


<b>REISSUED STATEMENT</b>		a Employee's social security number <b>487-16-6479</b>		Safe, Accurate, FAST! Use 		Visit the IRS Website at www.irs.gov/efile.	
b Employer identification number <b>84-1450808</b>				1 Wages, tips, other compensation <b>169288.96</b>		2 Federal income tax withheld <b>59916.85</b>	
c Employer's name, address, and ZIP code <b>Contreras Group PLC 15148 Chavez Street Apt. 203 Holthaven RI 19992-9021</b>				3 Social security wages <b>150319.5</b>		4 Social security tax withheld <b>11499.44</b>	
				5 Medicare wages and tips <b>140062.26</b>		6 Medicare tax withheld <b>4061.81</b>	
				7 Social security tips <b>150319.5</b>		8 Allocated tips <b>140062.26</b>	
d Control number <b>9305507</b>				9 Advance EIC payment		10 Dependent care benefits <b>160</b>	
e Employee's first name and initial Last name  <b>Valerie Evans 031 Smith Knoll South Patrick MO 50398-2430</b>				11 Nonqualified plans <b>215</b>		12a See instructions for box 12 <b>H 4404</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		12b <b>293</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>833</b>	
						12d <b>E 390</b>	
f Employee's address and ZIP code				15 State		16 State wages, tips, etc.	
UT		Employer's state ID number <b>027-08-394</b>		17 State income tax <b>3826.8</b>		18 Local wages, tips, etc. <b>160260.11</b>	
MD		<b>713-78-650</b>		<b>3678.48</b>		<b>192013.33</b>	
		<b>85526.34</b>		<b>20570.65</b>		<b>19306.47</b>	
						20 Locality name <b>Kristina Field</b>	
						<b>Luis Spring</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.

-----  
Cut here. Keep lower portion for your records.

<b>REISSUED STATEMENT</b>		a Employee's social security number <b>487-16-6479</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>84-1450808</b>				1 Wages, tips, other compensation <b>169288.96</b>		2 Federal income tax withheld <b>59916.85</b>	
c Employer's name, address, and ZIP code <b>Contreras Group PLC 15148 Chavez Street Apt. 203 Holthaven RI 19992-9021</b>				3 Social security wages <b>150319.5</b>		4 Social security tax withheld <b>11499.44</b>	
				5 Medicare wages and tips <b>140062.26</b>		6 Medicare tax withheld <b>4061.81</b>	
				7 Social security tips <b>150319.5</b>		8 Allocated tips <b>140062.26</b>	
d Control number <b>9305507</b>				9 Advance EIC payment		10 Dependent care benefits <b>160</b>	
e Employee's first name and initial Last name  <b>Valerie Evans 031 Smith Knoll South Patrick MO 50398-2430</b>				11 Nonqualified plans <b>215</b>		12a See instructions for box 12 <b>H 4404</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		12b <b>293</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>833</b>	
						12d <b>E 390</b>	
f Employee's address and ZIP code				15 State		16 State wages, tips, etc.	
UT		Employer's state ID number <b>027-08-394</b>		17 State income tax <b>3826.8</b>		18 Local wages, tips, etc. <b>160260.11</b>	
MD		<b>713-78-650</b>		<b>3678.48</b>		<b>192013.33</b>	
		<b>85526.34</b>		<b>20570.65</b>		<b>19306.47</b>	
						20 Locality name <b>Kristina Field</b>	
						<b>Luis Spring</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

