FEDERAL Tax Return.	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008					
a Employee's SSN 88148.00	Federal income tax withheld 15079.00	a Employee's SSN	1 Wages, tips, ot	her comp. 88148.00	2 Federal	l income tax withheld 15079.00
736-79-1240 3 Social security wages 88148.00	Social security tax withheld 5465.18	736-79-1240	3 Social security	wages 88148.00	4 Social s	security tax withheld 5465.18
b Employer ID no. (EIN)	Medicare tax withheld	b Employer ID no. (EIN)	5 Medicare wage		6 Madiaa	re tax withheld
26-1222517 88148.00	1278.15	26-1222517	5 Medicare wage	88148.00	o medica	1278.15
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GRO	c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC					
459 HERNDON PARKWAY SUITE 1	459 HERNDON PARKWAY SUITE 16					
HERNDON	VA 20170	HERNDON VA 20170				
d Control number		d Control number				
e Employee's name, address, and ZIP code	Suff.	e Employee's name, address, and ZIP code Suff.				
SIVANNARAYANA DOKKU		SIVANNARAYANA DOKKU				
3027 RELIANT ST FORT COLLINS	CO 80524	3027 RELIANT ST FORT COLLINS CO 80524				80524
7 Social security tips 8 Allocated tips	9	7 Social security tips	8 Allocat	ed tips	9	
10 Dependent care benefits 11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care bene	fito 11 Nongu	alified plans	120.00	de See inst. for box 12
	Iza Code See Inst. for box 12	To Dependent care bene	ants TT Nonqua	aineu pians	124 00	
13 14 Other 12b Code		13	14 Other		12b Co	ode
Statutory employee 12c Code		Statutory employee			12c Co	ode
Retirement Plan		Retirement Plan				
Third-party sick pay	12d Code	Third-party sick pay			12d Code	
CO 27604949 88148	.00 3840.00	CO 2760494	9	8814	8.00	3840.00
						5010.00
15 State Employer's state ID number 16 State wages, tips,	etc. 17 State income tax	15 State Employer's stat	e ID number	16 State wages, tips	s, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax	20 Locality name	18 Local wages, tips, etc	c. 19 Local in	ncome tax	20 Locality	name
Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.	Form W-2 Wage and Ta	x Statement		1	Dept. of the Treasury - IRS	
This information is being turnished to the Internal Revenue Service.						
This information is being furnished to the Internal Revenue Service. If you are I penalty or other sanction may be imposed on you if this income is taxable and	REV 12/17/21 QBDT					

Copy C For EM	PLOYEE'S	2021					
(See Notice to Employees).				OMB No. 1545-0008			
a Employee's SSN	1 Wages, ti	ges, tips, other comp.			2 Federal income tax withheld		
	88148.00			15079.00			
736-79-1240	3 Social security wages			4 Social security tax withheld			
b Employer ID no. (EIN)	88148.00			5465.18			
	5 Medicare wages and tips			6 Medicare tax withheld			
26-1222517	88148.00			1278.15			
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC							
459 HERND	ON PAR	KW	AY SULLE	16			
HERNDON				VA	20170		
d Control number							
e Employee's name, address, and ZIP code Suff. SIVANNARAYANA DOKKU 3027 RELIANT ST FORT COLLINS CO 80524							
7 Social security tips 8 Allocated tips			ed tips	9			
10 Dependent care ben	Dependent care benefits 11 Nonqualified plans			12a Code See inst. for box 12			
13	14 Other	ner		12b Code			
Statutory employee					12c Code		
Retirement Plan	12d Code				odo		
Third-party sick pay							
CO 2760494	1949 8814			3840.00			
15 State Employer's state ID number 16 State wages,			16 State wages, tip	ps, etc. 17 State income tax			
18 Local wages, tips, etc. 1		9 Local income tax		20 Locality name			

121 IB No. 1545-0008	Copy 2 To Be Fi City, or Local Ind					21 B No. 1545-0008			
al income tax withheld	a Employee's SSN	1 Wag	es, tips, oth	ner comp.	2 Federa	I income tax withheld			
15079.00				88148.00		15079.00			
security tax withheld	736-79-1240	3 Social security wages			4 Social security tax withheld				
5465.18	b Employer ID no. (EIN)	88148.00			5465.18				
are tax withheld	D Employer 10 no. (Enty	5 Medicare wages and tips			6 Medica	6 Medicare tax withheld			
1278.15	26-1222517			88148.00		1278.15			
INC	c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC 459 HERNDON PARKWAY SUITE 16								
20170	HERNDON VA 20170								
	d Control number								
Suff. 80524	e Employee's name, address, and ZIP code Suff. SIVANNARAYANA DOKKU 3027 RELIANT ST FORT COLLINS CO 80524								
	7 Social security tips	8 Allocated tips		9					
Code See inst. for box 12	10 Dependent care bene	fits 11 Nonqualified plans		12a Code See inst. for box 12					
Code	13	14 Other		12b Code					
Code	Statutory employee Retirement Plan			12c Code					
Code	Third-party sick pay				12d Co	ode			
3840.00	CO 2760494	8814		18.00	3840.00				
17 State income tax	15 State Employer's stat	te ID number 16 State wages, tip		ps, etc.	17 State income tax				
ty name	18 Local wages, tips, etc	.	19 Local in	come tax	20 Locality	y name			
Dept. of the Treasury - IRS	Form W-2 Wage and Ta	x Stater	nent		1	Dept. of the Treasury - IRS			

Form W-2 Wage and Tax Statement