


REISSUED STATEMENT		a Employee's social security number 625-33-9114		OMB No. 1545-0008		Safe, Accurate, FAST! Use		 Visit the IRS Website at www.irs.gov/efile .	
b Employer identification number 01-7513434				1 Wages, tips, other compensation 228988.71		2 Federal income tax withheld 33143.0			
c Employer's name, address, and ZIP code Salinas, Edwards and Hanna Ltd 10770 Angela Track North Timothyside MT 43248-6196				3 Social security wages 205716.25		4 Social security tax withheld 15737.29			
				5 Medicare wages and tips 188665.57		6 Medicare tax withheld 5471.3			
				7 Social security tips 205716.25		8 Allocated tips 188665.57			
d Control number 5800871				9 Advance EIC payment		10 Dependent care benefits 274			
e Employee's first name and initial Last name Nicholas Hernandez 03935 Ho Roads East Laurentown AK 94882-980				11 Nonqualified plans 262		12a See instructions for box 12 P 6202			
				13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b G 442			
				14 Other (see enclosed Notice to Employee)		12c 575			
						12d 858			
f Employee's address and ZIP code									
15 State NY	Employer's state ID number 343-18-942	16 State wages, tips, etc. 120930.27	17 State income tax 9343.33	18 Local wages, tips, etc. 262241.79	19 Local income tax 24546.08	20 Locality name Davis Cliffs			
MS	415-07-982	105974.3	8031.51	257995.57	31751.66	Wood Rapids			

Cut here. Keep lower portion for your records.

**Wage and Tax
Statement**

Form W-2

Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)

2010

Department of the Treasury--Internal Revenue Service

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FAST! Use** 