2022 W-2 Information

Please Return to Christianson PLLP no later than 1-6-23

NAME _____

FEDERAL I.D. # _____

STATE I.D. # _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE/CELL # _____

EMAIL ADDRESS _____

FED DEP $ and DATE

1_____

2_____

3_____

4_____

STATE DEP $ and DATE

1_____

2_____

3_____

4_____

Christianson PLLP

Willmar
302 SW 5th St Willmar, MN 56201
Fax: 320-235-5962
Phone: 320-235-5937

Litchfield
194 S Litchfield Ave Litchfield, MN 55355
Fax: 320-373-1041
Phone: 320-373-1040

	EMPLOYEE NAME & ADDRESS	SOC. SEC #	GROSS$ AMT	PRETAX RETIREMENT PLAN CONTRIBUTION	FEDERAL$ WITHHELD	MEDICARE $ WITHHELD	FICA $ WITHHELD	STATE $ WITHHELD	NET $ AMOUNT
1									
2									
3									
4									
5									
6									
7									