F	REISSUED	a Employee's socia	al security number			Sa	fe, Accurate,	Re	zetto.		IRS Website	
S	TATEMENT	05	53-23-6720	OMB	No. 1545-0	008 FA	ST! Use	J	file	at www.	irs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
98-4447991						229858.41			44015.0			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld		
Christensen-Brown LLC						169694.77			12981.65			
2427 Melissa Vista Suite 083 Kyleville MT 06865-9887					5 Medicare wages and tips				6 Medicare tax withheld			
					201726.37				5850.06			
					7 Social security tips				8 Allocated tips			
						169694.77			201726.37			
d Control number					9	9 Advance EIC payment			10 Dependent care benefits			
1566855									100			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12			
					181				G 8637			
	Nathan Woodard				13 Statutory Retirement Third-party employee plan sick pay			ly	12b	1		
32487 Alexa Forks North Thomas DC 31845-0843					employee plan sick pay							
					14	14 Other (see enclosed Notice to Employee)			12c			
									588			
									12d			
									P	429		
f Emplo	ovee's address and ZIP cod	e						-				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Lo	ocal income	tax	20 Locality name	
IA	067-61	-942	126414.63	11960.56		195302.73 4		404	10496.76		Mendoza Freeway	
OK	440-44	-191	109318.39	13028.17		189423	3.53	355	592.2		Richards Tunnel	

Wage and Tax
Form W-2 Statement

5070

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.

Cut here. Keep lower portion for your records.

-	REISSUED	a Employee's socia	al security number			This information is being furnis	shed to	the Internal	Revenue Serv	ice. If you are required		
	TATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed on you if							e imposed on you if			
	b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
98-4447991					229858.41			44015.0				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Christensen-Brown LLC					169694.77			12981.65				
2427 Melissa Vista Suite 083 Kyleville MT 06865-9887					5 Medicare wages and tips			6 Medicare tax withheld				
					201726.37			5850.06				
					7 Social security tips			8 Allocated tips				
						169694.77	201726.37					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	1566855							100				
e Emplo	yee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12				
					181			G 8637				
	Nathan Woodard				13 Statutory Retirement Third-party			12b				
32487 Alexa Forks				employee plan sick pay X				715				
							12c					
	North Thomas DC 31845-0843					14 Other (see enclosed Notice to Employee)						
								588				
								12d	ĺ			
					!			P	P 429			
	yee's address and ZIP cod											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9 Local income tax		20 Locality name		
IA	067-61	-942	126414.63	11960.56	195302.73 4		40	10496.76		Mendoza Freeway		
OK	440-44	-191	109318.39	13028.17		189423.53	35	592.2		Richards Tunnel		

Wage and Tax

Form W-2 Statement
Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

