

## 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 X \_\_\_\_\_ 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	<b>Mo Tax Sal</b>	Mo Pay Sal	OASDI	Retire	Gp Ins	Tot Sal SCBRUM02
00003	8888888888	JOHNSON	BA	_____	AAII	23401.00
1950.08		1950.08	149.18	81.51		2180.77.



1950.08      **1496.98**      1950.08    114.52    81.51                      2146.11

IF ONE OF YOUR EMPLOYEES PARTICIPATES IN THE CAFETERIA PLAN, YOU MUST ADJUST THE “MO TAX SAL” WHENEVER ANY OF THE FOLLOWING OCCURS:

1. The employee’s deduction increases or decreases (i.e. insurance premium).
2. Employees receive a Compensation Board salary increase.
3. Locality supplements the employees’ salaries and the supplement is increased.

If you do not know what the pre-tax deductions are, please contact the payroll person in your locality.

## Cafeteria Plan Worksheet For Treasurers/Commissioners

TREASURERS, DIRECTORS OF FINANCE, & COMMISSIONERS OF THE REVENUE

- A. \$ \_\_\_\_\_ MONTHLY SALARY REIMBURSABLE BY THE STATE (“Mo Pay Sal”)  
 B. / \_\_\_\_\_ TOTAL MONTHLY SALARY (“Mo CB Sal” plus supplement by locality, if any)  
 C. \_\_\_\_\_ PERCENT OF STATE REIMBURSEMENT

- D. \$ \_\_\_\_\_ TOTAL PREMIUM(S)/FLEX BENEFIT(S) PAID BY THE OFFICER/EMPLOYEE  
 X \_\_\_\_\_ PERCENT OF STATE REIMBURSEMENT (**Item C. Above**)  
 E. \$ \_\_\_\_\_ PREMIUM(S)/FLEX BENEFIT(S) ALLOCABLE TO STATE (Amount to be subtracted from “Mo Pay Sal”)

\$ \_\_\_\_\_ MONTHLY SALARY REIMBURSABLE BY THE STATE (**Item A. Above**)  
 - \_\_\_\_\_ PREMIUM(S)/FLEX BENEFIT(S) ALLOCABLE TO STATE (**Item E. Above**)  
 \_\_\_\_\_ MONTHLY TAXABLE SALARY (“Mo Tax Sal”)

**\*\*\* PLEASE DO NOT ENTER THE AMOUNT ABOVE IN THE “Mo CB Sal” COLUMN \*\*\***

Sel: \_ 97/02 Loc: 888 Off: 734 Name: OFFICER’S NAME 804-786-0777  
 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 8888888888 JOHNSON B \_\_\_\_\_ DI 45579.00  
 3798.25 3133.50 239.71 130.98 3504.19  
 \_ 3798.25 \_ **2801.33** 3133.50 214.30 130.98 3478.78

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1. The employee’s deduction increases or decreases (i.e. insurance premium).

2. Employees receive a Compensation Board salary increase.
3. Locality supplements the employees' salaries and the supplement is increased.

If you do not know what the pre-tax deductions are, please contact the payroll person in your locality.