



**W-2** Wage and Tax Statement  
 Copy C for employee's records.  
 OMB No. 1545-0008

Employee Reference Copy  
**2021**

d Control number 000019 KY/CH3 Dept. CH3 Corp. A Employer use only 17

c Employer's name, address, and ZIP code  
 CLOUD ACT LLC  
 6010 W SPRING CREEK PKWY STE 1  
 PLANO, TX 75024 3569

Batch #99943

e/f Employee's name, address, and ZIP code  
 SRIKANTH THUMMA  
 6565 HOLLISTER STREET  
 115  
 HOUSTON, TX 77040

b Employer's FED ID number 81-4393708 a Employee's SSA number XXX-XX-2747

1 Wages, tips, other comp. 14924.00	2 Federal income tax withheld 1222.54
3 Social security wages 14924.00	4 Social security tax withheld 925.29
5 Medicare wages and tips 14924.00	6 Medicare tax withheld 216.40
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	14,924.00	14,924.00	14,924.00
Reported W-2 Wages	14,924.00	14,924.00	14,924.00

2. Employee Name and Address.

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15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
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Federal Filing Copy  
**W-2** Wage and Tax Statement  
 Copy B to be filed with employee's Federal Income Tax Return.  
 OMB No. 1545-0008

1 Wages, tips, other comp. 14924.00	2 Federal income tax withheld 1222.54
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State Reference Copy  
**W-2** Wage and Tax Statement  
 Copy 2 to be filed with employee's State Income Tax Return.  
 OMB No. 1545-0008

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City or Local Reference Copy  
**W-2** Wage and Tax Statement  
 Copy 2 to be filed with employee's City or Local Income Tax Return.  
 OMB No. 1545-0008



**W-2** Wage and Tax Statement **2021**  
 Copy C for employee's records. OMB No. 1545-0008

**d** Control number 000009 Dept. KY/CH3 Corp. Employer use only 18

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 HOUSTON, TX 77040

**b** Employer's FED ID number 81-4393708 **a** Employee's SSA number XXX-XX-2747

**1** Wages, tips, other comp. 46228.00 **2** Federal income tax withheld 3867.76

**3** Social security wages **4** Social security tax withheld

**5** Medicare wages and tips **6** Medicare tax withheld

**7** Social security tips **8** Allocated tips

**9** **10** Dependent care benefits

**11** Nonqualified plans **12a** See instructions for box 12

**14** Other **12b** **12c** **12d**

**13** Stat emp. Ret. plan 3rd party sick pay

**15** State Employer's state ID no. **16** State wages, tips, etc.

**17** State income tax **18** Local wages, tips, etc.

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1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	46,228.00	46,228.00	46,228.00
Reported W-2 Wages	46,228.00	0.00	0.00

2. Employee Name and Address.

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**W-2** Wage and Tax Statement **2021**  
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