

Copy B To Be Filed With Employee's FEDERAL Tax Return.		2020 OMB No. 1545-0008	
a Employee's SSN 370-91-5238	1 Wages, tips, other comp. 4000.00	2 Federal income tax withheld 460.00	
	3 Social security wages	4 Social security tax withheld	
b Employer ID no. (EIN) 26-1222517	5 Medicare wages 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. RAMAKRISHNA REDDY GOULLA 9850 MEADOWGLEN LN APT 44 HOUSTON TX 77042			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement Plan		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

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	
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Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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.

REV 12/09/20 QBDT

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees).		2020 OMB No. 1545-0008	
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