		1
22222 Void 511-56-6094	OMB No. 1545-0008	
b Employer identification number (EIN)	1 Wages, tips, other compensation 2 Fe	deral income tax withheld
870300600	26.111.41	3 132 12
c Employer's name, address, and ZIP code		cial security tax withheld
REDMAN_VAN_& STORAGE	27.151.41	1.140.36
2571 WEST 2590 SOUTH		edicare tax withheld
2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119	27.151.41	393.70
0/12/ 2/11/2 01/1/, 0/ 0/11/9		ocated tips
d Control number	9 10 De	pendent care benefits
33		
e Employee's name, address, city, and ZIP code	11 Nonqualified plans 12a Se	ee instructions for box 12
CHARLES N. GULL	l § D	1.040.00
GOLL GOLL	13 Statutory Retirement Third-party employee plan sick pay	1,040.00
4336 WEST 5820 SOUTH	Simply C Sign	
4336 WEST 5820 SOUTH KEARNS, UTAH 84118	14 Other 12c	
100,000,000,000	Cod	
	12d	
	Cod	
	e	
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax 18 Local wages, tips, etc. 19 Local in	ncome tax 20 Locality name
UT 12289446004WTH 26.111.41	1.238.99	

Form W-2 Wage and Tax Statement

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

Copy 1—For State, City, or Local Tax Department Copy D—For Employer.