

## PAYROLL PAYABLES

LAMB COUNTY PAYROLL ENDING DECEMBER 23, 2016 \$140,225.22

LAMB HEALTHCARE CENTER PAYROLL ENDING DECEMBER 24, 2016 \$174,911.50

**COMMISSIONER'S COURT DATE JANUARY 9<sup>TH</sup>, 2017**

ALL ITEMS LISTED ABOVE ALLOWED AND ORDERED PAID  
THIS THE 9 DAY OF January, 2017

  
\_\_\_\_\_  
COUNTY JUDGE

  
\_\_\_\_\_  
COMMISSIONER, PCT. 1

  
\_\_\_\_\_  
COMMISSIONER, PCT. 2

  
\_\_\_\_\_  
COMMISSIONER, PCT. 3

  
\_\_\_\_\_  
COMMISSIONER, PCT. 4

10/29/2016 14:49 PM  
 DEPT: ALL  
 PAYROLL DT: 11  
 PAY PERIOD BEGINNING: 10/10/2016  
 PAY PERIOD ENDING: 10/19/2016

PAYROLL CALCULATION

PRELIMINARY

Lamb County Clerk, Texas  
 Commissioners Court Minutes  
 Volume 58, Page 515

\*\*\*\*\* TOTALS \*\*\*\*\*

EARNINGS		BENEFITS		DEDUCTIONS				TAXES				
DEPT	RAS	AMOUNT	DEPT	AMOUNT	CD	REBY	EMPLOYEE	EMPLOYER	DEPT	TAXABLE	EMPLOYEE	EMPLOYER
E	1000	10,000.00			100	SSN	2000.00	10000.00	SSN	100,000.00	10,000.00	
JAL	1000	1,000.00			100	SPREN	50.00		FICA	100,000.00	8,000.00	800.00
ABE	1000	10,000.00			100	HEALT	1000.00	10000.00	HEAT	100,000.00	1,000.00	1000.00
HRP	1000	10,000.00				CDSD	200.00					
LE	1000	10,000.00			100	NEI	100.00					
LEB	1000	1,000.00			100	NEI A	50.00					
IRB	1000	1,000.00			100	ADAPT	100.00					
PT	1000	5,000.00			100	ABEYK	500.00					
SI	1000	800.00			100	CANCR	400.00					
DEPT	1000	50.00			100	NEI	100.00					
FI	1000	4,000.00			100	CH	400.00					
VAC	1000	1,000.00			100	NYL	400.00					
SICK	1000	400.00			100	DISB	100.00					
	1000	100.00			100	DISC	100.00					
SEC	1000	100.00			100	INRET	100.00					
OTR	1000	200.00			100	AMMNT	100.00					
LYOF	1000	100.00			100	EMPT	100.00					
OT	1000	1,000.00			100	AMPR1	100.00					
OR	1000	100.00			100	AMPR1	100.00					
OS	1000	100.00			100	DEMI	100.00					
					100	DEMI	100.00					
					100	SYNDR	10.00					
					100	PLNDR	10.00					
					100	NIKI	10.00					
					100	VIATL	5.00					
					100	UTLIE	5.00					
					100	UTLIE	5.00					
					100	OS	100.00					
					100	OSRET	100.00					
TOTALS:		100,000.00		1000			10000.00	47000.00		100,000.00	10000.00	10000.00

DEPARTMENT DETAIL

DEPT	RAS	TRF	VERSION	DATE	CD	REBY	EMPLOYEE	EMPLOYER	TAXES	NET
100-0100	1000	1000	100	10/10	100	SSN	2000.00	10000.00	10000.00	370.00
100-0101	1000	1000	100	10/10	100	SPREN	50.00		800.00	1,000.00
100-0102	1000	1000	100	10/10	100	HEALT	1000.00	10000.00	1000.00	1,000.00
100-0103	1000	1000	100	10/10	100	CDSD	200.00			
100-0104	1000	1000	100	10/10	100	NEI	100.00			
100-0105	1000	1000	100	10/10	100	NEI A	50.00			
100-0106	1000	1000	100	10/10	100	ADAPT	100.00			

# LAMB HEALTHCARE CENTER PAYROLL INFORMATION

fax no. 335-8485

**FOR PAYPERIOD ENDING** 12/24/16  
**CHECK DATED** 12/30/16

GROSS	\$ 185,779.36
NET	\$ 127,258.74
EMPLOYEE'S FICA	\$ 13,086.66
EMPLOYER'S FICA	\$ 13,086.66
FEDERAL WITHHOLDING	\$ 21,479.44
TOTAL TAXES	\$ 47,652.76

**DEDUCTIONS:**

A/R - HOSPITAL AND RHC	\$ 687.52
AFLAC	\$ 303.71
CAFÉ-HEALTH, GAP, DENTAL	\$ 8,970.12
CAFÉ - C, CAFÉ - D, CAFE-U, CAFÉ-V	\$ 1,945.98
CONSECO AND U.T.A.	\$ 1,533.39
LIFE	\$ 1,940.22
MEALS	\$ 1,673.68
MISC	\$ 3,955.01
MONY	\$ 17.68
HELPING HANDS OF LFD	\$ 31.00
IRA'S AND RETIREMENT LOANS	\$ 2,896.21
<b>TOTAL DEDUCTIONS</b>	<b>\$ 23,954.52</b>

**TOTAL NET PR AND TAXES** **\$ 174,911.50**

<b>LAMB HEALTHCARE CENTER</b>	
CODE NO. 10-190-_____	AMOUNT: <u>174,911.50</u>
APPROVED BY: <i>[Signature]</i>	COUNTY JUDGE _____
ADMINISTRATOR _____	
2016	
VENDOR ID _____	VEINDOR INVOICE # <u>PPE 12-24-16</u>
INVOICE ID _____	

Run Date: 12/29/16  
Time: 15:38  
FacilityCd

LAMB HEALTHCARE CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 12/11/16 - 12/14/16 Rmt 1

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P:REG

Final Summary

PayCode Summary				Deductions Summary			
PayCd	Description	Hrs	OT SH WE HO CB	Gross	Code	Amount	
1	REGULAR PAY	4672.25	N N N	66195.95	A/R	330.00	A/R-2 47.14 A/R-3
1	REGULAR PAY	1204.00	N N N N	39123.01	APAC	303.71	CAPE-C 740.34 CAPE-D 643.61
1	REGULAR PAY	555.25	N Y N	9154.43	CAPE-G	334.38	CAPE-H 6674.64 CAPE-U 225.00
1	REGULAR PAY	.25	N Y Y	8.53	CAPE-V	336.96	COMSBC 1491.02 COSTCO
1	REGULAR PAY	113.00	Y N N	2895.91	DENTAL	1361.10	EMPPND 50.25 FEDTAX 21479.46
1	REGULAR PAY	32.25	Y Y N	993.79	FICA-M	2535.52	FICA-O 10551.14 FITNESS
1	REGULAR PAY	1.00	Y Y Y	56.66	FOURTB	21.85	FOUNDA FUTA
2	SHIFT 2	617.25	N N N	12160.33	GARN	413.92	GIPESH 758.07 GS TAX 49.96
2	SHIFT 2	210.25	N Y N	4580.63	HANDS	31.00	IRA 983.19 LEGAL 169.85
2	SHIFT 2	.75	N Y Y	29.91	LIFE	132.85	LOAN 639.44 MEALS 1673.61
2	SHIFT 2	42.00	Y N N	1160.35	MEURBI		MISC-1 MISC-2
2	SHIFT 2	43.50	Y Y N	1529.35	MISC-J		MISC-4 10.00 MORY 17.66
2	SHIFT 2	.50	Y Y Y	26.16	N FARM	1236.77	NATL W 18.96 NEWYOR 60.52
2	SHIFT 3	570.00	N N N	11593.77	Other	1635.07	PARTY 35.00 PHONE
3	SHIFT 3	124.75	N Y N	2729.27	RELAY		RESERV RHC AR 410.36
3	SHIFT 3	24.00	N Y Y	668.88	S FARM	418.78	STUDEN TEAMBU 51.00
3	SHIFT 3	31.75	Y N N	149.71	TEAS	50.49	TSA-A 1274.53 TSHIRT
3	SHIFT 3	48.50	Y Y N	2051.56	U.T.A.	42.37	UNIFOR 781.89 UNITED
3	SHIFT 3	24.00	Y Y Y	1141.92	VISION		
B	CALL BACK	134.50	N 1 N N Y	4103.39			
B	CALL BACK	5.00	N 1 N N Y	86.25			
C	ON CALL	256.00	N N N N	756.00			
C	ON CALL	1519.05	N 1 N N	1519.05			
I	HEALTH INS ALLOWANCE		N N N N	675.00			
L	TRANSCRIPTION LINE		N N N Y	576.96			
O	COUNTY JAIL VISITS		N N N N	1000.00			
R	RETRO PAY		N N N Y	296.42			
S	EXTENDED TIME OFF	206.42	N 1 N N	2163.77			
V	PAID TIME OFF	944.18	N 1 N N	15328.18			
Y	CALL	2.00	N 1 N N	200.00			
t	TUITION REIMBURSEMENT		N N N N	1600.00			
Grand Totals: 11382.40				Gross: 185779.36	Deductions: 58520.62	Net: 127258.74	
Checks Count: FT 102 PT 9 Other 19 Female 112 Male 10 Credit				Over/Net 9	Zero/Net Term	Total 130	