


|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <b>REISSUED STATEMENT</b>   |  | a Employee's social security number<br><b>140-95-8970</b> |  | Safe, Accurate,<br>FAST! Use                          |  | Visit the IRS Website<br>at www.irs.gov/efile.    |  |
| b Employer identification number<br><b>85-6644804</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>219459.22</b>  |  | 2 Federal income tax withheld<br><b>25182.74</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Lucero, Lee and Chavez Inc</b><br><b>1530 Kelly Valleys Apt. 008</b><br><b>Nuneztown OR 60239-3405</b> |  |   |  | 3 Social security wages<br><b>219384.71</b>  |  | 4 Social security tax withheld<br><b>16782.93</b> |  |
|   |  |   |  | 5 Medicare wages and tips<br><b>208047.54</b>  |  | 6 Medicare tax withheld<br><b>6033.38</b>         |  |
|   |  |   |  | 7 Social security tips<br><b>219384.71</b>   |  | 8 Allocated tips<br><b>208047.54</b>              |  |
| d Control number<br><b>5882945</b>  |  |   |  | 9 Advance EIC payment  |  | 10 Dependent care benefits<br><b>173</b>          |  |
| e Employee's first name and initial Last name<br><br><b>Allen Rogers</b><br><b>2743 Hernandez View</b><br><b>Jeffreychester IN 64313-0776</b>         |  |   |  | 11 Nonqualified plans<br><b>170</b>  |  | 12a See instructions for box 12<br><b>2572</b>    |  |
|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>D</b> <b>280</b>                           |  |
|   |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c <b>317</b>                                    |  |
|   |  |   |  |  |  | 12d <b>964</b>                                    |  |
| f Employee's address and ZIP code   |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.                        |  |
| SD <b>519-92-086</b>  |  | 17 State income tax<br><b>12119.11</b>                    |  | 18 Local wages, tips, etc.<br><b>257255.27</b>   |  | 19 Local income tax<br><b>29134.63</b>            |  |
| GA <b>904-41-445</b>  |  | 10785.53  |  | 169085.42  |  | 20 Locality name<br><b>Justin Fords</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>140-95-8970</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>85-6644804</b>   |  |   |  | 1 Wages, tips, other compensation<br><b>219459.22</b>  |  | 2 Federal income tax withheld<br><b>25182.74</b>   |  |
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|   |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b <b>D</b> <b>280</b>  |  |
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| GA <b>904-41-445</b>  |  | 10785.53  |  | 169085.42  |  | 20 Locality name<br><b>Justin Fords</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

