


|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>108-20-8460</b> |  | Safe, Accurate,<br>FAST! Use                          |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>42-9761434</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>130115.04</b>  |  | 2 Federal income tax withheld<br><b>40932.9</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Mcdowell, Calderon and Andersen Ltd</b><br><b>3391 Frazier Stream</b><br><b>East Cherylside PA 11742-6951</b> |  |   |  | 3 Social security wages<br><b>162362.48</b>  |  | 4 Social security tax withheld<br><b>12420.73</b> |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>134954.38</b>  |  | 6 Medicare tax withheld<br><b>3913.68</b>         |  |
|  |  |   |  | 7 Social security tips<br><b>162362.48</b>   |  | 8 Allocated tips<br><b>134954.38</b>              |  |
| d Control number<br><b>6819981</b>   |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>233</b>          |  |
| e Employee's first name and initial Last name<br><br><b>Megan Gallagher</b><br><b>997 Fuller Creek</b><br><b>Ericafurt VT 10837-6525</b>                     |  |   |  | 11 Nonqualified plans<br><b>294</b>  |  | 12a See instructions for box 12<br><b>2854</b>    |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>P 446</b>                                  |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>E 313</b>                                  |  |
|  |  |   |  |  |  | 12d <b>G 875</b>                                  |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.                        |  |
| <b>WI 107-52-482</b>   |  | <b>63046.0</b>  |  | <b>5555.02</b>   |  | <b>151352.72</b>                                  |  |
| <b>MS 685-59-105</b>   |  | <b>64533.71</b>   |  | <b>4577.36</b>   |  | <b>156487.4</b>                                   |  |
|  |  |   |  | <b>18187.85</b>  |  | <b>16063.71</b>                                   |  |
|  |  |   |  |  |  | <b>Hernandez Locks</b>                            |  |
|  |  |   |  |  |  | <b>Jonathan Crossroad</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>108-20-8460</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>42-9761434</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>130115.04</b>  |  | 2 Federal income tax withheld<br><b>40932.9</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>WI 107-52-482</b>   |  | <b>63046.0</b>  |  | <b>5555.02</b>   |  | <b>151352.72</b>   |  |
| <b>MS 685-59-105</b>   |  | <b>64533.71</b>   |  | <b>4577.36</b>   |  | <b>156487.4</b>  |  |
|  |  |   |  | <b>18187.85</b>  |  | <b>16063.71</b>  |  |
|  |  |   |  |  |  | <b>Hernandez Locks</b>   |  |
|  |  |   |  |  |  | <b>Jonathan Crossroad</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

