

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS</p>				<table border="1"> <tr> <td></td> <td>Federal Box 1</td> <td>Soc. Sec. Box 3 & 7</td> <td>Medicare Box 5</td> </tr> <tr> <td>Gross Wages</td> <td>224552.83</td> <td>224552.83</td> <td>224552.83</td> </tr> <tr> <td>Txbl Benefits</td> <td>126.29</td> <td>126.29</td> <td>126.29</td> </tr> <tr> <td>Group Term Life</td> <td>594.35</td> <td>594.35</td> <td>594.35</td> </tr> <tr> <td>Adoption</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deferred Comp</td> <td>(18815.23)</td> <td></td> <td></td> </tr> <tr> <td>Section 125</td> <td>(13954.78)</td> <td>(13954.78)</td> <td>(13954.78)</td> </tr> <tr> <td>Other Pretax/Wage Limit</td> <td></td> <td>(64318.69)</td> <td></td> </tr> <tr> <td>W-2 Wages</td> <td>192503.46</td> <td>147000.00</td> <td>211318.69</td> </tr> </table>			Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	Gross Wages	224552.83	224552.83	224552.83	Txbl Benefits	126.29	126.29	126.29	Group Term Life	594.35	594.35	594.35	Adoption				Deferred Comp	(18815.23)			Section 125	(13954.78)	(13954.78)	(13954.78)	Other Pretax/Wage Limit		(64318.69)		W-2 Wages	192503.46	147000.00	211318.69
	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5																																						
Gross Wages	224552.83	224552.83	224552.83																																						
Txbl Benefits	126.29	126.29	126.29																																						
Group Term Life	594.35	594.35	594.35																																						
Adoption																																									
Deferred Comp	(18815.23)																																								
Section 125	(13954.78)	(13954.78)	(13954.78)																																						
Other Pretax/Wage Limit		(64318.69)																																							
W-2 Wages	192503.46	147000.00	211318.69																																						
D. CONTROL NUMBER 002876302801	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 192503.46	2. FEDERAL INCOME TAX WITHHELD 27755.98																																					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 801-06-7075	3. SOCIAL SECURITY WAGES 147000.00	4. SOCIAL SECURITY TAX WITHHELD 9114.00																																						
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 211318.69	6. MEDICARE TAX WITHHELD 3165.99																																						
E. EMPLOYEE'S FIRST NAME AND INITIAL Swadheen		LAST NAME Gupta	SUFF.	11. NONQUALIFIED PLANS																																					
4437 E Saint John Rd Phoenix AZ 85032 USA				12.a-d See instructions for box 12 C 594.35 D 18815.23 W 7299.92 DD 23777.28																																					
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 AZ	EMPLOYER'S STATE ID NUMBER 0133133497	16. STATE WAGES, TIPS, ETC. 192503.46	17. STATE INCOME TAX 5181.57	18. LOCAL WAGES, TIPS, ETC.																																					
		19. LOCAL INCOME TAX	20. LOCALITY NAME																																						

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS</p>				<table border="1"> <tr> <td></td> <td>Federal Box 1</td> <td>Soc. Sec. Box 3 & 7</td> <td>Medicare Box 5</td> </tr> <tr> <td>Gross Wages</td> <td>224552.83</td> <td>224552.83</td> <td>224552.83</td> </tr> <tr> <td>Txbl Benefits</td> <td>126.29</td> <td>126.29</td> <td>126.29</td> </tr> <tr> <td>Group Term Life</td> <td>594.35</td> <td>594.35</td> <td>594.35</td> </tr> <tr> <td>Adoption</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deferred Comp</td> <td>(18815.23)</td> <td></td> <td></td> </tr> <tr> <td>Section 125</td> <td>(13954.78)</td> <td>(13954.78)</td> <td>(13954.78)</td> </tr> <tr> <td>Other Pretax/Wage Limit</td> <td></td> <td>(64318.69)</td> <td></td> </tr> <tr> <td>W-2 Wages</td> <td>192503.46</td> <td>147000.00</td> <td>211318.69</td> </tr> </table>			Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	Gross Wages	224552.83	224552.83	224552.83	Txbl Benefits	126.29	126.29	126.29	Group Term Life	594.35	594.35	594.35	Adoption				Deferred Comp	(18815.23)			Section 125	(13954.78)	(13954.78)	(13954.78)	Other Pretax/Wage Limit		(64318.69)		W-2 Wages	192503.46	147000.00	211318.69
	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5																																						
Gross Wages	224552.83	224552.83	224552.83																																						
Txbl Benefits	126.29	126.29	126.29																																						
Group Term Life	594.35	594.35	594.35																																						
Adoption																																									
Deferred Comp	(18815.23)																																								
Section 125	(13954.78)	(13954.78)	(13954.78)																																						
Other Pretax/Wage Limit		(64318.69)																																							
W-2 Wages	192503.46	147000.00	211318.69																																						
D. CONTROL NUMBER 002876302801	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 192503.46	2. FEDERAL INCOME TAX WITHHELD 27755.98																																					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 801-06-7075	3. SOCIAL SECURITY WAGES 147000.00	4. SOCIAL SECURITY TAX WITHHELD 9114.00																																						
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 211318.69	6. MEDICARE TAX WITHHELD 3165.99																																						
E. EMPLOYEE'S FIRST NAME AND INITIAL Swadheen		LAST NAME Gupta	SUFF.	11. NONQUALIFIED PLANS																																					
4437 E Saint John Rd Phoenix AZ 85032 USA				12.a-d See instructions for box 12 C 594.35 D 18815.23 W 7299.92 DD 23777.28																																					
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 AZ	EMPLOYER'S STATE ID NUMBER 0133133497	16. STATE WAGES, TIPS, ETC. 192503.46	17. STATE INCOME TAX 5181.57	18. LOCAL WAGES, TIPS, ETC.																																					
		19. LOCAL INCOME TAX	20. LOCALITY NAME																																						

Copy 2-To Be Filed With Employee's State, City,or Local Income Tax Return 2022 Department of the Treasury - Internal Revenue Service
FORM W-2 Wage and Tax Statement

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS</p>				<table border="1"> <tr> <td></td> <td>Federal Box 1</td> <td>Soc. Sec. Box 3 & 7</td> <td>Medicare Box 5</td> </tr> <tr> <td>Gross Wages</td> <td>224552.83</td> <td>224552.83</td> <td>224552.83</td> </tr> <tr> <td>Txbl Benefits</td> <td>126.29</td> <td>126.29</td> <td>126.29</td> </tr> <tr> <td>Group Term Life</td> <td>594.35</td> <td>594.35</td> <td>594.35</td> </tr> <tr> <td>Adoption</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deferred Comp</td> <td>(18815.23)</td> <td></td> <td></td> </tr> <tr> <td>Section 125</td> <td>(13954.78)</td> <td>(13954.78)</td> <td>(13954.78)</td> </tr> <tr> <td>Other Pretax/Wage Limit</td> <td></td> <td>(64318.69)</td> <td></td> </tr> <tr> <td>W-2 Wages</td> <td>192503.46</td> <td>147000.00</td> <td>211318.69</td> </tr> </table>			Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	Gross Wages	224552.83	224552.83	224552.83	Txbl Benefits	126.29	126.29	126.29	Group Term Life	594.35	594.35	594.35	Adoption				Deferred Comp	(18815.23)			Section 125	(13954.78)	(13954.78)	(13954.78)	Other Pretax/Wage Limit		(64318.69)		W-2 Wages	192503.46	147000.00	211318.69
	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5																																						
Gross Wages	224552.83	224552.83	224552.83																																						
Txbl Benefits	126.29	126.29	126.29																																						
Group Term Life	594.35	594.35	594.35																																						
Adoption																																									
Deferred Comp	(18815.23)																																								
Section 125	(13954.78)	(13954.78)	(13954.78)																																						
Other Pretax/Wage Limit		(64318.69)																																							
W-2 Wages	192503.46	147000.00	211318.69																																						
D. CONTROL NUMBER 002876302801	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 192503.46	2. FEDERAL INCOME TAX WITHHELD 27755.98																																					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 801-06-7075	3. SOCIAL SECURITY WAGES 147000.00	4. SOCIAL SECURITY TAX WITHHELD 9114.00																																						
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 211318.69	6. MEDICARE TAX WITHHELD 3165.99																																						
E. EMPLOYEE'S FIRST NAME AND INITIAL Swadheen		LAST NAME Gupta	SUFF.	11. NONQUALIFIED PLANS																																					
4437 E Saint John Rd Phoenix AZ 85032 USA				12.a-d See instructions for box 12 C 594.35 D 18815.23 W 7299.92 DD 23777.28																																					
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 AZ	EMPLOYER'S STATE ID NUMBER 0133133497	16. STATE WAGES, TIPS, ETC. 192503.46	17. STATE INCOME TAX 5181.57	18. LOCAL WAGES, TIPS, ETC.																																					
		19. LOCAL INCOME TAX	20. LOCALITY NAME																																						

Copy 2-To Be Filed With Employee's State, City,or Local Income Tax Return 2022 Department of the Treasury - Internal Revenue Service
FORM W-2 Wage and Tax Statement

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy B—For EMPLOYEE'S RECORDS</p>				<table border="1"> <tr> <td></td> <td>Federal Box 1</td> <td>Soc. Sec. Box 3 & 7</td> <td>Medicare Box 5</td> </tr> <tr> <td>Gross Wages</td> <td>224552.83</td> <td>224552.83</td> <td>224552.83</td> </tr> <tr> <td>Txbl Benefits</td> <td>126.29</td> <td>126.29</td> <td>126.29</td> </tr> <tr> <td>Group Term Life</td> <td>594.35</td> <td>594.35</td> <td>594.35</td> </tr> <tr> <td>Adoption</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deferred Comp</td> <td>(18815.23)</td> <td></td> <td></td> </tr> <tr> <td>Section 125</td> <td>(13954.78)</td> <td>(13954.78)</td> <td>(13954.78)</td> </tr> <tr> <td>Other Pretax/Wage Limit</td> <td></td> <td>(64318.69)</td> <td></td> </tr> <tr> <td>W-2 Wages</td> <td>192503.46</td> <td>147000.00</td> <td>211318.69</td> </tr> </table>			Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	Gross Wages	224552.83	224552.83	224552.83	Txbl Benefits	126.29	126.29	126.29	Group Term Life	594.35	594.35	594.35	Adoption				Deferred Comp	(18815.23)			Section 125	(13954.78)	(13954.78)	(13954.78)	Other Pretax/Wage Limit		(64318.69)		W-2 Wages	192503.46	147000.00	211318.69
	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5																																						
Gross Wages	224552.83	224552.83	224552.83																																						
Txbl Benefits	126.29	126.29	126.29																																						
Group Term Life	594.35	594.35	594.35																																						
Adoption																																									
Deferred Comp	(18815.23)																																								
Section 125	(13954.78)	(13954.78)	(13954.78)																																						
Other Pretax/Wage Limit		(64318.69)																																							
W-2 Wages	192503.46	147000.00	211318.69																																						
D. CONTROL NUMBER 002876302801	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 192503.46	2. FEDERAL INCOME TAX WITHHELD 27755.98																																					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 801-06-7075	3. SOCIAL SECURITY WAGES 147000.00	4. SOCIAL SECURITY TAX WITHHELD 9114.00																																						
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 211318.69	6. MEDICARE TAX WITHHELD 3165.99																																						
E. EMPLOYEE'S FIRST NAME AND INITIAL Swadheen		LAST NAME Gupta	SUFF.	11. NONQUALIFIED PLANS																																					
4437 E Saint John Rd Phoenix AZ 85032 USA				12.a-d See instructions for box 12 C 594.35 D 18815.23 W 7299.92 DD 23777.28																																					
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 AZ	EMPLOYER'S STATE ID NUMBER 0133133497	16. STATE WAGES, TIPS, ETC. 192503.46	17. STATE INCOME TAX 5181.57	18. LOCAL WAGES, TIPS, ETC.																																					
		19. LOCAL INCOME TAX	20. LOCALITY NAME																																						

Copy B-To Be Filed With Employee's FEDERAL Tax Return 2022 Department of the Treasury - Internal Revenue Service
FORM W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service