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|--|----------------------------|---|---------------------|--|---------------------|---|--|
| REISSUED STATEMENT | | a Employee's social security number 186-12-1582 | | Safe, Accurate, FAST! Use  | | Visit the IRS Website at www.irs.gov/efile. | |
| b Employer identification number 39-5790800 | | | | 1 Wages, tips, other compensation 232445.63 | | 2 Federal income tax withheld 32720.41 | |
| c Employer's name, address, and ZIP code Dyer, Jones and Johnson Inc 24177 Rita Knoll Suite 419 West Becky NC 56361-2651 | | | | 3 Social security wages 163169.57 | | 4 Social security tax withheld 12482.47 | |
| | | | | 5 Medicare wages and tips 213888.34 | | 6 Medicare tax withheld 6202.76 | |
| | | | | 7 Social security tips 163169.57 | | 8 Allocated tips 213888.34 | |
| d Control number 9868465 | | | | 9 Advance EIC payment | | 10 Dependent care benefits 293 | |
| e Employee's first name and initial Last name Patrick Floyd 7001 Jeremy Parkway Apt. 455 Charlenemouth VT 67633-1143 | | | | 11 Nonqualified plans 157 | | 12a See instructions for box 12 1101 | |
| | | | | 13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 12b D 303 | |
| | | | | 14 Other (see enclosed Notice to Employee) | | 12c H 191 | |
| | | | | | | 12d H 566 | |
| 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 | |
| MN | 340-79-425 | 106826.14 | 12066.95 | 172960.24 | 41222.05 | Osborne Spring | |
| VA | 502-34-328 | 115922.37 | 15397.57 | 175819.97 | 31456.3 | Anna Club | |

**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 186-12-1582 | | 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. | |
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**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

