

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 830-41-9357		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00415931	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Dhiraj D Mulchandani 200 Blomfield Ave Apt 409 Bloomfield NJ 07003			
f Employee's address and ZIP code			
15 State NC	Employer's state ID 600456312	18 Local wages, tips, etc	
16 State wages, tips, etc. 35964.69		19 Local income tax	
17 State income tax 1924.11		20 Locality name	
Form W-2 Wage and Tax Statement 2019 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 830-41-9357		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00415931	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Dhiraj D Mulchandani 200 Blomfield Ave Apt 409 Bloomfield NJ 07003			
f Employee's address and ZIP code			
15 State NC	Employer's state ID 600456312	18 Local wages, tips, etc	
16 State wages, tips, etc. 35964.69		19 Local income tax	
17 State income tax 1924.11		20 Locality name	
Form W-2 Wage and Tax Statement 2019 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 830-41-9357		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00415931	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Dhiraj D Mulchandani 200 Blomfield Ave Apt 409 Bloomfield NJ 07003			
f Employee's address and ZIP code			
15 State NC	Employer's state ID 600456312	18 Local wages, tips, etc	
16 State wages, tips, etc. 35964.69		19 Local income tax	
17 State income tax 1924.11		20 Locality name	
Form W-2 Wage and Tax Statement 2019 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 830-41-9357		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00415931	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Dhiraj D Mulchandani 200 Blomfield Ave Apt 409 Bloomfield NJ 07003			
f Employee's address and ZIP code			
15 State NC	Employer's state ID 600456312	18 Local wages, tips, etc	
16 State wages, tips, etc. 35964.69		19 Local income tax	
17 State income tax 1924.11		20 Locality name	
Form W-2 Wage and Tax Statement 2019 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			