b Employer's Identification number 81-4477763	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	31072.00	3921.59
CODE GRAVITY LLC,	12b	3 Social security wages	4 Social security tax withheld
	ls		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
600 E JOHN CARPENTER FWY, STE # 357	\$		
	12d	7 Social security tips	8 Allocated tips
IRVING TX 75062	IS		
e Employee's first name and initial Last name		9	10 Dependent care benefits
15041316	This information is being furnished to the Internal Revenue Service		
		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
MADHU NANDAMURI	Copy B To Be Filed with		employee plan sick pay
3701 N O'CONNOR RD	• •		
	Employee's FEDERAL	14 Other	
	Employee's FEDERAL Tax Return	14 Other	
IRVING TX 75062	Tax Return	14 Other	
	Tax Return a Employee's soc. sec. no	14 Other	
f Employee's address and ZIP code	Tax Return a Employee's soc. sec. no 386-97-3996		20 Locality name
	Tax Return a Employee's soc. sec. no		20 Locality name
f Employee's address and ZIP code	Tax Return a Employee's soc. sec. no 386-97-3996		20 Locality name
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax 	Tax Return a Employee's soc. sec. no 386-97-3996	19 Local income tax	20 Locality name
f Employee's address and ZIP code	Tax Return a Employee's soc. sec. no 386-97-3996 18 Local wages, tips, etc.	19 Local income tax	
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax 	Tax Return a Employee's soc. sec. no 386-97-3996 18 Local wages, tips, etc.	19 Local income tax	
f Employee's address and ZIP code 15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax 	Tax Return a Employee's soc. sec. no 386-97-3996 18 Local wages, tips, etc.	19 Local income tax	Vith Employee's FEDERAL Tax Return

c Employer's name, address, and ZIP code	\$	31072.00	3921.59
CODE GRAVITY LLC,	12b	3 Social security wages	4 Social security tax withheld
	\$		
600 E JOHN CARPENTER FWY, STE # 357	12c	5 Medicare wages and tips	6 Medicare tax withheld
	\$		
	12d	7 Social security tips	8 Allocated tips
IRVING TX 75062	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
15041316			
	Copy 2 for State, City, or	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
MADHU NANDAMURI	Local Tax Departments		
3701 N O'CONNOR RD	Local Tax Departments	14 Other	
IRVING TX 75062			
IRVING IX /5062	a Employee's soc. sec. no		
f Employee's address and ZIP code	386-97-3996		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's ST	ATE, CITY, or LOCAL Tax Departments

REV 01/06/22 OSP

b Employer's Identification number	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code 81-4477763	s	31072.00	3921.59
CODE GRAVITY LLC,	12b	3 Social security wages	4 Social security tax withheld
	ls		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
600 E JOHN CARPENTER FWY, STE # 357	\$		
	12d	7 Social security tips	8 Allocated tips
IRVING TX 75062	\$		
e Employee's first name and initial Last name		9	10 Dependent care benefits
15041316			
MADHU NANDAMURI	Copy 2 for State, City, or	11 Nongualified plans	13 Statutory Retirement Third-party plan sick pay
	Local Tax Departments		
3701 N O'CONNOR RD	Local Tax Departments	14 Other	
IRVING TX 75062			
	a Employee's soc. sec. no		
f Employee's address and ZIP code	386-97-3996		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service	OMB # 1545-0008	Copy 2 To Be Filed With Employee's STA	ATE, CITY, or LOCAL Tax Departments

b Employer's Identification number 81-4477763	12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	\$	31072.00	3921.59
CODE GRAVITY LLC,	12b	3 Social security wages	4 Social security tax withheld
CODE GRAVIII ELC,	\$		
	12c	5 Medicare wages and tips	6 Medicare tax withheld
600 E JOHN CARPENTER FWY, STE # 357	\$		
	12d	7 Social security tips	8 Allocated tips
IRVING TX 75062	\$		
e Employee's first name and initial Last name	This information is being furnished to the	9	10 Dependent care benefits
15041316	Internal Revenue Service. If you are required to file a tax return, a negligence		
MADHU NANDAMURI		11 Nongualified plans	13 Statutory Retirement Third-party employee plan sick pay
3701 N O'CONNOR RD	Copy C for Employee's	14 Other	
IRVING TX 75062	Records (see notice to Employee on back.) a Employee's soc. sec. no		
f Employee's address and ZIP code	386-97-3996		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008