

Please PRINT in black ink

**Private Pay**  
**MRCI Timesheet Summary**  
Must accompany timesheet

Name of client \_\_\_\_\_

Name of employee \_\_\_\_\_

Number of hours worked (from timesheet) \_\_\_\_\_

Rate per hour \_\_\_\_\_

Total wages (number of hours worked times rate per hour) \_\_\_\_\_

Total wages times 21% (for payroll taxes + Workers' Comp + Admin fee) \_\_\_\_\_

Total amount of check (Total wages plus the 21%) \_\_\_\_\_

**Please write your check for the exact amount—do not round up or down.**

[The timesheet, timesheet summary and check must be received by MRCI-Mankato by the payroll deadlines (please refer to your current payroll calendar) in order to be processed on-time. Payroll deadlines are the Tuesday after the end of the bi-weekly pay period. If these forms and the money are received after the due date, the payroll will not be processed until the following pay cycle.]

Mailing address:

MRCI-Mankato  
Attn: CDS Payroll  
PO Box 328  
Mankato, MN 56002-0328

Office Use

P.P.E. \_\_\_\_\_

Check # \_\_\_\_\_

Check deposit date \_\_\_\_\_

Excel \_\_\_\_\_

Spreadsheet \_\_\_\_\_