| Copy                                    | B To Be F<br>RAL Tax R                  | iled with Emp<br>eturn.              | oloyee's                            | <b>20</b> :<br>OM | <b>21</b><br>B No. 1545-0008   | Cop<br>City     | y 2 To Be Fi<br>, or Local Inc                         | led W      | /ith Emp<br>Tax Ret                       | oloyee's Stat<br>urn.           | e,       |
|---|---|--------------------------------------|-------------------------------------|-------------------|--------------------------------|-----------------|--|------------|---|---------------------------------|----------|
|   | loyee's SSN                             | 1 Wages, tips, ot 1                  | her comp.<br>06040.00               | Federa            | l income tax withheld 17493.00 |                 | ployee's SSN   | 1 Wag      | ges, tips, otl<br>1                       | ner comp.<br>06040.00           | ) 2      |
|   | -39-8292                                | 3 Social security 1                  | wages 4                             | Social            | security tax withheld 6574.48  |                 | -39-8292   | 3 Soci     | ial security                              | wages<br>06040.00               | ) 4      |
|   | oyer ID no. (EIN)<br>1222517            | 5 Medicare wage                      | s and tips 6                        | Medica            | re tax withheld 1537.58        |                 | loyer ID no. (EIN)<br>-1222517                         | 5 Med      | licare wage                               |                                 | 6        |
| c Emp                                   | loyer's name, ac<br>STA APP:            | ldress, and ZIP coo<br>LIED SOLU     | de<br>JTIONS GRO                    | UP I              | INC                            | c Em            | ployer's name, ad<br>ISTA APPI                         | dress, a   | and ZIP cod                               | le<br>JTIONS G                  | RO       |
| 45                                      | 9 HERND                                 | ON PARKWA                            | AY SUITE 1                          | 6                 |                                | 45              | 9 HERNDO   | ON F       | PARKWA                                    | AY SUITE                        | 1        |
| HE                                      | RNDON                                   |                                      |                                     | VA                | 20170                          | HE              | ERNDON   |            |   |                                 |          |
| <b>d</b> Cont                           | rol number                              |                                      |                                     |                   |                                | <b>d</b> Cor    | ntrol number   |            |   |                                 |          |
| PU<br>21                                |   |                                      | MUDHI RADH                          | A KE<br>NJ        | Suff.<br>SSHAV<br>07029        | PU<br>21        | ployee's name, ac<br>JNEETH KU<br>L2 HARRIS<br>ARRISON | JMAF       | R KOUM                                    |                                 | DH       |
| 7 Social security tips 8 Allocated tips |   |                                      | 9                                   |                   | 7 Social security tips 8 Alloc |                 |  | 8 Allocate | ed tips                                   |                                 |          |
| 10 Depe                                 | endent care bene                        | efits 11 Nonqua                      | lified plans                        | <b>12a</b> C      | ode See inst. for box 12       | <b>10</b> Dep   | endent care bene                                       | fits       | 11 Nonqua                                 | alified plans                   |          |
| Retireme                                | employee<br>nt Plan<br>ty sick pay      | 14 Other NJ-SDI NJ-SUI NJ-WFD NJ-FLI | 515.87<br>138.46<br>15.20<br>307.33 | 12b C             | ode                            | Retirem         | y employee<br>ent Plan<br>orty sick pay                | NJ-        | I<br>ther<br>-SDI<br>-SUI<br>-WFD<br>-FLI | 515.8<br>138.4<br>15.2<br>307.3 | 16<br>20 |
| NJ                                      | 261-222                                 | -517/000                             | 109760                              | .00               | 5293.16                        | NJ              | 261-222  | -51'       | 7/000                                     | 1097                            | 60       |
| 15 State                                | Employer's s                            | tate ID number                       | 16 State wages, tips,               | etc.              | 17 State income tax            | <b>15</b> State | e Employer's stat                                      | e ID nu    | mber                                      | 16 State wages,                 | tips,    |
|   | al wages, tips, et                      |                                      |                                     |                   | lity name                      |                 | cal wages, tips, etc                                   |            | 19 Local ir                               | ncome tax                       | 2        |
| Form W<br>This infor                    | /-2 Wage and Ta<br>mation is being furn | x Statement ished to the Internal Re | evenue Service.                     |                   | Dept. of the Treasury - IRS    | Form \          | N-2 Wage and Ta  | x State    | ment                                      |                                 |          |

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.

A APPLIED SOLUTIONS GROUP INC HERNDON PARKWAY SUITE 16 ON VA 20170 mber 's name, address, and ZIP code Suff. TH KUMAR KOUMUDHI RADHA KESHAV IARRISON AVE SON 07029 NJ urity tips 8 Allocated tips care benefits 11 Nonqualified plans 12a Code See inst. for box 12 14 Other 12b Code NJ-SDI 515.87 12c Code NJ-SUI 138.46 NJ-WFD 15.20 12d Code NJ-FLI 307.33 109760.00 1-222-517/000 5293.16 loyer's state ID number 16 State wages, tips, etc. 17 State income tax es, tips, etc. 19 Local income tax 20 Locality name Dept. of the Treasury - IRS

**2021** OMB No. 1545-0008 2 Federal income tax withheld 17493.00

4 Social security tax withheld

6 Medicare tax withheld

6574.48

1537.58

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                  |                           |                     |                     | nd you                        | fail to                        | report it.          |  |  |  |
|--|---------------------------|---------------------|---------------------|-------------------------------|--------------------------------|---------------------|--|--|--|
| Copy C For EMI                                 | PLOY                      | EE'S RE             | CORDS.              |                               | 202                            | - •                 |  |  |  |
| (See Notice to E                               |                           |                     |                     |                               |                                | B No. 1545-0008     |  |  |  |
| a Employee's SSN                               | 1 Wag                     | es, tips, ot        | •                   | 2 F                           | Prederal income tax withheld   |                     |  |  |  |
|  | 106040.00                 |                     |                     |                               | 17493.00                       |                     |  |  |  |
| 103-39-8292                                    | 3 Soci                    | ial security wages  |                     |                               | 4 Social security tax withheld |                     |  |  |  |
| <b>b</b> Employer ID no. (EIN)                 |                           | 106040.00           |                     |                               | 6574.48                        |                     |  |  |  |
| 26-1222517                                     | 5 Med                     |                     |                     |                               | 6 Medicare tax withheld        |                     |  |  |  |
|  |                           |                     | 06040.00            | 1537.5                        |                                |                     |  |  |  |
| c Employer's name, ac<br>VISTA APP             | dress, a<br>LIED          | and ZIP cod<br>SOLU | e<br>JTIONS GR      | OUI                           | ΡI                             | INC                 |  |  |  |
| 459 HERND                                      | ON F                      | ARKWA               | AY SUITE            | 16                            |                                |                     |  |  |  |
| HERNDON  |                           |                     |                     | 7                             | /A                             | 20170               |  |  |  |
| d Control number                               |                           |                     |                     |                               |                                |                     |  |  |  |
|  |                           |                     |                     |                               |                                |                     |  |  |  |
| e Employee's name, a<br>PUNEETH K<br>212 HARRI | UMAR                      | KOUN                |                     | HA                            | KE                             | Suff.<br>SHAV       |  |  |  |
| HARRISON                                       |                           |                     |                     |                               |                                | NJ 07029            |  |  |  |
| 7 Social security tips                         | 8 Allocated tips          |                     |                     | 9                             |                                |                     |  |  |  |
|  |                           |                     |                     |                               |                                |                     |  |  |  |
| 10 Dependent care bene                         | 11 Nonqua                 | alified plans       | 1                   | 12a Code See inst. for box 12 |                                |                     |  |  |  |
| 13   | <b>14</b> Ot              | her                 |                     |                               | 12b Code                       |                     |  |  |  |
| Statutory employee NJ -                        |                           | SDI 515.87          |                     |                               |                                |                     |  |  |  |
|  | NJ-                       | SUI 138.46          |                     |                               | 12c Code                       |                     |  |  |  |
| Retirement Plan                                | WFD 15.20                 |                     | 0   1               | 12d Code                      |                                |                     |  |  |  |
| Third-party sick pay                           | NJ-                       | ·FLI 307.33         |                     |                               | 12 <b>u</b> Code               |                     |  |  |  |
| NJ 261-222                                     | 7/000 109760              |                     |                     | 00                            | 5293.16                        |                     |  |  |  |
|  |                           |                     |                     |                               |                                |                     |  |  |  |
| 15 State Employer's star                       | te ID nur                 | mber                | 16 State wages, tip | os, et                        | c.                             | 17 State income tax |  |  |  |
| 18 Local wages, tips, et                       | come tax 20 Locality name |                     |                     | y name                        |                                |                     |  |  |  |
|  |                           |                     |                     |                               |                                |                     |  |  |  |
|  |                           | 1                   |                     | 1                             |                                |                     |  |  |  |

REV 12/17/21 QBDT

| Copy 2 To Be F<br>City, or Local In   | iled With I  | Employee's S<br>Return.                          | tate,                       | <b>2021</b><br>OMB No. 154  | 5-0008                         |  |  |  |
|---|--|--|-----------------------------|---|--------------------------------|--|--|--|
| a Employee's SSN  | 1 Wages, tip   | os, other comp.                                  |                             | 2 Federal income tax withheld                                       |                                |  |  |  |
| u 2p.o,0000001  | 106040.00  |  |                             | 17493.00  |                                |  |  |  |
| 103-39-8292   | 3 Social sec   | 3 Social security wages                          |                             |   | 4 Social security tax withheld |  |  |  |
| <b>b</b> Employer ID no. (EIN)  | 106040.00  |  |                             | 6574.48   |                                |  |  |  |
| , ,   | 5 Medicare wages and tips  |  |                             | 6 Medicare tax withheld   |                                |  |  |  |
| 26-1222517  |  | 106040.  | 00                          | 1537.58   |                                |  |  |  |
| c Employer's name, a VISTA APF  | LIED S   | OLUTIONS   |                             |   |                                |  |  |  |
| 459 HERNE   | ON PAR   | KWAY SUIT  | CE .                        | _6  |                                |  |  |  |
| HERNDON   |  |  |                             | VA 201  | 70                             |  |  |  |
| d Control number  |  |  |                             |   |                                |  |  |  |
| 212 HARRI<br>HARRISON   | SON AV   | AVE<br>NJ 07029                                  |                             |   |                                |  |  |  |
| 7 Social security tips  | 8 AI   | located tips                                     |                             | 9   |                                |  |  |  |
|   |  | , , , , , ,                                      |                             | 9   |                                |  |  |  |
| 10 Dependent care ben   |  | onqualified plans                                |                             | 12a Code See in   | nst. for box 12                |  |  |  |
| 10 Dependent care ben   |  | onqualified plans                                |                             | 12a Code See in   | nst. for box 12                |  |  |  |
|   | efits 11 No  | onqualified plans                                | 5.87                        | 12a Code See ii<br>12b Code   | nst. for box 12                |  |  |  |
| 13  | efits 11 No  14 Other  NJ – SD  NJ – SU                            | onqualified plans  I 515 I 138                   | .46                         | 12a Code See ii 12b Code 12c Code                                   | nst. for box 12                |  |  |  |
| 13<br>Statutory employee  | efits 11 No<br>14 Other<br>NJ – SD<br>NJ – SU<br>NJ – WF           | onqualified plans  I 515 I 138 D 15              | . 46                        | 12a Code See in  12b Code  12c Code  12d Code                       | nst. for box 12                |  |  |  |
| 13<br>Statutory employee  | efits 11 No  14 Other  NJ – SD  NJ – SU                            | onqualified plans  I 515 I 138 D 15              | .46                         | 12a Code See in  12b Code  12c Code  12d Code                       | nst. for box 12                |  |  |  |
| 13<br>Statutory employee<br>Retirement Plan<br>Third-party sick pay                             | efits 11 No<br>14 Other<br>NJ – SD<br>NJ – SU<br>NJ – WF           | inqualified plans  I 515  I 138  D 15  I 307     | .46                         | 12a Code See in  12b Code  12c Code  12d Code                       | 5293.16                        |  |  |  |
| 13 Statutory employee Retirement Plan Third-party sick pay  NJ 261-22:                          | 14 Other<br>NJ - SD<br>NJ - SU<br>NJ - WF<br>NJ - FL<br>2 - 517/0  | inqualified plans  I 515  I 138  D 15  I 307     | 3.46<br>5.20<br>7.33<br>976 | 12a Code See is 12b Code 12c Code 12d Code                          |                                |  |  |  |
| 13<br>Statutory employee<br>Retirement Plan<br>Third-party sick pay                             | 14 Other NJ - SD NJ - SU NJ - WF NJ - FL 2 - 517 / 0 ate ID number | Donqualified plans  I 515 I 138 D 15 I 307 00 10 | 3.46<br>5.20<br>7.33<br>976 | 12a Code See is 12b Code 12c Code 12d Code                          | 5293.16                        |  |  |  |
| 13 Statutory employee Retirement Plan Third-party sick pay NJ 261-22: 15 State Employer's state | 14 Other NJ - SD NJ - SU NJ - WF NJ - FL 2 - 517 / 0 ate ID number | Donqualified plans  I 515 I 138 D 15 I 307 00 10 | 3.46<br>5.20<br>7.33<br>976 | 12a Code See is 12b Code 12c Code 12d Code 0 . 0 0 5, etc. 17 State | 5293.16                        |  |  |  |