

		a Employee's social security number <b>697-11-1559</b>		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. OMB No. 1545-0008			
b Employer identification number (EIN) <b>54-1190879</b>			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code <b>CARILION SERVICES INC</b> <b>PO Box 40032</b> <b>ROANOKE VA 24022</b>			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial <b>NYMISHA</b>		Last name <b>MAMIDALA</b>	Suff.	11 Nonqualified plans		12a See instructions for box 12 C o o d e	
561 ANNAROSE RUN <b>WESTERVILLE OH 43081</b>			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o o d e	
			14 Other			12c C o o d e	
						12d C o o d e	
f Employee's address and ZIP code							
15 State <b>VA</b>	Employer's state ID number <b>001212191-1</b>		16 State wages, tips, etc. <b>42437.15</b>	17 State income tax <b>2157.43</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

**2022**

Department of the Treasury—Internal Revenue Service

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

Safe, accurate,  
FAST! Use

