2222 Void 518-13-5851	OMB No. 1545-0008	
b Employer identification number (EIN)	1 Wages, tips, other compensation 2 Federal inco	me tax withheld
870300600	32.581.60	1.929.74
c Employer's name, address, and ZIP code	3 Social security wages 4 Social secur	
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH	32.581.60	1.368.43
1 25/1 WEST 2590 SOUTH	5 Medicare wages and tips 6 Medicare ta	
SĂLT LĀĶĖ CĬTY, ŬT 84119	32,581.60	472.43
	7 Social security tips 8 Allocated tip	os
d Control number		
23	9 10 Dependent	care benefits
e Employee's name, address, city, and ZIP code	11 Nonqualified plans 12a See instruc	tions for box 12
KENDRA J. FOUNTAIN	0 d e	4
	13 Statutory Retirement Third-party employee plan Sick pay	
1 103 EAST 2225 SOUTH	O d e	
103 EAST 2225 SOUTH CLEARFIELD, UT 84015	14 Other 12c	
	o d e	
	12d	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	o d e	
	17 State income tax 18 Local wages, tips, etc. 19 Local income tax	20 Locality name
UT 12289446004WTH 32,581.60	1,241.67	

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.