	a Employee's social security number  142-87-7840 OMB			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.			
<b>b</b> Employer identification number (EIN)				1 Wa	1 Wages, tips, other compensation 2 Federal income tax withheld		
54-1190879							
c Employer's name, address, and ZIP code				<b>3</b> Sc	3 Social security wages 4 Social security tax withheld		x withheld
CARILION SERVICES INC							
PO Box 40032			5 Medicare wages and tips 6		6 Medicare tax with	6 Medicare tax withheld	
				• Wedicare wages and tips		• Wedicare tax withheld	
ROANOKE VA 24022							
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff.			11 No	11 Nonqualified plans 12a See instructions for box 12			
CHAITANYA PUPPALA					C		
561 ANNAROSE RUN	PUPP	ALA		13 Sta	tutory Retirement Third-party	12b	
301 ANNANOSE KON				I S em	ployee plan sick pay	12b   c   d	
WESTERVILLE OH 43081				14 Other		d e	
						12c	
						d	
						12d	
						C a	
f Employee's address and ZIP code						e	
1 7				L	140 1 1 11 11	10 1 11	00 1
15 State Employer's state ID num		<b>16</b> State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
VA 001212191-	1	76011.46	:	3866.91			

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.)