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|---|---|----------------------------|-------------------|------|--|
| Employee Reference Copy | | Wage and Tax Statement | | 2022 | |
| Copy C for employee's records. OMB No. 1545-0008 | | | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 000002 | KD/7FO | | A 3 | | |
| c Employer's name, address, and ZIP code | | | | | |
| V CLOUD INFO SOLUTIONS INC 15050 ELDERBERRY LN STE 6V-44 FORTMYERS, FL 33907 | | | | | |
| Batch #90705 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| PRIYADARSHINI ENNELLI 914 TRI CITY ROAD SOMERSWORTH, NH 03878 | | | | | |
| b Employer's FED ID number | a Employee's SSA number | | | | |
| 86-2491221 | XXX-XX-6458 | | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 72000.00 | 8607.96 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 72000.00 | 4464.00 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 72000.00 | 1044.00 | | | | |
| 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 | 72,000.00 | 72,000.00 | 72,000.00 |
| Reported W-2 Wages | 72,000.00 | 72,000.00 | 72,000.00 |

2. Employee Name and Address.

PRIYADARSHINI ENNELLI
914 TRI CITY ROAD
SOMERSWORTH, NH 03878

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| 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 | | | | |
| Federal Filing Copy | | | | | |
| W-2 Wage and Tax Statement | | 2022 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 | | | | | |

| | | | | | |
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| 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 | | | | |
| State Reference Copy | | | | | |
| W-2 Wage and Tax Statement | | 2022 | | | |
| 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 | | 2022 | | | |
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