

Pay Period End Date: 01-26-2017
 Employee ID: [REDACTED]
 Check Date: 01-26-2017
 Control Number: 4300617

CITY AND COUNTY OF HONOLULU

Name: LOUIS M KEALOHA
 Check Number: 00000020600767
 Payroll Number: CCH1

0403249



Department / Unit: HPD/ 0094
 Pay Location: HPDBA1
 Federal Tax Exemptions: [REDACTED]

Total Gross Amt: \$250,000.00
 Total Deductions Amt: \$90,000.00
 State Tax Exemptions: [REDACTED]

YTD Gross Amt: \$266,267.34
 Net Pay Amt: \$160,000.00
 Reissue: No

EARNINGS			
Description	Pay Rate	Input Amount	Pay Amount
SVN PAY NO RET		250,000.00	\$250,000.00

DEDUCTIONS		
Description	Deduction Amount	YTD Deduction Amount
FEDERAL TAX	\$62,500.00	[REDACTED]
STATE TAX	\$27,500.00	[REDACTED]
MEDICAL PRE TAX	\$0.00	[REDACTED]
DENTAL PRE TAX	\$0.00	[REDACTED]
VISION PRE TAX	\$0.00	[REDACTED]
DRUG PRE TAX	\$0.00	[REDACTED]
PENS CONTRB PLN	\$0.00	[REDACTED]
DEFRD COMP C-UP	\$0.00	[REDACTED]
CU DD POL	\$0.00	[REDACTED]
HPD RELIEF FUND	\$0.00	[REDACTED]
SHOPO ASC DUES	\$0.00	[REDACTED]
SHOPO OPT AD&D	\$0.00	[REDACTED]

LEAVE			
Description	Cur Acc	Cur Usage	Cur Balance

TAXABLE FRINGE BENEFITS		
Description	Amount	YTD Amount

43-111
731



CITY AND COUNTY OF HONOLULU
 CITY HALL
 HONOLULU, HI 96813-0000

Bank of Hawaii
 PO Box 2900, Honolulu, HI, 96846

DATE	NUMBER
01-26-2017	00000020600767

VOID ON JUNE 30, 2018
 Payroll Clearance Fund

PAY One Hundred Sixty Thousand And 00/100 Dollars

AMOUNT
\$160,000.00

To LOUIS M KEALOHA
 The [REDACTED]
 Order HONOLULU, HI 96825
 Of

Nelson H. [Signature]
 SIGNATURE

⑈020600767⑈ ⑆121301028⑆ 0081⑈ 203563⑈