

To the right is an explanation of your W-2 wages.  
Please note that the Gross amount may include adjustments.

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.

Form W-2 Wage and Tax Statement 2022  
Copy C—For EMPLOYEE'S RECORDS

Federal Box 1      Soc. Sec. Box 3 & 7      Medicare Box 5

|                          |           |            |           |
|--------------------------|-----------|------------|-----------|
| Gross Wages              | 166645.14 | 166645.14  | 166645.14 |
| Txbl Benefits            | 505.14    | 505.14     | 505.14    |
| Group Term Life Adoption | 391.76    | 391.76     | 391.76    |
| Deferred Comp            | (9984.12) |            |           |
| Section 125              | (5736.38) | (5736.38)  | (5736.38) |
| Other Pretax/Wage Limit  |           | (14805.66) |           |
| W-2 Wages                | 151821.54 | 147000.00  | 161805.66 |

|   |  |   |                   |                                 |  |  |                   |
|---|--|---|-------------------|---------------------------------|--|--|-------------------|
| D. CONTROL NUMBER<br>002876517401   |  | 2022  | OMB NO. 1545-0008 |                                 | 1. WAGES, TIPS, OTHER COMPENSATION<br>151821.54  | 2. FEDERAL INCOME TAX WITHHELD<br>27548.93 |                   |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN)<br>13-3133497   |  | A. EMPLOYEE'S SOCIAL SECURITY NUMBER<br>667-58-9586 |                   |                                 | 3. SOCIAL SECURITY WAGES<br>147000.00  | 4. SOCIAL SECURITY TAX WITHHELD<br>9114.00 |                   |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE<br>American Express Travel Related Services Company, Inc.<br>MC 24-02-11<br>2401 W Behrend Dr. Suite 55<br>Phoenix AZ 85027 |  |   |                   |                                 | 5. MEDICARE WAGES AND TIPS<br>161805.66  | 6. MEDICARE TAX WITHHELD<br>2346.18        |                   |
|   |  |   |                   |                                 | 7. SOCIAL SECURITY TIPS  | 8. ALLOCATED TIPS                          |                   |
|   |  |   |                   |                                 | 9.   | 10. DEPENDENT CARE BENEFITS                |                   |
| E. EMPLOYEE'S FIRST NAME AND INITIAL<br>Ibrahim A   |  | LAST NAME<br>Kamle                                  |                   | SUFF.                           | 11. NONQUALIFIED PLANS   | 12.a-d See instructions for box 12         |                   |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE<br>17440 N Tatum Blvd<br>Apt 326<br>Phoenix AZ 85032<br>USA  |  |   |                   |                                 | 14. OTHER  | C  | 391.76            |
|   |  |   |                   |                                 |  | D  | 9984.12           |
|   |  |   |                   |                                 |  | W  | 1500.00           |
|   |  |   |                   |                                 |  | DD   | 17436.48          |
|   |  |   |                   |                                 | 13. STATUTORY <input type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> THIRD-PARTY <input type="checkbox"/><br>EMPLOYEE PLAN SICK PAY |  |                   |
| 15. STATE<br>AZ   | EMPLOYER'S STATE ID NUMBER<br>0133133497 | 16. STATE WAGES, TIPS, ETC.<br>151821.54            |                   | 17. STATE INCOME TAX<br>5451.46 | 18. LOCAL WAGES, TIPS, ETC.  | 19. LOCAL INCOME TAX                       | 20. LOCALITY NAME |

|   |  |   |                   |                                 |  |  |                   |
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|   |  |   |                   |                                 | 7. SOCIAL SECURITY TIPS  | 8. ALLOCATED TIPS                          |                   |
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| 15. STATE<br>AZ   | EMPLOYER'S STATE ID NUMBER<br>0133133497 | 16. STATE WAGES, TIPS, ETC.<br>151821.54            |                   | 17. STATE INCOME TAX<br>5451.46 | 18. LOCAL WAGES, TIPS, ETC.  | 19. LOCAL INCOME TAX                       | 20. LOCALITY NAME |