

<p>To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.</p> <p>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.</p> <p>Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS</p>				<table border="1"> <tr> <td></td> <td>Federal Box 1</td> <td>Soc. Sec. Box 3 &amp; 7</td> <td>Medicare Box 5</td> </tr> <tr> <td>Gross Wages</td> <td>17054.29</td> <td>17054.29</td> <td>17054.29</td> </tr> <tr> <td>Txbl Benefits</td> <td>70.00</td> <td>70.00</td> <td>70.00</td> </tr> <tr> <td>Group Term Life Adoption</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deferred Comp</td> <td>(510.42)</td> <td></td> <td></td> </tr> <tr> <td>Section 125</td> <td>(81.86)</td> <td>(81.86)</td> <td>(81.86)</td> </tr> <tr> <td>Other Pretax/Wage Limit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>W-2 Wages</td> <td>16532.01</td> <td>17042.43</td> <td>17042.43</td> </tr> </table>			Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	Gross Wages	17054.29	17054.29	17054.29	Txbl Benefits	70.00	70.00	70.00	Group Term Life Adoption				Deferred Comp	(510.42)			Section 125	(81.86)	(81.86)	(81.86)	Other Pretax/Wage Limit				W-2 Wages	16532.01	17042.43	17042.43
	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5																																		
Gross Wages	17054.29	17054.29	17054.29																																		
Txbl Benefits	70.00	70.00	70.00																																		
Group Term Life Adoption																																					
Deferred Comp	(510.42)																																				
Section 125	(81.86)	(81.86)	(81.86)																																		
Other Pretax/Wage Limit																																					
W-2 Wages	16532.01	17042.43	17042.43																																		
D. CONTROL NUMBER 002443962301	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 16532.01	2. FEDERAL INCOME TAX WITHHELD 3200.86																																	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 750-76-1882	3. SOCIAL SECURITY WAGES 17042.43	4. SOCIAL SECURITY TAX WITHHELD 1056.63																																		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661		5. MEDICARE WAGES AND TIPS 17042.43	6. MEDICARE TAX WITHHELD 247.11																																		
E. EMPLOYEE'S FIRST NAME AND INITIAL Sarath Kumar		LAST NAME Maddinani	SUFF.	11. NONQUALIFIED PLANS																																	
12102 SE 31st Street APT G201 APT G201 Bellevue WA 98005 USA		12.a-d See instructions for box 12 D 510.42 W 541.66		14. OTHER																																	
F. EMPLOYEE'S ADDRESS AND ZIP CODE		13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>																																			
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																																	

D. CONTROL NUMBER 002443962301	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 16532.01	2. FEDERAL INCOME TAX WITHHELD 3200.86
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 750-76-1882	3. SOCIAL SECURITY WAGES 17042.43	4. SOCIAL SECURITY TAX WITHHELD 1056.63	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661		5. MEDICARE WAGES AND TIPS 17042.43	6. MEDICARE TAX WITHHELD 247.11	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sarath Kumar		LAST NAME Maddinani	SUFF.	11. NONQUALIFIED PLANS
12102 SE 31st Street APT G201 APT G201 Bellevue WA 98005 USA		12.a-d D 510.42 W 541.66		14. OTHER
F. EMPLOYEE'S ADDRESS AND ZIP CODE		13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>		
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

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 002443962301	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 16532.01	2. FEDERAL INCOME TAX WITHHELD 3200.86
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 750-76-1882	3. SOCIAL SECURITY WAGES 17042.43	4. SOCIAL SECURITY TAX WITHHELD 1056.63	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661		5. MEDICARE WAGES AND TIPS 17042.43	6. MEDICARE TAX WITHHELD 247.11	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sarath Kumar		LAST NAME Maddinani	SUFF.	11. NONQUALIFIED PLANS
12102 SE 31st Street APT G201 APT G201 Bellevue WA 98005 USA		12.a-d D 510.42 W 541.66		14. OTHER
F. EMPLOYEE'S ADDRESS AND ZIP CODE		13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>		
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

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 002443962301	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 16532.01	2. FEDERAL INCOME TAX WITHHELD 3200.86
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 750-76-1882	3. SOCIAL SECURITY WAGES 17042.43	4. SOCIAL SECURITY TAX WITHHELD 1056.63	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661		5. MEDICARE WAGES AND TIPS 17042.43	6. MEDICARE TAX WITHHELD 247.11	
E. EMPLOYEE'S FIRST NAME AND INITIAL Sarath Kumar		LAST NAME Maddinani	SUFF.	11. NONQUALIFIED PLANS
12102 SE 31st Street APT G201 APT G201 Bellevue WA 98005 USA		12.a-d See instructions for box 12 D 510.42 W 541.66		14. OTHER
F. EMPLOYEE'S ADDRESS AND ZIP CODE		13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>		
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

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