

d Control number 00681524	1 Wages, tips, other compensation 91429.37	2 Federal income tax withheld 12882.5
OMB NO. 1545-0008	3 Social security wages 21442.22	4 Social security tax withheld 1329.42
	5 Medicare wages and tips 21442.22	6 Medicare tax withheld 310.91

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 DD 7902.70
12b	12c	12d

b Employer identification number (EIN) 06-1454513	a Employee's social security number 886-51-0406
--	--

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other CA SDI Tax 1005.72
-----------------------	-----------------	----------------------	--------------------------------

e Employee's name, address and ZIP code
 Sailaja Chavali
 2142 E Redwood Dr
 Glendora CA 91741

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 imposed on you if this income is taxable and you fail to report it.

2022	15 State CA	Employer's state ID No. 438-5954-5	16 State wages, tips, etc. 91429.37
------	----------------	---------------------------------------	--

Form W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)	17 State income tax 5527.87	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00681524	1 Wages, tips, other compensation 91429.37	2 Federal income tax withheld 12882.51
OMB NO. 1545-0008	3 Social security wages 21442.22	4 Social security tax withheld 1329.42
	5 Medicare wages and tips 21442.22	6 Medicare tax withheld 310.91

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 DD 7902.70
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b Employer identification number (EIN) 06-1454513	a Employee's social security number 886-51-0406
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other CA SDI Tax 1005.72
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e Employee's name, address and ZIP code
 Sailaja Chavali
 2142 E Redwood Dr
 Glendora CA 91741

2022	15 State CA	Employer's state ID No. 438-5954-5	16 State wages, tips, etc. 91429.37
------	----------------	---------------------------------------	--

Form W-2 Wage and Tax Statement Copy B-To Be Filed With Employee's FEDERAL Tax Return	17 State income tax 5527.87	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00681524	1 Wages, tips, other compensation 91429.37	2 Federal income tax withheld 12882.51
OMB NO. 1545-0008	3 Social security wages 21442.22	4 Social security tax withheld 1329.42
	5 Medicare wages and tips 21442.22	6 Medicare tax withheld 310.91

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
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b Employer identification number (EIN) 06-1454513	a Employee's social security number 886-51-0406
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other CA SDI Tax 1005.72
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e Employee's name, address and ZIP code
 Sailaja Chavali
 2142 E Redwood Dr
 Glendora CA 91741

2022	15 State CA	Employer's state ID No. 438-5954-5	16 State wages, tips, etc. 91429.37
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Form W-2 Wage and Tax Statement Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 5527.87	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00681524	1 Wages, tips, other compensation 91429.37	2 Federal income tax withheld 12882.51
OMB NO. 1545-0008	3 Social security wages 21442.22	4 Social security tax withheld 1329.42
	5 Medicare wages and tips 21442.22	6 Medicare tax withheld 310.91

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
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b Employer identification number (EIN) 06-1454513	a Employee's social security number 886-51-0406
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other CA SDI Tax 1005.72
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e Employee's name, address and ZIP code
 Sailaja Chavali
 2142 E Redwood Dr
 Glendora CA 91741

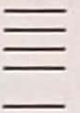
2022	15 State CA	Employer's state ID No. 438-5954-5	16 State wages, tips, etc. 91429.37
------	----------------	---------------------------------------	--

Form W-2 Wage and Tax Statement Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 5527.87	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

2022 W-2 and EARNINGS SUMMARY



This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.



Employee Reference Copy W-2 Wage and Tax Statement 2022

Copy C for employee's records
d Control number Dept. Corp. Employer use only
500674 MIAM/HB5 501018 T 29

c Employer's name, address, and ZIP code
SMARTWORKS LLC
16803 DALLAS PKWYSTE 300
ADDISON TX 75001

Batch #03030

e/f Employee's name, address, and ZIP code
SAILAJA CHAVALI
2142 EAST REDWOOD DRIVE
GLENDDORA CA 91741

b Employer's FED ID number 20-0037122	a Employee's SSA number XXX-XX-0406
1 Wages, tips, other comp. 13760.00	2 Federal income tax withheld 3747.94
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 151.36 SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. CA 282-3422 7	16 State wages, tips, etc. 13760.00
17 State income tax 1278.97	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	13,760.00	13,760.00	13,760.00	13,760.00
Less Exempt Wages	N/A	13,760.00	13,760.00	N/A
Reported W-2 Wages	13,760.00	0.00	0.00	13,760.00

2. Employee Name and Address.

SAILAJA CHAVALI
2142 EAST REDWOOD DRIVE
GLENDDORA CA 91741

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← Fold and Detach Here →

1 Wages, tips, other comp. 13760.00	2 Federal income tax withheld 3747.94
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. Corp. Employer use only 500674 MIAM/HB5 501018 T 29	

c Employer's name, address, and ZIP code
SMARTWORKS LLC
16803 DALLAS PKWYSTE 300
ADDISON TX 75001

b Employer's FED ID number 20-0037122	a Employee's SSA number XXX-XX-0406
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 151.36 SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
SAILAJA CHAVALI
2142 EAST REDWOOD DRIVE
GLENDDORA CA 91741

15 State Employer's state ID no. CA 282-3422 7	16 State wages, tips, etc. 13760.00
17 State income tax 1278.97	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy W-2 Wage and Tax Statement 2022

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 13760.00	2 Federal income tax withheld 3747.94
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. Corp. Employer use only 500674 MIAM/HB5 501018 T 29	

c Employer's name, address, and ZIP code
SMARTWORKS LLC
16803 DALLAS PKWYSTE 300
ADDISON TX 75001

b Employer's FED ID number 20-0037122	a Employee's SSA number XXX-XX-0406
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 151.36 CA SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
SAILAJA CHAVALI
2142 EAST REDWOOD DRIVE
GLENDDORA CA 91741

15 State Employer's state ID no. CA 282-3422 7	16 State wages, tips, etc. 13760.00
17 State income tax 1278.97	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA. State Reference Copy W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 13760.00	2 Federal income tax withheld 3747.94
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number Dept. Corp. Employer use only 500674 MIAM/HB5 501018 T 29	

c Employer's name, address, and ZIP code
SMARTWORKS LLC
16803 DALLAS PKWYSTE 300
ADDISON TX 75001

b Employer's FED ID number 20-0037122	a Employee's SSA number XXX-XX-0406
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 151.36 CA SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
SAILAJA CHAVALI
2142 EAST REDWOOD DRIVE
GLENDDORA CA 91741

15 State Employer's state ID no. CA 282-3422 7	16 State wages, tips, etc. 13760.00
17 State income tax 1278.97	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA. State Filing Copy W-2 Wage and Tax Statement 2022

Copy 2 to be filed with employee's State Income Tax Return.

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee				Applicable Large Employer Member (Employer)				
1 Name of employee (first name, middle initial, last name) SAILAJA CHAVALI		2 Social security number (SSN) ****-**-0406		7 Name of employer DELOITTE CONSULTING LLP			8 Employer identification number (EIN) 06-1454513	
3 Street address (including apartment no.) 2142 E REDWOOD DR				9 Street address (including room or suite no.) 4022 SELLS DRIVE			10 Contact telephone number (212) 492-4705	
4 City or town GLENORA		5 State or province CA		6 Country and ZIP or foreign postal code 91741-3954		11 City or town HERMITAGE		12 State or province TN
							13 Country and ZIP or foreign postal code 37076-2903	

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

Part III Covered Individuals				If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>													
	(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	SAILAJA	CHAVALI	****-**-0406		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0040

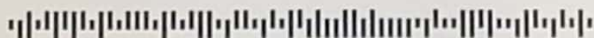
Official Business
Penalty for Private Use, \$300

FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
SACRAMENTO, CA
PERMIT NO. 312

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

For Addressee Only

470016-G



SAILAJA CHAVALI
2142 E REDWOOD DR
GLENORA, CA 91741-3954

Copy B - For Recipient

Report of State Income Tax Refund
From the California Franchise Tax Board

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S TIN XXX-XX-0406	2. State or local income tax refunds, credits, or offsets \$1,502.00	OMB No. 1545-0120 2022 FORM 1099-G
PAYER'S TIN 68-0204061	3. Box 2 amount is for tax year 2021		

RECIPIENT'S name SAILAJA CHAVALI

IMPORTANT TAX DOCUMENT
THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN

INSTRUCTIONS FOR RECIPIENT

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2021 taxes.

NOTE: THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

For information on how to report the refund amount shown, please refer to the instructions in your state and federal tax booklets when filing your return. For information about this notice, call us at the appropriate telephone number listed below.

Telephone: 800.852.5711 from within the United States

845.6500 from outside the United States

800.822.6268 for persons with hearing or speech impairments.



STATE OF CALIFORNIA

EARNED INCOME TAX CREDIT NOTIFICATION

In addition to the notice that appears on the reverse of the federal Form W-2 Wage and Tax Statement, California employers are required to notify all employees that they may be eligible for the federal and the California Earned Income Tax Credit (EITC) by giving them a separate notice. This notice must be given one week before, after, or at the same time that the employer provides an annual wage summary (Form W-2 or a Form 1099).

Employers can provide notification by handing directly to the employee or mailing to the employee's last known address either:

- Instructions on how to obtain any notices available from the Internal Revenue Service and the Franchise Tax Board for this purpose, including, but not limited to, the IRS Notice 797 and information on the California EITC at the Web site www.ftb.ca.gov, or
- Any notice created by the employer, as long as it contains substantially the same language as the sample notice provided in the law – Assembly Bill No. 1847 / CHAPTER 294, Adopted September 12, 2016.

If it will assist you with employee notification, below is the language used in the sample notice in CA A 1847. You can either create your own statement to your employees or feel free to duplicate this form and distribute as appropriate.

California Employee:

"Based on your annual earnings, you may be eligible to receive the earned income tax credit from the federal government (federal EITC). The federal EITC is a refundable federal income tax credit for low-income working individuals and families. The federal EITC has no effect on certain welfare benefits. In most cases, federal EITC payments will not be used to determine eligibility for Medicaid, Supplemental Security Income, Food Stamps, low-income housing or most temporary assistance for needy families payments. Even if you do not owe federal taxes, you must file a federal tax return to receive the federal EITC. Be sure to fill out the federal EITC form in the federal income tax return booklet. For information regarding your eligibility to receive the federal EITC, including information on how to obtain the IRS Notice 797 or any other necessary forms and instructions, contact the Internal Revenue Service by calling 1-800-829-3676 or through its web site at www.irs.gov.

You also may be eligible to receive the California earned income tax credit (California EITC) starting with the calendar year 2015 tax return. The California EITC is a refundable state income tax credit for low-income working individuals and families. The California EITC is treated in the same manner as the federal EITC and generally will not be used to determine eligibility for welfare benefits under California law. To claim the California EITC, even if you do not owe California taxes, you must file a California income tax return and complete and attach the California EITC form (FTB 3514). For information on the availability of the credit, eligibility requirements, and how to obtain the necessary California forms and get help filing, contact the Franchise Tax Board at 1-800-852-5711 or through its Web site at www.ftb.ca.gov."

About ADP

Powerful technology plus a human touch. Companies of all types and sizes around the world rely on ADP cloud software and expert insights to help unlock the potential of their people. HR. Talent. Benefits. Payroll. Compliance. Working together to build a better workforce. For more information, visit ADP.com.

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