								Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.							es es	80856. 1100.			
This information is being furnished to the Internal Revenue Service. If you are						Group Term Adoption	Life	40.	24 40.2	24 40.24	
, ,		,	u iaii to	герогі іс.		Deferred Co		(3387.9			
Form W-2 Wage a Copy C—For EMP						Section 125		(1157.5	55) (1157.5	5) (1157.55)	
Copy C—For EMP	LUYEE S RECORI	JS				Other Preta	x/Wage Limit		(80839.4	7) (80839.47)	
						W-2 Wages		77451.53			
D. CONTROL NUMBER				OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION		2. FEDERAL INCOME TAX WITHHELD			
002448805501		2022				77451.53			11381.23		
B. EMPLOYER IDENTIFICA	TION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SEC	URITY NUMI	BER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
91-2032865		658-65-0870									
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
Avanade Inc. 500 W. Madison Street	at .										
20th Floor	5C					7. SOCIAL SEC	URITY TIPS		8. ALLOCATED TIPS		
Chicago IL 60661						9.			10. DEPENDENT CARE B	ENEEITS	
						5.			10. DEPENDENT CARE B	ENERIIS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						11. NONQUALIFIED PLANS			12.a-d See instructions for	box 12 40.24	
Priyanka Kantharaj									D	3387.94	
313 Whispering Winds Dr						14. OTHER			w	833.28	
Hermitage TN 37076									DD	3519.84	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY	
15. STATE 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		

D. CONTROL NUMBER 002448805501			2022	OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 77451.53			2. FEDERAL INCOME TAX WITHHELD 11381.23		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 91-2032865 658-65-0870				R	3. SOCIAL SECURITY WAGES				4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, AD Avanade Inc.		ODE				5. MEDICARE	WAGES AND T	IPS		6. MEDICARE TAX WIT	HHELD
500 W. Madison Street 20th Floor Chicago IL 60661						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
						9.				10. DEPENDENT CARE E	BENEFITS
E. EMPLOYEE'S FIRST NAM Priyanka	E AND INITIAL	LAST NA Kantha			SUFF.	11. NONQUAL	IFIED PLANS			12.a-d C	40.24 3387.94
313 Whispering Winds Hermitage TN 37076	5 Dr					14. OTHER				W	833.28 3519.8
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE											EMENT X THIRD-PARTY
	STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ETC	. 17. S	TATE INCOME T	AX	18. LOCAL WA	GES, 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

D. CONTROL NUMBER 002448805501	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 77451.53			2. FEDERAL INCOME TAX WITHHELD 11381.23		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 91-2032865	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP C Avanade Inc.	ODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	THHELD	
500 W. Madison Street 20th Floor Chicago IL 60661			7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Cincago IE 00001			9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Priyanka	11. NONQUALIFIED PLANS			12.a-d C	40.24			
313 Whispering Winds Dr Hermitage TN 37076 USA			14. OTHER			D W DD	3387.94 833.28 3519.84	
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, ET	TC. 17. STATE INCOME T	AX	18. LOCAL WAGES, TI	PS, 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

D. CONTROL NUMBER		ONAD	NO 1545 0000	1. WAGES, TI	IPS, OTHER COMPENSATION	2. FEDERAL INCOM	E TAX WITHHELD		
002448805501	2	1022 OIVIB	NO. 1545-0008		77451.53		11381.23		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCI	IAL SECURITY N	UMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURIT	4. SOCIAL SECURITY TAX WITHHELD		
91-2032865 658-65-0870									
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	CODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX	6. MEDICARE TAX WITHHELD		
Avanade Inc.									
500 W. Madison Street 20th Floor				7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIP	8. ALLOCATED TIPS		
Chicago IL 60661									
				9.		10. DEPENDENT CA	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					12.a-d See instructio			
Priyanka	Kantharaj	j				C	40.24		
				14. OTHER		D	3387.94		
313 Whispering Winds Dr				14. OTHER		W	833.28		
Hermitage TN 37076 USA						DD	3519.84		
USA							RETIREMENT X THIRD-PARTY		
F. EMPLOYEE'S ADDRESS AND ZIP CODE						EMPLOYEE -	PLAN SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBE	16. STATE WAGES, 1	TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, TIPS, ETC.	. 19. LOCAL INCOME TA	X 20. LOCALITY NAME		