		DE	ENS	E FINA	NCE A	AND AC	COU	NTIN	G SEI	RVICE M	ILIT	ARY	LEAV	E AN	D EAR	NIN	IGS ST	ATEN	/ENT					
ID					SOC. SEC	. NO.	GRA	DE	PAY DAT	E YRS SVC		C E	TS	BRANCH		ADSN/DSSN		PERIOD COVERED						
						E			051018		14		50106 AF			4103		1-30 SEP 20						
ENTITLEMENTS					DEDUCTIONS					ALLOTMENTS					SUMMARY									
	Type Amount				ınt Type	Type Amount					Type Amount					+Amt Fwd								
A B	BASE PAY BAS			4621.50 372.71		71 FICA-N	RAL TAX	(ES RE		273.74 67.01	TRICARE DENTAL		30.15		0.15	+TOT ENT		6500.21						
C D F	BAF	ł		1506.00			SGLI AFRH SGLI FAM/SPOUSE MID-MONTH-PAY			25.00 .50 4.50							-TOT DED		3420.66					
A B C D E F G H						3049.91									-TOT ALMT		30.15							
J																=NET AMT -CR FWR		3049.40						
K L M																								
N O																	=EOM PAY		3049.40					
	т	OTAL	6500.21			21				3420.66					30.15		DIEMS 051018		RET PLAN HIGH 3					
LEAV	/E	BF Bal	Ernd 27.0	Used 7	Cr Bal	ETS Ba	ł	Lost .0	Lv Pa	id Use/Lo	se FE		•	Period 621.50	Wage Y		M/S Ex M 03	Ad	d'I Tax .00	Tax YTD 2785.61				
FICA		Wage Pe		Soc Wage	L	Soc Tax Y			ige YTI					Wage			age YTD	M/S	Ex	Tax YTD				
TAXE		462	- 1	J	593.50	229			41593.5			TAXE	l l		.00		.00		00	.00				
PAY DATA				· · · · ·				Share 1		Stat	JF R	ΓR	R Depns 2		2D JFTR BAS		Type Charity Y		TD TPC	PACIDN				
TRAD	OITIC	NAL	NAL Base F		Pay Rate Base Pa				/ Rate	1.		nt Inc			e Inc Pay Curr		Bonus P			Pay Current				
PLAN	PLAN (TSP)		0		.00		.00	0			.(00	0		.00		0 0		.00					
ROTI	ROTH PLAN		Base Pay Rate		Base	Pay Curre	nt Sp	ec Pay	/ Rate	Spec Pay		nt Inc	Pay Ra	te Inc	•	rrent .00	Bonus P	•	te Bonus	Pay Current .00				
CM A	CM AGCY CONTR			AGCY-AUTO		AGC	AGC-MATCH					<u> </u>			 									
_				.00			.00																	
CON	CONTRIBUTIONS TOTALS		YTD Deductions YT			YTD TSP	D TSP Deferred \			YTD TSP Exempt			YTD ROTH			YTD TSP AGCY-		-AUTO YTD		TSP AGCY-MATCH				
TOTA			46.22			46.2	46.22			.00		00			.00		.00)					
REMA	RKS	:		Y	TD ENT	TITLE 5956	2.49		١	YTD DEDUC	T 65	584.66												
IF TSP ELECTION AMT EXCEEDS NET AMT									NTERESTED IN REQUESTING YOUR ABSENTEE															
יים	DUE, TSP WILL NOT BE DEDUCTED.								BALLOT AND VOTE IN THIS YEAR'S ELECTION?															
_										/ISIT WWW.FVAP.GOV TO LEARN MORE.														
-FF		YOUR SOCIAL SECURITY (FICA-SOC SECURIT)									MEMBER'S SGLI COVERAGE AMOUNT IS \$400,000													
-FF YO				IE VOLID A	MONITUR	V	X WILL BE DEFERRED IF YOUR MONTHLY SIC PAY RATE IS LESS THAN \$8.666.66. THE								FAM/SPOUSE SGLI COVERAGE AMOUNT IS \$100,000 BAH BASED ON W/DEP, ZIP 79607									
YO TAX	X WIL	L BE DEFI														וואוכ	S \$100,00	0						
-FF YO TA: BA	X WIL	L BE DEFI	S LES		666.66.	THE				E	BAH BA	ASED C		P, ZIP 7			S \$100,00)O						

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