a Employee's social security number 529-61-7309	OMB No. 154	OMB No. 1545-0008			
b Employer identification number (EIN)		1 Wag	1 Wages, tips, other compensation 2 Federal income tax withheld		
870300600			16.420.76		1 686 47
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withheld		
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119			16.420.76		689.67
		5 Medicare wages and tips		6 Medicare	
I SAIT IAKE CITY JIT 84119			16.420.76		238.10
0,12, 2,112		7 Social security tips		8 Allocated tips	
d Control number				10 Depende	nt care benefits
24		19410			
e Employee's name, address, city, and ZIP code			11 Nonqualified plans 12a See instructions for box 12		ructions for box 12
CRYSTAL L. FRANKLIN				Code	
ONTO THE E.			utory Retirement Third-party loyee plan sick pay	12b	
2996 S 7785 W MAGNA, UT 84044				o d e	
			14 Other		
				0000	:
				12d	
				o d	
				a certain	
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income	e tax 20 Locality name
UT 12289446004WTH 16.420.76	63	1.68			

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.

LW2D1

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