PM						Earnii	ngs - Daytorce)			
								Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	
To the right is an exp Please note that the				nents.		Gross Wage		9069.9	9069.94	1 9069.94	
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.							Group Term Life 4.20 Adoption Deferred Comp			3 4.20	
Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS							x/Wage Limit	(56.1	1) (56.11) (56.11)	
						W-2 Wages		9018.	03 9018.03	3 9018.03	
D. CONTROL NUMBER 002446062501	ONAD NO. 1545 0000						PS, OTHER COMPENSAT		2. FEDERAL INCOME TAX	WITHHELD 1536.42	
B. EMPLOYER IDENTIFICATION 72-0542904	The state of the s	A. EMPLOYEE'S 5 657-27-9761		URITY	NUMBER	3. SOCIAL SECURITY WAGES 9018.03			4. SOCIAL SECURITY TAX WITHHELD 559.12		
C. EMPLOYER'S NAME, ADDR Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661	ESS, AND ZIP CC	DDE				5. MEDICARE 7. SOCIAL SEC	WAGES AND TIPS 9018. CURITY TIPS	.03	6. MEDICARE TAX WITH 8. ALLOCATED TIPS 10. DEPENDENT CARE BE	130.76	
E. EMPLOYEE'S FIRST NAME A Veeramani 902 Hillgate pl Pittsburgh PA 15220 USA F. EMPLOYEE'S ADDRESS AND		LAST NA Chinna			SUFF.	11. NONQUAL 14. OTHER PA PA		14.34 5.45	12.a-d See instructions for t C DD 13. STATUTORY RETIRES EMPLOYEE PLAN	4.20 476.50	
15. STATE EMPLOYER'S ST PA 18893610 72		16. STATE WAGE	ES, TIPS, E 9013		17. STATE INCOME T	AX 276.73	18. LOCAL WAGES, TII	PS, ETC. 19. 608.89		20. LOCALITY NAME VORKPSD 700102	
D. CONTROL NUMBER 002446062501			2022	OME	B NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSAT 9018.		2. FEDERAL INCOME TAX	WITHHELD 1536.42	
B. EMPLOYER IDENTIFICATION 72-0542904	Proposition of the Proposition o	A. EMPLOYEE'S 5 657-27-9761		URITY	NUMBER	3. SOCIAL SE	CURITY WAGES 9018.	.03	4. SOCIAL SECURITY TAX	WITHHELD 559.12	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ACCENTURE LLP SOO W. Madison Street						5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD				HELD 130.76	

D. CONTROL	NUMBER				QUIN SQ1.	NO SOLE COL	1. WAGES, T	IPS, OTHER COMPE	NSATION	2. FEDERAL INCO	OME TAX	WITHHELD
002446062	2501			2022	OMB	NO. 1545-0008	9018.03			1536.42		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECU	RITY TAX	X WITHHELD			
72-054290)4		657-27-9761					9	018.03			559.12
C. EMPLOYE	R'S NAME, AD	DRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS	S	6. MEDICARE TA	X WITH	IHELD
Accenture	LLP							9	018.03			130.76
500 W. Ma 20th F l oor		t					7. SOCIAL SE	CURITY TIPS		8. ALLOCATED T	TPS	
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E. EMPLOYER	E'S FIRST NAM	E AND INITIAL	LAST NA	AME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
Veeramani	i		Chinna	araj						С		4.20
902 Hillgat	te pl						14. OTHER PA	LST	14.3	DD DD		476.50
Pittsburgh	PA 15220						P/	UI	5.45	5		
USA										13. STATUTORY	RETIRE	MENT THIRD-PARTY
F. EMPLOYER	E'S ADDRESS	AND ZIP CODE								EMPLOYEE	PLAN	SICK PAY
15. STATE	EMPLOYER'S	STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INCOME 1	AX	18. LOCAL WAGE	S, TIPS, ETC.	19. LOCAL INCOME	TAX	20. LOCALITY NAME
PA	18893610	720542904		9013	3.83		276.73		2608.89	78	.27	WORKPSD 700102

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D. CONTROL NUMBER 002446062501	2022	OMB NO. 1545-0	800	1. WAGES, TI	PS, OTHER COMPENS 901	ATION 8.03	2. FEDERAL INCOME 1	AX WITHHELD 1536.42
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	3. SOCIAL SEC	CURITY WAGES		4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD			
72-0542904	657-27-9761				901	8.03		559.12
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CO	DDE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX W	THHELD
Accenture LLP					901	8.03		130.76
500 W. Madison Street 20th Floor Chicago IL 60661				7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
cincago iz 00001				9.			10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL Veeramani	LAST NAME Chinnaraj	S	JFF.	11. NONQUAL	IFIED PLANS		12.a-d C	4.20
902 Hillgate p l Pittsburgh PA 15220				14. OTHER PA		14.3		476.50
USA				PA	UI	5.4		TREMENT THIRD-PARTY
F. EMPLOYEE'S ADDRESS AND ZIP CODE							EMPLOYEE PLA	
15. STATE EMPLOYER'S STATE ID NUMBER PA 18893610 720542904	16. STATE WAGES, TIPS, E 9013		OME T	AX 276.73	18. LOCAL WAGES,	TIPS, ETC. 2608.89	19. LOCAL INCOME TAX 78.27	20. LOCALITY NAME WORKPSD 700102

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FORM W-2 Wage and Tax Statement

Chicago IL 60661				9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS	
500 W. Madison Street 20th F l oor				7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS				
Accenture LLP	, , , , , , , , , , , , , , , , , , , ,				9018.03	TOTAL PROPERTY CONTRACTOR OF STATE OF S	130.76	
 B. EMPLOYER IDENTIFICATION N 72-0542904 C. EMPLOYER'S NAME, ADDRESS 	657-27-9761	SOCIAL SECURIT	Y NUMBER	30000 (00000 - 3000 (00000)	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD 5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD 6. MEDICARE			
D. CONTROL NUMBER 002446062501	HINADED (FINI) A FAADLOVEE'S	2022	MB NO. 1545-0008		PS, OTHER COMPENSATION 9018.03	2. FEDERAL INCOME	1536.42	

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							Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5		
To the right is an					Gross Wages						
Please note that	the Gross amou	nt may include	adjustm	ents.	Txbl Benefi	Txbl Benefits					
This information	is heina furnishe	ed to the Inter	nal Reven	ue Service. If you are	Group Term	Life					
required to file a	tax return, a ne	gligence pena	Ity or othe	er sanction may be	Adoption						
imposed on you	if this income is	taxable and yo	ou fail to	report it.	Deferred Co	nmn					
Form W-2 Wage	and Tax Stateme	ent 2022			Section 125	•					
Copy C—For EMF						x/Wage Limit					
					W-2 Wages						
					vv-2 wages						
D. CONTROL NUMBER				OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSA	ATION	2. FEDERAL INCOME TA	X WITHHELD		
002446062502			2022								
B. EMPLOYER IDENTIFICA	ATION NUMBER (EIN)	TOTAL STREET, SOUTH ASSESSMENT	SOCIAL SECU	JRITY NUMBER	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD						
72-0542904		657-27-9761									
C. EMPLOYER'S NAME, A	ADDRESS, AND ZIP C	ODE			5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD						
Accenture LLP 500 W. Madison Stre	et				7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS						
20th Floor					7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS						
Chicago IL 60661					9. 10. DEPENDENT CARE BENEFITS			ENEEITS			
					10. DEFENDENT CARE BENEFITS			ENETTIS			
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions for	box 12		
Veeramani		Chinna	araj								
902 Hillgate pl					14. OTHER			1			
Pittsburgh PA 15220											
USA								13. STATUTORY RETIR	EMENT THIRD-PARTY		
F. EMPLOYEE'S ADDRESS	S AND ZIP CODE							EMPLOYEE PLAN	SICK PAY		
	'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, ET	C. 17. STATE INCOME	TAX	18. LOCAL WAGES, T		LOCAL INCOME TAX	20. LOCALITY NAME		
PA 1889361	0 720542904						6404.94	192.14	WORKPSD 090803		
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D. CONTROL N 0024460625	120.000000000		₂₀₂₂ C	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSATION	2. FEDERAL INCOME TA	AX WITHHELD
B. EMPLOYER 72-0542904	. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 657-27-9761				3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY T	AX WITHHELD
C. EMPLOYER'S Accenture LI	S NAME, ADDRESS, AND ZIP C _P	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	THHELD
500 W. Madi 20th Floor Chicago IL 6					7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	
Cilicago IL o					9.		10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S Veeramani	S FIRST NAME AND INITIAL	LAST NAM Chinnara		SUFF.	11. NONQUAL	IFIED PLANS	12.a-d	
902 Hillgate Pittsburgh P USA	À 15220				14. OTHER			REMENT THIRD-PARTY
15. STATE	S ADDRESS AND ZIP CODE 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
PA :	18893610 720542904					6404.94	192.14	WORKPSD 090803

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FORM W-2 Wage and Tax Statement

D. CONTROL 00244606		2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TA	X WITHHELD
B. EMPLOYE 72-054290	ER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC 657-27-9761	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TA	AX WITHHELD
	ER'S NAME, ADDRESS, AND ZIP C	DDE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WIT	HHELD
20th Floor	ndison Street			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	
Chicago IL	- 60661			9.		10. DEPENDENT CARE E	BENEFITS
E. EMPLOYE Veeraman	E'S FIRST NAME AND INITIAL	LAST NAME Chinnaraj	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d	
902 Hillga Pittsburgh USA	ite pl n PA 15220			14. OTHER			
	E'S ADDRESS AND ZIP CODE					13. STATUTORY RETIF	THIRD-PARTY SICK PAY
15. STATE PA	EMPLOYER'S STATE ID NUMBER 18893610 720542904	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	ΓΑX	18. LOCAL WAGES, TIPS, ETC. 6404.94	19. LOCAL INCOME TAX 192.14	20. LOCALITY NAME WORKPSD 090803

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FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
002446062502	2022	OIVIB NO. 1343-0008			
B. EMPLOYER IDENTIFICATION NUMBER (E 72-0542904	N) A. EMPLOYEE'S SOCIAL SE 657-27-9761	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS, AND ZI	CODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WITHHELD
Accenture LLP					
500 W. Madison Street 20th Floor Chicago IL 60661			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS
Cincago IL 00001			9.		10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d See instructions for box 12
Veeramani	Chinnaraj				
902 Hillgate pl Pittsburgh PA 15220 USA			14. OTHER		
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETIREMENT THIRD-PARTY SICK PAY
15. STATE EMPLOYER'S STATE ID NUMI	ER 16. STATE WAGES, TIPS, I	ETC. 17. STATE INCOME 1	AX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX 20. LOCALITY NAME
PA 18893610 720542904				6404.94	192.14 WORKPSD 090803

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