a Employee's SSN 629-21-9731	b Employer identification number (EIN) 73 - 1628499			OMB No. 1545-0008
c Employer's name, address, and ZIP code LIBERTYCOM LLC	1 Wgs, tips, other compn 104544.00	Fed inc tax withheld 8015.00	3 Social security wages 104544.00	Form W-2
2292 WALSH AVE	4 SS tax withheld 6481.73	5 Medicare wages & tips 104544.00	6 Medicare tax withheld 1515.89	Wage and Tax
SANTA CLARA CA 95050	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	2022
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2022
RAMAKRISHNA KALI P MAKKALA	Statutory employee -		12c	Copy B To Be Filed with Employee's FEDERAL
4801 KENMORE AVE APT 813 ALEXANDRIA VA 22304	Retirement plan		12d	Tax Return This information is being furnished to the Internal
15 State Employer's state ID number 16 State wages, tips, etc 1	Third-party sick pay 7 State income tax	18 Local wages, tips, etc	19 Local income tax	Revenue Service. 20 Locality name
VA 30-731628499F-001 104544.00	5229.00	— — — — — — — —		
REV 12/09/22 QBDT				 rtment of the Treasury — IRS
a Employee's SSN 629-21-9731	b Employer identification r	number (FIN) 73 - 162	28499	OMB No. 1545-0008
C Employer's name, address, and ZIP code	1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	
LIBERTYCOM LLC	104544.00 4 SS tax withheld	8015.00 5 Medicare wages & tips	104544.00 6 Medicare tax withheld	Form W-2 Wage and
2292 WALSH AVE	6481.73 7 Social security tips	104544.00 8 Allocated tips	1515.89 9	Tax
SANTA CLARA CA 95050		·		Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a 	2022
e Employee's name, address, and ZIP code Suff.	Statutory employee.	14 Other	12b	Copy 2 To Be
RAMAKRISHNA KALI P MAKKALA			12c	Filed With Employee's State,
4801 KENMORE AVE APT 813 ALEXANDRIA VA 22304	Retirement plan		12d	City, or Local Income Tax Return.
	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
VA 30-731628499F-001 - 104544.00	5229.00			-
a Employee's SSN 629-21-9731	b Employer identification r		28499	OMB No. 1545-0008
C Employer's name, address, and ZIP code	This information is being furn	nished to the IRS. If you are re	equired to file a tax return, a ne	
LIBERTYCOM LLC	1 Wgs, tips, other compn 104544.00	2 Fed inc tax withheld 8015.00	3 Social security wages 104544.00	Form W-2
2292 WALSH AVE	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
SANTA CLARA CA 95050	6481.73 7 Social security tips	104544.00 8 Allocated tips	1515.89 9	Tax
d Control No.	10 Depdnt care benefits	11 Nonqualified plans	12a	Statement
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2022
RAMAKRISHNA KALI P MAKKALA	Statutory employee .		120	Copy C For
4801 KENMORE AVE APT 813	Retirement plan		12c 	EMPLOYEE'S RECORDS.
ALEXANDRIA VA 22304	Third-party sick pay		12d	(See Notice to Employee.)
15 State Employer's state ID No. 16 State wages, tips, etc 1 1 0.4 5.4.4 0.0	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name