


REISSUED STATEMENT		a Employee's social security number 039-12-9084		Safe, Accurate, FAST! Use 		Visit the IRS Website at www.irs.gov/efile.	
b Employer identification number 46-1939506				1 Wages, tips, other compensation 227307.14		2 Federal income tax withheld 61847.17	
c Employer's name, address, and ZIP code Anderson, Sutton and Moses Inc 6174 Michael Way North Mariechester RI 31653-2899				3 Social security wages 253960.78		4 Social security tax withheld 19428.0	
				5 Medicare wages and tips 248021.4		6 Medicare tax withheld 7192.62	
				7 Social security tips 253960.78		8 Allocated tips 248021.4	
d Control number 9449902				9 Advance EIC payment		10 Dependent care benefits 163	
e Employee's first name and initial Last name Adam Lynch 438 Reyes Village West Justin AK 88043-3253				11 Nonqualified plans 116		12a See instructions for box 12 D 4684	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b G 271	
				14 Other (see enclosed Notice to Employee)		12c 418	
						12d 741	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
SC 707-96-126		17 State income tax 5724.97		18 Local wages, tips, etc. 293068.73		19 Local income tax 37739.04	
WY 302-40-582		20 Locality name Delacruz Walks		16 State wages, tips, etc. 106474.05		17 State income tax 5724.97	
WY 302-40-582		18 Local wages, tips, etc. 205198.9		19 Local income tax 33449.51		20 Locality name Reynolds Flats	

**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.

REISSUED STATEMENT		a Employee's social security number 039-12-9084		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 46-1939506				1 Wages, tips, other compensation 227307.14		2 Federal income tax withheld 61847.17	
c Employer's name, address, and ZIP code Anderson, Sutton and Moses Inc 6174 Michael Way North Mariechester RI 31653-2899				3 Social security wages 253960.78		4 Social security tax withheld 19428.0	
				5 Medicare wages and tips 248021.4		6 Medicare tax withheld 7192.62	
				7 Social security tips 253960.78		8 Allocated tips 248021.4	
d Control number 9449902				9 Advance EIC payment		10 Dependent care benefits 163	
e Employee's first name and initial Last name Adam Lynch 438 Reyes Village West Justin AK 88043-3253				11 Nonqualified plans 116		12a See instructions for box 12 D 4684	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b G 271	
				14 Other (see enclosed Notice to Employee)		12c 418	
						12d 741	
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.	
SC 707-96-126		17 State income tax 5724.97		18 Local wages, tips, etc. 293068.73		19 Local income tax 37739.04	
WY 302-40-582		20 Locality name Delacruz Walks		16 State wages, tips, etc. 106474.05		17 State income tax 5724.97	
WY 302-40-582		18 Local wages, tips, etc. 205198.9		19 Local income tax 33449.51		20 Locality name Reynolds Flats	

**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

