									Federal Box 1	I Soc.	Sec. Box 3 &	7 Medicare Box 5	
		explanation of t				Gross Wages 166599.1			.11	166599.			
Please note that the Gross amount shown may include adjustments.								Txbl Benefits 733.2			733.2	20 733.20	
							Group Term	n Life	423	.14	423.	14 423.14	
							Adoption						
								Deferred Comp (9976.9					
							Section 125	5	(10496.	20)	(10496.2	0) (10496.20)	
							Other Preta	x/Wage Limit			(14459.2	5)	
							W-2 Wages		147282	2.34	142800.	00 157259.25	
D. CONTROL N 0021967460	NTROL NUMBER This Information is being furnished to the Internal Revenue Service			2021	OMB NO.	1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 147282.34			2. FEDERAL	INCOME TA	X WITHHELD 18284.00	
B. EMPLOYER	IDENTIFICAT	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMBE	R	3. SOCIAL SE	CURITY WAGES		4. SOCIAL S	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497	7		801-06-7075					00.00		8853.60			
C. EMPLOYER	'S NAME, AI	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICAR	E TAX WIT	HHELD	
		vel Related Servi	ces Company,	Inc.				15725	59.25			2280.26	
MC 24-02-1 2401 W Beh	rend Dr. 9	Suite 55					7. SOCIAL SEC	CURITY TIPS		8. ALLOCAT	8. ALLOCATED TIPS		
Phoenix AZ 85027							9.		10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'	'S FIRST NAN	IE AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C		423.14	
Swadheen			Gupta							D		9976.91	
4437 E Saint John Rd							14. OTHER			W		7099.92	
Phoenix AZ USA	85032									DD		19396.32	
E. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTOR EMPLOYE	RY RETIR	EMENT X THIRD PARTY SICK PAY	
		STATE I.D. NO.	16. STATE WAG			TATE INCOME T		18. LOCAL WAGES,	TIPS, ETC. 1	9. LOCAL INCO	ME TAX	20. LOCALITY NAME	
AZ	01331334	197		147282	.34		3965.16						

D. CONTRO	L NUMBER	This Information is being furnished		014			1545 0000	1. WAGES, TI	PS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
00219674	6001	to the Internal Rev	enue Service	2021	OMB	NO. 1	1545-0008	147282.34			18284.00		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD					
13-3133497 801-06-7075						142800.00			8853.60				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
American	Express Tra	vel Related Serv	ices Company,	Inc.				157259.25			2280.26		
MC 24-02-11 2401 W Behrend Dr. Suite 55						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
r noenix A.	Phoenix AZ 85027							9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME			AME			SUFF.	11. NONQUALIFIED PLANS			12.a-d C	423.14	
Swadheen	Swadheen		Gupta								D	9976.91	
4437 E Saint John Rd					14. OTHER			W	7099.92				
Phoenix AZ 85032 USA								DD	19396.32				
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIR	REMENT X THIRD PARTY SICK PAY		
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, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	01331334	97		147282	2.34			3965.16					

## 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 002196746001	This Information is to the Internal Rev		2021	OMB N	O. 1545-0008	1. WAGES, T	PS, OTHER COMPENS 14728		2. FEDERAL INCOME 1	AX WITHHELD 18284.00		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497					142800.00			8853.60				
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
American Express Tra	vel Related Servi	ices Company,	Inc.				157259.25			2280.26		
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 NAM	LAST NAME SUFF.			11. NONQUALIFIED PLANS			12.a-d <sub>C</sub>	423.14				
Swadheen		Gupta					D	9976.91				
4437 E Saint John Ro	i					14. OTHER			w	7099.92		
Phoenix AZ 85032									DD	19396.32		
USA  F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RET	IREMENT X THIRD PARTY SICK PAY		
	S STATE I.D. NO.	16. STATE WAG			7. STATE INCOME T		18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ 01331334	197		147282.	2.34		3965.16						

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

F. EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE   EMPLOYER'S STATE I.D. NO.   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME				TAX	18. LOCAL WAGES, TIPS, E	TC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME				
Phoenix A USA						14. OTHER			DD 13. STATUTORY RETI	19396.32		
			Gupta			14. OTHER			D W	9976.91 7099.92		
E. EMPLOYE Swadheen	EE'S FIRST NAM	IE AND INITIAL	LAST NA Gupta		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	423.14		
Phoenix AZ 85027						9.		10. DEPENDENT CARE BENEFITS				
American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							WAGES AND TIPS 157259.25	6. MEDICARE TAX WITHHELD 2280.26				
13-3133497 801-06-7075							142800.00	8853.60				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD					
D. CONTROI 00219674			tion is being furnished al Revenue Service		OMB NO. 1545-0008	1. WAGES, T	1. WAGES, TIPS, OTHER COMPENSATION 147282.34			2. FEDERAL INCOME TAX WITHHELD 18284.00		