|  |  |               |                             |                    |  |                  | Federal Box  | 1 Soc. Sec. Box 3       | & 7 Medicare Box 5              |  |  |
|--|--|---------------|-----------------------------|--------------------|--|------------------|--------------|-------------------------|---------------------------------|--|--|
|  | an explanation of<br>nat the Gross amou    |               |                             | ooxes on your W-2. | Gross Wage                                   |                  | 224649       | 9.89 224649<br>5.53 775 |                                 |  |  |
| i icase note t                                       | 0.000 000                                  | 5             | c.aac aaje                  | iociricii.co       |  |                  |              |                         |                                 |  |  |
|  |  |               |                             |                    | Group Term                                   | n Life           | 240          | ).43 240                | .43 240.43                      |  |  |
|  |  |               |                             |                    | Adoption                                     |                  |              |                         |                                 |  |  |
|  |  |               |                             |                    | Deferred Comp (12718.5                       |                  |              | .53)                    |                                 |  |  |
|  |  |               |                             |                    | Section 125                                  | 5                | (3338.       | .70) (3338.             | 70) (3338.70)                   |  |  |
|  |  |               |                             |                    | Other Preta                                  | x/Wage Limit     |              | (89427.                 | 15)                             |  |  |
|  |  |               |                             |                    | W-2 Wages                                    |                  | 209608       | 3.62 132900             | .00 222327.15                   |  |  |
| D. CONTROL NUMBI<br>001154851001                     | This Information is<br>to the Internal Rev |               | 2019 ON                     | ИВ NO. 1545-0008   | 1. WAGES, TIPS, OTHER COMPENSATION 209608.62 |                  |              | 2. FEDERAL INCOME T     | AX WITHHELD<br>28944.92         |  |  |
| B. EMPLOYER IDENT                                    | FICATION NUMBER                            | A. EMPLOYEE'S | SOCIAL SECURIT              | Y NUMBER           | 3. SOCIAL SE                                 | CURITY WAGES     |              | 4. SOCIAL SECURITY      | 4. SOCIAL SECURITY TAX WITHHELD |  |  |
| 13-3133497   |  | 851-65-2248   |                             |                    |  | 13290            | 0.00         |                         | 8239.80                         |  |  |
| C. EMPLOYER'S NAM                                    | E, ADDRESS, AND ZIP (                      | ODE           |                             |                    | 5. MEDICARE                                  | WAGES AND TIPS   |              | 6. MEDICARE TAX W       | THHELD                          |  |  |
|  | Travel Related Serv                        | ices Company, | Inc.                        |                    |  | 22232            | 7.15         |                         | 3424.69                         |  |  |
| MC 24-02-11<br>2401 W Behrend Dr. Suite 55           |  |               |                             |                    |  | CURITY TIPS      |              | 8. ALLOCATED TIPS       |                                 |  |  |
| Phoenix AZ 85027                                     |  |               |                             |                    |  |                  |              | 10. DEPENDENT CARE      | BENEFITS                        |  |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. |  |               |                             |                    |  | IFIED PLANS      |              | 12.a-d C                | 240.43                          |  |  |
| ASHOK GUPTA  |  |               |                             |                    |  |                  |              | D                       | 12718.53                        |  |  |
| 4522 Alameda D<br>Fremont CA 945:<br>USA             |  |               |                             |                    | 14. OTHER CA                                 | SDI              | 1183.71      | DD                      | 18267.72                        |  |  |
| F. EMPLOYEE'S ADD                                    | RESS AND ZIP CODE                          |               |                             |                    |  |                  |              | 13. STATUTORY RET       | REMENT X THIRD PARTY SICK PAY   |  |  |
|  | YER'S STATE I.D. NO.<br>3743-5             | 16. STATE WAG | ES, TIPS, ETC.<br>209608.62 | 17. STATE INCOME 1 | 13826.45                                     | 18. LOCAL WAGES, | TIPS, ETC. 1 | 9. LOCAL INCOME TAX     | 20. LOCALITY NAME               |  |  |

| D. CONTRO  | CONTROL NUMBER This Information is being |                     | s being furnished | 1            |      | 45.45.00          |               | 1. WAGES, T                | PS, OTHER COMPENSA   | TION                            | 2. FEDERAL INCOME TA | XX WITHHELD              |  |  |
|--|--|---------------------|-------------------|--------------|------|-------------------|---------------|----------------------------|----------------------|---------------------------------|----------------------|--------------------------|--|--|
| 00115485   | 1001                                     | to the Internal Rev | venue Service     | 2019         | OMB  | OMB NO. 1545-0008 | 1545-0008     |                            | 209608               | .62                             |                      | 28944.92                 |  |  |
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER |  |                     |                   |              |      | 3. SOCIAL SE      | CURITY WAGES  |                            | 4. SOCIAL SECURITY T | 4. SOCIAL SECURITY TAX WITHHELD |                      |                          |  |  |
| 13-3133497 851-65-2248   |  |                     |                   |              |      |                   | 132900        | .00                        |                      | 8239.80                         |                      |                          |  |  |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE                              |  |                     |                   |              |      |                   |               | 5. MEDICARE WAGES AND TIPS |                      |                                 | 6. MEDICARE TAX WIT  | 6. MEDICARE TAX WITHHELD |  |  |
|  |  | ivel Related Serv   | vices Company,    | , Inc.       |      |                   |               |                            | 222327               | .15                             |                      | 3424.69                  |  |  |
| MC 24-02-11<br>2401 W Behrend Dr. Suite 55<br>Phoenix AZ 85027         |  |                     |                   |              |      |                   | 7. SOCIAL SEC | CURITY TIPS                |                      | 8. ALLOCATED TIPS               |                      |                          |  |  |
| r noenix A.  | 2 03027                                  |                     |                   |              |      |                   |               | 9.                         |                      |                                 | 10. DEPENDENT CARE   | BENEFITS                 |  |  |
|  | EE'S FIRST NAN                           | ME AND INITIAL      | LAST N            |              |      |                   | SUFF.         | 11. NONQUAL                | IFIED PLANS          |                                 | 12.a-d C             | 240.43                   |  |  |
| ASHOK  |  |                     | GUPT              | A            |      |                   |               |                            |                      |                                 | D                    | 12718.53                 |  |  |
| 4522 Alameda Dr<br>Fremont CA 94536<br>USA                             |  |                     |                   | 14. OTHER CA | SDI  | 1183.7            | 1 DD          | 18267.72                   |                      |                                 |                      |                          |  |  |
|  |  |                     |                   |              |      |                   |               |                            |                      |                                 |                      | REMENT X THIRD PARTY     |  |  |
|  | F. EMPLOYEE'S ADDRESS AND ZIP CODE       |                     |                   |              |      |                   |               |                            |                      |                                 | EMPLOYEE PLAN        | 5161(1111)               |  |  |
| 15. STATE  | EMPLOYER'S                               | S STATE I.D. NO.    | 16. STATE WAG     | ES, TIPS, E  | ETC. | 17. STA           | TE INCOME 1   | AX                         | 18. LOCAL WAGES, T   | PS, ETC.                        | 19. LOCAL INCOME TAX | 20. LOCALITY NAME        |  |  |
| CA   | 305-3743                                 | -5                  |                   | 209608       | 8.62 |                   |               | 13826.45                   |                      |                                 |                      |                          |  |  |

## Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2019

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

| D. CONTROL NUMBER 001154851001   | This Information is<br>to the Internal Rev |                  | 2019    | OMB N | IO. 1545-0008            | 1. WAGES, TI            | PS, OTHER COMPENSA<br>209608 |            | 2. FEDERAL INCOME TA        | XX WITHHELD<br>28944.92         |  |  |
|--|--|------------------|---------|-------|--------------------------|-------------------------|------------------------------|------------|-----------------------------|---------------------------------|--|--|
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER |  |                  |         |       |                          |                         | CURITY WAGES                 |            | 4. SOCIAL SECURITY T        | 4. SOCIAL SECURITY TAX WITHHELD |  |  |
| 13-3133497 851-65-2248   |  |                  |         |       |                          | 132900.00               |                              |            | 8239.80                     |                                 |  |  |
| C. EMPLOYER'S NAME, A  | DDRESS, AND ZIP C                          | ODE              |         |       |                          | 5. MEDICARE             | 5. MEDICARE WAGES AND TIPS   |            |                             | 6. MEDICARE TAX WITHHELD        |  |  |
| American Express Tra   | vel Related Serv                           | ices Company,    | Inc.    |       |                          |                         | 222327                       | .15        |                             | 3424.69                         |  |  |
| MC 24-02-11<br>2401 W Behrend Dr. Suite 55                             |  |                  |         |       |                          | 7. SOCIAL SECURITY TIPS |                              |            | 8. ALLOCATED TIPS           |                                 |  |  |
| Phoenix AZ 85027   |  |                  |         |       |                          |                         |                              |            | 10. DEPENDENT CARE BENEFITS |                                 |  |  |
| E. EMPLOYEE'S FIRST NAM<br>ASHOK                                       | ME AND INITIAL                             | LAST NA<br>GUPTA |         |       | SUFF.                    | 11. NONQUAL             | IFIED PLANS                  |            | 12.a-d C                    | 240.43<br>12718.53              |  |  |
| 4522 Alameda Dr<br>Fremont CA 94536<br>USA                             |  |                  |         |       | 14. OTHER CA SDI 1183.71 |                         |                              | DD         | 18267.72                    |                                 |  |  |
| F. EMPLOYEE'S ADDRESS  | AND ZIP CODE                               |                  |         |       |                          |                         |                              |            | 13. STATUTORY RETI          | REMENT X THIRD PARTY SICK PAY   |  |  |
| 15. STATE EMPLOYER'S CA 305-3743                                       | S STATE I.D. NO.<br>-5                     | 16. STATE WAG    | 209608. |       | 7. STATE INCOME 1        | 13826.45                | 18. LOCAL WAGES, T           | PS, ETC. 1 | 9. LOCAL INCOME TAX         | 20. LOCALITY NAME               |  |  |

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2019

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

| D. CONTROI<br>00115485   |                        | This Information is<br>to the Internal Rev |                | 2019                  | OMB          | NO. 1545-0008            | 1. WAGES, TI    | 1. WAGES, TIPS, OTHER COMPENSATION<br>209608.62 |                                 |                   |                             | 2. FEDERAL INCOME TAX WITHHELD 28944.92 |  |  |
|--|------------------------|--|----------------|-----------------------|--------------|--------------------------|-----------------|---|---------------------------------|-------------------|-----------------------------|---|--|--|
|  |                        |  |                |                       |              |                          |                 | ******  |                                 |                   |                             | ***                                     |  |  |
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER |                        |  |                | MBER                  | 3. SOCIAL SE | CURITY WAGES             |                 |   | 4. SOCIAL SECURITY TAX WITHHELD |                   |                             |   |  |  |
| 13-3133497 851-65-2248   |                        |  |                |                       | 132900.00    |                          |                 |   | 8239.80                         |                   |                             |   |  |  |
| C. EMPLOYE   | ER'S NAME, A           | DDRESS, AND ZIP (                          | CODE           |                       |              |                          | 5. MEDICARE     | WAGES AND TIPS                                  | 5                               |                   | 6. MEDICARE TAX WITHHELD    |   |  |  |
|  |                        | vel Related Serv                           | vices Company, | Inc.                  |              |                          |                 | 222327.15                                       |                                 |                   |                             | 3424.69                                 |  |  |
| MC 24-02-11<br>2401 W Behrend Dr. Suite 55                             |                        |  |                |                       |              | 7. SOCIAL SECURITY TIPS  |                 |   |                                 | 8. ALLOCATED TIPS |                             |   |  |  |
| Phoenix AZ 85027   |                        |  |                |                       |              |                          | 9.              |   |                                 |                   | 10. DEPENDENT CARE BENEFITS |   |  |  |
| E. EMPLOYE   | EE'S FIRST NAM         | ME AND INITIAL                             | LAST NA        | AME                   |              | SUFF.                    | 11. NONQUAL     | IFIED PLANS                                     |                                 |                   | 12.a-d <sub>C</sub>         | 240,43                                  |  |  |
| ASHOK  |                        |  | GUPTA          | A                     |              |                          |                 |   |                                 |                   | D                           | 12718.53                                |  |  |
| 4522 Alameda Dr<br>Fremont CA 94536<br>USA                             |                        |  |                |                       |              | 14. OTHER CA SDI 1183.71 |                 |   | 71                              | DD                | 18267.72                    |   |  |  |
|  | EE'S ADDRESS           | AND ZIP CODE                               |                |                       |              |                          |                 |   |                                 |                   | 13. STATUTORY RETI          | REMENT X THIRD PARTY SICK PAY           |  |  |
| 15. STATE<br>CA  | EMPLOYER'S<br>305-3743 | S STATE I.D. NO.                           | 16. STATE WAG  | ES, TIPS, E<br>209608 |              | 17. STATE INCOME 1       | TAX<br>13826.45 | 18. LOCAL WAGE                                  | S, TIPS, ETC.                   | 19.               | LOCAL INCOME TAX            | 20. LOCALITY NAME                       |  |  |