22222 Void $\Box$ a Employee's social security number $463-29-5714$	OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN)	1 Wages, tips, other compensation 2 Federal income tax w	ithheld
870300600	105,789.64 7,62	24.44
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax wi	thheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119	106,800.00 4,48	35.60
25/1 WEST 2590 SOUTH	5 Medicare wages and tips 6 Medicare tax withheld	-
SALT LAKE CITY, UI 84119	108,189.64 1,56	58.75 l
	7 Social security tips 8 Allocated tips	
d Control number		
A Control number	9 10 Dependent care bene	fits
4		
e Employee's name, address, city, and ZIP code	11 Nonqualified plans 12a See instructions for I	ox 12
MICHAEL D. ANDERSON		00.00
10040 00 NTOW AUG BOAR	employee plan sick pay	
12248 SO. NICKLAUS ROAD SANDY, UTAH 84092	C d e	
SANDY, UTAH 84092	14 Other 12c	
	<u> </u>	11.34
	12d	
	o d e	
15 State Employer's state ID number 16 State wages, tips, etc. 1	17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20	Locality name
UT 12289446004WTH 105,789.64	4,567.16	-

Form W-2 Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

5017

Department of the Treasury Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

LW2D1

5204