


|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>148-94-5606</b> |  | Safe, Accurate,<br>FAST! Use                                     |  | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number<br><b>36-1923414</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>145873.46</b>   |  | 2 Federal income tax withheld<br><b>36215.89</b> |  |
| c Employer's name, address, and ZIP code<br><b>Barnett Group and Sons<br/>672 Smith Walk Suite 564<br/>Hughesside MO 44114-3368</b> |  |   |  | 3 Social security wages<br><b>103458.71</b>   |  | 4 Social security tax withheld<br><b>7914.59</b> |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>147467.05</b>   |  | 6 Medicare tax withheld<br><b>4276.54</b>        |  |
|   |  |   |  | 7 Social security tips<br><b>103458.71</b>  |  | 8 Allocated tips<br><b>147467.05</b>             |  |
| d Control number<br><b>9119996</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>265</b>         |  |
| e Employee's first name and initial Last name<br><br><b>Rebecca Galloway<br/>0955 Sheila Mission<br/>Katelnfurt NE 51763-4006</b>   |  |   |  | 11 Nonqualified plans<br><b>254</b>   |  | 12a See instructions for box 12<br><b>8823</b>   |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |  | 12b <b>P</b> <b>270</b>                          |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)  |  | 12c <b>P</b> <b>716</b>                          |  |
|   |  |   |  |   |  | 12d <b>668</b>                                   |  |
| f Employee's address and ZIP code   |  |   |  | 15 State Employer's state ID number   |  | 16 State wages, tips, etc.                       |  |
| <b>IL</b>   |  | <b>607-20-882</b>   |  | <b>77377.95</b>   |  | <b>5310.34</b>                                   |  |
| <b>FL</b>   |  | <b>616-68-560</b>   |  | <b>74345.03</b>   |  | <b>6107.06</b>                                   |  |
|   |  |   |  |   |  | <b>104033.27</b>                                 |  |
|   |  |   |  |   |  | <b>28882.03</b>                                  |  |
|   |  |   |  |   |  | <b>17245.8</b>                                   |  |
|   |  |   |  |   |  | <b>Anthony Knoll</b>                             |  |
|   |  |   |  |   |  | <b>Holland Court</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>148-94-5606</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>36-1923414</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>145873.46</b>   |  | 2 Federal income tax withheld<br><b>36215.89</b>   |  |
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|   |  |   |  | 7 Social security tips<br><b>103458.71</b>  |  | 8 Allocated tips<br><b>147467.05</b>   |  |
| d Control number<br><b>9119996</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>265</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Rebecca Galloway<br/>0955 Sheila Mission<br/>Katelnfurt NE 51763-4006</b>   |  |   |  | 11 Nonqualified plans<br><b>254</b>   |  | 12a See instructions for box 12<br><b>8823</b>   |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |  | 12b <b>P</b> <b>270</b>  |  |
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|   |  |   |  |   |  | 12d <b>668</b>   |  |
| f Employee's address and ZIP code   |  |   |  | 15 State Employer's state ID number   |  | 16 State wages, tips, etc.   |  |
| <b>IL</b>   |  | <b>607-20-882</b>   |  | <b>77377.95</b>   |  | <b>5310.34</b>   |  |
| <b>FL</b>   |  | <b>616-68-560</b>   |  | <b>74345.03</b>   |  | <b>6107.06</b>   |  |
|   |  |   |  |   |  | <b>104033.27</b>   |  |
|   |  |   |  |   |  | <b>28882.03</b>  |  |
|   |  |   |  |   |  | <b>17245.8</b>   |  |
|   |  |   |  |   |  | <b>Anthony Knoll</b>   |  |
|   |  |   |  |   |  | <b>Holland Court</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

