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    Control Number   Copy C—For EMPLOYEE'S RECORDS   Copy C—For EMPLOYEE'S									Federal Box 1	Soc. Sec. Box 3 8	k 7 Medicare Box 5	
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  D. CONTROL NUMBER O02876572901  D. CONTROL NUMBER 13-3133497  B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYER'S SAME, ADDRESS, AND ZIP CODE  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Srinivasa Reddy Nation  LAST NAME AND A 94th St, Apt 2155 Scottsdale AZ 85254 USA  E. EMPLOYEE'S ADDRESS AND ZIP CODE  F. EMPLOYEE'S ADDRESS AND ZIP CODE  F. EMPLOYEE'S SADDRESS AND ZIP CODE  F. EMPLOYEE'S SADDRESS AND ZIP CODE  F. EMPLOYEE'S ADDRESS AND ZIP CODE  T. STATE   EMPLOYEE'S ADDRESS AND ZIP CODE   18, STATE   DNUMBER  16, STATE   MAGES, TIPS, ETC.   17, STATE   NOOME TAX   18, LOCAL WAGES, TIPS, ETC.   19, LOCAL WAGES TAX   20, LOCAL WINCHET AX   20, LOCAL WAGES AND EXPONENTIAL TO AN INCIDAL WAGES AND EXPONENTIAL TO AN INCIDAL WAGES, TIPS, ETC.   19, LOCAL WAGES, TI	to the right is an explanation of your trial trial											
Deferred Comp (937.50)   Control NUMBER (2022   Copy C—For EMPLOYEE'S RECORDS   Section 125	required to file a	tax return, a ne	gligence penal	ty or oth	er sanctio			Life	30.	.00 30	00 30.00	
Other Pretax/Wage Limit   W-2 Wages   39778.74   40716.24   4071	. ,		•	ou fail to	report it.			•				
W-2 Wages   39778.74   40716.24   40716.24									(1170.4	44) (1170.4	(1170.44)	
DO2876572901   DO28								, -3-	39778	.74 40716	24 40716.24	
338-71-3427   338-71-3427   40716.24   2524.41		ONAD NO. 1545 0000				). 1545-0008						
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  American Express Travel Related Services Company, Inc.  MC 24-02-11  ZOUTH Services Company, Inc.  MC 24-02-11  S. MEDICARE WAGES AND TIPS  6. MEDICARE TAX WITHHELD  590.39  ALLOCATED TIPS  8. ALLOCATED TIPS  10. DEPENDENT CARE BENEFITS  9. 11. NONQUALIFIED PLANS  17030 N 49th St, Apt 2155  SCOTISSIANE ADDRESS AND ZIP CODE  14. OTHER  15. STATE EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE EMPLOYEE'S ADDRESS AND ZIP CODE  16. MEDICARE TAX WITHHELD  590.39  A. ALLOCATED TIPS  17. SOCIAL SECURITY TIPS  18. ALLOCATED TIPS  10. DEPENDENT CARE BENEFITS  11. NONQUALIFIED PLANS  12.a-d. See instructions for box 12  C	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
American Express Travel Related Services Company, Inc.  MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027  E. EMPLOYEE'S FIRST NAME AND INITIAL 1AST NAME SUFF. 11. NONQUALIFIED PLANS Scrinivasa Reddy Akiti  12.a-d See instructions for box 12 30.00 D 937.50 W 937.50 V 14. OTHER V 14. OTHER V 15. STATE SADDERSS AND ZIP CODE V 15. STATE SEMPLOYEE'S ADDRESS AND ZIP CODE V 15. STATE SEMPLOYEE'S ADDRESS STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. V 17. STATE INCOME TAX V 18. LOCAL WAGES, TIPS, ETC. V 18. LOCAL WAGES, TIPS, ETC. V 19. SCOTAS EQUAL PLONG V 10. DEPENDENT CARE BENEFITS V 30.00 D 0 937.50 W 1000.00 D 0 1650.06  13. STATUTORY RETIREMENT V 11RID-PARTY PLAN V	13-3133497		338-71-3427				40716.24				2524.41	
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME Srinivasa Reddy Akiti  17. SOCIAL SECURITY TIPS  8. ALLOCATED TIPS  10. DEPENDENT CARE BENEFITS  11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C 30.00 D 937.50 W 10. DEPENDENT CARE BENEFITS  14. OTHER  W 1000.00 D 1650.06  13. STATUTORY RETIREMENT INTRO-PARTY EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE   EMPLOYEE'S TATE ID NUMBER   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME TAX   18. LOCAL WAGES, TIPS, ETC.   19. LOCAL INCOME TAX   20. LOCALITY NAME	C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD	
2401 W Behrend Dr. Suite 55 Phoenix AZ 85027  9.	American Express Tra	vel Related Servi	ices Company,	Inc.				40716	5.24		590.39	
E. EMPLOYEE'S FIRST NAME AND INITIAL Srinivasa Reddy Akiti  11. NONQUALIFIED PLANS  12.a-d See instructions for box 12 C 30.00 30.00 17030 N 49th St, Apt 2155 Scottsdale AZ 85254 USA  F. EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE  16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX  18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX  10. DEPENDENT CARE BENEFITS  11. NONQUALIFIED PLANS  12.a-d See instructions for box 12 C 9. 30.00 D 937.50 W 1000.00 DD 1650.06  13. STATUTORY RETIREMENT INFRO-PARTY EMPLOYEE EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE   EMPLOYEE'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	MC 24-02-11 2401 W Behrend Dr. Suite 55					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS			
Srinivasa Reddy   Akiti	Finelity AZ 03027						9. 10. DEPENDENT CA			10. DEPENDENT CARE	BENEFITS	
1703 O N 49th St, Apt 2155 Scottsdale AZ 85254 USA  F. EMPLOYEE'S ADDRESS AND ZIP CODE  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					11. NONQUALIFIED PLANS		12.a-d See instructions for box 12 C 30.00					
F. EMPLOYEE'S ADDRESS AND ZIP CODE  13. STATUTORY RETIREMENT X THIRD-PARTY EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE EMPLOYEE'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					14. OTHER		w	1000.00				
F. EMPLOYEE'S ADDRESS AND ZIP CODE  15. STATE   EMPLOYEE'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	USA											
									EMPLOYEE PLAT	SICK PAY		
AZ 0133133497 39778.74 1073.21			16. STATE WAGE			STATE INCOME T	AX 1073.21	18. LOCAL WAGES, 1	TPS, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 002876572901		<sub>2022</sub> ON	ИВ NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 39778.74	2. FEDERAL INCOME T	AX WITHHELD 7009.45	
B. EMPLOYER IDENTIFICATION NUI	MBER (EIN) A. EMPLOYEE'S	SOCIAL SECURIT	Y NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	TAX WITHHELD	
13-3133497	338-71-3427				40716.24		2524.41	
C. EMPLOYER'S NAME, ADDRESS,	AND ZIP CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD	
American Express Travel Rela	ated Services Company,	Inc.			40716.24		590.39	
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027					CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Triochix Az 03027				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND II Srinivasa Reddv	NITIAL LAST N Akiti	AME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d C	30.00	
				14. OTHER		D	937.50	
17030 N 49th St, Apt 2155 Scottsdale AZ 85254				14. OTHER		W	1000.00	
USA						DD	1650.06	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RET	IREMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE	ID NUMBER 16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOME	ΓAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
AZ 0133133497		39778.74		1073.21				

## 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

D. CONTROL NUMBER 002876572901	2022	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION 39778.74	2. FEDERAL INCOME T	AX WITHHELD 7009.45	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A.	. EMPLOYEE'S SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY 1	AX WITHHELD	
13-3133497 33	38-71-3427			40716.24		2524.41	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP COD	E		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD	
American Express Travel Related Service	s Company, Inc.			40716.24		590.39	
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Prideriix AZ 63027			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				IFIED PLANS	12.a-d		
Srinivasa Reddy Akiti					С	30.00	
17030 N 49th St, Apt 2155					D	937.50	
Scottsdale A7 85254					W	1000.00	
USA					DD	1650.06	
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RET	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER 16	MBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME		ΓAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
AZ 0133133497	39778	.74	1073.21				

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

D. CONTROL N	IUMBER		0140	NO. 4545.0000	1. WAGES, TI	PS, OTHER COMPE	NSATION	2. FEDERAL INCOME TA	AX WITHHELD	
0028765729	901	202	2 ONB	NO. 1545-0008	39778.74			7009.45		
B. EMPLOYER I	IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL	SECURITY N	UMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD	
13-3133497	1	338-71-3427			40716.24				2524.41	
C. EMPLOYER'S	S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIP	5	6. MEDICARE TAX WIT	THHELD	
	press Travel Related Servi	ces Company, Inc.				40	716.24		590.39	
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUALIFIED PLANS		12.a-d See instructions for box 12				
Srinivasa Reddy Akiti				С	30.00					
17030 N 49th St, Apt 2155				14. OTHER			D	937.50		
Scottsdale AZ 85254							W	1000.00		
USA						DD	1650.06			
F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY	
	ATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME		17. STATE INCOME T	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ C	0133133497	397	778.74		1073.21					