									Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
		explanation of the Gross amount					Gross Wage		184037.7 557.7			
ricasc	note that t	ne cross amou	ic shown may	include (aujustine							
							Group Term	n Life	113.7	76 113.7	6 113.76	
							Adoption					
							Deferred Comp (9291.20)					
							Section 125	5	(9248.8	0) (9248.8	0) (9248.80)	
							Other Preta	x/Wage Limit		(37760.4	4)	
							W-2 Wages		166169.	24 137700.0	175460.44	
	0. CONTROL NUMBER This Information is being furnished to the Internal Revenue Service			2020	OMB N	O. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 166169.24			2. FEDERAL INCOME TAX WITHHELD 21710.16		
B. EMPLOYE	R IDENTIFICAT	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUM	MBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
13-313349			158-23-2543				137700.00			8537.40		
C. EMPLOYE	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.				17546	50.44		2544.18	
MC 24-02- 2401 W Be	hrend Dr. S	Suite 55					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Phoenix AZ	2 85027						9.			10. DEPENDENT CARE BENEFITS		
E 51.101.0115	ele elecativit	ME AND INITIAL	LAST NA			0.155	44 1101101111	ISISS SIANIS		40. 1		
Mahesh	E'S FIRST NAN	TE AND INITIAL	Bandla			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	113.76 9291.20	
	and all DD		Danuie				14. OTHER			w w	7099.92	
1314 E Muriel DR phoenix AZ 85022					14. OTHER			DD	18023.16			
USA	LOJOLL											
F. EMPLOYE	F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIR PLAN	EMENT X THIRD PARTY SICK PAY	
15. STATE		STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 17	7. STATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	01331334	197		166169	.24		4483.54					

D. CONTROL 00174637		This Information is being furnished to the Internal Revenue Service		2020	OMB N	IO. 1545-000	1. WAGES, T	IPS, OTHER COMPENS 16616		2. FEDERAL INCOME TA	XX WITHHELD 21710.16
			SOCIAL SEC	OCIAL SECURITY NUMBER			CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 158-23-2543							13770	00.00	8537.40		
C. EMPLOYE	R'S NAME, AL	DDRESS, AND ZIP C	ODE				5. MEDICARI	WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
American	Express Tra	vel Related Serv	ices Company,	Inc.				17546	0.44	2544.18	
	MC 24-02-11 2401 W Behrend Dr. Suite 55							CURITY TIPS		8. ALLOCATED TIPS	
FIIOEIIIX AZ	2 63027						9.			10. DEPENDENT CARE	BENEFITS
	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUA	IFIED PLANS		12.a-d C	113.76	
Mahesh			Bandla	3						D	9291.20
1314 E Mu	uriel DR						14. OTHER			w	7099.92
phoenix AZ 85022								DD	18023.16		
USA										A CTATUTORY DET	DEALERS THE PARTY
F. EMPLOYE	F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 1	17. STATE INCOM	TAX	18. LOCAL WAGES,	TIPS, ETC. 1	19. LOCAL INCOME TAX	20. LOCALITY NAME
AZ	01331334	197		166169	9.24		4483.54				

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 NUMBE 001746378201		his Information is being furnished the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 166169.24			2. FEDERAL INCOME TAX WITHHELD 21710.16		
B. EMPLOYER IDENTI	FICATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
13-3133497		158-23-2543			137700.00			8537.40		
C. EMPLOYER'S NAM	E, ADDRESS, AND ZIP (ODE			5. MEDICARE	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD	
	Travel Related Serv	vices Company,	Inc.			175460.4	14	2544.18		
MC 24-02-11 2401 W Behrend Phoenix AZ 85027					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
FIIDEIIIX AZ 63027					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUALIFIED PLANS			113.76	
Mahesh		Bandla						D	9291.20	
1314 E Muriel DR					14. OTHER			w	7099.92	
phoenix AZ 85022 USA								DD	18023.16	
F. EMPLOYEE'S ADDR	RESS AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
	YER'S STATE I.D. NO. .33497	16. STATE WAG	ES, TIPS, E 166169		TAX 4483.54	18. LOCAL WAGES, TIP	S, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBE 001746378201	This information is	This Information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 166169.24			2. FEDERAL INCOME TAX WITHHELD 21710.16		
B. EMPLOYER IDENTI	FICATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
13-3133497		158-23-2543			137700.00			8537.40		
C. EMPLOYER'S NAM	, ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
American Express	Travel Related Sen	vices Company,	Inc.			17546	0.44	2544.18		
MC 24-02-11 2401 W Behrend Phoenix AZ 85027					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
FIIOEIIIX AZ 03027					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST	NAME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	113.76	
Mahesh		Bandla	3					D	9291.20	
1314 E Muriel DR					14. OTHER			w	7099.92	
phoenix AZ 85022 USA								DD	18023.16	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
	YER'S STATE I.D. NO. 33497	16. STATE WAG	ES, TIPS, ET 166169		4483.54	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	