


|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>369-11-4129</b> |  | Safe, Accurate,<br>FAST! Use                          |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>51-8216221</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>204985.28</b>  |  | 2 Federal income tax withheld<br><b>67754.65</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Smith Group LLC</b><br><b>2305 Albert Terrace Suite 851</b><br><b>Denisefort NH 10932-6017</b>          |  |   |  | 3 Social security wages<br><b>178238.43</b>  |  | 4 Social security tax withheld<br><b>13635.24</b> |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>160106.85</b>  |  | 6 Medicare tax withheld<br><b>4643.1</b>          |  |
|  |  |   |  | 7 Social security tips<br><b>178238.43</b>   |  | 8 Allocated tips<br><b>160106.85</b>              |  |
| d Control number<br><b>592306</b>  |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>134</b>          |  |
| e Employee's first name and initial Last name<br><br><b>Melissa Crawford</b><br><b>38564 Hannah Ford Suite 406</b><br><b>Sanchezside NE 00687-8848</b> |  |   |  | 11 Nonqualified plans<br><b>204</b>  |  | 12a See instructions for box 12<br><b>D 7925</b>  |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>H 709</b>                                  |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>455</b>                                    |  |
|  |  |   |  |  |  | 12d <b>785</b>                                    |  |
| f Employee's address and ZIP code  |  |   |  | 15 State   |  | 20 Locality name                                  |  |
| Employer's state ID number   |  | 16 State wages, tips, etc.                                |  | 17 State income tax  |  | 19 Local income tax                               |  |
| <b>WV 849-07-187</b>   |  | <b>104142.49</b>  |  | <b>8072.73</b>   |  | <b>23205.65</b>                                   |  |
| <b>NJ 036-79-929</b>   |  | <b>110432.49</b>  |  | <b>7608.36</b>   |  | <b>160862.05</b>                                  |  |
|  |  |   |  |  |  | <b>37344.52</b>                                   |  |
|  |  |   |  |  |  | <b>Cole Squares</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>369-11-4129</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>51-8216221</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>204985.28</b>  |  | 2 Federal income tax withheld<br><b>67754.65</b>   |  |
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| <b>NJ 036-79-929</b>   |  | <b>110432.49</b>  |  | <b>7608.36</b>   |  | <b>160862.05</b>   |  |
|  |  |   |  |  |  | <b>37344.52</b>  |  |
|  |  |   |  |  |  | <b>Cole Squares</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

