									Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.								es ts	188917.8 1860.8			
			•		-		Group Term		107.9			
							Adoption	. 2.10	2071.	2071.	207.51	
							Deferred Co	omp	(9948.2	(5)		
							Section 125		(9436.7	- *	3) (9436.78)	
							Other Preta	x/Wage Limit	•	(48549.8	3)	
							W-2 Wages		171501.	63 132900.	00 181449.88	
D. CONTROL 001157438		This Information is to the Internal Reve		2019	OMB NO	D. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS 17150		2. FEDERAL INCOME TA	WITHHELD 23131.62	
B. EMPLOYER	R IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	URITY NUM	BER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD		
13-313349								13290	0.00		8239.80	
	,	DDRESS, AND ZIP C					5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
		ivel Related Serv	ices Company,	Inc.				18144	9.88		2631.02	
MC 24-02-1 2401 W Be Phoenix AZ	hrend Dr. S	Suite 55					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS			
THOCHIX AZ	03027						9.			10. DEPENDENT CARE E	ENEFITS	
	'S FIRST NAM	ME AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d C	107.94	
Mahesh			Bandla	1						D	9948.25	
1314 E Mu							14. OTHER			w	5799.92	
phoenix AZ USA	2 85022									DD	18297.48	
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIREMPLOYEE PLAN	EMENT X THIRD PARTY SICK PAY	
15. STATE	EMPLOYER'S	S STATE I.D. NO.	16. STATE WAG			STATE INCOME T		18. LOCAL WAGES,	TIPS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	01331334	197		171501	.63		4627.61					

D. CONTROI 00115743		This Information is being furnished to the Internal Revenue Service		2019	OMB N	IO. 1545-000		IPS, OTHER COMPEN	ISATION 01.63	2. FEDERAL INCOME T	AX WITHHELD 23131.62		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOC				SOCIAL SEC	DCIAL SECURITY NUMBER			CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
13-3133497 158-23-2543								1329	00.00	8239.80			
C. EMPLOYE	R'S NAME, AL	DDRESS, AND ZIP C	ODE				5. MEDICARI	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
American	Express Tra	vel Related Serv	ices Company,	Inc.				1814	49.88		2631.02		
	MC 24-02-11 2401 W Behrend Dr. Suite 55							CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS		
FIIOEIIIX AZ	2 63027						9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUA	11. NONQUALIFIED PLANS			107.94					
Mahesh			Bandla	3						D	9948.25		
1314 E Mu	uriel DR						14. OTHER			W	5799.92		
phoenix A	Z 85022									DD	18297.48		
USA										13. STATUTORY RET	REMENT X THIRD PARTY		
F. EMPLOYE	F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMPLOYEE PLAI			
15. STATE	EMPLOYER'S	STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC. 1	7. STATE INCOM	TAX	18. LOCAL WAGES	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
AZ	01331334	197		171501	.63		4627.61						

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2019

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUM 001157438701		This Information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 171501.63			2. FEDERAL INCOME TAX WITHHELD 23131.62		
	NTIFICATION NUMBER	A. EMPLOYEE'S	2019 SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD			
13-3133497		158-23-2543			132900.00			8239.80		
C. EMPLOYER'S NA	ME, ADDRESS, AND ZIP (ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WITHHELD			
	ss Travel Related Serv	ices Company,	Inc.			181449.88	2631.02			
MC 24-02-11 2401 W Behren Phoenix AZ 850					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS			
FIIOEIIIX AZ 630	21				9.		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME				SUFF.	11. NONQUALIFIED PLANS			12.a-d C	107.94	
Mahesh Bandla								D	9948.25	
1314 E Muriel I	OR				14. OTHER			w	5799.92	
phoenix AZ 850 USA						DD	18297.48			
	DDRESS AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD PARTY SICK PAY	
	LOYER'S STATE I.D. NO.	16. STATE WAGI				18. LOCAL WAGES, TIPS, ETC	. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ 013	3133497		171501	.63	4627.61					

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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL I 001157438		This Information is being furnished to the Internal Revenue Service		2019	OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 171501.63				2. FEDERAL INCOME TAX WITHHELD 23131.62		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD			
13-3133497 158-23-2543								132	900.00		8239.80		
C. EMPLOYER	'S NAME, AI	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIP	5		6. MEDICARE TAX WITHHELD			
American Ex	xpress Tra	vel Related Serv	vices Company,	Inc.				181	449.88		2631.02		
MC 24-02-11 2401 W Behrend Dr. Suite 55							7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
Phoenix AZ 85027								9.				10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE	'S FIRST NAN	ME AND INITIAL	LAST N	AME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C	107.94	
Mahesh			Bandla	1							D	9948.25	
1314 E Mur	iel DR						14. OTHER				W	5799.92	
phoenix AZ USA	85022										DD	18297.48	
F. EMPLOYEE'S ADDRESS AND ZIP CODE											13. STATUTORY RETIR	REMENT X THIRD PARTY SICK PAY	
		S STATE I.D. NO.	16. STATE WAG			7. STATE INCOME T		18. LOCAL WAGE	S, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
AZ	01331334	197		171501	1.63		4627.61						