Copy B To Be Filed with Employee's   2023   FEDERAL Tax Return.   OMB No. 1545-0008					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 Waq	ges, tips, o	ther comp. 83966.63	2 Feder	al income tax withheld 13112.00		oloyee's SSN			ther comp. 83966.63		al income tax withheld 13112.00
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<b>b</b> Employer ID no. (EIN)	5 Med	licare wage		6 Medic	are tax withheld		loyer ID no. (EIN)	5 Med	icare wag	es and tips		are tax withheld
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7 Social security tips		8 Allocate	ed tine	9		7 Soci	al security tips		8 Alloca	ted tins	19	
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10 Dependent care bene	Dependent care benefits 11 Nonqualified plans		12a Code See inst. for box 12		<b>10</b> Dep	10 Dependent care benefits		11 Nonqualified plans		<b>12a</b> C	Code See inst. for box 12	
13	140	l ther		12b (	Code	13		14 01	l ther		12b C	Code
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Third-party sick pay			T			Third-pa	rty sick pay					T
15 State Employer's s	state ID	number	16 State wages, tip	s, etc.	17 State income tax	15 State	Employer's stat	te ID nur	mber	16 State wages,	tips, etc.	17 State income tax
18 Local wages, tips, et	ic.	19 Local i	ncome tax	<b>20</b> Loc	cality name	18 Loc	al wages, tips, et	c.	19 Local	income tax	20 Locali	ty name
Form W-2 Wage and Ta This information is being furn	ax State	l ment		1	Dept. of the Treasury - IRS	Form V	V-2 Wage and Ta	ax Stater	nent			Dept. of the Treasury - IRS
This information is being furn	ished to t	he Internal R	evenue Service.		•		-					•
This information is being furn	nished to t	he Internal R	evenue Service. If you are	e required	to file a tax return, a negligence							
penalty or other sanction ma	y be impo	sed on you if	this income is taxáble an	d you fail t	to report it.					EV 12/19/23 QBDT	1	
Copy C For EM	PLUY	EE S RI	ECORDS.	20	023	Cop	vz lo Be F	iied W	ııth Em	ployee's Stat	e,  20	23

Copy C For EMPLOYEE'S RECORDS.   2023									
(See Notice to E					3 No. 1545-0008				
a Employee's SSN	1 Wag	es, tips, ot	•	2 Federal income tax withheld					
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26-1222517			83966.63	1217.5					
c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC 459 HERNDON PARKWAY SUITE 16									
459 HERNDON PARKWAY SUITE 16									
HERNDON VA 20170									
d Control number									
e Employee's name, address, and ZIP code Suff. ANUDEEP DALE 9939 FREDERICKSBURG RD APT 1605 SAN ANTONIO TX 78240									
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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					
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15 State Employer's stat			16 State wages, ti	os, etc.  17 State income tax   20 Locality name					
18 Local wages, tips, et	С.	19 Local in	ncome tax	20 Locality	/ name				

Copy 2 To Be Filed With Employee's State, 2023									
City, or Local Income Tax Return. OMB No. 1545-0008									
a Employee's SSN	1 Wag	es, tips, otl	her comp.	2 Federal income tax withheld					
			83966.63	13112.00					
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c Employer's name, address, and ZIP code VISTA APPLIED SOLUTIONS GROUP INC 459 HERNDON PARKWAY SUITE 16									
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7 Social security tips		8 Allocate	ed tips	9					
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Statutory employee				12c Code					
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15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax									
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS									