| Copy B To Be Filed with Employee's FEDERAL Tax Return. | | 2021 OMB No. 1545-0008 | | Copy 2 To Be Filed W City, or Local Income | | /ith Employee's State Tax Return. | , 2021 OMB No. 1545-0008 | | | | |
|--|---|--|--|---|---|--|---------------------------------------|--|------------------------------------|--|--|
| a Employee's SSN | 1 Wages, tips, other comp. 53104.59 | | 2 Federal income tax withheld 9038.00 | | a Employee's SSN | | ges, tips, other comp. 53104.59 | 2 Federal income tax withheld 9038.00 | | | |
| 119-11-5501 | 3 Soc | 3 Social security wages 4 | | security tax withheld 3292.48 | 119-11-5501 | 3 Social security wages | | 4 Social security tax withheld | | | |
| b Employer ID no. (EIN) | 5 Mec | | | are tax withheld | b Employer ID no. (EIN) | 53104.59 5 Medicare wages and tips | | 3292.48 6 Medicare tax withheld | | | |
| 26-1222517 53104.59 c Employer's name, address, and ZIP code | | | 770.02 | | 26-1222517 c Employer's name, ac | dress a | 770.02 | | | | |
| VISTA APP | LIEI | SOLUTIONS GR | OUP : | INC | VISTA APPLIED SOLUTIONS GROUP INC | | | | | | |
| 459 HERND | ON I | PARKWAY SUITE | 16 | | 459 HERND | ON F | ARKWAY SUITE | 16 | | | |
| HERNDON | | | VA | 20170 | HERNDON VA 20170 | | | | | | |
| d Control number | | | | | d Control number | | | | | | |
| e Employee's name, a | | | | Suff. | e Employee's name, a | | | | Suff. | | |
| SRINIVAS 1 1056 NATC | | POINT APT 263 | | | SRINIVAS BHUSARAPU 1056 NATCHEZ POINT APT 263 | | | | | | |
| MEMPHIS | | | TN | 38103 | MEMPHIS | | | TN | 38103 | | |
| 7 Social security tips | | 8 Allocated tips | 9 | | 7 Social security tips | | 8 Allocated tips | 9 | | | |
| 10 Dependent care bene | nefits 11 Nonqualified plans | | 12a C | Code See inst. for box 12 | 10 Dependent care benefits | | 11 Nonqualified plans | 12a Code See inst. for box 12 | | | |
| 13 | 14 0 | ther | 12b (| ode | - | | 14 Other | | 12b Code | | |
| Statutory employee | | | 12c (| ode | Statutory employee | | | 12c Code | | | |
| Retirement Plan | | | 12d C | Code | Retirement Plan | | | 12d Code | | | |
| Third-party sick pay | | | | | Third-party sick pay | | ſ | | T | | |
| | | | | | | | | | | | |
| 15 State Employer's s | state ID | number 16 State wages, ti | ps, etc. | 17 State income tax | 15 State Employer's stat | te ID nu | mber 16 State wages, tip | os, etc. | 17 State income tax | | |
| 18 Local wages, tips, et | 18 Local wages, tips, etc. 19 Local income tax 20 Locality name | | | | 18 Local wages, tips, et | 18 Local wages, tips, etc. 19 Local income tax | | | 20 Locality name | | |
| | | | | | | | | | | | |
| Form W-2 Wage and Ta This information is being furn | ax State | ment | | Dept. of the Treasury - IRS | Form W-2 Wage and Ta | ax State | ment | | Dept. of the Treasury - IRS | | |
| This information is being furn | | ne internal Revenue Service. | | | | | | | | | |
| This information is being furn | nished to t | he Internal Revenue Service. If you a | are required | lo file a tax return, a negligence | | | REV 12/17/21 QBDT | | | | |
| penalty or other sanction may Copy C For EM | y be impo | sed on you if this income is taxable a | ind you fail to | o report it. | Copy 2 To Be Filed With Employee's State, 2021 | | | | | | |
| (See Notice to Employees). | | | ON | /IB No. 1545-0008 al income tax withheld | City, or Local In | come | Tax Return. ges, tips, other comp. | OMB No. 1545-0008 2 Federal income tax withheld | | | |
| a Employee's SSN | | ges, tips, other comp. 53104.59 | Z Federa | 9038.00 | a Employee's SSN | 1 wag | 53104.59 | Z Federa | 9038.00 | | |
| 119-11-5501 | 3 Soc | | 4 Social | security tax withheld | 119-11-5501 | 3 Soci | ial security wages | 4 Social | security tax withheld | | |
| b Employer ID no. (EIN) | Employer ID no. (EIN) 53104.59 5 Medicare wages and tips | | 6 Medica | 3292.48 are tax withheld | b Employer ID no. (EIN) | 5 Med | 53104.59 licare wages and tips | 6 Medic | 3292.48 6 Medicare tax withheld | | |
| 26-1222517 53104.59 | | | 770.02 | 26-1222517 | | 53104.59 | | 770.02 | | | |
| c Employer's name, ac VISTA APP | | and ZIP code D SOLUTIONS GR | OUP : | INC | c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC | | | | | | |
| 459 HERND | ON E | PARKWAY SUITE | 16 | | 459 HERNDON PARKWAY SUITE 16 | | | | | | |
| HERNDON | | 20170 | HERNDON VA 20170 | | | | 20170 | | | | |
| d Control number | | | | | d Control number | | | | | | |
| e Employee's name, address, and ZIP code Suff. SRINIVAS BHUSARAPU | | | | | e Employee's name, address, and ZIP code Suff. SRINIVAS BHUSARAPU | | | | | | |
| 1056 NATC | HEZ | POINT APT 263 | | | 1056 NATCHEZ POINT APT 263 | | | | | | |
| MEMPHIS | | | TN | 38103 | MEMPHIS | | | TN | 38103 | | |
| 7 Social security tips 8 Allocated tips | | 9 | | 7 Social security tips | | 8 Allocated tips | 9 | 9 | | | |
| 10 Dependent care bene | are benefits 11 Nonqualified plans 12a Code Se | | Code See inst. for box 12 | 10 Dependent care bene | efits | 11 Nonqualified plans | 12a C | ode See inst. for box 12 | | | |
| 13 Statutory employee | 14 0 | ther | 12b (| ode | 13 Statutory employee | 14 0 | ther | 12b C | code | | |

| 13 | | 14 Ot | ther | | 12b C | ode | | 13 | | 14 O | ther | |
|---|----------|-------|--------------------|--|-------|-----|----------------------------|------------------------------|----------|---------------------|------------|--|
| Statutory | employee | | | | | | | Statutory | employee | | | |
| , | | | | | 12c C | ode | | | | | | |
| Retirement Plan | | | | | | | Retireme | ent Plan | | | | |
| | | | | | 12d C | ode | | | | | | |
| Third-party sick pay | | | | | | | Third-pa | rty sick pay | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 15 State Employer's state ID number 16 Sta | | | 16 State wages, ti | 6 State wages, tips, etc. 17 State incom | | | 15 State | e Employer's state ID number | | | 16 State v | |
| 18 Local wages, tips, etc. 19 Local income ta | | | ncome tax | me tax 20 Locality name | | | 18 Local wages, tips, etc. | | с. | 19 Local income tax | | |
| | | | | | | | | | | | | |

Dept. of the Treasury - IRS

17 State income tax

12c Code

12d Code

20 Locality name

16 State wages, tips, etc.

Form W-2 Wage and Tax Statement

Form W-2 Wage and Tax Statement