

Congratulations.

Within seven days, you will receive in the mail:

- Your PIN
- Instructions on how to create an EFTPS Internet password

Please note: We will mail your PIN to the IRS address of record for your employer identification number or social security number enrollment. That address may be different from the contact information you entered.

Your enrollment number is 635478415191414032.

This is important. Print for your records.

If your business payment must reach the IRS today to be timely, check with your financial institution about the availability of same-day tax wire payments. Fees may apply. The Same-Day Payment Worksheet shows the information your financial institution will need.

Business information

EIN:xx-xxx2682

Business name:CLOUDWORKS INC

Business U.S. phone:(402) 315-0893

Business international phone:14023150893

Contact information

Name:SIVA R GANGA

Country:UNITED STATES OF AMERICA

Address:4009 NIGHTINGALE ST

City:CELINA

State:TEXAS

ZIP:75009-2026

U.S. phone:(402) 315-0893

International phone:14023150893

Feedback

Financial information

Routing number: 111904943 TEXAS BANK

Account number:xxx6471

Account type: CHECKING

Authorization agreements

You agreed to this:

Debit Authorization Agreement

Please read the following Authorization Agreement:

By completing the Financial Institution information above, and electronically signing by selecting "Accept" below, I authorize designated Financial Agents of the U.S. Treasury to initiate EFTPS debit entries to the

financial institution account indicated above, for payment of federal taxes owed to the IRS upon request by Taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above. All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Disclosure Authorization Agreement

Please read the following Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of taxes, answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

Authority to Execute an Authorization

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to have payments made from the taxpayer's account. If signed by a representative of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer (i.e. authority provided by Form 2848, Power of Attorney and Declaration of Representative, or Form 8655, Reporting Agent Authorization for Magnetic Tape/Electronic Filers).

Electronic signature

Name:SIVA R GANGA

Date:April 14, 2023

EIN:xx-xxx2682

Feedback