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a Employee's SSN	1 Wag		her comp. 36121.60	2 Federa	al income tax withheld 5583.00	a Emp	oloyee's SSN	1 Wag	ges, tips, of	ther comp. 36121.60	2 Fede	ral income tax withheld 5583.00	
179-79-5128	3 Soci	al security		4 Social	security tax withheld	179	-79-5128	3 Soci	ial security	wages	4 Socia	I security tax withheld	
<b>b</b> Employer ID no. (EIN)						<b>b</b> Empl	oyer ID no. (EIN)						
26-1222517	5 Med	icare wage	es and tips	6 Medica	are tax withheld	1 '	1222517	5 Med	licare wage	es and tips	6 Medio	care tax withheld	
c Employer's name, a VISTA APP	iddress, a PLIED	ind ZIP cod SOLT	de JTIONS GR	OUP :	INC		oloyer's name, ac STA APP			de UTIONS GRO	OUP	INC	
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d Control number						<b>d</b> Conf	trol number						
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7 Social security tips		8 Allocate	ed tips	9		7 Socia	al security tips		8 Allocat	ed tips	9		
10 Dependent care benefits		11 Nonqualified plans		12a C	12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a (	12a Code See inst. for box 12	
13	<b>14</b> Ot	her		12b C	Code	13		14 0	I ther		12b (	Code	
Statutory employee				12c C	Code	Statutory	employee				12c (	Code	
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15 State Employer's	state ID r	umber	16 State wages, tij	os, etc.	17 State income tax	15 State	Employer's stat	te ID nui	mber	16 State wages, tip	s, etc.	17 State income tax	
18 Local wages, tips, e	etc.	19 Local i	ncome tax	<b>20</b> Loc	ality name	18 Loca	al wages, tips, et	C.	19 Local i	ncome tax	20 Local	ity name	
Form W-2 Wage and T This information is being fur	ax Stater	nent ne Internal Ro	evenue Service.		Dept. of the Treasury - IRS	Form W	V-2 Wage and Ta	ax Stater	<u> </u> ment			Dept. of the Treasury - IRS	
This information is being fur penalty or other sanction ma	nished to that	ne Internal Ro sed on you if	evenue Service. If you a this income is taxable a	re required t	o file a tax return, a negligence o report it.				RE	EV 01/17/23 QBDT			
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a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
100 00 5100	36121.60				5583.00			
179-79-5128	3 Social security wages			4 Social security tax withheld				
<b>b</b> Employer ID no. (EIN)								
		Medicare wages and tips			6 Medicare tax withheld			
26-1222517								
c Employer's name, ac	ldress, a	and ZIP cod	e ITTONG CD	$\cap$ ttt	P INC			
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459 HERND	ON F	PARKWA	Y SUITE	16				
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City, or Local Inc		OMB No. 1545-0008				
a Employee's SSN	1 Wages, tips, ot	her comp.	2 Federal income tax withheld			
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26-1222517	5 Medicare wage	es and tips	6 Medicare tax withheld			
c Employer's name, ad	dross and ZID see	10				
VISTA APP	LIED SOLU	JTIONS GR	OUP INC			
459 HERND	ON PARKWA	AY SUITE	16			
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Form W-2 Wage and Ta	x Statement		Dept. of the Treasury -	IRS		