2222 Void \Box a Employee's social security number $391-08-4571$	OMB No. 1545	-0008		:	
b Employer identification number (EIN)		1 Wag	ges, tips, other compensation	2 Federal	income tax withheld
870300600			36.036.08		4.714.38
c Employer's name, address, and ZIP code		3 Soc	cial security wages	4 Social s	ecurity tax withheld
REDMAN_VAN_&_STORAGE			36,036.08		1.513.52
2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119		5 Me	5 Medicare wages and tips		re tax withheld
SALT LAKE CITY. UT 84119			36.036.08		522.52
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Depend	lent care benefits
32			a a a san draabig er si		
e Employee's name, address, city, and ZIP code		11 Nonqualified plans 1		12a See ins	structions for box 12
FELIX GUILLEN				Code	
3575 PORTER AVE OGDEN, UT 84403		13 State emp	utory Retirement Third-party loyee plan sick pay	12b	
				o d e	
OGDEN. UT 84403		14 Oth	er	12c	
·				å W	1,658,40
				12d	
				d e	
45 our Frankrich Deutscher		 			<u> Kasalapin Silan</u>
	17 State income tax		18 Local wages, tips, etc.	19 Local incom	ne tax 20 Locality name
UT 12289446004WTH 36,036.08	1,/42	-65			
Wage and Tax Department of the Treasury—Internal Revenue Service					

Form W-2 Wage and Tax Statement

5017

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.

LW2D1

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