Copy B To Be Fi FEDERAL Tax Re	iled with Emp eturn.	loyee's	20 2 OM	22 B No. 1545-0008	Copy City,	y 2 To Be Fi or Local Inc	iled Wit come Ta	h Emp ax Ret	oloyee's State urn.		22 3 No. 1545-0008
a Employee's SSN		45520.00		l income tax withheld 6253.00	1 '	oloyee's SSN -95-0615			her comp. 45520.00		l income tax withheld 6253.00
h Employer ID no (EIN)	Social security Medicare wage			security tax withheld	_	loyer ID no. (EIN)	3 Social :				security tax withheld
26-1222517 c Employer's name, add		·	• Wicalda	The tax withheld		1222517	dress, and ZIP code				
VÍSTA APPI 	LIED SOLU	TIONS GRO		INC	Vİ	STA APP	LIED	SOLU	JTIONS GR		NC
459 HERNDON PARKWAY SUITE 16 HERNDON VA 20170				20170	459 HERNDON PARKWAY SUITE 16 HERNDON VA 20170						
d Control number					d Con	trol number					
e Employee's name, address, and ZIP code Suff. RAMA CHARAN T POLANKI 4751 BELWOOD GREEN ARBUTUS MD 21227					e Employee's name, address, and ZIP code Suff. RAMA CHARAN T POLANKI 4751 BELWOOD GREEN ARBUTUS MD 21227						
7 Social security tips 8 Allocated tips		9	9		7 Social security tips		8 Allocated tips		9		
Dependent care benefits 11 Nonqualified plans		12a C	12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a Co	12a Code See inst. for box 12	
13 14 Other Statutory employee Retirement Plan Third-party sick pay		12c C	12b Code 12c Code 12d Code		13 Statutory employee Retirement Plan Third-party sick pay		Other		12b Code 12c Code 12d Code		
MD 1415038		4032		1869.55	MD	1415038				0.00	1869.55
VA 30-261222517F-001 5200			220.00					220.00			
15 State Employer's state ID number 16 State wages, tips 18 Local wages, tips, etc. 19 Local income tax		T .	, etc. 17 State income tax 20 Locality name		15 State Employer's state ID nut 18 Local wages, tips, etc.				s, etc. 17 State income tax 20 Locality name		
I Form W-2 Wage and Tax This information is being furnis	I x Statement shed to the Internal Re	venue Service.	1	Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax Stateme	nt		1	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.

2022

Copy C For EMI	202	2022						
(See Notice to E		OMB No. 1545-0008						
a Employee's SSN	1 Wages, tips, o	•	2 Federal	income tax withheld				
		45520.00	6253.00					
861-95-0615	3 Social security	wages	4 Social security tax withheld					
b Employer ID no. (EIN)								
06 1000517	5 Medicare wag	es and tips	6 Medicare tax withheld					
26-1222517								
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. RAMA CHARAN T POLANKI 4751 BELWOOD GREEN								
ARBUTUS MD 21227								
7 Social security tips	8 Allocat	ed tips	9					
10 Dependent care bene	efits 11 Nonqu	alified plans	12a Co	12a Code See inst. for box 12				
13	14 Other		12b Co	12b Code				
Statutory employee				10.0.1				
Retirement Plan			12 c Co	12c Code				
Trous officers of the same			12d Cd	12d Code				
Third-party sick pay								
MD 1415038	36	4032	40320.00					
VA 30-26122 15 State Employer's sta	2517F-001 te ID number	52 0 16 State wages, tip	0 . 0 0 os, etc.	220.00 s, etc. 220.00				
18 Local wages, tips, et		ncome tax	20 Locality name					
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS								

REV 01/17/23 QBDT

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, tips, ot	her comp.	2 Federal income tax withheld				
	I	45520.00	6253.00				
861-95-0615	3 Social security	wages	4 Social security tax withheld				
b Employer ID no. (EIN)	5 Medicare wage	s and tips	6 Medica	re tax withheld			
26-1222517							
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. RAMA CHARAN T POLANKI 4751 BELWOOD GREEN ARBUTUS MD 21227							
1							
7 Social security tips	8 Allocate	ea ups	l ⁹				
10 Dependent care bene	efits 11 Nonqua	alified plans	12a Code See inst. for box 12				
13	14 Other		12b Cd	12b Code			
Statutory employee Retirement Plan			12c Code				
Third-party sick pay							
MD 1415038		4032	0.00	1869.55			
VA 30-26122 15 State Employer's state	22517F-001 te ID number	520 16 State wages, tip	0.00 os, etc.	220.00 17 State income tax			
18 Local wages, tips, etc	c. 19 Local ir	ncome tax	20 Locality name				
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS							