REISSUED a Employee's social security number				Safe, Acc		so efilo		e IRS Website		
STATEMENT	584-65-3433	OMB N	lo. 1545-00	08 FAST! U	se	*E*file	at www	.irs.gov/efile.		
b Employer identification number				ages, tips, other comp	ensation	2 Fed	2 Federal income tax withheld			
06-7277695				107540.8		153	15345.18			
c Employer's name, address, and ZIP code				ocial security wages		4 Soc	4 Social security tax withheld			
Reyes PLC Group				96861.85		740	7409.93			
20411 Jessica Villages Suite 576			5 Medicare wages and tips			6 Med	6 Medicare tax withheld			
_				122254.71			3545.39			
Port Johnmouth CO 39686-0281			7 S	7 Social security tips			8 Allocated tips			
				96861.85			122254.71			
d Control number			9 Advance EIC payment			10 Dep	10 Dependent care benefits			
4656379							140			
e Employee's first name and initial Las	st name		11 N	onqualified plans		12a See	instruction	s for box 12		
			265			н	н 4434			
Carol Woods			13 Statut		Third-party	12b				
9395 Hopkins Spur				yee plan	x sick pay	D	473			
West Michael MS	53282-1793		14 O	ther (see enclosed No	tice to Employ	/ee) 12c	i			
							556			
						12d				
							101			
f Employee's address and ZIP code							101			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips,	etc.	19 Local income	tax	20 Locality name		
TX 390-62-610	58349.73	2197.27		138420.95		18642.8	9	Kevin Rapids		
IA 644-82-336	56001.62	2743.63		88796.44 1		11659.6	7	Graham Road		
211 02 330	55551.62			00.55.11			•	oranam noad		

Wage and Tax

and Tax ent 2010

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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 STATEMEN	_	ial security number 84 – 65 – 3433	OMB N	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	-			1 V	Vages, tips, other compensation	Iali to I		income tax	withheld	
06-7277695				107540.8			15345.18			
c Employer's name, address, and ZIP code				3 9	locial security wages		4 Social security tax withheld			
Reyes PLC Group				96861.85			7409.93			
20411 Jessica Villages Suite 576				5 Medicare wages and tips 122254.71 7 Social security tips			6 Medicare tax withheld 3545.39 8 Allocated tips			
										Port Johnmouth CO 39686-0281
										96861.85
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4656379)							140		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Carol 9395 H	Woods opkins Spur			13 Statu			12b	4434 473		
West Michael MS 53282-1793				hther (see enclosed Notice to Employ	yee)	12c	556			
							12d	101		
f Employee's address and Employer's s	tate ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income tax		20 Locality name	
	0-62-610	58349.73	2197.27		138420.95		642.89		Kevin Rapid	
IA 64	4-82-336	56001.62	2743.63		88796.44	110	659.67		Graham Road	

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

