



Employee Reference Copy W-2 Wage and Tax Statement Copy C for employee's records. OMB No. 1545-0008 2023			
d Control number	Dept.	Corp.	Employer use only
000025	KC/XRE		18
c Employer's name, address, and ZIP code			
CYBERWAVE LLC 397 WEKIVA SPRINGS ROAD SUITE 121 LONGWOOD, FL 32779 Batch #90461			
e/f Employee's name, address, and ZIP code			
SHYAMALA SINGAMPALLI 618 SOUTH ST SUITE 500 ORLANDO, FL 32801			
b Employer's FED ID number	a Employee's SSA number		
86-2219941	XXX-XX-7688		
1 Wages, tips, other comp.	2 Federal income tax withheld		
36937.51	3303.06		
3 Social security wages	4 Social security tax withheld		
36937.51	2290.13		
5 Medicare wages and tips	6 Medicare tax withheld		
36937.51	535.59		
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	36,937.51	36,937.51	36,937.51
Reported W-2 Wages	36,937.51	36,937.51	36,937.51

2. Employee Name and Address.

SHYAMALA SINGAMPALLI
 618 SOUTH ST
 SUITE 500
 ORLANDO, FL 32801

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SHYAMALA SINGAMPALLI 618 SOUTH ST SUITE 500 ORLANDO, FL 32801			
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 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008 2023			

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36937.51	3303.06		
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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			
SHYAMALA SINGAMPALLI 618 SOUTH ST SUITE 500 ORLANDO, FL 32801			
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 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008 2023			

1 Wages, tips, other comp.	2 Federal income tax withheld		
36937.51	3303.06		
3 Social security wages	4 Social security tax withheld		
36937.51	2290.13		
5 Medicare wages and tips	6 Medicare tax withheld		
36937.51	535.59		
d Control number	Dept.	Corp.	Employer use only
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c Employer's name, address, and ZIP code			
CYBERWAVE LLC 397 WEKIVA SPRINGS ROAD SUITE 121 LONGWOOD, FL 32779			
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86-2219941	XXX-XX-7688		
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			
SHYAMALA SINGAMPALLI 618 SOUTH ST SUITE 500 ORLANDO, FL 32801			
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		
City or Local Reference Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008 2023			