

**STATE OF MICHIGAN**  
**IN THE CIRCUIT COURT FOR THE COUNTY OF HURON**

**THOMAS LAMBERT and  
MICHIGAN OPEN CARRY, INC.,**

Plaintiffs,

CASE NO.: 16-105457-CZ  
HON.: GERALD M. PRILL

v

**CITY OF HARBOR BEACH,**

Defendant.

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**PHILIP L. ELLISON (P74117)**  
**OUTSIDE LEGAL COUNSEL PLC**  
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**AUDREY J. FORBUSH (P41744)**  
**PLUNKETT COONEY**  
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**DEFENDANT'S ANSWERS TO PLAINTIFFS' SECOND REQUEST FOR DISCOVERY**

NOW COMES the Defendant, **CITY OF HARBOR BEACH**, by and through its attorneys, **PLUNKETT COONEY**, and for its Answers to Plaintiff's Second Request for Discovery, states as follows:

1. INTERROGATORY: Who is the lowest pay employee capable of fulfilling the Oct 3 FOIA Requests; please specify name, address, title, and compensation of this individual.

**ANSWER: Deputy Treasurer/Deputy Clerk, Mary Jane Woychowski. That individual may be reached care of counsel. The amount of her compensation is provided on the attached documents.**

2. **INTERROGATORY:** For what reasons and on what basis did you determine that the person identified in the preceding discovery request is the lowest pay employee capable of fulfilling the Oct 3 FOIA Requests.

**ANSWER:** Based on the information requested, Ms. Woychowski is the lowest paid employee capable of fulfilling the October 3 FOIA Request. The staff members earning less than Ms. Woychowski lacked the training or experience necessary to properly identify the documents responsive to the request.

3. **INTERROGATORY:** Provide the name(s), title(s), and hourly wage/salary of all other employees with the City of Harbor Beach who earns less than the person identified in the preceding two paragraphs.

**ANSWER:** This interrogatory is objected to in that it seeks information that is not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the requested information is provided on the attached documents.

4. **INTERROGATORY:** On what basis did you determine that it would take five (5) hours to fulfill three FOIA requests. Separately for each of the Oct 3 requests, specify the activity to be undertaken to fulfill the request and the amount time to fulfill each. Be as precise as possible.

**ANSWER:** The estimate given was based on the nature of the request, which failed to identify specific documents, but rather requested a broad general category of documents. The City has subsequently gathered the requested documents, despite receiving no deposit from Plaintiff. In order to gather the documents, multiple contacts were made, hundreds of emails and correspondence were reviewed, checks were made to ensure that no email/correspondence was omitted or duplicated, insurance records were reviewed, minutes from the meetings were reviewed and copies of each pertinent correspondence was printed and organized in seven different categories based on "to and from" and are ready to be scanned. These records were deemed to include the information requested by Plaintiff, including:

- Any and all records of discussion fro, to or between the Harbor Beach City Council and its members, and the City Director, in relation to resolution #2016-92.
- Any and all records of discussion from, to, or between the Harbor Beach City Council and its members, and the City Director, from August 1, 2016 through today October 3, 2016, in relation to the City's policy on firearms carried by employees.

- **Any and all documentation obtained by or provided by the Harbor Beach City Council or one of its members, or the City Director, relating to how the City's policy on firearms carried by employees may affect the City's insurance rates.**

**It took a minimum of seven hours to gather the information. As the files are too large for a single transmittal, the documents will need to be scanned and sent in multiple emails, which is estimated to take another hour.**

5. INTERROGATORY: Is the City Director an elected position?

**ANSWER: This interrogatory is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, no.**

6. INTERROGATORY: Is the City Director an hourly or salaried employee/official?

**ANSWER: The City Director is a salaried employee.**

7. PRODUCE: the City Director's time cards or time schedule for time worked in October 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

8. PRODUCE: the City Director's employment contract(s) and/or compensation schedule in effect from October 3, 2016 to present.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

9. PRODUCE: the City Director's W2 for 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

10. PRODUCE: Any and all documents showing what non-salary (or non hourly wage) benefits were provided to the City Director in 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

11. PRODUCE: Any and all documents showing the total value of employment benefits provided to the City Director in 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. In further objection, it is duplicative of earlier requests and therefore constitutes unnecessary and harassing discovery. Without waiver of those objections, the responsive documents are attached.**

12. INTERROGATORY: What is the actual cost of benefits provided to the City Director for the 2016 fiscal year? Please provide with specificity the basis, step by step, how you conducted your calculation.

a. PRODUCE: Any and all documents referenced by you to calculate the answer to the preceding discovery request.

**ANSWER: This interrogatory is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. In further objection, it is duplicative of earlier requests and therefore constitutes unnecessary and harassing discovery. Without waiver of those objections, the responsive documents are attached.**

13. INTERROGATORY: Is the City Clerk an elected position?

**ANSWER: This interrogatory is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, no.**

14. INTERROGATORY: Is the City Clerk an hourly or salaried employee/official?

**ANSWER: This interrogatory is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the City Clerk is an hourly employee.**

15. PRODUCE: the City Clerk's time cards or time schedule for time worked in October 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

16. PRODUCE: the City Clerk's employment contract(s) and/or compensation schedule in effect from October 3, 2016 to present.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

17. PRODUCE: the City Clerk's W2 for 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

18. PRODUCE: Any and all documents showing what non-salary (or non hourly wage) benefits were provided to the City Clerk in 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, the responsive documents are attached.**

19. PRODUCE: Any and all documents showing the total value of employment benefits provided to the City Clerk in 2016.

**ANSWER: This request is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. In further objection, this request is objected to in that it is duplicative of earlier discovery requests and therefore constitutes unnecessary and harassing discovery. Without waiver of those objections, responsive documents are attached.**

20. INTERROGATORY: What is the actual cost of benefits provided to the City Clerk for the 2016 fiscal year? Please provide with specificity the basis, step by step, how you conducted your calculation.

a. PRODUCE: Any and all documents referenced by you to calculate the answer to the preceding discovery request.

**ANSWER: This interrogatory is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. In further objection, this interrogatory is objected to in that it is duplicative of earlier discovery requests and therefore constitutes unnecessary and harassing discovery. Without waiver of those objections, responsive documents are attached.**

21. INTERROGATORY: Is the Deputy City Clerk an elected position?

**ANSWER: This interrogatory is objected to in that it seeks information not relevant nor reasonably calculated to lead to the discovery of relevant evidence. Without waiver of that objection, no.**

22. INTERROGATORY: Is the Deputy City Clerk an hourly or salaried employee/official?

**ANSWER: The City Clerk is an hourly employee.**

23. PRODUCE: the Deputy City Clerk's time cards or time schedule for time worked in October 2016.

**ANSWER: Responsive documents are attached.**

24. PRODUCE: the Deputy City Clerk's employment contract(s) and/or compensation schedule in effect from October 3, 2016 to present.

**ANSWER: Responsive documents are attached.**

25. PRODUCE: the Deputy City Clerk's W2 for 2016.

**ANSWER: Responsive documents are attached.**

26. PRODUCE: Any and all documents showing what non-salary (or non hourly wage) benefits were provided to the Deputy City Clerk in 2016.

**ANSWER: Responsive documents are attached.**

27. PRODUCE: Any and all documents showing the total value of employment benefits provided to the Deputy City Clerk in 2016.

**ANSWER: This request is objected to in that it is duplicative of earlier discovery requests and therefore constitutes unnecessary and harassing discovery. Without waiver of that objection, the responsive documents are attached.**

28. INTERROGATORY: What is the actual cost of benefits provided to the Deputy City Clerk for the 2016 fiscal year? Please provide with specificity the basis, step by step, how you conducted your calculation.

a. PRODUCE: Any and all documents referenced by you to calculate the answer to the preceding discovery request.

**ANSWER: This interrogatory is objected to in that it is duplicative of earlier discovery requests and therefore constitutes unnecessary and harassing discovery. Without waiver of that objection, the responsive documents are attached.**

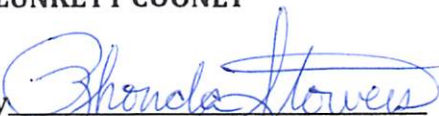
29. INTERROGATORY: Identify all persons with whom you consulted and/or checked with to investigate actual or possible answers to these discovery requests; for each person, itemize each discovery request the person contributed information which became your answer in response thereto.

**ANSWER: This interrogatory is objected to in that it seeks information protected by the work product doctrine. Without waiver of that objection, information responsive to these interrogatories was provided by Jennifer Capling, the Treasurer/Finance Officer, Mary Jane Woychowski, the Deputy Treasurer/Deputy Clerk, and Ron Wruble, City Director.**

**AS TO OBJECTIONS ONLY:**

Respectfully submitted,

**PLUNKETT COONEY**

By 

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Dated: 3/15/17

**PROOF OF SERVICE**

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleadings on 3-15-17, 20    

By:  U.S. Mail                       FAX  
 Hand Delivered                 Overnight Courier  
 Certified Mail                    Other - *E-mail*

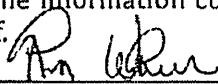
Signature 



**JURAT**

STATE OF MICHIGAN     )  
                                  ) ss  
COUNTY OF             )

The undersigned, first being duly sworn, deposes and says that he has read the foregoing, and knows the contents thereof, that the information contained therein is true and correct to the best of his knowledge and belief.

  
\_\_\_\_\_  
RON WRUBLE

The foregoing instrument was acknowledged, subscribed and sworn to before me, Leslie A Woycehoski this  
(Name of Notary)  
15th day of March, 2017 by RON WRUBLE.

  
\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
Notary Public  
State of: \_\_\_\_\_  
County of: \_\_\_\_\_  
Acting in the County of: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

LESLIE A. WOYCEHOSKI  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF HURON  
MY COMMISSION EXPIRES Jun 28, 2019  
ACTING IN COUNTY OF

Open.00560.70017.18144661-1

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**City of Harbor Beach Wage and Fringe Benefit Summary**

The below graph supports requests numbered 10, 11, 12, 18,19, 20, 26, 27 and 28  
 All figures below are based on costs for the employee during the month of October 2016

Employee	Title	Base Wage per hour	Social Security and Medicare per hour	Blue Cross Blue Shield Health Insurance per hour	Employer Portion of Pension Contribution per hour	Life Insurance, Short & Long Term Disability per hour	Workers Compensation per hour	Grand Total per hour
Ron Wruble	City Director	34.61	2.65	12.06	5.82	0.47	0.08	\$ 55.69
Leslie Woycehoski	Clerk	24.40	1.87	12.43	4.11	0.47	0.06	\$ 43.34
Mary Jane Woychowski	Deputy Clerk	24.02	1.84	7.91	4.04	0.47	0.06	\$ 38.34

**Blue Cross Blue Shield Details**

Supporting Documents are attached

	Per Month	Per Year	Per Hour
Ron Wruble	\$ 2,089.60	\$ 25,075.20	\$ 12.06
Leslie Woycehoski	\$ 2,153.80	\$ 25,845.60	\$ 12.43
Mary Jane Woychowski	\$ 1,371.33	\$ 16,455.96	\$ 7.91

**Employer Portion of Pension Details**

Supporting Documents are attached

The City contributes to the employees pension based on a percentage as determined by the Municipal Employees' Retirement System of Michigan (MERS).  
 The employees listed above are all part of the Division named "DptHds/NonUn", and in October 2016 the City was contributing 16.83% of wages for this division.

**Life Insurance, Short & Long Term Disability Details**

Supporting Documents are attached

	Per Month	Per Year	Per Hour
Ron Wruble	\$ 82.14	\$ 985.68	\$ 0.47
Leslie Woycehoski	\$ 82.14	\$ 985.68	\$ 0.47
Mary Jane Woychowski	\$ 82.12	\$ 985.44	\$ 0.47

**Workers Compensation Details**

Supporting Documents are attached

Workers Compensation for Clerical is \$0.45 per \$100.00, but the City's experience modifier and dividend credit reduced it to \$0.24 per \$100 of payroll.  
 This amounts to .24% per hour and is calculated above.



Blue Cross  
Blue Shield  
of Michigan

GROUP NAME	GROUP	DIVISION	COVERAGE PERIOD	PAGE NO	EDP
CITY OF HARBOR BEACH0000	007027514	0000	10-01-16 through 10-31-16	5	23 90

**CURRENT CHARGE DETAILS**

MEMBER NAME	CONTRACT NUMBER	BENEFIT PACKAGE	PACKAGE RATE TIER DETAIL	EMP STATUS	EMP REF-ID	DEPT ID	TOTAL CHARGES
ARNTZ, AIRYN	****0905	LA004RXY	FAMILY	0			271.86
ARNTZ, CHRIS	****3604	LA004RXY	FAMILY	0			617.80
ARNTZ, KATEL	****3604	LA004RXY	FAMILY	0			271.86
ARNTZ, KENNE	****3604	LA004RXY	FAMILY	0			413.15
ARNTZ, KEVIN	****3604	LA004RXY	FAMILY	0			272.53
ARNTZ, LAURA	****3604	LA004RXY	FAMILY	0			642.90
ARNTZ, ROSS	****3604	LA004RXY	FAMILY	0			271.86
BUCHOLTZ, AVERY	****7173	LA004RXY	FAMILY	0			271.86
BUCHOLTZ, CADEN	****7173	LA004RXY	FAMILY	0			271.86
BUCHOLTZ, EMILY	****7173	LA004RXY	FAMILY	0			271.86
BUCHOLTZ, NANCY	****7173	LA004RXY	FAMILY	0			511.02
BUCHOLTZ, TODD	****7173	LA004RXY	FAMILY	0			547.42
CAPLING, AMELIA	****1263	LA004RXY	FAMILY	0			271.86
CAPLING, COLE	****1263	LA004RXY	FAMILY	0			271.86
CAPLING, ELISE	****8675	LA004RXY	FAMILY	0			271.86
CAPLING, JENNIFER	****8675	LA004RXY	FAMILY	0			503.87
CAPLING, JOBE	****8675	LA004RXY	FAMILY	0			507.44
CAPLING, JODI	****1263	LA004RXY	FAMILY	0			514.60
CAPLING, NORA	****8675	LA004RXY	FAMILY	0			271.86
CAPLING, SAM	****1263	LA004RXY	FAMILY	0			642.90
COOK, BENJA	****4273	LA004RXY	FAMILY	0			271.86
COOK, GLENN EARL	****4273	LA004RXY	FAMILY	0			547.42
COOK, JENNI	****4273	LA004RXY	FAMILY	0			487.45
COOK, NOAH	****4273	LA004RXY	FAMILY	0			271.86
CREGEUR, CLARK	****8127	LA004RXY	EMPLOYEE	0			1,055.90
FINKEL, DENISE	****6913	LA004RXY	FAMILY	0			560.42
FINKEL, DEVIN	****6913	LA004RXY	FAMILY	0			271.86
FINKEL, JACOB	****6913	LA004RXY	FAMILY	0			271.86
FINKEL, RANDY	****6913	LA004RXY	FAMILY	0			576.55
GENTNER, ALEKANDRI	****4523	LA004RXY	FAMILY	0			433.19
GENTNER, ERIC G	****4523	LA004RXY	FAMILY	0			468.04
GENTNER, WILLIAM G	****4523	LA004RXY	FAMILY	0			271.86
JURGESS, MICHAEL M	****7704	LA004RXY	EMPLOYEE AND SPOUSE	0			797.48
JURGESS, SHEIL	****7704	LA004RXY	EMPLOYEE AND SPOUSE	0			731.55
LACKONSKI, RYAN	****1096	LA004RXY	EMPLOYEE	0			528.06
LERRHONT, CONNI	****3229	LA004RXY	EMPLOYEE AND SPOUSE	0			989.77
LERRHONT, JOHN	****3229	LA004RXY	EMPLOYEE AND SPOUSE	0			989.77
MURAWSKE, DANIE	****0310	LA004RXY	FAMILY	0			412.93
MURAWSKE, JACOB	****0310	LA004RXY	FAMILY	0			413.39
MURAWSKE, JONAT	****0310	LA004RXY	FAMILY	0			271.86
MURAWSKE, LORI	****0310	LA004RXY	FAMILY	0			699.79
MURAWSKE, RICHARD	****0310	LA004RXY	FAMILY	0			989.77
NAVCK, CRYSTAL	****0447	LA004RXY	EMPLOYEE AND SPOUSE	0			514.60
NAVCK, DAVID	****0447	LA004RXY	EMPLOYEE AND SPOUSE	0			423.56
OSENTOSKI, BRADY	****8527	LA004RXY	FAMILY	0			271.86
PANLOWSKI, DEBOR	****4426	LA004RXY	FAMILY	0			595.41
PANLOWSKI, JAMES	****4426	LA004RXY	FAMILY	0			797.48
PANLOWSKI, KENNE	****4426	LA004RXY	FAMILY	0			271.86
PANLOWSKI, KYLE	****4426	LA004RXY	FAMILY	0			271.86
PLEINESS, AMBER	****1083	LA004RXY	FAMILY	0			271.86
PLEINESS, BRADLEY	****1083	LA004RXY	FAMILY	0			699.79
PLEINESS, DENISE	****1083	LA004RXY	FAMILY	0			699.79
ROGGENBUCK, BRYNLE	****0905	LA004RXY	FAMILY	0			271.86
ROGGENBUCK, CHRIS	****0905	LA004RXY	FAMILY	0			493.69
ROGGENBUCK, COLTON	****0905	LA004RXY	FAMILY	0			271.86
ROGGENBUCK, NICHOL	****0905	LA004RXY	FAMILY	0			493.69
SCHULTZ, BARBARA	****9995	LA004RXY	FAMILY	0			907.75
SCHULTZ, DALE R	****9995	LA004RXY	FAMILY	0			989.77
SCHULTZ, KEN	****9995	LA004RXY	FAMILY	0			412.93
WILSON, DAVID	****8527	LA004RXY	FAMILY	0			468.04
WILSON, MICHAEL	****8527	LA004RXY	FAMILY	0			271.86
WILSON, VICTORIA	****8527	LA004RXY	FAMILY	0			461.46
WOYCEHOSKI, BRIANN	****8373	LA004RXY	FAMILY	0			413.66
WOYCEHOSKI, JEFFRE	****8373	LA004RXY	FAMILY	0			870.07
WOYCEHOSKI, LESLIE	****8373	LA004RXY	FAMILY	0			870.07
WOYCEHOSKI, JOHN	****6200	LA004RXY	EMPLOYEE AND SPOUSE	0			699.79

\*As of your 2016 renewal month, certain federal and state taxes and fees will be included in the Premium and Adjustments lines, except when adjustments apply to a period before your 2016 renewal month. These taxes and fees are estimates that will not be settled.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



Jennifer Capling

**From:** Kelli Davis [kdavis@mersofmich.com]  
**Sent:** Monday, June 01, 2015 3:18 PM  
**To:** mwoychowski@harborbeach.com  
**Cc:** jcapling@harborbeach.com; Marne Carlson  
**Subject:** 2014 MERS Actuarial Annual Valuation-City of Harbor Beach #3201  
**Attachments:** 3201 - Harbor Beach, City of - 2014.pdf

Good Afternoon-

Attached is your 2014 Annual Actuarial Valuation. A copy of this report will also be added to the Program Summary tab of the Employer Portal.

The information in this report will provide insight to your plan's liabilities and funding levels, along with necessary GASB information. Based on your feedback we've added several enhancements to the report, including:

- ✓ Anticipated amount of additional contributions necessary to expedite your plan's funding progress
- ✓ Alternate scenarios to estimate the impact of market volatility
- ✓ Employee contribution rates displayed up front in the Executive Summary
- ✓ A five year budget projection, using various assumptions
- ✓ Additional, voluntary contributions clearly displayed now in Table 5
- ✓ New required GASB 68 information

Below you will find your 2016 Contribution Rates. Please share these rates with anyone at your municipality who is responsible for payroll processing and contribution payments. If you have made changes to your benefit provisions in 2015, the rates below may be different than what is showing in your valuation (employer rates below are the most current).

Division #	Division Name	Effective	Employer Rate	Employee Rate
01	General	July	7.20%	7.36%
02	Plc/Fire	July	10.99%	7.79%
10	Fin.Off/Clerk	July	\$709	0.00%
11	DptHds/NonUn	July	16.83%	10.27%
20	Pol Chief	July	\$1,098	0.00%

We have several helpful resources you may access on our [resource page](#) that will assist you in understanding your valuation, as well as tips for sharing the report with key decision makers at your municipality. It's important to fully understand unfunded accrued liabilities (UAL) – how they develop and how to manage them. On our website you'll find important points about UAL, ways to reduce it, and how MERS can help. You will also find resources to assist you with preparing, communicating and implementing GASB 68.

In the coming months we will also be providing information for your auditor related to the new GASB 68 requirements, including your participant census report (which replaces your Interest and Valuation Report). If you need this information before then, please contact me.

If you are interested in scheduling time to review this report, including presentations to your Board or other stakeholders, please contact your MERS Regional Manager, Marne Carlson at 1-800-767-6377 ext. 213.

**Your Required Employer Contributions:**

Your minimum required employer contributions are shown in the following table. Employee contributions, if any, are in addition to the required employer contributions.

	Valuation Date:	Percentage of Payroll		Monthly \$ Based on Valuation Payroll	
		12/31/2014	12/31/2013	12/31/2014	12/31/2013
	Fiscal Year Beginning:	July 1, 2016	July 1, 2015	July 1, 2016	July 1, 2015
<b>Division</b>					
01 - General		7.20%	5.73%	\$ 2,644	\$ 2,042
02 - Plc/Fire		10.99%	11.59%	1,799	1,791
10 - FinOf/Clerk		-	-	709	584
11 - DptHds/NonUn		16.83%	15.70%	6,058	5,130
20 - Police Chief		-	-	1,098	940
<b>Municipality Total</b>				<b>\$ 12,308</b>	<b>\$ 10,487</b>

Employee contribution rates reflected in the valuations are shown below:

	Valuation Date:	Employee Contribution Rate	
		12/31/2014	12/31/2013
<b>Division</b>			
01 - General		7.36%	7.36%
02 - Plc/Fire		7.79%	7.79%
10 - FinOf/Clerk		0.00%	0.00%
11 - DptHds/NonUn		10.27%	10.27%
20 - Police Chief		0.00%	0.00%

For employee contribution rates that are not flat percentages, the rate shown is a weighted average flat employee contribution rate.

You may contribute more than the minimum required contributions, as these additional contributions will earn investment income, and later you may have to contribute less than otherwise. **MERS strongly encourages employers to contribute more than the minimum contribution shown above.**

Assuming that experience of the plan meets actuarial assumptions:

- To accelerate to a 100% funding ratio in 10 years, estimated monthly employer contributions for the entire employer would be \$ 18,694, instead of \$ 12,308.
- To accelerate to a 100% funding ratio in 20 years, estimated monthly employer contributions for the entire employer would be \$ 13,056, instead of \$ 12,308.

**BILLING STATEMENT**

PLEASE SEND YOUR PAYMENT COUPON AND PAYMENT TO NAME & ADDRESS  
 STANDARD INSURANCE COMPANY RV CITY OF HARBOR BEACH  
 PO BOX 8308 788 STATE ST  
 PORTLAND OR 97228-8306 HARBOR BEACH MI 48441

POLICY NUMBER DIVSN  
 00 642946 0088

DATE PRINTED PREMIUM DUE DATE  
 SEP. 14, 2016 OCT. 01, 2016

\*\* NEW AND IMPROVED \*\*  
 WE'VE MADE CHANGES TO ADMINSEASE OUR ONLINE BILLING  
 SYSTEM. IT IS NOW EASIER TO NAVIGATE AND TO SUBMIT CHANGES.  
 FOR QUESTIONS, CONTACT YOUR LOCAL SERVICE REPRESENTATIVE.

LINE	MEMBER ID	NAME	BILL EFFECTIVE CAT DATE	BLIFE PREM	BLIFE VOL	AD&D PREM	AD&D VOL	STD PREM	STD VOL	LTD PREM	LTD VOL	PREMIUM DUE
1	****3804	ARNTZ, CHRIS M	0100 10/01/10	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
2	****4273	COOK, GLENN	0100 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.86	4,163	82.12
3	****8913	FINKEL, RANDY W	0100 10/31/11	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
4	****4523	GENTNER, ALEXANDRI	0100 05/03/11	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
5	****1088	LACKOWSKI, RYAN	0100 07/01/09	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
6	****0310	MURAWSKE, RICHARD	0100 07/11/11	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
7	****0447	NAVOCK, DAVID E	0100 12/15/15	15.48	79,000	3.18	79,000	35.81	505	12.51	3,283	67.08
8	****4428	PAWLOWSKI, JAMES	0100 07/01/09	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
9	****1083	PLEINES, BRAD	0100 07/01/09	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
10	****9995	SCHULTZ, DALE	0100 07/01/09	19.40	99,000	3.98	99,000	42.88	600	15.70	4,120	81.72
11	****8527	WILSON, DAVID C	0100 07/01/12	19.21	98,000	3.92	98,000	42.68	600	15.55	4,082	81.34
12	SUBTOTAL FOR BILLING CATEGORY 0100											884.28
13	****7173	BUCHOLTZ, TODD	0200 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
14	****8675	CAPLING, JENNIFER	0200 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
15	****8127	CREGEUR, CLARK W	0200 08/18/10	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
16	****7704	JURGESS, MICHAEL	0200 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
17	****3228	LERMONT, JOHN P	0200 07/05/10	18.07	82,000	3.28	82,000	37.40	528	13.01	3,416	69.76
18	****0905	ROGGENBUCK, NICHOL	0200 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
19	****8373	WOYCEHOSKI, LESLIE	0200 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
20	****8200	WOYCHOWSKI, MARY J	0200 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
21	****6846	WRUBLE, RON	0200 07/01/09	19.60	100,000	4.00	100,000	42.88	600	15.88	4,167	82.14
22	SUBTOTAL FOR BILLING CATEGORY 0200											726.86

--- DIVISION TOTALS BY COVERAGE ---  
 MEMBER DEPENDENT

CVRG	LIVES	VOLUME	PREMIUM	LIVES	PREMIUM
23	BLIFE	20 1951000	382.36	0	.00
24	AD&D	20 1951000	78.04	0	.00
25	STD	20 11831	841.19	0	.00
26	LTD	20 81236	309.55	0	.00
27					

BILL SUMMARY TOTALS	
TOTAL PREMIUMS	1611.14
TOTAL MEMBER ADJUSTMENTS	.00
TOTAL THIS BILL	1611.14
OUTSTANDING BAL AS OF 09/14/16	.00

28

PLEASE PAY THIS AMOUNT

1611.14

CHANGES: SEE INSTRUCTIONS ON BILLING CHANGE FORM. ADJUSTMENTS WILL APPEAR ON SUBSEQUENT BILL.  
 PLEASE SEND PAYMENT AND COUPON FOR AMOUNT BILLED.  
 BILLING QUESTIONS? Please call (800)378-4667  
 POLICYOWNER COPY

PAGE 1

**Michigan Municipal League Workers' Compensation Fund**

04/15/2016

Declaration Page

5001620-16

City Of Harbor Beach  
 Attn: Mary Woychowski  
 766 State Street  
 Harbor Beach, MI 48441

Coverage Period 7/1/2016 to 6/30/2017

RENEWAL

Class Code	Class Description	Estimated Annual Payroll	Rate per \$100 of Payroll	Estimated Annual Premium
5509-00	Street Operations	55,000	7.38	4,059
6834-00	Marina Operations	43,000	3.57	1,535
7520-00	Water Operations	230,000	3.74	8,602
7580-00	Sewer Operations	198,000	2.29	4,534
7720-01	Police Officers	205,000	2.82	5,781
7720-02	Volunteer Police Officers	25,000	3.16	790
8395-00	Garage Operations	28,000	3.38	946
8810-01	Clerical-Office	180,000	0.45	810
8810-02	Elected Officials	26,000	0.24	62
8810-03	Libraries & Museums: Prof/Clerical	6,500	0.30	20
9015-00	Building Operations	2,200	4.12	91
9102-00	Parks & Recreation	133,000	3.01	4,003
9103-00	Crossing Guards	5,600	3.76	211
9410-00	Municipal Employee	155,000	0.98	1,519
	<b>Totals:</b>	<b>\$1,292,300</b>		<b>\$32,963</b>

**Coverage Amount**

Employers Liability: \$500,000  
 Workers' Compensation: STATUTORY

**Premium To Be Billed on Installments: \$17,677**

Total Standard Premium	\$32,963
Increased Employers Liability Limit	\$0
Experience Modifier: .80	(\$6,593)
Modified Premium	= \$26,370
Size of Premium Credit	(\$103)
Expense Constant	\$150
Total Estimated Premium	= \$26,417
(Dividend Credit)	(\$8,740)
<b>NET ESTIMATED ANNUAL PREMIUM</b>	<b>= \$17,677</b>



**CITY OF HARBOR BEACH**

THE BELOW GRAPH SUPPORTS REQUESTS NUMBERED 1 AND 3  
ALL INFORMATION ARE BASED ON THE MONTH OF OCTOBER 2016

SUPPORTING DOCUMENTS ARE ATTACHED NUMBERED 7, 9, 15, 17, 23 AND 25

**NUMBER 1**

MARY JANE WOYCHOWSKI  
737 BARTLETT STREET  
HARBOR BEACH, MI 48441  
DEPUTY TREASURER/DEPUTY CLERK  
\$ 24.02/HOUR

**NUMBER 3**

EMPLOYEE:	TITLE	BASE WAGE PER HOUR
HEATHER LEGATZ	ELECTION WORKER	9.50
LUWELIA LEMANSKI	ELECTION WORKER	9.00
JOANN ZANG	ELECTION WORKER	9.00
KELLY JO OSENTOSKI	COMMUNITY PROMOTIONS DIRECTOR	14.00
CAROL GRATES	JANITOR	8.50
CASEY ARMITAGE	CROSSING GUARD	8.50
MICHELLE BROCKES	CROSSING GUARD	8.50
DARLENE KUCHARCZK	CROSSING GUARD	8.50
GABE CALLENDER	PATROLMAN	18.26
DARYL FORD	PATROLMAN	18.26
DEREK JOY	PATROLMAN	18.26
KEVIN KNOBLOCK	PATROLMAN	18.26
DAVID HAVOCK	PATROLMAN	18.26
RONALD ROBERTS	PATROLMAN	18.26
DAVID WILSON	PATROLMAN	18.26
FRANK BESTE	PATROLMAN	18.94/19.32
GARY COOPER	PATROLMAN	18.26
GERALD HESSLING	PARKS & REC MAINTENANCE	23.55
BRIANNA PARTICKA	PARKS & REC MAINTENANCE	10.50
LINDSEY ROBERTS	PARKS & REC MAINTENANCE	11.00
LISA KOZFKAY	MUSEUM TOUR GUIDE	17.00
JOHN LERMONT	NORTH PARK MANAGER	8.75
ALEXANDRIA GENTNER	MARINA MANAGER	11.50
JAMES PAWLOWSKI	ZONING ADMINISTRATOR/SALTY OFFICER/MP CAMPGROUND ASSISTANT MANAGER	19.71
BRADLEY PLEINNESS	WWTP LAB TECHNICIAN/OPERATOR	23.77
CHRIS ARNTZ	WWTP OPERATOR/MAINTENANCE	23.77
RICHARD MURAWSKE	WWTP LAB TECHNICIAN	23.77
RANDY FINKEL	WATER MAINTENANCE/OPERATIONS SPECIALIST	23.77
RYAN LACKOWSKI	WATER OPERATIONS SPECIALIST	23.77
DALE SCHULTZ	DPW LIGHT EQUIPMENT OPERATOR	23.77
	DPW LIGHT EQUIPMENT OPERATOR	23.77
	DPW LIGHT EQUIPMENT OPERATOR	23.77

TIMESHEET

MONTH Oct-Nov. 2016  
 $507-560 = 10\%$   
 $508-697 = 10\%$   
 $509-774 = 20\%$   
 $101-200 = 60\%$

EMPLOYEE ID # 00266  
 SS 76583  
 PENSION 10,279  
 INSURANCE —  
 CIU —  
 DEF. COMP —

NAME Rea

RATE PER HR. 34.61

	DATE	10-22	23	24	25	26	27	28	29	30	11-1	2	3	4	5	INS.	TOTAL
HOLIDAY																29	1013.69
VACATION																	
SICKLEAVE																	
PERSONAL																	
INDIA FUND 560-705			1			1							1			3	103.83
OVERTIME																	
NORTH PARK FUND 774-706			1		2.75	1							2		2	8.75	302.84
OVERTIME																	
RECREATION FUND PARKS 697-706																	
OVERTIME																	
JOHNSON BALL FIELDS 779-706																	
RECREATION PROGRAMS 780-706																	
MURPHY MUSEUM 781-706																	
TOUR GUIDES 781-707																	
GRICE MUSEUM 782-706																	
TOUR GUIDES 782-707																	
BACKS TRAIL 509-773 706					2								4	5.5		11.5	398.02
MARITIME FESTIVAL 784-706																	
VISITOR CENTER 785-706																	
RECEPTIONISTS 785-710																	
LIGHTHOUSE																	
General 101-200 706		1	7.5	3.25	4	3						3.5	1.5	4	0	27.75	954.2
TOTALS		1	9.5	3.25	8.75	5	—	—	—	—	—	3.5	8.5	9.5	2	51	76,450.82

SS 211.82 FED W/H 264.30 PENSION 284.36 DEF. COMP. —

INS. — ST. W/H 99.05 UNION DUES — TOTAL 859.53 NET PAY 1,000.00  
 51 Reg. Lr.  
 29 Vac.  
 Rm. Ltr.

TIMESHEET

MONTH Nov. 2016  
 507-560 = 1090  
 508-697 = 1090  
 509-774 = 2090  
 101-200 = 6090

EMPLOYEE # 00266  
 SS 7.65%  
 PENSION 10.27%  
 INSURANCE -  
 CAJ -  
 DEF. COMP -

NAME Ron

RATE PER HR 34.61

DATE	6	7	8	9	10	11	12	13	14	15	16	17	18	19	HRS	AMOUNT
HOLIDAY <u>Vac.</u>															16 1/2	568.41
VACATION																
SICKLEAVE																
PERSONAL																
MURPHY FLD 560-706					1							4			5	172.05
OVERTIME						1										
NORTH PARK FLD 773-706		2		1					2	1		1			7	242.27
OVERTIME																
RECREATION FLD PARKS 697-706																
OVERTIME																
JOHNSON BALL FIELDS 779-706																
RECREATION PROGRAMS 700-706																
MURPHY MUSEUM 781-706																
TOUR GUIDES 781-707																
GRICE MUSEUM 782-706																
TOUR GUIDES 782-707																
<u>Bankus TRAIL 509-773-706</u>		1		1	2				4	1		1			10	346.10
MARITIME FESTIVAL 784-706																
VISITOR CENTER 785-706																
RECEPTIONISTS 785-710																
LIGHTHOUSE																
<u>General 101-200-706</u>		6	3.5	7.25	5.5	5	-	1	1.75	3.5	4.75	1.25	2.25		41.15	1411.17
TOTALS	-	4	3.5	9.25	8.5	5	-	1	7.75	5.5	4.75	7.25	2.25	-	63.15	2162.94

SS 211.80 FED W/H 264.30 PENSION 284.36 DEF. COMP. -

IRS. - ST. W/H 99.05 UNION DUES - TOTAL 859.51 NET PAY \$ 1,709.29  
*63 1/2 hrs  
 16 1/2 vac.*  
Rubin

TIMESHEET

MONTH March 2016

EMPLOYEE ID # 1000  
SS 276875  
PENSION 20.27%  
INSURANCE —  
CAJ —  
DEF. COMP —

NAME Ron

577.0000  
27.6875  
20.27%  
—  
—  
—

RATE PER HR. 34.61

	DATE	1-20	21	22	23	24	25	26	27	28	29	30	12-1	2	3	HRS.	AMOUNT
HOLIDAY						8	8									16	553.76
VACATION											1					1	34.61
SICKLEAVE																	
PERSONAL																	
MINI PARK FLD	560-706		1							1		5	2			9	311.49
OVERTIME																	
MINI PARK FLD	773-706																
OVERTIME																	
RECREATION FLD	PARKS 697-706																
OVERTIME																	
JOHNSON BALL FIELDS	779-706											1	1		1	3	103.83
RECREATION PROGRAMS	780-706															1	34.61
MURPHY MUSEUM	781-706									1						1	34.61
TOUR GUIDES	781-707																
GRICE MUSEUM	782-706									1						1	34.61
TOUR GUIDES	782-707																
MARITIME FESTIVAL	784-706																
VISITOR CENTER	785-706																
RECEPTIONISTS	785-710																
LIGHTHOUSE																	
General	101-206-706		4.25	1.25	3.5					3.5	7.75	1	3	.75	1.75	26.75	924.90
TOTALS		—	5.25	1.25	3.5	8	8	—	—	6.5	7.75	7.00	6	.75	2.75	56.75	2047.25

SS 042.11 FED W/H 323.70 PENSION 204.75 DEF. COMP —

INS. — ST. W/H 115.88 UNION DUES — TOTAL 966.05 NET PAY 1800.75

*Ron*

2017 EMPLOYEE SHEET

MONTH Oct / Nov 2016  
 EMPLOYEE ID# 00322  
 SS 16596  
 PENSION 20,177.0  
 INSURANCE 47.77  
 CNU  
 DEF COMP  
 UNION DUES

NAME Felix G Wincehowski  
 RATE PER HR 24.40

DATE	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4	11/5	AMOUNT
HOLIDAY															
VACATION															
SICKLEAVE			1	1 1/4											67.10
PERSONAL COMP					1	3 1/2									170.80
GENERAL FUND															
COUNCIL															
ELECTIONS															
OVERTIME															
JUDICIAL															
OVERTIME															
BOARD OF REVIEW															
GENERAL															
POLICE															
OVERTIME															
CLAIMING															
SEWER FUND															
SEWER PLANT															
OVERTIME															
WATER FUND															
WATER PLANT															
OVERTIME															
TOTALS			1 1/4												1897.75

SS 149.18 FED V/HI 176.78 PENSION 20517 DEF. COMP. ---  
 INS 47.97 ST. V/HI 74.15 UNION DUES --- TOTAL 658.99 NET PAYE 1344.76  
 2314 S 70 1/4  
 7 C 0 T 1 1/4  
 SIGNATURE Felix G Wincehowski

TIMESHEET

MONTH Nov 2016

NAME

Leslie A Wrochowski

RATE PER HR

24.40

EMPLOYEE ID #

00322

SS

216.59

PENSION

10,279.00

INSURANCE

42.78

CIU

DEF. COMP

UNION DUES

	DATE	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18	11/19	HRS	AMOUNT
HOLIDAY												3	4			7	170.80
VACATION																	
SICKLEAVE																	
PERSONAL COMP					1/2	3 1/2					1			1/2		5 1/2	134.20
GENERAL FUND																	
COUNCIL 101-101																10	244.00
ELECTIONS 101-190																	
OVERTIME				8 1/4												8 1/4	301.95
FINANCIAL 101-200		0	10	10	9 1/2	6 1/2	0	0	0	0	9	7	6	9 1/2	0	57 1/2	1,403.00
OVERTIME			2 1/2							3 1/4						3 1/4	118.95
BOARD OF REVIEW 101-247																	
GENERAL 101-269																	
POLICE 101-300																	
OVERTIME																	
PLANNING 101-400																	
SEWER FUND																	
SEWER PLANT 590-548																	
OVERTIME																	
WATER FUND																	
WATER PLANT 591-556																	
OVERTIME																	
TOTALS		0	12 1/2	18 1/4	10	10	0	0	0	3 1/4	10	10	10	10	0	91 1/4	2,372.90

SS 177.87 FED W/H 227.21 PENSION 243.70 DEF. COMP. —

INS. 47.78 ST. W/H 88.46 UNION DUES — TOTAL 785.02

NET PAYE 1,587.88

7 V 6 1/2 R  
 5 1/2 C 11 1/2 OT (7) 10 1/2 to Comp

SIGNATURE Leslie A Wrochowski

TIMESHEET

MONTH Nov/Dec 2016

EMPLOYEE ID # 00322

SS 716583

NAME Jessie Wincelowski

PENSION 10,279

INSURANCE 2,177

RATE PER HR. 34.40

CAJ \_\_\_\_\_

DEF. COMP \_\_\_\_\_

UNION DUES \_\_\_\_\_

	DATE	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/1	12/2	12/3	HRS	AMOUNT
HOLIDAY						8	8									16	550.40
VACATION						2	2									4	137.60
SICK LEAVE																	
PERSONAL <u>Comp</u>				1 1/4							3 1/4		3 1/2			8	275.20
GENERAL FUND																	
COUNCIL 101-101																	
ELECTIONS 101-100																	
OVERTIME																	
EMERGEN 101-200		0	10	8 3/4	0			0	0	10	6 3/4	10	6 1/2	0	0	50	1720.00
OVERTIME																	
BOARD OF REVIEW 101-217																	
GENERAL 101-200																	
POLICE 101-300																	
OVERTIME																	
PLUMBING 101-100																	
SEWER FUND																	
SEWER PLANT 500-505																	
OVERTIME																	
WATER FUND																	
WATER PLANT 501-550																	
OVERTIME																	
TOTALS		0	10	10	0	10	10	0	0	10	10	10	10	0	0	50	1720.00

FED. TAX 1,527 PENSION 300.47 DEF. COMP. \_\_\_\_\_  
 UN. DUES \_\_\_\_\_ TOTAL 1,827 NET PAYE 1,827

V 4 hrs  
 Comp 8 hrs  
 68 R

SIGNATURE Jessie Wincelowski





TIMESHEET

MONTH Nov. 2016

EMPLOYEE ID# 00044  
 SS 7.65%  
 PENSION 10.279%  
 INSURANCE 1.3043%  
 CALI 290.00  
 DEF. COMP. 450.00  
 UNION DUES ---

NAME Mary Jane Woychowski

RATE PER HR 24.02

	DATE	10	11	12	13	14	15	16	17	18	19	hrs	AMOUNT
EMLOY													
VACATION													
SICK LEAVE													
PERSONAL													
GENERAL FUND													
COUNCIL	101-101												
ELECTIONS	101-190												
OVERTIME													
FINANCIAL	101-200												
OVERTIME													
BOARD OF REVIEW	101-247												
GENERAL	101-200												
POLICE	101-300												
OVERTIME													
PLANNING	101-400												
SEWER FUND													
SEWER PLANT	590-518												
OVERTIME													
WATER FUND													
WATER PLANT	581-558												
OVERTIME													
TOTALS		10	10	-	10	11		11	10	10	10	1	1,136.94

FED. TAX 177.01 PENSION 238.78 DEF. COMP. 450.00  
 CALI 290.00 ST. TAX 102.14 UNION DUES --- TOTAL 1,507.21 NET PAY 819.73

SIGNATURE Mary Jane Woychowski

10/24/16

TIMESHEET

MONTH Nov-Dec 20 16

NAME

Mary Jane Woychowski

RATE PER HR

34.00

EMPLOYEE ID# 02002  
 SS 7659  
 PENSION 10000  
 INSURANCE 11.7  
 CAJ 290.30  
 DEF. COMP 27.300  
 UNION DUES -

	DATE	1/20	21	22	23	24	25	26	27	28	29	30	1/1	2	3	hrs	AMOUNT
HOLIDAY						8	8									16	544.00
VACATION																	
COMP						2	1									3	102.00
PERSONAL							1									1	34.00
GENERAL FUND																	
COUNCIL	101-101																
ELECTRICAL	101-196																
OVERTIME																	
FINANCIAL	101-260		-	7 1/2	10 1/2			4 1/2		10 1/2	9 1/2	-	9 1/2	10 1/2		80	2720.00
OVERTIME																	
BOARD OF REVIEW	101-247																
GENERAL	101-260																
POLICE	101-300																
OVERTIME																	
PLUMBING	101-400																
SEWER FUND																	
SEWER PLANT	590-548																
OVERTIME																	
WATER FUND																	
WATER PLANT	501-555																
OVERTIME																	
TOTALS				9 1/2	10 1/2	10	10			10 1/2	9 1/2	-	9 1/2	10 1/2		80	2720.00

SS 153.64 FED W/T 153.64 PENSION 197.35 DEF. COMP. 450.00

MG 7.20 ST. W/T 7.20 UNION DUES - TOTAL 1,817.00 NET PAYE 550.00

7 1/2 Regular  
 3 Comp  
 1 Pers.

SIGNATURE Mary Jane Woychowski

22222		Void <input type="checkbox"/>	a Employee's social security number [REDACTED]	OMB No. 1545-0008			
b Employer identification number (EIN) 396004558			7 Wages, tips, other compensation 64315.88		2 Federal income tax withheld 6829.87		
c Employer's name, address, and ZIP code CITY OF HARBOR BEACH 766 STATE STREET  HARBOR BEACH, MI 48441			3 Social security wages 71631.85		4 Social security tax withheld 4441.17		
			5 Medicare wages and tips 71631.85		6 Medicare tax withheld 1038.66		
			7 Social security tips		8 Allocated tips		
d Control number			9 [REDACTED]		10 Dependent care benefits		
e Employee's name, address, and ZIP code Ronald D. Wruble [REDACTED] Harbor Beach, MI 48441			Surf. 11 Nonqualified plans		12a See instructions for box 12 DD   25075.20		
			13 Subsidy employee <input type="checkbox"/> Pension plan <input checked="" type="checkbox"/> Two-earner split pay <input type="checkbox"/>		12b C   396.00		
			14 Other: 414H 7315.87		12b		
					12d		
15 State Employer's state ID number MI 38-6004558		16 State wages, tips, etc. 64315.88	17 State income tax 2563.47	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

**2016**

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy 1—For State, City, or Local Tax Department  
Copy D—For Employer.

LWED1

5204

22222		Void <input type="checkbox"/>	a Employee's social security number	OMB No. 1545-0008			
b Employer identification number (EIN) 386004558			4 Wages, tips, other compensation 34541.62		2 Federal income tax withheld 3959.29		
c Employer's name, address, and ZIP code CITY OF HARBOR BEACH 766 STATE STREET  HARBOR BEACH, MI 48441			3 Social security wages 50830.21		4 Social security tax withheld 3151.47		
			5 Medicare wages and tips 50830.21		6 Medicare tax withheld 737.04		
			7 Social security tips		8 Allocated tips		
d Control number:			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code Mary Jane L Woychowski  Harbor Beach, MI 484411345			11 Nonqualified plans		12a See instructions for box 12 DD 16455.96		
			13 Statutory employee <input type="checkbox"/> Assignment plan <input checked="" type="checkbox"/> Non-statutory local city <input type="checkbox"/>		12b G 11050.00		
			14 Other 414H 5238.59		12c C 30.00		
					12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MI	38-6004558	34541.62	2326.03				

Form **W-2** Wage and Tax Statement  
 Copy 1—For State, City, or Local Tax Department  
 Copy D—For Employer.

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22222	Void <input type="checkbox"/>	9 Employee's social security number [REDACTED]	OMB No. 1545-0008		
b Employer identification number (EIN) 386004558		1 Wages, tips, other compensation 45502.05		2 Federal income tax withheld 4615.30	
c Employer's name, address, and ZIP code CITY OF HARBOR BEACH 766 STATE STREET HARBOR BEACH, MI 48441		3 Social security wages 50811.64		4 Social security tax withheld 3150.32	
		5 Medicare wages and tips 50811.64		6 Medicare tax withheld 736.77	
		7 Social security tips		8 Allocated tips	
d Control number		9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code Leslie A Woychowski [REDACTED] Harbor Beach, MI 48441		11 Nonqualified plans		12a See instructions for box 12 DD 25845.60	
		13 Salaried employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C 258.00	
		14 Other 414H 5309.59		12c 12d	
15 State Employer's state ID number MI 38-6004558	16 State wages, tips, etc. 45502.05	17 State income tax 1933.77	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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