



Acumen Fiscal Agent Account Statement

Employer: SAMPLE EMPLOYER
1234 ANY STREET
YOUR TOWN, DC 00000

Statement Date: 02/06/2024
Participant ID: 012345
Program: DC ICWP

Account Information						
	Authorization Type	Initial Balance	Utilization	Remaining Balance	Pending Entries	Available
PSS 09/09/2023 -09/08/2024	Dollar	71331.60	2243.25	48900.35	1050.69	47849.66
BGC 01/01/2024 -12/31/2024	Units	5.00	0.00	5.00	0.00	5.00

Employee Information		
Employee Name	Status	Employee #
Employee One	Active	EE12345
Employee Two	Active	EE67890

Code and Rate Information				
Employee Name	Description	Start Date	End Date	Rate
Employee One	PSS	01/01/2022		15.00
Employee Two	PSS	09/16/2023		16.50

Training & Certification			
Employee Name	Requirement Name	Expiration Date	Certification Status
Employee One	Background Check – Non-Recurring	01/01/2026	Active
Employee Two	CPR	01/31/2024	Expired

Payroll Check Information

Remittance#: 2000001
Date: 01/22/2024
Payee: Employee One
Total Net: 247.49
Gross: 268.00

Medicare: 3.89
FICA: 16.62
SUTA: 7.24
FUTA: 1.61
Work Comp: 19.78

Billing: 317.14

Disbursement Information

Check Number: 1234567

Check Date: 01/22/2024

Check Net: 247.49



Acumen Fiscal Agent Account Statement

Payroll Check – Punch Details								
Check Number	Employee Name	Service Code	Work Date	Start Time	End Time	Pay Type	Wage	Hours
1234567	Employee One	PSS	01/02/2024	9:20AM	11:20AM	Regular	15.00	2.00
1234568	Employee Two	PSS	01/01/2024	12:20AM	7:50AM	Regular	18.77	7.50