


|   |                            |   |                     |  |                     |  |  |
|---|----------------------------|---|---------------------|--|---------------------|--|--|
| <b>REISSUED STATEMENT</b>   |                            | a Employee's social security number<br><b>754-97-3033</b> |                     | Safe, Accurate,<br>FAST! Use                          |                     | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number<br><b>73-2296703</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>60478.8</b>  |                     | 2 Federal income tax withheld<br><b>21640.22</b> |  |
| c Employer's name, address, and ZIP code<br><b>Phelps Inc Inc<br/>378 Taylor Branch Suite 077<br/>West Thomasbury AR 14614-0219</b> |                            |   |                     | 3 Social security wages<br><b>46052.28</b>   |                     | 4 Social security tax withheld<br><b>3523.0</b>  |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>58899.73</b>   |                     | 6 Medicare tax withheld<br><b>1708.09</b>        |  |
|   |                            |   |                     | 7 Social security tips<br><b>46052.28</b>  |                     | 8 Allocated tips<br><b>58899.73</b>              |  |
| d Control number<br><b>732098</b>   |                            |   |                     | 9 Advance EIC payment  |                     | 10 Dependent care benefits<br><b>123</b>         |  |
| e Employee's first name and initial Last name<br><br><b>Ashley Wood<br/>09200 Daniel Port Apt. 393<br/>West Susan GA 31949-3847</b> |                            |   |                     | 11 Nonqualified plans<br><b>243</b>  |                     | 12a See instructions for box 12<br><b>4550</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>557</b>                          |  |
|   |                            |   |                     | 14 Other (see enclosed Notice to Employee)   |                     | 12c <b>270</b>                                   |  |
|   |                            |   |                     |  |                     | 12d <b>E</b> <b>998</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>MT</b>   | <b>862-32-971</b>          | <b>28357.57</b>   | <b>1751.05</b>      | <b>74930.62</b>  | <b>12028.54</b>     | <b>Greene Valley</b>                             |  |
| <b>MO</b>   | <b>972-39-237</b>          | <b>28055.5</b>  | <b>1648.31</b>      | <b>71758.33</b>  | <b>7712.52</b>      | <b>Smith Harbors</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<br><b>754-97-3033</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>73-2296703</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>60478.8</b>  |                     | 2 Federal income tax withheld<br><b>21640.22</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Phelps Inc Inc<br/>378 Taylor Branch Suite 077<br/>West Thomasbury AR 14614-0219</b> |                            |   |                     | 3 Social security wages<br><b>46052.28</b>   |                     | 4 Social security tax withheld<br><b>3523.0</b>  |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>58899.73</b>   |                     | 6 Medicare tax withheld<br><b>1708.09</b>  |  |
|   |                            |   |                     | 7 Social security tips<br><b>46052.28</b>  |                     | 8 Allocated tips<br><b>58899.73</b>  |  |
| d Control number<br><b>732098</b>   |                            |   |                     | 9 Advance EIC payment  |                     | 10 Dependent care benefits<br><b>123</b>   |  |
| e Employee's first name and initial Last name<br><br><b>Ashley Wood<br/>09200 Daniel Port Apt. 393<br/>West Susan GA 31949-3847</b> |                            |   |                     | 11 Nonqualified plans<br><b>243</b>  |                     | 12a See instructions for box 12<br><b>4550</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>557</b>  |  |
|   |                            |   |                     | 14 Other (see enclosed Notice to Employee)   |                     | 12c <b>270</b>   |  |
|   |                            |   |                     |  |                     | 12d <b>E</b> <b>998</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>MT</b>   | <b>862-32-971</b>          | <b>28357.57</b>   | <b>1751.05</b>      | <b>74930.62</b>  | <b>12028.54</b>     | <b>Greene Valley</b>   |  |
| <b>MO</b>   | <b>972-39-237</b>          | <b>28055.5</b>  | <b>1648.31</b>      | <b>71758.33</b>  | <b>7712.52</b>      | <b>Smith Harbors</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

