							F	ederal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
				ents.		Gross Wage		64214. 126.			
required to file a tax return, a negligence penalty or other sanction may be					Group Term Adoption		30.		30.80		
Form W-2 Wage	and Tax Stateme	nt 2022	ou iun to i	epore ic.		Deferred Co Section 125 Other Preta		(2700.0 (816.8	3) (816.83)		
						W-2 Wages		60854.	.32 63554.	32 63554.32	
D. CONTROL NUMBER 002876481101			2022	OMB NO. 1	1545-0008	1. WAGES, TI	PS, OTHER COMPENSATI 60854.3		2. FEDERAL INCOME TA	X WITHHELD 9862.62	
B. EMPLOYER IDENTIFICATION B. 13-3133497	puired to file a tax return, a negligence penalty or other sanction may bosed on you if this income is taxable and you fail to report it. IT W-2 Wage and Tax Statement 2022 TO W-FOR EMPLOYEE'S RECORDS INTROL NUMBER (6481101				3. SOCIAL SECURITY WAGES 63554.32			4. SOCIAL SECURITY TAX WITHHELD 3940.37			
American Express T	,		Inc.			5. MEDICARE WAGES AND TIPS 63554.32			6. MEDICARE TAX WITHHELD 921.54		
MC 24-02-11 2401 W Behrend Dr Phoenix AZ 85027	. Suite 55					7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS					
Fildelia AZ 63027					9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST N Vamsi Krishna	AME AND INITIAL				SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions fo	7 box 12 30.80 2700.00	
APT # 2023						14. OTHER			W DD	208.00 208.00 3962.88	
PHOENIX AZ 85027 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLOYE AZ 013313	r's state id number 3497	16. STATE WAGE	ES, TIPS, ET 60854.		ATE INCOME T	AX 1642.24	18. LOCAL WAGES, TIP	5, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL	NUMBER					1. WAGES, T	IPS, OTHER COMPENS	ATION	2. FEDERAL INCO	ME TAX	WITHHELD	
002876481			2022	OMB	IB NO. 1545-0008	3	60854.32			9862.62		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD			WITHHELD		
13-3133497 849-65-5199						63554.32				3940.37		
C. EMPLOYE	R'S NAME, ADDRESS, AND	ZIP CODE				5. MEDICARE	5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD					
American E	American Express Travel Related Services Company, Inc.						63554.32			921.54		
MC 24-02-11 2401 W Behrend Dr. Suite 55					7. SOCIAL SE	7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
PHOEIIIX AZ	Phoenix AZ 85027						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					11. NONQUA	LIFIED PLANS		12.a-d			
Vamsi Krisl	Vamsi Krishna Pannuri										30.80	
10040 Nas	10040 North 22nd Arrows					14. OTHER			D		2700.00	
APT # 202	19940 North 23rd Avenue								W		208.00	
PHOENIX AZ 85027						DD 396				3962.88		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY EMPLOYEE	RETIRE PLAN	MENT X THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NU	IMBER 16. STATE WAG	ES, TIPS, ET	TC.	17. STATE INCOME	TAX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME T	AX	20. LOCALITY NAME	
AZ	0133133497		60854	.32		1642.24						

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		ONAR NIO	1545 0000	1. WAGES, TI	PS, OTHER COMPENSATI	ION	2. FEDERAL INCOME TA	X WITHHELD	
002876481101	2022	OMB NO.	1545-0008	60854.32		9862.62			
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX			AX WITHHELD	
13-3133497	849-65-5199			63554.32			3940.37		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
American Express Travel Related Ser		63554.32			921.54				
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 NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS			12.a-d		
Vamsi Krishna	Pannuri						С	30.80	
19940 North 23rd Avenue							D	2700.00	
APT # 2023							W	208.00	
PHOENIX AZ 85027					DD	3962.88			
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. STATUTORY RETIREMPLOYEE PLAN	REMENT X THIRD-PARTY SICK PAY				
15. STATE EMPLOYER'S STATE ID NUMBE	R 16. STATE WAGES, TIPS,	ETC. 17. ST	ATE INCOME T	AX	18. LOCAL WAGES, TIP	S, ETC. 19	D. LOCAL INCOME TAX	20. LOCALITY NAME	
AZ 0133133497	608	54.32		1642.24					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

9								
D. CONTROL NUMBER			0140 110 4545 0000	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	XX WITHHELD	
002876481101	02876481101		OMB NO. 1545-0008		60854.32	9862.62		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL			URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497	849-65-5	199			63554.32	3940.37		
C. EMPLOYER'S NAME, ADDRESS, A	AND ZIP CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
American Express Travel Relat	ed Services Compa	any, Inc.			63554.32	921.54		
MC 24-02-11 2401 W Behrend Dr. Suite 55					CURITY TIPS	8. ALLOCATED TIPS		
Phoenix AZ 85027				9.		10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND IN	ITIAL LA	ST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions fo	12.a-d See instructions for box 12	
Vamsi Krishna	Pa	annuri				С	30.80	
19940 North 23rd Avenue				14. OTHER		D	2700.00	
APT # 2023						W	208.00	
PHOENIX AZ 85027						DD	3962.88	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE II	NUMBER 16. STATE	WAGES, TIPS, E	TC. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
AZ 0133133497		60854	.32	1642.24				