| , | | | | Federal Box 1 | Soc. Sec. Box 3 & 7 M | ledicare Box 5 | |
|---|--|---------------------------|----------------------------------|--|-------------------------------------|--|--|
| To the right is information | which shows your total wages | by | Gross Wages | 212517.58 | 212517.58 | 212517.58 | |
| W-2 box and the amount o | f any deferred compensation a | | Txbl Benefits | 158.00 | 158.00 | 158.00 | |
| other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. | | | Group Term Life | 177.60 | 177.60 | 177.60 | |
| | | ation | Adoption | | | | |
| of the letter codes used in | ese forms, including an explan box 12, are available on a | ation | Deferred Comp | (16976.00) | | | |
| separate document. | | | Section 125 | (7924.08) | (7924.08) | (7924.08) | |
| | | | Other Pretax/Wag | ge Limit 187953.10 | (44729.10) 160200.00 | 204929.10 | |
| | | | W-2 Wages | 10/933.10 | 100200.00 | 204929.10 | |
| | | | | | | | |
| a Employee's social security number 203-96-4915 | b Employer identification number (EIN 72-0542904 | 4) | d Control number 007427898801 | | | OND N. 4545 0000 | |
| c Employer's name, address, and ZIP co | | | 007427898801 | 1 Wages, tips, other compensation | 2 Federal income tax | OMB No. 1545-0008 | |
| | ue | | | 187953.1 | | 23908.84 | |
| Accenture LLP 500 W. Madison Street | | | | 3 Social security wages | 4 Social security tax | withheld | |
| 20th Floor Chicago IL 60661 | | | | 160200.0 | 0 | 9932.40 | |
| Cincago IL 00001 | | | | 5 Medicare wages and tips | 6 Medicare tax withhe | | |
| e Employee's first name and initial | Last name | Sut | ff. | 204929.1 7 Social security tips | 8 Allocated tips | 3015.83 | |
| Gaurav 207 Morning Glory Drive | Vaidya | | | T double socially upo | o raisoutou apo | | |
| Monroe Township NJ 08831 | | | | 9 | 10 Dependent care be | 10 Dependent care benefits | |
| USA | | | | | | | |
| | | | | 11 Nonqualified plans | 12a See instructions Code C | s for box 12 I 177.60 | |
| f Employee's address and ZIP code | l | I | | Statutony Retirement Third-part | | 177.00 | |
| 15 State Employer's state ID Number NJ 720-542-904/000 | 16 State wages, tips, etc. 195877.18 | | ncome tax 8591.55 | 13 Statutory Retirement Third-part employee plan sick Pay | | 16976.00 | |
| | | i | | | 12c | 1 22040.02 | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code DD 12d | 22948.92 | |
| | } | ļ | | NJ FLI 94 NJUI WF SW 174 | .08 Code | | |
| | | | | | | | |
| Form W-2 Wage and Tax Statemen Copy C—For EMPLOYEE'S RECORDS | t | | 2023 | | | ury—Internal Revenue Servi e. If you are required to file a tax return | |
| .,, | | | | negligence penalty or other sanct | ion may be imposed on you if this i | income is taxable and you fail to repor | |
| | | | | | | | |
| a Employee's social security number 203-96-4915 | b Employer identification number (EIN 72-0542904 | 4) | d Control number 007427898801 | | | | |
| c Employer's name, address, and ZIP co | | | 007427030001 | 1 Wages, tips, other compensation | 2 Federal income tax | OMB No. 1545-0008 | |
| | ue | | | 187953.1 | | 23908.84 | |
| Accenture LLP 500 W. Madison Street | | | | 3 Social security wages | 4 Social security tax | withheld | |
| 20th Floor Chicago IL 60661 | | | | 160200.0 | 0 | 9932.40 | |
| Cilicago IE 00001 | | | | 5 Medicare wages and tips | 6 Medicare tax withhe | | |
| e Employee's first name and initial | Last name | Sut | ff. | 204929.1 7 Social security tips | 0 8 Allocated tips | 3015.83 | |
| Gaurav | Vaidya | | | 7 Social security ups | o Allocated tips | | |
| 207 Morning Glory Drive Monroe Township NJ 08831 | | | | 9 | 10 Dependent care be | anefits | |
| USA | | | | | | | |
| | | | | 11 Nonqualified plans | 12a See instructions | | |
| f Employee's address and ZIP code | | | | 0 | Code C | 177.60 | |
| 15 State Employer's state ID Number NJ 720-542-904/000 | 16 State wages, tips, etc. 195877.18 | | ncome tax 8591.55 | 13 Statutory Retirement Third-part employee plan sick Pay | Code D | 16976.00 | |
| 720-342-904/000 | 193077.10 | <u> </u> | 0391.33 | X | 12c | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code DD 12d | 22948.92 | |
| | | ļ | | | .08 Code | | |
| | | | | 174 | | | |
| Form W-2 Wage and Tax Statemen Copy B—To Be Filed With Employee's FE | t DEBAL Tay Poture | | 2023 | | Department of the Treasi | ury - Internal Revenue Servi | |
| copy B—10 Be Filed With Employee's FE | DERAL ISK Retain. | | 2023 | | | | |
| | | | | | | | |
| a Employee's social security number | b Employer identification number (EIN | 4) | d Control number | 1 | | | |
| 203-96-4915 | 72-0542904 | | 007427898801 | 1111 11 11 11 11 | 05.1.11 | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP co | de | | | 1 Wages, tips, other compensation 187953.1 | 2 Federal income tax | withheld 23908.84 | |
| Accenture LLP 500 W. Madison Street | | | | 3 Social security wages | 4 Social security tax | | |
| 20th Floor | | | | 160200.0 | | 9932.40 | |
| Chicago IL 60661 | | | | 5 Medicare wages and tips | 6 Medicare tax withho | ald | |
| e Employee's first name and initial | Last name | Sut | " | 204929.1 | | 3015.83 | |
| Gaurav | Vaidya | ou | | 7 Social security tips | 8 Allocated tips | | |
| 207 Morning Glory Drive Monroe Township NJ 08831 | | | | 9 | 10 Dependent care be | nnofite | |
| USA | | | | | To Departuent care by | and the same of th | |
| | | | | 11 Nonqualified plans | 12a See instructions | for box 12 | |
| | | | | I | Code C | 177.60 | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State Employer's state ID Number | 16 State wages, tips, etc. | 17 State in | ncome tax | 13 Statutory Retirement Third-part employee plan sick Pay | y 12b Code D | 16076.00 | |
| | 16 State wages, tips, etc. 195877.18 | 17 State is | ncome tax 8591.55 | employee plan sick Pay | y 12b Code D 12c | 16976.00 | |
| 15 State Employer's state ID Number NJ 720-542-904/000 | 195877.18 | | 8591.55 | X | 12c Code DD | 16976.00 22948.92 | |
| 15 State Employer's state ID Number | | 17 State ii 20 Localit | 8591.55 | 14 Other N) FLI 94 | 12c Code DD 12d .08 Code | • | |
| 15 State Employer's state ID Number NJ 720-542-904/000 | 195877.18 | | 8591.55 | X 14 Other | 12c Code DD 12d .08 Code | • | |

Earnings - Dayforce

| To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document. | | | Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wag W-2 Wages | | Medicare Box 5 8 7 Medicare Box 5 | | |
|---|---|---|---|----------------------------------|--|---|-------------------|
| | e's social security number | b Employer identification number (EIN | I) | d Control number | | | = |
| | 6-4915 's name, address, and ZIP co | 72-0542904 de | | 007427898802 | 1 Wages, tips, other compensation | OMB No. 1545-0 2 Federal income tax withheld | J08 |
| 500 V 20th | | | | | 3 Social security wages | 4 Social security tax withheld | _ |
| Chica | go IL 60661 | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| e Employee Gaura | s's first name and initial | Last name Vaidya | Su | ff. | 7 Social security tips | 8 Allocated tips | |
| 207 M | forning Glory Drive the Township NJ 08831 | valuya | | | 9 | 10 Dependent care benefits | |
| 4 F1 | | | | | 11 Nonqualified plans | 12a See instructions for box 12 | _ |
| 15 State | 's address and ZIP code Employer's state ID Number | 16 State wages, tips, etc. | 17 State i | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | 12b | _ |
| CA | 365-6562-0 | 3350.97 | | 43.13 | employee plan sick Pay | Code 12c | _ |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code 12d | _ |
| | | | } | | | Code | _ |
| a Employe | Wage and Tax Statemen r EMPLOYEE'S RECORDS e's social security number | b Employer identification number (EIN | 1) | 2023 | This information is being furnished to | Intrment of the Treasury—Internal Revenue Se the Internal Revenue Service. If you are required to file a tax re y be imposed on you if this income is taxable and you fall to n | eturn, eport i |
| | 6-4915 's name, address, and ZIP co | 72-0542904 | | 007427898802 | 1 Wages, tips, other compensation | OMB No. 1545-0 2 Federal income tax withheld | J08 |
| Accen | ture LLP | | | | 3 Social security wages | 4 Social security tax withheld | |
| 20th I | V. Madison Street Floor go IL 60661 | | | | | 6 Medicare tax withheld | |
| e Employee | s's first name and initial | Last name | Su | ff. | 5 Medicare wages and tips | 8 Allocated tips | |
| Gaura 207 M | ıv İorning Glory Drive | Vaidya | | | 7 Social security tips | | |
| Monroe Township NJ 08831 USA | | | | | 9 | 10 Dependent care benefits | |
| f Employee | 's address and ZIP code | | | | 11 Nonqualified plans | 12a See instructions for box 12 Code | |
| 15 State | Employer's state ID Number | 16 State wages, tips, etc. | 17 State i | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | 12b Code | _ |
| CA | 365-6562-0 | 3350.97 | | 43.13 | X | 12c | _ |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code 12d | _ |
| | | | | | | Code | |
| Form W-2 Copy B—To | Wage and Tax Statemen Be Filed With Employee's FE | DERAL Tax Return. | | 2023 | Dep | artment of the Treasury - Internal Revenue Se | ∍rvic |
| | e's social security number 16-4915 | b Employer identification number (EIN 72-0542904 | 1) | d Control number 007427898802 | 1 | OMB No. 1545-0 | 008 |
| | 's name, address, and ZIP co | de | | | 1 Wages, tips, other compensation | 2 Federal income tax withheld | _ |
| 500 V 20th | ture LLP V. Madison Street Floor | | | | 3 Social security wages | 4 Social security tax withheld | _ |
| Chicago IL 60661 | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| Gaura | s's first name and initial | Last name Vaidya | Su | ff. | 7 Social security tips | 8 Allocated tips | _ |
| Salata 207 Morning Glory Drive Monroe Township NJ 08831 USA | | | | | 9 | 10 Dependent care benefits | _ |
| f Employee | 's address and ZIP code | | | | 11 Nonqualified plans | 12a See instructions for box 12 | _ |
| 15 State | Employer's state ID Number | 16 State wages, tips, etc. | 17 State i | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | 12b | _ |
| CA | 365-6562-0 | 3350.97 | - | 43.13 | X X | Code 12c | _ |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code 12d | _ |
| ····· | | | | | | Code | |
| Form W-2 Copy 2—To | Wage and Tax Statemen Be Filed With Employee's Sta | t ate, City, or local Income Tax Return | | 2023 | Dep | artment of the Treasury - Internal Revenue Se | ervic |

Earnings - Dayforce

| To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document. | | | Gross Wages Txbl Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wag W-2 Wages | | Redicare Bo | ₹5 | | |
|---|--|---|---|----------------------------------|--|---|--|--|
| | ocial security number | b Employer identification number (EIN | I) | d Control number | | | | |
| 203-96-4 c Employer's na | 915 me, address, and ZIP co | 72-0542904 de | | 007427898803 | 1 Wages, tips, other compensation | 2 Federal income tax withheld | MB No. 1545-0008 | |
| Accenture 500 W. M. 20th Floo | LLP adison Street r | | | | 3 Social security wages | 4 Social security tax withheld | | |
| Chicago I | L 60661 | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| e Employee's fir Gaurav | st name and initial | Last name | Su | ff. | 7 Social security tips | 8 Allocated tips | | |
| 207 Morn | ing Glory Drive ownship NJ 08831 | Vaidya | | | 9 | 10 Dependent care benefits | | |
| | | | | | 11 Nonqualified plans | 12a See instructions for box 12 | ! | |
| | dress and ZIP code | 16 State wages, tips, etc. | 17 State i | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | Code 12b | | |
| | 060054562 | 5361.56 | | 234.00 | employee plan sick Pay | Code 12c | | |
| 18 Local wages, | tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code 12d | | |
| | | | } | | | Code | | |
| a Employee's so | ge and Tax Statemen PLOYEE'S RECORDS Decial security number | b Employer identification number (EIN | i) | 2023 | This information is being furnished to | Intrement of the Treasury—Inten the Internal Revenue Service. If you are re y be imposed on you if this income is tax | equired to file a tax return, able and you fail to report | |
| 203-96-4 | 915 me, address, and ZIP co | 72-0542904 | | 007427898803 | 1 Wages, tips, other compensation | 2 Federal income tax withheld | MB No. 1545-0008 | |
| Accenture | LLP | | | | | 4 Social security tax withheld | | |
| 500 W. Madison Street 20th Floor Chicago II. 60661 | | | | | 3 Social security wages | | | |
| | | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| Gaurav | st name and initial | Last name Vaidya | Su | ff. | 7 Social security tips | 8 Allocated tips | | |
| 207 Morning Glory Drive Monroe Township NJ 08831 USA | | | | | 9 | 10 Dependent care benefits | | |
| f Employee's ad | dress and ZIP code | | | | 11 Nonqualified plans | 12a See instructions for box 12 Code | 1 | |
| 15 State Emp | oloyer's state ID Number | 16 State wages, tips, etc. | 17 State i | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | 12b Code | | |
| NC C | 060054562 | 5361.56 | | 234.00 | i x | 12c | | |
| 18 Local wages, | tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code 12d | | |
| | | | | | | Code | | |
| Form W-2 Wag Copy B—To Be F | ge and Tax Statemen iled With Employee's FE | DERAL Tax Return. | | 2023 | Dep | artment of the Treasury - Inter | nal Revenue Servic | |
| a Employee's so 203-96-4 | ocial security number 915 | b Employer identification number (EIN 72-0542904 | I) | d Control number 007427898803 | 1 | O | MB No. 1545-0008 | |
| c Employer's na | me, address, and ZIP co | de | | | 1 Wages, tips, other compensation | 2 Federal income tax withheld | | |
| Accenture 500 W. M. 20th Floo Chicago I | adison Street r | | | | 3 Social security wages | 4 Social security tax withheld | | |
| Cilicago I | L 00001 | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| Gauray | st name and initial | Last name Vaidya | Su | ff. | 7 Social security tips | 8 Allocated tips | | |
| Gaurav valdya 207 Morning Glory Drive Monroe Township NJ 08831 USA | | | | | 9 | 10 Dependent care benefits | | |
| f Employee's ad | dress and ZIP code | | | | 11 Nonqualified plans | 12a See instructions for box 12 Code | ! | |
| 15 State Emp | oloyer's state ID Number | 16 State wages, tips, etc. | 17 State i | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | 12b Code | | |
| NC C | 060054562 | 5361.56 | | 234.00 | X | 12c | | |
| 18 Local wages, | tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code 12d | | |
| <u> </u> | | | | | Code | | | |
| Form W-2 Wag Copy 2—To Be Fi | ge and Tax Statemen iled With Employee's Sta | t ste, City, or local Income Tax Return | | 2023 | Dep | artment of the Treasury - Inter | nal Revenue Servic | |

Earnings - Dayforce

| To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document. | | | Federal Box 1 Soc. Sec. Box 3 & 7 Medicare Box 5 Gross Wages Txb1 Benefits Group Term Life Adoption Deferred Comp Section 125 Other Pretax/Wage Limit W-2 Wages | | | | |
|---|---|-------------|--|--|------------------------------------|------------------------|--|
| a Employee's social security number | b Employer identification number (EIN |) | d Control number | | | | |
| 203-96-4915 | 72-0542904 | | 007427898804 | | _ | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP co | de | | | 1 Wages, tips, other compensation | 2 Federal income tax withh | eld | |
| Accenture LLP 500 W. Madison Street 20th Floor | | | I | 3 Social security wages | 4 Social security tax withhe | ıld | |
| Chicago IL 60661 | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| e Employee's first name and initial | Last name | Sut | ff. | 7 Social security tips | 8 Allocated tips | | |
| Gaurav 207 Morning Glory Drive | Vaidya | | | | | | |
| Monroe Township NJ 08831 USA | | | | 9 | 10 Dependent care benefits | | |
| f Employee's address and ZIP code | | | | 11 Nonqualified plans | 12a See instructions for b Code | ox 12 | |
| 15 State Employer's state ID Number | | 17 State in | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | 12b Code | | |
| OH 52-020875 2 | 10723.10 | | 292.20 | X | 12c | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Localit | | 14 Other | Code 12d | | |
| 11696.96 | 292.44 | n | IRes - ClbsCityW/H-Fr | | Code | | |
| | | | | | | | |
| Form W-2 Wage and Tax Statement Department of the Treasury—Internal Revenue Servic Depy C—For EMPLOYEE'S RECORDS Department of the Iterated Revenue Service. If you are required to file a tax return, negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report in | | | | | | | |
| a Employee's social security number 203-96-4915 | b Employer identification number (EIN 72-0542904 |) | d Control number 007427898804 | | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP co | | | 007127030001 | 1 Wages, tips, other compensation | 2 Federal income tax withh | | |
| Accenture LLP 500 W. Madison Street | | | | 3 Social security wages | 4 Social security tax withhe | ıld | |
| 20th Floor Chicago IL 60661 | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| e Employee's first name and initial | Last name | Sut | ff. | 7 Social security tips | 8 Allocated tips | | |
| Gaurav 207 Morning Glory Drive | Vaidya | | | | | | |
| Monroe Township NJ 08831 USA | | | | 9 | 10 Dependent care benefits | i | |
| f Employee's address and ZIP code | | | | 11 Nonqualified plans | 12a See instructions for b | ox 12 | |
| 15 State Employer's state ID Number | 16 State wages, tips, etc. | 17 State in | ncome tax | 13 Statutory Retirement Third-party | 12b | | |
| OH 52-020875 2 | 10723.10 | | 292.20 | employee plan sick Pay | Code 12c | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code | | |
| 11696.96 | 292.44 | | IRes - ClbsCityW/H-Fr | 14 Other | 12d Code | | |
| | | | | | | | |
| Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Servic Sopy B—To Be Filed With Employee's FEDERAL Tax Return. 2023 | | | | | | | |
| a Employee's social security number 203-96-4915 | b Employer identification number (EIN 72-0542904 |) | d Control number 007427898804 | 1 | | OMB No. 1545-0008 | |
| c Employer's name, address, and ZIP co | <u> </u> | | 007127030001 | 1 Wages, tips, other compensation | 2 Federal income tax withh | | |
| Accenture LLP 500 W. Madison Street | | | | 3 Social security wages | 4 Social security tax withhe | ıld | |
| 20th Floor Chicago IL 60661 | | | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| e Employee's first name and initial | Last name | Sur | ff | | | | |
| e Employee's first name and initial Last name Suff Gaurav Vaidya 207 Morrning Glory Drive Monroe Township NJ 08831 USA | | | | 7 Social security tips | 8 Allocated tips | | |
| | | | | 9 | 10 Dependent care benefits | | |
| f Employee's address and ZIP code | | | | 11 Nonqualified plans | 12a See instructions for b Code | ox 12 | |
| 15 State Employer's state ID Number | | 17 State in | ncome tax | 13 Statutory Retirement Third-party employee plan sick Pay | 12b | | |
| OH 52-020875 2 | 10723.10 | | 292.20 | employee plan sick Pay | Code 12c | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | Code 12d | | |
| 11696.96 | 292.44 | <u>n</u> | IRes - ClbsCityW/H-Fr | | Code | | |
| Form W-2 Wage and Tax Statemen | | | | D | artment of the Treasury - | nternal Revenue Series | |
| ronn vv-z vvage and Tax Statemen | II. | | | Dep | mananentor the neasury - I | morna nevenue bervic | |

Copy 2—To Be Filed With Employee's State, City, or local Income Tax Return