

| Copy B To Be Filed With Employee's FEDERAL Tax Return. | | 2023 OMB No. 1545-0008 | |
|---|---------------------------------------|---|-------|
| a Employee's SSN 596-29-0877 | 1 Wages, tips, other comp. 1408.00 | 2 Federal income tax withheld 98.00 | |
| b Employer ID no. (EIN) 26-1222517 | 3 Social security wages 1408.00 | 4 Social security tax withheld 87.30 | |
| | 5 Medicare wages and tips 1408.00 | 6 Medicare tax withheld 20.42 | |
| 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 HAKESH REDDY KONDAKINDI 106 HIDDEN SPRINGS APT F CARY NC 27513 | | | |
| 7 Social security tips | 8 Allocated tips | 9 | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | |
| 13 Statutory employee | 14 Other | 12b Code | |
| Retirement Plan | | 12c Code | |
| Third-party sick pay | | 12d Code | |
| NC | 600857488 | 1408.00 | 17.00 |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

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Form W-2 Wage and Tax Statement

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.

REV 12/19/23 QBDT

| Copy C For EMPLOYEE'S RECORDS. (See Notice to Employees). | | 2023 OMB No. 1545-0008 | |
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