

STATEMENT OF RETIREMENT BENEFIT PAYMENTS

REMITTED BY	PAYEE		**WITHHOLDING STATUS**			
DIVISION OF RETIREMENT P.O. BOX 9000 TALLAHASSEE, FLORIDA 32315-9000	PAYEE : PAUL E FIRMANI		MARITAL STATUS :		M	
	PAYEE : XXX-XX-4654		ALLOWANCES :		1	
	MEMBER : PAUL E FIRMANI		STATED W/H TAX :			
	MEMBER : XXX-XX-4654		ADDL W/H TAX :		\$750.00	
		W/H TAX :		Y		
SUMMARY OF BENEFITS AND DEDUCTIONS			MISCELLANEOUS DEDUCTIONS			
BENEFIT DESCRIPTION	THIS PAYMENT	CALENDAR YEAR-TO-DATE	CODE	DESCRIPTION	THIS PAYMENT	CALENDAR YEAR-TO-DATE
Retirement Benefit	\$8,836.98	\$104,705.16				
Health Insurance Subsidy (HIS)	\$225.00	\$2,250.00	005	STATE LIFE TRUST FUND	\$21.26	\$255.12
			004	STATE HEALTH TRUST FUND	\$860.35	\$10,324.20
GROSS BENEFITS	\$9,061.98	\$106,955.16				
WITHHOLDING TAX	\$1,611.39	\$19,112.34				
MISC DEDUCTIONS	\$881.61	\$10,579.32				
NET BENEFITS	\$6,568.98	\$77,263.50	TOTAL OF MISC DEDUCTIONS		\$881.61	\$10,579.32

If you have questions about this statement or your retirement: call toll free 1-844-377-1888 (or local 850-907-6500); visit our website frs.MyFlorida.com; write (see above) or email Retirement@dms.myflorida.com

THE DIVISION OF RETIREMENT, DEPARTMENT OF MANAGEMENT SERVICES FURNISHED THE ABOVE INFORMATION.

****Refer to your online (Retiree) Account Information for current tax withholding status & allowances.**