Copy B To Be Filed with Employee's FEDERAL Tax Return.	**2021** OMB No. 1545-0008

a Employee's SSN 790-47-0626	**1** Wages, tips, other comp. 77498.56	**2** Federal income tax withheld 11929.00
	3 Social security wages 12372.16	**4** Social security tax withheld 767.07
b Employer ID no. (EIN) 26-1222517	**5** Medicare wages and tips 12372.16	**6** Medicare tax withheld 179.40

c Employer's name, address, and ZIP code
VISTA APPLIED SOLUTIONS GROUP INC
459 HERNDON PARKWAY SUITE 16
HERNDON   VA   20170

d Control number

e Employee's name, address, and ZIP code   Suff.
ANUDEEP DALE
9939 FREDERICKSBURG RD APT 1605
SAN ANTONIO   TX   78240

7 Social security tips	**8** Allocated tips	**9**
10 Dependent care benefits	**11** Nonqualified plans	**12a** Code See inst. for box 12

13 Statutory employee / Retirement Plan / Third-party sick pay	**14** Other	**12b** Code / **12c** Code / **12d** Code

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax
18 Local wages, tips, etc.	**19** Local income tax	**20** Locality name

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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	**2021** OMB No. 1545-0008

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18 Local wages, tips, etc.	**19** Local income tax	**20** Locality name

Form W-2 Wage and Tax Statement   Dept. of the Treasury - IRS

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. (See Notice to Employees).	**2021** OMB No. 1545-0008

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Form W-2 Wage and Tax Statement   Dept. of the Treasury - IRS

REV 12/17/21 QBDT

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