								Federal Box 1	Soc. Sec. Box 3 8	7 Medicare Box 5		
	n explanation of t t the Gross amou					Gross Wages 134663.0 Txbl Benefits			00 134663.	00 134663.00		
						Group Term	ı Life	121.	.80 121.	80 121.80		
						Deferred Co	omp					
						Section 125	5	(9300.2	24) (9300.2	4) (9300.24)		
						Other Preta	x/Wage Limit					
						W-2 Wages		125484.	.56 125484.	56 125484.56		
D. CONTROL NUMBER 001746682801	This Information is being furnished to the Internal Revenue Service 2020 OMB NO. 1545-000					1. WAGES, TIPS, OTHER COMPENSATION 125484.56			2. FEDERAL INCOME TAX WITHHELD 12402.06			
B. EMPLOYER IDENTIFI	CATION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUM	IBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TA	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497		764-78-4603				125484.56				7780.04		
C. EMPLOYER'S NAME,						5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT			
American Express T MC 24-02-11	ravel Related Serv	ices Company,	Inc.				12548	4.56		1819.53		
2401 W Behrend D Phoenix AZ 85027	: Suite 55					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
FINERIX AZ 03027						9.			10. DEPENDENT CARE I	BENEFITS		
E. EMPLOYEE'S FIRST N	AME AND INITIAL	LAST NA			SUFF.	11. NONQUALIFIED PLANS			12.a-d C	121.80		
Altafur Rehman									W	2799.92		
22726 N 17th St Phoenix AZ 85024 USA						14. OTHER			DD	21956.04		
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIREMENT PLAN	THIRD PARTY SICK PAY		
15. STATE EMPLOY 013313	r's state i.d. no. 3497	16. STATE WAG	ES, TIPS, ET 125484.		7. STATE INCOME 1	AX 6393.53	18. LOCAL WAGES,	TIPS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL	NUMBER	This Information is	being furnished			4D NIO 4E 4E 0000	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME T	AX WITHHELD		
001746682	2801	to the Internal Rev	enue Service	2020	OMB NO. 1545-0008		125484.56		12402.06			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						JMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY 1	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 764-78-4603								125484.56		7780.04		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE								WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
		vel Related Serv	ices Company,	Inc.				125484.56		1819.53		
	MC 24-02-11 2401 W Behrend Dr. Suite 55							CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
T HOCHIX AZ	2 03027						9.		10. DEPENDENT CARE	BENEFITS		
E. EMPLOYE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUAL	IFIED PLANS	12.a-d C	121.80				
Altafur	Altafur Rehman								W	2799.92		
22726 N 17th St Phoenix AZ 85024 USA							14. OTHER		DD	21956.04		
										REMENT X THIRD PARTY		
F. EMPLOYE	F. EMPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE PLA	N SICK PAY		
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	01331334	197		125484	1.56		6393.53					

## 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 001746682801	This Information is to the Internal Rev		2020	OMB I	NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN 1254		2. FEDERAL INCOME 1	TAX WITHHELD 12402.06		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 764-78-4603						125484.56				7780.04		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP O	ODE			5. MEDICARE	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
American Express T	avel Related Serv	ices Company,	Inc.				12548	34.56		1819.53		
MC 24-02-11 2401 W Behrend Dr. Suite 55							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Phoenix AZ 85027						9.			10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NA	AME AND INITIAL	LAST N	AME		SUFF.	11. NONQUALIFIED PLANS			12.a-d C	121.80		
Altafur Rehman								w	2799.92			
22726 N 17th St Phoenix AZ 85024 USA						14. OTHER			DD	21956.04		
F. EMPLOYEE'S ADDRES	S AND ZIP CODE								13. STATUTORY RE-	TIREMENT X THIRD PARTY SICK PAY		
	R'S STATE I.D. NO.	16. STATE WAG			17. STATE INCOME		18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ 013313	3497		125484	.56		6393.53						

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			formation is being furnished		OMBI	NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 125484.56			2. FEDERAL INCOME TAX WITHHELD		
001746682	801	to the Internal Rev	enue Service	2020 OIVID I		110. 1545-0006				12402.06		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER				MBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
13-3133497 764-78-4603								12548	.56	7780.04		
C. EMPLOYER	R'S NAME, AD	DRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD	
		el Related Serv	ices Company,	Inc.				12548	.56	1819.53		
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
riloellix AZ	03027						9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE	'S FIRST NAM	E AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	121.80	
Altafur			Rehma	an						w	2799.92	
22726 N 17 Phoenix AZ USA							14. OTHER			DD	21956.04	
F. EMPLOYEE	'S ADDRESS	AND ZIP CODE								13. STATUTORY RETII	REMENT X THIRD PARTY SICK PAY	
	EMPLOYER'S 01331334	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E 125484		17. STATE INCOME 1	FAX 6393.53	18. LOCAL WAGES, 7	IPS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	