

		a Employee's social security number 850-17-2837		OMB No. 1545-0008		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 Employer identification number (EIN) 54-1190879				1 Wages, tips, other compensation 75669.99		2 Federal income tax withheld 10817.64			
c Employer's name, address, and ZIP code CARILION SERVICES INC PO Box 40032 ROANOKE VA 24022				3 Social security wages 78191.45		4 Social security tax withheld 4847.87			
				5 Medicare wages and tips 78191.45		6 Medicare tax withheld 1133.78			
				7 Social security tips		8 Allocated tips			
d Control number				9		10 Dependent care benefits			
e Employee's first name and initial SWAPNIKA		Last name KALLALA		Suff.		11 Nonqualified plans			
344 MAPLE AVENUE DOWNERS GROVE IL 60515				12a See instructions for box 12 C		52.27			
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD		18450.88	
				14 Other MEDIN 5857.77		12c E		2521.46	
f Employee's address and ZIP code				12d					
15 State Employer's state ID number VA 001212191-1		16 State wages, tips, etc. 75669.99		17 State income tax 3630.59		18 Local wages, tips, etc.			
						19 Local income tax			
						20 Locality name			

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

2023

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

