


|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>039-93-3879</b> |  | Safe, Accurate,<br>FAST! Use                                     |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>06-6120087</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>171492.94</b>   |  | 2 Federal income tax withheld<br><b>56416.57</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Khan-Burns Ltd</b><br><b>3880 Ferguson Point Apt. 046</b><br><b>Port Jeremybury HI 23235-7227</b>            |  |   |  | 3 Social security wages<br><b>203223.64</b>   |  | 4 Social security tax withheld<br><b>15546.61</b> |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>146114.81</b>   |  | 6 Medicare tax withheld<br><b>4237.33</b>         |  |
|   |  |   |  | 7 Social security tips<br><b>203223.64</b>  |  | 8 Allocated tips<br><b>146114.81</b>              |  |
| d Control number<br><b>9309822</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>257</b>          |  |
| e Employee's first name and initial Last name<br><br><b>Rachel Marshall</b><br><b>323 Michelle Walks Apt. 379</b><br><b>Lake Rebeccaborough ND 08272-49</b> |  |   |  | 11 Nonqualified plans<br><b>156</b>   |  | 12a See instructions for box 12<br><b>7791</b>    |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |  | 12b <b>G</b> <b>159</b>                           |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)  |  | 12c <b>585</b>                                    |  |
|   |  |   |  |   |  | 12d <b>G</b> <b>524</b>                           |  |
| f Employee's address and ZIP code   |  |   |  | 15 State  |  | 20 Locality name                                  |  |
| Employer's state ID number  |  | 16 State wages, tips, etc.                                |  | 17 State income tax   |  | 19 Local income tax                               |  |
| <b>AR 633-29-260</b>  |  | <b>80812.53</b>   |  | <b>4011.26</b>  |  | <b>22166.5</b>                                    |  |
| <b>ME 150-17-148</b>  |  | <b>86907.34</b>   |  | <b>4428.25</b>  |  | <b>209397.82</b>                                  |  |
| <b>153015.79</b>  |  | <b>21814.94</b>   |  | <b>21814.94</b>   |  | <b>Cameron Cove</b>                               |  |
| <b>Deanna Villages</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>039-93-3879</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>06-6120087</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>171492.94</b>   |  | 2 Federal income tax withheld<br><b>56416.57</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Khan-Burns Ltd</b><br><b>3880 Ferguson Point Apt. 046</b><br><b>Port Jeremybury HI 23235-7227</b>            |  |   |  | 3 Social security wages<br><b>203223.64</b>   |  | 4 Social security tax withheld<br><b>15546.61</b>  |  |
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| d Control number<br><b>9309822</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>257</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Rachel Marshall</b><br><b>323 Michelle Walks Apt. 379</b><br><b>Lake Rebeccaborough ND 08272-49</b> |  |   |  | 11 Nonqualified plans<br><b>156</b>   |  | 12a See instructions for box 12<br><b>7791</b>   |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |  | 12b <b>G</b> <b>159</b>  |  |
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| f Employee's address and ZIP code   |  |   |  | 15 State  |  | 20 Locality name   |  |
| Employer's state ID number  |  | 16 State wages, tips, etc.                                |  | 17 State income tax   |  | 19 Local income tax  |  |
| <b>AR 633-29-260</b>  |  | <b>80812.53</b>   |  | <b>4011.26</b>  |  | <b>22166.5</b>   |  |
| <b>ME 150-17-148</b>  |  | <b>86907.34</b>   |  | <b>4428.25</b>  |  | <b>209397.82</b>   |  |
| <b>153015.79</b>  |  | <b>21814.94</b>   |  | <b>21814.94</b>   |  | <b>Cameron Cove</b>  |  |
| <b>Deanna Villages</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

