Copy B To Be F FEDERAL Tax R	leturn.	-	-	20 :	22 B No. 1545-0008	Copy City,	/ 2 To Be Fi or Local Ind	iled With come Ta	n Emp	loyee's State urn.		22 3 No. 1545-0008
a Employee's SSN	_		15000.00		l income tax withheld 1212.00	1 '	loyee's SSN	1 Wages,		15000.00		l income tax withheld 1212.00
895-48-2919	3 Socia	al security	wages	4 Social :	security tax withheld	895	-48-2919	3 Social s	ecurity	wages	4 Social s	security tax withheld
b Employer ID no. (EIN) 26 – 1222517	5 Medi	care wage	s and tips	6 Medica	re tax withheld	1 '	oyer ID no. (EIN) 1222517	5 Medica	e wage	s and tips	6 Medica	re tax withheld
c Employer's name, ac VISTA APP	ddress, a LIED	nd ZIP cod SOLU	e TIONS GR	OUP I	INC	c Emp VI	loyer's name, ad STA APPI	dress, and LIED	ZIP cod SOLU	e TIONS GR	OUP I	NC
459 HERND	ON P.	ARKWA	Y SUITE	16		45	9 HERNDO	ON PA	RKWA	Y SUITE	16	
HERNDON				VA	20170	HERNDON VA 20170					20170	
d Control number						d Cont	trol number					
e Employee's name, a MAHITHA S. 2330 MEAD HERNDON	AI J	ALADI		APT A VA	Suff. 20171	MA 23	oloyee's name, ac HITHA SA 30 MEADO RNDON	AI JA	LADI			Suff. 20171
7 Social security tips		8 Allocate	d tips	9		7 Socia	al security tips	8	Allocate	ed tips	9	
Dependent care benefits 11 Nonqualified plans		lified plans	12a Code See inst. for box 12		10 Dependent care benefits		efits 11	11 Nonqualified plans		12a Code See inst. for box 12		
13 14 Other Statutory employee Retirement Plan Third-party sick pay		ner	12c C		2b Code 2c Code 2d Code		13 14 Contact Statutory employee Retirement Plan Third-party sick pay		I Other		12b Code 12c Code 12d Code	
VA 30-26122	22517	F-001	1500	0.00	689.00	VA	30-26122	2517F	-001	1500	00.00	689.00
15 State Employer's s	state ID n	umber	16 State wages, tip	s, etc.	17 State income tax	15 State	Employer's stat	e ID numbe	er	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, et	c.	19 Local in	come tax	20 Loca	llity name	18 Loca	al wages, tips, etc	c. 19	Local ir	come tax	20 Locality	/ name
Form W-2 Wage and Ta This information is being furn	ax Statem ished to the	nent e Internal Re	venue Service.		Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	x Statemer	nt		1	Dept. of the Treasury - IRS
This information is being furn					o file a tax return, a negligence				RE'	√ 01/17/23 QBDT		

penalty or other sanction may be imposed on you if this income is taxable and you fail to report

Copy C For EMI			2022						
(See Notice to E					OMB No. 1545-0008				
a Employee's SSN	1 Wages, tips, other comp. 15000.00				2 Federal income tax withheld				
005 40 0010					1212.00				
895-48-2919	3 Soci	al security	wages	4 Social security tax withheld					
b Employer ID no. (EIN)									
06 1000517	5 Med	icare wage	s and tips	6 Medicare tax withheld					
26-1222517									
c Employer's name, ac VISTA APP	ddress, a LIED	ind ZIP cod SOLU	^{le} JTIONS GR	OUF	PINC				
459 HERND	ON F	ARKWA	AY SUITE	16					
HERNDON VA 20170									
d Control number									
e Employee's name, a MAHITHA S. 2330 MEAD	AI J	ALAD]	[
HERNDON				V	/A 20171				
7 Social security tips		8 Allocated tips			9				
10 Dependent care bene	efits	11 Nonqualified plans			12a Code See inst. for box 12				
13	14 O	ther			12b Code				
Statutory employee				١					
Retirement Plan				12	12c Code				
vetirement i ian				12	12d Code				
Third-party sick pay									
VA 30-26122	2517	F-001	1500	0.0	00 689.00				
15 State Employer's sta	te ID nui	mber	16 State wages, tij	os, etc	c. 17 State income tax				
18 Local wages, tips, et	C.	19 Local ir	ncome tax	20 Locality name					

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2022 OMB No. 1545-0008									
a Employee's SSN	1 Wages, tip	s, otl	ner comp.	2 Federal income tax withheld					
Linployees soll			15000.00	1212.00					
895-48-2919	3 Social sec	urity	wages	4 Social security tax withheld					
b Employer ID no. (EIN)									
26-1222517	5 Medicare v	dicare wages and tips			6 Medicare tax withheld				
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. MAHITHA SAI JALADI 2330 MEADOW WILLOW CIRCLE APT A									
HERNDON VA 20171									
7 Social security tips	8 All	8 Allocated tips			9				
10 Dependent care bene	fits 11 No	11 Nonqualified plans			12a Code See inst. for box 12				
13	14 Other	ther			12b Code				
Statutory employee					12c Code				
Retirement Plan									
Third-party sick pay		[1			12d Code				
VA 30-26122	2517F-0	F-001 1500			0.00 689.00				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
18 Local wages, tips, etc	c. 19 Lo	19 Local income tax			20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									