

|   |  |  |  |
|---|--|--|--|
| 1 Wages, tips, other compensation<br><b>69807.22</b>  |  | 2 Federal Income tax withheld<br><b>12276.42</b>           |  |
| 3 Social security wages   |  | 4 Social security tax withheld                             |  |
| 5 Medicare wages and tips   |  | 6 Medicare tax withheld                                    |  |
| a Employee's SSA number<br><b>818-67-8980</b>   |  | Employer use only  |  |
| b Employer's FED ID number<br><b>13-3891517</b>   |  | d Control number<br><b>00753592</b>                        |  |
| c Employer's name, address, and ZIP code<br><b>Deloitte &amp; Touche LLP<br/>4022 Sells Drive<br/>Hermitage TN 37076-2903</b>                       |  |  |  |
| 7 Social security tips  |  | 8 Allocated tips   |  |
| 9   |  | 10 Dependent care benefits                                 |  |
| 11 Nonqualified plans   |  | 12a See instructions for box 12<br><b>D</b> <b>3230.80</b> |  |
| 13 Statutory Employee Retirement plan Third-Party Sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b  |  |
| 14 Other CA SDI Tax <b>803.42</b>   |  | 12c  |  |
|   |  | 12d  |  |
| e Employee's first name and initial Last name Suff.<br><b>Lakshmi Priya Manne<br/>2022 Trousdale Dr Unit 9<br/>Burlingame CA 94010</b>              |  |  |  |
| f Employee's address and ZIP code   |  |  |  |
| 15 State Employer's state ID<br><b>CA 437-5777-2</b>  |  | 18 Local wages, tips, etc                                  |  |
| 16 State wages, tips, etc. <b>69807.22</b>  |  | 19 Local income tax  |  |
| 17 State income tax <b>5266.89</b>  |  | 20 Locality name   |  |
| <b>Form W-2 Wage and Tax Statement 2022</b><br>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service<br>Copy C for Employee's records |  |  |  |

|  |  |  |  |
|--|--|--|--|
| 1 Wages, tips, other compensation<br><b>69807.22</b>   |  | 2 Federal Income tax withheld<br><b>12276.42</b>           |  |
| 3 Social security wages  |  | 4 Social security tax withheld                             |  |
| 5 Medicare wages and tips  |  | 6 Medicare tax withheld                                    |  |
| a Employee's SSA number<br><b>818-67-8980</b>  |  | Employer use only  |  |
| b Employer's FED ID number<br><b>13-3891517</b>  |  | d Control number<br><b>00753592</b>                        |  |
| c Employer's name, address, and ZIP code<br><b>Deloitte &amp; Touche LLP<br/>4022 Sells Drive<br/>Hermitage TN 37076-2903</b>  |  |  |  |
| 7 Social security tips   |  | 8 Allocated tips   |  |
| 9  |  | 10 Dependent care benefits                                 |  |
| 11 Nonqualified plans  |  | 12a See instructions for box 12<br><b>D</b> <b>3230.80</b> |  |
| 13 Statutory Employee Retirement plan Third-Party Sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                              |  | 12b  |  |
| 14 Other CA SDI Tax <b>803.42</b>  |  | 12c  |  |
|  |  | 12d  |  |
| e Employee's first name and initial Last name Suff.<br><b>Lakshmi Priya Manne<br/>2022 Trousdale Dr Unit 9<br/>Burlingame CA 94010</b>   |  |  |  |
| f Employee's address and ZIP code  |  |  |  |
| 15 State Employer's state ID<br><b>CA 437-5777-2</b>   |  | 18 Local wages, tips, etc                                  |  |
| 16 State wages, tips, etc. <b>69807.22</b>   |  | 19 Local income tax  |  |
| 17 State income tax <b>5266.89</b>   |  | 20 Locality name   |  |
| <b>Form W-2 Wage and Tax Statement 2022</b><br>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service<br>Copy 2 To Be Filed With Employee's STATE Income Tax Return |  |  |  |

|   |  |  |  |
|---|--|--|--|
| 1 Wages, tips, other compensation<br><b>69807.22</b>  |  | 2 Federal Income tax withheld<br><b>12276.42</b>           |  |
| 3 Social security wages   |  | 4 Social security tax withheld                             |  |
| 5 Medicare wages and tips   |  | 6 Medicare tax withheld                                    |  |
| a Employee's SSA number<br><b>818-67-8980</b>   |  | Employer use only  |  |
| b Employer's FED ID number<br><b>13-3891517</b>   |  | d Control number<br><b>00753592</b>                        |  |
| c Employer's name, address, and ZIP code<br><b>Deloitte &amp; Touche LLP<br/>4022 Sells Drive<br/>Hermitage TN 37076-2903</b>   |  |  |  |
| 7 Social security tips  |  | 8 Allocated tips   |  |
| 9   |  | 10 Dependent care benefits                                 |  |
| 11 Nonqualified plans   |  | 12a See instructions for box 12<br><b>D</b> <b>3230.80</b> |  |
| 13 Statutory Employee Retirement plan Third-Party Sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                         |  | 12b  |  |
| 14 Other CA SDI Tax <b>803.42</b>   |  | 12c  |  |
|   |  | 12d  |  |
| e Employee's first name and initial Last name Suff.<br><b>Lakshmi Priya Manne<br/>2022 Trousdale Dr Unit 9<br/>Burlingame CA 94010</b>                                      |  |  |  |
| f Employee's address and ZIP code   |  |  |  |
| 15 State Employer's state ID<br><b>CA 437-5777-2</b>  |  | 18 Local wages, tips, etc                                  |  |
| 16 State wages, tips, etc. <b>69807.22</b>  |  | 19 Local income tax  |  |
| 17 State income tax <b>5266.89</b>  |  | 20 Locality name   |  |
| <b>Form W-2 Wage and Tax Statement 2022</b><br>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service<br>Copy B To Be Filed With Employee's FEDERAL Tax Return |  |  |  |

|  |  |  |  |
|--|--|--|--|
| 1 Wages, tips, other compensation<br><b>69807.22</b>   |  | 2 Federal Income tax withheld<br><b>12276.42</b>           |  |
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| 5 Medicare wages and tips  |  | 6 Medicare tax withheld                                    |  |
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| b Employer's FED ID number<br><b>13-3891517</b>  |  | d Control number<br><b>00753592</b>                        |  |
| c Employer's name, address, and ZIP code<br><b>Deloitte &amp; Touche LLP<br/>4022 Sells Drive<br/>Hermitage TN 37076-2903</b>  |  |  |  |
| 7 Social security tips   |  | 8 Allocated tips   |  |
| 9  |  | 10 Dependent care benefits                                 |  |
| 11 Nonqualified plans  |  | 12a See instructions for box 12<br><b>D</b> <b>3230.80</b> |  |
| 13 Statutory Employee Retirement plan Third-Party Sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                                      |  | 12b  |  |
| 14 Other CA SDI Tax <b>803.42</b>  |  | 12c  |  |
|  |  | 12d  |  |
| e Employee's first name and initial Last name Suff.<br><b>Lakshmi Priya Manne<br/>2022 Trousdale Dr Unit 9<br/>Burlingame CA 94010</b>   |  |  |  |
| f Employee's address and ZIP code  |  |  |  |
| 15 State Employer's state ID<br><b>CA 437-5777-2</b>   |  | 18 Local wages, tips, etc                                  |  |
| 16 State wages, tips, etc. <b>69807.22</b>   |  | 19 Local income tax  |  |
| 17 State income tax <b>5266.89</b>   |  | 20 Locality name   |  |
| <b>Form W-2 Wage and Tax Statement 2022</b><br>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service<br>Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return |  |  |  |