a Employee's social security number			
void 528-08-4130	OMB No. 154	5.0008	
b Employer identification number (EIN)	ONB 10. 134		
870300600		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		37,549.94	1.811.31
DEDMAN MAN O CEODAGE		3 Social security wages	4 Social security tax withheld
REDIVAN VAN & STURAGE		38.419.94	2.382.04
55/7 MF21 5550 2001H		5 Medicare wages and tips	6 Medicare tax withheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119		38,419.94	557.09
		7 Social security tips	8 Allocated tips
10.11			
d Control number		9 Advance EIC payment	10 Dependent care benefits
e Employee's name, address, city and ZIP code	Suff.	11 Nonqualified plans	12a See instructions for box 12
KRISTEL RICKERS			B70 00
		13 Statutory Retirement Third-party employee plan sick pay	12b
1238 SOUTHAMPTON RD TAYLORSVILLE, UT 84123		employee plan sick pay	C
TAYLORSVILLE UT 84123		14 Other	12c
= 3.13 \ 1222, \ 3. \ 3.120		125 630.00	000
		125 630.00	12d
			12 0 0
			d e
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incom	- 140 ·	
UT LUCCOCC		12 2300, 1120, 616.	9 Local income tax 20 Locality name
UI W62207 37,549 94	1,329	. 24	

Form **W-2** Wage and Tax Statement

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

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Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

LW2D1

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