									Federal Box 1	Soc. Sec. B	iox 3 & 7	Medicare Box 5	
		explanation of the Gross amou					Gross Wages 178288.2 Txbl Benefits			.28 178	288.28	178288.28	
						Group Term	Group Term Life 120.			120.60	120.60		
								Adoption					
								omp	(19500.0	00)			
							Section 125	5	(9582.2	24) (95	582.24)	(9582.24)	
							Other Preta	x/Wage Limit		(311	126.64)		
						W-2 Wages		149326	.64 137	700.00	168826.64		
	ONTROL NUMBER This Information is being furnished OMB NO. 1545-0008				15/15-0008	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD				
	46564301 to the Internal Revenue Service 2020						149326	5.64	17830.65				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
13-313349			813-14-2590					137700	0.00	8537.40			
		DDRESS, AND ZIP C					5. MEDICARE	WAGES AND TIPS		6. MEDICARE TA	X WITHHE		
		vel Related Serv	ices Company,	Inc.				168826	5.64			2447.99	
MC 24-02-: 2401 W Be Phoenix AZ	hrend Dr. S	Suite 55					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
T HOCHIX AZ	. 05027						9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYER	E'S FIRST NAN	IE AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C		120.60	
Thirumuru	gan		Samut	hiram						D		19500.00	
2343 W HUNTER CT							14. OTHER			w		6499.92	
Phoenix AZ 85085								DD		18023.16			
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY EMPLOYEE	RETIREMEI PLAN	THIRD PARTY SICK PAY	
15. STATE AZ	EMPLOYER'S 01331334	S STATE I.D. NO. 197	16. STATE WAGE	S, TIPS, ETC 149326.6		TATE INCOME T	AX 4028.54	18. LOCAL WAGES, 1	TIPS, ETC. 19	LOCAL INCOME T	AX 20.	LOCALITY NAME	

D. CONTROL NUMBER		This Information is	being furnished				1545 0000	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
00174656	4301	to the Internal Rev	venue Service	2020	OMR NO	NO. 1	. 1545-0008	149326.64			17830.65		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
13-3133497 813-14-2590						137700.00			8537.40				
C. EMPLOYE	ER'S NAME, AI	ODRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
	American Express Travel Related Services Company, Inc.								168826.64	2447.99			
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
I Hoenix A.	FILIDETHIX MZ 03027									10. DEPENDENT CARE BENEFITS			
E. EMPLOYE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUALIFIED PLANS			12.a-d C	120.60			
Thirumuru	Thirumurugan Samuthiram								D	19500.00			
2343 W H	HUNTER CT							14. OTHER			w	6499.92	
Phoenix A	Phoenix AZ 85085									DD	18023.16		
USA	USA										13. STATUTORY RETIR	REMENT THIRD PARTY	
F. EMPLOYE	F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN		
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STA	TE INCOME T	AX	18. LOCAL WAGES, TIPS, ETG	C. 19	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	01331334	197		149326	5.64			4028.54					

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 N 0017465643			nis Information is being furnished the Internal Revenue Service		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 149326.64			2. FEDERAL INCOME TAX WITHHELD 17830.65			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY 1	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 813-14-2590								13770	0.00	8537.40			
C. EMPLOYER'	'S NAME, AE	DDRESS, AND ZIP C	ODE			5. MEDICARE	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
		vel Related Serv	ices Company,	Inc.				16882	6.64		2447.99		
MC 24-02-11 2401 W Behrend Dr. Suite 55							7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS			
Phoenix AZ 85027										10. DEPENDENT CARE BENEFITS			
					SUFF.	11. NONQUALIFIED PLANS			12.a-d C	120.60			
Thirumurug	dii		Salliui	Illiraill						D	19500.00		
2343 W HUI							14. OTHER			W	6499.92		
Phoenix AZ 85085 USA										DD	18023.16		
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RET PLA	REMENT X THIRD PARTY SICK PAY		
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	GES, TIPS, ETC. 17. STATE INCOM		TATE INCOME T		18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	01331334	197		149326	.64		4028.54						

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL N	11113 1111011	This Information is being furnished to the Internal Revenue Service		OMB	NO. 1545-0008	1. WAGES, T	PS, OTHER COMPE	NSATION 326.64	2. FE	DERAL INCOME TA	XX WITHHELD 17830.65	
001746564301 to the Internal Revenue Service 2020 OVID NO. 1343-0006 B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAGES		4,50	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 813-14-2590							137	700.00		8537.40		
C. EMPLOYER'	'S NAME, ADDRESS, AN	ID ZIP CODE			5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD			
		ed Services Compan				168826.64				2447.99		
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
PHOEIIIX AZ	63027				9.				10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S	S FIRST NAME AND INIT	TAL LAST	AME		SUFF.	11. NONQUALIFIED PLANS			12.a-c	d C	120.60	
Thirumuruga	Thirumurugan Samuthiram									D	19500.00	
2343 W HUI	NTER CT					14. OTHER				W	6499.92	
	Phoenix AZ 85085										18023.16	
USA								13. ST	FATUTORY RETI	REMENT X THIRD PARTY		
F. EMPLOYEE'S	F. EMPLOYEE'S ADDRESS AND ZIP CODE									MPLOYEE PLAN		
	EMPLOYER'S STATE I.D	. NO. 16. STATE WA	, ,		17. STATE INCOME 1		18. LOCAL WAGE	, TIPS, ETC.	19. LOCAI	L INCOME TAX	20. LOCALITY NAME	
AZ	0133133497		149326	5.64		4028.54						