R	REISSUED	a Employee's socia	l security number				Safe, Acc	urate,	e~fi		/isit the I	RS Website	
ST	TATEMENT	14	10-01-7580	OMB I	No. 1545-0	8000	FAST! Us	e	5~ III	<i>e</i>	at www.ir	s.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
46-4819773						185803.61				51500.68			
c Emplo	yer's name, address, and Z	IP code			3	3 Social security wages				4 Social security tax withheld			
Christensen, Downs and Blackwell Group						203964.3				15603.27			
60676 John Circle Suite 207					5					6 Medicare tax withheld			
Evansberg RI 02357-7481						158642.68				4600.64			
Evansberg RI 02357-7481					7	7 Social security tips				8 Allocated tips			
						203964.3				158642.68			
d Control number					9	9 Advance EIC payment			10	10 Dependent care benefits			
	403606									188			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a	12a See instructions for box 12			
					292				G 8801				
'	Chad Phill	ıps			13 Statutory Retirement Third-party employee plan sick pay				12b				
87155 Cole Causeway Suite 023						employee plan sick pay				920			
Toddhaven AL 80319-0371					14	14 Other (see enclosed Notice to Employee)							
										299			
								12d	12d				
											906		
f Employee's address and ZIP code										I.			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	:	18 Loc	al wages, tips,	etc. 1	19 Local inc	ome tax		20 Locality name	
WI	225-18	-819	87321.09	3673.7		213833.05		32031.08			Nichols Junctions		
NJ	574-53	-813	94718.3	4812.56		189	373.89	2	24430	.12		Flowers Mount	

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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.

F	REISSUED a Employee's		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	140-01-7580	40-01-7580 OMB No. 1545-0008 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 Emplo	yer identification number		1 V	/ages, tips, other compensation	Federal income tax withheld						
46-4819773					185803.61			51500.68			
c Emplo	yer's name, address, and ZIP code	3 Social security wages			4 Social security tax withheld						
Christensen, Downs and Blackwell Group					203964.3			15603.27			
60676 John Circle Suite 207					ledicare wages and tips	6 Medicare tax withheld					
	Evansberg RI 02357-7481				158642.68	4600.64 8 Allocated tips					
					ocial security tips						
					203964.3			158642.68			
d Contro	ol number	9 Advance EIC payment			10 Dependent care benefits						
	403606							188			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				292			G 8801				
	Chad Phillips 87155 Cole Causeway Suite 023				13 Statutory Retirement Third-party employee plan sick pay						
								920			
Toddhaven AL 80319-0371					14 Other (see enclosed Notice to Employee)			12c			
Toddiaven Al 00313 0371							299				
							12d				
					906						
f Employee's address and ZIP code						لــــ			T		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		1		Local income tax		20 Locality name		
WI	225-18-819	87321.09	3673.7		213833.05		32031.08		Nichols Junctions		
NJ	574-53-813	94718.3	4812.56		189373.89		24430.12		Flowers Mount		

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

