	/ee's social security number					
529-94-2809 OMB No. 15						
b Employer identification number (EIN)			1 Wa	ages, tips, other compensation		income tax withheld
870300600				<u>28,268.9</u> 7		2,442.81
c Employer's name, address, and ZIP code			3 Social security wages			security tax withheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119				<u>28,</u> 268.97		1,187.30
COLT MEDI COAN 2001H			5 Medicare wages and tips			re tax withheld
SALI LAKE CITY, UT 84119			<u>28,268.97</u>			409.90
			7 Social security tips		8 Allocated tips	
d Control number						
58			9		10 Depend	lent care benefits
e Employee's name, address, city, and ZIP code					8	
I APPLIES.			11 No	onqualified plans	12a See ins	structions for box 12
KEVIN MERRILL			10.0		d e	
4267 SOUTH 2175 NEST			13 Statem	tutory Retirement Third-party ployee plan sick pay	12b	
4267 SOUTH 2175 WEST   ROY, UTAH 84067					o d e	
NOT, UTAH 0400/			<b>14</b> Oth	ner	12c	
					a W	160.00
					12d	
					d e	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom				·		
	16 State wages, tips, etc.	17 State incom		18 Local wages, tips, etc.	19 Local incom	e tax 20 Locality name
UT   12289446004WTH	28,268.97	1.199	.23			
1						
Wage and Tax						

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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