Copy B To Be F FEDERAL Tax R	eturn.	•	•	20 2	23 B No. 1545-0008	Copy City,	y 2 To Be Fi or Local Inc	iled Witl come Ta	n Emp	ployee's State turn.		23 B No. 1545-0008
a Employee's SSN	1 Wag	es, tips, oth	ner comp. 5376.00	2 Federa	l income tax withheld 538.00	a Emp	oloyee's SSN	1 Wages	tips, of	ther comp. 5376.00	2 Federa	al income tax withheld 538.00
719-17-3225	3 Socia	al security	vages	4 Social s	security tax withheld	719	-17-3225	3 Social s	security	wages	4 Social	security tax withheld
b Employer ID no. (EIN) 26 – 1222517	5 Medi	care wage	s and tips	6 Medica	re tax withheld	1 '	loyer ID no. (EIN) · 1222517	5 Medica	re wage	es and tips	6 Medica	are tax withheld
c Employer's name, ad VISTA APPI	LIED	SOLU	TIONS GR		NC	VÍ		LIED	SOL	UTIONS GR		NC
459 HERNDON	ON P	ARKWA	Y SULTE	VA	20170		S HERNDO RNDON	ON PA	RKW	AY SUITE	VA 16	20170
d Control number				VA	20170		trol number				VA	20170
e Employee's name, ac SOWMYA UG(2170 SUMMI MARYLAND I	GAM ER H	OUSE		JIS MO	Suff. 63146	SC	oloyee's name, ac DWMYA UGO .70 SUMMI .RYLAND I	GAM ER HO	USE	ode DR ST.LO	UIS MO	Suff. 63146
7 Social security tips		8 Allocate	d tips	9		7 Soci	al security tips	8	Allocat	ed tips	9	
10 Dependent care bene	fits	11 Nonqua	ified plans	12a C	ode See inst. for box 12	10 Dep	endent care bene	efits 11	Nonqu	alified plans	12a C	ode See inst. for box 12
13 Statutory employee	14 Ot	her		12b C	ode	13 Statutors	v employee	14 Othe	r		12b C	ode
Retirement Plan				12c C	ode	Retireme	, , ,				12c C	ode
Third-party sick pay				12d C	ode		rty sick pay				12d C	ode
MO 2092396	1		537	6.00	194.00	MO	2092396	51		537	76.00	194.00
15 State Employer's st	tate ID n	umber	16 State wages, tip	s, etc.	17 State income tax	15 State	e Employer's stat	te ID numb	er	16 State wages, tip	os, etc.	17 State income tax
18 Local wages, tips, etc	о.	19 Local in	come tax	20 Loca	ılity name	18 Loc	al wages, tips, etc	c. 19	Local i	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furni	x Staten	nent	vonuo Sonvico	1	Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ıx Statemei	nt		l	Dept. of the Treasury - IR:
This information is being fulfill	ancu w III	c internal Re	venue Jervice.									

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.

2023

	For EMI			CORDS.					
(See N	otice to E					OMB No. 1545-00			
a Employee's SSN		1 Wages, tips, other comp. 5376.00			2 Federal income tax withheld				
					538.0				
719-17-3225 3 8			cial security wages			4 Social security tax withheld			
b Employe	r ID no. (EIN)								
		5 Medicare wages and tips			6 Medicare tax withheld				
26-1	222517								
	ver's name, ad TA APP:			e JTIONS GR	OUF	PINC			
459	HERND	ON F	ARKWA	Y SUITE	16				
HERNDON VA 20170									
d Control	Inumber								
SOW	/ee's name, ad MYA UG(GAM					Suff.		
217	O SUMM	ER H	OUSE	DR ST.LO	UIS	3			
MAR	YLAND 1	HEIG	HTS		M	IO 63146			
7 Social security tips			8 Allocated tips			9			
10 Dependent care benefits			11 Nonqualified plans			12a Code See inst. for box 12			
13 14 0			her			12b Code			
Statutory em	ıployee								
					12c Code				
Retirement Plan					12d Code				
Third-party sick pay			120			2a Code	Code		
MO 20923961				537	6.0	6.00 194.			
I 15 State E	mployer's stat	e ID nur	mber	16 State wages, tip	os, etc	c. 17 State inco	me tax		
18 Local wages, tips, etc.			19 Local ir	come tax	20 Locality name				

Form W-2 Wage and Tax Statement

REV 12/19/23 QBDT

Copy 2 To Be Fi				, I	23 B No. 1545-0008		
a Employee's SSN				2 Federal income tax withheld			
a Employee's 33N			5376.00		538.0		
719-17-3225	3 Socia	al security	wages	4 Social security tax withheld			
b Employer ID no. (EIN)							
26-1222517	5 Medi	icare wage	s and tips	6 Medica	re tax withheld		
c Employer's name, ad VISTA APP	dress, a L I ED	nd ZIP cod	le JTIONS GR	OUP I	INC		
459 HERNDO	ON P	ARKWA	AY SUITE	16			
HERNDON VA 20170							
d Control number							
e Employee's name, ac SOWMYA UGO		and ZIP cod	de		Suff.		
2170 SUMM	ER H	OUSE	DR ST.LO	UIS			
MARYLAND I	HEIG	HTS		MO	63146		
7 Social security tips		8 Allocate	ed tips	9			
10 Dependent care bene	fits	11 Nonqua	alified plans	12a Co	12a Code See inst. for box 12		
13	14 Ot	her		12b Co	12b Code		
Statutory employee				12c C	12c Code		
Retirement Plan				1			
Retirement Plan Third-party sick pay				12d Co	ode		
	51		537	12d Co	194.0		
Third-party sick pay		mber	5 3 7 16 State wages, tip	6.00			
Third-party sick pay MO 2092396	e ID nur	nber 19 Local ir	16 State wages, tip	6.00	194.0		