									Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
	To the right is an explanation of the contents of the wage boxes on yo Please note that the Gross amount shown may include adjustments.							es •	239220.			
i icase ii	iote triat t	ne cross amou	ic snown may	include de	ajastinents	Txbl Benefit		30.				
							Group Term	n Life	248.	80 248.8	0 248.80	
							Adoption					
							Deferred Co	omp	(19500.0	00)		
							Section 125	5	(3351.9	92) (3351.9	2) (3351.92)	
							Other Preta	x/Wage Limit		(98448.6)	7)	
							W-2 Wages		216648.	67 137700.0	00 236148.67	
D. CONTROL I 0017442692	TROL NUMBER This Information is being furnished to the Internal Revenue Service 2020 OM				OMB NO.	1545-0008	1. WAGES, T	IPS, OTHER COMPENSA 216648		2. FEDERAL INCOME TAX WITHHELD 29001.92		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						₹	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TA	X WITHHELD	
13-3133497 851-65-2248								137700	0.00		8537.40	
C. EMPLOYER	R'S NAME, AI	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WITI	HHELD	
		vel Related Serv	ices Company,	Inc.				236148	3.67		3749.49	
MC 24-02-1 2401 W Beh	hrend Dr. S	Suite 55					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS			
Phoenix AZ 85027						9.			10. DEPENDENT CARE B	ENEFITS		
E. EMPLOYEE	'S FIRST NAM	IE AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	248.80	
ASHOK			GUPTA	ı						D	19500.00	
4522 Alameda Dr Fremont CA 94536						14. OTHER CA	SDI	1229.09	DD			
USA										13. STATUTORY RETIR	MENT X THIRD PARTY	
F. EMPLOYEE										EMPLOYEE PLAN	SICK PAY	
	305-3743	S STATE I.D. NO. -5	16. STATE WAG	216648.6		ATE INCOME T	AX 14308.74	18. LOCAL WAGES, T	IPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL	NUMBER	This Information is	This Information is being furnished					IPS, OTHER COM	IPENSATION		2. FEDERAL INCOME TAX WITHHELD			
001744269	9201	to the Internal Rev	enue Service	2020	OMB	NO. 1545-0008		21	16648.67			29001.92		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SE	CURITY WAGES		- 1	4. SOCIAL SECURITY TAX WITHHELD			
13-3133497 851-65-2248								13	37700.00		8537.40			
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND T	TPS	- 1	6. MEDICARE TAX WITHHELD			
American Express Travel Related Services Company, Inc.								23	36148.67		3749.49			
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027							7. SOCIAL SE	CURITY TIPS			8. ALLOCATED TIPS			
T HOCHIX AZ	Filletiix AZ 63027									1	10. DEPENDENT CARE BENEFITS			
E. EMPLOYER	E'S FIRST NAN	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	11. NONQUALIFIED PLANS			2.a-d C	248.80		
ASHOK			GUPTA	Ą							D	19500.00		
4522 Alameda Dr Fremont CA 94536 USA							14. OTHER CA SDI 1229.09 DD					18023.16		
							13. STATUTORY RETIREMENT X THIRD PARTY							
F. EMPLOYEE'S ADDRESS AND ZIP CODE											EMPLOYEE PLAN	SICK PAY		
15. STATE	EMPLOYER!	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME	TAX	18. LOCAL WA	GES, TIPS, ETC.	19. L0	OCAL INCOME TAX	20. LOCALITY NAME		
CA	305-3743	-5		216648	3.67		14308.74							

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	This Information is being furnished		2020	OMB NO	D. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN			2. FEDERAL INCOME TA			
001744269201	to the Internal Rev	ne Internal Revenue Service		OIVID IV	J. 1343-0000		2166	48.67		29001.92			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3							CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD				
13-3133497 851-65-2248							1377	00.00		8537.40			
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS			6. MEDICARE TAX WIT	HHELD		
American Express Tr	avel Related Serv	ices Company,	Inc.				2361	48.67			3749.49		
MC 24-02-11 2401 W Behrend Dr. Suite 55						7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS			
Phoenix AZ 85027										10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NA ASHOK	ME AND INITIAL	LAST NA GUPTA			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C D	248.80 19500.00		
4522 Alameda Dr Fremont CA 94536 USA						14. OTHER CA	SDI	1229.	09	DD	18023.16		
F. EMPLOYEE'S ADDRESS	AND ZIP CODE									13. STATUTORY RETIR	REMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER CA 305-374	S STATE I.D. NO.	16. STATE WAGE	S, TIPS, ET. 216648.		STATE INCOME 1	AX 14308.74	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

15. STATE CA	305-3743	S STATE I.D. NO. -5	16. STATE WAG	ES, TIPS, ET 216648.		17. STATE INCO		X 14308.74	18. LOCAL WA	AGES, TIF	S, ETC.	19. LO	CAL INCOME TAX	20. LOCAL	ITY NAME	
		AND ZIP CODE											EMPLOYEE PLAT		THIRD PARTY SICK PAY	
4522 Alam Fremont C								14. OTHER CA	SDI		1229.0	9	DD		18023.16	
ASHOK	L 3 TIN 3 TIVAN	IL AND INITIAL	GUPTA			30	''' <u> </u>	II. NONQOALI	TIED FLANS			12	D D		248.80 19500.00	
							FF.	9. 11. NONQUALIFIED PLANS					10. DEPENDENT CARE BENEFITS 12.a-d C 248.80			
American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027							7. SOCIAL SECURITY TIPS					8. ALLOCATED TIPS				
		DDRESS, AND ZIP C		Inc				5. MEDICARE	WAGES AND	TIPS 236148.	67	6.	. MEDICARE TAX WI		9.49	
13-3133497 851-65-2248										37700.	00		8537.40			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOC				SOCIAL SECU	URITY NU	MBER		3. SOCIAL SECURITY WAGES					4. SOCIAL SECURITY TAX WITHHELD			
D. CONTROL 001744269		This Information is being furnished to the Internal Revenue Service		2020	OMB N	NO. 1545-00	800	1. WAGES, TIPS, OTHER COMPENSATION 216648.67		2.	2. FEDERAL INCOME TAX WITHHELD 29001.92					