


|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>513-69-3274</b> |  | Safe, Accurate,<br>FAST! Use                                     |  | Visit the IRS Website<br>at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |  |
| b Employer identification number<br><b>35-5432954</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>86015.98</b>  |  | 2 Federal income tax withheld<br><b>14048.15</b>                                       |  |
| c Employer's name, address, and ZIP code<br><b>Harris-Callahan Group</b><br><b>72916 Warren Key Apt. 282</b><br><b>South Joshua CO 24094-6481</b> |  |   |  | 3 Social security wages<br><b>98801.96</b>  |  | 4 Social security tax withheld<br><b>7558.35</b>                                       |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>72903.16</b>  |  | 6 Medicare tax withheld<br><b>2114.19</b>  |  |
|   |  |   |  | 7 Social security tips<br><b>98801.96</b>   |  | 8 Allocated tips<br><b>72903.16</b>  |  |
| d Control number<br><b>3998628</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>184</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Gerald Jones</b><br><b>78112 Karen Ford</b><br><b>Solisview KY 94902-7489</b>             |  |   |  | 11 Nonqualified plans<br><b>276</b>   |  | 12a See instructions for box 12<br><b>H 7616</b>                                       |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>P 539</b>   |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)  |  | 12c <b>626</b>   |  |
|   |  |   |  |   |  | 12d <b>926</b>   |  |
| f Employee's address and ZIP code   |  |   |  | 15 State  |  | 16 State wages, tips, etc.   |  |
| VA  |  | 110-56-024  |  | 42272.55  |  | 17 State income tax  |  |
| NE  |  | 864-27-493  |  | 42062.64  |  | 2305.38  |  |
|   |  |   |  |   |  | 18 Local wages, tips, etc.   |  |
|   |  |   |  |   |  | 81833.18   |  |
|   |  |   |  |   |  | 19 Local income tax  |  |
|   |  |   |  |   |  | 17091.31   |  |
|   |  |   |  |   |  | 20 Locality name   |  |
|   |  |   |  |   |  | Derek Trace  |  |
|   |  |   |  |   |  | Contreras Throughway   |  |

**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>513-69-3274</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>35-5432954</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>86015.98</b>  |  | 2 Federal income tax withheld<br><b>14048.15</b>   |  |
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|   |  |   |  | 7 Social security tips<br><b>98801.96</b>   |  | 8 Allocated tips<br><b>72903.16</b>  |  |
| d Control number<br><b>3998628</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>184</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Gerald Jones</b><br><b>78112 Karen Ford</b><br><b>Solisview KY 94902-7489</b>             |  |   |  | 11 Nonqualified plans<br><b>276</b>   |  | 12a See instructions for box 12<br><b>H 7616</b>   |  |
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|   |  |   |  |   |  | 20 Locality name   |  |
|   |  |   |  |   |  | Derek Trace  |  |
|   |  |   |  |   |  | Contreras Throughway   |  |

**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

