


<b>REISSUED STATEMENT</b>		a Employee's social security number <b>756-57-3466</b>		Safe, Accurate, FAST! Use 		Visit the IRS Website at www.irs.gov/efile.	
b Employer identification number <b>50-0050169</b>				1 Wages, tips, other compensation <b>68425.49</b>		2 Federal income tax withheld <b>10876.64</b>	
c Employer's name, address, and ZIP code <b>Lawrence, Ramirez and Rodriguez Ltd</b> <b>3890 Kathy Corner</b> <b>Harrisfort ID 44055-4317</b>				3 Social security wages <b>51169.87</b>		4 Social security tax withheld <b>3914.5</b>	
				5 Medicare wages and tips <b>83558.56</b>		6 Medicare tax withheld <b>2423.2</b>	
				7 Social security tips <b>51169.87</b>		8 Allocated tips <b>83558.56</b>	
d Control number <b>9798762</b>				9 Advance EIC payment		10 Dependent care benefits <b>276</b>	
e Employee's first name and initial Last name  <b>Mrs. Melinda</b> <b>3814 Peters Well</b> <b>New Gerald NV 94814-2091</b>				11 Nonqualified plans <b>223</b>		12a See instructions for box 12 <b>2967</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b <b>334</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>D 748</b>	
						12d <b>244</b>	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
KS		396-71-489		17 State income tax		18 Local wages, tips, etc.	
OR		405-68-911		19 Local income tax		20 Locality name	
		34413.11		10169.79		Collins Route	
		1480.47		11670.48		Ernest Street	
		62053.06					

**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>756-57-3466</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>50-0050169</b>				1 Wages, tips, other compensation <b>68425.49</b>		2 Federal income tax withheld <b>10876.64</b>	
c Employer's name, address, and ZIP code <b>Lawrence, Ramirez and Rodriguez Ltd</b> <b>3890 Kathy Corner</b> <b>Harrisfort ID 44055-4317</b>				3 Social security wages <b>51169.87</b>		4 Social security tax withheld <b>3914.5</b>	
				5 Medicare wages and tips <b>83558.56</b>		6 Medicare tax withheld <b>2423.2</b>	
				7 Social security tips <b>51169.87</b>		8 Allocated tips <b>83558.56</b>	
d Control number <b>9798762</b>				9 Advance EIC payment		10 Dependent care benefits <b>276</b>	
e Employee's first name and initial Last name  <b>Mrs. Melinda</b> <b>3814 Peters Well</b> <b>New Gerald NV 94814-2091</b>				11 Nonqualified plans <b>223</b>		12a See instructions for box 12 <b>2967</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b <b>334</b>	
				14 Other (see enclosed Notice to Employee)		12c <b>D 748</b>	
						12d <b>244</b>	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
KS		396-71-489		17 State income tax		18 Local wages, tips, etc.	
OR		405-68-911		19 Local income tax		20 Locality name	
		34413.11		10169.79		Collins Route	
		1480.47		11670.48		Ernest Street	
		62053.06					

**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

