							Fed	leral Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
to the right is an expanded of your 12 hagest							Gross Wages 28780.2 Txbl Benefits			28 28780.28	
This information is being furnished to the Internal Revenue Service. If you are							Group Term Life 16.3 Adoption			32 16.32	
Form W-2 Wage Copy C—For EMP	and Tax Stateme	nt 2022	ou rail to	терогст		Deferred Co Section 125		(204.6	3) (204.6	3) (204.63)	
					W-2 Wages	,	28591.	97 28591.	97 28591.97		
D. CONTROL NUMBER 002443556701				OMB N	O. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 28591.97		2. FEDERAL INCOME TA	X WITHHELD 4298.89	
B. EMPLOYER IDENTIFICA 72-0542904	TION NUMBER (EIN)	A. EMPLOYEE'S 447-75-7878	SOCIAL SEC	URITY NUN	MBER .	3. SOCIAL SECURITY WAGES 28591.97			4. SOCIAL SECURITY TAX WITHHELD 1772.70		
C. EMPLOYER'S NAME, A Accenture LLP	•	ODE				5. MEDICARE	WAGES AND TIPS 28591.97		6. MEDICARE TAX WIT	HHELD 414.58	
500 W. Madison Stre 20th Floor Chicago IL 60661	et					7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS					
						9.		10. DEPENDENT CARE E	D. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Sumanth Prabhu					11. NONQUALIFIED PLANS			12.a-d See instructions for box 12 C 16.32 DD 1906.00			
214 MARSH TRAIL CIR Apt - 214 ATLANTA GA 30328					14. OTHER			, DD	1906.00		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									EMPLOYEE PLAN	EMENT THIRD-PARTY SICK PAY	
						AX 1464.37	18. LOCAL WAGES, TIPS,	ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 002443556701			2022	OMB N	IO. 1545-	8000	1. WAGES, TI	PS, OTHER C	OMPENSATION 28591.97		2. FEDERAL INCOME TA	X WITHHELD 4298.8	19
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SE	3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY T.				AX WITHHELD			
72-0542904 447-75-7878					28591.97			1772.70					
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD							
Accenture LLP							28591.97				414.58		
500 W. Madison Street 20th Floor					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS					
Chicago IL 60661							9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST N	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.					SUFF.	11. NONQUALIFIED PLANS			12.a-d			
Sumanth	Sumanth Prabhu										С		16.32
214 MARSH TRAIL CIR Apt - 214						14. OTHER DD			- DD		1906.00		
ATLANTA GA 30328 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIR		IRD-PARTY	
15. STATE EMPLOYE	15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME		COME T	AX	18. LOCAL	WAGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY	NAME			
GA 068615	1-KV		28591	.97			1464.37						

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 002443556701	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 28591.97	2. FEDERAL INCOME 1	TAX WITHHELD 4298.89		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
72-0542904	447-75-7878			28591.97		1772.70		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP	ODE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
Accenture LLP				28591.97		414.58		
500 W. Madison Street 20th Floor Chicago IL 60661			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Cilicago IE 00001			9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				IFIED PLANS	12.a-d			
Sumanth Prabhu					C	16.32		
214 MARSH TRAIL CIR Apt - 214 ATLANTA GA 30328			14. OTHER	1906.00				
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RE-	TIREMENT THIRD-PARTY SICK PAY		
15. STATE EMPLOYER'S STATE ID NUMBER GA 0686151-KV	16. STATE WAGES, TIPS, E 28591		TAX 1464.37	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

D. CONTROL	NUMBER		ONARI	NO. 1545-0008	1. WAGES, T	PS, OTHER CON	MPENSATION		2. FEDERAL INCOME TA	X WITHHELD	
002443556	5701	2022	OIVID	10. 1545-0008			28591.97			4298.89	
B. EMPLOYER	R IDENTIFICATION NUMBER (EIN)	IMBER	3. SOCIAL SE	CURITY WAGE	5	4. SOCIAL SECURITY TAX WITHHELD					
72-054290	14				28591.97	1772.70					
C. EMPLOYER	R'S NAME, ADDRESS, AND ZIP O	ODE			5. MEDICARE	WAGES AND	TIPS	6. MEDICARE TAX WITHHELD			
Accenture	LLP						28591.97	414.58			
500 W. Madison Street 20th Floor Chicago IL 60661						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
Cilicago IL	00001		9.				10. DEPENDENT CARE BENEFITS				
E. EMPLOYER	E'S FIRST NAME AND INITIAL	LAST NAME		SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for box 12			
Sumanth		Prabhu							C	16.32	
214 MARSI Apt - 214 ATLANTA G	H TRAIL CIR		14. OTHER				DD 1906.00				
USA	E'S ADDRESS AND ZIP CODE						13. STATUTORY RETIR	REMENT THIRD-PARTY SICK PAY			
15. STATE	15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T				AX	18. LOCAL W	AGES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	
GA	0686151-KV	2859	1.97		1464.37						