


|   |                            |   |                     |   |                     |  |  |
|---|----------------------------|---|---------------------|---|---------------------|--|--|
| <b>REISSUED STATEMENT</b>   |                            | a Employee's social security number<br><b>049-80-5538</b> |                     | Safe, Accurate,<br>FAST! Use                                     |                     | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number<br><b>66-4064746</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>118242.06</b>   |                     | 2 Federal income tax withheld<br><b>27256.92</b> |  |
| c Employer's name, address, and ZIP code<br><b>Allen-Baldwin Group</b><br><b>826 Frank Cove Suite 077</b><br><b>Port Hollyshire OK 77075-5185</b> |                            |   |                     | 3 Social security wages<br><b>113857.24</b>   |                     | 4 Social security tax withheld<br><b>8710.08</b> |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>141840.89</b>   |                     | 6 Medicare tax withheld<br><b>4113.39</b>        |  |
|   |                            |   |                     | 7 Social security tips<br><b>113857.24</b>  |                     | 8 Allocated tips<br><b>141840.89</b>             |  |
| d Control number<br><b>9674074</b>  |                            |   |                     | 9 Advance EIC payment   |                     | 10 Dependent care benefits<br><b>143</b>         |  |
| e Employee's first name and initial Last name<br><br><b>Shannon Brown</b><br><b>9345 Patrick Plaza</b><br><b>Reedbury GA 48727-9267</b>           |                            |   |                     | 11 Nonqualified plans<br><b>143</b>   |                     | 12a See instructions for box 12<br><b>H 3629</b> |  |
|   |                            |   |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                     | 12b<br><b>123</b>                                |  |
|   |                            |   |                     | 14 Other (see enclosed Notice to Employee)  |                     | 12c<br><b>921</b>                                |  |
|   |                            |   |                     |   |                     | 12d<br><b>D 422</b>                              |  |
| 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                                 |  |
| <b>MO</b>   | <b>981-50-662</b>          | <b>61374.28</b>   | <b>7601.56</b>      | <b>139821.79</b>  | <b>12971.68</b>     | <b>Thompson Loop</b>                             |  |
| <b>CT</b>   | <b>321-18-673</b>          | <b>59538.76</b>   | <b>5070.93</b>      | <b>103114.14</b>  | <b>13788.63</b>     | <b>Heather Courts</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>049-80-5538</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>66-4064746</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>118242.06</b>   |                     | 2 Federal income tax withheld<br><b>27256.92</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Allen-Baldwin Group</b><br><b>826 Frank Cove Suite 077</b><br><b>Port Hollyshire OK 77075-5185</b> |                            |   |                     | 3 Social security wages<br><b>113857.24</b>   |                     | 4 Social security tax withheld<br><b>8710.08</b>   |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>141840.89</b>   |                     | 6 Medicare tax withheld<br><b>4113.39</b>  |  |
|   |                            |   |                     | 7 Social security tips<br><b>113857.24</b>  |                     | 8 Allocated tips<br><b>141840.89</b>   |  |
| d Control number<br><b>9674074</b>  |                            |   |                     | 9 Advance EIC payment   |                     | 10 Dependent care benefits<br><b>143</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Shannon Brown</b><br><b>9345 Patrick Plaza</b><br><b>Reedbury GA 48727-9267</b>           |                            |   |                     | 11 Nonqualified plans<br><b>143</b>   |                     | 12a See instructions for box 12<br><b>H 3629</b>   |  |
|   |                            |   |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                     | 12b<br><b>123</b>  |  |
|   |                            |   |                     | 14 Other (see enclosed Notice to Employee)  |                     | 12c<br><b>921</b>  |  |
|   |                            |   |                     |   |                     | 12d<br><b>D 422</b>  |  |
| 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   |  |
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| <b>CT</b>   | <b>321-18-673</b>          | <b>59538.76</b>   | <b>5070.93</b>      | <b>103114.14</b>  | <b>13788.63</b>     | <b>Heather Courts</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

