

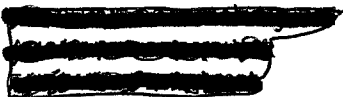
# RETIREE ACCOUNT STATEMENT

STATEMENT EFFECTIVE DATE  
JAN 09, 2009

NEW PAY DUE AS OF  
FEB 02, 2009

SSN  
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PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES



## DFAS-CL POINTS OF CONTACT

DEFENSE FINANCE AND ACCOUNTING SERVICE  
US MILITARY RETIREMENT PAY  
PO BOX 7130  
LONDON KY 40742-7130

COMMERCIAL (216) 522-5955  
TOLL FREE 1-800-321-1080  
TOLL FREE FAX 1-800-469-6559

myPay  
<https://myPay.dfas.mil>  
1-877-363-3677

## PAY ITEM DESCRIPTION

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	<del>██████████</del>	<del>██████████</del>	FITW	475.76	475.76
TAXABLE INCOME	<del>██████████</del>	<del>██████████</del>	ADDL FITW	.00	20.00
			SITW	150.00	200.00
			NET PAY	<del>██████████</del>	<del>██████████</del>

#1

## PAYMENT ADDRESS

DIRECT DEPOSIT

## YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)

TAXABLE INCOME: ██████████  
 FEDERAL INCOME TAX WITHHELD: 475.76  
 STATE TAX WITHHELD FOR VIRGINIA: 150.00

## TAXES

FEDERAL WITHHOLDING STATUS:	SINGLE	STATE CODE:	██████████
TOTAL EXEMPTIONS:	01	STATE INCOME TAX WITHHELD:	200.00
FEDERAL INCOME TAX WITHHELD:	475.76		
ADDITIONAL FITW:	20.00		

#2

## SURVIVOR BENEFIT PLAN (SBP) COVERAGE

NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.

## RETIRED SERVICEMAN FAMILY PROTECTION PLAN (RSFPP) COVERAGE

RSFPP COVERAGE TYPE	ANNUITY PAYABLE	RSFPP COST
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DEPARTMENT OF HOMELAND SECURITY  
 U.S. COAST GUARD  
 CG-5209-RET (REV 12-07)

**U.S. COAST GUARD  
 RETIREE/ANNUITANT  
 STATEMENT OF MONTHLY INCOME**

Period Covered: 1-31 MAR 2009  
 Pay Grade: [REDACTED]  
 Employee ID: [REDACTED]  
 Pay Delivery: EFT

**BIRTHDATES FOR SBP PURPOSES**      **SBP INFORMATION**

Member: 19[REDACTED]-JAN-2[REDACTED]    Beneficiary/Spouse: 19[REDACTED]-AUG-1[REDACTED]    Youngest Child: N/A    Coverage Type: 1-Spouse    Base Amount: [REDACTED]    Annuity: [REDACTED]

ENTITLEMENTS		OLD	NEW	DEDUCTIONS		
RETIRE PAY		[REDACTED]	[REDACTED]		OLD	NEW
<b>TOTAL ENTITLEMENTS</b>		[REDACTED]	[REDACTED]	FITW	730.53	663.87
<b>ALLOTMENTS</b>		OLD	NEW	SBP-SP PREMIUM	[REDACTED]	[REDACTED]
[REDACTED] DONATE		10.00	10.00	SITW	200.00	200.00
TRICARE PRIME		38.34	38.34			
[REDACTED] AID		328.10	328.10			
<b>TOTAL ALLOTMENTS</b>		376.44	376.44	<b>TOTAL DEDUCTIONS</b> [REDACTED]		

Handwritten annotation: #1 with an arrow pointing to the SBP-SP PREMIUM row in the DEDUCTIONS table.

**YOUR NET PAY**

Old Amt	[REDACTED]	Name	[REDACTED]	Bank Name	[REDACTED]	Route Nbr	[REDACTED]	Amount	[REDACTED]
New Amt	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]

FEDERAL TAXES				STATE TAXES			
Exemptions	Mo Tax Income	Income YTD	Withheld YTD	State #1	Withheld YTD	State #2	Withheld YTD
M/0	[REDACTED]	[REDACTED]	2855.46	[REDACTED]	800.00		

COMMENTS ARE ON REVERSE SIDE

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