								Federal Box	1	Soc. Sec. Box 3 &	7 M	ledicare Box 5
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.							es	12210	9.43	122109.4	13	122109.43
							Txbl Benefits 123.9		3.94	123.9	94	123.94
			Group Term Life 364.6			4.60	364.6	50	364.60			
						Adoption						
						Deferred Comp (4203.47)						
						Section 125	5	(4162	(4162.2	0)	(4162.20)	
						Other Preta	x/Wage Limit					
						W-2 Wages		11423	2.30	118435.	77	118435.77
D. CONTROL NUMBER 001746502701		This Information is being furnished to the Internal Revenue Service 2020 OMB NO. 1545-0008				,	HER COMPENSATION 114232.30		2. FEDERAL INCOME TAX WITHHELD 18435.03			
B. EMPLOYER IDENTIFIC	ATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NU	MBER	3. SOCIAL SECURITY WAGES			4. SO	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497		625-57-8427				118435.77					734	3.02
C. EMPLOYER'S NAME,						5. MEDICARE	WAGES AND T		6. ME	DICARE TAX WIT		
American Express Tr MC 24-02-11	avel Related Serv	ices Company,	Inc.					18435.77			171	.7.32
2401 W Behrend Dr. Phoenix AZ 85027	Suite 55					7. SOCIAL SE	CURITY TIPS		8. ALL	LOCATED TIPS		
FIIOEIIIX AZ 03027						9.			10. DE	PENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d	С		364.60
MANISHA D		PHON	DEKAR							D		4203.47
	1111 N Mission Park Blvd							14. OTHER				1999.84
Apartment 1013 Chandler AZ 85224										DD		13173.36
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										ATUTORY RETIR	EMENT x	THIRD PARTY SICK PAY
	STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T				4099.19	18. LOCAL WA	GES, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCAL	LITY NAME	

D. CONTROL	NUMBER	This Information is	s being furnished				1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME T	AX WITHHELD		
001746502	701	to the Internal Rev	enue Service	2020	ОМВ	OMB NO. 1545-0008		114232.30		18435.03		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						JMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 625-57-8427								118435.77		7343.02		
C. EMPLOYER	'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
	American Express Travel Related Services Company, Inc.							118435.77		1717.32		
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027							7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
THOCHIX AZ	FIDERIX AZ 63027								10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE	'S FIRST NAM	IE AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	364.60		
MANISHA D	MANISHA D PHONDEKAR								D	4203.47		
1111 N Mis	sion Park I	Blvd					14. OTHER		W	1999.84		
Apartment	Apartment 1013								DD	13173.36		
Chandler AZ 85224 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RET	IREMENT X THIRD PARTY 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		114232	2.30		4099.19					

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 001746502		This Information is to the Internal Rev		2020	OMB NO	0. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN 1142	ISATION 32.30	2. F	EDERAL INCOME TA	XX WITHHELD 18435.03	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. S	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 625-57-8427						118435.77				7343.02			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE								5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
American Express Travel Related Services Company, Inc.								1184	35.77		1717.32		
MC 24-02-11 2401 W Behrend Dr. Suite 55						7. SOCIAL SECURITY TIPS			8. A	8. ALLOCATED TIPS			
Phoenix AZ 85027							9.			10. [10. DEPENDENT CARE BENEFITS		
E. EMPLOYE MANISHA		ME AND INITIAL	LAST NA	AME DEKAR		SUFF.	11. NONQUAL	IFIED PLANS		12.a	-d C	364.60 4203.47	
1111 N Mi	ssion Park	Blvd					14. OTHER				w	1999.84	
Apartment Chandler	t 1013	biva									DD	13173.36	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE											STATUTORY RETII	REMENT X THIRD PARTY SICK PAY	
15. STATE	EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 17.	STATE INCOME 1	AX	18. LOCAL WAGES	, TIPS, ETC.	19. LOC/	AL INCOME TAX	20. LOCALITY NAME	
AZ	01331334	197		114232	.30		4099.19						

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 NUMBI 001746502701	R This Information is to the Internal Rev		2020	OMB NO.	1545-0008	1. WAGES, TI	PS, OTHER COMPEN	SATION 32.30	2. FEDERAL INCOME TA	AX WITHHELD 18435.03		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
13-3133497 625-57-8427						118435.77			7343.02			
C. EMPLOYER'S NAM	E, ADDRESS, AND ZIP (ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD			
American Expres	American Express Travel Related Services Company, Inc.							35.77		1717.32		
MC 24-02-11 2401 W Behrend Dr. Suite 55						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Phoenix AZ 85027									10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						11. NONQUALIFIED PLANS			12.a-d C	364.60		
MANISHA D		PHONI	DEKAR						D	4203.47		
1111 N Mission F	ark Blvd					14. OTHER			w	1999.84		
Apartment 1013									DD	13173.36		
Chandler AZ 85224 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
	YER'S STATE I.D. NO. 133497	16. STATE WAG	ES, TIPS, ETC 114232.3		TATE INCOME T	4099.19	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		