| Copy B To Be Filed with Employee's 2021 FEDERAL Tax Return. OMB No. 1545-0008 | | | | | | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2021 OMB No. 1545-0008 | | | | | | | |
|--|-------------------------|------------------------|-----------------------|----------------|------------------------------|--|----------------|---|--------------|---------------|--------------------|---------------|--------------------------------|
| a Employee's SSN | 1 Wag | es, tips, ot | her comp. 58233.32 | 2 Federa | l income tax withh 935 | neld 9.00 | | loyee's SSN | 1 Wag | jes, tips, ot | her comp. 58233.32 | 2 Federa | al income tax withheld 9359.00 |
| 514-43-5276 | 3 Soci | al security | wages 58233.32 | 4 Social: | security tax withhe | eld 0.47 | | -43-5276 | 3 Soci | al security | wages 58233.32 | 4 Social | security tax withheld 3610.47 |
| b Employer ID no. (EIN) | 5 Med | icare wage | s and tips | 6 Medica | re tax withheld | | | oyer ID no. (EIN) | 5 Med | licare wage | es and tips | 6 Medica | are tax withheld |
| 26-1222517 c Employer's name, ad | المحمد الم | | 58233.32 | | 84 | 4.38 | | 1222517 oloyer's name, ad | | nd 7ID and | 58233.32 | | 844.38 |
| VISTA APP | LIED | SOLU | JTIONS GR | OUP I | INC | | VI | STA APPI | LIED | SOLU | JTIONS GR | OUP I | INC |
| 459 HERNDON PARKWAY SUITE 16 | | | | | 459 HERNDON PARKWAY SUITE 16 | | | | | | | | |
| HERNDON | | | | VA | 20170 | | HE | RNDON | | | | VA | 20170 |
| d Control number | | | | | | | d Cont | trol number | | | | | |
| e Employee's name, ac SURYANARA' 2511 CEDAI WILMINGTOI | YANA R TR | RYAI | LLY | DE | 19810 | Suff. | SU 25 | oloyee's name, ac RYANARA' 11 CEDAI LMINGTOI | YANA R TR | RYAI | LLY | DE | Suff. 19810 |
| 7 Social security tips | | 8 Allocate | ed tips | 9 | | į | 7 Socia | al security tips | | 8 Allocate | ed tips | 9 | |
| 10 Dependent care bene | efits | 11 Nonqua | lified plans | 12a C | ode See inst. for b | oox 12 | 10 Depe | endent care bene | efits | 11 Nonqua | alified plans | 12a Co | ode See inst. for box 12 |
| 13 | 14 Ot | her | | 12b C | ode | | 13 | | 14 O | ther | | 12b Co | ode |
| Statutory employee | | | | 12c C | ode | | Statutory | employee | | | | 12c C | ode |
| Retirement Plan | | | | 404.0 | - 4- | | Retireme | nt Plan | | | | 404.0 | |
| Third-party sick pay | | | | 12d C | ode | | Third-par | ty sick pay | | | | 12d Co | ode |
| DE 2-61222 | 5171 | L-001 | 5823 | 3.32 | 306 | 1.15 | DE | 2-61222 | 517 | 1-001 | 5823 | 33.32 | 3061.15 |
| 15 State Employer's st | tate ID r | umber | 16 State wages, tip | s, etc. | 17 State income | tax | 15 State | Employer's stat | e ID nui | mber | 16 State wages, ti | ps, etc. | 17 State income tax |
| 18 Local wages, tips, etc | C. | 19 Local in | ncome tax | 20 Loca | ality name | | 18 Loca | al wages, tips, etc | C. | 19 Local in | ncome tax | 20 Locality | y name |
| Form W-2 Wage and Ta This information is being furni | x Stater ished to th | nent ne Internal Re | evenue Service. | I | Dept. of the Treas | sury - IRS | Form W | /-2 Wage and Ta | x Stater | ment | | 1 | 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 fall to report it.

| Copy C For EM | PLOYEE'S RE | 2021 | | | | |
|---|------------------------|-----------------------------|--------------------------------|---|--|--|
| (See Notice to E | 1 Wages, tips, ot | hor comp | | B No. 1545-0008 Lincome tax withheld | | |
| a Employee's SSN | 0 | 58233.32 | 9359.00 | | | |
| 514-43-5276 | 3 Social security | | 4 Social security tax withheld | | | |
| 011 10 01/0 | , | 58233.32 | 3610.47 | | | |
| b Employer ID no. (EIN) | 5 Medicare wage | | 6 Medicare tax withheld | | | |
| 26-1222517 | | 58233.32 | 844.38 | | | |
| c Employer's name, ac VISTA APP 459 HERND | LIED SOLU | JTIONS GR | OUP I 16 | INC | | |
| HERNDON | | | VA | 20170 | | |
| d Control number | | | | | | |
| e Employee's name, a SURYANARA 2511 CEDA WILMINGTO | YANA RYAI R TREE DE | LLY | DE | Suff. 19810 | | |
| 7 Social security tips | 8 Allocate | ed tips | 9 | | | |
| 10 Dependent care bene | efits 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | |
| 13 | 14 Other | | 12b C | 12b Code | | |
| Statutory employee | | | 40.0 | | | |
| Retirement Plan | | | 12 c C | 12c Code | | |
| Third-party sick pay | | | 12d Co | 12d Code | | |
| · i · · | 5171-001 | 5823 | 33.32 | 3061.15 | | |
| | .5171 001 | 3023 | ,,,,, | 3001.13 | | |
| 15 State Employer's star | te ID number | s, etc. 17 State income tax | | | | |
| 18 Local wages, tips, et | | ncome tax | 20 Locality name | | | |
| Form W-2 Wage and Ta | ax Statement | | | Dept. of the Treasury - IRS | | |

REV 12/17/21 QBDT

| Copy 2 To Be F City, or Local In | | | · . | 21 B No. 1545-0008 | | | | |
|---|---|---------------------|----------------------------------|------------------------------|--|--|--|--|
| a Employee's SSN | 1 Wages, tips, ot | her comp. | 2 Federal income tax withheld | | | | | |
| a Employee's Cort | | 58233.32 | 9359.00 | | | | | |
| 514-43-5276 | 3 Social security | wages | 4 Social security tax withheld | | | | | |
| b Employer ID no. (EIN) | | 58233.32 | 3610.47 | | | | | |
| | 5 Medicare wage | s and tips | 6 Medicare tax withheld | | | | | |
| 26-1222517 | | 58233.32 | 844.38 | | | | | |
| c Employer's name, ac VISTA APP 459 HERND | ddress, and ZIP coo LIED SOLU ON PARKW <i>I</i> | JTIONS GR | OUP I 16 | INC | | | | |
| HERNDON | VA | 20170 | | | | | | |
| d Control number | | | | | | | | |
| e Employee's name, a SURYANARA 2511 CEDA WILMINGTO | YANA RYAI R TREE DI | LLY | DE | Suff. 19810 | | | | |
| 7 Social security tips | 8 Allocate | ed tips | 9 | | | | | |
| 10 Dependent care bene | efits 11 Nonqua | alified plans | 12a Code See inst. for box 12 | | | | | |
| 13 | 14 Other | | 12b Co | 12b Code | | | | |
| Statutory employee | | | 12c Code | | | | | |
| Retirement Plan | | | 120 0000 | | | | | |
| | | | 12d Cd | 12d Code | | | | |
| Third-party sick pay | 1 001 | F003 | 2 20 | 2061 15 | | | | |
| DE 2-61222 | 25171-001 | 5823 | 3.32 3061.15 | | | | | |
| 15 State Employer's star | te ID number | 16 State wages, tip | wages, tips, etc. 17 State incom | | | | | |
| 18 Local wages, tips, et | c. 19 Local ir | ncome tax | 20 Locality name | | | | | |
| | x Statement | | | Dept. of the Treasury - IR: | | | | |