2/27/24, 1:33 PM

į.					Federal Box 1	Soc. Se	ec. Box 3 & 7	Medicare Box	5
To the	e right is information	which shows your total wages	hv	Gross Wages	230696.98	23	0696.98	230696.9	8
W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total				Txbl Benefits	221.40		221.40	221.4	
	es to arrive at your W-			Group Term Life	324.01		324.01	324.0	1
Gene	eral instructions for the	ese forms, including an explan	ation	Adoption					
of the letter codes used in box 12, are available on a separate document.				Deferred Comp Section 125	(22500.00) (5990.01)	/5	5990.01)	(5990.01	,
Sepai	rate document.			Other Pretax/Wa			5052.38)	(3990.01	,
				W-2 Wages	202752.38		0200.00	225252.3	8
a Empleya	ee's social security number	b Employer identification number (EII	N)	d Control number					
	59-1445	13-3133497	*/	003436161801				OMI	B No. 1545-0008
c Employe	r's name, address, and ZIP co	ode			1 Wages, tips, other compensatio	on	2 Federal incom		
Amer	ican Express Travel Rel	ated Services Company, Inc.				752.38			30970.78
MC 24-02-11 2401 W Behrend Dr. Suite 55					3 Social security wages	200 00	4 Social security	tax withheld	0022.40
	nix AZ 85027	3				200.00	6 Medicare tax w	ithhald	9932.40
					5 Medicare wages and tips 2252	252.38	b Medicare tax w	ritineia	3493.43
	e's first name and initial	Last name	Su	ff.	7 Social security tips		8 Allocated tips		
	W blaylock dr	Verma							
Phoer USA	nix AZ 85085				9		10 Dependent ca	re benefits	
					11 Nonqualified plans		12a See instruc	tions for how 12	
f Employe	e's address and ZIP code				11 Nonqualineu pians		Code C		324.01
15 State	Employer's state ID Number	r 16 State wages, tips, etc.	17 State i	ncome tax	13 Statutory Retirement Third		12b		
AZ	0133133497	202752.38	ļ	4048.62	employee plan sick		Code D 12c		22500.00
							Code DD	1	21152.64
18 Local w	rages, tips, etc.	19 Local income tax	20 Localit	ty name	14 Other		12d Code		
			†		1		Code		
Form W-2	Wage and Tax Statemer	l nt				Depar	tment of the Tr	easury-Interna	al Revenue Servi
	or EMPLOYEE'S RECORDS			2023		furnished to th	ie Internal Revenue S	ervice. If you are requ	uired to file a tax retur
					negligence penalty or othe	er sanction may	be imposed on you i	rtnis income is taxabi	ie and you fail to repor
	ee's social security number	b Employer identification number (EII	N)	d Control number	1			-	A
a Employe	se a accidi acculity ilullibei		-,						
	59-1445	13-3133497		003436161801				OMI	B No. 1545-0008
335-5	59-1445 r's name, address, and ZIP co			003436161801	1 Wages, tips, other compensatio	on	2 Federal incom		B No. 1545-0008
335-5 c Employe	r's name, address, and ZIP co	ode		003436161801	2027	on 752.38		e tax withheld	30970.78
c Employer Amer	r's name, address, and ZIP co ican Express Travel Rel 4-02-11	ated Services Company, Inc.		003436161801	2027 3 Social security wages	752.38	2 Federal income	e tax withheld	30970.78
335-5 c Employer Amer MC 24 2401	r's name, address, and ZIP co ican Express Travel Rel	ated Services Company, Inc.		003436161801	2027 3 Social security wages 1602		4 Social security	e tax withheld tax withheld	
a335-5 c Employer Amer MC 24 2401 Phoer	r's name, address, and ZIP co rican Express Travel Rel 4-02-11 W Behrend Dr. Suite 5: nix AZ 85027	ode ated Services Company, Inc. 5			2027 3 Social security wages 1602 5 Medicare wages and tips	752.38		e tax withheld tax withheld	30970.78
a335-5 c Employer Amer MC 24 2401 Phoer	r's name, address, and ZIP co ican Express Travel Rel 4-02-11 W Behrend Dr. Suite 5: nix AZ 85027 we's first name and initial	ode ated Services Company, Inc. 5 Last name	Su		2027 3 Social security wages 1602 5 Medicare wages and tips	752.38 200.00	4 Social security	e tax withheld tax withheld	30970.78 9932.40
335-5 c Employer Amer MC 2-2401 Phoer e Employe Neha 1524	r's name, address, and ZIP co ican Express Travel Rel 4-02-11 W Behrend Dr. Suite 5: nix AZ 85027 re's first name and initial W blaylock dr	ode ated Services Company, Inc. 5	Su		2027 3 Social security wages 1602 5 Medicare wages and tips 2252 7 Social security tips	752.38 200.00	4 Social security 6 Medicare tax w 8 Allocated tips	e tax withheld tax withheld rithheld	30970.78 9932.40
335-5 c Employer Amer MC 2-2401 Phoer e Employe Neha 1524	r's name, address, and ZIP co ican Express Travel Rel 4-02-11 W Behrend Dr. Suite 5: nix AZ 85027 we's first name and initial	ode ated Services Company, Inc. 5 Last name	Su		2027 3 Social security wages 1602 5 Medicare wages and tips 2252	752.38 200.00	4 Social security 6 Medicare tax w	e tax withheld tax withheld rithheld	30970.78 9932.40
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Form W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return

Department of the Treasury - Internal Revenue Service