								Federal Bo	0x 1	Soc. Sec. Box 3 &	7 Medicar	e Bax 5
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.							is is		14.71 46.93	67614.7 1546.9	-	7614.71 1546.93
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							Life		42.13	42.	13	42.13
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							omp i x/Wage Lin	(86	50.00) 59.88)	(869.8	B) (869.88)
						W-2 Wages			83.89	68333.	39 6	8333.89
D. CONTROL NUMBER 002876369101	OMP NO 1545 0000					1. WAGES, TIPS, OTHER COMPENSATION 61583.89			2	2. FEDERAL INCOME TAX WITHHELD 6909.90		
B. EMPLOYER IDENTIFICA 13-3133497	TION NUMBER (EIN)	A. EMPLOYEE'S : 162-83-8232	SOCIAL SEC	URITY NUMBE	R	3. SOCIAL SECURITY WAGES 68333.89				4. SOCIAL SECURITY TAX WITHHELD 4236.70		
C. EMPLOYER'S NAME, A American Express Tra			Inc.			5. MEDICARE WAGES AND TIPS 68333.89 6. MEDICARE TAX WITHHELD 9				HELD 990.84		
MC 24-02-11 2401 W Behrend Dr. 9 Phoenix AZ 85027	Suite 55					7. SOCIAL SEC	URITY TIPS		8.	ALLOCATED TIPS		
Prideriix AZ 03027						9.			10	DEPENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NAM Dinesh Chandra	ME AND INITIAL	LAST NA Patil	ME		SUFF.	11. NONQUAL	IFIED PLANS		12	La-d See instructions for C		42.13
1323 W Villa Theresa Dr PHOENIX AZ 85023 USA							14. OTHER			D AA DD		6750.00 1687.50 3198.10
F. EMPLOYEE'S ADDRESS											SICK	
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIP5, ETC. 17. STATE INCOME 1 AZ 0133133497 61583.89						1661.58	18. LOCAL V	WAGES, TIPS, ETC.	19. LO	CAL INCOME TAX	20. LOCALITY N	IAME

D. CONTROL NUMBER 002876369101	2	0022 OMB	NO. 1545-00	1. WAGES	TIPS, OTHER COMPENS 6158		2. FEDERAL INCOME TA	X WITHHELD 6909.90		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 13-3133497 162-83-8232					SECURITY WAGES	2.00	4. SOCIAL SECURITY To	4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP		5. MEDICA	RE WAGES AND TIPS	3.09	6. MEDICARE TAX WIT	4236.70 6. MEDICARE TAX WITHHELD				
American Express Travel Related Serv	rices Company, Inc	C.			6833	3.89		990.84		
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027					ECURITY 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 Dinesh Chandra	LAST NAME Patil	i	SUF	. 11. NONQ	ALIFIED PLANS		12.a-d C	42.13		
1323 W Villa Theresa Dr PHOENIX AZ 85023				14. OTHER			AA DD	6750.00 1687.50 3198.10		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								REMENT X THIRD-PARTY		
15. STATE EMPLOYER'S STATE ID NUMBER AZ 0133133497		TIPS, ETC. 61583.89	17. STATE INCOM	E TAX 1661.58	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

Copy 2-To Be Filed With Employee's State, City,or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

D. CONTROL				OMB NO	1545-0008	1. WAGES, T	IPS, OTHER C			2. FEDERAL INCOME TA		
002876369			2022	mo no.	1343 0000			61583.89	9		6909.90	
	R IDENTIFICATION NUMB	andered the second second		RITY NUMBE	R	3. SOCIAL SE	CURITY WAG	SES		4. SOCIAL SECURITY T	AX WITHHELD	
13-3133497 162-83-8232					68333.89)	4236.70			
C. EMPLOYE	R'S NAME, ADDRESS, AN	ID ZIP CODE				5. MEDICARE	WAGES AND	D TIPS		6. MEDICARE TAX WIT	THHELD	
American E	Express Travel Relate	d Services Company	Inc.					68333.89)		990.84	
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027						7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
Prioenix A2	2 63027					9.				10. DEPENDENT CARE	BENEFITS	
E. EMPLOYE Dinesh Chi	E'S FIRST NAME AND INIT	TAL LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C	42.13	
		Faui								D	6750.00	
	Ila Theresa Dr					14. OTHER				AA	1687.50	
PHOENIX / USA	AZ 85023									DD	3198.10	
	E'S ADDRESS AND ZIP CO	DE								13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY	
15. STATE		NUMBER 16. STATE WAG			TATE INCOME T		18. LOCAL V	WAGES, TIPS,	ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	0133133497		61583.8	9		1661.58						

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

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002876369101	20	022 OMB	NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSAT 61583.		2. FEDERAL INCOME TA	X WITHHELD 6909.90	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 13-3133497	A. EMPLOYEE'S SOCIA 162-83-8232	AL SECURITY N	JMBER	3. SOCIAL SECURITY WAGES 68333.89			4. SOCIAL SECURITY TAX WITHHELD 4236.70		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP American Express Travel Related Serv				5. MEDICARE	WAGES AND TIPS 68333.	89	6. MEDICARE TAX WIT	990.84	
MC 24-02-11 2401 W Behrend Dr. Suite 55 Phoenix AZ 85027		7. SOCIAL SECURITY TIPS 9.			8. ALLOCATED TIPS				
Priderit AZ 63027					10. DEPENDENT CARE BENEFITS				
E. EMPLOYEE'S FIRST NAME AND INITIAL Dinesh Chandra	LAST NAME Patil		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions fo	42.13	
1323 W Villa Theresa Dr PHOENIX AZ 85023 USA				14. OTHER			AA DD	6750.00 1687.50 3198.10	
F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER AZ 0133133497		IPS, ETC. 51583.89	17. STATE INCOME	1661.58	18. LOCAL WAGES, TIP	S, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	

Copy B-To Be Filed With Employee's FEDERAL Tax Return