a Employee's social security number				· · · · · · · · · · · · · · · · · · ·		
2222 Void 529-25-8404	OMB No. 154	5-0008				
b Employer identification number (EIN)			ages, tips, other compensation 2 Federal income tax withheld			
870300600			30.742.78	3	102.14	
c Employer's name, address, and ZIP code			cial security wages	4 Social security tax withheld		
REDMAN VAN & STORAGE			30,742.78 dicare wages and tips	78 1 291.20 6 Medicare tax withheld		
2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119						
			30 , 742 . 78 cial security tips	8 Allocated tips 445.77		
				i '		
d Control number			10 Dependent care benefits			
38						
e Employee's name, address, city, and ZIP code			nqualified plans	12a See instructions	s for box 12	
SCOTT T. HEAP			utory Retirement Third-party	12b		
661 C WEST TEMPLE #1			loyee plan sick pay	C		
664 S WEST TEMPLE #1 SLC, UT 84101			er	12c		
320, 01 04101				e W	524 00	
				12d	021.00	
				od e		
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
UT 12289446004WTH 30,742.78			32, 4,2, 6,6			
┍╌┪┾╍┄╌┸⋲⋐Ѻ╝┿┿ѠѠѴ┿₩╀╀╂╌╌╌╬┵╶╌┸⋐ ╎	ک±-,-ئئئ [∠]	+	 			
Wage and Tax Department of the Treasury—Internal Revenue Service						

Form VV - Z Statement

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

5204