									Federal Box 1	Soc. Sec. Box 3	& 7	Medicare Box 5	
		explanation of the Gross amount					Gross Wages 154669.1 Txbl Benefits 619.8				154669.18 619.84		
	iote tilat t	0.000 000.		meiaac ac	ajastiii								
							Group Tern	n Life	209	.60 209	.60	209.60	
							Adoption						
							Deferred Co	omp	(13295.	19)			
							Section 125	5	(12317.	18) (12317.	18)	(12317.18)	
							Other Preta	x/Wage Limit		(5481.	44)		
							W-2 Wages	i	129886	.25 137700	0.00	143181.44	
	0. CONTROL NUMBER O1746464401 This Information is being furnish to the Internal Revenue Service			2020	OMB N	O. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 129886.25			2. FEDERAL INCOME TAX WITHHELD 13157.11			
B. EMPLOYER	R IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	RITY NU	ИBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497	7		825-27-9940					137700	0.00			8537.40	
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX W	THHELD)	
		vel Related Serv	ices Company,	Inc.				14318	1.44			2076.13	
MC 24-02-1 2401 W Bel Phoenix AZ	hrend Dr.	Suite 55					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
r noenix AZ	03027						9.			10. DEPENDENT CARE	O. DEPENDENT CARE BENEFITS		
	'S FIRST NAM	ME AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C		209.60	
Priyanku			Rajkho	owa						D		13295.19	
12106 W Rowel Rd						14. OTHER			W		5999.84		
Peoria AZ 8 USA	35383									DD		21956.04	
	'S ADDRESS	AND ZIP CODE								13. STATUTORY RET	TREMENT	X THIRD PARTY SICK PAY	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T. AZ 0133133497 129886.25						3501.28	18. LOCAL WAGES, 1	TIPS, ETC. 19	D. LOCAL INCOME TAX	20. L	OCALITY NAME		

D. CONTRO	L NUMBER	This Information is	being furnished					1. WAGES, T	1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
00174646	001746464401 to the Ir		enue Service	2020	OMB	NO. 15	. 1545-0008	129886.25			13157.11		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
13-3133497 825-27-9940						137700.00			8537.40				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE									WAGES AND TIPS		6. MEDICARE TAX WITHHELD		
		ivel Related Serv	rices Company,	, Inc.				143181.44			2076.13		
	MC 24-02-11 2401 W Behrend Dr. Suite 55							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
riioeilix A.	2 03027							9.			10. DEPENDENT CARE I	BENEFITS	
E. EMPLOYE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUALIFIED PLANS			12.a-d C	209.60			
Priyanku			Rajkh	owa							D	13295.19	
12106 W Rowel Rd					14. OTHER			W	5999.84				
Peoria AZ 85383								DD	21956.04				
USA										-	13. STATUTORY RETIR	REMENT X THIRD PARTY	
F. EMPLOYE	F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN		
15. STATE	EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE	INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19.1	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	01331334	197		129886	5.25			3501.28					

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 001746464401	This Information is to the Internal Rev		2020	ОМВ	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATI 129886.2		2. FEDERAL INCOME TA	X WITHHELD 13157.11	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 825-27-9940						137700.00			8537.40		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
American Express Tra	avel Related Serv	ices Company,	Inc.				143181.4	14	2076.13		
MC 24-02-11 2401 W Behrend Dr. Suite 55						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Phoenix AZ 85027						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUALIFIED PLANS			12.a-d C	209.60		
Priyanku Rajkhowa									D	13295.19	
12106 W Rowel Rd						14. OTHER			w	5999.84	
Peoria AZ 85383								DD	21956.04		
USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE								13. STATUTORY RETIF	REMENT X THIRD PARTY SICK PAY	
	S STATE I.D. NO.	16. STATE WAG			17. STATE INCOME		18. LOCAL WAGES, TIP	S, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	
AZ 0133133	497		129886	5.25		3501.28					

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		This Information is being furnished			OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD		
001746464401 to the Internal Re		to the Internal Rev	enue Service	2020	OIVID NO. 1343	5-0008	129886.25				13157.11		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SEC	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD					
13-3133497 825-27-9940							1377	00.00	8537.40				
C. EMPLOYER	R'S NAME, A	DDRESS, AND ZIP (ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD		
		ivel Related Sen	vices Company,	Inc.				1431	31.44	2076.13			
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
FILEERIA AZ 03027										10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE	'S FIRST NAM	ME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	FIED PLANS		12.a-d C	209.60		
Priyanku Rajkhowa									D	13295.19			
12106 W Rowel Rd							14. OTHER			w	5999.84		
Peoria AZ 85383 USA										DD	21956.04		
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY		
	EMPLOYER'S 01331334	S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E 129886		NCOME T	AX 3501.28	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		