Copy B To Be F FEDERAL Tax R	eturn		•	<b>20</b> :	<b>20</b> B No. 1545-0008	Cop City	y 2 To Be Fi , or Local Inc	led W	ith Emp	oloyee's State, turn.		<b>20</b> 3 No. 1545-0008
a Employee's SSN	1 Wag	es, tips, otl		2 Federa	l income tax withheld	a Emr	olovee's SSN	1 Wag	jes, tips, of	her comp.	2 Federa	I income tax withheld
F			96088.00		16383.00		,			96088.00		16383.00
759-37-6116	3 Soci	al security		4 Social	security tax withheld	759	-37-6116	3 Soci	al security		4 Social	security tax withheld
<b>b</b> Employer ID no. (EIN)			96088.00		5957.46	b Emp	loyer ID no. (EIN)			96088.00		5957.46
5 Medicare wages and tips 96088.00		6 Medicare tax withheld 1393.28		26-	26-1222517 5 Me		Medicare wages and tips 96088.00		6 Medica	re tax withheld 1393.28		
c Employer's name, ad VISTA APPI	dress, a LIED	ind ZIP cod SOLU	e JTIONS GR	OUP I	INC		oloyer's name, ad STA APPI			de JTIONS GRO	OUP I	NC
459 HERNDO	ON F	ARKWA	Y SUITE	16		45	9 HERNDO	ON F	ARKW	AY SUITE	16	
HERNDON				VA	20170	HE	RNDON				VA	20170
d Control number						<b>d</b> Con	trol number					
e Employee's name, ac SAI RAMA I 1663 WISHV CHESTERFII	RAO WOOD	NAYEN	II	МО	Suff. 63017	SA	oloyee's name, ac AI RAMA I 663 WISHV IESTERFII	RAO WOOD	NAYEI	NI	МО	Suff. 63017
7 Social security tips 8 Allocated tips		9		<b>7</b> Soci	7 Social security tips		8 Allocated tips		9			
10 Dependent care benefits 11 Nonqualified plan		lified plans	12a Code See inst. for box 12		<b>10</b> Dep	10 Dependent care benefits		ts 11 Nonqualified plans		12a Code See inst. for box 12		
13	<b>14</b> O	her		<b>12b</b> C	ode	13		140	ther		<b>12b</b> Co	ode
Statutory employee				Statutory	Statutory employee							
			12c Code								12c Code	
Retirement Plan				40.0		Retireme	ent Plan				40.0	Î
Third-party sick pay				<b>12d</b> C	ode	Third-na	rty sick pay				12d Co	ode
MO 2092396	1		9608	8.00	4334.00	MO	2092396	51		9608	8.00	4334.00
15 State Employer's st	ate ID r	umber	16 State wages, tip	s, etc.	17 State income tax	<b>15</b> State	। e Employer's stat	e ID nui	mber	16 State wages, tip	s, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax		come tax	20 Locality name		<b>18</b> Loc	18 Local wages, tips, etc.		19 Local income tax 2		20 Locality	20 Locality name	
Form W-2 Wage and Ta This information is being furni	x Stater shed to th	nent ne Internal Re	venue Service.		Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	x State	ment	'		Dept. of the Treasury - IR

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

Copy C For EM	PLOYEE'S R	2020							
(See Notice to E		OMB No. 1545-0008							
a Employee's SSN	1 Wages, tips, o		2 Federal income tax withheld						
		96088.00	16383.00						
759-37-6116	3 Social security	y wages	4 Social security tax withheld						
<b>b</b> Employer ID no. (EIN)		96088.00	5957.46						
. ,	5 Medicare wag	•	6 Medicare tax withheld						
26-1222517		96088.00	1393.28						
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 SAI RAMA RAO NAYENI 1663 WISHWOOD CT APT # 6 CHESTERFIELD MO 63017									
7 Social security tips	8 Alloca	ted tips	9						
10 Dependent care bene	efits 11 Nonqu	ualified plans	12a Code See inst. for box 12						
13	14 Other		12b Code						
Statutory employee			12c Code						
Retirement Plan			126 Code						
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Third-party sick pay									
MO 2092396	51	9608	88.00	4334.00					
15 State Employer's sta	te ID number	16 State wages, ti	os, etc.	17 State income tax					
18 Local wages, tips, et		income tax	20 Locality name						
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									

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Copy 2 To Be Filed With Employee's State,   2020								
City, or Local Inc				B No. 1545-0008				
a Employee's SSN	1 Wages, tips, of	her comp.	2 Federal income tax withheld					
		96088.00	16383.00					
759-37-6116	3 Social security	wages	4 Social security tax withheld					
<b>b</b> Employer ID no. (EIN)		96088.00	5957.46					
S Employer IS no. (Em)	5 Medicare wage	es and tips	6 Medicare tax withheld					
26-1222517		96088.00	1393.28					
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			***	20170				
e Employee's name, address, and ZIP code Suff. SAI RAMA RAO NAYENI								
1663 WISH	WOOD CT 2	APT # 6						
CHESTERFIELD MO 63017								
7 Social security tips	8 Allocat	ed tips	9					
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Statutory employee			40.0					
Retirement Plan			12c Code					
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MO 2092396	51	9608	8.00 4334.00					
15 State Employer's stat	e ID number	16 State wages, tip	os, etc. 17 State income tax					
18 Local wages, tips, etc	c. 19 Local i	ncome tax	20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								