Copy B To Be F FEDERAL Tax R	iled w eturn.	ith Em	oloyee's	20 ON	22 IB No. 1545-0008	Copy City,	y 2 To Be Fi or Local Ind	iled W	ith Em Tax Re	ployee's Sta turn.		2022 OMB No. 1545-0008
a Employee's SSN 879-18-4295	_		93724.55		al income tax withheld 15892.00	I '	oloyee's SSN			ther comp. 93724 . 5	5	deral income tax withheld 15892.00
	3 Socia	al security	wages 93724.55	4 Social	security tax withheld 5810.92		-18-4295	3 Socia	al security	wages 93724.5		cial security tax withheld 5810.92
b Employer ID no. (EIN) 26 – 1222517	5 Med		es and tips 93724.55	6 Medica	are tax withheld		oyer ID no. (EIN) 1222517	5 Medi	icare wage	es and tips 93724.5		edicare tax withheld 1359.01
c Employer's name, ad VISTA APP	ldress, a LIED	nd ZIP cod SOLT	de JTIONS GR	OUP :	INC	c Emp	oloyer's name, ad STA APPI	ddress, a LIED	nd ZIP co SOL	de UTIONS C	 ROUP	INC
459 HERNDO	ON P	ARKW	AY SUITE	16		45	9 HERNDO	ON P	ARKW	AY SUITE	16	
HERNDON				VA	20170	HE	ERNDON VA 20170					A 20170
d Control number						d Con	trol number					
e Employee's name, ac BHAVYATEJZ 219 CAMPBI	A BO	LLIN			Suff.	ВН	oloyee's name, ac	А ВО	LLIN			Suff.
MOUNT JUL		CIR		TN	37122		9 CAMPBI UNT JUL		CIR		Т	N 37122
7 Social security tips		8 Allocate	ed tips	9		7 Socia	al security tips		8 Allocat	ted tips	9	
10 Dependent care bene	efits	11 Nonqua	alified plans	12a C	ode See inst. for box 12	10 Depe	endent care bene	efits	11 Nonqu	alified plans	12	a Code See inst. for box 12
13 Statutory employee	14 Ot	her		12b C		13 Statutory	employee	14 Ot	her			b Code
Retirement Plan				12c C	ode	Retireme	ent Plan				12	c Code
Third-party sick pay				12d C	ode	Third-par	rty sick pay				12	d Code
15 State Employer's s	tate ID n	umber	16 State wages, tip	os, etc.	17 State income tax	15 State	Employer's stat	te ID nur	nber	16 State wages	s, tips, etc	17 State income tax
18 Local wages, tips, etc	C.	19 Local i	ncome tax	20 Loc	ality name	18 Loca	al wages, tips, etc	c.	19 Local i	income tax	20 Lo	cality name
Form W-2 Wage and Ta This information is being furni	x Stater ished to th	nent le Internal Re	evenue Service.	1	Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax Stater	nent			Dept. of the Treasury - IR
This information is being furni					o file a tax return, a negligence				RE	EV 01/17/23 QBD1	Г	

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

Copy C For EMI	PLOYI	2022							
(See Notice to E	mploy	/ees).			OMB No. 1545-0008				
a Employee's SSN	1 Wages, tips, other comp.				2 Federal income tax withheld				
000 10 1005	93724.55				15892.00				
879-18-4295	3 Social security wages				4 Social security tax withheld				
b Employer ID no. (EIN)	93724.55				5810.92				
06 1000517	5 Medicare wages and tips				6 Medicare tax withheld				
26-1222517	93724.55				1359.01				
c Employer's name, ac VISTA APP 459 HERND	LIED	SOLU	JTIONS GR	OUP 16	INC				
HERNDON VA 20170									
d Control number									
e Employee's name, address, and ZIP code Suff. BHAVYATEJA BOLLINENI 219 CAMPBELL CIR									
MOUNT JULIET TN 37122									
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 Ot	ther		12b Code					
Statutory employee				12c Code					
Retirement Plan				120 0000					
				12d Code					
Third-party sick pay									
15 State Employer's stat		16 State wages, tip							
18 Local wages, tips, et	c.	19 Local ir	ncome tax	20 Locality name					
Form W-2 Wage and Ta	x Stater	ment			Dept. of the Treasury - IRS				

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2022 OMB No. 1545-0008								
City, or Local inc		es, tips, ot			MB No. 1545-0008			
a Employee's SSN	i way							
879-18-4295	3 Soci	al security	93724.55	15892.00 4 Social security tax withheld				
	3 300	ai security	93724.55	5810.92				
b Employer ID no. (EIN)	5 Med	icare wage		6 Medicare tax withheld				
26-1222517			93724.55	1359.01				
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. BHAVYATEJA BOLLINENI 219 CAMPBELL CIR								
MOUNT JULIET TN 37122								
7 Social security tips		8 Allocate	ed tips	9				
10 Dependent care bene	fits	11 Nonqua	alified plans	12a Code See inst. for box 12				
13	14 Ot	her		12b Code				
Statutory employee				12c Code				
Retirement Plan								
Third-party sick pay				12d Code				
15 State Employer's stat	e ID nur	mber	16 State wages, tip	s. etc.	17 State income tax			
18 Local wages, tips, etc).	19 Local in		20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								