



Prisma Health-University Medical Group 300 E McBee Ave Ste 500 Greenville, SC 29601 (864) 797-7729
Kinsey Santamassino 103 Jasmine Cove Cir Simpsonville, SC 29680

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Kinsey Santamassino	Prisma Health-University Medical Group	1093358	04/06/2025	04/19/2025	04/25/2025	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,364.00	106.14	254.87	17.81	985.18
YTD	12,176.88	936.69	2,111.58	138.29	8,990.32

Earnings							
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	
Regular	04/06/2025 - 04/19/2025	67.2666	17	1,143.54	610.3499	10,376.01	
Ben-Holiday Floating			0		8	136.00	
Ben-PTO	04/06/2025 - 04/19/2025	12.7334	17	216.48	94.9168	1,613.63	
Diff-Shift Evening/Night			0		1.0666	1.34	
Diff-Weekend	04/13/2025 - 04/19/2025	3.1833	1.25	3.98	39.8665	49.90	
Non-Cash Wellness Rewards Mail	04/06/2025 - 04/19/2025	0	0	112.00	0	389.00	
Earnings				1,476.00		12,565.88	

Employee Taxes			
Description	Amount	YTD	
OASDI	89.16	757.91	
Medicare	20.85	177.25	
Federal Withholding	85.98	689.87	
State Tax - SC	58.88	486.55	
Employee Taxes	254.87	2,111.58	

Pre-Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
403b EE Contribution	68.20	595.23	Accident Basic	2.22	19.98
Dental Low Employee Pre Tax	7.73	69.57	ID Theft	4.59	41.31
Non-HDHP Employee Pre Tax	30.21	271.89	Retirement Loan (RSP 403B Loan 1)	11.00	77.00
Pre-Tax Deductions	106.14	936.69	Post Tax Deductions	17.81	138.29

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
401(a) ER Per Pay Period Contribution	40.92	365.36	OASDI - Taxable Wages	1,438.06	12,224.42
401(a) Employer Contribution		1,034.07	Medicare - Taxable Wages	1,438.06	12,224.42
AD&D Basic	0.21	1.81	Federal Withholding - Taxable Wages	1,369.86	11,629.19
Dental Low Employer	4.26	38.34	State Tax Taxable Wages - SC	1,369.86	11,629.19
LTD	2.46	21.10			
Life Basic	0.53	4.53			
NON-HDHP Employer	351.46	3,163.14			
STD	8.91	76.19			
Employer Paid Benefits	408.75	4,704.54			

	Federal	State	Absence Plans		
Marital Status	Single or Married filing separately	Single	Description	Accrued	Reduced Available
Allowances	0	0	PTO	8	12.7334 56.0568
Additional Withholding	0	0			

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Wells Fargo	Wells Fargo *****2984	*****2984		685.18 USD
Chase	Chase *****0653	*****0653		300.00 USD