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1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00   1.00		AND INITIAL		AME		SUFF.	11. NONQUA	LIFIED PLANS			
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S. FLEMFORTES ADDRESS AND 2P CODE   13. STATE WARDERS 1.0   12. STATE WARDERS 1.0   12. STATE WARDERS 1.0   13. STATE WARDER							14. OTHER				
EMPROVES STATE   MORRINGEN AND PROCES   STATE   STATE   MORRINGEN STATE   MORRINGEN   16. STATE   WAGES, TIPS, ETC.   12. STATE   MORRINGEN STATE   MORRINGEN   16. STATE   WAGES, TIPS, ETC.   12. STATE   MORRINGEN   16. STATE   WAGES, TIPS, ETC.   12. STATE   MORRINGEN   16. STATE   WAGES, TIPS, OTHER COMPENSATION   304119.69   46.527.32											
AZ   0133133497   304119.69   15458.92	F. EMPLOYEE'S ADDRESS AN									EMPLOYEE PLAN	SICK PAY
Department of the Treasury-Internal Revenue Service			16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME T	ΔY	18 LOCAL WAGE	S TIPS FTC 19	LOCAL INCOME TAX	20. LOCALITY NAME
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DO227-6142401   2022   OMB NO. 1545-0008   304119.69   4.6627.32	Copy 2-To Be Filed With	n Employee's			9.69		15458.92				
B. EMPLOYER DESTRIFICATION NUMBER (RM)   3.50CIAL SECURITY MARGES   4.50CIAL SECURITY TAW WITHHELD   317201.04   5.54.22   1.75CIAL SECURITY TO   3.50CIAL SECUR	Copy 2-To Be Filed With FORM <b>W-2 Wage</b>	n Employee's			9.69		2022	Dep	partment of th	ne Treasury - Inter	nal Revenue Service
S. MEDICARE WAGES AND TIPS   S. MEDICARE TAX WITHHELD   S654.22	Copy 2-To Be Filed With FORM W-2 Wage  D. CONTROL NUMBER	n Employee's		Local Inc	ome T	ax Return	2022	Dep	partment of the	ne Treasury - Inter	nal Revenue Service
MC 24-02-11  2-201 W 24-02-11  2-202 W 24-02-11  2-203 W 24-02-12	Copy 2-To Be Filed With FORM W-2 Wage  D. CONTROL NUMBER 002876142401	n Employee's : and Tax S	tatement	Local Inc	OMB	ax Return 3 NO. 1545-0008	15458.92 2022	Dep IPS, OTHER COMPE 304:	partment of the	ne Treasury - Inter	nal Revenue Service  IX WITHHELD  46627.32
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Copy 2-To Be Filled With Employee's State, City, or Local Income Tax Return  D. CONTROL NUMBER  O02876142401  D. CONTROL NUMBER  O02876142401  D. CONTROL NUMBER (EIN)  B. EMPLOYER IDENTIFICATION NUMBER (EIN)  B. EMPLOYER IDENTIFICATION NUMBER (IN)  B. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  American Express Travel Related Services Company, Inc.  MC 24-02-11  Z401 W Behrend Dr. Suite 55  Phoenix AZ 85027  E. EMPLOYER'S FIRST NAME AND INITIAL  AJABY K  Punia  D. SOIT STATE [EMPLOYER'S SAND ZIP CODE  15. STATE [EMPLOYER'S SAND ZIP CODE  15. STATE [EMPLOYER'S SAND ZIP CODE  15. STATE [EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC.]  16. STATE STATE [EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC.]  16. STATE [SMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC.]  17. STATE [SMPLOYER'S STATE ID NUMBER]  18. LOCAL WAGES, TIPS, ETC.]  19. LOCAL INCOME TAX WITHHELD  2022  Department of the Treasury - Internal Revenue Service  3. SOCIAL SECURITY WAGES  4. SOCIAL SECURITY TAX WITHHELD  317201.04  5654.22  7. SOCIAL SECURITY TIPS  8. ALLOCATED TIPS  8. ALLOCATED TIPS  8. ALLOCATED TIPS  10. DEPENDENT CARE BENEFITS  D 13081.35  D 2000.00  13. STATUTORY RETIREMENT SITURD SHIPS PRETING TO SHIPS STATE ID NUMBER ID SHIPS STATE ID SHIPS SHIPS STATE ID NUMBER ID SHIPS STATE ID NUMBER ID SHIPS SHIPS STATE ID NUMBER ID SHIPS SHIPS STATE ID NUMBER ID SHIPS	Copy 2-To Be Filed With FORM W-2 Wage  D. CONTROL NUMBER 002876142401  B. EMPLOYER DENTIFICATIO 13-3133497  C. EMPLOYER'S NAME, ADDI American Express Trave MC 24-02-11  2401 W Behrend Dr. SL Phoenix AZ 85027  E. EMPLOYER'S FIRST NAME A Ajay K  18220 N 45th ST Phoenix AZ 85032  USA  USA	n Employee's and Tax S  and Tax S  ON NUMBER (EIN)  RESS, AND ZIP C  el Related Ser  uite 55  AND INITIAL	A. EMPLOYEE'S 360-91-5396 ODE vices Compan	2022 SOCIAL SEC	OME	Tax Return  B NO. 1545-0008  BINO. 1545-0008  BINO. 1545-0008  BINO. 1545-0008	15458.92 2022 1. WAGES, T 3. SOCIAL SE 5. MEDICARE 7. SOCIAL SE 9. 11. NONQUAI 14. OTHER	Dep  IPS, OTHER COMPE 304: CCURITY WAGES 147: E WAGES AND TIPS 317: CURITY TIPS	Dartment of the ENSATION 119.69 000.00 S S 201.04	2. FEDERAL INCOME TA 4. SOCIAL SECURITY TA 6. MEDICARE TAX WIT 8. ALLOCATED TIPS 10. DEPENDENT CARE E 12.a-d C D V W 13. STATUTORY RETHE	NA WITHHELD   46627.32   AX WITHHELD   9114.00   THHELD   5654.22     1003.78   13081.35   15050.10   2000.00   REMENT
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C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  American Express Travel Related Services Company, Inc.  MC 24-02-11  Z. SOCIAL SECURITY TIPS  B. ALLOCATED TIPS  4. ALLOCATED TIPS  B. ALLOCATED TIPS  B. ALLOCATED TIPS  10. DEPENDENT CARE BENEFITS  11. NONQUALIFIED PLANS  12.a-d See instructions for box 12  C 1003.78  Ajay K Punia  18.220 N 45th ST Phoenix AZ 85032  USA F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATU EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE 15. STATE 15. STATE 15. STATE 15. STATE 15. STATE 16. STATE STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. STATU ONLY 15. STATE 16. STATE STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME 20. LOCALITY	Copy 2-To Be Filed With FORM W-2 Wage  D. CONTROL NUMBER 002876142401  B. EMPLOYER FLOWNITION TO THE PROPERTY OF THE PROPERTY	n Employee's and Tax S and Tax S on Number (EIN) RESS, AND ZIP C el Related Ser uite 55 AND INITIAL AD ZIP CODE STATE IN NUMBER [7] h Employee's and Tax S	A. EMPLOYEE'S 360-91-5396 ODE vices Compan  LAST NJ Punia  16. STATE WAG  State, City, or itatement	2022 SOCIAL SEC	OMB OMB TITLE OMB TITLE OM	AX Return  B NO. 1545-0008  BUMBER  SUFF.  17. STATE INCOME T  TAX Return  B NO. 1545-0008	15458.92 2022 1. WAGES, T 3. SOCIAL SE 9. 11. NONQUAI 14. OTHER  AX 15458.92 2022	Dep  IPS, OTHER COMPE 304. CCURITY WAGES 147: E WAGES AND TIPS 317: CURITY TIPS  IFIED PLANS  IS. LOCAL WAGE  De  IPS, OTHER COMPE 304:	partment of the ENSATION 119.69 000.00 S 201.04 ES, TIPS, ETC. 19. epartment of the ENSATION	2. FEDERAL INCOME TA 4. SOCIAL SECURITY TA 6. MEDICARE TAX WIT 8. ALLOCATED TIPS 10. DEPENDENT CARE E 12.a-d C D V W 13. STATUSON RETIRE PLAN LOCAL INCOME TAX the Treasury - Inte	NAME
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