		γ					
532-6	532-60-5109 OMB No. 154		5-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax withheld				
870300600			, ,,,,	10 000 and			
c Employer's name, address, and ZIP code				<u>10,326.34</u>	30.52		
			3 So	cial security wages	4 Social security tax withheld		
REDMAN VAN & STORAGE				10,326.34	34 640.23		
2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119			5 Medicare wages and tips		6 Medicare tax withheld		
			10,326.34		149.73		
			7 Social security tips		8 Allocated tips		
				trounty upo	• Allocated tips		
d Control number			0 0	Q. Advance 510			
18			9 Advance EIC payment 10 Dependent care benefits				
e Employee's name address eith and ZID							
			11 Nonqualified plans		12a See instructions for box 12		
HELEN J. DUSTIN					o d		
0-40			13 Stat	utory Retirement Third-party playee plan sick pay	12b		
3546 MESA GARDEN CIR				Sick pay	Cod		
MAGNA. UT 84044			14 Other		12c		
7 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3			C C				
					d e		
					12d		
					d e		
I E Correction of the Correcti							
	16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
LUT W62207	JI W62207 10.326.34 16		.87				
						+	
<u> </u>				1		1 1	

Form W-2 Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

5070

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

LW2D1

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