Copy B To Be F FEDERAL Tax R	iled w eturn.	ith Emp	loyee's	202 OME	21 3 No. 1545-0008	Copy City,	/ 2 To Be Fi or Local Inc	iled W come	ith Emp Tax Retu	loyee's State urn.	, 202 OMI	21 B No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth	ner comp.	2 Federal	income tax withheld 7302.00	i — —	oloyee's SSN		es, tips, oth			l income tax withheld
031-81-8669	3 Socia	al security v		4 Social s	security tax withheld	031	-81-8669	3 Soci	al security v		4 Social	security tax withheld
b Employer ID no. (EIN)						b Empl	oyer ID no. (EIN)					
26-1222517	5 Medi	care wages	s and tips	6 Medicai	re tax withheld	26-	1222517	5 Med	icare wages	and tips	6 Medica	are tax withheld
c Employer's name, ad VISTA APP	dress, a LIED	nd ZIP cod SOLU	e TIONS GR	OUP I	NC	c Emp VI	loyer's name, ac STA APP	dress, a	and ZIP code SOLU	TIONS GR	OUP I	NC
459 HERNDO	ON P	ARKWA	Y SUITE	16		45	9 HERND	ON P	ARKWA	Y SUITE	16	
HERNDON VA 2			20170	HE	RNDON				VA	20170		
d Control number						d Control number						
e Employee's name, ac SAI PRATAI 13909 BARI OVERLAND I	P JU KLEY	NGILI ST		KS	Suff. 66223	SA 13	oloyee's name, a I PRATA: 909 BARI ERLAND	P JU KLEY	NGILI ST		KS	suff.
7 Social security tips 8 Allocated tips		9	9		7 Social security tips		8 Allocated tips		9			
10 Dependent care benefits		11 Nonqualified plans		12a Co	12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a Co	ode See inst. for box 12
13 Statutory employee Retirement Plan		12b Co	12b Code 12c Code 12d Code		13 Statutory employee Retirement Plan		14 Other		12b Code 12c Code 12d Code			
		12c Co										
		12d Co										
Third-party sick pay		1		1		Third-par	ty sick pay					Т
KS 036-2612				6.40	2553.00	KS	036-261	_	-		6.40	2553.00
VA 30-26122				00.00	195.00	VA	30-26122				00.00	195.00
15 State Employer's st	tate ID n	umber	16 State wages, ti	os, etc.	17 State income tax	15 State	Employer's stat	te ID nur	mber	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, etc	C .	19 Local in	come tax	20 Loca	lity name	18 Loca	al wages, tips, et	c.	19 Local in	come tax	20 Locality	y name
Form W-2 Wage and Ta This information is being furni									l			

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 EM (See Notice to E	PLOYEE'S R	ECORDS.	20 2	2 1 B No. 1545-0008					
a Employee's SSN	1 Wages, tips, o	other comp.	2 Federal income tax withheld						
a Employee's 55in		57746.40	7302.00						
031-81-8669	3 Social securit	y wages	4 Social security tax withheld						
b Employer ID no. (EIN)									
26-1222517	5 Medicare wag	ges and tips	6 Medicare tax withheld						
c Employer's name, ac VISTA APP	ddress, and ZIP of LIED SOL	ode JUTIONS GR	OUP I	INC					
459 HERNDON PARKWAY SUITE 16									
HERNDON			20170						
d Control number	d Control number								
e Employee's name, a SAI PRATA 13909 BAR OVERLAND	P JUNGIL KLEY ST		KS	Suff. 66223					
7 Social security tips	8 Alloca	ated tips	9						
10 Dependent care bene	efits 11 Nonq	ualified plans	12a Code See inst. for box 12						
13	14 Other		12b Code						
Statutory employee			12c C	12c Code					
Retirement Plan			120 0						
Third-party sick pay		12d Code							
<u> </u>	222517f01	6 10	2553.00						
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$									
18 Local wages, tips, et	c. 19 Local	income tax	20 Localit	ocality name					

REV 12/17/21 QBDT

Copy 2 To Be I		, 2021						
City, or Local In				OMI	B No. 1545-0008			
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		57746.40			7302.00			
031-81-8669	3 Soci	ial security	wages	4 Social security tax withheld				
b Employer ID no. (EIN)								
2 Employer 12 Her (Emy	5 Med	5 Medicare wages and tips			6 Medicare tax withheld			
26-1222517								
c Employer's name, a VISTA APE	ddress, a	and ZIP cod SOLT	le JTIONS GR	OUP I	INC			
459 HERNI	ON E	PARKWA	AY SUITE	16				
HERNDON				VA 20170				
d Control number								
e Employee's name, a	,				Suff.			
13909 BARKLEY ST								
OVERLAND PARK KS 66223								
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care ber	efits	11 Nonqua	alified plans	12a Co	12a Code See inst. for box 12			
13	140	th.a.		40h C	ad a			
Statutory employee	140	ıner		12b Code				
				12c Code				
Retirement Plan								
Third-party sick pay				12d Cd	ode			
	2225	17£01	E 2 2 4	6.40	2553.00			
	_							
VA 30-2612 15 State Employer's sta	22517 ate ID nu	F-001	540 16 State wages, tip	0.00 ss, etc. 195.00				
18 Local wages, tips, e	tc.	19 Local in	ncome tax	20 Locality name				
Looui wagoo, lipo, c				1				
200ai wagoo, upo, e								
20001 Wagoo, 11pa, 6								