									Federal Box	1 Soc. Sec. Bo	ox 3 & 7	Medicare Box 5	
To the	right is ar	n explanation o	of the content	s of the	wage bo	oxes on your	Gross Wag	ies	142184	.85 1421	84.85	142184.85	
		e that the Gros	s amount sh	own may	y include	2	Txbl Bene	fits	608	.40 6	08.40	608.40	
adjustn	nents.						Group Terr	n Life	556	.60 5	56.60	556.60	
							Adoption						
							Deferred C	Comp	(18411.	12)			
								5	(9583.	04) (958	33.04)	(9583.04)	
							Other Pret	ax/Wage Limit					
							W-2 Wage	s	115355	.69 1337	66.81	133766.81	
D. CONTROL 00219650		This Information is to the Internal Rev		2021	OMB N	O. 1545-0008	1. WAGES, T	IPS, OTHER COMPEN 11535		2. FEDERAL INCOI	ME TAX W	TTHHELD 8863.39	
		TION NUMBER	A. EMPLOYEE'S		URITY NUM	MBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECUR	4. SOCIAL SECURITY TAX WITHHELD		
13-31334			025-53-276	8			133766.81					8293.54	
		DDRESS, AND ZIP C					5. MEDICARE	WAGES AND TIPS 13376	c 01	6. MEDICARE TAX	WITHHE	1939.62	
MC 24-02		ravel Related S	services Comp	pany, Inc	С.		7. SOCIAL SEC		0.01	8. ALLOCATED TII	200	1939.02	
2401 W B		: Suite 55					7. SOCIAL SEC	LURITY TIPS		8. ALLOCATED TII	PS		
Phoenix A	Z 85027						9.			10. DEPENDENT C	ARE BENE	FITS	
	E'S FIRST NAN	ME AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C		556.60	
Anji R	Anji R Seelam									D		18411.12	
3010 West Yorkshire Dr						14. OTHER		W		2999.84			
Apt 2062 Phoenix AZ 85027									DD		23292.00		
USA										13. STATUTORY EMPLOYEE	RETIREME PLAN	NT x THIRD PARTY SICK PAY	
15. STATE		S STATE I.D. NO.	16. STATE WAG			7. STATE INCOME 1		18. LOCAL WAGES,	TIPS, ETC. 1	9. LOCAL INCOME T	AX 20	LOCALITY NAME	
AZ	0133133	497		115355.	.69		3099.52						

D. CONTROL NUMBER 002196503401	This Information is being furnished to the Internal Revenue Service		2021	OMB N	IO. 1545	-0008	1. WAGES, TI	PS, OTHER COMPEN 11535		2. FEDERAL INCOME TA	XX WITHHELD 8863.39	
							3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 025-53-2768								13376	6.81	8293.54		
C. EMPLOYER'S NAME,	ADDRESS, AND ZIP O	ODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
American Express	Travel Related 9	Services Comp	oany, Ind	2.		133766.81			1939.62			
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix A7 85027							7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
1 110 CHIX 712 0302	Fillellix AZ 63027									10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST N	AME AND INITIAL	LAST N	AME			SUFF.	11. NONQUALIFIED PLANS			12.a-d C	556.60	
Anji R	Anji R Seelam									D	18411.12	
3010 West Yorks	3010 West Yorkshire Dr									w	2999.84	
Apt 2062	Apt 2062									DD	23292.00	
Phoenix AZ 85027												
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
						ICOME T	AX	18, LOCAL WAGES.	TIPS, ETC.	19. LOCAL INCOME TAX	20, LOCALITY NAME	
AZ 01331			115355				3099.52		,			

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

	ormation is being furnished nternal Revenue Service	2021	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 115355.69	2. FEDERAL INCOME 1	FAX WITHHELD 8863.39		
B. EMPLOYER IDENTIFICATION NU			RITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497	025-53-27	68			133766.81		8293.54		
C. EMPLOYER'S NAME, ADDRESS,	AND ZIP CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
American Express Travel F	elated Services Com	pany, Inc.			133766.81		1939.62		
MC 24-02-11 2401 W Behrend Dr. Suite Phoenix AZ 85027	55			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
THOUMA NE OSOE?				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					IFIED PLANS	12.a-d C	556.60		
Anji R	Seel	am				D	18411.12		
3010 West Yorkshire Dr				14. OTHER		w	2999.84		
Apt 2062 Phoenix AZ 85027						DD	23292.00		
USA F. EMPLOYEE'S ADDRESS AND ZIP	CODE					13. STATUTORY RE PL	TIREMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER'S STATE AZ 0133133497	I.D. NO. 16. STATE WA	GES, TIPS, ETC 115355.6		TAX 3099.52	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTRO	L NUMBER	This Information is	mation is being furnished		OMB NO. 1545-0008	1. WAGES, TI	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TAX WITHHELD		
00219650	03401	to the Internal Rev	renue Service	2021	21 ONB NO. 1545-0008			115355.69		8863.39		
B. EMPLOYE	ER IDENTIFICA	ATION NUMBER	A. EMPLOYEE'S	EMPLOYEE'S SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX W					'AX WITHHELD			
13-3133497 025-53-2768							133766.81		8293.54			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE	6. MEDICARE	6. MEDICARE TAX WITHHELD			
American Express Travel Related Services Company, Inc.								133766.81		1939.62 8. ALLOCATED TIPS		
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						7. SOCIAL SEC	CURITY TIPS	8. ALLOCATE				
r iloeilix 7	AL 03027						9.		10. DEPENDE	NT CARE	BENEFITS	
E. EMPLOYE	EE'S FIRST NAI	ME AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C		556.60	
Anji R			Seela	m					D		18411.12	
3010 We	st Yorkshi	ire Dr					14. OTHER		w		2999.84	
Apt 2062	AZ 85027								DD		23292.00	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY EMPLOYEE	RETI	REMENT X THIRD PARTY SICK PAY		
15. STATE	EMPLOYER'	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 17.	STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOM	1E TAX	20. LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return

FORM W-2 Wage and Tax Statement

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Dept. of the Treasury - Internal Revenue Service