

Form **W-2 Wage and Tax Statement 2020**

c Employer's name, address, and ZIP code

CARILION MEDICAL CENTER  
PO Box 40032  
  
ROANOKE VA 24022

e Employee's name, address, and ZIP code

NARMADA MANNEH  
3133 HONEYWOOD LN  
APT E  
ROANOKE VA 24018-8847

7 Social security tips	1 Wages, tips, other compensation 25116.45	2 Federal income tax withheld 3106.08
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 12.44
13 Statutory employee Retirement plan Third-party sick pay	14 Other MEDIN 945.86	12b DD 3717.24
b Employer identification no. (EIN) 54-0506332		12c
a Employee's social security no. 746-15-0062		12d
15 State VA Employer's state ID number 001076650-8	16 State wages, tips, etc. 25116.45	17 State income tax 1186.86
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

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

OMB No. 1545-0008  
This information is being furnished to the Internal Revenue Service.  
Dept. of the Treasury - IRS  
Visit the IRS website at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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

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