

Invoice

Professional Employer Org.
500 Valley Road

Wayne, NJ 07470

To:

Phone Number	(201) 405-1115 Ext. 0000
Fax Number	(201) 405-1116 Ext. 0000

Your Company
123 Jackson Ave

Wayne, NJ 07450

Phone Number	(201) 934-0100 Ext. 0000
Fax Number	(000) 000-0000 Ext. 0000

Pay Period Start	10/16/2011
Pay Period End	10/23/2011

Client ID	555
Invoice Number	23
Page	1
Date	11/08/2011
Posted Date	10/28/2011

<u>WC Code/Description</u>	<u>Earnings</u>	<u>Rate</u>	<u>Admin</u>	<u>Total</u>
DELIVERY	\$12.75	1.0000	\$12.75	\$25.50
NJ 2ND INJURY SURCHARGE	\$136.81	0.0631	\$8.63	\$145.44
SERVICE FEE	\$646.24	1.0000	\$646.24	\$1,292.48
W/C TERRORISM CHARGE	\$36,126.67	0.0004	\$14.45	\$36,141.12
Totals:	\$36,922.47		\$682.07	\$37,604.54
Employer Tax Liabilities:				
FICA-MEDICARE		1.4500%		\$523.84
FICA-SOCIAL SECURITY		6.2000%		\$2,239.85
FUTA		0.8000%		\$289.01
SUTA		3.3000%		\$1,192.19
Total Employer Tax Liabilities:				\$4,244.89
Less:				
Deductions				(\$272.23)
Total Credits:				(\$272.23)
Add:				
BENEFITS				\$1,059.16
Total Additions:				\$1,059.16
Total Invoice Amount:				\$42,636.36