

| | | | | | | | |
|---|----------------------------|--------------------------------------|----------------------|--|----------------------|------------------------------------|---------|
| To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. 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. Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS | | | | Federal Box 1 Soc. Sec. Box 3 & 7 Medicare Box 5 | | | |
| | | | | Gross Wages | 9069.94 | 9069.94 | 9069.94 |
| | | | | Txbl Benefits | | | |
| | | | | Group Term Life | 4.20 | 4.20 | 4.20 |
| | | | | Adoption | | | |
| | | | | Deferred Comp | | | |
| | | | | Section 125 | (56.11) | (56.11) | (56.11) |
| | | | | Other Pretax/Wage Limit | | | |
| | | | | W-2 Wages | 9018.03 | 9018.03 | 9018.03 |
| D. CONTROL NUMBER | | 2022 | OMB NO. 1545-0008 | 1. WAGES, TIPS, OTHER COMPENSATION | 9018.03 | 2. FEDERAL INCOME TAX WITHHELD | 1536.42 |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) | 72-0542904 | A. EMPLOYEE'S SOCIAL SECURITY NUMBER | | 3. SOCIAL SECURITY WAGES | 9018.03 | 4. SOCIAL SECURITY TAX WITHHELD | 559.12 |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE | | | | 5. MEDICARE WAGES AND TIPS | 9018.03 | 6. MEDICARE TAX WITHHELD | 130.76 |
| Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | |
| | | | | 9. | | 10. DEPENDENT CARE BENEFITS | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL | | | | 11. NONQUALIFIED PLANS | | 12.a-d See instructions for box 12 | |
| Veeramani | | | | | | C | 4.20 |
| LAST NAME | | | | | | DD | 476.50 |
| Chinnaraj | | | | 14. OTHER PA LST | 14.34 | | |
| 902 Hillgate pl | | | | PA UI | 5.45 | | |
| Pittsburgh PA 15220 | | | | | | | |
| USA | | | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | 13. STATUTORY <input type="checkbox"/> EMPLOYEE RETIREMENT <input type="checkbox"/> PLAN THIRD-PARTY <input type="checkbox"/> SICK PAY | | | |
| 15. STATE | EMPLOYER'S STATE ID NUMBER | 16. STATE WAGES, TIPS, ETC. | 17. STATE INCOME TAX | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME | |
| PA | 18893610 720542904 | 9013.83 | 276.73 | 2608.89 | 78.27 | WORKPSD 700102 | |

| | | | | | | | |
|--|----------------------------|--------------------------------------|----------------------|--|----------------------|---------------------------------|---------|
| D. CONTROL NUMBER | 002446062501 | 2022 | OMB NO. 1545-0008 | 1. WAGES, TIPS, OTHER COMPENSATION | 9018.03 | 2. FEDERAL INCOME TAX WITHHELD | 1536.42 |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) | 72-0542904 | A. EMPLOYEE'S SOCIAL SECURITY NUMBER | | 3. SOCIAL SECURITY WAGES | 9018.03 | 4. SOCIAL SECURITY TAX WITHHELD | 559.12 |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE | | | | 5. MEDICARE WAGES AND TIPS | 9018.03 | 6. MEDICARE TAX WITHHELD | 130.76 |
| Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | |
| | | | | 9. | | 10. DEPENDENT CARE BENEFITS | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL | | | | 11. NONQUALIFIED PLANS | | 12.a-d | |
| Veeramani | | | | | | C | 4.20 |
| LAST NAME | | | | | | DD | 476.50 |
| Chinnaraj | | | | 14. OTHER PA LST | 14.34 | | |
| 902 Hillgate pl | | | | PA UI | 5.45 | | |
| Pittsburgh PA 15220 | | | | | | | |
| USA | | | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | 13. STATUTORY <input type="checkbox"/> EMPLOYEE RETIREMENT <input type="checkbox"/> PLAN THIRD-PARTY <input type="checkbox"/> SICK PAY | | | |
| 15. STATE | EMPLOYER'S STATE ID NUMBER | 16. STATE WAGES, TIPS, ETC. | 17. STATE INCOME TAX | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME | |
| PA | 18893610 720542904 | 9013.83 | 276.73 | 2608.89 | 78.27 | WORKPSD 700102 | |

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 | 002446062501 | 2022 | OMB NO. 1545-0008 | 1. WAGES, TIPS, OTHER COMPENSATION | 9018.03 | 2. FEDERAL INCOME TAX WITHHELD | 1536.42 |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) | 72-0542904 | A. EMPLOYEE'S SOCIAL SECURITY NUMBER | | 3. SOCIAL SECURITY WAGES | 9018.03 | 4. SOCIAL SECURITY TAX WITHHELD | 559.12 |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE | | | | 5. MEDICARE WAGES AND TIPS | 9018.03 | 6. MEDICARE TAX WITHHELD | 130.76 |
| Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | |
| | | | | 9. | | 10. DEPENDENT CARE BENEFITS | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL | | | | 11. NONQUALIFIED PLANS | | 12.a-d | |
| Veeramani | | | | | | C | 4.20 |
| LAST NAME | | | | | | DD | 476.50 |
| Chinnaraj | | | | 14. OTHER PA LST | 14.34 | | |
| 902 Hillgate pl | | | | PA UI | 5.45 | | |
| Pittsburgh PA 15220 | | | | | | | |
| USA | | | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | 13. STATUTORY <input type="checkbox"/> EMPLOYEE RETIREMENT <input type="checkbox"/> PLAN THIRD-PARTY <input type="checkbox"/> SICK PAY | | | |
| 15. STATE | EMPLOYER'S STATE ID NUMBER | 16. STATE WAGES, TIPS, ETC. | 17. STATE INCOME TAX | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME | |
| PA | 18893610 720542904 | 9013.83 | 276.73 | 2608.89 | 78.27 | WORKPSD 700102 | |

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 | 002446062501 | 2022 | OMB NO. 1545-0008 | 1. WAGES, TIPS, OTHER COMPENSATION | 9018.03 | 2. FEDERAL INCOME TAX WITHHELD | 1536.42 |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) | 72-0542904 | A. EMPLOYEE'S SOCIAL SECURITY NUMBER | | 3. SOCIAL SECURITY WAGES | 9018.03 | 4. SOCIAL SECURITY TAX WITHHELD | 559.12 |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE | | | | 5. MEDICARE WAGES AND TIPS | 9018.03 | 6. MEDICARE TAX WITHHELD | 130.76 |
| Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | |
| | | | | 9. | | 10. DEPENDENT CARE BENEFITS | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL | | | | 11. NONQUALIFIED PLANS | | 12.a-d See instructions for box 12 | |
| Veeramani | | | | | | C | 4.20 |
| LAST NAME | | | | | | DD | 476.50 |
| Chinnaraj | | | | 14. OTHER PA LST | 14.34 | | |
| 902 Hillgate pl | | | | PA UI | 5.45 | | |
| Pittsburgh PA 15220 | | | | | | | |
| USA | | | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | 13. STATUTORY <input type="checkbox"/> EMPLOYEE RETIREMENT <input type="checkbox"/> PLAN THIRD-PARTY <input type="checkbox"/> SICK PAY | | | |
| 15. STATE | EMPLOYER'S STATE ID NUMBER | 16. STATE WAGES, TIPS, ETC. | 17. STATE INCOME TAX | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME | |
| PA | 18893610 720542904 | 9013.83 | 276.73 | 2608.89 | 78.27 | WORKPSD 700102 | |

Copy B-To Be Filed With Employee's FEDERAL Tax Return 2022 Department of the Treasury - Internal Revenue Service
FORM W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|--|--|---|--|-------------------------------------|--|
| To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. 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. Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS | | | | Federal Box 1 Soc. Sec. Box 3 & 7 Medicare Box 5 Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wage Limit W-2 Wages | | | | | | | | | |
| D. CONTROL NUMBER 002446062502 | | 2022 | | OMB NO. 1545-0008 | | 1. WAGES, TIPS, OTHER COMPENSATION | | 2. FEDERAL INCOME TAX WITHHELD | | | | | |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904 | | A. EMPLOYEE'S SOCIAL SECURITY NUMBER 657-27-9761 | | | | 3. SOCIAL SECURITY WAGES | | 4. SOCIAL SECURITY TAX WITHHELD | | | | | |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | | | 5. MEDICARE WAGES AND TIPS | | 6. MEDICARE TAX WITHHELD | | | | | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL Veeramani LAST NAME Chinnaraj SUFF. | | | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | | | | | |
| | | | | | | 9. | | 10. DEPENDENT CARE BENEFITS | | | | | |
| | | | | | | 11. NONQUALIFIED PLANS | | 12.a-d See instructions for box 12 | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | 13. STATUTORY EMPLOYEE <input type="checkbox"/> | | RETIREMENT PLAN <input type="checkbox"/> | | THIRD-PARTY SICK PAY <input type="checkbox"/> | | | |
| 15. STATE PA | | EMPLOYER'S STATE ID NUMBER 18893610 720542904 | | 16. STATE WAGES, TIPS, ETC. | | 17. STATE INCOME TAX | | 18. LOCAL WAGES, TIPS, ETC. 6404.94 | | 19. LOCAL INCOME TAX 192.14 | | 20. LOCALITY NAME WORKPSD 090803 | |

| | | | | | | | | | | | | | |
|---|--|---|--|-----------------------------|--|---|--|--|--|---|--|-------------------------------------|--|
| D. CONTROL NUMBER 002446062502 | | 2022 | | OMB NO. 1545-0008 | | 1. WAGES, TIPS, OTHER COMPENSATION | | 2. FEDERAL INCOME TAX WITHHELD | | | | | |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904 | | A. EMPLOYEE'S SOCIAL SECURITY NUMBER 657-27-9761 | | | | 3. SOCIAL SECURITY WAGES | | 4. SOCIAL SECURITY TAX WITHHELD | | | | | |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | | | 5. MEDICARE WAGES AND TIPS | | 6. MEDICARE TAX WITHHELD | | | | | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL Veeramani LAST NAME Chinnaraj SUFF. | | | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | | | | | |
| | | | | | | 9. | | 10. DEPENDENT CARE BENEFITS | | | | | |
| | | | | | | 11. NONQUALIFIED PLANS | | 12.a-d | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | 13. STATUTORY EMPLOYEE <input type="checkbox"/> | | RETIREMENT PLAN <input type="checkbox"/> | | THIRD-PARTY SICK PAY <input type="checkbox"/> | | | |
| 15. STATE PA | | EMPLOYER'S STATE ID NUMBER 18893610 720542904 | | 16. STATE WAGES, TIPS, ETC. | | 17. STATE INCOME TAX | | 18. LOCAL WAGES, TIPS, ETC. 6404.94 | | 19. LOCAL INCOME TAX 192.14 | | 20. LOCALITY NAME WORKPSD 090803 | |

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 002446062502 | | 2022 | | OMB NO. 1545-0008 | | 1. WAGES, TIPS, OTHER COMPENSATION | | 2. FEDERAL INCOME TAX WITHHELD | | | | | |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904 | | A. EMPLOYEE'S SOCIAL SECURITY NUMBER 657-27-9761 | | | | 3. SOCIAL SECURITY WAGES | | 4. SOCIAL SECURITY TAX WITHHELD | | | | | |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | | | 5. MEDICARE WAGES AND TIPS | | 6. MEDICARE TAX WITHHELD | | | | | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL Veeramani LAST NAME Chinnaraj SUFF. | | | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | | | | | |
| | | | | | | 9. | | 10. DEPENDENT CARE BENEFITS | | | | | |
| | | | | | | 11. NONQUALIFIED PLANS | | 12.a-d | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | 13. STATUTORY EMPLOYEE <input type="checkbox"/> | | RETIREMENT PLAN <input type="checkbox"/> | | THIRD-PARTY SICK PAY <input type="checkbox"/> | | | |
| 15. STATE PA | | EMPLOYER'S STATE ID NUMBER 18893610 720542904 | | 16. STATE WAGES, TIPS, ETC. | | 17. STATE INCOME TAX | | 18. LOCAL WAGES, TIPS, ETC. 6404.94 | | 19. LOCAL INCOME TAX 192.14 | | 20. LOCALITY NAME WORKPSD 090803 | |

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 002446062502 | | 2022 | | OMB NO. 1545-0008 | | 1. WAGES, TIPS, OTHER COMPENSATION | | 2. FEDERAL INCOME TAX WITHHELD | | | | | |
| B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904 | | A. EMPLOYEE'S SOCIAL SECURITY NUMBER 657-27-9761 | | | | 3. SOCIAL SECURITY WAGES | | 4. SOCIAL SECURITY TAX WITHHELD | | | | | |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661 | | | | | | 5. MEDICARE WAGES AND TIPS | | 6. MEDICARE TAX WITHHELD | | | | | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL Veeramani LAST NAME Chinnaraj SUFF. | | | | | | 7. SOCIAL SECURITY TIPS | | 8. ALLOCATED TIPS | | | | | |
| | | | | | | 9. | | 10. DEPENDENT CARE BENEFITS | | | | | |
| | | | | | | 11. NONQUALIFIED PLANS | | 12.a-d See instructions for box 12 | | | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | 13. STATUTORY EMPLOYEE <input type="checkbox"/> | | RETIREMENT PLAN <input type="checkbox"/> | | THIRD-PARTY SICK PAY <input type="checkbox"/> | | | |
| 15. STATE PA | | EMPLOYER'S STATE ID NUMBER 18893610 720542904 | | 16. STATE WAGES, TIPS, ETC. | | 17. STATE INCOME TAX | | 18. LOCAL WAGES, TIPS, ETC. 6404.94 | | 19. LOCAL INCOME TAX 192.14 | | 20. LOCALITY NAME WORKPSD 090803 | |

Copy B-To Be Filed With Employee's FEDERAL Tax Return 2022 Department of the Treasury - Internal Revenue Service
FORM W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service