REISSUED	a Employee's social security number			Safe, Acc	urate,	THE STATE OF THE S	Visit th	e IRS Website		
STATEMENT	683-47-1551	OMB N	o. 1545-00	08 FAST! U	se		at www	v.irs.gov/efile.		
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
51-2425707				215339.99			30137.53			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Jackson Ltd LLC			265139.62			20	20283.18			
644 Taylor Trace Apt. 555			5 Medicare wages and tips			6 M				
New Markberg VA 21547-4929			7 S	164994 . 45 ocial security tips		8 A	4784.84 8 Allocated tips			
			, ,			• A				
d Control number				265139.62			164994.45 10 Dependent care benefits			
			9 A	dvance EIC payment		10 D	•			
5026983							183			
e Employee's first name and initial Last name			11 Nonqualified plans			12a S	12a See instructions for box 12			
Michael Reed			125				G 9194			
MICHAEL REEU			13 Statutory Retirement Third-party employee plan sick pay			12b	i			
12531 Ashley Fort			X	X		e) 12c	701			
Rodriguezburgh MS 91112-3124				Other (see enclosed Notice to Employee)			1			
						(G 725			
						12d	12d			
						(g 822			
f Employee's address and ZIP co		T						1		
15 State Employer's state ID n	<u> </u>	17 State income tax		18 Local wages, tips,		9 Local incon		20 Locality name		
NE 391-5	5-556 99665.98	5639.54		223065.29 32		32977.	89	Allen Ford		
TX 037-13	3-084 104923.76	6715.79	190587.31 33		31747.52		Morrison Center			

Wage and Tax Statement

Form W-2

Tax 2010

Department of the Treasury--Internal Revenue Service

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.

REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	68	33-47-1551	OMB N	OMB No. 1545-0008 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				1 V	/ages, tips, other compensation		2 Federal income tax withheld			
51-2425707				215339.99			30137.53			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Jackson Ltd LLC				265139.62			20283.18			
644 Taylor Trace Apt. 555				5 Medicare wages and tips			6 Medicare tax withheld			
				164994.45			4784.84			
New Markberg VA 21547-4929			7 Social security tips			8 Allocated tips				
				265139.62			164994.45			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
5026983								183		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Michael Reed			125 13 Statutory Retirement Third-party			G 9194				
12531 Ashley Fort Rodriguezburgh MS 91112-3124				emple			120	701		
				14 Other (see enclosed Notice to Employee)			12c			
1.0driguezzargii 1.5 Jiliz 5121			G 725							
						12d				
							G	822		
f Employee's address and ZIP of	ode							ı		
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income t	ax	20 Locality	name
NE 391-5	5-556	99665.98	5639.54		223065.29 32		2977.89		Allen	Ford
TX 037-1	3-084	104923.76	6715.79		190587.31	31	747.52	2	Morrison	Center

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

