	a Employee's social security number  697-11-1559			OMB No. 154	This information is being furnished to the Internal Rev are required to file a tax return, a negligence penalty may be imposed on you if this income is taxable and						r other sanction		
b Employer identification number (EIN)					1	Wages, tips, other compensation 2 Federal income tax withheld						hheld	
54-1190879							49234.27					4245.10	
c Employer's name, address, and ZIP code					3	Social security wages 4 Social security					x with	held	
CARILION SERVICES INC						49320.81 305						3057.89	
PO Box 40032					5 Medicare wages and tips				6 Medicare tax withheld				
ROANOKE VA 24022							49320.81	715.15					
1					7 Social security tips			8 Allocated tips					
d Control number						10 Dependent car						ts	
e Employee's first name and initial Last name Suff.					11	11 Nonqualified plans 12a See inst					for bo	ox 12	
NYMISHA MAMIDALA							d e	С			28.29		
561 ANNAROSE RUN					13	employee plan sick pay							
WESTERVILLE OH 43081									E 86.54				
WESTERVILLE SIT 45501					14 Other			12c					
								o d e					
								12d					
								o d e					
f Employee's address and ZIP code													
15 State En	nployer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne ta	x	18 Local wages, tips, etc.	19 Lo	ocal inco	ome tax	<b>20</b> L	ocality name	
ОН	52-583542		6797.12			204.62					Ĺ		

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.)