| 2222 Void 615-07-8942  | OMB No. 1545-0008   |  |
|--|---|--|
| b Employer identification number (EIN)  870300600 c Employer's name, address, and ZIP code  REDMAN VAN & STORAGE | 15,576.90   | ederal income tax withheld 619.86  Docial security tax withheld 654.23 |
| REDMAN VAN & STORAGE<br>2571 WEST 2590 SOUTH<br>SALT LAKE CITY, UT 84119   | 5 Medicare wages and tips 6 M 15,576.90   | edicare tax withheld  225.87 ocated tips                               |
| d Control number  57 e Employee's name, address, city, and ZIP code  |   | ependent care benefits ee instructions for box 12                      |
| JOSE A. MEJIA<br>2379 LASALLEWOODS<br>CONROE, TX 77304   | 13 Statutory employee plan Third-party sick pay  14 Other  Retirement Third-party sick pay  12b |  |
| 15 State Employer's state ID number 16 State wages, tips, etc.   | 12d C S S S S S S S S S S S S S S S S S S   |  |
| 117 1 20000 4 4 500  | 17 State income tax 427.43 18 Local wages, tips, etc. 19 Local i                                | ncome tax 20 Locality name   |

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

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