



Employee Full Name	Sravan Chandana	Organization	CORP/ Info Services/ SAP Applications
Job Title	Cloud Administrator.IS00002110	Location	Durango Off
Employee Number	43414	Payroll	Bi-Weekly
Latest Hire Date	23-Oct-2023	Pay Basis	Salary
Original Hire Date	23-Oct-2023		
Adjusted Service Date			
Employee Address	2910 South Greenfield Road Apt #2029 Gilbert, AZ 85295 US	Employer Name	Southwest Gas Corporation
		Employer Address	8360 South Durango Las Vegas, NV 89113 US

Pay Period and Salary					
Pay Period	Pay Date	Pay Begin Date	Pay End Date	Base Salary or Hourly Rate	Annual Salary
Bi-Week	06-Dec-2024	18-Nov-2024	01-Dec-2024	126,869.86	126,869.86

Summary						
	Gross Pay	Pre-Tax Deductions	Tax Deductions	Other Deductions	Net Pay	Gross Earnings
Current	4,892.46	605.14	987.25	0.00	3,296.69	4,889.08
YTD	121,853.25	13,976.98	24,976.64	0.00	83,008.44	121,775.51

Hours and Earnings							
Description	Start Date	End Date	Rate	Current Hours	Current Amount	YTD Hours	YTD Amount
Time Entry Wages			61.00	64.00	3,903.76	1869.00	113,605.27
Excess GTLI				0.00	3.38	0.00	77.74
Holiday Paid			61.00	16.00	975.94	88.00	5,331.67
Vacation Paid				0.00	0.00	43.00	2,622.82
Life Credit				0.00	9.38	0.00	215.74
Pcard Exp Reimb				0.00	0.00	0.00	186.55
Time Entry Wages Retro				0.00	0.00	0.00	0.01

Rate Details						
Description	Start Date	End Date	Rate	Hours	Multiplier	Amount
Time Entry Wages			61.00	64.00	1.00	3,903.76
Holiday Paid			61.00	16.00	1.00	975.92

Pre Tax Deductions		
Description	Current	YTD
PTX SHARE	155.50	3,159.00
PTX Vision	1.13	23.49
PTX Enhanced Dnt	8.13	165.74
EIP Match	341.58	8,509.26
EIP Unmatch	48.80	969.49
PTX HSA	50.00	1,150.00

Taxes		
Description	Current	YTD
Federal Tax	629.40	15,998.98
Social Security	290.02	7,276.01
Medicare	67.83	1,701.65

After Tax Deductions		
Description	Current	YTD

Accruals	
Description	Balance
Abs Time Plan	40
Sal Cont Plans	1000
Vacation Accrual	81.12
Vacation Earned	45
Paid Sick Time Plan	40

Tax Withholding Information					
Type	Filing Status	Exemptions	Additional Withholding	Override Amount	Override Percentage
Federal	Single or Married filing separately	0	0.00	0.00	0.00
Nevada	No State Withholding Tax	0	0.00	0.00	0.00
Arizona	Not Used	0	0.00	0.00	0.00

Claim Dependents: 0

Net Pay Distribution				
Deposit/Check Number	Bank Name	Account Type	Account Number	Amount
170926701	BANK OF AMERICA	C	XXXXXXXXX7040	3,296.69

Third Party Pay Distribution				
Deposit/Check Number	Bank Name	Account Type	Account Number	Amount

Other Information	
Description	Value
HSA ER Contrib YTD	15.00