2023 W-2 and EARNINGS SUMMARY



Employee Reference Copy
Wage and Tax
Statement
Copy C for employee's records.

d Control number Dept. Corp. Employer use only 000025 KC/XRE 1

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

Employer's FED ID number a Employee's SSA number 86-2219941 XXX-XX-7688 Wages, tips, other comp Federal income tax withheld 36937.51 3303.06 Social security wages Social security tax withheld 36937.51 2290.13 Medicare wages and tips 6 Medicare tax withheld 535.59 36937.51 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. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

1 Wages, tips, other comp. 36937.51 2 Federal income tax withheld 3303.06
3 Social security wages 36937.51 4 Social security tax withheld 2290.13
5 Medicare wages and tips 36937.51 6 Medicare tax withheld 535.59
d Control number Dept. Corp. Employer use only 000025 KC/XRE 18

CYBERWAVE LLC 397 WEKIVA SPRINGS ROAD SUITE 121 LONGWOOD, FL 32779

b	Employer's FED ID number 86-2219941	a Employee's SSA number XXX-XX-7688				
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				
e/f	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 |

Federal Filing Copy
Wage and Tax
Statement
Copy B to be filed with employee's Federal Income Tax Return. 1545-0008

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 Compensation Wages Wages Box 1 of W-2 Box 3 of W-2 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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2 Federal income tax withheld 3303.06		
4 Social security tax withheld 2290.13		
6 Medicare tax withheld 535.59		
Corp. Employer use only		
18		

CYBERWAVE LLC 397 WEKIVA SPRINGS ROAD SUITE 121 LONGWOOD, FL 32779

b	Employer's FED ID number 86-2219941	a Employee's SSA number 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	7 State	income tax		18	Local wages, tips, etc.
19	Local	income tax		20	Locality name

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

State Reference Copy
Regular
Return.

1	Wages, tips, other c	2 Federal income tax withheld 3303.06						
3	Social security wages 36937.51		4 Social security tax withheld 2290.13					
5	Medicare wages and 3693	6 Medicare tax withheld 535.59						
d	Control number	Dept.	Corp.	Employ	yer use only			
00	0025 KC/XRE				18			
С	Employer's name, a	ddress, ar	nd ZIP co	de				
	SUITE 121 LONGWOOD, FL 32779							
b	Employer's FED ID number 86-2219941 a Employee's SSA number XXX-XX-7688							
7	Social security tips		8 Allocated tips					
9			10 Dependent care benefits					
11	11 Nonqualified plans 12a							
14	Other		12b					
			12c					
			12d					
			13 Stat er	np. Ret. plan	3rd party sick pay			
e/f Employee's name, address and ZIP code								
SHYAMALA SINGAMPALLI 618 SOUTH ST								

18 Local wages, tips, etc.

20 Locality name

Statement
Copy 2 to be filed with employee's City or Local Income Tax Return.

15 State Employer's state ID no. 16 State wages, tips, etc.

SUITE 500

17 State income tax

19 Local income tax

ORLANDO, FL 32801