


<b>REISSUED STATEMENT</b>		a Employee's social security number <b>552-84-8711</b>		Safe, Accurate, FAST! Use 		Visit the IRS Website at www.irs.gov/efile.	
b Employer identification number <b>06-7644159</b>				1 Wages, tips, other compensation <b>233083.55</b>		2 Federal income tax withheld <b>55225.64</b>	
c Employer's name, address, and ZIP code <b>Church-Jacobs Ltd</b> <b>89758 Andrea Common Suite 574</b> <b>South Jamie ND 44085-5458</b>				3 Social security wages <b>269027.4</b>		4 Social security tax withheld <b>20580.6</b>	
				5 Medicare wages and tips <b>256769.0</b>		6 Medicare tax withheld <b>7446.3</b>	
				7 Social security tips <b>269027.4</b>		8 Allocated tips <b>256769.0</b>	
d Control number <b>2639986</b>				9 Advance EIC payment		10 Dependent care benefits <b>189</b>	
e Employee's first name and initial Last name  <b>Felicia Summers</b> <b>9020 Walker Meadow Suite 969</b> <b>West Leslietown TX 81506-5010</b>				11 Nonqualified plans <b>182</b>		12a See instructions for box 12 <b>3978</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		12b <b>G</b> <b>892</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>420</b>	
						12d <b>354</b>	
f Employee's address and ZIP code				15 State ID <b>MA</b>		16 State wages, tips, etc. <b>106962.48</b>	
				17 State income tax <b>10219.89</b>		18 Local wages, tips, etc. <b>295951.75</b>	
				19 Local income tax <b>24395.19</b>		20 Locality name <b>Griffin Haven</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 <b>552-84-8711</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 <b>06-7644159</b>				1 Wages, tips, other compensation <b>233083.55</b>		2 Federal income tax withheld <b>55225.64</b>	
c Employer's name, address, and ZIP code <b>Church-Jacobs Ltd</b> <b>89758 Andrea Common Suite 574</b> <b>South Jamie ND 44085-5458</b>				3 Social security wages <b>269027.4</b>		4 Social security tax withheld <b>20580.6</b>	
				5 Medicare wages and tips <b>256769.0</b>		6 Medicare tax withheld <b>7446.3</b>	
				7 Social security tips <b>269027.4</b>		8 Allocated tips <b>256769.0</b>	
d Control number <b>2639986</b>				9 Advance EIC payment		10 Dependent care benefits <b>189</b>	
e Employee's first name and initial Last name  <b>Felicia Summers</b> <b>9020 Walker Meadow Suite 969</b> <b>West Leslietown TX 81506-5010</b>				11 Nonqualified plans <b>182</b>		12a See instructions for box 12 <b>3978</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		12b <b>G</b> <b>892</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>420</b>	
						12d <b>354</b>	
f Employee's address and ZIP code				15 State ID <b>MA</b>		16 State wages, tips, etc. <b>106962.48</b>	
				17 State income tax <b>10219.89</b>		18 Local wages, tips, etc. <b>295951.75</b>	
				19 Local income tax <b>24395.19</b>		20 Locality name <b>Griffin Haven</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

