								Fede	eral 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.							s s	:	105664. 650.		
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.							Life		50.0	00 50.0	50.00
imposed on you if this income is taxable and you fail to report it. Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						Deferred Co Section 125 Other Preta			(6112.7 (3102.4	-	2) (3102.42)
						W-2 Wages	,		97149.	51 103262.2	26 103262.26
D. CONTROL NUMBER 002442593101	2022 OM			OMB NO. 15	45-0008	1. WAGES, TIPS, OTHER COMPENSATION 97149.51			l	2. FEDERAL INCOME TAX WITHHELD 15086.90	
B. EMPLOYER IDENTIFICA 72-0542904	TION NUMBER (EIN)	A. EMPLOYEE'S 9	SOCIAL SEC	JRITY NUMBER		3. SOCIAL SECURITY WAGES 103262.26				4. SOCIAL SECURITY TAX WITHHELD 6402.26	
C. EMPLOYER'S NAME, A Accenture LLP	ŕ	ODE				103262.26			6. MEDICARE TAX WITH	HHELD 1497.30	
500 W. Madison Stree 20th Floor Chicago IL 60661	et					7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS					
Cilicago IL 00001						9. 10. DEPENDENT CARE BENEFITS					ENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Bhabatosh Biswal						11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C			50.00 6112.75		
5266 BAYWATER DRIVE BUILDING 54 TAMPA FL 33615						14. OTHER Charity 50.00 V DD			1785.44 10230.76		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										EMPLOYEE PLAN	EMENT X THIRD-PARTY SICK PAY
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME T						AX	18. LOCAL	WAGES, TIPS, I	ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME

D. CONTROL NUM 002442593101	BER		2022	OMB NO	D. 1545-0008	1. WAGES, TI	PS, OTHER COMPENS 9714		2. FEDERAL INCOME TA	AX WITHHELD 15086.90		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
72-0542904 737-22-6457					103262.26			6402.26				
C. EMPLOYER'S NA	ME, ADDRESS, AND ZIP (ODE				5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD		
Accenture LLP							10326	2.26	1497.30			
500 W. Madison Street 20th Floor					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS				
Chicago IL 60661						9.			10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIR	ST NAME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d			
Bhabatosh		Biswal							С	50.00		
5266 BAYWATE	D DDIVE					14. OTHER Ch	arity	50.00	- D	6112.75		
BUILDING 54	**** - · · · · · · · · · · · · · · · · ·					CI	arity	30.00	V	1785.44		
TAMPA FL 33615									DD	10230.76		
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETII	REMENT X THIRD-PARTY SICK PAY		
15. STATE EMP	LOYER'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, ET	TC. 17	STATE INCOME	TAX	18. LOCAL WAGES,	TIPS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME		

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 002442593101	2022	OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSAT 97149.		2. FEDERAL INCOME TA	AX WITHHELD 15086.90	
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY T	AX WITHHELD	
72-0542904		103262.26			6402.26			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CO	DDE		5. MEDICARE	5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD	
Accenture LLP				103262.	26		1497.30	
500 W. Madison Street 20th Floor Chicago IL 60661			7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
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15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TII	PS, ETC. 1	9. 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 N	IUMBER			0140 1	0 4545 0000	1. WAGES, TI	PS, OTHER COMPENS	SATION	2. FEDERAL INCOM	IE TAX WITHHELD		
0024425931	101			OIVIB N	O. 1545-0008		9714	9.51		15086.90		
B. EMPLOYER	B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURI	4. SOCIAL SECURITY TAX WITHHELD		
72-0542904 737-22-6457							10326	2.26		6402.26		
C. EMPLOYER'S	S NAME, ADDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX	6. MEDICARE TAX WITHHELD		
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500 W. Madison Street 20th Floor						7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIP	8. ALLOCATED TIPS		
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	5266 BAYWATER DRIVE					14. OTHER CH	arity	50.0	⁰⁰ V	1785.44		
	BUILDING 54 TAMPA FL 33615								DD	10230.76		
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15. STATE E	EMPLOYER'S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ET	TC. 1	7. STATE INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TA	X 20. LOCALITY NAME		