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|--|--|---|--|--|--|--|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>164-23-4073</b> |  | Safe, Accurate,<br>FAST! Use                          |  | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number<br><b>52-1841050</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>68994.48</b>   |  | 2 Federal income tax withheld<br><b>23612.83</b> |  |
| c Employer's name, address, and ZIP code<br><b>Hall, Mills and Jones Group<br/>81827 Adams Walk Suite 339<br/>Maryland MO 02178-6450</b> |  |   |  | 3 Social security wages<br><b>61561.67</b>   |  | 4 Social security tax withheld<br><b>4709.47</b> |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>80081.78</b>   |  | 6 Medicare tax withheld<br><b>2322.37</b>        |  |
|  |  |   |  | 7 Social security tips<br><b>61561.67</b>  |  | 8 Allocated tips<br><b>80081.78</b>              |  |
| d Control number<br><b>9432414</b>   |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>208</b>         |  |
| e Employee's first name and initial Last name<br><br><b>Sean Williamson<br/>1822 Brown Walks<br/>West Jessica NY 96182-4856</b>          |  |   |  | 11 Nonqualified plans<br><b>297</b>  |  | 12a See instructions for box 12<br><b>P 6484</b> |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>H 141</b>                                 |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>E 262</b>                                 |  |
|  |  |   |  |  |  | 12d <b>H 587</b>                                 |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.                       |  |
| <b>MI 930-94-710</b>   |  | <b>31456.15</b>   |  | 17 State income tax<br><b>2518.31</b>  |  | 18 Local wages, tips, etc.                       |  |
| <b>MA 725-28-011</b>   |  | <b>32392.44</b>   |  | <b>2489.36</b>   |  | 19 Local income tax<br><b>72064.78</b>           |  |
|  |  |   |  | <b>13258.02</b>  |  | 20 Locality name<br><b>Holly Summit</b>          |  |
|  |  |   |  |  |  | <b>Gabriel Knoll</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>164-23-4073</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>52-1841050</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>68994.48</b>   |  | 2 Federal income tax withheld<br><b>23612.83</b>   |  |
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|  |  |   |  | 7 Social security tips<br><b>61561.67</b>  |  | 8 Allocated tips<br><b>80081.78</b>  |  |
| d Control number<br><b>9432414</b>   |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>208</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Sean Williamson<br/>1822 Brown Walks<br/>West Jessica NY 96182-4856</b>          |  |   |  | 11 Nonqualified plans<br><b>297</b>  |  | 12a See instructions for box 12<br><b>P 6484</b>   |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>H 141</b>   |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>E 262</b>   |  |
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| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.   |  |
| <b>MI 930-94-710</b>   |  | <b>31456.15</b>   |  | 17 State income tax<br><b>2518.31</b>  |  | 18 Local wages, tips, etc.   |  |
| <b>MA 725-28-011</b>   |  | <b>32392.44</b>   |  | <b>2489.36</b>   |  | 19 Local income tax<br><b>72064.78</b>   |  |
|  |  |   |  | <b>13258.02</b>  |  | 20 Locality name<br><b>Holly Summit</b>  |  |
|  |  |   |  |  |  | <b>Gabriel Knoll</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

