


|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>100-69-0203</b> |  | Safe, Accurate,<br>FAST! Use                                     |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>14-8364333</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>164280.49</b>   |  | 2 Federal income tax withheld<br><b>28456.11</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Young-Dawson Group<br/>6007 Dwayne Villages<br/>South Andreborough AK 43290-2194</b>     |  |   |  | 3 Social security wages<br><b>152765.9</b>  |  | 4 Social security tax withheld<br><b>11686.59</b> |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>202174.83</b>   |  | 6 Medicare tax withheld<br><b>5863.07</b>         |  |
|   |  |   |  | 7 Social security tips<br><b>152765.9</b>   |  | 8 Allocated tips<br><b>202174.83</b>              |  |
| d Control number<br><b>1363963</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>187</b>          |  |
| e Employee's first name and initial Last name<br><br><b>James Bray<br/>637 John Valley Suite 802<br/>East Juanchester WV 27641-3628</b> |  |   |  | 11 Nonqualified plans<br><b>277</b>   |  | 12a See instructions for box 12<br><b>H 5727</b>  |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>896</b>                                    |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)  |  | 12c <b>G 990</b>                                  |  |
|   |  |   |  |   |  | 12d <b>E 689</b>                                  |  |
| f Employee's address and ZIP code   |  |   |  | 15 State Employer's state ID number   |  | 16 State wages, tips, etc.                        |  |
| <b>AR</b>   |  | <b>326-34-275</b>   |  | <b>89557.39</b>   |  | <b>9514.94</b>                                    |  |
| <b>MD</b>   |  | <b>184-88-942</b>   |  | <b>78193.46</b>   |  | <b>7506.41</b>                                    |  |
|   |  |   |  | <b>130241.72</b>  |  | <b>27489.04</b>                                   |  |
|   |  |   |  |   |  | <b>Lopez Ferry</b>                                |  |
|   |  |   |  |   |  | <b>Rodriguez Gardens</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.

-----  
Cut here. Keep lower portion for your records.

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>100-69-0203</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>14-8364333</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>164280.49</b>   |  | 2 Federal income tax withheld<br><b>28456.11</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Young-Dawson Group<br/>6007 Dwayne Villages<br/>South Andreborough AK 43290-2194</b>     |  |   |  | 3 Social security wages<br><b>152765.9</b>  |  | 4 Social security tax withheld<br><b>11686.59</b>  |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>202174.83</b>   |  | 6 Medicare tax withheld<br><b>5863.07</b>  |  |
|   |  |   |  | 7 Social security tips<br><b>152765.9</b>   |  | 8 Allocated tips<br><b>202174.83</b>   |  |
| d Control number<br><b>1363963</b>  |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>187</b>   |  |
| e Employee's first name and initial Last name<br><br><b>James Bray<br/>637 John Valley Suite 802<br/>East Juanchester WV 27641-3628</b> |  |   |  | 11 Nonqualified plans<br><b>277</b>   |  | 12a See instructions for box 12<br><b>H 5727</b>   |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>896</b>   |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)  |  | 12c <b>G 990</b>   |  |
|   |  |   |  |   |  | 12d <b>E 689</b>   |  |
| f Employee's address and ZIP code   |  |   |  | 15 State Employer's state ID number   |  | 16 State wages, tips, etc.   |  |
| <b>AR</b>   |  | <b>326-34-275</b>   |  | <b>89557.39</b>   |  | <b>9514.94</b>   |  |
| <b>MD</b>   |  | <b>184-88-942</b>   |  | <b>78193.46</b>   |  | <b>7506.41</b>   |  |
|   |  |   |  | <b>130241.72</b>  |  | <b>27489.04</b>  |  |
|   |  |   |  |   |  | <b>Lopez Ferry</b>   |  |
|   |  |   |  |   |  | <b>Rodriguez Gardens</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

