

Cafeteria Plan Worksheet For Officers/Employees

Use this section if salary is not supplemented by the locality

A. \$ _____ COMPENSATION BOARD MONTHLY SALARY (“Mo CB Sal”)

B. - _____ TOTAL PREMIUM(S)/FLEX BENEFIT(S) DEDUCTED BEFORE TAXES

C. = _____ MONTHLY TAXABLE SALARY(enter this amount in SNIP “Mo Tax Sal” Column)

Use this section ONLY if Salary Is Supplemented By The Locality

A. \$ _____ MONTHLY SALARY REIMBURSABLE BY THE STATE (“Mo CB Sal”)

B. / _____ TOTAL MONTHLY SALARY (“Mo CB Sal” plus supplement by locality)

C. = _____ PERCENT OF STATE REIMBURSEMENT

D. \$ _____ TOTAL PREMIUM(S)/FLEX BENEFIT(S) PAID BY THE OFFICER/EMPLOYEE

E. _____ ITEM “C” ABOVE (PERCENT OF STATE REIMBURSEMENT)

F. = \$ _____ PREMIUM(S)/FLEX BENEFIT(S) ALLOCABLE TO STATE

G. \$ _____ ITEM “A” ABOVE: COMPENSATION BOARD MONTHLY SALARY (“CB Mo Sal”)

H. - _____ ITEM “F” ABOVE: PREMIUM(S)/FLEX BENEFIT(S) ALLOCABLE TO STATE

I. = _____ MONTHLY TAXABLE SALARY(enter this amount in SNIP “Mo Tax Sal” Column)

**** PLEASE DO NOT ENTER THE AMOUNT ABOVE (“I”) IN THE “Mo CB Sal” COLUMN ****

Sel: _ 97/02	Loc: 888	Off: 320	Name: OFFICER’S NAME	804-786-0787		
Pos	SSN	Last Name	Int	New Name	Class	CB P: 2
Mo CB Sal	Mo Tax Sal	Mo Pay Sal	OASDI	Retire	Gp Ins	Tot Sal SCBRUM02
00003 88888	88888	JOHNSON	BA		AAII	23401.00
1950.08		1950.08	149.18	81.51		2180.77.