Copy B To Be File	od with Emr	alovoo's	202	20		Conv	, 2 To Po E	ilad W	ith Emr	oloyee's State	202	20
FEDERAL Tax Ref	turn.	-	OM	B No. 1545-000		City,	or Local Inc	come ⁻	Tax Ret	urń.	OM	B No. 1545-0008
a Employee's SSN	Wages, tips, ot	her comp. 11673.60	2 Federa	l income tax wit	thheld 28.00	a Emp	loyee's SSN	1 Wage		her comp. 11673.60	2 Federa	l income tax withheld 1728.00
141-73-6551	3 Social security		4 Social security tax withheld			141	141-73-6551 3 Social security wages			4 Social security tax withheld		
h Employer ID no. (EIN)	,	3		,		h Emple	oyer ID no. (EIN)	•	·	3		,
26-1222517	Medicare wage	s and tips	6 Medicare tax withheld				1222517	5 Medi	care wage	s and tips	6 Medica	re tax withheld
c Employer's name, address, and ZIP code							c Employer's name, address, and ZIP code					
VISTA APPLIED SOLUTIONS GROUP INC						VISTA APPLIED SOLUTIONS GROUP INC						
459 HERNDON PARKWAY SUITE 16						459 HERNDON PARKWAY SUITE 16						
HERNDON			VA	20170		HERNDON VA 20170						
d Control number						d Control number						
e Employee's name, address, and ZIP code Suff. MANOJ VADAPALII						e Employee's name, address, and ZIP code Suff. MANOJ VADAPALLI						
5603B VIEW POINTE DRIVE CINCINNATI OH 45213						5603B VIEW POINTE DRIVE CINCINNATI OH 45213						
70 11 7 5						7 Cools	al security tips	1	8 Allocate	ad tina	9	
7 Social security tips 8 Allocated tips 9					7 3001	ar security tips		• Allocate	ed tips	"		
10 Dependent care benefits 11 Nonqualified plans 12			12a C	ode See inst. fo	e See inst. for box 12 10 Dependent care benefits			efits	its 11 Nonqualified plans			ode See inst. for box 12
13	3 14 Other 12b Code				13	13 14 Other				12b C	ode	
Statutory employee				Statutory	employee				12c C	a da		
Retirement Plan					Retireme	nt Plan				120 0	ode	
Third-party sick pay				Third part	ty sick pay				12d Co	ode		
OH 52 76850	12	1167	3.60	3	39.15	ОН	52 7685	502		1167	3.60	339.15
		1107	3.00] 2 /005	702		1107	3.00	339.13
15 State Employer's stat	te ID number	16 State wages, tip	s, etc.	17 State incom	ne tax	15 State	Employer's stat	te ID num	nber	16 State wages, tip	s, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax 20 Locality name					18 Local wages, tips, etc. 19 Local income tax 20 Locality name							
0.00 OH - Sc									0.00	OH -	Sc	
11673.60 245.15 Cincinn					11673.60 245.15 Cincinn							
Form W-2 Wage and Tax This information is being furnish	Statement ned to the Internal Re	evenue Service.		Dept. of the Tre	easury - IRS	Form W	/-2 Wage and Ta	ax Statem	nent			Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2020 OMB No. 1545-0008									
a Employee's SSN	1 Wag	es, tips, other comp. 11673.60			2 Federal income tax withheld 1728.00				
141-73-6551	3 Soci				Social security tax withheld				
b Employer ID no. (EIN)	5 Med	licare wages and tips 6			6 Medicare tax withheld				
26-1222517			•						
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC									
459 HERNDON PARKWAY SUITE 16									
HERNDON			VA 20170						
d Control number									
e Employee's name, address, and ZIP code Suff.									
MANOJ VADAPALLI									
5603B VIEW POINTE DRIVE CINCINNATI OH 45213									
7 Social security tips		8 Allocated tips							
10 Dependent care bene	efits	11 Nonqualified plans				12a Code See inst. for box 12			
13	14 01	her		12b Code					
Statutory employee									
Retirement Plan				12c Code					
Third-party sick pay				2d Code					
OH 52 7685	02	11673.0			60	339.15			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, etc	Э.	19 Local in			Locality name				
			0.00		OH - Sc				
I 11673	6.0	l	245.15	ICi	nc	nn וי			

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.

Conv. C. For EMPLOYEE'S RECORDS

2020

Copy C For EM	202	2020						
(See Notice to E	mploy	/ees).			OMB No. 1545-0008			
a Employee's SSN	es, tips, ot	•	2 Federal	income tax withheld				
			11673.60	1728.				
141-73-6551	3 Soci	al security	wages	4 Social security tax withheld				
b Employer ID no. (EIN)	L							
26-1222517	5 Med	icare wage	s and tips	6 Medicare tax withheld				
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC 459 HERNDON PARKWAY SUITE 16								
HERNDON VA 20170								
d Control number								
e Employee's name, address, and ZIP code Suff. MANOJ VADAPALLI 5603B VIEW POINTE DRIVE								
CINCINNATI OH 45213								
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care ben	11 Nonqua	llified plans	12a Co	12a Code See inst. for box 12				
13	ther		12b Co	12b Code				
Statutory employee				12c Code				
Retirement Plan				1200	1.22 5500			
Third washering was				12d Cd	12d Code			
Third-party sick pay								
OH 52 768502				73.60	339.15			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax								
18 Local wages, tips, e	C.	19 Local in	0.00		20 Locality name OH - SC			
11673	.60		245.15	Cinc	Cincinn			
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								

REV 12/09/20 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2020 OMB No. 1545-0008								
		es, tips, otl		2 Federal income tax withheld				
a Employee's SSN			11673.60	1728.00				
141-73-6551	3 Soci	al security		4 Social	4 Social security tax withheld			
b Employer ID no. (EIN)								
	5 Med	icare wage	s and tips	6 Medicare tax withheld				
26-1222517								
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC								
459 HERNDON PARKWAY SUITE 16								
HERNDON	HERNDON VA 20170							
d Control number								
e Employee's name, address, and ZIP code Suff. MANOJ VADAPALLI								
5603B VIEW POINTE DRIVE								
CINCINNAT	CINCINNATI OH 45213							
7 Social security tips	8 Allocate	ed tips	9					
10 Dependent care bene	11 Nonqua	alified plans	12a Co	12a Code See inst. for box 12				
13	her		12b Co	12b Code				
Statutory employee			12c Code					
Retirement Plan								
Third-party sick pay								
OH 52 7685	02		1167	339.15				
15 State Employer's stat	e ID nur	mber	16 State wages, tip	s, etc.	, etc. 17 State income tax			
18 Local wages, tips, et	Э.	19 Local in		20 Locality	20 Locality name OH - SC			
11673	.60		245.15	Cinc	Cincinn			
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								