



Please send all correspondence to:
 The Northern Trust Company
 BPS-CSS
 P.O. Box 92963
 Chicago IL 60607
 1-866-776-4655



EARNINGS STATEMENT
 KERN COUNTY GENERAL
 RETIREE TAXABLE

Payment Number	Payable Date	Reference Number	ID Number	Client / Plan
0003232124	06-30-2010	000002389		1733KED

On the reverse side of this document, you will find: Electronic Deposit Authorization, Address Correction Form, Important Federal Tax Election Notice.

03TURNER-1733KED-03-000002389-0003232124-000000721621
 020141 BNN 000018

Recipient Name and Address

EARNINGS	THIS PERIOD	YEAR-TO-DATE
ANNUITY	\$276.30	\$1,699.80
PENSION	\$810.60	\$4,863.60
COLA	\$342.90	\$1,376.31
COLA 5%	\$56.27	\$311.31
GROSS PAY	\$1,367.09	\$8,221.02

DEDUCTIONS	THIS PERIOD	YEAR-TO-DATE
FEDERAL	\$106.50	\$618.33
CA STATE	\$16.94	\$111.12
KERNINE	\$194.34	\$926.04
TOTAL DEDUCTIONS	\$278.67	\$1,655.49
NET PAY	\$1,108.22	

WITHHOLDING ELECTIONS	
CURRENT FEDERAL WITH-HOLDING ELECTIONS	
Single <input type="checkbox"/> Exemption(s) _____	
CURRENT CA STATE WITH-HOLDING ELECTIONS	
Single <input type="checkbox"/> Exemption(s) _____	

IMPORTANT NOTES

Federal Tax Election Form (please complete only one of the following):
 1) I do not want Federal income tax withheld from my payment.
 2) I want to have Federal income tax withheld from my payment based on the elections I have indicated below:
 Single Married # of Exemptions _____
 Additional Amount Withheld \$ _____

CA State Tax Election Form (please complete only one of the following):
 1) I do not want State income tax withheld from my payment.
 2) I want to have State income tax withheld from my payment based on the elections I have indicated below:
 Single Married Head of Household # of Exemptions _____
 Additional Amount Withheld \$ _____
 3) 10% of Federal.
If this option is chosen, federal withholding must be requested.

Under penalties of perjury, I certify that I am entitled to the above elections.
 Requests for full dollar amount withholding, or any election options that are not consistent with those which are stated on this form will not be processed.

Required Signature _____ Phone # _____ Date ____/____/____
 1733KED 00002389 0010100003232124PMA020141



KERN COUNTY GENERAL
 RETIREE TAXABLE

The Northern Trust Company
 Chicago, IL through Oakbrook Terrace, IL

Payment Number	Payable Date	Reference Number	ID Number	Client / Plan
0000232124	06-30-2010	000002389		1733KED

Recipient Name

NON NEGOTIABLE

Your deposit was sent to:

Account Type	Account #	Amount
Checking	*****3712	\$1,108.22
		Amount Deposited
		\$*****1,108.22

This is NOT a check. This document is for informational purposes only.