

Form **W-2 Wage and Tax Statement** **2023**  
Copy B -- To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

**c** Employer's name, address, and ZIP code  
**CLOUDYWING TECHNOLOGIES, INC.**  
**340 NEW BYHALIA ROAD, SUITE 2A**  
**COLLIERVILLE TN 38017**  
**9013167898**

<b>d</b> Control number <b>491523</b>	<b>1</b> Wages, tips, other compensation <b>7,796.50</b>	<b>2</b> Federal income tax withheld <b>621.91</b>
<b>7</b> Social security tips	<b>3</b> Social security wages <b>7,796.50</b>	<b>4</b> Social security tax withheld <b>483.38</b>
<b>8</b> Allocated tips	<b>5</b> Medicare wages and tips <b>7,796.50</b>	<b>6</b> Medicare tax withheld <b>113.05</b>
<b>9</b>	<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans

**e** Employee's name, address, and ZIP code  
**ANUSHA REDDY THANUGUNDLA**  
**2405 SISKIYOU ST**  
**LEWISVILLE TX 75056**

<b>12a</b> See instructions for box 12	<b>12b</b>	<b>12c</b>
<b>12d</b>	<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other
<b>b</b> Employer identification number (EIN) <b>84-3976723</b>	<b>a</b> Employee's social security number <b>771-59-0237</b>	

<b>15</b> State Employer's state ID number W2_20240116185229554_18085	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
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Form **W-2 Wage and Tax Statement** **2023**  
Copy C -- For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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Form **W-2 Wage and Tax Statement** **2023**  
Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return

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FROM:  
W2\_20240116185229554\_18085  
CLOUDYWING TECHNOLOGIES, INC.  
340 NEW BYHALIA ROAD, SUITE 2A  
COLLIERVILLE TN 38017

Presorted  
First-Class Mail  
U.S. POSTAGE  
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PBPS