



3rd benefit payment  
 of the year for the  
 3rd month of the  
 year

# Sample Paper Check and Statement

PAYEE NAME  
 PAYEE ADDRESS 1  
 PAYEE ADDRESS 2  
 PAYEE ADDRESS 3  
 CITY CA 55555

GROSS DISTRIBUTION*		WITHHOLDINGS	
BASE AMOUNT	\$2,570.33	FEDERAL TAX WITHHOLDING	\$537.46
MBRP - MEDICARE PART B REIMBURSEMENT PLAN	\$170.10	CA-STATE TAX WITHHOLDING	\$0.00
COST OF LIVING	\$119.43	WITHHOLDINGS TOTAL	\$537.46
GROSS DISTRIBUTION TOTAL		\$2,859.86	
NON-TAXABLE SUBSIDIES**		OTHER DEDUCTIONS	
DELTA DENTAL PPO 1 PARTY (SUBSIDY)	\$51.24	ACRE DUES	\$3.00
KAISER PERM. SENIOR ADVANTAGE 1 PARTY (SUBSIDY)	\$316.81	REAC DUES	\$2.00
VSP 1 PARTY (SUBSIDY)	\$4.63	DELTA DENTAL PPO 1 PARTY	\$51.24
		KAISER PERM. SENIOR ADVANTAGE 1 PARTY	\$316.81
		VSP 1 PARTY	\$4.63
NON-TAXABLE SUBSIDIES TOTAL		OTHER DEDUCTIONS TOTAL	
\$372.68		\$377.68	

Base benefit amount plus Medicare subsidy and vested COLA. Medicare subsidy is not taxable income

Healthcare subsidies if you're eligible

Costs for healthcare plans and retiree association dues

Income tax withholding you've specified based on Taxable Amount below

Total from above	MBRP from above	Part of benefit already taxed	$2,859.86 - 170.10 - 2.48 = 2,687.28$
<b>GROSS DISTRIBUTION*</b>	<b>EXCLUDED FROM TAXATION***</b>	<b>Post-Tax Contributions or Rollover Distribution***</b>	<b>TAXABLE AMOUNT</b>
\$2,859.86	\$170.10	\$2.48	\$2,687.28
<b>Total Distribution and Non-Taxable Subsidies</b>	<b>Total Withholdings and Deductions</b>	<b>NET AMOUNT</b>	
\$3,232.54	\$915.14	\$2,317.40	
Left column total	Right column total	$3,232.54 - 915.14 = 2,317.40$ This is your benefit amount	

YEAR TO DATE				
GROSS DISTRIBUTION	TAXABLE	TAX FREE	FED TAX WITHHELD	CA STATE TAX WITHHELD
\$8,579.58	\$8,061.84	\$517.74	\$1,612.37	\$0.00

$2,859.86 \times 3 =$      
  $2,687.28 \times 3 =$      
  $8,579.58 - 8,061.84 =$      
  $537.46 \times 3 =$      
  $0.00 \times 3 =$

Year To Date amounts in this example are amounts from above multiplied by 3 because this is the 3rd benefit payment of the year

ADVICE NUMBER **1111111**  
 March 31, 2022

This is your benefit amount as calculated above on a detachable paper check  
**\$2,317.40**

PAY TO THE ORDER OF: PAYEE NAME  
 PAYEE ADDRESS 1  
 PAYEE ADDRESS 2  
 PAYEE ADDRESS 3  
 CITY, CA 55555

## ADVICE OF DEPOSIT - NON NEGOTIABLE