								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.						Gross Wage				414291. 775.		
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						Group Term Adoption	Life	21	2.40	212.	10 212.40	
imposed	on you if this income is	taxable and yo	ou fail to	report it.		Deferred Co	mp	(20500	0.00)			
Form W-2	2 Wage and Tax Stateme	ent 2022				Section 125		(6452	2.76)	(6452.7	6) (6452.76)	
Copy C—	For EMPLOYEE'S RECOR	DS				Other Preta	x/Wage Limit			(261826.0	9)	
						W-2 Wages		38832	6.09	147000.	00 408826.09	
D. CONTROL N				OMB NO. 1545	5-0008	1. WAGES, TI	PS, OTHER COMPENS		2. F	EDERAL INCOME TA		
0024419327			2022			388326.09			-	73744.18 4. SOCIAL SECURITY TAX WITHHELD		
72-0542904	IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S 764-40-9421	SOCIAL SEC	URITY NUMBER		3. SOCIAL SECURITY WAGES 147000.00			4.5	9114.00		
	S NAME, ADDRESS, AND ZIP (					5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD						
Accenture LL		ODE				408826.09			0.10	7807.41		
500 W. Madi:						7. SOCIAL SECURITY TIPS			8. A	LLOCATED TIPS		
20th Floor	0661											
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E. EMPLOYEE'S Satheesh	S FIRST NAME AND INITIAL	LAST NA Gorint			SUFF.	11. NONQUAL	IFIED PLANS		12.a	-d See instructions fo C	r box 12 212.40	
		Gorini	ld						_	D	20500.00	
517 Deldrin Ct San Ramon CA 94582						14. OTHER Charity 500.00			- 1	V	2647.05	
USA	CA 34302					CA	SDI	1601.6		DD	9773.52	
F. EMPLOYEE'S	S ADDRESS AND ZIP CODE									STATUTORY RETIF	EMENT X THIRD-PARTY SICK PAY	
	EMPLOYER'S STATE ID NUMBER	16. STATE WAG			NCOME T		18. LOCAL WAGES,	TIPS, ETC.	19. LOC/	AL INCOME TAX	20. LOCALITY NAME	
CA 3	365-6562-0		388326	.09		35742.64						

D. CONTROL NUMBER 002441932701		<sub>2022</sub> ON	1B NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA 388326		2. FEDERAL INCOME TA	73744.18	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 72-0542904 764-40-9421					3. SOCIAL SECURITY WAGES 147000.00			4. SOCIAL SECURITY TAX WITHHELD 9114.00	
C. EMPLOYER'S NAME, ADDRESS, AND 2 Accenture LLP	P CODE			5. MEDICARE	WAGES AND TIPS 408826	.09	6. MEDICARE TAX WIT	THHELD 7807.41	
500 W. Madison Street 20th Floor Chicago IL 60661		7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	8. ALLOCATED TIPS			
aneago 12 00001				9.			10. DEPENDENT CARE	BENEFITS 3015.00	
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517 Deldrin Ct San Ramon CA 94582 USA					14. OTHER Charity 500.00 CA SDI 1601.60			2647.05 9773.52	
F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RETI	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUM CA 365-6562-0	BER 16. STATE WAG	388326.09	17. STATE INCOME 1	35742.64	18. LOCAL WAGES, TI	PS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	

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Department of the Treasury - Internal Revenue Service

### FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002441932701		2022	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPENSA 388326		2. FEDERAL INCOME TA	AX WITHHELD 73744.18		
B. EMPLOYER IDENTIFICATION NUMBE	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD				
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CA 365-6562-0		388326.	.09	35742.64						

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### FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER				1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
	ļ	OMB NO 154	45-NNN8		

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## Earnings - Dayforce

002441932	2701	2022	WID IVO. 1373 0000		38832	5.09		73744.18		
B. EMPLOYE	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				CURITY WAGES		4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
72-054290	4	764-40-9421			14700	0.00		9114.00		
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP	CODE		5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WI	THHELD		
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CA	365-6562-0	388326.09	9	35742.64						

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FORM W-2 Wage and Tax Statement

2022 Department of the Treasury - Internal Revenue Service This information is being furnished to the Internal Revenue Service

							Fede	ral Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5			
	n explanation of					Gross Wag	es						
Please note that	the Gross amou	nt may include	e adjustn	nents.		Txbl Benefi	its						
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							Group Term Life						
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	and Tax Stateme PLOYEE'S RECOR					Section 12							
COP, C 101 E11	. 20122 5 1120011						ax/Wage Limit						
	_					W-2 Wages		88326.0	J9				
D. CONTROL NUMBER			2022	OMB NO	). 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION			2. FEDERAL INCOME TA				
002441932702  B. EMPLOYER IDENTIFIC	ATION NUMBER (FIN)	A. EMPLOYEE'S	2022			3 500141 55	388326.09 ECURITY WAGES		4. SOCIAL SECURITY TA	73744.18			
72-0542904	ATTON NOWIBER (EIN)	764-40-9421		LOKITT NOWIE	DEN	5. SUCIAL SE	CORITY WAGES		4. SOCIAL SECURITY TA	WITHHELD			
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517 Deldrin Ct						14. OTHER							
San Ramon CA 9458 USA	82												
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MO 137097			1032			18.00	20120312 1111020, 1110, 2						
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D. CONTROL NUMBER			2022	OMB NO	). 1545-0008	1. WAGES, T	TPS, OTHER COMPENSATION		2. FEDERAL INCOME TA				
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MO 137097	12		1032	2.90		18.00							
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D. CONTROL NUMBER				0145.15	4545.0005	1. WAGES, T	IPS, OTHER COMPENSATION		2. FEDERAL INCOME TA	X WITHHELD			
002441932702			2022		). 1545-0008		388326.09			73744.18			
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72-0542904	ADDRESS AND 712	764-40-9421				E MEDICAR	WACEC AND TIPE		6 MEDICARE TAV '''T	HUELD			
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517 Deldrin Ct San Ramon CA 9458	82												
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F. EMPLOYEE'S ADDRES									EMPLOYEE PLAN	SICK PAY			
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		Chata City			) o turn		Denartme	nt of t	he Treasury - Into	rnal Revenue Service			
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### FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER				1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
002441932702	202	OMB	B NO. 1545-0008	388326.09	73744.18

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# Earnings - Dayforce

B. EMPLOYE	ER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SECURITY N	IUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TA	XX WITHHELD	
72-054290	04	764-40-9421							
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE					WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
Accenture LLP 500 W. Madison Street 20th Floor					CURITY TIPS		8. ALLOCATED TIPS		
Chicago IL 60661				9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE Satheesh	EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. stheesh Gorintla		SUFF.	11. NONQUALIFIED PLANS		12.a-d See instructions for box 12			
517 Deldrin Ct San Ramon CA 94582 USA				14. OTHER					
F. EMPLOYEE'S ADDRESS AND ZIP CODE							13. STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY	
15. STATE		16. STATE WAGES, TIPS, ETC.	17. STATE INCOME T		18. LOCAL WAGES, TIP	PS, ETC. 19	D. LOCAL INCOME TAX	20. LOCALITY NAME	
MO	13709712	1032.90		18.00					

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