## 2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Employer use only 000019 KY/CH3

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

H	DUSTON, TX 77040	
b	Employer's FED ID number 81-4393708	a Employee's SSA number XXX-XX-2747
1	Wages, tips, other comp.	2 Federal income tax withheld
	14924.00	1222.54
3	Social security wages	4 Social security tax withheld
	14924.00	925.29
5	Medicare wages and tips	6 Medicare tax withheld
	14924.00	216.40
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
1/	Other	12b
	Other	12c
		12d
		13 Stat emp Ret. plan 3rd party sick page
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

14924.00 1222.54 Social security wages 14924.00 Medicare tax withheld 216.40 Medicare wages and tips 14924.00 Employer use only 000019 KY/CH3 17 Employer's name, address, and ZIP code

CLOUD ACT LLC 6010 W SPRING CREEK PKWY STE 1 PLANO, TX 75024 3569

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

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

115 HOUSTON. TX 77040

	noodien, ix mone							
15	State	Employer's	state ID	<b>no.</b> 16	State	wages,	tips,	etc.
17	State	income tax		18	Local	wages,	tips,	etc.
19	Local	income tax		20	Locali	ity nam	A	

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

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 Social Security Medicare Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 1 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.

SRIKANTH THUMMA 6565 HOLLISTER STREET 115 HOUSTON, TX 77040

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1 Wages, tips, other comp. 14924.00			2 Federa	I income ta	x withheld 1222.54
3 Social security wages 14924.00			4 Social	security tax	withheld 925.29
5 Medicare wages and tips 14924.00			6 Medica	re tax withh	neld 216.40
d	Control number	Dept.	Corp.	Employer	use only
00	0019 KY/CH3			Α	17
C Employer's name address and ZIP code					

CLOUD ACT LLC 6010 W SPRING CREEK PKWY STE 1 PLANO, TX 75024 3569

Employer's FED ID number 81-4393708	a Employee's SSA number XXX-XX-2747
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a
Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	Social security tips  Nonqualified plans

e/f Employee's name, address and ZIP code

SRIKANTH THUMMA 6565 HOLLISTER STREET 115 HOUSTON, TX 77040

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	Local	ity nam	е	

State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return

1	1 Wages, tips, other comp. 14924.00				Federal	l income tax 1	withheld 222.54
3	3 Social security wages 14924.00				Social	security tax	withheld <b>925.29</b>
5	5 Medicare wages and tips 14924.00			6	Medica	re tax withh	eld <b>216.40</b>
d	Control i	number	Dept.		Corp.	Employer	use only
00	0019	KY/CH3				Α	17
С	Employer's name, address, and ZIP code						

CLOUD ACT LLC 6010 W SPRING CREEK PKWY STE 1 PLANO, TX 75024 3569

b	Employer's FED ID number 81-4393708	a Employee's SSA number XXX-XX-2747				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pa				

e/f Employee's name, address and ZIP code

SRIKANTH THUMMA 6565 HOLLISTER STREET 115 HOUSTON, TX 77040

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

or Local Reference Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return

## 2021 W-2 and EARNINGS SUMMARY



3867.76

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Employer use only 000009 KY/CH3

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

H	OUSTON, TX 77040				
b	Employer's FED ID number 81-4393708	a I			A number <b>(-2747</b>
1	Wages, tips, other comp.	2 F	ederal	income	tax withheld
	46228.00				3867.76
3	Social security wages	4 \$	Social	security	tax withheld
5	Medicare wages and tips	6 I	Medicar	e tax wi	thheld
7	Social security tips		Allocate	d tips	
9		10 D	epende	ent care	benefits
11	Nonqualified plans		See inst	ructionsfo	or box 12
14	Other	12b	<u> </u>		
' -	Other	12c			
		12d			
		13 8	Stat emp	Ret. plan	3rd party sick pay
15	State Employer's state ID no	16 \$	State w	ages, tip	s, etc.
17	State income tax	18 <b>L</b>	ocal w	ages, tip	os, etc.
19	Local income tax	20 <b>L</b>	ocality	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 Reported W-2 Wages 46,228.00 46,228.00

46,228.00 0.00

46,228.00 0.00

46228.00

2. Employee Name and Address.

## SRIKANTH THUMMA 6565 HOLLISTER STREET 115 HOUSTON, TX 77040

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1 Wages, tips, other comp. 46228.00			2 Federa	l income tax withheld 3867.76		
3 Social security wages			4 Social	security tax withheld		
5	Medicare wages and	l tips	6 Medicare tax withheld			
d	Control number	Dept.	Corp.	Employer use only		
00	00009 KY/CH3			18		
С	c Employer's name, address, and ZIP code					

CLOUD ACT LLC 6010 W SPRING CREEK PKWY STE 1 PLANO, TX 75024 3569

b	Employer's FED ID number 81-4393708	a Employee's SSA number XXX-XX-2747				
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				
e/f	Employee's name, address an	d ZIP code				

SRIKANTH THUMMA 6565 HOLLISTER STREET 115 HOUSTON, TX 77040

19 Local income tax

15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc.

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

20 Locality name

1 Wages, tips, other c 4622	2 Federal income tax withheld 3867.76			
3 Social security wage	4 Social security tax withheld			
5 Medicare wages and	6 Medicare tax withheld			
d Control number	Dept.	Corp.	Employer	use only
000009 KY/CH3				18
C Employer's name, and CLOUD ACT 6010 W SPRIN PLANO. TX 75	LLC IG CREE	K PKWY		

b	Employer's FED ID number 81-4393708	a Employee's SSA number XXX-XX-2747		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a		
14	Other	12b		
		12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code

SRIKANTH THUMMA 6565 HOLLISTER STREET 115 HOUSTON, TX 77040

L							
l	15	State	Employer's	state	ID no.	16	6 State wages, tips, etc.
l							
Γ	17	State	income tax			18	8 Local wages, tips, etc.
l							
r	19	Local	income tax			20	0 Locality name
l							•
	17						8 Local wages, tips, etc. 0 Locality name

State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return

Corp.		se only
Corp.	Employer u e STE 1	se only 18
d ZIP cod	e STE 1	18
C PKWY	STE 1	
C PKWY	STE 1	hor
a Employ	ree's SSA num	<b>.</b>
a Employ		<b>.</b>
		<b>.</b>
		ha-
		har
8 Allocat	<u> </u>	
	ed tips	
0 Depend	ent care benef	its
2a		
2b		
2c		
2d		
3 Stat em	p. Ret. plan 3rd pa	rty sick p
I ZIP cod	<u> </u>	
FFT		
16 State	vages, tips, etc.	
18 Local	wages, tips, etc	<b>.</b>
20 Localit	y name	
eferer	ce Conv	/
	EET  16 State v  18 Local	12b

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Local Income Tax Return