


|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>758-06-5627</b> |  | Safe, Accurate,<br>FAST! Use    |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>83-7959202</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>235410.96</b>  |  | 2 Federal income tax withheld<br><b>44226.09</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Coleman, Odom and Evans Ltd<br/>0534 Steven Forest Apt. 991<br/>Williamsview WY 94856-5955</b> |  |   |  | 3 Social security wages<br><b>187438.24</b>  |  | 4 Social security tax withheld<br><b>14339.03</b> |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>247133.53</b>  |  | 6 Medicare tax withheld<br><b>7166.87</b>         |  |
|   |  |   |  | 7 Social security tips<br><b>187438.24</b>   |  | 8 Allocated tips<br><b>247133.53</b>              |  |
| d Control number<br><b>9506035</b>  |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>141</b>          |  |
| e Employee's first name and initial Last name<br><br><b>Matthew Torres<br/>079 Bradley Mews Apt. 436<br/>Colemanchester RI 47017-3844</b>     |  |   |  | 11 Nonqualified plans<br><b>139</b>  |  | 12a See instructions for box 12<br><b>6040</b>    |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b <b>D</b> <b>640</b>                           |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>P</b> <b>602</b>                           |  |
|   |  |   |  |  |  | 12d <b>D</b> <b>132</b>                           |  |
| f Employee's address and ZIP code   |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.                        |  |
| <b>OH</b>   |  | <b>800-08-315</b>   |  | <b>117038.2</b>  |  | <b>17 State income tax</b>                        |  |
| <b>PA</b>   |  | <b>517-82-421</b>   |  | <b>115521.67</b>   |  | <b>8942.21</b>                                    |  |
|   |  |   |  |  |  | <b>18 Local wages, tips, etc.</b>                 |  |
|   |  |   |  |  |  | <b>216386.91</b>                                  |  |
|   |  |   |  |  |  | <b>19 Local income tax</b>                        |  |
|   |  |   |  |  |  | <b>28370.82</b>                                   |  |
|   |  |   |  |  |  | <b>20 Locality name</b>                           |  |
|   |  |   |  |  |  | <b>Montes Squares</b>                             |  |
|   |  |   |  |  |  | <b>Arnold Shoal</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>758-06-5627</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>83-7959202</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>235410.96</b>  |  | 2 Federal income tax withheld<br><b>44226.09</b>   |  |
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|   |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>P</b> <b>602</b>  |  |
|   |  |   |  |  |  | 12d <b>D</b> <b>132</b>  |  |
| f Employee's address and ZIP code   |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.   |  |
| <b>OH</b>   |  | <b>800-08-315</b>   |  | <b>117038.2</b>  |  | <b>17 State income tax</b>   |  |
| <b>PA</b>   |  | <b>517-82-421</b>   |  | <b>115521.67</b>   |  | <b>8942.21</b>   |  |
|   |  |   |  |  |  | <b>18 Local wages, tips, etc.</b>  |  |
|   |  |   |  |  |  | <b>216386.91</b>   |  |
|   |  |   |  |  |  | <b>19 Local income tax</b>   |  |
|   |  |   |  |  |  | <b>28370.82</b>  |  |
|   |  |   |  |  |  | <b>20 Locality name</b>  |  |
|   |  |   |  |  |  | <b>Montes Squares</b>  |  |
|   |  |   |  |  |  | <b>Arnold Shoal</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

