Copy B To Be F FEDERAL Tax R	iled w	ith Emp	loyee's	20 :	20 B No. 1545-0008	Cop City,	y 2 To Be Fi , or Local Ind	led W	/ith Em Tax Re	ployee's State turn.		20 3 No. 1545-0008
a Employee's SSN	1 Wag	es, tips, otl		2 Federa	I income tax withheld	a Emr	olovee's SSN	1 Wag	jes, tips, o	ther comp.	2 Federa	I income tax withheld
' '	l		62892.80		8795.00	11 '	,			62892.80		8795.00
790-47-0626	3 Soci	al security	wages	4 Social	security tax withheld	790	-47-0626	3 Soci	ial security	wages	4 Social	security tax withheld
b Employer ID no. (EIN)	5 M-d	icare wage		C Madia	re tax withheld	b Empl	loyer ID no. (EIN)	F M		es and tips	C Marakina	re tax withheld
26-1222517	5 ivied	icare wage	s and ups	6 Medica	re tax withheld	26-	1222517	5 Med	iicare wagi	es and ups	6 Wedica	re lax wilnneid
c Employer's name, ad VISTA APP	dress, a	ind ZIP cod SOLU	TIONS GR	OUP I	INC	c Emp VI	oloyer's name, ad STA APPI	dress, a	and ZIP co SOL	^{de} JTIONS GR	OUP I	NC
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d Control number						d Con	trol number					
e Employee's name, ac ANUDEEP DA 9939 FREDI SAN ANTON	ALE ERIC			1605 TX	Suff. 78240	AN 99	oloyee's name, ac IUDEEP DA 339 FREDI AN ANTON	ALE ERIC		ode RG RD APT	1605 TX	Suff. 78240
7 Social security tips		8 Allocate	d tips	9		7 Soci	ial security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	lified plans	12a C	ode See inst. for box 12	10 Dep	endent care bene	fits	11 Nonqu	alified plans	12a Co	ode See inst. for box 12
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Statutory employee						Statutory	y employee					
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Retirement Plan				12d C	ode	Retireme	ent Plan				12d C	ode
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GA 3022389	9-XQ		5174	8.80	2611.36	GA	3022389	9 – XQ		5174	8.80	2611.36
15 State Employer's s	tate ID r	umber	16 State wages, tip	s, etc.	17 State income tax	15 State	e Employer's stat	e ID nur	mber	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, et	c.	19 Local ir	come tax	20 Loca	ality name	18 Loc	al wages, tips, etc	Э.	19 Local i	ncome tax	20 Locality	y name
Form W-2 Wage and Ta This information is being furn	x Stater ished to th	l ment ne Internal Re	venue Service.	ı	Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	x Stater	nent		I	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.

Copy C For EMPLOYEE'S RECORDS.

2020

a Employee's SSN 790-47-0626	(See Notice to Employees). 2020 OMB No. 1545-0008								
A Employee's SSN 62892.80 8795. 790-47-0626 3 Social security wages 4 Social security tax withheld	(See Notice to E		other comp	OMB No. 1545-0008					
Type	a Employee's SSN	i wages, ups,	·						
b Employer ID no. (EIN) 26-1222517 5 Medicare wages and tips 6 Medicare tax withheld 6 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 ANUDEEP DALE 9939 FREDERICKSBURG RD APT 1605 SAN ANTONIO TX 78240 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 1 Statutory employee Retirement Plan Third-party sick pay GA 3022389-XQ 51748.80 2611. 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	700 47 0000			8795.00					
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City, or Local Inc				B No. 1545-0008			
a Employee's SSN	1 Wages, tips, ot	her comp.	2 Federal income tax withheld				
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790-47-0626	3 Social security	wages	4 Social security tax withheld				
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d Control number							
e Employee's name, ac ANUDEEP D. 9939 FRED	ALE ERICKSBUI			Suff. 78240			
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