

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 588-37-9123		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00683758	
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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other UI/HC/WD- 153.86		12c	
		12d	
e Employee's first name and initial Last name Suff. Ramababu Tatikonda 300 Parsippany Rd, Apt 141 Parsippany NJ 07054			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax 116.07	
17 State income tax		20 Locality name FLI	
Form W-2 Wage and Tax Statement 2021 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 588-37-9123		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00683758	
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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other UI/HC/WD- 153.86		12c	
		12d	
e Employee's first name and initial Last name Suff. Ramababu Tatikonda 300 Parsippany Rd, Apt 141 Parsippany NJ 07054			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax 116.07	
17 State income tax		20 Locality name FLI	
Form W-2 Wage and Tax Statement 2021 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 588-37-9123		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00683758	
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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other UI/HC/WD- 153.86		12c	
		12d	
e Employee's first name and initial Last name Suff. Ramababu Tatikonda 300 Parsippany Rd, Apt 141 Parsippany NJ 07054			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax 116.07	
17 State income tax		20 Locality name FLI	
Form W-2 Wage and Tax Statement 2021 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 588-37-9123		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00683758	
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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other UI/HC/WD- 153.86		12c	
		12d	
e Employee's first name and initial Last name Suff. Ramababu Tatikonda 300 Parsippany Rd, Apt 141 Parsippany NJ 07054			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax 116.07	
17 State income tax		20 Locality name FLI	
Form W-2 Wage and Tax Statement 2021 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			