


|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>170-72-1987</b> |  | Safe, Accurate,<br>FAST! Use                          |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>01-5959632</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>231246.18</b>  |  | 2 Federal income tax withheld<br><b>36452.12</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Kirk, Conway and Chang Ltd<br/>725 Jodi Manor Apt. 446<br/>Troyview ND 89862-6445</b>         |  |   |  | 3 Social security wages<br><b>249693.96</b>  |  | 4 Social security tax withheld<br><b>19101.59</b> |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>196129.44</b>  |  | 6 Medicare tax withheld<br><b>5687.75</b>         |  |
|  |  |   |  | 7 Social security tips<br><b>249693.96</b>   |  | 8 Allocated tips<br><b>196129.44</b>              |  |
| d Control number<br><b>857604</b>  |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>267</b>          |  |
| e Employee's first name and initial Last name<br><br><b>Jessica Collins<br/>82814 Smith Stravenue Apt. 159<br/>Port Nicole CA 06789-6095</b> |  |   |  | 11 Nonqualified plans<br><b>229</b>  |  | 12a See instructions for box 12<br><b>3395</b>    |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>E</b> <b>421</b>                           |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>321</b>                                    |  |
|  |  |   |  |  |  | 12d <b>H</b> <b>468</b>                           |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.                        |  |
| <b>AR</b>  |  | <b>262-96-855</b>   |  | <b>109826.6</b>  |  | <b>9212.44</b>                                    |  |
| <b>NV</b>  |  | <b>571-64-956</b>   |  | <b>106924.5</b>  |  | <b>8673.43</b>                                    |  |
|  |  |   |  |  |  | <b>197081.79</b>                                  |  |
|  |  |   |  |  |  | <b>40986.8</b>                                    |  |
|  |  |   |  |  |  | <b>Garrett Mall</b>                               |  |
|  |  |   |  |  |  | <b>Olson Knolls</b>                               |  |

**Wage and Tax  
Statement**

**2010**

Department of the Treasury--Internal Revenue Service

Form W-2  
Copy B--To Be Filed with Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.

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Cut here. Keep lower portion for your records.

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>170-72-1987</b> |  | OMB No. 1545-0008  |  | 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. |  |
| b Employer identification number<br><b>01-5959632</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>231246.18</b>  |  | 2 Federal income tax withheld<br><b>36452.12</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Kirk, Conway and Chang Ltd<br/>725 Jodi Manor Apt. 446<br/>Troyview ND 89862-6445</b>         |  |   |  | 3 Social security wages<br><b>249693.96</b>  |  | 4 Social security tax withheld<br><b>19101.59</b>  |  |
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|  |  |   |  | 7 Social security tips<br><b>249693.96</b>   |  | 8 Allocated tips<br><b>196129.44</b>   |  |
| d Control number<br><b>857604</b>  |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>267</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Jessica Collins<br/>82814 Smith Stravenue Apt. 159<br/>Port Nicole CA 06789-6095</b> |  |   |  | 11 Nonqualified plans<br><b>229</b>  |  | 12a See instructions for box 12<br><b>3395</b>   |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>E</b> <b>421</b>  |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>321</b>   |  |
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| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.   |  |
| <b>AR</b>  |  | <b>262-96-855</b>   |  | <b>109826.6</b>  |  | <b>9212.44</b>   |  |
| <b>NV</b>  |  | <b>571-64-956</b>   |  | <b>106924.5</b>  |  | <b>8673.43</b>   |  |
|  |  |   |  |  |  | <b>197081.79</b>   |  |
|  |  |   |  |  |  | <b>40986.8</b>   |  |
|  |  |   |  |  |  | <b>Garrett Mall</b>  |  |
|  |  |   |  |  |  | <b>Olson Knolls</b>  |  |

**Wage and Tax  
Statement**

**2010**

Department of the Treasury--Internal Revenue Service

Form W-2  
Copy C For EMPLOYEE'S RECORDS.  
(See enclosed Notice to Employee.)

Safe, accurate,  
FAST! Use

