CITY OF MERCER ISLAND CERTIFICATION OF PAYROLL

PAYROLL PERIOD ENDING		**4.2.2021**
PAYROLL DATED		**4.9.2021**
Net Cash	$	497,343.60
Net Voids/Manuals	$	26,368.66
Net Total	**$**	**523,712.26**
Federal Tax Deposit - Key Bank	$	85,394.96
Social Security and Medicare Taxes	$	46,201.28
Medicare Taxes Only (Fire Fighter Employees)	$	2,564.70
State Tax (Massachusetts)	$	-
Public Employees Retirement System 2 (PERS 2)	$	26,546.82
Public Employees Retirement System 3 (PERS 3)	$	5,995.39
Public Employees Retirement System (PERSJM)	$	885.68
Public Safety Employees Retirement System (PSERS)	$	218.00
Law Enforc. & Fire fighters System 2 (LEOFF 2)	$	27,195.89
Regence & LEOFF Trust - Medical Insurance	$	10,757.98
Domestic Partner/Overage Dependant - Insurance	$	316.24
Group Health Medical Insurance	$	722.60
Health Care - Flexible Spending Accounts	$	1,619.62
Dependent Care - Flexible Spending Accounts	$	430.76
ROTH - IRA	$	525.00
ICMA Deferred Compensation	$	35,162.71
Fire 457 Nationwide	$	18,323.59
Roth - Nationwide	$	1,050.00
Tax Levy	$	864.32
Child Support	$	599.99
Mercer Island Employee Association	$	240.00
Cities & Towns/AFSCME Union Dues	$	-
Police Union Dues	$	-
Fire Union Dues	$	2,172.89
Fire Union - Supplemental Dues	$	160.00
Standard - Supplemental Life Insurance	$	-
Unum - Long Term Care Insurance	$	196.45
AFLAC - Supplemental Insurance Plans	$	388.71
Coffee Fund	$	124.00
Transportation	$	62.50
HRA - VEBA	$	5,978.36
Tax & Benefit Obligations Total	**$**	**274,698.44**
TOTAL GROSS PAYROLL	**$**	**798,410.70**

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