

		a Employee's social security number 697-11-1559		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 75283.88		2 Federal income tax withheld 5251.56			
c Employer's name, address, and ZIP code CARILION SERVICES INC PO Box 40032 ROANOKE VA 24022				3 Social security wages 76228.06		4 Social security tax withheld 4726.14			
				5 Medicare wages and tips 76228.06		6 Medicare tax withheld 1105.31			
				7 Social security tips		8 Allocated tips			
d Control number				9		10 Dependent care benefits			
e Employee's first name and initial NYMISHA		Last name MAMIDALA		Suff.		11 Nonqualified plans			
854 ELLESMERE DRIVE DELAWARE OH 43015				12a See instructions for box 12 C		62.18			
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD		10622.56	
				14 Other MEDIN 2742.22		12c E		944.18	
f Employee's address and ZIP code				12d					
15 State Employer's state ID number OH 52-583542		16 State wages, tips, etc. 75283.88		17 State income tax 2163.75		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

