

22222		Void <input type="checkbox"/>	a Employee's social security number 380-45-6704		For Official Use Only ► OMB No. 1545-0008		
b Employer identification number (EIN) 81-0658518			1 Wages, tips, other compensation 52040.00		2 Federal income tax withheld 4213.00		
c Employer's name, address, and ZIP code CLOUD IT TEC INC 10411 WINTERGREEN DR FRISCO TX 75035-5971			3 Social security wages 52040.00		4 Social security tax withheld 3226.48		
			5 Medicare wages and tips 52040.00		6 Medicare tax withheld 754.58		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial SRAVANI		Last name SRIRAMOJU		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 3362 RISE DR, MORRISVILLE NC 27560			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12		
			14 Other		12b		
					12c		
					12d		
15 State Employer's state ID number NC 810658518		16 State wages, tips, etc. 52040.00		17 State income tax 1957.00		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy A For Social Security Administration - Send this entire page with
 Form W-3 to the Social Security Administration; photocopies are not acceptable.

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Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see the separate instructions.
 Black-and-White Form W-2 (Revised 08/23)