1 Wages, tips, other compensation	2 Federal Income tax withheld
Social security wages	4 Social security tax withheld
Medicare wages and tips	6 Medicare tax withheld
Employee's SSA number	Employer use only
112-61-0869 Employer's FED ID number	d Control number
06-1454513 Employer's name, address, and ZIP code	00656710
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-290	)3
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
3 Statutory Retirement Third-Party Employée plan Sick pay	
4 Other	12c
	12d
e Employee's first name and initial Last r	name Suff.
Employee's address and ZIP code 5 State Employer's state ID 036061454513F01 16 State wages, tips, etc. 17 State income tax 451.7 Form OMB. No. 1545-0008 Wage and Tax Statement Copy C for Employee's records	20 Locality name
1 Wages, tips, other compensation	2 Federal Income tax withheld
Social security wages	4 Social security tax withheld
Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number	Employer use only
112-61-0869	
0 Employer's FED ID number 06-1454513	d Control number 00656710
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-290	
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-Party Employee plan Sick pay	12b
	120
14 Other	
	12d
e Employee's first name and initial Last r Sneha Daruri	name Suff. 07

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	Employer use only		
112-61-0869 b Employer's FED ID number	d Control number		
06-1454513	00656710		
c Employer's name, address, and ZIP code	00000110		
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 Retirement Third-Party Employée plan Sick pay	12b		
14 Other	12c		
	12d		
<ul> <li>Employee's first name and initial</li> </ul>	C		
e Employee's first name and initial Last name Suff. Sneha Daruri 6949 W 141st Ter Apt 1207 Overland Park KS 66223			
f Employee's address and ZIP code			
15 State Employer's state ID KS 036061454513F01	18 Local wages, tips, etc		
16 State wages, tips, etc.	19 Local income tax		
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17 State income tax 451.14	20 Locality name		
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service 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		
o Medicare wages and the			
a Employee's SSA number	Employer use only		
112-61-0869			
b Employer's FED ID number	d Control number		
06-1454513	00656710		
c Employer's name, address, and ZIP code	00000110		
Deloitte Consulting LLP			
4022 Sells Drive			
Hermitage TN 37076-2903			
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7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
	10 Dependent care benefits		
9 11 Nonqualified plans	10 Dependent care benefits 12a See instructions for box 12		
11 Nonqualified plans			
11 Nonqualified plans			
11 Nonqualified plans 13 Statutory Retirement Third-Party Employee plan Sick pay	12a See instructions for box 12		
11 Nonqualified plans       13 Statutory     Retirement       Third-Party       Employee       plan       Sick pay	12a See instructions for box 12 12b		
11 Nonqualified plans 13 Statutory Retirement Third-Party Employee plan Sick pay	12a See instructions for box 12		
11 Nonqualified plans       13 Statutory     Retirement       Third-Party       Employee       plan       Sick pay	12a See instructions for box 12 12b 12c		
11 Nonqualified plans       13 Statutory     Retirement       Third-Party       Employee       plan       Sick pay	12a See instructions for box 12 12b		
11 Nonqualified plans 13 Statutory Retirement Third-Party Employee plan Sick pay 14 Other	12a See instructions for box 12 12b 12c 12d		
11 Nonqualified plans         13 Statutory       Retirement         Third-Party         Employee         plan         Sick pay         14 Other         e       Employee's first name and initial         Last name	12a See instructions for box 12 12b 12c 12d		
11 Nonqualified plans         13 Statutory       Retirement       Third-Party         Employee       plan       Sick pay         14 Other	12a See instructions for box 12 12b 12c 12d e Suff.		
11 Nonqualified plans         13 Statutory       Retirement         Third-Party         Employee         plan         Sick pay         14 Other         e       Employee's first name and initial         Last name	12a See instructions for box 12 12b 12c 12d e Suff.		
11 Nonqualified plans         13 Statutory       Retirement       Third-Party         Employee       plan       Sick pay         14 Other	12a See instructions for box 12 12b 12c 12d e Suff.		
11 Nonqualified plans         13 Statutory       Retirement       Third-Party         Employee       plan       Sick pay         14 Other	12a See instructions for box 12 12b 12c 12d e Suff.		
11 Nonqualified plans         13 Statutory       Retirement       Third-Party         Employee       plan       Sick pay         14 Other	12a See instructions for box 12 12b 12c 12d e Suff.		
11 Nonqualified plans         13 Statutory       Retirement       Third-Party         Employee       plan       Sick pay         14 Other       Image: Sirst name and initial       Last name         e       Employee's first name and initial       Last name         Sneha       Daruri       6949 W 141st Ter Apt 1207         Overland       Park KS 66223	12a See instructions for box 12 12b 12c 12d e Suff.		
11 Nonqualified plans         13 Statutory       Retirement       Third-Party         Employee       plan       Sick pay         14 Other	12a See instructions for box 12 12b 12c 12d e Suff.		

nal Revenue				
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return				

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Form	OMB. No. 1545-0008		Dept
<b>W-2</b>	Wage and Tax Statement	2022	Servi
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18 Local wages, tips, etc 19 Local income tax

Dept. of the Treasury - Internal Revenue Service

20 Locality name

 f Employee's address and ZIP code

 15 State
 Employer's state ID

 KS
 036061454513F01

 16 State wages, tips, etc.
 205

17 State income tax