

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF LOUISIANA LAFAYETTE DIVISION

In re:

No. 16-50740

Progressive Acute Care, LLC, et. Al.

Chapter 11

Substantively Consolidated

CLAIMANT OBJECTION TO PAC LIQUIDATION TRUST'S FIRST OMNIBUS OBJECTION TO CLAIMS

Candace Frioux, Claimant per Exhibit 2 No Liability, objects to the rationale for objection that she was not the responsibility of the Debtors.

Progressive Acute Care directly paid claimant's salary once they took over responsibilities from HCA in 2013 and continued to pay her salary into 2016. Attached exhibits are proof of responsibility of earnings which were paid directly by PAC to Mrs. Frioux. Please review Exhibit 1, 2013 W-2 for Candace Frioux, Exhibit 2, 2014 W-2 for Candace Frioux, Exhibit 3, 2015 W-2 for Candace Frioux and Exhibit 4, 2016 W-2 for Candace Frioux provided by Progressive Acute Care Dauterive. Also included is Exhibit 5, Candace Frioux's final earnings statement dated 01/08/16 from Progressive Acute Care Dauterive, LLC.

Claimant filed her claim #121 for accrued vacation time in the above claim online as required directly after receiving the original notice in November 2016. This vacation time was earned as an employee of PAC and/or a carryover from HCA which PAC became financially responsible for with the purchase from HCA. Employees were reassured of financial responsibilities of their income by PAC which included accrued vacation time.

Claimant request the payment of her accrued vacation time in the amount of \$7123.08 be allowed and payment be remitted to claimant, Candace Frioux.

This objection is filed respectfully with the hopes of a valid outcome for payment.

Respectfully,

Candace Frioux, RN

Fill in this information to identify the case:		
Debtor 1 Progressive Acute Care, LLC		
Debtor 2		
(Spouse, if filing)		
United States Bankruptcy Court Western District of Louisiana		
Case number: 16-50740		

FILED

U.S. Bankruptcy Court Western District of Louisiana

12/1/2016

Edward A. Takara, Clerk

Official Form 410 Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim						
1.Who is the current creditor?	Candace Frioux					
	Name of the current creditor (the person or entity to be paid for this claim)					
	Other names the creditor used with the debtor					
2.Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?					
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Candace Frioux	Where should payments to the creditor be sent? (if different)				
Federal Rule of	Name	Name				
Bankruptcy Procedure (FRBP) 2002(g)	3403 Weeks Island Rd. New Iberia, LA 70560					
	Contact phone3375195289	Contact phone				
	Contact email candacefrioux@gmail.com	Contact email				
	Uniform claim identifier for electronic payments in chapter 1	3 (if you use one):				
4.Does this claim amend one already filed?	☑ No☐ Yes. Claim number on court claims registry (if known)) Filed on				
	<u></u>	MM / DD / YYYY				
5.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes Who made the earlier filing?					

Official Form 410

Proof of Claim

page 1

Part 2: Give Information	Abo	ut the Claim as of the Date	the Case Was Filed		
6.Do you have any number you use to identify the debtor?		No Yes. Last 4 digits of the debtor's a	account or any number you us	e to identify th	e debtor:
7.How much is the claim?	\$	7123.08 Does this amount include interest or other charges? No			
			Yes. Attach statemen other charges require	t itemizing i d by Bankn	nterest, fees, expenses, or uptcy Rule 3001(c)(2)(A).
8.What is the basis of the claim?	dea	amples: Goods sold, money loaned, lease, services performed, personal injury or wrongful ath, or credit card. Attach redacted copies of any documents supporting the claim required by hkruptcy Rule 3001(c).			
	Lim	it disclosing information that i	is entitled to privacy, suc	h as health	care information.
		vacation accrued		· · · · · ·	
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property: ☐ Real estate. If the clai	m is secured by the debt	or's principa al Form 410	al residence, file a <i>Mortgage</i> –A) with this <i>Proof of Claim</i> .
		Basis for perfection:			
		Attach redacted copies of d interest (for example, a modocument that shows the lie	rtgage, lien, certificate of	title, financ	e of perfection of a security ing statement, or other
		Value of property:	\$		
		Amount of the claim that secured:	is \$		_
		Amount of the claim that unsecured:	is <u>\$</u>		(The sum of the secured and unsecured amounts should match the amount in line 7.)
		Amount necessary to curdate of the petition:	e any default as of the	\$	
		Annual Interest Rate (whe	en case was filed)		%
		☐ Fixed ☐ Variable			_
10.ls this claim based on a lease?		No Yes. Amount necessary to	o cure any default as of	f the date o	f the petition.\$
11.ls this claim subject to a right of setoff?		No Yes. Identify the property:			
Official Form 410		Pro	of of Claim		page 2

Case 16-50740 Claim 121 Filed 12/01/16 Desc Main Document Page 2 of 3 16-50740 - #599 File 10/04/17 Enter 10/04/17 09:41:10 Main Document Pg 3 of 9

12 is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		No Yes. Check al	ll that apply:			Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example	a	☐ Domestic su under 11 U.	ipport obliga S.C. § 507(a	tions (including alimony)(1)(A) or (a)(1)(B).	and child support)	\$
in some categories, the lawl imits the amount entitled to priority.	G ,		services for p	s toward purchase, leas personal, family, or hou		\$
l		₩ Wages, sala 180 days be	ries, or com	missions (up to \$12,850 kruptcy petition is filed our er is earlier. 11 U.S.C. §	or the debtor's	\$ 7123.08
				to governmental units.		<u>\$</u>
ļ		☐ Contribution	s to an empl	oyee benefit plan. 11 U	.S.C. § 507(a)(5).	\$
		☐ Other. Spec	ify subsectio	n of 11 U.S.C. § 507(a)	(_) that applies	\$
		* Amounts are sub of adjustment.	ject to adjustme	ent on 4/01/19 and every 3 y	ears after that for case	es begun on or after the date
Part 3: Sign Below						
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.	I undo the and c I deci	I am the trustee I am a guarante erstand that an autimount of the claim, e examined the info orrect. are under penalty of cuted on date Candace Frioux ature the name of the	or's attorney or, or the debt or, surety, en norized signatur the creditor garmation in this of perjury that the 12/1/201 MM / DD		or. Bankruptcy Rul wes as an acknowledgr easyments received tow easonable belief that th ect.	e 3005. ment that when calculating ard the debt.
	Title			First name Middle nar Registered Nurse	ne Last name	
	Com	pany				
	Addr	ess		Identify the corporate servicer 3403 Weeks Island Rd.	cer as the company if t	he authorized agent is a
				Number Street New Iberia, LA 70560		
	Cont	act phone 3	375195289	City State ZIP Code Email	candacefrioux@g	gmail.com

Official Form 410

Proof of Claim

page 3

FEDERAL Tax Retu	2013 OMB No. 1545-0008	
a. Employee soc. Sec. No.	1 Wages, tips, other comp.	2 Federal Income tax withheld
438-06-8169	46249.40 3 Social security wages	4446.30
b. Employer ID no. (EIN)	48357.87	4 Social security tax withheld 2998 . 19
36-4756243	5 Medicare wages and tips 48357.87	6 Medicare tax withheld 701.18
c. Employer's name, address, o		701.18
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13 Statutory employee Retirement plan X Third-party sick pay	14 Other	C 19.55 12b Code D 2108.47 12c Code DD 11201.55
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a. Employee soc. Sec. No.	1 Wages, tips, other comp.	2 Federal income tax withheld
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36-4756243	5 Medicare wages and tips 48357.87	6 Medicare tax with	701.18
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10 Dependent care benefits	11 Nonquelified plans	12a Code See Instr. C	for box 12 19.55
3 Statutory employee	14 Other PRE-TAX 4372.95	12b Code D	2108.47
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Third-party sick pay		12d Code	
A 1673555001	46249.40		1701.57
5 State Employer State (D#	16 State wages, tips, etc.	17 State income tax	
8 Local wages, tips, etc.	19 Local Income tax	20 Locatity name	
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ocal Income T	th Employee's State, ax Return.	2013 OMB No. 1545-0008
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is, etc.	19 Local income tax	20 Locality name
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Copy B, To Be Filed Wi FEDERAL Tax Return.	2014 OMB No. 1545-0008					
a. Employee soc. Soc. No. 438-06-8169	1 Wages, tips, other comp. 71811.15	2 Federal income tax withheld 6848.91				
b. Employer ID no. (EIN)	3 Social security wages 75217.30	4 Social security tax withheld 4663.47				
36-4756243	5 Medicare wages and tips 75217.30	6 Medicare tax withheld 1090.65				
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000						
d. Control number	0000000229					
e. Employee's name, address and ZIP CANDACE FRIOUX 3403 WEEKS ISLAND NEW IBERIA LA 705	RD					
7 Social security tips	8 Allocated tips					
10 Dependent care benefits	11 Nonqualified plans	12e Code See instr. for box 12 C 25.42				
13 Statutory employee	14 Other PRE-TAX 9962.08	12b Code D 3406.15				
Retirement plan X		12c Code DD 14568.06				
Third-party sick pay		12d Code				
A 1673555001	71811.15	2655.67				
5 State Employer State ID#	16 State wages, tips, etc.	17 State income tax				
8 Local wages, tips, etc.	19 Local income tax	20 Locality name				
orm W-2 Wage and Tax Statement Dept. of the Treasury - IRS						

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Сору	C, For EMPLOYER	2014 OMB No. 1545-0008			
	yce soc. Sec. No. 06-8169	1 Wages, ttps, other comp. 71811.15	2 Federal income tax withheld 6848.91		
		3 Social security wages 75217.30	4 Social security tax withheld 4663,47		
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36-4	756243	5 Medicare wages and tips 75217.30	6 Modicare tax withhold 1090.65		
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d. Contr	ol number	0000000229			
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	ory employee	14 Other PRE-TAX 9962.08	126 Code D 3406.15		
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15 State	Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.		19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2, To Be Filed ' City, or Local Incom	With Employee's State, e Tax Return.	2014 OMB No
a. Employoo soc. Soc. No.	1 Wages, ttps, other comp. 71811.15	2 Federal Income tax withheld 6848.91
438-06-8169	3 Social security wages	4 Social security tax withheld
b. Employer ID no. (EIN)	75217.30	4663.47
36-4756243	5 Medicare wages and tips 75217.30	6 Medicare tax withheld 1090.65
c. Employer's name, address, and	ZIP code	
PROGRESSIVE ACU	TE CARE DAUTERIVE	
2210 7TH ST		
MANDEVILLE LA 7	0471-0000	
d. Control number	0000000229	
2402 20000		
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NEW IBERIA LA 7 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan X Third-party sick pay	0560 8 Allocated tips 11 Nonqualified plans 14 Other PRE-TAX 9962.08	C 25.42 12b Code D 3406.15 12c Code DD 14568.06 12d Code 2655.67

Dept. of the Treasury - IRS

Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return. OMB 1545-0					
a. Employee sec. Sec. No.	1 Wages, tips, other comp.	2 Foderal income tax withheld			
438-06-8169	,1011.13	6848.91			
	3 Social security wages 75217.30	4 Social security tax withheld 4663.47			
b. Employer ID no. (EIN) 36-4756243	5 Medicare wages and tips	6 Modicare tax withheld			
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c. Employer's name, address, and Z	P code				
PROGRESSIVE ACUT	E CARE DAUTERIVE				
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d. Control number	0000000229				
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3403 WEEKS ISLAN	O RD				
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7 Social security tips	8 Allocated tips				
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12			
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13 Statutory employoo	14 Other	12b Code			
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Retirement plan X		12c Code DD 14568.06			
Third-party sick pay		12d Code			
LA 1673555001	71811.15	2655.67			
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tux			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement

Copy B, To Be Filed Wit FEDERAL Tax Return.	2015 OMB No. 1545-0008		
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 69386.73	2 Federal Income tax withheld 6391.74	
b. Employer ID no. (EIN)	3 Social security wages 72627 . 67	4 Social security tax withheld 4 5 0 2 . 9 3	
36-4756243	5 Medicare wages and tips 72627.67	6 Medicare tax withheld	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number	0000000219		
o. Employee's namo, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
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13 Statutory employee Retirement plan	14 Other PRE-TAX 9566.57	12b Code D 3240.94	
Х		12c Code DD 9212.19	
Third-party sick pay	12d Code		
LA 1673555001	69386.73	2533.26	
15 State Employer State ID#	16 State wages, tips, etc.	17 State incomo tax	
16 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

	C, FOR EMPLOYER	E'S RECORDS.	2015	OMB No. 1545-0008
a. Employee soc. Sec. No.		1 Wages, tips, other comp.	2 Federal income tax withheld	
438-06-8169		69386.73	6391.7	
		3 Social security wages	4 Social security tax	
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36-4	1756243	5 Medicare wages and tips 72627.67		
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Form W-2 Wage and Tax Statement

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This information is being furnished to the IRS. If you are required to file a tax return, a negligence
penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

City, or Local Inco		2015 OMB No. 1545-000	
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 69386.73	2 Federal income tax withheld 6391.74	
b. Employer ID no. (EIN)	3 Social socurity wages 72627.67	4 Social security tax withhold 4502.93	
36-4756243	5 Medicare wages and tips 72627.67	6 Medicare tax withheld 1053.10	
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NEW IBERIA LA 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan X Third-party sick pay	8 Allocated tips 11 Nonqualified plans 14 Other PRE-TAX 9566.57	C 25.22 12b Code D 3240.94 12c Code DD 9212.19	

City, or Local Income Tax Return. a. Employee soc. Soc. No. 438-06-8169 b. Employer ID no. (EIN) 36-4756243 c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000 d. Control number 0000000219 c. Employer's name, address and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000 d. Control number 0000000219 c. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560 7 Social security tips 8 Allocated tips 10 Dependent cure benefits 11 Nonquelified plans 12a Code See Instr. for box 1: C 25 Retirement plan X Third-party sick pay 14 Other PRE-TAX 9566.57 Retirement plan X Third-party sick pay 15 State Employer State (Diff 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 20 Locatity name	MB No. 15-0008
a Social security wages b. Employer ID no. (EIN) 36-4756243 5 Modicare wages and tips 72627.67 6 Medicare tax withheld 1053 c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000 d. Control number 0000000219 e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See instr. for box 1 C 25 13 Statutory employee 14 Other PRE-TAX 9566.57 Retirement plan X Third-party sick pay 15 Stato Employer State (Diff 16 Stato wages, tips, etc. 17 Stato income bax	
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	.26
18 Local wages, tips, etc. 19 Local income tax 20 Locality come	
ao Lacamy Number	

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Copy B, To Be Filed With Employee's FEDERAL Tax Return.				
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 1500.00	2 Federal Income tax withheld 70.38		
b. Employer (D no. (E(N)	3 Social security wages 1500.00	4 Social security tax withhold 93.00		
36-4756243	5 Medicare wages and tips 1500.00	6 Medicare tax withheld 21.75		
c. Employer's name, address, and ZIP code				
PROGRESSIVE ACUT	E CARE DAUTERIVE			
2210 7TH ST				
MANDEVILLE LA 70	171-0000			
d. Control number	000000078			
e. Employee's name, address and ZIP code CANDACE FRIOUX				
3403 WEEKS ISLAND RD NEW IBERIA LA 70560				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
A 1673555001	1500.00	44.17		
5 State Employer State (D#	16 State wages, tips, etc.	17 State income tax		
8 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W-2 Wage and Tax Statement Dept. of the Treasury - IR				

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy C, For EMPLOYEE		e's records.	2016	OMB No. 1545-0008
a. Employee soc. Soc.		1 Wages, tips, other comp. 1500.00	2 Federal Income to	x withheld 70.38
438-06-8169		3 Social security wages	4 Social security tax	
b. Employer ID no. (E		1500.00		93.00
36-4756243		5 Medicare wages and tips 1500.00	6 Modicare tax withh	eld 21.75
c. Employer's name, a	ddress, and ZIP	code		
PROGRESSIVE ACUTE CARE DAUTERIVE				
2210 7TH S	-			
MANDEVILLE	LA 7047	71-0000		
d. Control number		0000000078		
o. Employee's name, eddress and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560				
7 Social security tips		8 Allocated tips		
10 Dependent care bonefits		11 Nonqualified plans	12a Code See Instr. 1	or box 12
13 Statutory employee		14 Other	12b Codo	
Retirement plan			12c Code	
Third-party sick pay			12d Code	
LA 16735550	01	1500.00		44.17
I 15 State Employer State ID#		16 State wages, tips, etc.	17 State income tex	
18 Local wages, tips, etc.		19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury
This information is being furnished to the IRS. If you are required to file a tax return, a negligence
penalty or other sanction may be imposed on you if this income is taxable and you fall to report it. Dept. of the Treasury - IRS

1 Wages, the other comp. 1500.00 3 Social security wages 1500.00 5 Medicare wages and the 1500.00 cde CARE DAUTERIVE 1-0000 000000078	2 Federal Income tax withheld 70.38 4 Social socurity tax withheld 93.00 6 Medicaro tax withheld 21.75
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RD 0 8 Allocated tips	
11 Nonqualified plans	12a Code See instr. for box 12
14 Other	12b Code
	12c Code
	12d Code
1500.00	44.17
16 State wages, tips, etc.	17 State income tax
19 Local Income tax	20 Locality name
	8 Allocated tips 11 Nonqualified plans 14 Other 1500.00

Copy 2, To Be Filed With Employee's State, 2016 OMB No.				
City, e	or Local Income T	ax Return.	2016 OMB No. 1545-0008	
a. Emptoyee soc. Sec. No. 438-06-8169		1 Wages, tips, other comp. 1500.00	2 Federal Income tax withheld 70.38	
		3 Social socurity wages	4 Social security tax withheld	
	oyer ID no. (EIN)	1500.00	93.00	
36-4756243		5 Medicare wages and tips 1500.00	6 Medicare tax withheld 21.75	
c. Emplo	wor's name, eddress, and ZIP	codo		
PRO	GRESSIVE ACUTE	CARE DAUTERIVE		
221	7TH ST			
MANI	DEVILLE LA 7047	71-0000		
d. Contr	ol number	000000078		
	vyee's name, address and ZIP	code		
3403	WEEKS ISLAND	RD		
NEW IBERIA LA 7056		50		
7 Social s	ecurity tips	8 Allocated tips		
10 Dependent care benefits		11 Nonqualified plans	12a Code See instr. for box 12	
13 Statutory employee		14 Other	12b Coda	
Retirement plan			12c Code	
Third-party sick pay			12d Code	
LA	1673555001	1500.00	44.17	
15 State	Employer State ID#	16 State wages, tips, etc.	17 State income tox	
18 Local wages, tips, etc.		19 Local income tax	20 Locality namo	

Dept. of the Treesury - IRS

Form W-2 Wage and Tax Statement

(DLK) PROGRESSIVE ACUTE CARE DAUTERIVE Department: 005 / 001 / 601 - NURSING SUPERVISOR Federal: M/3/\$0.00 SSN: xxx-xx-8169 Pay Period: 12/20/2015 to 01/02/2016 Paycheck Date: 01/08/2016 Paycheck Number: 0085351198 State: M/1/0/\$0.00 Earnings **Pay Rate** Units Hours **Current Amount** YTD Amount Hol Night Diff 4.00 \$61.21 0.75 \$45.91 \$45.91 Holiday Worked \$57.21 5.75 \$328.96 \$328.96 Personal Time \$38.14 6.80 \$259.35 \$259.35 Regular \$38.14 5.50 \$209.77 \$209.77 Vacation \$38.14 17.20 \$656.01 \$656.01 **Gross Earnings** 36.00 0.00 \$1,500.00 \$1,500.00 **Taxes** Federal Tax \$70.38 \$70.38 LA State \$44.17 \$44.17 Medicare \$21.75 \$21.75 Social Security \$93.00 \$93.00 **Net Earnings** \$1,270.70 \$1,270,70 **Direct Deposit Distribution** Dep Chkg xxx520 \$1,270.70 \$1,270,70 **Accrual Plans Current Amount Accrued Amount** Taken Amount Available Amount EIB_G 0.0000 627.0000 0.0000 627.0000 MEDICAL 0.0000 240,0000 0.0000 240.0000 **PERSONAL** 0.3692 86.6931 86.3000 0.3931 PTO GRANDFATHER 0.0000 64.0000 64.0000 0.0000 VACATION 0.9231 246.7115 59,9500 186.7615

PROGRESSIVE ACUTE CARE DAUTERIVE LLC

(C/O NETCHEX PAYROLL) 600 N. LEWIS AVE NEW IBERIA, LA 70563

Department: 005 / 001 / 601

The Business Bank of St. Louis ST. LOUIS, MO

NON NEGOTIABLE

PAY ONE THOUSAND TWO HUNDRED SEVENTY AND 70 / 100 ----- Dollars

\$1,270.70

0085351198

Date: 01/08/2016

To the order of:

Not a Check

CANDACE FRIOUX 3403 WEEKS ISLAND RD **NEW IBERIA, LA 70560**

Direct Deposit Advice

****** NON - NEGOTIABLE ******