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|---|----------------------------|---|---------------------|---|---------------------|---|--|
| REISSUED STATEMENT | | a Employee's social security number 547-37-6100 | | Safe, Accurate, FAST! Use  | | Visit the IRS Website at www.irs.gov/efile. | |
| b Employer identification number 31-3943833 | | | | 1 Wages, tips, other compensation 183825.16 | | 2 Federal income tax withheld 44393.16 | |
| c Employer's name, address, and ZIP code Stewart, Collins and Moss and Sons 903 Edwards Hollow Apt. 826 Port Kristastad LA 47960-0128 | | | | 3 Social security wages 193689.23 | | 4 Social security tax withheld 14817.23 | |
| | | | | 5 Medicare wages and tips 155436.15 | | 6 Medicare tax withheld 4507.65 | |
| | | | | 7 Social security tips 193689.23 | | 8 Allocated tips 155436.15 | |
| d Control number 3299342 | | | | 9 Advance EIC payment | | 10 Dependent care benefits 194 | |
| e Employee's first name and initial Last name Linda Knox 2581 Wendy Islands Marilynside AK 24543-8071 | | | | 11 Nonqualified plans 192 | | 12a See instructions for box 12 G 1240 | |
| | | | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | 12b E 126 | |
| | | | | 14 Other (see enclosed Notice to Employee) | | 12c 956 | |
| | | | | | | 12d P 281 | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| AK | 385-26-542 | 97889.45 | 4090.47 | 222885.56 | 30105.98 | Holmes Circles | |
| OR | 537-85-986 | 87481.24 | 3851.34 | 198300.43 | 25850.16 | Robertson Hollow | |

**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.

| | | | | | | | |
|---|----------------------------|---|---------------------|---|---------------------|--|--|
| REISSUED STATEMENT | | a Employee's social security number 547-37-6100 | | 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. | |
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**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

