

22222		Void <input type="checkbox"/>	a Employee's social security number 636-67-4448		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN) 81-1831167				1 Wages, tips, other compensation 25702.87		2 Federal income tax withheld 3584.38		
c Employer's name, address, and ZIP code Cloudingest Inc 310 MAXWELL RD STE 600 Alpharetta GA 30009				3 Social security wages 25702.87		4 Social security tax withheld 1593.57		
				5 Medicare wages and tips 25702.87		6 Medicare tax withheld 372.69		
				7 Social security tips		8 Allocated tips		
d Control number				9		10 Dependent care benefits		
e Employee's first name and initial Sumanth Reddy		Last name Anumula		Suff	11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code 11411 Luna Rd, Apt 23204 Dallas TX 75234				13 Statutory employee	Retirement plan	Third-party sick pay	12b	
				14 Other			12c	12d
				15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
TX		25702.87						

Form **W-2** Wage and Tax Statement

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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22222		Void <input checked="" type="checkbox"/>	a Employee's social security number		For Official Use Only ► OMB No. 1545-0008			
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld		
				5 Medicare wages and tips		6 Medicare tax withheld		
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Black-and-White Form W-2 (Revised 08/19)