


# CITY OF MERCER ISLAND PAYROLL CERTIFICATION

**PAYROLL PERIOD ENDING** **5.15.2025**  
**PAYROLL DATED** **5.23.2025**

|  |           |                   |
|--|-----------|-------------------|
| Net Cash   | \$        | 659,633.64        |
| Net Voids/Manuals  |           |                   |
| <b>Net Total</b>   | <b>\$</b> | <b>659,633.64</b> |
|  |           |                   |
| Federal Tax Deposit  | \$        | 108,506.77        |
| Social Security and Medicare Taxes   | \$        | 73,565.92         |
| State Tax (California & Oregon)  | \$        | 682.52            |
| State Tax (California)   | \$        | 7.50              |
| Family/Medical Leave Tax (California & Oregon)                             | \$        | 55.82             |
| Public Employees Retirement System 1 (PERS 1)                              | \$        | -                 |
| Public Employees' Retirement System (PERS Plan 2)                          | \$        | 36,417.47         |
| Public Employees' Retirement System (PERS Plan 3)                          | \$        | 10,381.19         |
| Public Employees' Retirement System (PERSJM)                               | \$        | 705.37            |
| Law Enforcement Officers' & Fire Fighters' Retirement System (LEOFF Plan2) | \$        | 18,918.85         |
| Regence & LEOFF Trust Medical Insurance Deductions                         | \$        | 13,714.76         |
| Domestic Partner Medical Insurance Deductions                              | \$        | 1,739.51          |
| Kaiser Medical Insurance Deductions  | \$        | 1,187.11          |
| Health Care - Flexible Spending Account Contributions                      | \$        | 1,794.82          |
| Dependent Care - Flexible Spending Account Contributions                   | \$        | 208.33            |
| ICMA Roth IRA Contributions  | \$        | 568.77            |
| ICMA 457 Deferred Compensation Contributions                               | \$        | 43,254.85         |
| ICMA 401K Deferred Compensation Contributions                              | \$        | -                 |
| Garnishments (Chapter 13)  | \$        | 620.50            |
| Tax Wage Garnishment   | \$        | -                 |
| Child Support Wage Garnishment   | \$        | 611.50            |
| Mercer Island Employee Association Dues                                    | \$        | 265.00            |
| AFSCME Union Dues  | \$        | 3,196.80          |
| Police Union Dues  | \$        | 1,723.03          |
| Standard - Supplemental Life Insurance                                     | \$        | 344.95            |
| Unum - Long Term Care Insurance  | \$        | 215.65            |
| AFLAC - Supplemental Insurance Plans                                       | \$        | 238.52            |
| Transportation - Flexible Spending Account Contributions                   | \$        | 115.00            |
| Miscellaneous  |           |                   |
| Oregon Transit Tax and Oregon Benefit Tax                                  | \$        | 8.63              |
| Washington Long Term Care  | \$        | 2,957.88          |
| <b>Tax &amp; Benefit Obligations Total</b>                                 | <b>\$</b> | <b>322,007.02</b> |

|                            |           |                   |
|----------------------------|-----------|-------------------|
| <b>TOTAL GROSS PAYROLL</b> | <b>\$</b> | <b>981,640.66</b> |
|----------------------------|-----------|-------------------|

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