

				Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	
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				Taxbl Benefits	3265.27	3265.27	3265.27
				Group Term Life	1003.78	1003.78	1003.78
				Adoption			
				Deferred Comp	(13081.35)		
				Section 125	(9581.04)	(9581.04)	(9581.04)
				Other Pretax/Wage Limit		(170201.04)	
				W-2 Wages	304119.69	147000.00	317201.04
D. CONTROL NUMBER		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	304119.69	2. FEDERAL INCOME TAX WITHHELD	46627.32
002876142401				3. SOCIAL SECURITY WAGES	147000.00	4. SOCIAL SECURITY TAX WITHHELD	9114.00
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			5. MEDICARE WAGES AND TIPS	317201.04	6. MEDICARE TAX WITHHELD	5654.22
13-3133497	360-91-5396			7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				9.		10. DEPENDENT CARE BENEFITS	
American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						12.a-d See instructions for box 12	
E. EMPLOYEE'S FIRST NAME AND INITIAL				LAST NAME	SUFF.	11. NONQUALIFIED PLANS	C 1003.78
Ajay K				Punia		14. OTHER	D 13081.35
18220 N 45th ST						V 15050.10	
Phoenix AZ 85032						W 2000.00	
USA						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>	
F. EMPLOYEE'S ADDRESS AND ZIP CODE				15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX
				AZ	0133133497	304119.69	15458.92
				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	20. LOCALITY NAME

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				Taxbl Benefits	3265.27	3265.27	3265.27
				Group Term Life	1003.78	1003.78	1003.78
				Adoption			
				Deferred Comp	(13081.35)		
				Section 125	(9581.04)	(9581.04)	(9581.04)
				Other Pretax/Wage Limit		(170201.04)	
				W-2 Wages	304119.69	147000.00	317201.04
D. CONTROL NUMBER		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	304119.69	2. FEDERAL INCOME TAX WITHHELD	46627.32
002876142401				3. SOCIAL SECURITY WAGES	147000.00	4. SOCIAL SECURITY TAX WITHHELD	9114.00
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			5. MEDICARE WAGES AND TIPS	317201.04	6. MEDICARE TAX WITHHELD	5654.22
13-3133497	360-91-5396			7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
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American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						12.a-d See instructions for box 12	
E. EMPLOYEE'S FIRST NAME AND INITIAL				LAST NAME	SUFF.	11. NONQUALIFIED PLANS	C 1003.78
Ajay K				Punia		14. OTHER	D 13081.35
18220 N 45th ST						V 15050.10	
Phoenix AZ 85032						W 2000.00	
USA						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>	
F. EMPLOYEE'S ADDRESS AND ZIP CODE				15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX
				AZ	0133133497	304119.69	15458.92
				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	20. LOCALITY NAME

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FORM **W-2 Wage and Tax Statement**

				Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	
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				Taxbl Benefits	3265.27	3265.27	3265.27
				Group Term Life	1003.78	1003.78	1003.78
				Adoption			
				Deferred Comp	(13081.35)		
				Section 125	(9581.04)	(9581.04)	(9581.04)
				Other Pretax/Wage Limit		(170201.04)	
				W-2 Wages	304119.69	147000.00	317201.04
D. CONTROL NUMBER		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	304119.69	2. FEDERAL INCOME TAX WITHHELD	46627.32
002876142401				3. SOCIAL SECURITY WAGES	147000.00	4. SOCIAL SECURITY TAX WITHHELD	9114.00
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			5. MEDICARE WAGES AND TIPS	317201.04	6. MEDICARE TAX WITHHELD	5654.22
13-3133497	360-91-5396			7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				9.		10. DEPENDENT CARE BENEFITS	
American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						12.a-d See instructions for box 12	
E. EMPLOYEE'S FIRST NAME AND INITIAL				LAST NAME	SUFF.	11. NONQUALIFIED PLANS	C 1003.78
Ajay K				Punia		14. OTHER	D 13081.35
18220 N 45th ST						V 15050.10	
Phoenix AZ 85032						W 2000.00	
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F. EMPLOYEE'S ADDRESS AND ZIP CODE				15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX
				AZ	0133133497	304119.69	15458.92
				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	20. LOCALITY NAME

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				Taxbl Benefits	3265.27	3265.27	3265.27
				Group Term Life	1003.78	1003.78	1003.78
				Adoption			
				Deferred Comp	(13081.35)		
				Section 125	(9581.04)	(9581.04)	(9581.04)
				Other Pretax/Wage Limit		(170201.04)	
				W-2 Wages	304119.69	147000.00	317201.04
D. CONTROL NUMBER		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	304119.69	2. FEDERAL INCOME TAX WITHHELD	46627.32
002876142401				3. SOCIAL SECURITY WAGES	147000.00	4. SOCIAL SECURITY TAX WITHHELD	9114.00
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SECURITY NUMBER			5. MEDICARE WAGES AND TIPS	317201.04	6. MEDICARE TAX WITHHELD	5654.22
13-3133497	360-91-5396			7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				9.		10. DEPENDENT CARE BENEFITS	
American Express Travel Related Services Company, Inc. MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						12.a-d See instructions for box 12	
E. EMPLOYEE'S FIRST NAME AND INITIAL				LAST NAME	SUFF.	11. NONQUALIFIED PLANS	C 1003.78
Ajay K				Punia		14. OTHER	D 13081.35
18220 N 45th ST						V 15050.10	
Phoenix AZ 85032						W 2000.00	
USA						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>	
F. EMPLOYEE'S ADDRESS AND ZIP CODE				15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX
				AZ	0133133497	304119.69	15458.92
				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	20. LOCALITY NAME

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To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.				Gross Wages TxbI Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wage Limit W-2 Wages									
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Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS													
D. CONTROL NUMBER 002876142402		2022		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 360-91-5396		3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD							
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		6. MEDICARE TAX WITHHELD							
E. EMPLOYEE'S FIRST NAME AND INITIAL Ajay K 18220 N 45th ST Phoenix AZ 85032 USA				LAST NAME Punia		SUFF.		11. NONQUALIFIED PLANS		12.a-d See instructions for box 12 DD 23777.28			
				14. OTHER									
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		EMPLOYER'S STATE ID NUMBER		16. STATE WAGES, TIPS, ETC.		17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

D. CONTROL NUMBER 002876142402		2022		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 360-91-5396		3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD							
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FORM W-2 Wage and Tax Statement

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B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 360-91-5396		3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD							
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E. EMPLOYEE'S FIRST NAME AND INITIAL Ajay K 18220 N 45th ST Phoenix AZ 85032 USA				LAST NAME Punia		SUFF.		11. NONQUALIFIED PLANS		12.a-d DD 23777.28			
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15. STATE		EMPLOYER'S STATE ID NUMBER		16. STATE WAGES, TIPS, ETC.		17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

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FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002876142402		2022		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD					
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 360-91-5396		3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD							
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		6. MEDICARE TAX WITHHELD							
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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		EMPLOYER'S STATE ID NUMBER		16. STATE WAGES, TIPS, ETC.		17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX		20. LOCALITY NAME	

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