


|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>162-84-4734</b> |  | Safe, Accurate,<br>FAST! Use    |  | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number<br><b>56-8425837</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>79724.76</b>   |  | 2 Federal income tax withheld<br><b>26763.3</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Tyler-Johnson PLC</b><br><b>982 Wilson Harbors Apt. 777</b><br><b>Lake Teresa WI 56936-9552</b> |  |   |  | 3 Social security wages<br><b>66558.08</b>   |  | 4 Social security tax withheld<br><b>5091.69</b> |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>92409.53</b>   |  | 6 Medicare tax withheld<br><b>2679.88</b>        |  |
|  |  |   |  | 7 Social security tips<br><b>66558.08</b>  |  | 8 Allocated tips<br><b>92409.53</b>              |  |
| d Control number<br><b>2240191</b>   |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>234</b>         |  |
| e Employee's first name and initial Last name<br><br><b>Julia Wright</b><br><b>09855 Smith Oval</b><br><b>West Pamela SC 04183-4157</b>        |  |   |  | 11 Nonqualified plans<br><b>276</b>  |  | 12a See instructions for box 12<br><b>E 5015</b> |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |  | 12b<br><b>133</b>                                |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c<br><b>223</b>                                |  |
|  |  |   |  |  |  | 12d<br><b>H 479</b>                              |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.                       |  |
| PA 194-08-962  |  | 36120.35  |  | 17 State income tax<br>2849.89   |  | 18 Local wages, tips, etc.<br>61007.5            |  |
| MO 531-14-779  |  | 40370.75  |  | 3376.93  |  | 19 Local income tax<br>13581.78                  |  |
|  |  |   |  | 74661.78   |  | 20 Locality name<br>Reed Village                 |  |
|  |  |   |  | 74661.78   |  | Ramirez Neck                                     |  |

**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>162-84-4734</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>56-8425837</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>79724.76</b>   |  | 2 Federal income tax withheld<br><b>26763.3</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Tyler-Johnson PLC</b><br><b>982 Wilson Harbors Apt. 777</b><br><b>Lake Teresa WI 56936-9552</b> |  |   |  | 3 Social security wages<br><b>66558.08</b>   |  | 4 Social security tax withheld<br><b>5091.69</b>   |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>92409.53</b>   |  | 6 Medicare tax withheld<br><b>2679.88</b>  |  |
|  |  |   |  | 7 Social security tips<br><b>66558.08</b>  |  | 8 Allocated tips<br><b>92409.53</b>  |  |
| d Control number<br><b>2240191</b>   |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>234</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Julia Wright</b><br><b>09855 Smith Oval</b><br><b>West Pamela SC 04183-4157</b>        |  |   |  | 11 Nonqualified plans<br><b>276</b>  |  | 12a See instructions for box 12<br><b>E 5015</b>   |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |  | 12b<br><b>133</b>  |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c<br><b>223</b>  |  |
|  |  |   |  |  |  | 12d<br><b>H 479</b>  |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.   |  |
| PA 194-08-962  |  | 36120.35  |  | 17 State income tax<br>2849.89   |  | 18 Local wages, tips, etc.<br>61007.5  |  |
| MO 531-14-779  |  | 40370.75  |  | 3376.93  |  | 19 Local income tax<br>13581.78  |  |
|  |  |   |  | 74661.78   |  | 20 Locality name<br>Reed Village   |  |
|  |  |   |  | 74661.78   |  | Ramirez Neck   |  |

**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

