2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only KG/PCU Employer's name, address, and ZIP code CLOUDSPACE LLC 1909 JN PEASE PLACE STE 201 CHARLOTTE, NC 28262

Batch #90781

e/f Employee's name, address, and ZIP code DHRUVA TEJA AKKIREDDY 941 WILMINGTON AVE APT E OH 45420

DAYTON, Employer's FED ID number a Employee's SSA numbe 86-1564085 XXX-XX-2554 Wages, tips, other comp. Federal income tax withheld 77819.94 9888.35 Social security wages Social security tax withheld 71973.00 4462.33 Medicare wages and tips 6 Medicare tax withheld 71973.00 1043.61 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. OH 54-176464 3 77819.94 17 State income tax 18 Local wages, tips, etc. 2227.76 19 Local income tax 20 Locality name

Wages, tips, other con 77819.94 9888.35 Social security wages 71973.00 Social security tax withheld 4462.33 Medicare tax withheld 1043.61 Medicare wages and tips 71973.00 Dept. Employer use only 000182 KG/PCU Employer's name, address, and ZIP code

> CLOUDSPACE LLC 1909 JN PEASE PLACE CHARLOTTE, NC 28262 STE 201

| b Employer's FED 86-1564 | ID number 4085 | a Emplo | yee's SS | | | |
|-----------------------------|-------------------|------------------|---------------|--------------------|--|--|
| 7 Social security tips | | 8 Allocated tips | | | | |
| 9 | | 10 Deper | dent care | benefits | | |
| 11 Nonqualified pla | ns | 12a See | instruction | s for box 12 | | |
| 14 Other | | 12b | l | | | |
| | | 12c | 1 | | | |
| | | 12d | | | | |
| | | 13 Stat en | np. Ret. plan | 3rd party sick pay | | |
| e/f Employee's nam | e, address an | d ZIP cod | de | | | |

DHRUVA TEJA AKKIREDDY 941 WILMINGTON AVE APT E DAYTON, OH 45420

| 15 | State OH | Employer's state ID no. 54-176464 3 | 16 | State | wages, | tips, etc. 77819.94 |
|----|-------------|--|----|-------|---------|------------------------|
| 17 | State | income tax | 18 | Local | wages, | tips, etc. |
| | | 2227.76 | | | | |
| 19 | Local | income tax | 20 | Local | ity nam | е |

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 OH. State Wages, Compensation Wages Wages Box 3 of W-2 Box 16 of W-2 Box 1 of W-2 Box 5 of W-2

Gross Pay 77,819.94 77,819.94 77,819.94 77,819.94 Reported W-2 Wages 77,819.94 71,973.00 71,973.00 77,819.94

2. Employee Name and Address.

DHRUVA TEJA AKKIREDDY 941 WILMINGTON AVE APT E DAYTON, OH 45420

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| 1 Wages, tips, other comp. 77819.94 | | | 2 Federal income tax withheld 9888.35 | | | | |
|--|-----------|---------------------|---------------------------------------|------------------------------------|---------------------|----------|--|
| 3 | Social s | ecurity wage 719 | es 73.00 | 4 Social | withheld 4462.33 | | |
| 5 | Medicare | wages and 719 | tips 73.00 | 6 Medicare tax withheld 1043.61 | | | |
| d | Control i | number | Dept. | Corp. | Employer | use only | |
| 00 | 0182 | KG/PCU | | | Α | 5 | |
| c Employer's name, address, and ZIP code | | | | | | | |

CLOUDSPACE LLC 1909 JN PEASE PLACE CHARLOTTE, NC 28262 STE 201

| b | Employer's FED ID number 86-1564085 | a Employee's SSA number XXX-XX-2554 | | | |
|----|-------------------------------------|---|--|--|--|
| 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 | | | |
| ., | Empleyee's name address | <u> </u> | | | |

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

DHRUVA TEJA AKKIREDDY 941 WILMINGTON AVE APT E DAYTON, OH 45420

| | Employer's state ID no. 54-176464 3 | 16 | State | wages, | tips, etc. 77819.94 |
|----------|--|----|-------|---------|------------------------|
| 17 State | income tax | 18 | Local | wages, | tips, etc. |
| | 2227.76 | | | | |
| 19 Local | income tax | 20 | Local | ity nam | е |

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

| Wages, tips, other comp. 77819.94 | | | 2 Federal income tax withheld 9888.35 | | | | |
|-------------------------------------|----------|--|--|--|--|---|--|
| Social security wages 71973.00 | | | 4 Social security tax withheld 4462.33 | | | | |
| Medicare wages and tips 71973.00 | | | 6 | Medica | | ld 043.61 | |
| Control | number | Dept. | | Corp. | Employer | use only | |
| 0182 | KG/PCU | | | | Α | 5 | |
| | Social s | Social security wage 719 Medicare wages and 719 Control number | 77819.94 Social security wages 71973.00 Medicare wages and tips 71973.00 Control number Dept. | 77819.94 Social security wages 71973.00 Medicare wages and tips 71973.00 Control number Dept. | 77819.94 Social security wages 71973.00 Medicare wages and tips 71973.00 Control number Dept. Corp. | 77819.94 98 98 99 99 99 99 99 | |

Employer's name, address, and ZIP code

CLOUDSPACE LLC 1909 JN PEASE PLACE CHARLOTTE, NC 28262 STE 201

| 86-1564085 | a Employee's SSA number XXX-XX-2554 | | | | |
|----------------------|--|--|--|--|--|
| 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 page | | | | |
| | Social security tips Nonqualified plans | | | | |

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

DHRUVA TEJA AKKIREDDY 941 WILMINGTON AVE APT E DAYTON, OH 45420

| 15 State OH | Employer's state ID no. 54-176464 3 | 16 | State | wages, tips, etc. 77819.94 |
|----------------|-------------------------------------|----|--------|-------------------------------|
| 17 State | income tax | 18 | Local | wages, tips, etc. |
| | 2227.76 | | | |
| 19 Local | income tax | 20 | Locali | ty name |
| | | l | | |

OH.State Filing Copy Wage and Tax

Statement Copy 2 to be filed with employee's State Income Tax Return.