

|   |   |  |                                 |   |                                 |                   |            |
|---|---|--|---------------------------------|---|---------------------------------|-------------------|------------|
| 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.                        |   |  |                                 | Federal Box 1   | Soc. Sec. Box 3 & 7             | Medicare Box 5    |            |
|   |   |  |                                 | Gross Wages   | 154669.18                       | 154669.18         | 154669.18  |
|   |   |  |                                 | Txbl Benefits   | 619.84                          | 619.84            | 619.84     |
|   |   |  |                                 | Group Term Life   | 209.60                          | 209.60            | 209.60     |
|   |   |  |                                 | Adoption  |                                 |                   |            |
|   |   |  |                                 | Deferred Comp   | (13295.19)                      |                   |            |
|   |   |  |                                 | Section 125   | (12317.18)                      | (12317.18)        | (12317.18) |
|   |   |  |                                 | Other Pretax/Wage Limit   |                                 | (5481.44)         |            |
|   |   |  |                                 | W-2 Wages   | 129886.25                       | 137700.00         | 143181.44  |
| D. CONTROL NUMBER<br>001746464401   | This Information is being furnished to the Internal Revenue Service | 2020                                     | OMB NO. 1545-0008               | 1. WAGES, TIPS, OTHER COMPENSATION  | 2. FEDERAL INCOME TAX WITHHELD  |                   |            |
|   |   |  |                                 | 129886.25   | 13157.11                        |                   |            |
| B. EMPLOYER IDENTIFICATION NUMBER<br>13-3133497   | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>825-27-9940                 |  |                                 | 3. SOCIAL SECURITY WAGES  | 4. SOCIAL SECURITY TAX WITHHELD |                   |            |
|   |   |  |                                 | 137700.00   | 8537.40                         |                   |            |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>American Express Travel Related Services Company, Inc.<br>MC 24-02-11<br>2401 W Behrend Dr. Suite 55<br>Phoenix AZ 85027 |   |  |                                 | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |                   |            |
|   |   |  |                                 |   |                                 |                   |            |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Priyanku<br>LAST NAME<br>Rajkhowa<br>SUFF.<br>12106 W Rowel Rd<br>Peoria AZ 85383<br>USA                                      |   |  |                                 | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |                   |            |
|   |   |  |                                 |   |                                 |                   |            |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE<br>12106 W Rowel Rd<br>Peoria AZ 85383<br>USA  |   |  |                                 | 9.  | 10. DEPENDENT CARE BENEFITS     |                   |            |
|   |   |  |                                 |   |                                 |                   |            |
|   |   |  |                                 | 11. NONQUALIFIED PLANS  | 12.a-d C 209.60                 |                   |            |
|   |   |  |                                 |   | D 13295.19                      |                   |            |
|   |   |  |                                 |   | W 5999.84                       |                   |            |
|   |   |  |                                 |   | DD 21956.04                     |                   |            |
|   |   |  |                                 | 13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/> |                                 |                   |            |
| 15. STATE<br>AZ   | EMPLOYER'S STATE I.D. NO.<br>0133133497                             | 16. STATE WAGES, TIPS, ETC.<br>129886.25 | 17. STATE INCOME TAX<br>3501.28 | 18. LOCAL WAGES, TIPS, ETC.   | 19. LOCAL INCOME TAX            | 20. LOCALITY NAME |            |

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|   |   |  |                                 | 129886.25   | 13157.11                        |                   |  |
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|   |   |  |                                 | 137700.00   | 8537.40                         |                   |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>American Express Travel Related Services Company, Inc.<br>MC 24-02-11<br>2401 W Behrend Dr. Suite 55<br>Phoenix AZ 85027 |   |  |                                 | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |                   |  |
|   |   |  |                                 |   |                                 |                   |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Priyanku<br>LAST NAME<br>Rajkhowa<br>SUFF.<br>12106 W Rowel Rd<br>Peoria AZ 85383<br>USA                                      |   |  |                                 | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |                   |  |
|   |   |  |                                 |   |                                 |                   |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE<br>12106 W Rowel Rd<br>Peoria AZ 85383<br>USA  |   |  |                                 | 9.  | 10. DEPENDENT CARE BENEFITS     |                   |  |
|   |   |  |                                 |   |                                 |                   |  |
|   |   |  |                                 | 11. NONQUALIFIED PLANS  | 12.a-d C 209.60                 |                   |  |
|   |   |  |                                 |   | D 13295.19                      |                   |  |
|   |   |  |                                 |   | W 5999.84                       |                   |  |
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| 15. STATE<br>AZ   | EMPLOYER'S STATE I.D. NO.<br>0133133497                             | 16. STATE WAGES, TIPS, ETC.<br>129886.25 | 17. STATE INCOME TAX<br>3501.28 | 18. LOCAL WAGES, TIPS, ETC.   | 19. LOCAL INCOME TAX            | 20. LOCALITY NAME |  |

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**FORM W-2 Wage and Tax Statement**

|   |   |  |                                 |   |                                 |                   |  |
|---|---|--|---------------------------------|---|---------------------------------|-------------------|--|
| D. CONTROL NUMBER<br>001746464401   | This Information is being furnished to the Internal Revenue Service | 2020                                     | OMB NO. 1545-0008               | 1. WAGES, TIPS, OTHER COMPENSATION  | 2. FEDERAL INCOME TAX WITHHELD  |                   |  |
|   |   |  |                                 | 129886.25   | 13157.11                        |                   |  |
| B. EMPLOYER IDENTIFICATION NUMBER<br>13-3133497   | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>825-27-9940                 |  |                                 | 3. SOCIAL SECURITY WAGES  | 4. SOCIAL SECURITY TAX WITHHELD |                   |  |
|   |   |  |                                 | 137700.00   | 8537.40                         |                   |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>American Express Travel Related Services Company, Inc.<br>MC 24-02-11<br>2401 W Behrend Dr. Suite 55<br>Phoenix AZ 85027 |   |  |                                 | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |                   |  |
|   |   |  |                                 |   |                                 |                   |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Priyanku<br>LAST NAME<br>Rajkhowa<br>SUFF.<br>12106 W Rowel Rd<br>Peoria AZ 85383<br>USA                                      |   |  |                                 | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |                   |  |
|   |   |  |                                 |   |                                 |                   |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE<br>12106 W Rowel Rd<br>Peoria AZ 85383<br>USA  |   |  |                                 | 9.  | 10. DEPENDENT CARE BENEFITS     |                   |  |
|   |   |  |                                 |   |                                 |                   |  |
|   |   |  |                                 | 11. NONQUALIFIED PLANS  | 12.a-d C 209.60                 |                   |  |
|   |   |  |                                 |   | D 13295.19                      |                   |  |
|   |   |  |                                 |   | W 5999.84                       |                   |  |
|   |   |  |                                 |   | DD 21956.04                     |                   |  |
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|   |   |  |                                 | 137700.00   | 8537.40                         |                   |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>American Express Travel Related Services Company, Inc.<br>MC 24-02-11<br>2401 W Behrend Dr. Suite 55<br>Phoenix AZ 85027 |   |  |                                 | 5. MEDICARE WAGES AND TIPS  | 6. MEDICARE TAX WITHHELD        |                   |  |
|   |   |  |                                 |   |                                 |                   |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Priyanku<br>LAST NAME<br>Rajkhowa<br>SUFF.<br>12106 W Rowel Rd<br>Peoria AZ 85383<br>USA                                      |   |  |                                 | 7. SOCIAL SECURITY TIPS   | 8. ALLOCATED TIPS               |                   |  |
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