

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	225894.17	225894.17	225894.17								
				Txbl Benefits	249.60	249.60	249.60	249.60							
				Group Term Life	381.00	381.00	381.00	381.00							
				Adoption											
				Deferred Comp	(24104.09)										
				Section 125	(3956.76)	(3956.76)	(3956.76)	(3956.76)							
				Other Pretax/Wage Limit		(79768.01)	(79768.01)								
				W-2 Wages	198463.92	142800.00	222568.01								
D. CONTROL NUMBER 002193962701				This Information is being furnished to the Internal Revenue Service			2021	OMB NO. 1545-0008			1. WAGES, TIPS, OTHER COMPENSATION 198463.92	2. FEDERAL INCOME TAX WITHHELD 24823.27			
B. EMPLOYER IDENTIFICATION NUMBER 13-3133497				A. EMPLOYEE'S SOCIAL SECURITY NUMBER 851-65-2248			3. SOCIAL SECURITY WAGES 142800.00			4. SOCIAL SECURITY TAX WITHHELD 8853.60					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027				5. MEDICARE WAGES AND TIPS 222568.01			6. MEDICARE TAX WITHHELD 3430.35			7. SOCIAL SECURITY TIPS					
				8. ALLOCATED TIPS			9.			10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NAME AND INITIAL ASHOK				LAST NAME GUPTA			SUFF.			11. NONQUALIFIED PLANS			12.a-d C 381.00		
4522 Alameda Dr Fremont CA 94536 USA										D 24104.09			W 630.00		
							14. OTHER CA SDI 1539.57			DD 19396.32					
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY EMPLOYEE <input type="checkbox"/>			RETIREMENT PLAN <input checked="" type="checkbox"/>			THIRD PARTY SICK PAY <input type="checkbox"/>					
15. STATE CA	EMPLOYER'S STATE I.D. NO. 305-3743-5	16. STATE WAGES, TIPS, ETC. 198943.92	17. STATE INCOME TAX 12372.60	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME									

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FORM W-2 Wage and Tax Statement

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