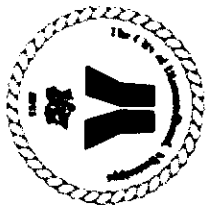


| PR Net | | | | | | | |
|------------|------------------|---------|---------------|-------------------|------------|-----------|-----------|
| Wages | Payroll Pd | Seq No. | Docket # | Description | Paymt Date | Amount | Agenda |
| PYPKT01557 | 12/16-12/31/2024 | 000225 | PRCLAIM000225 | Net Wages Payable | 1/8/2025 | 26,337.48 | 2/18/2025 |
| PYPKT01561 | 12/30-01/12/2025 | 000226 | PRCLAIM000226 | Net Wages Payable | 1/22/2025 | 25,335.19 | 2/18/2025 |
| PYPKT01572 | 01/01-01/31/2025 | 000227 | PRCLAIM000227 | Net Wages Payable | 2/1/2025 | 3,055.04 | 2/18/2025 |
| PYPKT01573 | 01/13-01/26/2025 | 000228 | PRCLAIM000228 | Net Wages Payable | 2/5/2025 | 27,727.45 | 2/18/2025 |



City of Diamondhead, MS

Docket of Claims Register - Council

APPKT02342 - Dec 2025 Payroll Payables

By Docket/Claim Number

| Docket/Claim # | Vendor Name | Payable Date | Payable Number | Payable Description | Account Number | Account Name | Payment Amount | Line Amount |
|----------------|------------------------------|----------------|------------------------------|-------------------------------------|----------------|------------------------------|----------------|-------------|
| DKT232504 | American Fidelity | 01/08/2025 | INV00006614 | American Fidelity Hospital Gap Plan | 650-140-113.04 | American Fidelity W/withheld | 37.85 | 1,035.58 |
| | | | INV00006615 | American Fidelity Term Life | 650-140-113.04 | American Fidelity W/withheld | 64.52 | |
| | | | INV00006616 | American Fidelity Accident | 650-140-113.04 | American Fidelity W/withheld | 40.25 | |
| | | | INV00006617 | American Fidelity Critical Illness | 650-140-113.04 | American Fidelity W/withheld | 44.85 | |
| | | | INV00006618 | American Fidelity Disability | 650-140-113.04 | American Fidelity W/withheld | 280.92 | |
| | | | INV00006619 | AmFid Cancer Post Tax | 650-140-113.04 | American Fidelity W/withheld | 18.55 | |
| | | | INV00006620 | AmFid Cancer Pre Tax | 650-140-113.04 | American Fidelity W/withheld | 30.85 | |
| | | | INV00006640 | American Fidelity Hospital Gap Plan | 650-140-113.04 | American Fidelity W/withheld | 37.85 | |
| | | | INV00006641 | American Fidelity Term Life | 650-140-113.04 | American Fidelity W/withheld | 64.52 | |
| | | | INV00006642 | American Fidelity Accident | 650-140-113.04 | American Fidelity W/withheld | 40.25 | |
| | | | INV00006643 | American Fidelity Critical Illness | 650-140-113.04 | American Fidelity W/withheld | 44.85 | |
| | | | INV00006644 | American Fidelity Disability | 650-140-113.04 | American Fidelity W/withheld | 280.92 | |
| | | | INV00006645 | AmFid Cancer Post Tax | 650-140-113.04 | American Fidelity W/withheld | 18.55 | |
| INV00006646 | AmFid Cancer Pre Tax | 650-140-113.04 | American Fidelity W/withheld | 30.85 | | | | |
| DKT232505 | Blue Cross Blue Shield of MS | 01/08/2025 | INV00006632 | MONTHLY PREMIUM | 650-140-112.00 | BCBS Withheld/Payable | 4,340.70 | 8,061.17 |
| | | | INV00006659 | | 650-140-112.00 | BCBS Withheld/Payable | 4,340.56 | |
| DKT232506 | Colonial Life | 01/08/2025 | INV00006621 | EE PREMIUM | 650-140-113.00 | Colonial Withheld | 19.88 | 185.04 |
| | | | INV00006622 | Critical Illness | 650-140-113.00 | Colonial Withheld | 3.81 | |
| | | | INV00006623 | EE Premium | 650-140-113.00 | Colonial Withheld | 10.95 | |
| | | | INV00006624 | EE PREMIUM | 650-140-113.00 | Colonial Withheld | 12.30 | |
| | | | INV00006625 | EE PREMIUM | 650-140-113.00 | Colonial Withheld | 12.80 | |
| | | | INV00006626 | EE PREMIUM | 650-140-113.00 | Colonial Withheld | 32.78 | |
| | | | INV00006647 | Critical Illness | 650-140-113.00 | Colonial Withheld | 19.88 | |
| | | | INV00006648 | EE Premium | 650-140-113.00 | Colonial Withheld | 3.81 | |
| | | | INV00006649 | EE Premium | 650-140-113.00 | Colonial Withheld | 10.95 | |
| | | | INV00006650 | EE PREMIUM | 650-140-113.00 | Colonial Withheld | 12.30 | |
| | | | INV00006651 | EE PREMIUM | 650-140-113.00 | Colonial Withheld | 12.80 | |
| | | | INV00006652 | EE PREMIUM | 650-140-113.00 | Colonial Withheld | 32.78 | |

Docket of Claims Register - Council

APPKIT02342 - Dec 2025 Payrol Payables

| Docket/Claim # | Vendor Name | Payable Date | Payable Number | Payable Description | Account Number | Account Name | Line Amount | Payment Amount | | | | |
|--|-------------|---------------------------------|--------------------------|--|-----------------------|---------------------------|----------------------------------|----------------|--------|-----------|--|--|
| DKT232507 | Guardian | 01/08/2025 | INV0006628 | ER Guardian Life Over 70 | 650-140-113.01 | Guardian Withheld/Payable | 2.65 | 1,004.48 | | | | |
| | | | INV0006629 | EE PREMIUM | 650-140-113.01 | Guardian Withheld/Payable | 323.39 | | | | | |
| | | | INV0006630 | ER BENEFIT LIFE INS MONTHLY PREMIUM | 650-140-113.01 | Guardian Withheld/Payable | 105.80 | | | | | |
| | | | INV0006631 | EE PREMIUM | 650-140-113.01 | Guardian Withheld/Payable | 70.46 | | | | | |
| | | | INV0006654 | ER Guardian Life Over 70 | 650-140-113.01 | Guardian Withheld/Payable | 2.64 | | | | | |
| | | | INV0006656 | EE PREMIUM | 650-140-113.01 | Guardian Withheld/Payable | 323.30 | | | | | |
| | | | INV0006657 | ER BENEFIT LIFE INS MONTHLY PREMIUM | 650-140-113.01 | Guardian Withheld/Payable | 105.80 | | | | | |
| | | | INV0006658 | EE PREMIUM | 650-140-113.01 | Guardian Withheld/Payable | 70.44 | | | | | |
| | | | Internal Revenue Service | | | | | | | 17,724.06 | | |
| | | | 01/02/2025 | INV0006611 | Federal Payroll Taxes | 650-140-122.00 | Social Security Withheld/Payable | | 413.30 | | | |
| | INV0006612 | | 650-140-122.01 | Medicare Withheld/Payable | 96.66 | | | | | | | |
| | INV0006613 | | 650-140-123.00 | Federal Withholding Tax | 23.33 | | | | | | | |
| 01/08/2025 | INV0006636 | | 650-140-122.00 | Social Security Withheld/Payable | 4,770.58 | | | | | | | |
| | INV0006637 | | 650-140-122.01 | Medicare Withheld/Payable | 1,115.70 | | | | | | | |
| | INV0006638 | | 650-140-123.00 | Federal Withholding Tax | 2,806.67 | | | | | | | |
| 01/22/2025 | INV0006663 | | 650-140-122.00 | Social Security Withheld/Payable | 4,654.88 | | | | | | | |
| | INV0006664 | | 650-140-122.01 | Medicare Withheld/Payable | 1,088.62 | | | | | | | |
| | INV0006665 | | 650-140-123.00 | Federal Withholding Tax | 2,754.32 | | | | | | | |
| Morgan White Group | | | | | | | 1,121.80 | | | | | |
| 01/08/2025 | INV0006633 | Morgan White | 650-140-112.01 | Morgan White Payable | 640.50 | | | | | | | |
| 01/22/2025 | INV0006660 | | 650-140-112.01 | Morgan White Payable | 640.36 | | | | | | | |
| | | | 650-140-112.01 | Morgan White Payable | -159.06 | | | | | | | |
| MS Department of Revenue Payroll | | | | | | | 2,115.00 | | | | | |
| 01/08/2025 | INV0006635 | Payroll State Withholding Taxes | 650-140-134.00 | State Withholding Tax | 1,064.00 | | | | | | | |
| 01/22/2025 | INV0006662 | | 650-140-134.00 | State Withholding Tax | 1,051.00 | | | | | | | |
| Systematized Benefits and Administrators Inc | | | | | | | 8,696.52 | | | | | |
| 01/08/2025 | INV0006627 | Deferred Compensation | 650-140-110.00 | Deferred Compensation Withheld/Payable | 4,307.26 | | | | | | | |
| 01/22/2025 | INV0006653 | | 650-140-110.00 | Deferred Compensation Withheld/Payable | 4,389.26 | | | | | | | |
| Texas Life | | | | | | | 86.46 | | | | | |
| 01/08/2025 | INV0006634 | Texas Life | 650-140-113.05 | Texas Life Withheld | 43.23 | | | | | | | |
| 01/22/2025 | INV0006661 | | 650-140-113.05 | Texas Life Withheld | 43.23 | | | | | | | |
| TX Child Support State Disbursement Unit | | | | | | | 143.55 | | | | | |
| 01/22/2025 | INV0006655 | Garnishment | 650-140-106.00 | Garnishment Withheld | 143.55 | | | | | | | |

Docket of Claims Register - Council

APPKT02342 - Dec 2025 Payrol Payables

| Docket/Claim # | Vendor Name | Payable Date | Payable Number | Payable Description | Account Number | Account Name | Line Amount | Payment Amount | | | | |
|----------------|--------------------------------------|-------------------------|----------------|----------------------------|----------------|----------------------------|-------------|----------------|------------------------------|------------------|--|--|
| DKT232514 | MS Department of Employment Security | 10/02/2024 | INV0006464 | Payroll Unemployment Taxes | 650-140-136.00 | State Unemployment Payable | 39.71 | 208.99 | | | | |
| | | 10/16/2024 | INV0006494 | | 650-140-136.00 | State Unemployment Payable | 28.62 | | | | | |
| | | 10/30/2024 | INV0006500 | | 650-140-136.00 | State Unemployment Payable | 32.79 | | | | | |
| | | 11/13/2024 | INV0006529 | | 650-140-136.00 | State Unemployment Payable | 27.86 | | | | | |
| | | 11/27/2024 | INV0006555 | | 650-140-136.00 | State Unemployment Payable | 33.31 | | | | | |
| | | 12/11/2024 | INV0006584 | | 650-140-136.00 | State Unemployment Payable | 32.56 | | | | | |
| | | 12/24/2024 | INV0006610 | | 650-140-136.00 | State Unemployment Payable | -0.02 | | | | | |
| | | | | | 650-140-136.00 | State Unemployment Payable | 14.16 | | | | | |
| | | Total Claims: 11 | | | | | | | Total Payment Amount: | 40,382.65 | | |