2222 Void 518-25-0176	OMB No. 1545-0008	
b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
870300600 c Employer's name, address, and ZIP code	37,951.60	3,236,66
, , , , , , , , , , , , , , , , , , , ,	3 Social security wages	4 Social security tax withheld
2571 WEST 2590 SOUTH	37, 951, 60 5 Medicare wages and tips	1,593,97 6 Medicare tax withheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119	37, 951, 60	550 30
	7 Social security tips	8 Allocated tips
d Control number	9	10 Department to the
83		10 Dependent care benefits
e Employee's name, address, city, and ZIP code	11 Nonqualified plans	12a See instructions for box 12
STEPHANIE K. SMITH		c d
	13 Statutory Retirement Third-party employee plan sick pay	12b
1018 N 640 W		o d e
ĀMĒRICAN FORK, UT 84003	14 Other	12c °
·		12d
		Cod
	500	
1 1 7 1 4 0 0 0 0 4 4 5 5 5 1 1		Local income tax 20 Locality name
UT 12289446004WTH 37,951.60	1,645.32	

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.