Copy B To Be F FEDERAL Tax R				20 : OM	21 B No. 1545-0008	Copy City,	y 2 To Be Fi , or Local Inc			oloyee's State urn.		B No. 1545-0008	
a Employee's SSN 891-02-0694	101492.40				Federal income tax withheld 15298.00		a Employee's SSN 891-02-0694		1 Wages, tips, other comp. 101492.40			2 Federal income tax withheld 15298.00	
	3 Socia	I security	wages	4 Social :	security tax withheld			3 Socia	al security	wages	4 Social	security tax withheld	
b Employer ID no. (EIN) . 26 – 1222517	5 Medic	care wage	s and tips	6 Medica	re tax withheld		loyer ID no. (EIN) -1222517	5 Medi	care wage	s and tips	6 Medica	are tax withheld	
c Employer's name, ad VISTA APPI	dress, ar LIED	nd ZIP cod SOLU	e TIONS GR	OUP I	INC		ployer's name, ad STA APP			de JTIONS GR	OUP I	INC	
459 HERNDO	ON P	ARKWA	Y SUITE	16		45	9 HERND	ON P	ARKW <i>I</i>	AY SUITE	16		
HERNDON d Control number				VA	20170		RNDON				VA	20170	
e Employee's name, ac SANTHOSH I 2373 BIRCI HERNDON	K VE	ERAMA	LLA	VA	Suff. 20171	SA 23	oloyee's name, ac ANTHOSH 1 373 BIRCI ERNDON	K VE	ERAMA		VA	Suff. 20171	
7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans			9	12a Code See inst. for box 12		7 Social security tips 10 Dependent care benefits		8 Allocated tips 11 Nonqualified plans		9 12a Code See inst. for box 12			
			12a C										
13	tatutory employee tetirement Plan			12b C	12b Code 12c Code 12d Code		13 Statutory employee Retirement Plan Third-party sick pay		Other		12b C	12b Code	
Statutory employee				12c C								12c Code	
Retirement Plan Third-party sick pay				12d C							12d Code		
VA 30-26122	25171	F-001	10149	2.40	5234.00	VA	30-26122	22517	F-001	10149	2.40	5234.00	
15 State Employer's st	tate ID nu	umber	16 State wages, tip	s, etc.	17 State income tax	15 State	Employer's stat	te ID nur	nber	16 State wages, tip	s, etc.	17 State income tax	
18 Local wages, tips, etc	c. 1	19 Local in	come tax	20 Loca	ality name	18 Loca	al wages, tips, etc	c.	19 Local ir	ncome tax	20 Localit	y name	
Form W-2 Wage and Ta This information is being furni	x Statem ished to the	ent e Internal Re	venue Service.		Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax Staten	nent			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.

2021

Copy C For EMI			CORDS.		2021
(See Notice to E					OMB No. 1545-0008
a Employee's SSN	1 Wag	es, tips, ot	•	2 Fed	deral income tax withheld
001 00 0604			01492.40		15298.00
891-02-0694	3 Soci	al security	wages	4 Soc	cial security tax withheld
b Employer ID no. (EIN)					
06.1000515	5 Med	icare wage	s and tips	6 Me	dicare tax withheld
26-1222517					
c Employer's name, ac VISTA APP				OUP	INC
459 HERND	ON F	ARKWA	AY SUITE	16	
HERNDON				V.	A 20170
d Control number					
e Employee's name, a SANTHOSH 2373 BIRC HERNDON	K VE	ERAMA	ALLA		Suff. A 20171
7 Social security tips		8 Allocate	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	alified plans	12	a Code See inst. for box 12
13	14 Ot	ther		12	b Code
Statutory employee					
Retirement Plan				12	c Code
Retirement Plan				12	d Code
Third-party sick pay					
VA 30-26122	2517	F-001	10149	2.4	5234.00
I 15 State Employer's sta	te ID nur	mber	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, et	c.	19 Local ir	ncome tax	20 Loo	cality name
					•

REV 12/17/21 QBDT

Copy 2 To Be F City, or Local Inc	iled W come	ith Emp Tax Ret	oloyee's State :urn.	,	21 IB No. 1545-0008
		es, tips, oth			al income tax withheld
a Employee's SSN			01492.40		15298.0
891-02-0694	3 Socia	al security		4 Social	security tax withheld
	- 3 00016	ar security	wages	4 000iai	Security tax withheld
b Employer ID no. (EIN)	5 Modi	care wage	e and tine	6 Modic	are tax withheld
26-1222517	Jivican	care wage	s and tips	• Weate	are tax withheld
	1-1	- 1 7ID 1	1-		
c Employer's name, ac VISTA APP				OUP	INC
	_				
459 HERND	ON P	ARKWA	AY SUITE	16	
HERNDON				VA	20170
d Control number				***	20270
e Employee's name, a	ddroon o	nd ZID oo	do		Suff
	uuress, a	IIIU ZIF COC	ue		
	ਨ ਪੁਲ	FPAMZ	Δ.Τ.Τ.Δ		
SANTHOSH					
SANTHOSH				VA	
SANTHOSH 2373 BIRC			R SUITE A		
SANTHOSH 2373 BIRC HERNDON		N CIF	R SUITE A	VA	
SANTHOSH 2373 BIRC HERNDON	H RU	N CIF	R SUITE A	VA 9	
SANTHOSH 2373 BIRC HERNDON 7 Social security tips	H RU	N CIF	R SUITE <i>F</i>	VA 9	20171
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care bene	H RU	N CIF 8 Allocate 11 Nonqua	R SUITE <i>F</i>	VA 9	20171 Rode See inst. for box 12
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care benefits	H RU	N CIF 8 Allocate 11 Nonqua	R SUITE <i>F</i>	VA 9 12a 0	20171 Rode See inst. for box 12
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care bene	H RU	N CIF 8 Allocate 11 Nonqua	R SUITE <i>F</i>	VA 9 12a C	20171 Rode See inst. for box 12
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care bene 13 Statutory employee	H RU	N CIF 8 Allocate 11 Nonqua	R SUITE <i>F</i>	VA 9 12a 0	20171 Sode See inst. for box 12 Sode
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care bene 13 Statutory employee	H RU	N CIF 8 Allocate 11 Nonqua	R SUITE <i>F</i>	VA 9 12a C 12b C 12c C	20171 Sode See inst. for box 12 Sode
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care beneated 13 Statutory employee Retirement Plan	H RU	N CIF 8 Allocate 11 Nonqua	R SUITE A	VA 9 12a C 12b C 12c C	20171 Sode See inst. for box 12 Sode
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care bene 13 Statutory employee Retirement Plan Third-party sick pay	H RU	N CIF 8 Allocate 11 Nonqua	R SUITE A	VA 9 12a C 12b C 12c C 12d C	20171 Rode See inst. for box 12 Rode Rode Rode
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care bene 13 Statutory employee Retirement Plan Third-party sick pay	H RU efits 14 Ott	8 Allocate 11 Nonque ther	R SUITE A	VA 9 12a C 12b C 12c C 12d C	20171 Rode See inst. for box 12 Rode Rode Rode
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care beneated 13 Statutory employee Retirement Plan Third-party sick pay VA 30-26122	H RU efits 14 Ott	8 Allocate 11 Nonque ther	R SUITE A ed tips alified plans	VA 9 12a C 12b C 12c C 12d C	20171 Rode See inst. for box 12 Rode Rode Rode Rode 17 State income tax
SANTHOSH 2373 BIRC HERNDON 7 Social security tips 10 Dependent care beneated the security sec	H RU efits 14 Ott	8 Allocate 11 Nonqua her F-001	R SUITE A ed tips alified plans	VA 9 12a C 12b C 12c C 12d C	20171 Rode See inst. for box 12 Rode Rode Rode Rode 17 State income tax