

D. CONTROL NUMBER 001743799602		This Information is being furnished to the Internal Revenue Service		2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
B. EMPLOYER IDENTIFICATION NUMBER 13-4922250		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 663-42-4999				3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Company MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
E. EMPLOYEE'S FIRST NAME AND INITIAL Anubhav 17030 N 49th St 2142 Scottsdale AZ 85254						LAST NAME Tripathi		SUFF.			
						11. NONQUALIFIED PLANS		12. a-d			
						14. OTHER					
USA EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/>		RETIREMENT PLAN <input checked="" type="checkbox"/>		THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 134-922-250/000	16. STATE WAGES, TIPS, ETC. 18538.33		17. STATE INCOME TAX 700.49		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

D. CONTROL NUMBER 001743799602		This Information is being furnished to the Internal Revenue Service		2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
B. EMPLOYER IDENTIFICATION NUMBER 13-4922250		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 663-42-4999				3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Company MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
E. EMPLOYEE'S FIRST NAME AND INITIAL Anubhav 17030 N 49th St 2142 Scottsdale AZ 85254						LAST NAME Tripathi		SUFF.			
						11. NONQUALIFIED PLANS		12. a-d			
						14. OTHER					
USA EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/>		RETIREMENT PLAN <input checked="" type="checkbox"/>		THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 134-922-250/000	16. STATE WAGES, TIPS, ETC. 18538.33		17. STATE INCOME TAX 700.49		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return 2020 Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 001743799602		This Information is being furnished to the Internal Revenue Service		2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
B. EMPLOYER IDENTIFICATION NUMBER 13-4922250		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 663-42-4999				3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Company MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
E. EMPLOYEE'S FIRST NAME AND INITIAL Anubhav 17030 N 49th St 2142 Scottsdale AZ 85254						LAST NAME Tripathi		SUFF.			
						11. NONQUALIFIED PLANS		12. a-d			
						14. OTHER					
USA EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/>		RETIREMENT PLAN <input checked="" type="checkbox"/>		THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 134-922-250/000	16. STATE WAGES, TIPS, ETC. 18538.33		17. STATE INCOME TAX 700.49		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return 2020 Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 001743799602		This Information is being furnished to the Internal Revenue Service		2020	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
B. EMPLOYER IDENTIFICATION NUMBER 13-4922250		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 663-42-4999				3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Company MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						5. MEDICARE WAGES AND TIPS		6. MEDICARE TAX WITHHELD			
E. EMPLOYEE'S FIRST NAME AND INITIAL Anubhav 17030 N 49th St 2142 Scottsdale AZ 85254						LAST NAME Tripathi		SUFF.			
						11. NONQUALIFIED PLANS		12. a-d			
						14. OTHER					
USA EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY EMPLOYEE <input type="checkbox"/>		RETIREMENT PLAN <input checked="" type="checkbox"/>		THIRD PARTY SICK PAY <input type="checkbox"/>	
15. STATE NJ	EMPLOYER'S STATE I.D. NO. 134-922-250/000	16. STATE WAGES, TIPS, ETC. 18538.33		17. STATE INCOME TAX 700.49		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return 2020 Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement