	-1	1			<u>i</u>		
22222 Void a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax withheld				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ı vvaç		1		
870300600				22,280.83		266.32	
c Employer's name, address, and ZIP code			3 Soc	Social security wages 4 Social security tax withheld			
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119				22.280.83		935.79	
2571 WEST 2590 SOUTH			5 Me	Medicare wages and tips 6 Medicare tax withheld			
I ŠĂĹŤ ĽĀKĖ ČĬŤŸ. ŬŤ 84119				22.280.83		323.07	
SALT LANCE OTTE, OF OTTES				7 Social security tips 8 Allocated tips			
d Control number			9 010		10 Depender	nt care benefits	
1 60							
e Employee's name, address, city, and ZIP code			11 Nonqualified plans 12a See instructions for box 12				
HOLLY A. MONTOYA					od		
110221 71.	21110171		13 State emp	utory Retirement Third-party loyee plan sick pay	12b		
110 WEST DARK STREET					9		
110 WEST PARK STREET COPPERTON, UT 84006			14 Oth	er	12c		
COPPERION, OT 04000					og W	271 44	
					12d	2/1.44	
					C S		
					e		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	no tay	18 Local wages, tips, etc.	19 Local income	tax 20 Locality name	
' '				Local wages, tips, etc.	Local income	Locality flame	
UT 12289446004WTH	22,280.83	1120	1.30				
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Wage and Tax		דוח		Department of	f the Treasury -I	nternal Revenue Service	
Form VV - Statement		ىلىلالا		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.

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