									Federal Box 1	Soc. Sec. Box 3 8	.7 M	edicare Box 5
		explanation of t					Gross Wage	is	125056.	33 125056.	33	125056.33
Please note that the Gross amount shown may include adjustments.								:s	1092.	00 1092.	00	1092.00
							Group Term	Life	71.	04 71.	04	71.04
							Adoption					
							Deferred Co	mp	(6855.3	37)		
							Section 125		(6142.7	78) (6142.7	(8)	(6142.78)
							Other Preta	x/Wage Limit				
							W-2 Wages		113221.	22 120076.	59	120076.59
D. CONTRO 00219381		This Information is to the Internal Rev		2021	ОМВ	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPER 1132	ISATION 21.22	2. FEDERAL INCOME TA		.D 5.28
B. EMPLOYE 13-49222		TION NUMBER	A. EMPLOYEE'S 663-42-4999		URITY NU	JMBER	3. SOCIAL SECURITY WAGES 120076.59			4. SOCIAL SECURITY TAX WITHHELD 7444.75		
	ER'S NAME, A	DDRESS, AND ZIP (	ODE				5. MEDICARE WAGES AND TIPS 120076,59			6. MEDICARE TAX WIT		1.11
MC 24-02 2401 W B	-11 ehrend Dr. S						7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS			17-1	1.11	
Phoenix A	Z 85027						9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Anubhav Tripathi						11. NONQUALIFIED PLANS			12.a-d C D		71.04 6855.37	
17030 N 49th St 2142 Scottsdale AZ 85254						14. OTHER			W DD		2999.98 19396.32	
USA		AND ZIP CODE								13. STATUTORY RETII	REMENT X	THIRD PARTY SICK PAY
15. STATE AZ	EMPLOYER': 01349222	S STATE I.D. NO. 250	16. STATE WAG	ES, TIPS, E 113221		17. STATE INCOME	TAX 3055.00	18. LOCAL WAGES	, TIPS, ETC. 19	LOCAL INCOME TAX	20. LOCA	LITY NAME

D. CONTROL NUMB 002193812601	THIS IIIIOTHIACION I	This Information is being furnished to the Internal Revenue Service 2021 OMB NO. 1545-0008				1. WAGES, TIPS, OTHER COMPENSATION 113221.22			2. FEDERAL INCOME TAX WITHHELD 8695.28		
B. EMPLOYER IDENT	IFICATION NUMBER	A. EMPLOYEE'S	SOCIAL SECURI	TY NUMBER	3. SOCIAL SE	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
13-4922250		663-42-4999			120076.59			7444.75			
C. EMPLOYER'S NAM	IE, ADDRESS, AND ZIP (	ODE			5. MEDICARE	WAGES AND TIPS	6. ME	DICARE TAX WI	THHELD		
American Expres	s Company					120076.59		1741.11			
MC 24-02-11	D. C. t. FF				7. SOCIAL SEC	CURITY TIPS	8. ALL	OCATED TIPS			
2401 W Behrend Phoenix AZ 8502											
THOCHIX AZ 030Z	,				9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST	NAME AND INITIAL	LAST NA		SUFF.	11. NONQUALIFIED PLANS			С	71.04		
Anubhav		Tripath	ni					D	6855.37		
17030 N 49th St					14. OTHER			W	2999.98		
2142								DD	19396.32		
Scottsdale AZ 85	254				13. STATUTORY RETIREMENT THIRD				0514517 71100 0107/		
USA F. EMPLOYEE'S ADD	RESS AND ZIP CODE							PLOYEE PLAT	REMENT X THIRD PARTY SICK PAY		
	YER'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOME 1	ΓΑΧ	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCALITY NAME		
AZ 0134	922250		113221.22		3055.00						

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL 00219381			rmation is being furnished ternal Revenue Service 2021 OMB NO. 1545-0008				1. WAGES, TIPS, OTHER COMPENSATION 113221.22			2. FEDERAL INCOME TAX WITHHELD 8695.28		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 663-42-4999							3. SOCIAL SECURITY WAGES 120076.59			4. SOCIAL SECURITY TAX WITHHELD 7444.75		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  American Express Company							5. MEDICARE WAGES AND TIPS 120076.59			6. MEDICARE TAX WITHHELD 1741.11		
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
							9.			10. DEPENDENT CARE I	BENEFITS	
E. EMPLOYE Anubhav	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Anubhav Tripathi						11. NONQUALIFIED PLANS			12.a-d C D	71.04 6855.37	
17030 N 49th St 2142 Scottsdale AZ 85254							14. OTHER			W 2999.98 DD 19396.32		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIR	REMENT X THIRD PARTY SICK PAY	
15. STATE AZ	01349222	S STATE I.D. NO. 250	16. STATE WAG	113221.2		STATE INCOME T	3055.00	18. LOCAL WAGES, T	IPS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	
										- 1 m		

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002193812601				OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 113221.22	2. FEDERAL INCOME TAX WITHHELD 8695.28
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 663-42-4999					3. SOCIAL SECURITY WAGES 120076.59	4. SOCIAL SECURITY TAX WITHHELD 7444.75
C. EMPLOYER'S NAME, AI American Express Cor	*	ODE			5. MEDICARE WAGES AND TIPS 120076.59	6. MEDICARE TAX WITHHELD 1741.11
MC 24-02-11 2401 W Behrend Dr. 9 Phoenix AZ 85027	Suite 55				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
					9.	10. DEPENDENT CARE BENEFITS

2/17/22, 2:56 PM

## Earnings - Dayforce

					IFIED PLANS	12.a-d C		71.04	
Anubhav		Tripathi					D		6855.37
17030 N 4	9th St			14. OTHER			W		2999.98
2142							DD		19396.32
Scottsdale	AZ 85254								
USA									IRD PARTY
F. EMPLOYER	'S ADDRESS AND ZIP CODE						EMPLOYEE PLAN	□ SIC	K PAY
	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME T		18. LOCAL WAGES, TIPS, ET	C. 19.	LOCAL INCOME TAX	20. LOCALITY	NAME
AZ	0134922250	113221.22		3055.00					

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

2021

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