Copy B To Be Fi FEDERAL Tax Re	eturn.		<b>20</b> OM	<b>22</b> B No. 1545-0008	Copy City,	y 2 To Be Fi or Local Inc	iled With I come Tax	mployee's Return.	State,	<b>202</b> OME	<b>22</b> 3 No. 1545-0008
a Employee's SSN	1 Wages, tip	19762.88		l income tax withheld 2209.00	1 '	oloyee's SSN -06-4115		s, other comp. 19762	2.88		l income tax withheld 2209.00
	3 Social seco	rity wages	4 Social	security tax withheld			3 Social sec	urity wages	1	4 Social s	security tax withheld
<b>b</b> Employer ID no. (EIN) 26 – 1222517	5 Medicare v	ages and tips	6 Medica	6 Medicare tax withheld		loyer ID no. (EIN) · 1222517	5 Medicare	wages and tips		6 Medica	re tax withheld
c Employer's name, add VISTA APPL	dress, and ZIF LIED SC	code LUTIONS GR	OUP ]	INC	c Emp	oloyer's name, ad ISTA APP	ddress, and ZII LIED SO	code OLUTION:	S GRC	OUP I	NC
459 HERNDC	ON PARI	WAY SUITE	16		45	9 HERND	ON PARI	KWAY SU	ITE 1	-6	
HERNDON VA 20170				20170	HERNDON VA 20170					20170	
d Control number					<b>d</b> Con	trol number					
e Employee's name, address, and ZIP code Suff.  THARUN KUMAR AKULA 10715 N MACARTHUR BLVD APT 250 IRVING TX 75063					e Employee's name, address, and ZIP code Suff. THARUN KUMAR AKULA 10715 N MACARTHUR BLVD APT 250 IRVING TX 75063						
7 Social security tips	8 Allo	cated tips	9		7 Soci	al security tips	8 All	ocated tips		9	
10 Dependent care benefits 11 Nonqualified plans		<b>12a</b> C	12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12		
13 14 Other		<b>12b</b> C	12b Code		13 14 0		_ <u>l</u> )ther		12b Code		
Statutory employee		12c C	12c Code		Statutory employee				<b>12c</b> Code		
Retirement Plan			12d Code		Retirement Plan				12d Code		
Third-party sick pay			1200	ode	Third-par	rty sick pay				120 00	ode
VA 30-261222	2517F-0	1976	52.88	963.00	VA	30-26122	22517F-0	01	19762	2.88	963.00
15 State Employer's sta	ate ID numbe	16 State wages, to	ps, etc.	17 State income tax	15 State	Employer's stat	te ID number	<b>16</b> State v	vages, tips	s, etc.	17 State income tax
18 Local wages, tips, etc.	:. <b>19</b> Lo	al income tax	<b>20</b> Loca	ality name	18 Loca	al wages, tips, et	c. <b>19</b> Lo	cal income tax	2	20 Locality	/ name
Form W-2 Wage and Tax This information is being furnis	x Statement	al Davanua Canina		Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	I ax Statement				Dept. of the Treasury - IR
rms mornauon is being luitils	oned to the interi	ai iseveniue service.									

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.

2022

Copy C For EMPLOYEE'S RECORDS. 2022									
(See Notice to Employees). OMB No. 1545-0008									
a Empl	loyee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld				
F00 06 4515		19762.88			2209.00				
722-	-06-4115	3 Social security wages			4 Social security tax withheld				
<b>b</b> Emplo	yer ID no. (EIN)								
06	1000515	5 Med	icare wage	s and tips	6 Medicare tax withheld				
26	1222517								
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC									
VISIA APPLIED SOLUTIONS GROUP INC									
459 HERNDON PARKWAY SUITE 16									
HERNDON VA 20170									
d Control number									
e Employee's name, address, and ZIP code Suff.									
THARUN KUMAR AKULA									
10715 N MACARTHUR BLVD APT 250									
IRVING TX 75063									
7 Social security tips 8 Allocated tips 9									
7 30018	ii security tips		• Allocate	ed tips	9				
10 Dene	ndent care bene	efits	11 Nongua	alified plans	12a Code See inst. for box 12				
10 Воро	maoni caro bone	J.11.0	TTTTOTIQUE	amou piano	124 0	122 2000 000 1101. 101 000 12			
13		<b>14</b> Ot	her		<b>12b</b> Co	12b Code			
Statutory employee					40.0	10.0.1			
Retirement Plan					126 0	12c Code			
r com onnor	it i idii				<b>12d</b> Cd	12d Code			
Third-party sick pay									
VA 30-261222517F-00				1976	2.88	963.00			
15 State Employer's state ID number   16 State wages, tips, etc.   17 State income tax									
18 Loca	l wages, tips, et	c.	19 Local ir	ncome tax	20 Locality	y name			
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									

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Copy 2 To Be F City, or Local Inc	come Tax Re	turn.	OM	1 <b>22</b> 1B No. 1545-0008				
a Employee's SSN	1 Wages, tips, o	ther comp.	2 Feder	2 Federal income tax withheld				
		19762.88	2209.00					
722-06-4115	3 Social security	wages	4 Social	4 Social security tax withheld				
<b>b</b> Employer ID no. (EIN)								
	5 Medicare wag	es and tips	6 Medic	6 Medicare tax withheld				
26-1222517								
c Employer's name, ac VISTA APP	INC							
459 HERNDON PARKWAY SUITE 16								
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e Employee's name, address, and ZIP code Suff. THARUN KUMAR AKULA								
10715 N MACARTHUR BLVD APT 250								
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7 Social security tips	8 Alloca	ted tips	9					
Dependent care beneather.	efits 11 Nonqu	alified plans	<b>12a</b> C	12a Code See inst. for box 12				
13 Statutory employee	14 Other		12b C	12b Code				
ташогу етгрюуее			12c C	12c Code				
Retirement Plan				1.20 0000				
Third-party sick pay			12d C	12d Code				
- 1 1 1	<u> </u> 22517F-001	1076	2.88	963.00				
VA 30-20122	2221/F-UUI	19/6	2.08	703.00				
15 State Employer's star	te ID number	16 State wages, tip	os, etc.	, etc. 17 State income tax				
18 Local wages, tips, et	c. 19 Local	income tax	20 Locali	ty name				
Form W-2 Wage and Ta	x Statement			Dept. of the Treasury - IRS				