Copy B To Be F FEDERAL Tax R	iled w eturn.	ith Emp	oloyee's	20 2	23 B No. 1545-00	008	Copy City,	/ 2 To Be Fi or Local Ind	iled W	ith Emp	oloyee's State turn.	20	23 B No. 1545-0)008
a Employee's SSN	1 Wag	es, tips, ot	her comp. 1408.00	2 Federa	l income tax w	vithheld 98.00		loyee's SSN			ther comp. 1408.00		l income tax	withheld 98.00
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b Employer ID no. (EIN)	(EIN) 1408.00		87.30			b Empl	b Employer ID no. (EIN)		1408.00			87.30		
26-1222517	5 Med	5 Medicare wages and tips 6 Medicare to 1408.00			are tax withheld	20.42	26-1222517		5 Medicare wages and tips 1408.00			6 Medica	6 Medicare tax withheld 20.42	
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC					c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC									
459 HERNDON PARKWAY SUITE 16					459 HERNDON PARKWAY SUITE 16									
HERNDON	HERNDON VA 20170					HERNDON VA 20170)				
d Control number							d Control number							
e Employee's name, address, and ZIP code Suff. HAKESH REDDY KONDAKINDI 106 HIDDEN SPRINGS APT F CARY NC 27513						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					7 Social security tips 8 Allocated tips		ed tips	9				
10 Dependent care benefits		11 Nonqua	lified plans	12a Code See inst. for box 12		10 Dependent care benefits		efits	11 Nonqualified plans		12a Code See inst. for box 12			
13	1		I ther		12b Code		13 14 C Statutory employee		14 01	14 Other		12b Code		
Statutory employee				12c Code								12c Code		
Retirement Plan Third-party sick pay			12d Code		Retirement Plan Third-party sick pay				12d Code					
NC 6008574	88		140	8.00		17.00	NC	6008574	188		140	08.00		17.00
15 State Employer's st	tate ID r	umber	16 State wages, tip	s, etc.	17 State inco	me tax	15 State	Employer's stat	e ID nur	mber	16 State wages, ti	ps, etc.	17 State inc	ome tax
18 Local wages, tips, etc. 19 Local income tax		ncome tax	20 Locality name		18 Local wages, tips, etc.		19 Local income tax		20 Locality name					
Form W-2 Wage and Ta This information is being furni	x Stater ished to th	i nent ie Internal Re	venue Service.	<u> </u>	Dept. of the T	reasury - IRS	<u>I</u> Form W	/-2 Wage and Ta	x Stater	nent		I	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.

			CODDE	j					
Copy C For EMPLOYEE'S RECORDS. 2023 (See Notice to Employees). OMB No. 1545-0008									
(See Notice to E					OMB No. 1545-0008 2 Federal income tax withheld				
a Employee's SSN	1 * ' ' '								
FOC 20 0077	1408.00				98.00				
596-29-0877	, , , , , , , , , , , , , , , , , , ,				4 Social security tax withheld				
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26-1222517		1408.00			20.42				
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459 HERNDON PARKWAY SUITE 16									
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e Employee's name, address, and ZIP code Suff. HAKESH REDDY KONDAKINDI 106 HIDDEN SPRINGS APT F									
CARY NC 27513									
7 Social security tips	8	8 Allocated tips			9				
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Statutory employee									
				1	12c Code				
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Third-party sick pay		120 0			20 C00	ue			
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15 State Employer's state ID number 16 State wages, tips, etc. 17 State income ta									
18 Local wages, tips, et	c. 19	Local in	come tax	20 Locality name					
- ' '									

Form W-2 Wage and Tax Statement

REV 12/19/23 QBDT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2023 OMB No. 1545-0008									
a Employee's SSN	1 Wages, tips, otl	her comp.	2 Federal income tax withheld						
' '		1408.00	98.00						
596-29-0877	3 Social security	wages	4 Social security tax withheld						
b Employer ID no. (EIN)		1408.00	87.30						
	5 Medicare wage		6 Medicare tax withheld						
26-1222517		1408.00	20.42						
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC 459 HERNDON PARKWAY SUITE 16 HERNDON VA 20170									
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7 Social security tips	8 Allocate	ed tips	9						
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13	14 Other		12b C	12b Code					
Statutory employee			12c Code						
Retirement Plan			120 0						
			12d C	ode					
Third-party sick pay									
NC 600857488									
15 State Employer's stat	e ID number	16 State wages, tip		17 State income tax					
18 Local wages, tips, etc		ncome tax	20 Locality name						
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									