Copy B To Be F FEDERAL Tax R	iled with Empeturn.	oloyee's	<b>2022</b> OMB N	lo. 1545-0008	Copy City,	y 2 To Be F or Local In	iled W come	Vith Emp	oloyee's State turn.	, <b>20</b>	<b>22</b> B No. 1545-0008
a Employee's SSN	1 Wages, tips, of	her comp. 11800.56	2 Federal in	come tax withheld		oloyee's SSN		ges, tips, ot	her comp.		l income tax withheld
736-79-1240	3 Social security		4 Social sec	19623.00 urity tax withheld	736	-79-1240	3 Soc	ial security	11800.56	4 Social	19623.00 security tax withheld
<b>b</b> Employer ID no. (EIN)		11800.56	4 000101 000	6931.63	h Empl	loyer ID no. (EIN)	-		11800.56	4 000101	6931.63
26-1222517	5 Medicare wage	es and tips 11800.56	6 Medicare tax withheld 1621.11		26-1222517		5 Medicare wages and tips 111800.56		6 Medicare tax withheld 1621.11		
c Employer's name, ad VISTA APP	Idress, and ZIP cod LIED SOLU	de JTIONS GR	OUP IN	С		oloyer's name, ad STA APP			de JTIONS GR	OUP I	INC
459 HERNDO	ON PARKWA	AY SUITE	16		45	9 HERND	ON E	PARKWA	AY SUITE	16	
HERNDON			VA 2	20170	HE	RNDON				VA	20170
d Control number					<b>d</b> Con	trol number					
e Employee's name, ad SIVANNARA' 3027 RELIA FORT COLL	YANA DOKI ANT ST		CO 8	Suff. 30524	SI 30	oloyee's name, a VANNARA 27 RELI. PRT COLL	YANZ ANT	A DOKE		CO	Suff. 80524
7 Social security tips	8 Allocate	ed tips	9		7 Soci	al security tips		8 Allocate	ed tips	9	
10 Dependent care bene	efits 11 Nonqua	alified plans	12a Code	See inst. for box 12	<b>10</b> Depe	endent care bene	efits	11 Nonqua	alified plans	<b>12a</b> C	ode See inst. for box 12
13 Statutory employee	14 Other		12b Code	ı	13 Statutory	y employee	140	I ther		<b>12b</b> C	ode
			12c Code							<b>12c</b> C	ode
Retirement Plan Third-party sick pay			12d Code	i.	Retireme	ent Plan rty sick pay				<b>12d</b> C	ode
CO 2760494		11180		4903.00	CO	2760494			11180		4903.00
15 State Employer's s	tate ID number	16 State wages, tip		State income tax	15 State	Employer's sta	te ID nu	mber T	16 State wages, tip	1	17 State income tax
18 Local wages, tips, etc	c. 19 Local i	ncome tax	20 Locality	name	18 Loca	al wages, tips, et	tc.	19 Local in	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furni	x Statement ished to the Internal Ro	evenue Service.	De	pt. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax State	ment		I	Dept. of the Treasury - IR

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	20:	2022					
(See Notice to E	mploy	rees).			B No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.			2 Federal income tax withheld			
726 70 1040	111800.56			19623.00			
736-79-1240	3 Social security wages			4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)			11800.56	6931.63			
26-1222517	5 Medicare wages and tips			6 Medicare tax withheld			
			11800.56	1621.11			
c Employer's name, ac VISTA APP 459 HERND	LIED	SOLU	JTIONS GR	OUP 1 16	INC		
HERNDON VA 20170							
d Control number							
e Employee's name, a SIVANNARA 3027 RELI. FORT COLL	YANA ANT	DOK		CO	suff. 80524		
7 Social security tips		8 Allocate	ed tips	9			
<b>10</b> Dependent care benefits		11 Nonqua	alified plans	12a Code See inst. for box 12			
13	<b>14</b> Ot	her		12b Code			
Statutory employee				12c C	ada		
Retirement Plan				120 Code			
				12d Code			
Third-party sick pay					I		
CO 2760494		11180	4903.00				
15 State Employer's stat	e ID nur	mber	16 State wages, tij	os, etc.	17 State income tax		
<b>18</b> Local wages, tips, et	c.	19 Local ir	ncome tax	20 Locality name			
Form W-2 Wage and Ta	x Stater	nent			Dept. of the Treasury - IRS		

REV 01/17/23 QBDT

		oloyee's State	,  2022			
City, or Local Inc			OMB No. 1545-0008			
a Employee's SSN	1 Wages, tips, otl	her comp.	2 Federal income tax withheld			
	1	11800.56	19623.00			
736-79-1240	3 Social security	wages	4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)	1	11800.56	6931.63			
Employor ID no. (Em)	5 Medicare wage	s and tips	6 Medicare tax withheld			
26-1222517	1	11800.56	1621.11			
c Employer's name, ad VISTA APP: 459 HERNDO	LIED SOLU	JTIONS GR	OUP INC			
HERNDON VA 20170						
d Control number						
e Employee's name, ad SIVANNARA 3027 RELI	YANA DOKI		Su	uff.		
FORT COLL			CO 80524			
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 Other		12b Code			
Statutory employee			42-0-4-			
			40.0			
Retirement Plan			12c Code			
Retirement Plan			12c Code			
Retirement Plan  Third-party sick pay  CO 2760494	19	11180	12d Code	00		
Third-party sick pay CO 2760494		11180	12d Code 0.56 4903.	00		
Third-party sick pay  CO 2760494  15 State Employer's state	e ID number	<b>16</b> State wages, tip	12d Code 0.56 4903.	0 0		
Third-party sick pay	e ID number	<b>16</b> State wages, tip	12d Code 0.56 4903. s, etc. 17 State income tax	00		