



44444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .
<b>a</b> Employer's name, address, and ZIP code  <b>Deloitte Consulting LLP</b> <b>4022 Sells Drive</b> <b>Hermitage</b> <b>TN 37076-2903</b>		<b>c</b> Tax year/Form corrected  <div style="text-align: center; font-size: 1.2em;">2019 / W-2</div>		<b>d</b> Employee's correct SSN  <div style="text-align: center; font-size: 1.2em;">181-31-8586</div>
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>		
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b>		
		<b>f</b> Employee's <b>previously reported</b> SSN		
<b>b</b> Employer's Federal EIN  <div style="text-align: center; font-size: 1.2em;">06-1454513</div>		<b>g</b> Employee's <b>previously reported</b> name		
<div style="background-color: #cccccc; height: 40px; margin-bottom: 5px;"></div> <b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>h</b> Employee's first name and initial <div style="text-align: center; font-size: 1.2em;">Anusha</div>		Last name <div style="text-align: center; font-size: 1.2em;">Konchada</div>
		Suff.  <div style="text-align: center; font-size: 0.8em;">           00448023            Anusha Konchada            9272 Deercross Parkway            Apt #2D            BlueAsh OH 45236         </div>		
<b>i</b> Employee's address and ZIP code				

Previously reported	Correct information	Previously reported	Correct information
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>12b</b>	<b>12b</b>
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)	<b>12c</b>	<b>12c</b>
		<b>12d</b>	<b>12d</b>

State Correction Information			
Previously reported	Correct information	Previously reported	Correct information
<b>15</b> State GA	<b>15</b> State GA	<b>15</b> State OH	<b>15</b> State OH
Employer's state ID number 2214871HF	Employer's state ID number 2214871HF	Employer's state ID number 52633534	Employer's state ID number 52633534
<b>16</b> State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">99725.83</div>	<b>16</b> State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">95833.83</div>	<b>16</b> State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">15161.76</div>	<b>16</b> State wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">19053.76</div>
<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax

Locality Correction Information			
Previously reported	Correct information	Previously reported	Correct information
<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">0.00</div>	<b>18</b> Local wages, tips, etc. <div style="text-align: right; font-size: 1.2em;">19053.76</div>
<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name Blue Ash	<b>20</b> Locality name Blue Ash

Copy B- To Be Filed with Employee's FEDERAL Tax Return

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<b>a</b> Employer's name, address, and ZIP code  <b>Deloitte Consulting LLP</b> <b>4022 Sells Drive</b> <b>Hermitage</b> <b>TN 37076-2903</b>		<b>c</b> Tax year/Form corrected  <div style="text-align: center; font-size: 1.2em;">2019 / W-2</div>		<b>d</b> Employee's correct SSN  <div style="text-align: center; font-size: 1.2em;">181-31-8586</div>			
<b>b</b> Employer's Federal EIN  <div style="text-align: center; font-size: 1.2em;">06-1454513</div>		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>					
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b>					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>g</b> Employee's <b>previously reported</b> name		<b>h</b> Employee's first name and initial <div style="text-align: center; font-size: 1.2em;">Anusha</div>					
		Last name <div style="text-align: center; font-size: 1.2em;">Konchada</div>					
		Suff. <div style="text-align: center; font-size: 1.2em;">00448023 Anusha Konchada 9272 Deercross Parkway Apt #2D BlueAsh OH 45236</div>					
<b>i</b> Employee's address and ZIP code		<b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		<b>2</b> Federal income tax withheld	
<b>3</b> Social security wages		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		<b>4</b> Social security tax withheld	
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		<b>6</b> Medicare tax withheld	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips	
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		<b>12a</b> See instructions for box 12	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>		<b>12b</b>	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)		<b>12c</b>		<b>12c</b>	
				<b>12d</b>		<b>12d</b>	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State GA		<b>15</b> State GA		<b>15</b> State OH		<b>15</b> State OH	
Employer's state ID number 2214871HF		Employer's state ID number 2214871HF		Employer's state ID number 52633534		Employer's state ID number 52633534	
<b>16</b> State wages, tips, etc.  <div style="text-align: right; font-size: 1.2em;">99725.83</div>		<b>16</b> State wages, tips, etc.  <div style="text-align: right; font-size: 1.2em;">95833.83</div>		<b>16</b> State wages, tips, etc.  <div style="text-align: right; font-size: 1.2em;">15161.76</div>		<b>16</b> State wages, tips, etc.  <div style="text-align: right; font-size: 1.2em;">19053.76</div>	
<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.  <div style="text-align: right; font-size: 1.2em;">0.00</div>		<b>18</b> Local wages, tips, etc.  <div style="text-align: right; font-size: 1.2em;">19053.76</div>	
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name Blue Ash		<b>20</b> Locality name Blue Ash	

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<b>a</b> Employer's name, address, and ZIP code  <b>Deloitte Consulting LLP</b> <b>4022 Sells Drive</b> <b>Hermitage</b> <b>TN 37076-2903</b>		<b>c</b> Tax year/Form corrected  2019 / W-2	<b>d</b> Employee's correct SSN  181-31-8586
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>	
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>b</b> Employer's Federal EIN  06-1454513		<b>g</b> Employee's <b>previously reported</b> name	
<b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>h</b> Employee's first name and initial Anusha	Last name Konchada
		Suff. 00448023 <b>Anusha Konchada</b> <b>9272 Deercross Parkway</b> <b>Apt #2D</b> <b>BlueAsh OH 45236</b>	
<b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9	9	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	12b
14 Other (see instructions)	14 Other (see instructions)	12c	12c
		12d	12d
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
15 State GA	15 State GA	15 State OH	15 State OH
Employer's state ID number 2214871HF	Employer's state ID number 2214871HF	Employer's state ID number 52633534	Employer's state ID number 52633534
16 State wages, tips, etc.  99725.83	16 State wages, tips, etc.  95833.83	16 State wages, tips, etc.  15161.76	16 State wages, tips, etc.  19053.76
17 State income tax	17 State income tax	17 State income tax	17 State income tax
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.  0.00	18 Local wages, tips, etc.  19053.76
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name Blue Ash	20 Locality name Blue Ash

Copy 2- To Be Filed with Employee's State, City, or Local Income Tax Return

## Notice to Employee

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, W-2VI or W-2c) for the tax year shown in box c. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file Form 1040X, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable.

If you have not filed your return for the year shown in box c, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.