

				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. Please note that the Gross amount shown may include adjustments.				Gross Wages	139802.43	139802.43	139802.43
				Txbl Benefits	592.80	592.80	592.80
				Group Term Life	294.24	294.24	294.24
				Adoption			
				Deferred Comp	(8370.43)		
				Section 125	(5540.28)	(5540.28)	(5540.28)
				Other Pretax/Wage Limit			
				W-2 Wages	126778.76	135149.19	135149.19
D. CONTROL NUMBER 002196541801	This Information is being furnished to the Internal Revenue Service	2021	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 126778.76	2. FEDERAL INCOME TAX WITHHELD 21988.79		
B. EMPLOYER IDENTIFICATION NUMBER 13-3133497	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 667-58-9586			3. SOCIAL SECURITY WAGES 135149.19	4. SOCIAL SECURITY TAX WITHHELD 8379.25		
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 135149.19	6. MEDICARE TAX WITHHELD 1959.66		
E. EMPLOYEE'S FIRST NAME AND INITIAL Ibrahim A 17030 N 49th ST Apt 1140 Scottsdale AZ 85254				11. NONQUALIFIED PLANS	12.a-d C 294.24 D 8370.43 W 1400.00 DD 17080.56		
				14. OTHER	13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>		
15. STATE AZ	EMPLOYER'S STATE I.D. NO. 0133133497	16. STATE WAGES, TIPS, ETC. 126778.76	17. STATE INCOME TAX 4553.47	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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				14. OTHER	13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD PARTY SICK PAY <input type="checkbox"/>		
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