2023 W-2 and EARNINGS SUMMARY



W W = /	age a Statem	nd Tax	2023 No. 1545-0008
d Control number 000014 KY/Y9N	Dept.	Corp.	Employer use only A

Employer's name, address, and ZIP code CLOUDNCLUSTER INC 2591 DALLAS PKWY STE 300 FRISCO, TX 75034

Batch #90562

e/f Employee's name, address, and ZIP code SAI VAMSI NALAJALA 1315 RIVERCHASE DRIVE 1049

C	OPPE	,										
b	Emplo	Employer's FED ID number 88-2025875					a Employee's SSA number XXX-XX-3030					
1	Wages, tips, other comp.					2	Feder	al	income	tax withheld		
			2	254	128	.00					3102.45	
3	Social security wages				4	Socia	ıl s	security	tax withheld			
5	Medicare wages and tips			6	Medic	ar	e tax wi	thheld				
7	Social security tips			8 Allocated tips								
9							10	Depen	de	nt care	benefits	
11	Nonqu	alified	d pla	ns			L		isti 	ructionsfo	r box 12	
14	Other						121		<u> </u>			
							120		<u> </u>			
							120		_			
							13	Stat e	mp	Ret. plan	3rd party sick p	
15	State	Empl	loyer's	s :	state	ID no	16	State	W	ages, tip	s, etc.	
17	State	incom	ie tax				18	Local	w	ages, tip	s, etc.	
19	Local	incon	ne tax	κ _			20	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 Box 5 of W-2

Gross Pay Reported W-2 Wages 25,428.00 25,428.00

25,428.00 0.00

25,428.00 0.00

2. Employee Name and Address.

SAI VAMSI NALAJALA 1315 RIVERCHASE DRIVE 1049 COPPELL, TX 75019

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1 Wages, tips, other of 254	omp. 28.00	2 Federal income tax withheld 3102.45					
3 Social security wage	es	4 Social security tax withheld					
5 Medicare wages and	l tips	6 Medicare tax withheld					
d Control number	Dept.	Corp.	Employer use only				
000014 KY/Y9N			Α				
c Employer's name, address, and ZIP code							

CLOUDNCLUSTER INC 2591 DALLAS PKWY STE 300 FRISCO, TX 75034

b	Employer's FED ID number 88-2025875	a Employee's SSA number XXX=XX=3030					
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	Employee's name address ar	nd ZIP code					

SAI VAMSI NALAJALA 1315 RIVERCHASE DRIVE 1049

COPPELL, TX 75019

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

1 Wages, tips, o	25428.00	2 Federal income tax withhel 3102.4				
3 Social securit	y wages	4 Social security tax withheld				
5 Medicare wag	es and tips	6 Medicare tax withheld				
d Control number	er Dept.	Corp.	Employer use only			
000014 KY	/Y9N		Α			

CLOUDNCLUSTER 2591 DALLAS PKWY STE 300 FRISCO, TX 75034

b	Employer's FED ID number 88-2025875	a Employee's SSA number XXX-XX-3030
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
ρ/f	Employee's name address a	and ZIP code

SAI VAMSI NALAJALA 1315 RIVERCHASE DRIVE 1049 COPPELL TX 75019

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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	Local	ity nam	е		

State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Incom

1	Wages, tips, other of 254	omp. 28.00	2	2 Federal income tax withheld 3102.45				
3	Social security wag	es	4	4 Social security tax withheld				
5	5 Medicare wages and tips			6 Medicare tax withheld				
d	d Control number Dept.			Corp.	Employer use only			
00	0014 KY/Y9N				Α			

c Employer's name, address, and ZIP code

CLOUDNCLUSTER INC 2591 DALLAS PKWY STE 300 FRISCO, TX 75034

b	Employer's FED ID number 88-2025875	a Employee's SSA number XXX-XX-3030						
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

SAI VAMSI NALAJALA 1315 RIVERCHASE DRIVE 1049 COPPELL, TX 75019

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

or Local Reference Wage and Tax Statement

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