Notice to Employee Do you have to file? Refer to the instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if hox 2 shows an amount or if you are eligible for any credit. Emmed income credit (BC), You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The annount of credit is based on income and framily size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for your avissment income is more than the specified amount for 2020 or if income is carned for services provided while you were an immate at a penal institution. For 2020 in come hims and more information, vist www srs. gov/ETIC. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax lability is refunded to you, but only if you file a tax return.

Also see Pub. 590, taiment income creater, sur lace una to more una series and series an Service of the servic Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2 form our employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov. Cost of employer-sponsore the datch coverage (if stack cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable. **Credit for excess taxes.** If you had more than one employer in 2020 and more than S8,537.40 in social security and/or Tjer 1 railroad retirement (RKTA) taxes were withheld, you also may be able to claim a credit for the scccss against your federal neone tax. If you had more than calload employer and more than S5,012.70 in Tire 2 RRTA tax was withheld, you also may be able to claim actual instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

## Instructions for Employee

d Control numbe

0027-13075571

27-2820318

b Employer's identification numbe

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\$200,000. Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the instructions for Forms 1040 and 1040-SR. You must file Form 4137, Social Security and Medicare Tax on Uureported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that you who the actual amount of tips you records, that you received as maller amount. For you have records that you who the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to

figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5) K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. K=20%, eccise tax on excess golden parachute payments. See the instructions for Forms 1040 and 1040-SR. For form family and Medicare tax set his year because there is no longer a substantial risk of forfeiture of year. How the deferred anont, file gold payment exits if or forms 1040 and 1

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrads (codes D, E, F, and S) and esignated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19.5001 (\$13.500 (\$15.5 Box 12. The following list explains the codes shown in box 12. You may need this information to

Caccas decremary, consider mack alternation on the year assoring non-the current year. It in year as shown, the combinations are for the current year. A—Theollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.  $C{\rm --Taxable}$  cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under

B—Elective deferrals to a section 40(k) cash of a section 40(k) arrangement a SIMPLE reitement account that is part of a section 40(k) arrangement E—Elective deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b)

2020

deferred compensation plan H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the instructions for Forms 1040 and 1040-SR for how to deduct.

employees only). See the instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimburscennesh paid directly to a member of the U.S. Armed Forces (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Forms 1040 and 1040-SR for details on reporting this amount. R—Employer contributions to your Archer MSA Report on Form 8853, Archer MSAs and Long Ferra Care Insurance Contracts: S—Employee sharp reductive contributions under a section 408(p) SIMPLE plan (not included in box S—Employee sharp reductive contributions

1) T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to

requirements. W—Emphyser contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSA)

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the instructions for Forms 1040 and 1040-SR.

amount is also include in tox1. It is subject to an automal 20% tack puts interest. See the instructions for forms 100 and 100 SR. AA—Designated Roth contributions under a section 403(b) plan BB—Designated Roth contributions under a section 403(b) plan DD—Cox of employer-sponsored health coverage. The amount reported with Code DD is not take. BB—Designated Roth contributions under a section 403(b) plan. The amount reported with Code DD is not take. BB—Designated Roth contributions under a generation section 457(b) plan. This amount does not take. BB—Designated Roth contributions under a generation section 457(b) plan. The—Termitted Roth contributions under a section 83(b) (HI—Agergetated detrains under section 83(c) detrains and the close of the calendar year BBA contributions you may deduct. See Pub. 500-A. Contributions to Individual Retrement Arrangements (IRAs). Box 14, Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premisms deduced, nontaxable income, educational assistance payments, or a member of the clarger adware and unifiks.

withheld, unnor dues, unitorm payments, neath insurance premiums deducted, nontaxable neome, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Raihoad empbyers use this hox to report raihoad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in raihoad retirement (RRTA) compensation.

empasyer in maroaa returement (RKIA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Form	W-2 Wage a	and Tax St	atement
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0000001478-

Copy C, for employee's records This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Department of the Treasury - Internal Revenue Service OMB No. 1545-0008 c Employer's name, address, and ZIP code Void CLOUD EPA LLC a Employee's social security number 1800 BYBERRY ROAD STE 909 2 Federal Income tax withhe 1 Wages, tips, other compensation 880-34-1086 89055.96 12697.48 HUNTINGDON VALLEY PA 19006

	tutory loyee	Ret	irement 1	Third-party sick pay					3 Social Security	/ wages 89055.96	4 Social Security tax with	held 5521.47
12 See Instrs. for Box 12			14 Other PASUI	55.02	ARUN 27 E CH APT #H	» Employee's name, address, and ZIP code ARUN KUMAR CHERUKU 27 E CENTRAL AVE APT #H8 PAOLI PA 19301			5 Medicare wage 7 Social Security 10 Dependent ca Verification Co	89055.96 / tips are benefits	6 Medicare tax withheld 8 Allocated Tips 11 Nonqualified plans	1291.31
15 State Employer's state I.D. No. PA 94392953		16 State wages, tips, etc.			2734.01	18 Local wages, tips, etc.	19 Local income tax		20 Locality name			

## Form W-2 Wage and Tax Statement

Form	n W-2 W	/age a	and Tax	Statemen	it	2020		Copy B,	to be filed	with emplo	yee's FEDEF	RAL tax return	ı
d Control number Void 0027-13075571 0000001478- b Emolover's identification number a Emolover's social security number						CLOUE	's name, address, and ZIP code DEPALLC			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
27-2820318 880-34-1086			1800 BYBERRY ROAD STE 909 HUNTINGDON VALLEY PA 19006				1 Wages, tips, other compensation 89055.96		2 Federal Income tax wit	2 Federal Income tax withheld 12697.48			
13 State Emplo		Retirer plan	ment	Third-party sick pay						3 Social Security wages 4 Social Security tax withhe 89055.96			
12 See Instrs. for Box 12			4 Other PASUI		55.02		e's name, address, and ZIP code			5 Medicare wages a	and tips 89055.96	6 Medicare tax withheld	1291.31
				l	ARUN KUMAR CHERUKU 27 E CENTRAL AVE				7 Social Security tip	s	8 Allocated Tips		
					l	APT #H8 PAOLI PA 19301				10 Dependent care benefits		11 Nonqualified plans	
						TAOLI	TA 19501			Verification Code	3		
15 State Employer's state I.D. No. 16 State wages, tips, etc.					17 State income tax	18 Loca	al wages, tips, etc.	19 Local i	income tax	20 Locality name			
PA 94392953			89	9055.96	2734	.01							

## Form W-2 Wage and Tax Statement 2020

Copy 2, to be filed with employee's tax return for PA

d Control number Void				Void	c Employer's name, address, and ZIP code					Department of the Treasury - Internal Revenue Service					
0027-13075571 0000001478-				CLOUD EPA LLC					OMB No. 1545-0008						
b Employ	er's identification	on number	a Employee's	social security nu	mber	1800 BYBERRY ROAD STE 909					1 Wages, tips, other compensation 2 Federal Income tax withheld				
27-28	20318		880-3	34-1086		HUNTINGDON VALLEY PA 19006			1 wage	s, tips, other compensation 89055.96	2 Federal Income tax with	12697.48			
13 Statu Emplo		Retirem plan	ent	Third-party sick pay						3 Social Security wages		4 Social Security tax withheld			
											89055.96		5521.47		
12 See Instrs. for Box 12 14 0			Other			e Employee	s name, address, and ZI	P code		5 Medi	care wages and tips	6 Medicare tax withheld			
				UI 55.02							89055.96		1291.31		
						ARUN KUMAR CHERUKU					I Security tips	8 Allocated Tips			
						27 E CENTRAL AVE									
						APT #H8			10 Dependent care benefits		11 Nonqualified plans				
					PAOLI	PA 19301			Veri	ication Code					
15 State Employer's state I.D. No. 16 State wages,			tips, etc.	c. 17 State income tax 18 Local wages, tips, etc.					19 Local income tax	20 Locality name					
PA 94392953				89	9055.96		2734.01								