

| Copy B To Be Filed with Employee's FEDERAL Tax Return. | | | 2020 OMB No. 1545-0008 | | |
|--|---|---|---------------------------|-------------------------------|--|
| a Employee's SSN 444-53-8052 | 1 Wages, tips, other comp. 81801.50 | 2 Federal income tax withheld 12538.00 | | | |
| | 3 Social security wages 81801.50 | 4 Social security tax withheld 5071.69 | | | |
| b Employer ID no. (EIN) 26-1222517 | 5 Medicare wages and tips 81801.50 | 6 Medicare tax withheld 1186.12 | | | |
| | 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. BHANU PRAKASH SOMSETTY 2553 FARMCREST DR APT# 905 HERNDON VA 20171 | | | | | |
| 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 Retirement Plan Third-party sick pay | 14 Other | | 12b Code | | |
| | | | 12c Code | | |
| | | | 12d Code | | |
| MN | 2403662 | 63159.00 | 3755.00 | | |
| VA | 30-261222517F-001 | 18642.50 | 944.00 | | |
| 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 | | |
|--|---|---|---------------------------|-------------------------------|--|
| a Employee's SSN 444-53-8052 | 1 Wages, tips, other comp. 81801.50 | 2 Federal income tax withheld 12538.00 | | | |
| | 3 Social security wages 81801.50 | 4 Social security tax withheld 5071.69 | | | |
| b Employer ID no. (EIN) 26-1222517 | 5 Medicare wages and tips 81801.50 | 6 Medicare tax withheld 1186.12 | | | |
| | 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. BHANU PRAKASH SOMSETTY 2553 FARMCREST DR APT# 905 HERNDON VA 20171 | | | | | |
| 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 Retirement Plan Third-party sick pay | 14 Other | | 12b Code | | |
| | | | 12c Code | | |
| | | | 12d Code | | |
| MN | 2403662 | 63159.00 | 3755.00 | | |
| VA | 30-261222517F-001 | 18642.50 | 944.00 | | |
| 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

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 | | |
|--|---|---|---------------------------|-------------------------------|--|
| a Employee's SSN 444-53-8052 | 1 Wages, tips, other comp. 81801.50 | 2 Federal income tax withheld 12538.00 | | | |
| | 3 Social security wages 81801.50 | 4 Social security tax withheld 5071.69 | | | |
| b Employer ID no. (EIN) 26-1222517 | 5 Medicare wages and tips 81801.50 | 6 Medicare tax withheld 1186.12 | | | |
| | 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. BHANU PRAKASH SOMSETTY 2553 FARMCREST DR APT# 905 HERNDON VA 20171 | | | | | |
| 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 Retirement Plan Third-party sick pay | 14 Other | | 12b Code | | |
| | | | 12c Code | | |
| | | | 12d Code | | |
| MN | 2403662 | 63159.00 | 3755.00 | | |
| VA | 30-261222517F-001 | 18642.50 | 944.00 | | |
| 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

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 444-53-8052 | 1 Wages, tips, other comp. 81801.50 | 2 Federal income tax withheld 12538.00 | | | |
| | 3 Social security wages 81801.50 | 4 Social security tax withheld 5071.69 | | | |
| b Employer ID no. (EIN) 26-1222517 | 5 Medicare wages and tips 81801.50 | 6 Medicare tax withheld 1186.12 | | | |
| | 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. BHANU PRAKASH SOMSETTY 2553 FARMCREST DR APT# 905 HERNDON VA 20171 | | | | | |
| 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 Retirement Plan Third-party sick pay | 14 Other | | 12b Code | | |
| | | | 12c Code | | |
| | | | 12d Code | | |
| MN | 2403662 | 63159.00 | 3755.00 | | |
| VA | 30-261222517F-001 | 18642.50 | 944.00 | | |
| 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

Dept. of the Treasury - IRS