Copy B To Be F FEDERAL Tax R	iled w eturn.	ith Em _l	oloyee's		023 MB No. 1545-0008	Cop	y 2 To Be F , or Local Inc	iled W come	Vith Em Tax Re	ployee's State turn.		2023 DMB No. 1545-0008
a Employee's SSN	1 Wag	es, tips, of	her comp.	2 Feder	ral income tax withheld		plovee's SSN			ther comp.	2 Fed	eral income tax withheld
1 ' *		1	12716.80		16421.26				1	L12716.80		16421.26
168-49-8124	3 Soci	al security	wages	4 Socia	I security tax withheld	168	-49-8124	3 Soc	ial security	wages	4 Soc	ial security tax withheld
b Employer ID no. (EIN)	1	1	12716.80		6988.44		loyer ID no. (EIN)	1		L12716.80		6988.44
1 ' ' ' '	5 Medi	care wage	s and tips	6 Medic	care tax withheld	I .		5 Med	dicare wag	es and tips	6 Med	dicare tax withheld
26-1222517		1	12716.80		1634.39	26-	-1222517		1	L12716.80		1634.39
c Employer's name, ac VISTA APP: 459 HERNDO	LIED	SOL	JTIONS GR		INC	VI		LIED) SOL	UTIONS GR		INC
459 HERND	ON P	AKKWA	AT SOLIE	Τ0		45	9 HERND	ON F	PARKW	AY SUITE	Τ0	
HERNDON				VA	20170	HE	ERNDON				V	4 20170
d Control number						d Cor	ntrol number					
e Employee's name, as LIKHITHA 1 1407 BERN DENTON	KOTT	E		TX	Suff. 76201	LI	ployee's name, a KHITHA O7 BERN ENTON	котт	ſΈ	APT 1035	ΤΣ	Suff.
7 Social security tips		8 Allocate	ed tins	9		7 Soci	ial security tips		8 Allocat	ted tins	9	
				ľ			iai occaini, apo			.ou upo	١	
10 Dependent care bene	efits	11 Nonqua	alified plans	12a	Code See inst. for box 12	10 Dep	endent care bene	efits	11 Nonqu	alified plans	12a	Code See inst. for box 12
13	14 Ot	her		12h (Code	13		140	 ther		12t	Code
Statutory employee						Statutor	y employee					
' ' '				12c	Code		, , ,				120	: Code
Retirement Plan						Retirem	ent Plan					
				12d (Code						120	l Code
Third-party sick pay			1			Third-pa	rty sick pay			1		
15 State Employer's s	state ID n	umber	16 State wages, tip	os, etc.	17 State income tax	15 State	e Employer's sta	te ID nu	mber	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, et	c.	19 Local i	ncome tax	20 Lo	cality name	18 Loc	al wages, tips, et	c.	19 Local i	income tax	20 Loc	ality name
Form W-2 Wage and Ta This information is being furn	ax Staten	nent			Dept. of the Treasury - IRS	Form V	N-2 Wage and Ta	ax State	ment		1	Dept. of the Treasury - IR:
This information is being furn	ished to th	e Internal R	evenue Service.				, in the second					
This information is being furn penalty or other sanction may	ished to th	e Internal Ro	evenue Service. If you a	re required	to file a tax return, a negligence to report it.				RE	EV 12/19/23 QBDT		
Copy C For EMI					023	Cop	y 2 To Be F	iled W	Vith Em	ployee's State	, [2	2023

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(See Notice to E	mploy	rees).			MB No. 1545-0008			
a Employee's SSN	1 Wag	es, tips, ot	·	2 Federal income tax withheld 16421.26				
160 40 0104			12716.80					
168-49-8124	3 Soci	al security	•	4 Social security tax withheld				
b Employer ID no. (EIN)			12716.80	6988.44				
06 1000517	5 Med	icare wage	· ·	6 Medicare tax withheld				
26-1222517			12716.80	1634.39				
c Employer's name, ac VISTA APP 459 HERND	LIED	SOLU	JTIONS GR	OUP 16	INC			
HERNDON VA 20170								
d Control number								
e Employee's name, a LIKHITHA 1407 BERN. DENTON	KOTT	Έ		ТX	Suff. 76201			
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 Ot	her		12b Code				
Statutory employee								
Retirement Plan				12c Code				
Total official Care				12d Code				
Third-party sick pay					_			
15 State Employer's sta	te ID nur	mber	16 State wages, tip	os. etc.	17 State income tax			
18 Local wages, tips, et		19 Local in		20 Locality name				
5					•			
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City, or Local Inc			ОМЕ	3 No. 1545-0008					
a Employee's SSN	1 Wages, tips, of	her comp.	2 Federal income tax withheld						
		12716.80	16421.26						
168-49-8124	3 Social security	J	4 Social security tax withheld						
b Employer ID no. (EIN)		12716.80	6988.44						
	5 Medicare wage	es and tips .12716 .80	6 Medicare tax withheld						
26-1222517	1	1634.39							
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.									
LIKHITHA KOTTE									
1407 BERN	ARD ST. A	APT 1035							
DENTON TX 76201									
7 Social security tips	8 Allocat	9							
10 Dependent care bene	fits 11 Nonqu	alified plans	12a Code See inst. for box 12						
13	14 Other		12b Co	ode					
Statutory employee			12c Code						
Retirement Plan			12d Code						
Third-party sick pay		120 Code							
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									