l cccc Void	e's social security number							
528-95-7289			OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income				tax withheld	
870300600			4,277,98 321,57					
c Employer's name, address, and ZIP code			3 So	cial security wages				
REDMAN VAN & STORAGE			4,277.98 265.23					
2571 WEST 2590 SOUTH			5 Medicare wages and tips 6 Medicare tax withheld					
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119				4,277.98 62.03				
			7 So	cial security tips		8 Allocated tips		
				, 1-		atod tipo		
d Control number			9 Advance EIC payment		10 Don	10 Dependent care benefits		
25				The paymont	lo Dep	sildeill Care	Denents	
e Employee's name, address, city and ZIP code Suff.			11 Nonqualified plans 12a See instri			instructions	for how 10	
JAMES C. FROST			' ' ' ' '	nquamou pians	2	12a See instructions for box 12		
71100			13 State	utory Retirement Third-part	/ 12b			
1414 N HWY 89			emp	loyee plan sick pay	12D	I		
1414 N HWY 89 KAYSVILLE, UT 84037			14 Oth		d e			
MAISVILLE, UT 0403/			14 Oth	er	12c	1		
					d e	<u> </u>		
					C	12d		
					od e	d e		
15 State Employer's state ID number 16 State wages tips etc. 17 State incom								
in the state of th	16 State wages, tips, etc.	17 State incom		18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
LUT W62207	4.277.98	153	.41					
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Form W-2 Wage and Tax Statement

Copy 1—For State, City, or Local Tax Department Copy D—For Employer.

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