									Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of the contents of the wage boxes on your W-2.							Gross Wag	es	139802.4	43 139802.4	139802.43	
, ,								its	592.8	30 592.8	30 592.80	
, ,								n Life	294.2	24 294.2	24 294.24	
							Deferred C	omp	(8370.43)			
							Section 12	5	(5540.2	8) (5540.2	8) (5540.28)	
							Other Preta	ax/Wage Limit	•	,	, , ,	
								5	126778.7	76 135149.	19 135149.19	
D. CONTRO	L NUMBER	This Information is	being furnished		ONADA	IO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSAT	ION	2. FEDERAL INCOME TA	X WITHHELD	
00219654	1801	to the Internal Rev	enue Service	2021	OIVIBIN	10. 1545-0008		126778.	76		21988.79	
		TION NUMBER	A. EMPLOYEE'S		URITY NUM	MBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
13-31334	97		667-58-9586					135149.	19		8379.25	
C. EMPLOYE	ER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
American	Express Tr	avel Related Ser	vices Compan	y, Inc.				135149.	19		1959.66	
MC 24-02	-11						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
2401 W B	ehrend Dr.	Suite 55										
Phoenix A	Z 85027						9.			10. DEPENDENT CARE BENEFITS		
E ENABLOYE	THE FIRST NAME	ME AND INITIAL	LAST N	1145		SUFF.	44 NONOUAL	IEIED DI ANG		12 - 1		
Ibrahim A		VIE AND INITIAL	Kamle			SUFF.	11. NONQUALIFIED PLANS			12.a-d C	294.24	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									D	8370.43	
17030 N 49th ST							14. OTHER			W	1400.00	
Apt 1140	·									DD	17080.56	
Scottsdale AZ 85254  #J\$AIPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIRED	EMENT X THIRD PARTY SICK PAY	
15. STATE							AX	18. LOCAL WAGES, TIP	PS, ETC, 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ						4553.47		2, 2.31				

D. CONTROL	NUMBER	This Information is	being furnished			1. WAGES, T	IPS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD		
00219654	1801	to the Internal Rev		2021	OMB NO. 1545-0008		126778.76	21988.79				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
<u>13-3133497</u> <u>667-58-9586</u>							135149.19 837			8379.25		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							WAGES AND TIPS	6. MEDICARE TAX WITHHELD				
American Express Travel Related Services Company, Inc.							135149.19		1959.66			
MC 24-02-11							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
2401 W Be	ehrend Dr.	Suite 55										
Phoenix A	Z 85027					9.		10. DEPENDENT CARE BENEFITS				
	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						LIFIED PLANS		12.a-d C	294.24		
Ibrahim A			Kamle					D	8370.43			
17030 N 4	17030 N 49th ST							w	1400.00			
Apt 1140									DD 17080.56			
Scottsdale AZ 85254								13. STATUTORY RETIREMENT THIRD PARTY				
<b>EJ\$A</b> IPLOYE	E'S ADDRESS	AND ZIP CODE							EMPLOYEE PLAN			
15. STATE		STATE I.D. NO.	16. STATE WAG				18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	0133133	<u> 197</u>		126778	.76	4553.47						

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return FORM W-2 Wage and Tax Statement

2021

Dept. of the Treasury - Internal Revenue Service

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D. CONTROL N	NUMBER	This Information is			OMB NO 1545 000	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD			
002196541	801	to the Internal Rev			·	126778.76	21988.79					
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
<u>13-3133497</u> <u>667-58-9586</u>							135149.19			8379.25		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							WAGES AND TIPS	6. MEDICARE TAX WITHHELD				
American Ex	xpress Tra	vel Related Ser	vices Compan	y, Inc.			135149.19		1959.66			
MC 24-02-11							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
2401 W Beh	hrend Dr.	Suite 55										
Phoenix AZ	85027					9.		10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S	S FIRST NAM	E AND INITIAL	LAST N	AME	SUFF	11. NONQUAI	IFIED PLANS		12.a-d C	294.24		
Ibrahim A			Kamle					D	8370.43			
17030 N 49	9th ST					14. OTHER		w	1400.00			
Apt 1140	Apt 1140								DD	17080.56		
Scottsdale AZ 85254							13, STATUTORY RETIREMENT THI			REMENT THIRD PARTY		
€J\$MPLOYEE'S ADDRESS AND ZIP CODE									EMPLOYEE PLAN			
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	01331334	197		126778	.76	4553.47						

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

1011111 11 2	wage and rax s	rtatement									
D. CONTROL NU	IMBER This Information is	This Information is being furnished		MAD NO. 4545 0000	1. WAGES, T	2. FEDERA	2. FEDERAL INCOME TAX WITHHELD				
00219654180	01 to the Internal Rev	renue Service	2021	OMB NO. 1545-0008			21988.79				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
<u>13-3133497</u> <u>667-58-9586</u>						135149.19			8379.25		
C. EMPLOYER'S	NAME, ADDRESS, AND ZIP (	ODE			5. MEDICARE	6. MEDICA	6. MEDICARE TAX WITHHELD				
American Exp	oress Travel Related Se	rvices Company	y, Inc.				1959.66				
MC 24-02-11					7. SOCIAL SEC	8. ALLOCA	8. ALLOCATED TIPS				
2401 W Behr	end Dr. Suite 55										
Phoenix AZ 8	5027				9.	10. DEPENI	10. DEPENDENT CARE BENEFITS				
	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUALIFIED PLANS			294.24		
Ibrahim A		Kamle				D		8370.43			
17030 N 49tl	h ST				14. OTHER	w		1400.00			
Apt 1140						DD	DD 17080.56				
Scottsdale A	Z 85254 ADDRESS AND ZIP CODE						13. STATUTO EMPLOY		N THIRD PARTY SICK PAY		
15. STATE EN	STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME			17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INC	OME TAX	20. LOCALITY NAME		
AZ <u>0</u> :	133133497		126778.76	5	4553.47						