


<b>REISSUED STATEMENT</b>		a Employee's social security number <b>522-86-4190</b>		Safe, Accurate, FAST! Use 		Visit the IRS Website at www.irs.gov/efile.	
b Employer identification number <b>27-0313363</b>				1 Wages, tips, other compensation <b>91282.31</b>		2 Federal income tax withheld <b>31479.62</b>	
c Employer's name, address, and ZIP code <b>Hall Ltd Group 1860 Cynthia Harbor West Chelsea LA 84582-8152</b>				3 Social security wages <b>97402.36</b>		4 Social security tax withheld <b>7451.28</b>	
				5 Medicare wages and tips <b>74832.98</b>		6 Medicare tax withheld <b>2170.16</b>	
				7 Social security tips <b>97402.36</b>		8 Allocated tips <b>74832.98</b>	
d Control number <b>1872892</b>				9 Advance EIC payment		10 Dependent care benefits <b>280</b>	
e Employee's first name and initial Last name  <b>Daniel Robinson 8432 Castro Well West Anna NJ 73837-7432</b>				11 Nonqualified plans <b>233</b>		12a See instructions for box 12 <b>D 9800</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b <b>252</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>387</b>	
						12d <b>P 946</b>	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
SD		951-27-584		43778.91		17 State income tax <b>3516.46</b>	
IL		591-87-209		48925.07		5218.18	
						18 Local wages, tips, etc. <b>96230.09</b>	
						19 Local income tax <b>16429.64</b>	
						20 Locality name <b>Jeffery Burgs</b>	
						Thomas Drive	

**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 <b>522-86-4190</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 <b>27-0313363</b>				1 Wages, tips, other compensation <b>91282.31</b>		2 Federal income tax withheld <b>31479.62</b>	
c Employer's name, address, and ZIP code <b>Hall Ltd Group 1860 Cynthia Harbor West Chelsea LA 84582-8152</b>				3 Social security wages <b>97402.36</b>		4 Social security tax withheld <b>7451.28</b>	
				5 Medicare wages and tips <b>74832.98</b>		6 Medicare tax withheld <b>2170.16</b>	
				7 Social security tips <b>97402.36</b>		8 Allocated tips <b>74832.98</b>	
d Control number <b>1872892</b>				9 Advance EIC payment		10 Dependent care benefits <b>280</b>	
e Employee's first name and initial Last name  <b>Daniel Robinson 8432 Castro Well West Anna NJ 73837-7432</b>				11 Nonqualified plans <b>233</b>		12a See instructions for box 12 <b>D 9800</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b <b>252</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>387</b>	
						12d <b>P 946</b>	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
SD		951-27-584		43778.91		17 State income tax <b>3516.46</b>	
IL		591-87-209		48925.07		5218.18	
						18 Local wages, tips, etc. <b>96230.09</b>	
						19 Local income tax <b>16429.64</b>	
						20 Locality name <b>Jeffery Burgs</b>	
						Thomas Drive	

**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

