							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
						s	124925.8 140.0			
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be						Life	113.	10 113.1	0 113.10	
imposed on you if this income is taxable and you fail to report it. Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						mp x/Wage Limit	(5337.60) (5337.60) (533			
					W-2 Wages	.,9	119841.	34 119841.3	119841.34	
D. CONTROL NUMBER 002445844001			2022	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSA 119841		2. FEDERAL INCOME TAX	WITHHELD 17288.82	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 72-0542904 168-85-6476				3. SOCIAL SECURITY WAGES 119841.34			4. SOCIAL SECURITY TAX WITHHELD 7430.16			
C. EMPLOYER'S NAME, A Accenture LLP	C41044000000000000000000000000000000000	ODE			5. MEDICARE	WAGES AND TIPS 119841	.34	6. MEDICARE TAX WITH	HELD 1737.70	
500 W. Madison Street 20th Floor Chicago IL 60661					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Cilitago II 00001						9.			10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Nidhi Mowar				11. NONQUALIFIED PLANS		12.a-d See instructions for box 12 C 113.10 DD 17195.52				
2750 OLD SAINT AUGUSTINE Rd Unit No: D39 ARBOR VIEW APARTMENT Tallahassee FL 32301					14. OTHER					
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								EMPLOYEE PLAN	MENT THIRD-PARTY SICK PAY	
15. STATE EMPLOYER	S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, E	TC. 17. STATE INCOME 1	AX	18. LOCAL WAGES, TI	PS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 002445844001			2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS 11984		2. FEDERAL INCOME TA	X WITHHELD 17288.82
		SOCIAL SECURITY NUMBER		3. SOCIAL SECURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
72-0542904 168-85-64		168-85-6476			119841.34			7430.16	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						WAGES AND TIPS		6. MEDICARE TAX WITHHELD	
Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661						11984	1.34	1737.70 8. ALLOCATED TIPS	
						CURITY TIPS			
								10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.			SUFF.	11. NONQUALIFIED PLANS		12.a-d			
Nidhi Mowa		Mowar			1 s 1		С	113.10	
2750 OLD SAINT AUGUSTINE Rd Unit No: D39 ARBOR VIEW APARTMENT Tallahassee Fl 32301					14. OTHER			- DD 17195.5	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETIF	REMENT THIRD-PARTY SICK PAY
15. STATE EMPLOYER'S	STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC. 17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002445844001	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 119841.34	2. FEDERAL INCOME 1	TAX WITHHELD 17288.82	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SE	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD	
72-0542904		119841.34		7430.16			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	MEDICARE TAX WITHHELD	
Accenture LLP				119841.34		1737.70	
500 W. Madison Street 20th Floor Chicago IL 60661			7. SOCIAL SE	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
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E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME			11. NONQUALIFIED PLANS		12.a-d		
Nidhi	Mowar		District Control of the Control of t		C	113.10	
2750 OLD SAINT AUGUSTINE Rd Unit No: D39 ARBOR VIEW APARTMEN Tallahassee FL 32301 USA	NT		14. OTHER			17195.52	
F. EMPLOYEE'S ADDRESS AND ZIP CODE					EMPLOYEE PLA	AN SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS,	ETC. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002445844001		OMB NO. 1545-00	1. WAGES,	TIPS, OTHER COMPENSATION 119841.34	2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD	
		2022 OIVIB NO. 1343-0008				17288.82	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SE	CURITY NUMBER	3. SOCIAL S	SECURITY WAGES	4. SOCIAL SECURITY 1	4. SOCIAL SECURITY TAX WITHHELD	
72-0542904	168-85-6476			119841.34		7430.16	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C	ODE		5. MEDICAR	RE WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
Accenture LLP				119841.34		1737.70	
500 W. Madison Street 20th Floor Chicago IL 60661			7. SOCIAL S	ECURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS	
Cilicago IC 00001			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SU	F. 11. NONQUA	ALIFIED PLANS	12.a-d See instructions for	12.a-d See instructions for box 12	
Nidhi	Mowar				C	113.10	
2750 OLD SAINT AUGUSTINE Rd Unit No: D39 ARBOR VIEW APARTMEN Tallahassee Fl 32301	IT		14. OTHER		DD	17195.52	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RET	REMENT THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS,	ETC. 17. STATE INCO	IE TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	