

<p>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.</p>				Federal Box 1		Soc. Sec. Box 3 & 7		Medicare Box 5		
				Gross Wages		184037.72	184037.72	184037.72		
				Taxbl Benefits		557.76	557.76	557.76		
				Group Term Life		113.76	113.76	113.76		
				Adoption						
				Deferred Comp		(9291.20)				
				Section 125		(9248.80)	(9248.80)	(9248.80)		
Other Pretax/Wage Limit			(37760.44)							
W-2 Wages		166169.24	137700.00	175460.44						
D. CONTROL NUMBER 001746378201		This Information is being furnished to the Internal Revenue Service 2020		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 166169.24		2. FEDERAL INCOME TAX WITHHELD 21710.16		
B. EMPLOYER IDENTIFICATION NUMBER 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 158-23-2543		3. SOCIAL SECURITY WAGES 137700.00		4. SOCIAL SECURITY TAX WITHHELD 8537.40				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027				5. MEDICARE WAGES AND TIPS 175460.44		6. MEDICARE TAX WITHHELD 2544.18				
E. EMPLOYEE'S FIRST NAME AND INITIAL Mahesh LAST NAME Bandla SUFF. 1314 E Muriel DR phoenix AZ 85022 USA				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS				
				9.		10. DEPENDENT CARE BENEFITS				
				11. NONQUALIFIED PLANS		12.a-d C 113.76 D 9291.20 W 7099.92 DD 18023.16				
F. 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 AZ		EMPLOYER'S STATE I.D. NO. 0133133497		16. STATE WAGES, TIPS, ETC. 166169.24		17. STATE INCOME TAX 4483.54		18. LOCAL WAGES, TIPS, ETC.		
						19. LOCAL INCOME TAX		20. LOCALITY NAME		

D. CONTROL NUMBER 001746378201				This Information is being furnished to the Internal Revenue Service 2020		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 166169.24		2. FEDERAL INCOME TAX WITHHELD 21710.16	
B. EMPLOYER IDENTIFICATION NUMBER 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 158-23-2543		3. SOCIAL SECURITY WAGES 137700.00		4. SOCIAL SECURITY TAX WITHHELD 8537.40					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027				5. MEDICARE WAGES AND TIPS 175460.44		6. MEDICARE TAX WITHHELD 2544.18					
E. EMPLOYEE'S FIRST NAME AND INITIAL Mahesh LAST NAME Bandla SUFF. 1314 E Muriel DR phoenix AZ 85022 USA				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS					
				9.		10. DEPENDENT CARE BENEFITS					
				11. NONQUALIFIED PLANS		12.a-d C 113.76 D 9291.20 W 7099.92 DD 18023.16					
F. 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 AZ		EMPLOYER'S STATE I.D. NO. 0133133497		16. STATE WAGES, TIPS, ETC. 166169.24		17. STATE INCOME TAX 4483.54		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 001746378201				This Information is being furnished to the Internal Revenue Service 2020		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 166169.24		2. FEDERAL INCOME TAX WITHHELD 21710.16	
B. EMPLOYER IDENTIFICATION NUMBER 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 158-23-2543		3. SOCIAL SECURITY WAGES 137700.00		4. SOCIAL SECURITY TAX WITHHELD 8537.40					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027				5. MEDICARE WAGES AND TIPS 175460.44		6. MEDICARE TAX WITHHELD 2544.18					
E. EMPLOYEE'S FIRST NAME AND INITIAL Mahesh LAST NAME Bandla SUFF. 1314 E Muriel DR phoenix AZ 85022 USA				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS					
				9.		10. DEPENDENT CARE BENEFITS					
				11. NONQUALIFIED PLANS		12.a-d C 113.76 D 9291.20 W 7099.92 DD 18023.16					
F. 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 AZ		EMPLOYER'S STATE I.D. NO. 0133133497		16. STATE WAGES, TIPS, ETC. 166169.24		17. STATE INCOME TAX 4483.54		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 001746378201				This Information is being furnished to the Internal Revenue Service 2020		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 166169.24		2. FEDERAL INCOME TAX WITHHELD 21710.16	
B. EMPLOYER IDENTIFICATION NUMBER 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 158-23-2543		3. SOCIAL SECURITY WAGES 137700.00		4. SOCIAL SECURITY TAX WITHHELD 8537.40					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027				5. MEDICARE WAGES AND TIPS 175460.44		6. MEDICARE TAX WITHHELD 2544.18					
E. EMPLOYEE'S FIRST NAME AND INITIAL Mahesh LAST NAME Bandla SUFF. 1314 E Muriel DR phoenix AZ 85022 USA				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS					
				9.		10. DEPENDENT CARE BENEFITS					
				11. NONQUALIFIED PLANS		12.a-d C 113.76 D 9291.20 W 7099.92 DD 18023.16					
F. 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 AZ		EMPLOYER'S STATE I.D. NO. 0133133497		16. STATE WAGES, TIPS, ETC. 166169.24		17. STATE INCOME TAX 4483.54		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**