

Wage, Benefit, and Tax Report

St. Louis Office for DD Resources

Complete the form below with information regarding personnel costs for staff members involved directly or in a supervisory capacity that will be totally or partially funded by the requested DD Resources award.

Agency Name: _____ Project/Code No. #: _____ Project Name: _____

PLEASE COMPLETE FOR EACH MONTH FOR EACH STAFF POSITION

FISCAL YEAR: _____

NAME OF STAFF PERSON: _____ NAME OF THE POSITION: _____

PERSONNEL COSTS	July	August	September	October	November	December	July – Dec. Sub-Total
Salary/Wage Expense							
Payroll Taxes							
Matching FICA							
Retirement							
Health/Medical Life Disability/Accident Ins.							
Cafeteria Plan							
Total	\$						
DD Resources Portion	\$						
Percentage of Program/Position charged to DD Resources Program							
						Grand Total	

Name of Staff Completing Form: _____ Date: _____

Wage, Benefit, and Tax Report

St. Louis Office for DD Resources

Complete the form below with information regarding personnel costs for staff members involved directly or in a supervisory capacity that will be totally or partially funded by the requested DD Resources award.

Agency Name: _____ Project/Code No. #: _____ Project Name: _____

PLEASE COMPLETE FOR EACH MONTH FOR EACH STAFF POSITION

FISCAL YEAR: _____

NAME OF STAFF PERSON: _____ NAME OF THE POSITION: _____

PERSONNEL COSTS	January	February	March	April	May	June	Jan –June Grand Total
Salary/Wage Expense							
Payroll Taxes							
Matching FICA							
Retirement							
Health/Medical Life Disability/Accident Ins.							
Cafeteria Plan							
Total	\$						
DD Resources Portion	\$						
Percentage of Program/Position charged to DD Resources Program							
						Grand Total	

Name of Staff Completing Form: _____ Date: _____