


|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| <b>REISSUED STATEMENT</b>  |  | a Employee's social security number<br><b>586-02-7343</b> |  | Safe, Accurate,<br>FAST! Use                                     |  | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number<br><b>45-5839953</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>247843.68</b>   |  | 2 Federal income tax withheld<br><b>84146.92</b> |  |
| c Employer's name, address, and ZIP code<br><b>Casey Group Group<br/>3916 Jackson Stream<br/>Cooperstad AL 20631-4978</b>                  |  |   |  | 3 Social security wages<br><b>185082.29</b>   |  | 4 Social security tax withheld<br><b>14158.8</b> |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>236447.56</b>   |  | 6 Medicare tax withheld<br><b>6856.98</b>        |  |
|  |  |   |  | 7 Social security tips<br><b>185082.29</b>  |  | 8 Allocated tips<br><b>236447.56</b>             |  |
| d Control number<br><b>2629920</b>   |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>168</b>         |  |
| e Employee's first name and initial Last name<br><br><b>David Washington<br/>58163 Hoffman Rapids Suite 042<br/>Johnview GA 73664-2583</b> |  |   |  | 11 Nonqualified plans<br><b>169</b>   |  | 12a See instructions for box 12<br><b>7461</b>   |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b <b>G 488</b>                                 |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)  |  | 12c <b>G 868</b>                                 |  |
|  |  |   |  |   |  | 12d <b>G 467</b>                                 |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number   |  | 16 State wages, tips, etc.                       |  |
| <b>VA 648-47-274</b>   |  | <b>133353.21</b>  |  | <b>6571.83</b>  |  | <b>297401.23</b>                                 |  |
| <b>IA 996-28-240</b>   |  | <b>135317.03</b>  |  | <b>5712.9</b>   |  | <b>254763.58</b>                                 |  |
|  |  |   |  | <b>38806.94</b>   |  | <b>Sullivan Corners</b>                          |  |
|  |  |   |  | <b>38806.94</b>   |  | <b>Hernandez Alley</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>586-02-7343</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>45-5839953</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>247843.68</b>   |  | 2 Federal income tax withheld<br><b>84146.92</b>   |  |
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| d Control number<br><b>2629920</b>   |  |   |  | 9 Advance EIC payment   |  | 10 Dependent care benefits<br><b>168</b>   |  |
| e Employee's first name and initial Last name<br><br><b>David Washington<br/>58163 Hoffman Rapids Suite 042<br/>Johnview GA 73664-2583</b> |  |   |  | 11 Nonqualified plans<br><b>169</b>   |  | 12a See instructions for box 12<br><b>7461</b>   |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b <b>G 488</b>   |  |
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| <b>IA 996-28-240</b>   |  | <b>135317.03</b>  |  | <b>5712.9</b>   |  | <b>254763.58</b>   |  |
|  |  |   |  | <b>38806.94</b>   |  | <b>Sullivan Corners</b>  |  |
|  |  |   |  | <b>38806.94</b>   |  | <b>Hernandez Alley</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

