

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 Verification code		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 NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 103908.49		19 Local income tax	
17 State income tax 3532.09		20 Locality name	
<b>Form W-2 Wage and Tax Statement 2017</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy C for Employee's records</small>			

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	
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7 Social security tips		8 Allocated tips	
9 Verification code		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 NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 103908.49		19 Local income tax	
17 State income tax 3532.09		20 Locality name	
<b>Form W-2 Wage and Tax Statement 2017</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's STATE Income Tax Return</small>			

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 Verification code		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 NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 103908.49		19 Local income tax	
17 State income tax 3532.09		20 Locality name	
<b>Form W-2 Wage and Tax Statement 2017</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy B To Be Filed With Employee's FEDERAL Tax Return</small>			

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 Verification code		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 NY	Employer's state ID 06-1454513	18 Local wages, tips, etc.	
16 State wages, tips, etc. 103908.49		19 Local income tax	
17 State income tax 3532.09		20 Locality name	
<b>Form W-2 Wage and Tax Statement 2017</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return</small>			