

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 181-31-8586		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00448023	
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 type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Anusha Konchada 490 lindberg place NE Apartment# 538 Atlanta GA 30324			
f Employee's address and ZIP code			
15 State GA	Employer's state ID 2214871HF	18 Local wages, tips, etc	
16 State wages, tips, etc. 28403.57		19 Local income tax	
17 State income tax 1644.63		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> 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 181-31-8586		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00448023	
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 type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Anusha Konchada 490 lindberg place NE Apartment# 538 Atlanta GA 30324			
f Employee's address and ZIP code			
15 State GA	Employer's state ID 2214871HF	18 Local wages, tips, etc	
16 State wages, tips, etc. 28403.57		19 Local income tax	
17 State income tax 1644.63		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> 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 181-31-8586		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00448023	
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 type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Anusha Konchada 490 lindberg place NE Apartment# 538 Atlanta GA 30324			
f Employee's address and ZIP code			
15 State GA	Employer's state ID 2214871HF	18 Local wages, tips, etc	
16 State wages, tips, etc. 28403.57		19 Local income tax	
17 State income tax 1644.63		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> 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 181-31-8586		Employer use only	
b Employer's FED ID number 06-1454513		d Control number 00448023	
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 type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Anusha Konchada 490 lindberg place NE Apartment# 538 Atlanta GA 30324			
f Employee's address and ZIP code			
15 State GA	Employer's state ID 2214871HF	18 Local wages, tips, etc	
16 State wages, tips, etc. 28403.57		19 Local income tax	
17 State income tax 1644.63		20 Locality name	
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			