								Federal Box 1		Soc. Sec. Box 3 &	7 Medicare Box	x 5
to the right is an explanation of your W 2 hagest						Gross Wage		100432 150		100432.4		2.47 0.00
This information is being furnished to the Internal Revenue Service. If you are						Group Term			.80	39.8		9.80
imposed on you if this income is taxable and you fail to report it					Adoption Deferred Co	omp	(1689.00)					
Form W-2 Wage a Copy C—For EMPI						Section 125	x/Wage Limit	(1708.08) (170			3) (1708	3.08)
						W-2 Wages	, -3-	97225	.19	98914.	9891	4.19
D. CONTROL NUMBER 002441714401			2022	OMB N	IO. 1545-0008	1. WAGES, T	PS, OTHER COMPENS	SATION 25.19	2. FED	ERAL INCOME TA	WITHHELD 14202.17	
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	OCIAL SEC	URITY NUM	MBER	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD						
72-0542904		074-59-9367					98914.19 6132.68				6132.68	
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEI	DICARE TAX WIT	HHELD	
Accenture LLP							9891	14.19			1434.26	
500 W. Madison Stree 20th Floor	et					7. SOCIAL SEC	CURITY TIPS		8. ALL	OCATED TIPS		
Chicago IL 60661						9.			10. DEF	PENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Ravindra Galla						11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C			3	9.80		
4000 Parklawn Ave Apt -333 Edina MN 55435						14. OTHER				D DD		9.00 8.00
Edina MN 55435 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STA	TUTORY RETIR	EMENT X THIRD-PART	TY _	
15. STATE EMPLOYER' 2684759	S STATE ID NUMBER	16. STATE WAGE	S, TIPS, E 97225		.7. STATE INCOME T	5948.56	18. LOCAL WAGES,	TIPS, ETC. 19). LOCAL	INCOME TAX	20. LOCALITY NAME	

D. CONTROL			OMB	NO 1	545-0008	1. WAGES, II	PS, OTHER COMPEN			2. FEDERAL INCOME TA		
002441714	4401	202	22 OIVIB	NO. I	545-0008		972	25.19			14202.17	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD				
72-0542904 074-59-9367					98914.19				6132.68			
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP C	ODE				5. MEDICARE WAGES AND TIPS				6. MEDICARE TAX WITHHELD		
Accenture	LLP					98914.19				1434.26		
	dison Street					7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
20th Floor												
Chicago IL 60661					9.				10. DEPENDENT CARE BENEFITS			
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME			SUFF.	11. NONQUALIFIED PLANS				12.a-d		
Ravindra		Galla								С	:	39.80
4000 0 11						14. OTHER			\dashv	D	168	89.00
4000 Parklawn Ave				14. OTHER				DD	57:	18.00		
Apt -333	EE42E											
Edina MN 55435 USA									-	13. STATUTORY RETIR	EMENT X THIRD-PAR	RTY 🖂
F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN		
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIE	PS, ETC.	17. STA	TE INCOME T	AX	18. LOCAL WAGES	, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAM	E
MN	2684759	97	7225.19			5948.56						

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME T			
002441714401	2022	OIVID IVO. 1343-0006	97225.19			14202.17		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
72-0542904 074-59-9367				98914.19		6132.68		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CO	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
Accenture LLP				98914.19		1434.26		
500 W. Madison Street 20th Floor			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Chicago IL 60661			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
Ravindra	Galla				С	39.80		
4000 Parklawn Ave Apt -333 Edina MN 55435					D DD	1689.00 5718.00		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER MN 2684759	16. STATE WAGES, TIPS, ET 97225		TAX 5948.56	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

J									
D. CONTROL NUMBER		014	D NO. 4545 0000	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME T	AX WITHHELD		
002441714401		2022 OM	B NO. 1545-0008		97225.19		14202.17		
B. EMPLOYER IDENTIFICATION NUMBER	(EIN) A. EMPLOYEE'S	SOCIAL SECURITY	NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD		
72-0542904 074-59-9367					98914.19		6132.68		
C. EMPLOYER'S NAME, ADDRESS, AND	ZIP CODE			5. MEDICARE	5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD				
Accenture LLP					98914.19		1434.26		
500 W. Madison Street				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
20th Floor Chicago IL 60661									
Cilicago IL 60661						10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIA	LAST N	AME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions for			
Ravindra	Galla					C	39.80		
4000 Parklawn Ave				14. OTHER		D	1689.00		
Apt -333						DD	5718.00		
Edina MN 55435									
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETURN PLAN	REMENT X THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NU	MBER 16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
MN 2684759		97225.19		5948.56					