

CAI PAYROLL PTF 8.2.5 March 2021

We are pleased to announce the release of Payroll v8.2.5

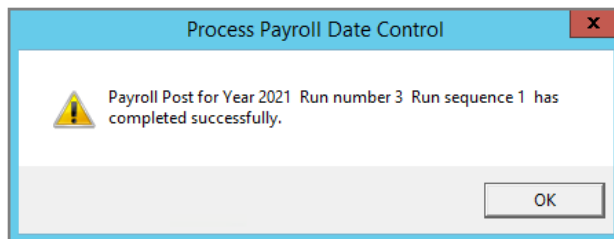
In this Release:

- *Fixes to payroll posting & direct deposit errors*
- *ACA report updates*
- *New message prompt at payroll posting*
- *Revised ACA instructions*

PROGRAM updates

*All payroll Date Control Server Functions have been recompiled to correct the following issues:

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|-----------------------|--|
| HD 55989 | Payroll posting causing Financial lock errors. |
| HD 55990/55978 | Payroll warrants not printing after posting. |
| HD 55988 | Payroll process slower than normal. |
| HD 55734 | Unable to make changes to employee direct deposit information.
This was due to a recent Payroll update and has been corrected. |
| HD 55991 | To better inform user when payroll has completed, Payroll development added a new dialog prompt to pop up when payroll is successfully posted. |



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| HD 56022 | Update to the 2020 ACA Payroll software ID and 2020 MEC Amount, which is found in ACA instructions, click here to open. |
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REPORT changes

HD 56113

Fixed paystub (PR500xx) reports for missing state and federal filing status.

PAYROLL

CAI COUNTY
123 W MAIN 208-555-5555
MERIDIAN, ID 83642

FIRST INTERSTATE BANK
WWW.FIRSTINTERSTATE.COM
93-168/929
WARRANT REDEMPTION ACCOUNT

LAW ENFORCEMENT/DISPATCHERS

DATE 06/16/2021

AMOUNT

PAY *** Advice of Direct Deposit *** NOT NEGOTIABLE *****

Direct Deposit Summary	
US BANK	3,062.97
NOT NEGOTIABLE	

TO THE ORDER OF
ADAMS, TIM W
2630 STAR LANE
ERNETT, ID 83617

CAI COUNTY FUND 8 LAW ENFORCEMENT/DISPATCHERS Payroll Direct Depos R 06/16/2021

FEDERAL FILING STATUS: Married		STATE FILING STATUS: Married		STATE EXEMPTIONS: 0		
Accruals	Earned	Used	Balance	Payroll Item	Current	YTD
VACATION	0.00	0.00	200.09	WAGES - HOURLY OR SALARY	4,404.25	22,021.25
SICK	8.00	0.00	514.50	FEDERAL TAX WITHHOLDING	-271.10	-1,392.93
				STATE TAX WITHHOLDING	-125.00	-649.00
				FICA - EMPLOYEE WITHHOLDING	-267.17	-1,335.86
				MEDICARE - EMPLOYEE WITHHOLDING	-62.48	-312.41

In addition to your salary, the Employer pays on your behalf the following:

Payroll Item	Current	YTD
FICA-FICAR	267.17	1,335.86

HD 54956

Part II of 1095C requires Plan Start Month and Employees age on January 1 of ACA year. These two fields have been added to the 2020 1095C report.

1095-C Form Department of the Treasury Internal Revenue Service		Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.		VOID <input type="checkbox"/>	CORRECTED <input type="checkbox"/>	OMB No. 1545-2251										
Part I Employee				Applicable Large Employer Member (Employer)												
1 Name of employee (firstname, middle initial, last name)		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)										
3 Street address (including apartment no.)				9 Street address (including room or suite no.)		10 Contact telephone number										
4 City or town	5 State or province	6 Country and ZIP or foreign postal code		11 City or town	12 State or province	13 Country and ZIP or foreign postal code										
Part II Employee Offer and Coverage				Employee's Age on January 1												
				Plan Start Month (Enter 2-digit number):												
				All 12 Months	Jan	Feb	Mar	Apr	May	June	July	AUG	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)																
15 Employee Required Contribution (see instructions)																
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																
17 ZIP Code																

For Privacy Act and Paperwork Reduction Act Notice, see the current version of the Instructions for Forms 1094-B, 1095-B, 1094-C, and 1095-C. Form 1095-C (2020)