## 2023 W-2 and EARNINGS SUMMARY



| Employee Re W—2 Wage a State Copy C for employee's records. d Control number   Dept.                        | ment 2023 OMB No. 1545-0008  | information on the   | is your Earnings Su<br>e generation of your<br>ons and other gener | W-2 statem                 | ent. The reverse si  |             |  |                        |          |
|---|--|--|--|----------------------------|--|-------------|--|------------------------|----------|
| 000001 KU/LU4   | Corp. Employer use only 2  |  |  |                            |  |             |  |                        |          |
| c Employer's name, address, a<br>DIGICLOUD LL(<br>2727 LYNDON<br>STE 950<br>DALLAS, TX 75                   | C<br>B JOHNSON FWY   |  |  |                            |  |             |  |                        |          |
|   |  | 1. Your Gross Pay w  | vas adjusted as follows  | to produce y               | our W-2 Statement.   |             |  |                        |          |
|   | Batch #90565   |  | Wages, Tips, other   | Social Sec                 | urity Medicare   |             |  |                        |          |
| ef Employee's name, address, and ZIP code<br>SRAVYA GORREPATI<br>3341 CHAPEL OAKS DRIVE<br>IRVING, TX 75063 |  | Gross Pay<br>Reported W-2 Wage   | Compensation<br>Box 1 of W-2<br>22,500.00<br>22,500.00             |                            | 0.00 22,500.0  |             |  |                        |          |
| b Employer's FED ID number 87-4815800 1 Wages, tips, other comp. 22500.00 3 Social security wages           | a Employee's SSA number  XXX-XX-7908  2 Federal income tax withheld  1614.30  4 Social security tax withheld |  |  |                            |  |             |  |                        |          |
| 5 Medicare wages and tips   | 1395.00<br>6 Medicare tax withheld   |  |  |                            |  |             |  |                        |          |
| 22500.00  | 326.25   |  |  |                            |  |             |  |                        |          |
| 7 Social security tips  | 8 Allocated tips   |  |  |                            |  |             |  |                        |          |
| 9   | 10 Dependent care benefits   | 2. Employee Name a   | and Address.   |                            |  |             |  |                        |          |
| 11 Nonqualified plans   | 12a See instructions for box 12  | CRAVVA CORDERATI   |  |                            |  |             |  |                        |          |
| 14 Other  | 12b  | SRAVYA GORREPATI 3341 CHAPEL OAKS DRIVE  |  |                            |  |             |  |                        |          |
|   | 12d  | IRVING, TX 75063   |  |                            |  |             |  |                        |          |
| 45 04 4 5   | 13 Stat emp. Ret. plan 3rd party sick pay  |  |  |                            |  |             |  |                        |          |
| 15 State Employer's state ID no   | o. 16 State wages, tips, etc.  |  |  |                            |  |             |  |                        |          |
| 17 State income tax   | 18 Local wages, tips, etc.   |  |  |                            |  |             |  |                        |          |
| 19 Local income tax   | 20 Locality name   | © 2023 ADP, Inc.   |  |                            |  |             |  |                        |          |
|   |  | € Fo   | ld and Detach Here   |                            |  |             |  |                        |          |
| 1 Wages, tips, other comp.<br>22500.00  | 2 Federal income tax withheld<br>1614.30   | 1 Wages, tips, other comp<br>22500.  | 00   | 1614.30                    | 1 Wages, tips, other comp.<br>22500.00   |             | 2 Federal income tax withheld<br>1614.30   |                        |          |
| 3 Social security wages 22500.00  | 4 Social security tax withheld<br>1395.00  | 3 Social security wages 22500.   | 4 Social security to   | 1395.00                    | 3 Social security wages 22500.00   |             | 4 Social security tax withheld<br>1395.00  |                        |          |
| 5 Medicare wages and tips<br>22500.00   | 6 Medicare tax withheld<br>326.25  | 5 Medicare wages and tip<br>22500.   | 6 Medicare tax with  | 326.25                     | 5 Medicare wages and tips<br>22500.00  |             | 6 Medicare tax withheld<br>326.25          |                        |          |
| d Control number Dept.  | Corp. Employer use only  | d Control number I<br>000001 KU/LU4  | Dept. Corp. Employ   | er use only<br>2           | d Control number<br>000001 KU/LU4  | Dept        | Corp.                                      | Employer use           | e only   |
| c Employer's name, address,   |  | c Employer's name, addre   | ess, and ZIP code  |                            | c Employer's name, a   | ddress, a   | nd ZIP cod                                 | e                      |          |
| DIGICLOUD LL<br>2727 LYNDON<br>STE 950<br>DALLAS, TX 79   | B JOHNSON FWY  | DIGICLOUD<br>2727 LYNDO<br>STE 950<br>DALLAS, TX   | ON B JOHNSON   | FWY                        | DIGICLOU<br>2727 LYN<br>STE 950<br>DALLAS,   | DON I       | в Јонг                                     | NSON FWY               | ,        |
| b Employer's FED ID number  | a Employee's SSA number<br>XXX-XX-7908   | b Employer's FED ID num<br>87 - 4815800  | a Employee's SSA   |                            | b Employer's FED ID number<br>87 - 4815800   |             | a Employee's SSA number<br>XXX - XX - 7908 |                        |          |
| 87 - 4815800<br>7 Social security tips  | 8 Allocated tips   | 7 Social security tips   | 8 Allocated tips   | (-7500                     | 7 Social security tips   |             | 8 Allocated tips                           |                        |          |
| 9   | 10 Dependent care benefits   | 9  | 10 Dependent care  | 10 Dependent care benefits |  |             | 10 Dependent care benefits                 |                        |          |
| 11 Nonqualified plans   | 12a See instructions for box 12  | 11 Nonqualified plans  | 12a  | 12a                        |  |             | 12a  |                        |          |
| 14 Other  | 12b  | 14 Other   | 12b  |                            | 14 Other   |             | 12b  |                        |          |
|   | 12c  |  | 12c  |                            |  |             | 12c  |                        |          |
|   | 12d  |  | 13 Stat one Ret plan 3   | led narty sick nav         |  |             | 12d  | p. Ret. plan 3rd party | v sich w |
|   | 13 Stat emp. Ret. plan 3rd party sick pay  |  | 13 Stat emp. Ret. plan 3   | nu party sick pay          |  |             |  |                        | out pa   |
| e/f Employee's name, address and ZIP code<br>SRAVYA GORREPATI<br>3341 CHAPEL OAKS DRIVE<br>IRVING, TX 75063 |  | ef Employee's name, address and ZIP code<br>SRAVYA GORREPATI<br>3341 CHAPEL OAKS DRIVE<br>IRVING, TX 75063 |  |                            | ef Employee's name, address and ZIP code<br>SRAVYA GORREPATI<br>3341 CHAPEL OAKS DRIVE<br>IRVING, TX 75063 |             |  |                        |          |
| 4F Ctt- Employee's state ID a   | o 16 State wages tips etc.   | 15 State Employer's state  | ID no. 16 State wages, tips  | s, etc.                    | 15 State Employer's  | state ID no | o. 15 State                                | wages, tips, etc.      |          |

17 State income tax

18 Local wages, tips, etc.

W-2 Wage and Tax 2023

Statement Copy B to be filed with employee's Federal Income Tax Heturn.

17 State income tax 19 Local income tax

State Reference Copy
Wage and Tax
Option
Statement
Copy 2 to be filled with employer's State income Tax
Reference
Reference Copy
Reference
Re

18 Local wages, tips, etc.

City or Local Reference Copy

W-2 Wage and Tax
Statement
Copy 2 to be filed with employee's City or Local Income Tax Refurn.

18 Local wages, tips, etc.