Copy B To Be F FEDERAL Tax R	iled w eturn.	rith Emp	oloyee's		<b>2022</b> DMB No. 1545-0008	Copy City,	y 2 To Be F or Local Inc	iled W come	ith Em Tax Re	ployee's State turn.		<b>2022</b> OMB No. 1545-0008
a Employee's SSN	1 Wag		her comp. 86944.00	2 Fede	eral income tax withheld 11896.00	a Emp	oloyee's SSN	1 Wag	es, tips, o	ther comp. 86944.00		deral income tax withheld 11896.00
339-87-6468	3 Soci	al security		4 Soci	al security tax withheld	339	-87-6468	3 Soci	al security	wages		cial security tax withheld
<b>b</b> Employer ID no. (EIN)			-		•		loyer ID no. (EIN)					•
26-1222517	5 Med	icare wage	es and tips	6 Med	icare tax withheld	1 '	1222517	5 Med	icare wage	es and tips	6 Me	dicare tax withheld
c Employer's name, ac	dress, a LIED	ind ZIP cod SOLT	de JTIONS GR	OUP	INC	c Emp	oloyer's name, ac STA APP	idress, a LIED	ind ZIP co SOL	<sup>de</sup> UTIONS GR	OUP	INC
459 HERND	ON P	ARKW	AY SUITE	16		45	9 HERND	ON F	ARKW	AY SUITE	16	
HERNDON				VI	A 20170	HERNDON VA 20170					A 20170	
d Control number						d Control number						
e Employee's name, and HARICHAND: 761 LADY THE COLON	RA P TESS	RASAI	D BANDARU	PAL]		HA 76	oloyee's name, ac RICHANDI 1 LADY ' E COLON'	RA F	RASA	D BANDARU	JPAL:	
7 Social security tips		8 Allocate	ed tips	9		7 Soci	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits	<b>11</b> Nonqua	alified plans	12a	Code See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqu	alified plans	12	a Code See inst. for box 12
13	<b>14</b> Ot	her		12b	Code	13		14 0	l her		12	<b>b</b> Code
Statutory employee				120	Code	Statutory	employee				12	<b>c</b> Code
Retirement Plan				120	Code	Retireme	ent Plan				1,2	<b>d</b> Code
Third-party sick pay				120	Code	Third-par	rty sick pay					u code
15 State Employer's s	tate ID r	umber	16 State wages, tip	s, etc.	17 State income tax	15 State	Employer's stat	te ID nui	mber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, et	c.	<b>19</b> Local in	ncome tax	20 ∟	ocality name	18 Loca	al wages, tips, et	c.	19 Local i	ncome tax	<b>20</b> Loo	cality name
Form W-2 Wage and Ta This information is being furn	ax Stater ished to th	nent ie Internal Re	evenue Service.		Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax Stater	nent		<u>1</u>	Dept. of the Treasury - IRS
This information is being furn penalty or other sanction may					d to file a tax return, a negligence il to report it.				RE	EV 01/17/23 QBDT		
Copy C For EMI	PLOY	EE'S RE			2022	Copy	y 2 To Be F	iled W	ith Em	ployee's State	⊋,	2022
(See Notice to Employees).				[0	OMB No. 1545-0008	City, or Local Income Tax Return. OMB No. 1545-0008				OMB No. 1545-0008		

CODY C FOR EINI			CUKDS.		2022					
(See Notice to E					OMB No. 1545-0008					
a Employee's SSN	1 Wages, tips, other comp. 86944.00				2 Federal income tax withheld					
, ,					11896.00					
339-87-6468	3 Socia	Social security wages			4 Social security tax withheld					
<b>b</b> Employer ID no. (EIN)										
	5 Medicare wages and tips				6 Medicare tax withheld					
26-1222517										
c Employer's name, ac VISTA APP	ddress, a LIED	nd ZIP cod SOLT	de JTIONS GR	:OUI	P INC					
459 HERNDON PARKWAY SUITE 16										
HERNDON VA 20170										
d Control number										
e Employee's name, address, and ZIP code Suff.										
HARICHANDRA PRASAD BANDARUPALLI										
761 LADY TESSALA DRIVE										
THE COLONY TX 75056										
7 Social security tips 8 Allocated tips 9										
7 Coolai Cooanty apo		67 modated ups			•					
10 Dependent care bene	efits	11 Nonqualified plans			12a Code See inst. for box 12					
13	<b>14</b> Ot	her		1	12b Code					
Statutory employee					12c Code					
Retirement Plan					120 Gode					
					12d Code					
Third-party sick pay										
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax										
		_	· · · · · · · · · · · · · · · · · · ·							
18 Local wages, tips, et	C.	19 Local income tax			20 Locality name					
Form W-2 Wage and Ta	v Staten	nent		<u> </u>	Dent of the Treasur	v - IRS				

Copy 2 To Be Fi City, or Local Inc	come	Tax Ret	urń.	′ I	<b>22</b> B No. 1545-0008				
a Employee's SSN	1 Wag	jes, tips, ot	her comp.	2 Federal income tax withheld					
u Employees een			86944.00	11896.00					
339-87-6468	3 Soci	al security	wages	4 Social security tax withheld					
<b>b</b> Employer ID no. (EIN)									
26-1222517	5 Med	icare wage	s and tips	6 Medicare tax withheld					
	<u> </u>								
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 HARICHANDRA PRASAD BANDARUPALLI 761 LADY TESSALA DRIVE									
THE COLONY TX 75056									
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	<b>14</b> O1	ther		12b Code					
Statutory employee				12c Code					
Retirement Plan									
Third-party sick pay				12d Code					
	·								
15 State Employer's stat			16 State wages, tip	os, etc.   17 State income tax   20 Locality name					
18 Local wages, tips, etc	IJ.	19 Local in	icome tax	Locality Hame					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									