| 1 | | | | | | Federal Box 1 | Soc. Sec | Box 3 & 7 | Medicare Box 5 | |
|--|---|---|---------------|-------------------------------------|---------------------------------------|---|---------------------------------|---------------------|---------------------|---------------------------------------|
| | | | | | | 120105 12 | 420 | 405.43 | 120105 12 | |
| To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or | | | | Gross Wages Txbl Benefits | | 130495.13 189.78 | | 189.78 | 130495.13 189.78 | |
| other pretax deductions that were subtracted from total | | | | Group Term Life | | 70.72 | | 70.72 | 70.72 | |
| wage | es to arrive at your W-2 | 2 wages. | Adoption | | | | | | | |
| Gone | aral instructions for the | se forms including an evolan | Deferred Comp | | (8442.06) | | | | | |
| General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a | | | | Section 125 | | (2803.92) | (28 | 303.92) | (2803.92) | |
| separate document. | | | | Other Pretax/Wag W-2 Wages | ge Limit | 119509.65 | 127 | 7951.71 | 127951.71 | |
| | | | | W-2 wages | | 119309.03 | 12/ | 931.71 | 12/931./1 | |
| a Employe | ee's social security number | b Employer identification number (EIN | I) | d Control number | | | | | | |
| | 65-5199 | <u>13-3133497</u> | 003439410901 | OMB | | | | | No. 1545-0008 | |
| c Employe | er's name, address, and ZIP co | de | | 1 Wages, tips | , other compensation | | 2 Federal income | tax withheld | | |
| Amer | rican Express Travel Rela | ated Services Company, Inc. | | | 119509 | _ | | | 18603.50 | |
| | 4-02-11 | | | 3 Social secui | ity wages 127951 | - 1 | Social security t | ax withheld | 7933.01 | |
| | . W Behrend Dr. Suite 55 nix AZ 85027 |) | | 5 Medicare wa | | $\overline{}$ | 6 Medicare tax wit | thheld | 7,555.01 | |
| | | | Sut | | | 127951 | - 1 | | | 1855.30 |
| | ee's first name and initial si Krishna | Last name Pannuri | п. | 7 Social secur | rity tips | 8 | 3 Allocated tips | | | |
| 1994 | 0 North 23rd Avenue | T dillidit | | 0 | | | 40 Daniel de la constant | | | |
| | # 2023 ENIX AZ 85027 | | | 9 | | | 10 Dependent care benefits | | | |
| USA | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| f Employe | e's address and ZIP code | | | | | | | Code C | 70.72 | |
| 15 State | Employer's state ID Number | | 17 State in | ncome tax | 13 Statuto employ | ry Retirement Third-p ee plan sick Pa | | 12b Code D | | 8442.06 |
| AZ | 0133133497 | 119509.65 | | 4111.61 | | X | | 12c | | 0442.00 |
| 18 Local w | vages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code W | | 500.00 |
| | ragoo, upo, oto. | TO BOOM MOOMO LAN | | ., | 14 Other | | | 12d Code DD | 1 | 8467.08 |
| | | | | | | | | | | |
| | 2 Wage and Tax Statemen | t | | 2022 | | | Departr | nent of the Tre | asury-Internal I | Revenue Servic |
| Copy C—Fo | or EMPLOYEE'S RECORDS | | | 2023 | | This information is being fur gligence penalty or other sa | | | | |
| | | | | | | grigorioo portany or ontor ou | onouon may o | o imposso on you in | | , 00 10. 10 10 10 10 |
| a Employe | ee's social security number | b Employer identification number (EIN | I) | d Control number | | | | | | |
| <u>849-65-5199</u> <u>13-3133497</u> | | | 003439410901 | - | | | | OMB | No. 1545-0008 | |
| c Employer's name, address, and ZIP code | | | | | 1 Wages, tips | other compensation | | 2 Federal income | tax withheld | 10002 50 |
| Amer | rican Express Travel Rela | ated Services Company, Inc. | | | 3 Social secur | 119509 | $\overline{}$ | Social security t | tay withhold | 18603.50 |
| | .4-02-11 . W Behrend Dr. Suite 55 | 5 | | o cociai secui | 127951 | - 1 | Occidi Security (| ax withinitia | 7933.01 | |
| | nix AZ 85027 | | | 5 Medicare wa | iges and tips | 6 | Medicare tax wit | thheld | | |
| e Employee's first name and initial Last name Suff | | | | ff | | 127951 | $\overline{}$ | | | 1855.30 |
| Vamsi Krishna Pannuri | | | | | 7 Social secui | rity tips | 8 | 3 Allocated tips | | |
| 19940 North 23rd Avenue APT # 2023 | | | | 9 | | | 1 | 10 Dependent car | e henefits | |
| PHOENIX AZ 85027 | | | | , | | | | | | |
| USA | | | | 11 Nonqualifie | ed plans | | 12a See instructi | ions for box 12 | | |
| f Employe | e's address and ZIP code | | | | | | Code C | | 70.72 | |
| 15 State | Employer's state ID Number 0133133497 | | 17 State in | ncome tax | 13 Statuto employ | ry Retirement Third-pa ee plan sick Pa | | 12b Code D | 1 | 8442.06 |
| AZ | 0133133497 | 119509.65 | | 4111.61 | | x |] [1 | 12c | | |
| 18 Local w | vages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code W | | 500.00 |
| | | | ļ | | | | | Code DD | | 8467.08 |
| | | | | | | | | | | |
| Form W-2 Wage and Tax Statement Copy B—To Be Filed With Employee's FEDERAL Tax Return. Department of the Treasury - Internal Revenue Service | | | | | | | | | | |
| | | | | 2023 | | | | | | |
| | | | | | | | | | | |
| | ee's social security number 65-5199 | b Employer identification number (EIN 13-3133497 | I) | d Control number 003439410901 | 1 | | | | OMB | N. 4545.0000 |
| | er's name, address, and ZIP co | | | 003439410901 | 1 Warres tins | , other compensation | 12 | 2 Federal income | | No. 1545-0008 |
| | | | | | i i i i i i i i i i i i i i i i i i i | 119509 | | . r cacrar moonic | tax Withhold | 18603.50 |
| | rican Express Travel Rela !4-02-11 | ated Services Company, Inc. | | | 3 Social secur | rity wages | 4 | Social security t | ax withheld | |
| 2401 W Behrend Dr. Suite 55 | | | | | | 127951 | 1.71 | | | 7933.01 |
| Phoenix AZ 85027 | | | | | 5 Medicare wa | • | | Medicare tax wit | thheld | |
| e Employe | ee's first name and initial | Last name | Su | ff. | 7 Social secui | 127951 | _ | 3 Allocated tips | | 1855.30 |
| Vamsi Krishna Pannuri | | | | . John Secul | , | ľ | | | | |
| 19940 North 23rd Avenue APT # 2023 | | | 9 | | 1 | 10 Dependent care benefits | | | | |
| PHOENIX AZ 85027 USA | | | | | | | | | | |
| USA f Employee's address and ZIP code | | | | | 11 Nonqualifie | ed plans | | 12a See instructi | ions for box 12 | 70.72 |
| | | Lan au-1 | | 13 Statutory Retirement Third-party | | | Code C | | 70.72 | |
| 15 State AZ | Employer's state ID Number 0133133497 | 16 State wages, tips, etc. 119509.65 | 1/ State ii | ncome tax 4111.61 | 13 Statuto employ | ee plan sick Pa | y c | Code D | | 8442.06 |
| | | | | | | X | , , | 12c Code W | | 500.00 |
| 18 Local w | vages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | 7 | 12d | | |
| | | | } | | | | | Code DD | | 8467.08 |
| Form M/ 2 | Wana and Tay Statemen | <u> </u> | | | | | Denart | ment of the Tre | asurv - Internal I | Revenue Servic |
| 00-7 | Statemen | | | | | | | | continuel l | · · · · · · · · · · · · · · · · · · · |