


|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>109-27-7426</b> |  | Safe, Accurate,<br>FAST! Use                          |  | Visit the IRS Website<br>at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |  |
| b Employer identification number<br><b>01-2329205</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>184071.97</b>  |  | 2 Federal income tax withheld<br><b>64263.3</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Schmidt, Dorsey and Miles Inc<br/>410 Patterson Expressway Suite 171<br/>Andreaton AZ 98478-4414</b> |  |   |  | 3 Social security wages<br><b>212655.86</b>  |  | 4 Social security tax withheld<br><b>16268.17</b>                                      |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>170822.95</b>  |  | 6 Medicare tax withheld<br><b>4953.87</b>  |  |
|   |  |   |  | 7 Social security tips<br><b>212655.86</b>   |  | 8 Allocated tips<br><b>170822.95</b>   |  |
| d Control number<br><b>6436537</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>Craig Christensen<br/>433 Katherine Avenue<br/>South Alejandraport ID 05645-653</b>         |  |   |  | 11 Nonqualified plans<br><b>290</b>  |  | 12a See instructions for box 12<br><b>7411</b>   |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>H</b> <b>707</b>  |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>102</b>   |  |
|   |  |   |  |  |  | 12d <b>E</b> <b>566</b>  |  |
| f Employee's address and ZIP code   |  |   |  | 15 State   |  | 16 State wages, tips, etc.   |  |
| SD  |  | 629-00-190  |  | 93628.03   |  | 17 State income tax<br><b>6038.91</b>  |  |
| WA  |  | 318-50-701  |  | 96417.08   |  | 5755.22  |  |
|   |  |   |  |  |  | 18 Local wages, tips, etc.<br><b>145981.48</b>   |  |
|   |  |   |  |  |  | 19 Local income tax<br><b>29321.2</b>  |  |
|   |  |   |  |  |  | 20 Locality name<br><b>Hannah Road</b>   |  |
|   |  |   |  |  |  | <b>Lucas Landing</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.

-----  
Cut here. Keep lower portion for your records.

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>109-27-7426</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>01-2329205</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>184071.97</b>  |  | 2 Federal income tax withheld<br><b>64263.3</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Schmidt, Dorsey and Miles Inc<br/>410 Patterson Expressway Suite 171<br/>Andreaton AZ 98478-4414</b> |  |   |  | 3 Social security wages<br><b>212655.86</b>  |  | 4 Social security tax withheld<br><b>16268.17</b>  |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>170822.95</b>  |  | 6 Medicare tax withheld<br><b>4953.87</b>  |  |
|   |  |   |  | 7 Social security tips<br><b>212655.86</b>   |  | 8 Allocated tips<br><b>170822.95</b>   |  |
| d Control number<br><b>6436537</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>Craig Christensen<br/>433 Katherine Avenue<br/>South Alejandraport ID 05645-653</b>         |  |   |  | 11 Nonqualified plans<br><b>290</b>  |  | 12a See instructions for box 12<br><b>7411</b>   |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>H</b> <b>707</b>  |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>102</b>   |  |
|   |  |   |  |  |  | 12d <b>E</b> <b>566</b>  |  |
| f Employee's address and ZIP code   |  |   |  | 15 State   |  | 16 State wages, tips, etc.   |  |
| SD  |  | 629-00-190  |  | 93628.03   |  | 17 State income tax<br><b>6038.91</b>  |  |
| WA  |  | 318-50-701  |  | 96417.08   |  | 5755.22  |  |
|   |  |   |  |  |  | 18 Local wages, tips, etc.<br><b>145981.48</b>   |  |
|   |  |   |  |  |  | 19 Local income tax<br><b>29321.2</b>  |  |
|   |  |   |  |  |  | 20 Locality name<br><b>Hannah Road</b>   |  |
|   |  |   |  |  |  | <b>Lucas Landing</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

