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				Gross Wages	146798.62	146798.62	146798.62
				Txbl Benefits	300.00	300.00	300.00
				Group Term Life	54.12	54.12	54.12
				Adoption			
				Deferred Comp	(8740.80)		
				Section 125	(6804.00)	(6804.00)	(6804.00)
				Other Pretax/Wage Limit			
				W-2 Wages	131607.94	140348.74	140348.74
D. CONTROL NUMBER	002447628901	2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	131607.94	2. FEDERAL INCOME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	72-0542904	A. EMPLOYEE'S SOCIAL SECURITY NUMBER		3. SOCIAL SECURITY WAGES	140348.74	4. SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	140348.74	6. MEDICARE TAX WITHHELD	
Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
				9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL				11. NONQUALIFIED PLANS		12.a-d See instructions for box 12	
Bhanucharantej				LAST NAME		C 54.12	
				Chippada		D 8740.80	
1000 Moore Ridge Road				14. OTHER		V 1118.54	
Apt 1113						W 4999.84	
Morrisville NC 27560						13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>	
USA							
F. EMPLOYEE'S ADDRESS AND ZIP CODE				15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX
				NC	060054562	131607.94	6057.47
				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	20. LOCALITY NAME

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FORM W-2 Wage and Tax Statement

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D. CONTROL NUMBER 002447628902		2022	OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 72-0542904	A. EMPLOYEE'S SOCIAL SECURITY NUMBER 800-97-4709			3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Accenture LLP 500 W. Madison Street 20th Floor Chicago IL 60661				5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD		
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				9.	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL Bhanucharantej		LAST NAME Chippada	SUFF.	11. NONQUALIFIED PLANS	12.a-d See instructions for box 12 DD 12422.28		
F. EMPLOYEE'S ADDRESS AND ZIP CODE 1000 Moore Ridge Road Apt 1113 Morrisville NC 27560 USA				14. OTHER			
				13. STATUTORY EMPLOYEE <input type="checkbox"/> RETIREMENT PLAN <input checked="" type="checkbox"/> THIRD-PARTY SICK PAY <input type="checkbox"/>			
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FORM W-2 Wage and Tax Statement

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