CITY OF MERCER ISLAND PAYROLL CERTIFICATION

PAYROLL PERIOD ENDING		**09.30.2025**
PAYROLL DATED		**10.03.2025**
Net Cash	$	458.85
Net Voids/Manuals		
Net Total	**$**	**458.85**
Federal Tax Deposit	$	-
Social Security and Medicare Taxes	$	38.25
State Tax (California & Oregon)		
State Tax (California)		
Family/Medical Leave Tax (California & Oregon)		
Public Employees Retirement System 1 (PERS 1)	$	-
Public Employees' Retirement System (PERS Plan 2)		
Public Employees' Retirement System (PERS Plan 3)		
Public Employees' Retirement System (PERSJM)		
Public Safety Employees' Retirement System (PSERS)		
Law Enforcement Officers' & Fire Fighters' Retirement System (LEOFF Plan2)		
Regence & LEOFF Trust Medical Insurance Deductions		
Domestic Partner Medical Insurance Deductions		
Kaiser Medical Insurance Deductions		
Health Care - Flexible Spending Account Contributions		
Dependent Care - Flexible Spending Account Contributions		
ICMA Roth IRA Contributions		
ICMA 457 Deferred Compensation Contributions		
ICMA 401K Deferred Compensation Contributions		
Garnishments (Chapter 13)		
Tax Wage Garnishment		
Child Support Wage Garnishment		
Mercer Island Employee Association Dues		
AFSCME Union Dues		
Police Union Dues		
Standard - Supplemental Life Insurance		
Unum - Long Term Care Insurance		
AFLAC - Supplemental Insurance Plans		
Transportation - Flexible Spending Account Contributions		
Miscellaneous		
Oregon Transit Tax and Oregon Benefit Tax		
Washington Long Term Care	$	2.90
Tax & Benefit Obligations Total	**$**	**41.15**
TOTAL GROSS PAYROLL	**$**	**500.00**

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the City of Mercer Island, and that I am authorized to authenticate and certify to said claim.

Finance Director

I, the undersigned, do hereby certify that the City Council has reviewed the documentation supporting claims paid and approved all checks or warrants issued in payment of claims.

Mayor Date