

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 041-11-4926		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00496559	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Prashant R Upadhye 10704 Gate House Place Glen Allen VA 23059			
f Employee's address and ZIP code			
15 State NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 165407.39		19 Local income tax	
17 State income tax 318.81		20 Locality name	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 041-11-4926		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00496559	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Prashant R Upadhye 10704 Gate House Place Glen Allen VA 23059			
f Employee's address and ZIP code			
15 State NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 165407.39		19 Local income tax	
17 State income tax 318.81		20 Locality name	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 041-11-4926		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00496559	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Prashant R Upadhye 10704 Gate House Place Glen Allen VA 23059			
f Employee's address and ZIP code			
15 State NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 165407.39		19 Local income tax	
17 State income tax 318.81		20 Locality name	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 041-11-4926		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00496559	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Prashant R Upadhye 10704 Gate House Place Glen Allen VA 23059			
f Employee's address and ZIP code			
15 State NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 165407.39		19 Local income tax	
17 State income tax 318.81		20 Locality name	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			