


REISSUED STATEMENT		a Employee's social security number 1234 56 7890		OMB No. 1545-0008		Safe, Accurate, FAST! Use		 Visit the IRS Website at www.irs.gov/efile .							
b Employer identification number 11-22334455				1 Wages, tips, other compensation 48500.00		2 Federal income tax withheld 6835.00									
c Employer's name, address, and ZIP code 123 Main Street Phoenix AZ 85001				3 Social security wages 50000.00		4 Social security tax withheld 3100.00									
				5 Medicare wages and tips 50000.00		6 Medicare tax withheld 725.00									
				7 Social security tips		8 Allocated tips									
d Control number				9 Advance EIC payment		10 Dependent care benefits									
e Employee's first name and initial Last name JOHN A DOE				11 Nonqualified plans		12a See instructions for box 12 D 1500.00									
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b D 1000.00									
				14 Other (see enclosed Notice to Employee)		12c P 4800.00									
						12d									
f Employee's address and ZIP code				15 State Employer's state ID number PA 1235		16 State wages, tips, etc. 50000.00		17 State income tax 1535.00		18 Local wages, tips, etc. 50000.00		19 Local income tax 750.00		20 Locality name MU	

Form **W-2** Wage and Tax
Statement

2010

Department of the Treasury--Internal Revenue Service

Copy B--To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.