


|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>296-40-4803</b> |  | Safe, Accurate,<br>FAST! Use                          |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>30-1078612</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>223786.16</b>  |  | 2 Federal income tax withheld<br><b>58522.86</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Chan PLC Group<br/>4195 Lisa Park Suite 038<br/>South Jasonview NV 40856-8197</b>           |  |   |  | 3 Social security wages<br><b>230016.25</b>  |  | 4 Social security tax withheld<br><b>17596.24</b> |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>273713.91</b>  |  | 6 Medicare tax withheld<br><b>7937.7</b>          |  |
|  |  |   |  | 7 Social security tips<br><b>230016.25</b>   |  | 8 Allocated tips<br><b>273713.91</b>              |  |
| d Control number<br><b>186433</b>  |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>239</b>          |  |
| e Employee's first name and initial Last name<br><br><b>Miranda Thornton<br/>651 James Freeway Suite 404<br/>Sabrinabury MD 86882-7612</b> |  |   |  | 11 Nonqualified plans<br><b>147</b>  |  | 12a See instructions for box 12<br><b>D 8416</b>  |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>H 524</b>                                  |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>P 218</b>                                  |  |
|  |  |   |  |  |  | 12d <b>102</b>                                    |  |
| f Employee's address and ZIP code  |  |   |  | 15 State   |  | 20 Locality name                                  |  |
| Employer's state ID number<br><b>WV 533-28-647</b>   |  | 16 State wages, tips, etc.<br><b>104730.73</b>            |  | 17 State income tax<br><b>12890.3</b>  |  | 18 Local wages, tips, etc.<br><b>238025.47</b>    |  |
| <b>WV 993-55-871</b>   |  | <b>121201.14</b>  |  | <b>9985.74</b>   |  | <b>34409.88</b>                                   |  |
|  |  |   |  | <b>164019.53</b>   |  | <b>37022.55</b>                                   |  |
|  |  |   |  |  |  | <b>Elliot Views</b>                               |  |
|  |  |   |  |  |  | <b>Jones Stravenue</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>296-40-4803</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>30-1078612</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>223786.16</b>  |  | 2 Federal income tax withheld<br><b>58522.86</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Chan PLC Group<br/>4195 Lisa Park Suite 038<br/>South Jasonview NV 40856-8197</b>           |  |   |  | 3 Social security wages<br><b>230016.25</b>  |  | 4 Social security tax withheld<br><b>17596.24</b>  |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>273713.91</b>  |  | 6 Medicare tax withheld<br><b>7937.7</b>   |  |
|  |  |   |  | 7 Social security tips<br><b>230016.25</b>   |  | 8 Allocated tips<br><b>273713.91</b>   |  |
| d Control number<br><b>186433</b>  |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>239</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Miranda Thornton<br/>651 James Freeway Suite 404<br/>Sabrinabury MD 86882-7612</b> |  |   |  | 11 Nonqualified plans<br><b>147</b>  |  | 12a See instructions for box 12<br><b>D 8416</b>   |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>H 524</b>   |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>P 218</b>   |  |
|  |  |   |  |  |  | 12d <b>102</b>   |  |
| f Employee's address and ZIP code  |  |   |  | 15 State   |  | 20 Locality name   |  |
| Employer's state ID number<br><b>WV 533-28-647</b>   |  | 16 State wages, tips, etc.<br><b>104730.73</b>            |  | 17 State income tax<br><b>12890.3</b>  |  | 18 Local wages, tips, etc.<br><b>238025.47</b>   |  |
| <b>WV 993-55-871</b>   |  | <b>121201.14</b>  |  | <b>9985.74</b>   |  | <b>34409.88</b>  |  |
|  |  |   |  | <b>164019.53</b>   |  | <b>37022.55</b>  |  |
|  |  |   |  |  |  | <b>Elliot Views</b>  |  |
|  |  |   |  |  |  | <b>Jones Stravenue</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

