescriptives Cosmetics

Counter Manager
June 2005 - May 2007 (2 years)

Managed four analysts and sales associates

Responsible for projecting and making daily / monthly goals

Scheduling, event planning, product promotion and visual marketing

Ordering and maintaining inventory

Planned and coordinated major events which included scheduling and travel arrangements for national make-up artist and corporate executives

A & A Finance Company

Operations Director
April 2003 - June 2005 (2 years 3 months)

Houston, Texas

Managed operations for small loan company in Houston (holding company based in San Antonio)

Assisted in the design and implementation of proprietary software

Accountable for all bookkeeping; monthly and quarterly financial reports, daily statistical reporting and projections

Reported directly to CEO. Transitioned from Account Services, solely to A & A Finance Company in April 2003

Facilitated and managed the profitable sale of A&A Finance

Account Services Collections, Inc.

Client Relations Executive/ Executive Administrative Assistant to CEO
August 1996 - April 2003 (6 years 9 months)

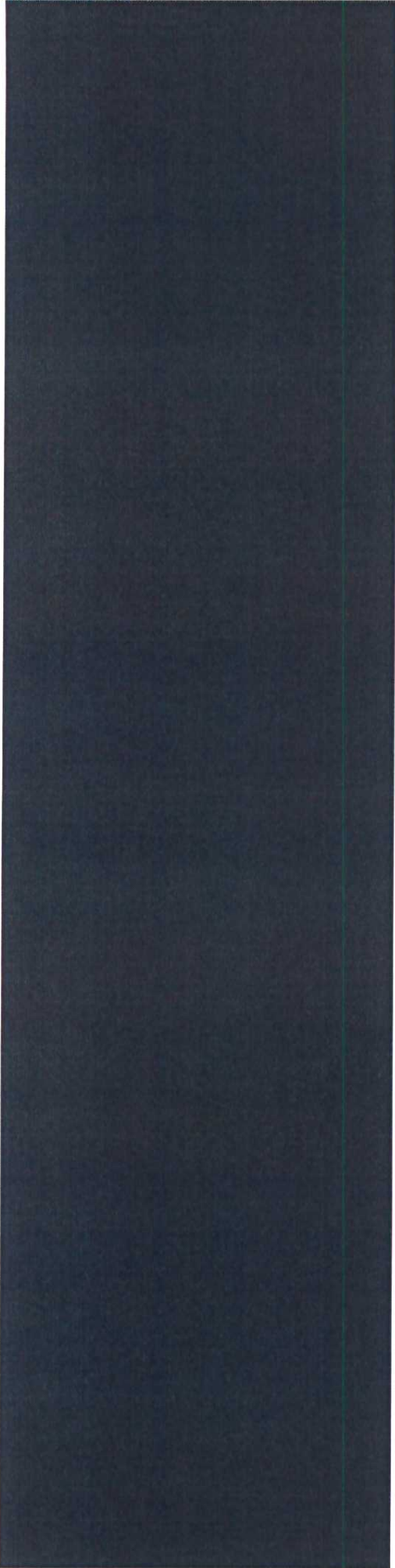
San Antonio, Texas

2001 - 2003

- Liaison between clients and management. Dealt directly with executive decision makers ensuring exceptional customer service, trouble-shooting and discrete assurance of immediate and efficient copacetic solutions
- Responsible for invoicing, accounts receivable and payable, detailed and confidential monthly reports, collection projection reports as well as status reports and tracking reports
- Direct support to Vice Presidents of Marketing and Operations
- Executive Administrative Assistant to CEO
- Bookkeeper for A&A Finance, a small loan company based in Houston
- Treasurer of holding company

1996 - 2003

- Executive Administrative Assistant to CEO and Vice Presidents of Operations and Marketing
- Spearheaded the acquisition and development of the highly profitable Check Collection and Verification Department
- Implemented the development of Account Services' nationwide check fraud database
- Responsible for sales, programming and maintenance of all check verification equipment and availability
- Managed fraudulent credit reporting of personal and business collections to ensure compliance of the FDCPA through all three major credit reporting agencies
- Created and prepared all collection proposals
- Client Relations Liaison
- Accounts Receivable and Payable
- Human Resources Director. Responsibilities included time keeping and payroll; health and life insurances, 401K, and weekly and monthly bonuses
- Contracted and maintained bonding and corporate national insurances as well as licensing agreements throughout the United States



•Secretary for holding company

From: Crooks Pinzon, Vianey
Sent: Wednesday, August 30, 2023 1:02 PM CDT
To: Greve, Emily
Subject: RE: Narshimha Rau Sigiraju / Client 91563 WC Subsidiary Services, LLC/Case 3274473

RE: Narshimha Rau Sigiraju

Good afternoon Emily,

HR Services received records request for Narshimha Rau Sigiraju. After a lengthy search, we are unable to find any information in our files and/or databases of the person mention above.

Thank you!

Vianey Crooks Pinzon

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