	a Employee's social security number				This information is being furnished to the Internal Revenue Service. If y are required to file a tax return, a negligence penalty or other sanction							
b Employer identification number (EIN)					may be imposed on you it this income is taxable and you fall to report it							
` '					'	vvag	ges, tips, other compensation	1	redera	ai income ta		
54-1190879												7686.07
c Employer's name, address, and ZIP code					3	Soc	cial security wages	Social	social security tax withheld			
CARILION SERVICES INC					79636.58							4937.47
PO Box 40032					5 Medicare wages and tips				6 Medicare tax withheld			
ROANOKE VA 24022					79636.58				1154.73			
					7 Social security tips				8 Allocated tips			
d Control number								dont oaro k	onofi	to		
u Control number						9 10 Dependent care benefits						
e Employee's first name and initial Last name Suff.					11 Nonqualified plans				12a See instructions for box 12			
CHAITANYA PUPPALA								o d	C 70.09			
3336 CIRCLE BROOK DR APT E						Statu	utory Retirement Third-party loyee plan sick pay	b				
ROANOKE VA 24018-7221									DD		1	1558.30
						14 Other			12c			
					L HND 78.00 MEDIN 3638.33				0 0			
									12d			
								Cod				
f Employee's address and ZIP code												
15 State E	Employer's state ID numbe	er	16 State wages, tips, etc.	17 State incor	ne ta	x	18 Local wages, tips, etc.	19 Lo	ocal inc	ome tax	<b>20</b> L	ocality name
VA	001212191-1		79636.58		4058	058.85						

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



Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



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