


|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>478-26-9635</b> |  | Safe, Accurate,<br>FAST! Use    |  | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number<br><b>02-9339139</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>117617.0</b>   |  | 2 Federal income tax withheld<br><b>17328.05</b> |  |
| c Employer's name, address, and ZIP code<br><b>Romero-Woods LLC</b><br><b>891 Rita Unions</b><br><b>Kristinaburgh ME 05373-5924</b>                |  |   |  | 3 Social security wages<br><b>101525.43</b>  |  | 4 Social security tax withheld<br><b>7766.7</b>  |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>114880.68</b>  |  | 6 Medicare tax withheld<br><b>3331.54</b>        |  |
|  |  |   |  | 7 Social security tips<br><b>101525.43</b>   |  | 8 Allocated tips<br><b>114880.68</b>             |  |
| d Control number<br><b>7632801</b>   |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>101</b>         |  |
| e Employee's first name and initial Last name<br><br><b>Ashley Bryant</b><br><b>032 Wright Crescent Apt. 537</b><br><b>Ramosland GA 95392-5604</b> |  |   |  | 11 Nonqualified plans<br><b>142</b>  |  | 12a See instructions for box 12<br><b>E 1081</b> |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b <b>E 868</b>                                 |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>380</b>                                   |  |
|  |  |   |  |  |  | 12d <b>E 540</b>                                 |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.                       |  |
| OH   |  | 774-18-662  |  | 54478.16   |  | 17 State income tax<br><b>2289.69</b>            |  |
| MT   |  | 076-65-936  |  | 60376.37   |  | 2491.08  |  |
|  |  |   |  |  |  | 18 Local wages, tips, etc.<br><b>102386.01</b>   |  |
|  |  |   |  |  |  | 19 Local income tax<br><b>19310.0</b>            |  |
|  |  |   |  |  |  | 20 Locality name<br><b>Peters Lodge</b>          |  |
|  |  |   |  |  |  | <b>Kelly Drive</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>478-26-9635</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>02-9339139</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>117617.0</b>   |  | 2 Federal income tax withheld<br><b>17328.05</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Romero-Woods LLC</b><br><b>891 Rita Unions</b><br><b>Kristinaburgh ME 05373-5924</b>                |  |   |  | 3 Social security wages<br><b>101525.43</b>  |  | 4 Social security tax withheld<br><b>7766.7</b>  |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>114880.68</b>  |  | 6 Medicare tax withheld<br><b>3331.54</b>  |  |
|  |  |   |  | 7 Social security tips<br><b>101525.43</b>   |  | 8 Allocated tips<br><b>114880.68</b>   |  |
| d Control number<br><b>7632801</b>   |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>101</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Ashley Bryant</b><br><b>032 Wright Crescent Apt. 537</b><br><b>Ramosland GA 95392-5604</b> |  |   |  | 11 Nonqualified plans<br><b>142</b>  |  | 12a See instructions for box 12<br><b>E 1081</b>   |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b <b>E 868</b>   |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>380</b>   |  |
|  |  |   |  |  |  | 12d <b>E 540</b>   |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.   |  |
| OH   |  | 774-18-662  |  | 54478.16   |  | 17 State income tax<br><b>2289.69</b>  |  |
| MT   |  | 076-65-936  |  | 60376.37   |  | 2491.08  |  |
|  |  |   |  |  |  | 18 Local wages, tips, etc.<br><b>102386.01</b>   |  |
|  |  |   |  |  |  | 19 Local income tax<br><b>19310.0</b>  |  |
|  |  |   |  |  |  | 20 Locality name<br><b>Peters Lodge</b>  |  |
|  |  |   |  |  |  | <b>Kelly Drive</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

