

NO. 17-1586

May 23, 2017

0 of 12

EXHIBIT 4

Plaintiff info

DKC16CV2897

PEBES  
DATE: 10/08/15 SSN: ██████████-3737 OFFICE: 527 PBRB  
UNIT: LWB

DATA ENTERED/USED FOR COMP

NUMIDENT DATA

NH: DEBRA F MEADOWS  
DOB: 12/23/1964  
LAST YEAR: 2014 THIS YEAR: 2015  
EARNINGS: 0 EARNINGS: 0  
MAXIMUM: 117000 MAXIMUM: 118500  
FUT EARN: 0 AGE STOP WORK: 0

NAME: DEBRA F MEADOWS  
DOB: 12/23/1964 SEX: F  
NL2:

REQ QC RET: 40 HAS QC RET: 40  
REQ QC MEDI: 40 HAS QC MEDI: 40  
REQ QC SURV: 29 HAS QC SURV: 40  
RET INS: Y SUR INS: Y  
MED INS: Y SUR CHILD: 568  
RET RED: 378 SUR SP CHILD: 568  
RET FULL: 537 SUR SP RET: 757  
RET DEL: 666 SUR FAMILY: 1136  
CURRENT AGE: 5010 FULL RET AGE: 6700  
FULL RET MONTH AND YEAR: 12 2031

REQ QC 20/40: 20 HAS QC 20/40: 21  
REQ QC AGE24: 00 HAS QC AGE24: 00  
REQ QC AGE31: 00 HAS QC AGE31: 00  
REQ QC FULLY: 29 HAS QC FULLY: 40  
DIB INS: Y CURRENT ENT: N  
DIB BENEFIT: 757 ERNGS TYPES: C  
TOTAL EST TAXES PAID:  
NH SOC SEC: 9619 MEDI: 2431  
ER SOC SEC: 10293 MEDI: 2431  
PG: 001+

SOCIAL SECURITY  
610 ALLENTON  
SUITLAND, M

DKC16CV2897

**AUTHORIZATION  
FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Department of Community Services, Housing Authority, any information or materials needed to maintain my continued participation in the federally-assisted housing program. I understand and agree that the information obtained with the use of this form may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:**

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                                  |                               |                                |
|----------------------------------|-------------------------------|--------------------------------|
| Identity and Marital Status      | Employment, Income and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity  |                                |

**GROUPS OR INDIVIDUALS THAT MY BE ASKED:**

The groups of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

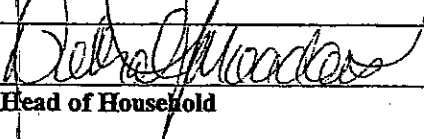
- |   |  |   |
|---|--|---|
| Previous Landlords (including<br>Public Housing Agencies) | Past and Present Employers<br>Public Assistance Agencies | Veterans Administration<br>Retirement Systems |
| Courts and Post Offices                                   | State Unemployment Agencies                              | Banks and Financial Institutions              |
| Schools and Colleges                                      | Social Security Administration                           | Credit Providers and Credit Bureaus           |
| Law Enforcement Agencies                                  | Medical and Child Care Providers                         | Utility Companies                             |

**COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Administration, and State Public Assistance and Food Stamp agencies.

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for eighteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

 Head of Household	Debra F. Meadows Print Name	1/29/2016 Date
Spouse	Print Name	Date
Other Adult	Print Name	Date
Other Adult	Print Name	Date

# Payment Summary

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**CO Number / FIPS:** PA 10-137/24017  
**CU Name:** DEBRA FLORENCE MEADOWS  
**NCP Name:** LABAREN G BARTHOLOMEW  
**Current SOA:** \$247.81  
**Futures Amt:** \$0.00  
**Abandoned Property Indicator:** N  
**Current/Archive:** Current [Go](#)  
**CU ID:** 8039933  
**NCP ID:** 424035777  
**Freq:** M  
**Future Bypass:** NO  
**Financial Data Archived Indicator:** N  
**Case Action Log Archived Indicator:** Y  
**Case Number:** 580091750  
**Case Type:** NA  
**Case Sub Type:** RN  
**Unproc/Undisb:** \$-81.45  
**NCP Multi Case:**  **Next Due Date:** 03/01/2017  
**Arrears SOA:** \$0.00  
**Bypass End Date:**  
**Case Level Hold:** NO  
**CU SSN:**   
**NCP SSN:**   
**TCA Arrears:** N  
**Disbursement Hold:** NO

Displaying 1 to 20

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Collection Date	Receipt Number	JUR	Amount Received	Amount Posted	ESR Type	Amount	Check Number	Check Date
01/05/2017	<a href="#">149940536</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616811267</a>	01/06/2017
12/06/2016	<a href="#">149686361</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616727484</a>	12/07/2016
11/07/2016	<a href="#">149428824</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616642264</a>	11/09/2016
10/05/2016	<a href="#">149151053</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616548849</a>	10/06/2016
09/07/2016	<a href="#">148905267</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616465883</a>	09/08/2016
08/05/2016	<a href="#">148636595</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616373197</a>	08/08/2016
07/06/2016	<a href="#">148361284</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616283054</a>	07/07/2016
06/07/2016	<a href="#">148113730</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616199529</a>	06/08/2016
05/05/2016	<a href="#">147825318</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616099699</a>	05/06/2016
04/05/2016	<a href="#">147550659</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">616006927</a>	04/06/2016
03/07/2016	<a href="#">147291216</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">615917480</a>	03/08/2016
02/05/2016	<a href="#">147025754</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">615826186</a>	02/08/2016
01/06/2016	<a href="#">146756928</a>	00	\$272.90	\$272.90	N	\$272.90	<a href="#">615736986</a>	01/07/2016
12/07/2015	<a href="#">146490328</a>	00	\$272.90	\$272.90	N	\$250.90	<a href="#">615645484</a>	12/08/2015
					N	\$22.00	<a href="#">615645484</a>	12/08/2015
11/05/2015	<a href="#">146214618</a>	00	\$272.90	\$272.90	N	\$247.81	<a href="#">615550579</a>	11/06/2015
					N	\$25.09	<a href="#">615550579</a>	11/06/2015
10/06/2015	<a href="#">145954811</a>	00	\$272.90	\$272.90	N	\$247.81	<a href="#">615461122</a>	10/07/2015
					N	\$25.09	<a href="#">615461122</a>	10/07/2015
09/08/2015	<a href="#">145697349</a>	00	\$272.90	\$272.90	N	\$247.81	<a href="#">615371891</a>	09/09/2015
					N	\$25.09	<a href="#">615371891</a>	09/09/2015
08/05/2015	<a href="#">145417378</a>	00	\$272.90	\$272.90	N	\$247.81	<a href="#">615275102</a>	08/06/2015
					N	\$25.09	<a href="#">615275102</a>	08/06/2015
07/07/2015	<a href="#">145162275</a>	00	\$272.90	\$272.90	N	\$247.81	<a href="#">615186271</a>	07/08/2015
					N	\$25.09	<a href="#">615186271</a>	07/08/2015
06/05/2015	<a href="#">144893804</a>	00	\$272.90	\$272.90	N	\$247.81	<a href="#">615087435</a>	06/08/2015
					N	\$25.09	<a href="#">615087435</a>	06/08/2015

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**Case Number:** 580091750  
**Region:** PRODUCTION  
**Jurisdiction:** 08  
**User Id:** RXM08H  
**System Date:** 02/06/2017

**Current Time:**  
 09:57:58

**RECEIVED**  
  
 FEB - 6 2017  
  
 Community Services

# Payment Summary

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**CO Number / FIPS:**  **Current/Archive:**  **Go** **Case Number:** 20039172 **Case Type:** NA **Case Sub Type:** RN  
**CU Name:** DEBRA FLORENCE MEADOWS **CU ID:** 8039933 **Unproc/Undisb:** \$76.00 **Total Balance:** \$76.00 **CU SSN:** [REDACTED]  
**NCP Name:** LEROY T WATERS JR **NCP ID:** 463012545 **NCP Multi Case:** [REDACTED] **Next Due Date:** 02/13/2017 **NCP SSN:** [REDACTED]  
**Current SOA:** \$76.00 **Freq:** W **Arrears SOA:** \$0.00 **Freq:** N **TCA Arrears:** N  
**Futures Amt:** \$0.00 **Future Bypass:** NO **Bypass Begin Date:** [REDACTED] **Bypass End Date:** [REDACTED] **Case Level Hold:** NO **Disbursement Hold:** NO  
**Abandoned Property Indicator:** N **Financial Data Archived Indicator:** Y **Case Action Log Archived Indicator:** Y

Displaying 1 to 20

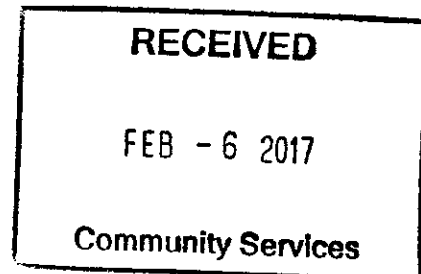
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Collection Date	Receipt Number	JUR	Amount Received	Amount Posted	ESR Type	Amount	Check Number	Check Date
01/27/2017	150128031	00	\$152.00	\$152.00	N	\$152.00	616870313	01/30/2017
01/17/2017	150032427	00	\$152.00	\$152.00	N	\$152.00	616839464	01/18/2017
12/29/2016	149870728	00	\$152.00	\$152.00	N	\$76.00	616786994	12/30/2016
					N	\$76.00	616786994	12/30/2016
12/19/2016	149790197	00	\$152.00	\$152.00	N	\$152.00	616760259	12/20/2016
12/05/2016	149673803	00	\$152.00	\$152.00	N	\$152.00	616721953	12/06/2016
11/21/2016	149547846	00	\$152.00	\$152.00	N	\$152.00	616680046	11/22/2016
11/07/2016	149431895	00	\$152.00	\$152.00	N	\$152.00	616642264	11/09/2016
10/24/2016	149305524	00	\$152.00	\$152.00	N	\$152.00	616599377	10/25/2016
10/11/2016	149192319	00	\$152.00	\$152.00	N	\$152.00	616561001	10/12/2016
09/23/2016	149047233	00	\$152.00	\$152.00	N	\$152.00	616511010	09/26/2016
09/09/2016	148930689	00	\$152.00	\$152.00	N	\$137.00	616472487	09/12/2016
08/26/2016	148806284	00	\$152.00	\$152.00	N	\$152.00	616429749	08/29/2016
08/12/2016	148690492	00	\$152.00	\$152.00	N	\$152.00	616391515	08/15/2016
07/29/2016	148563728	00	\$152.00	\$152.00	N	\$76.00	616347876	07/30/2016
					N	\$76.00	616347876	07/30/2016
07/15/2016	148448559	00	\$152.00	\$152.00	N	\$152.00	616309500	07/18/2016
07/01/2016	148332747	00	\$152.00	\$152.00	N	\$152.00	616266240	07/05/2016
06/17/2016	148205611	00	\$152.00	\$152.00	N	\$152.00	616227742	06/20/2016
06/03/2016	148084132	00	\$152.00	\$152.00	N	\$152.00	616184907	06/06/2016
05/20/2016	147963670	00	\$152.00	\$152.00	N	\$152.00	616143157	05/23/2016
05/06/2016	147844382	00	\$152.00	\$152.00	N	\$152.00	616103152	05/09/2016

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**Case Number:** 20039172 **Region:** PRODUCTION **Jurisdiction:** 08 **User Id:** RXA08L **System Date:** 02/06/2017 **Current Time:** 10:22:26



~~02/15/14~~

DCJ 16CV 2897

**NOTICE OF SUSPENSION**

Procedure: In each instance of suspension, the student must receive due process. Due process of law includes: (1) An oral or written notification of the nature of the violation that warrants suspension and a hearing (meeting) with the disciplinarian. At the hearing, the student will have an opportunity to tell his/her side of the story. (2) If the student denies the violation, he/she will be given an explanation of the evidence upon which the disciplinarian is relying. [The hearing may immediately follow the act that caused the reaction on the part of the school official.] (3) The parent(s) or guardian(s) of the suspended student will be given written notice establishing an opportunity for a conference. Every effort will be made to contact the parent/guardian by telephone. (4) If the conference is satisfactory, the student may be readmitted at its conclusion, or a date established for the return of the student. (5) If the conference is unsatisfactory, the student's suspension may be extended, or the student may be suspended to the Superintendent.

In no case shall a school-level suspension exceed 10 days

Student Name WATERS, JOSHUA Universal No 171949 Birth Date 10/18/99  
Grade 12 Homeroom MR. NEWSTED School Thomas Stone High School

Special Education Student:  Yes  No  
Section 504 Student:  Yes  No  
Total number of suspension days for year (including current suspension): # \_\_\_\_\_  
If more than 7 total suspension days, was Parental Rights and Procedural Safeguards document (for special education student) or Section 504 Parent/Student Rights document (for Section 504 student) provided to parent/guardian?  Yes  No Provided by \_\_\_\_\_

Name of Parent or Legal Guardian: DEBRA MEADOWS Phone Home (301) 705-5686  
Work (301) 843-3999  
(0) 0

Mailing Address: 2540 ENTERPRISE PL WALDORF, MD 20601

**TYPE OF SUSPENSION**

**REASON FOR SUSPENSION**

Out of School for 2 #days  
Suspension to Superintendent

Incident type: Disruption  
Suspension Code: 704

Did this suspension result in physical injury that led to immediate professional medical attention for anyone involved?  
(Check Yes or No)  
 No

**For suspensions less than 10 days please call the school as soon as possible to arrange for a conference.**

(301) 645-2601 (301) 753-1756  
School Phone Number

Conferences concerning Suspension to Superintendent will be scheduled by the Superintendent or his representative.

Signed: Cystal P. Benn  
Principal

11/21/14  
Date

**Keller Transportation, Inc.  
dba Keller Bus Service  
000010137219**

**SCHEDULE OF INSURANCE**

**CLASS 1**

All Full-Time School Bus Operators and Attendants

**WAITING PERIOD** (For date insurance begins, refer to "Effective Dates of Coverages" section)

- (a) None for employees who were hired on or before the Policy Issue Date.
- (b) 90 days of continuous Active Work for employees who were hired after the Policy Issue Date.

**MINIMUM HOURS:** 27.5 hours per week

**LIFE AND AD&D INSURANCE**

Amount of Personal Life Insurance	AD&D Insurance Principal Sum
\$10,000	\$10,000

Personal Life and AD&D Insurance will be reduced as follows:

- At age 65, benefits will reduce by 35% of the original amount;
- At age 70, benefits will reduce an additional 25% of the original amount;
- At age 75, benefits will reduce an additional 15% of the original amount.

With respect to Personal Life Insurance, these reductions apply to death occurring after these ages; or with respect to the AD&D Insurance Principal Sum, these reductions apply to an injury that occurs after these ages which results in accidental death or dismemberment.

Benefits will terminate when you retire, however AD&D Insurance is still in effect if the injury that caused the accidental death or dismemberment occurred prior to retirement.

If you first enroll for Personal Life and AD&D Insurance at age 65 or older, the above age reductions will apply to:

- Any Guarantee Issue Amount available without evidence of insurability; and
- The maximum amount of insurance for which you are eligible.

# The Lincoln National Life Insurance Company

A Stock Company Home Office Location: Fort Wayne, Indiana  
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066 (402) 361-7300

CERTIFIES THAT Group Policy No. GL 00040DD01000-00015 has been issued to  
The Commerce Trust Company as Trustee for The Lincoln National Life Insurance Company Voluntary  
Insurance Trust

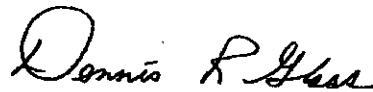
The Issue Date is December 1, 2012 for the Participating Employer.

Participating Employer: Keller Transportation, Inc. dba Keller Bus Service

The insurance is effective only if the Employee is eligible for insurance and becomes and remains insured as provided in the Group Policy.

Certificate of Insurance for Class 1

You are entitled to the benefits described in this Certificate if you are eligible for insurance under the provisions of the Policy. This Certificate replaces any other certificates for the benefits described inside. As a Certificate of Insurance, it is not a contract of insurance; it only summarizes the provisions of the Policy and is subject to the Policy's terms.



President

**THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS  
ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL OF  
THE BENEFITS REQUIRED BY MARYLAND LAW.**

**CERTIFICATE OF GROUP LIFE INSURANCE**

GL1102 FACE PAGE

MD 10/99  
12/01/12





On Your Side®

**Benjamin W. Compton**  
Member, Million Dollar Round Table  
Financial Representative  
John L. Sprague Agency Inc.  
Nationwide Financial Network®

Debra,

I received the enrollment paperwork for your participation in the retirement plan. (Effective Jan. 2012)

Could you please fill out this beneficiary form and sign at the "X" at bottom. Please send it back to Compton Bus

6950 Rose Hill Road  
Port Tobacco, MD  
20677  
Attn: Susie

Thank You,  
Benji Compton

6529 Crain Highway  
La Plata, MD 20646

Tel 301-934-6010  
Fax 301-934-6009  
comptob@nationwide.com

Nationwide Financial



Securities offered through Benjamin W. Compton as a Registered Representative of Nationwide Securities, LLC P.O. Box 183137, Columbus, OH 43218, 888-753-7364.  
Member FINRA, SIPC. DBA Nationwide Advisory Services, Inc. In AR, FL, IL, WV. DBA Nationwide Advisory Services in MA, NY, OK.  
Representative of Nationwide Life Insurance Company, affiliated companies and other companies.

Products underwritten by Nationwide Mutual Insurance Company and Affiliated Companies. Life Insurance issued by Nationwide Life Insurance Company.

**CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION RETIREMENT PLAN**

**ENROLLMENT FORM**

Case Number 226-80535

**CHARLES COUNTY SCHOOL BUS ASSOC.**  
6950 ROSE HILL ROAD  
PORT TOBACCO, MD 20677

**LONG ISLAND EMPLOYEE BENEFITS GROUP LTD.**  
325 WIRELESS BOULEVARD  
HAUPPAUGE, NY 11788

Please complete the following accurately. Print clearly. The information you provide should be current. All employees who have fulfilled the eligibility requirements to participate in the plan must complete all sections of the form.

**GENERAL INFORMATION**

\_\_\_\_\_  
SOCIAL SECURITY NUMBER      LAST NAME      FIRST NAME      M.I.

\_\_\_\_\_  
ADDRESS      CITY      STATE      ZIP CODE

\_\_\_\_\_  
DATE OF HIRE      SEX (M or F)      DATE OF BIRTH

\_\_\_\_\_  
COMPANY OR DIVISION CODE

As an employee who is eligible to participate in the above referenced plan, I understand that my participation in the Plan is conditioned upon my having to make mandatory after-tax contributions to the Plan.

(check one)

I wish to make after-tax contributions at the current monthly rate. I understand that these contributions will be credited to my Employee Contribution Account and will be fully vested at all times. This election is effective on the first of the month following the date on this Form. My after-tax contributions will be deducted from my pay and remitted to the Plan during each month.

NO  
I want to make pre-tax salary deferral contributions to the plan. I authorize my employer to deduct \$ \_\_\_\_\_ .00 of my salary from each paycheck and to credit that amount to the pre-tax salary deferral portion of my account. This election is effective on the first of the month following the date on this Form. My pre-tax contributions will be deducted from my pay and remitted to the Plan during each month.

I do not wish to make after-tax contributions to the Plan. This election is effective ten days after the date on this Form. I understand that my election to discontinue or not make mandatory contributions would make me ineligible to receive Employer contributions that would be made to the Plan on my behalf. I release and hold harmless the Plan Administrator, the Employer, and the Trustees from and against any and all claims I may have or hereafter claim to have against Administrator, Employer or Trustees with respect to my election to not make mandatory contributions.

SIGNATURE

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

**BENEFICIARY DESIGNATION FORM**

Plan Name: Charles County School Bus Cont. Assoc. Pension Pla

Employee Name: Debra Meadows Soc. Sec. No: \_\_\_\_\_

[Check a box below and complete the appropriate section]

(1) I am **NOT MARRIED** and designate the following person(s) to receive any death benefits (other than insurance proceeds, if any). I understand if I marry, the designation become void one year after my marriage.

Name	Relationship	Address	Amount %

(2) I am **MARRIED** and designate my spouse named below to receive ALL death benefits (other than insurance proceeds, if any) from the Plan.

Spouse's Name \_\_\_\_\_ Spouse's Address \_\_\_\_\_

If my spouse is not living, then pay death benefits to:

Name	Relationship	Address	Amount %

(3) I am **MARRIED** and designate the following person(s) to receive death benefits other than insurance, (if any) from the Plan.

Name	Relationship	Address	Amount %

**SPOUSE CONSENT** Required for #3 above):

I consent to this designation which eliminates all or part of the benefits (qualified Joint and Survivor and Qualified Pre-Retirement Survivor benefits) otherwise payable to me from the Plan if my spouse dies.

\_\_\_\_\_, or \_\_\_\_\_  
Spouse Signature

(Check if applicable)  
I certify that my spouse cannot be located to sign this Spouse's consent.  
I will notify my Employer if my spouse is located.

[Signature]  
Plan Representative Sign (Witness)

\_\_\_\_\_  
Date

Notary Public (if not witnessed by Plan Representative)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This designation revokes all prior designations made under the plan.

[Signature]  
Employee Signature

\_\_\_\_\_  
Date

N/A  
Employer Signature

\_\_\_\_\_  
Date



Keller Transportation, Inc.  
 4472 Gallant Green Rd.,  
 Waldorf, MD 20601

65-270/550

Check date: 03/04/2016

**VOID**

Pay to the order of: Debra F Meadows

\$ 0

\*\*Zero And 00/100 Dollars\*\*\*\*\*

**VOID**

Debra F Meadows  
 2540 Enterprise Pl.  
 Waldorf, MD 20601

⑈070720⑈ ⑆055002707⑆ 1000184396421⑈

Keller Transportation, Inc.  
 4472 Gallant Green Rd.,  
 Waldorf, MD 20601  
  
 Debra F Meadows  
 2540 Enterprise Pl.  
 Waldorf, MD 20601  
  
 Department: School Bus  
 Employee ID: MEAD  
  
 Period beginning: 02/11/2016  
 Period end: 02/24/2016  
 Check Date: 03/04/2016  
 Check number: 70720  
YTD Used Available

	Rate	Hours	Amount	YTD
Wages			59.33	2,713.18
<b>Total Wages</b>			<b>59.33</b>	<b>2,713.18</b>
FICA-SS			3.40	167.10
FICA-Med			0.80	39.08
Federal W/H				55.00
State W/H				72.74
<b>Total Withholdings</b>			<b>4.20</b>	<b>333.92</b>

Deductions	Amount	YTD
Pre-Tax Dent.	4.51	18
Retirement	4.06	16
Direct Depos.	46.56	2,344
<b>Total Deductions</b>	<b>55.13</b>	<b>2,379.</b>
<b>Net Pay</b>	<b>Amount 0.00</b>	<b>YTD 0.</b>

All Pay Stubs have six digit routing number and Pension plan in CCB0E is for foreign investors. The defendants Hold my certificate under the insurance.