	a Employee's social security number  368-69-6330 OMB No. 15		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)		may be imposed on you if this income is taxable and you fall to report it.      Wages, tips, other compensation     Pederal income tax withheld				
54-1190879				61189.11		3573.32
c Employer's name, address, and ZIP code			<b>3</b> Soc	3 Social security wages 4 Social security tax withheld		
CARILION SERVICES INC			63954.91 3965.20			
PO Box 40032			5 Medicare wages and tips 6 Medicare tax withheld			
ROANOKE VA 24022			63954.91 927.35			
			7 Social security tips		8 Allocated tips	
d Control number			9	9 Dependent care benefits		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions for box 12			
MAMATA R	TOKALA				å C	60.95
2107 CHERRY TOP DRIVE			13 State	utory Retirement Third-party	<b>12b</b>	
FUQUAY-VARINA NC 27526					d DD	23343.58
TOGONT-VARINA NO 27320			<b>14</b> Other		<b>12c</b>	ı
				MEDIN 7204.10	e E	2765.80
					<b>12d</b>	
					o d e	
f Employee's address and ZIP code						
15 State Employer's state ID num	ber 16 State wages, tips, etc.	. 17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality name
NC 600351092	61189.11		2350.00			

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.)