Copy B To Be Filed v FEDERAL Tax Return	vith Employee's	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2021   OMB No. 1545-0008						
a Employee's SSN	97016.00	2 Federal income tax withheld 16384.00	a Employee's SSN		97016.00	2 Federal	income tax withheld 16384.00	
	ial security wages 97016.00	4 Social security tax withheld 6014.99		3 Social security	wages 97016.00	4 Social s	security tax withheld 6014.99	
b Employer ID no. (EIN) 26-1222517	dicare wages and tips 97016.00	6 Medicare tax withheld 1406.73	b Employer ID no. (EIN) 26-1222517	5 Medicare wage	s and tips 97016.00	6 Medica	re tax withheld 1406.73	
c Employer's name, address, VISTA APPLIEI	and ZIP code D SOLUTIONS GRO	c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC						
459 HERNDON H	PARKWAY SUITE	459 HERNDON PARKWAY SUITE 16						
HERNDON	HERNDON VA 20170			HERNDON VA 20170				
d Control number			d Control number					
e Employee's name, address,		e Employee's name, address, and ZIP code Suff.						
SAI RAMA RAO 424 MYSTIC CO OFALLON	SAI RAMA RAO NAYENI 424 MYSTIC COVE OFALLON MO 63368							
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocate	ed tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care bene	fits <b>11</b> Nonqua	alified plans	<b>12a</b> Co	de See inst. for box 12	
-	Other	12b Code	13	14 Other		<b>12b</b> Co	de	
Statutory employee		12c Code	Statutory employee			12c Co	de	
Retirement Plan Third-party sick pay		12d Code	Retirement Plan Third-party sick pay		12d Code			
MO 20923961	9701	6.00 4384.00	MO 2092396	51	9701	6.00	4384.00	
15 State Employer's state ID	number 16 State wages, tip	s, etc. 17 State income tax	15 State Employer's state	e ID number	16 State wages, tip	os, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	18 Local wages, tips, etc	c. <b>19</b> Local ir	ncome tax	20 Locality	rname	
Form W-2 Wage and Tax State This information is being furnished to	ment the Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Ta	x Statement		[	Dept. of the Treasury - IRS	

(See N	C For EMI otice to E			CORDS.	<b>20</b> OM	<b>21</b> B No. 1545-0008			
a Employee's SSN			Wages, tips, other comp.		2 Federal income tax withheld				
			97016.00			16384.00			
		3 Socia	Social security wages			4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)			97016.00			6014.99			
		5 Medicare wages and tips			6 Medicare tax withheld				
26-12	222517			97016.00	1406.7				
VİŚ		LIED	SOLU	e JTIONS GR AY SUITE		INC			
HERNDON VA 20170									
d Control									
			NAYEN	11					
	MYSTI LLON			Ι⊥	MO	63368			
OFA					MO 9	63368			
OFA: 7 Social s	LLON	c co	VE 8 Allocate		9	63368 ode See inst. for box 12			
OFA: 7 Social s 0 Depend	LLON security tips dent care bene	c co	VE 8 Allocate 11 Nonqua	ed tips	9	ode See inst. for box 12			
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OFA: 7 Social s 0 Depend 13 Statutory em	LLON security tips dent care bene nployee	C CO	VE 8 Allocate 11 Nonqua	ed tips	9 12a C	ode See inst. for box 12			
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to file a tax return, a negligence o report it.	REV 12/17/21 QBDT							
<b>)21</b> //B No. 1545-0008	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2021   OMB No. 1545-0008							
al income tax withheld	a Employee's SSN	1 Wag	ges, tips, otł	ner comp.	2 Feder	al income tax withheld		
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security tax withheld	759-37-6116	3 Social security wages		4 Social security tax withheld				
6014.99	b Employer ID no. (EIN)	97016.00		6014.99				
are tax withheld		5 Medicare wages and tips			6 Medicare tax withheld			
1406.73	26-1222517	97016.00 14				1406.73		
INC	c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC 459 HERNDON PARKWAY SUITE 16							
20170	HERNDON				VA 20170			
	d Control number							
Suff. e Employee's name, address, and ZIP code Su SAI RAMA RAO NAYENI 424 MYSTIC COVE								
63368	OFALLON MO				63368			
	7 Social security tips		8 Allocate	ed tips	9			
Code See inst. for box 12	10 Dependent care benefit		its 11 Nonqualified plans		12a Code See inst. for box 12			
Code	13	14 0	ther		12b (	Code		
De de	Statutory employee				10- (	No da		
Code	Retirement Plan				12c (	Jode		
Code	Third-party sick pay				12d (	Code		
4384.00	MO 2092396	51		9701	6.00	4384.00		
17 State income tax	15 State Employer's stat	e ID nu	mber	16 State wages, ti	os, etc.	17 State income tax		
ity name	18 Local wages, tips, etc		19 Local in	· · · · ·	20 Local			
Dept. of the Treasury - IRS	Form W-2 Wage and Ta	x State	ment		I	Dept. of the Treasury - IRS		