		,			·	
2222 Void 528-31-9045 OMB No. 1545		5-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
870300600			31.986.07		1.042.88	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
REDMAN_VAN_&_STORAGE			31,986.07		1,983.14	
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119			5 Medicare wages and tips		6 Medicare tax withheld	
			31.986.07		463.80	
			7 Social security tips		8 Allocated tips	
d Control number			9 Advance EIC payment		10 Dependent care benefits	
50						
e Employee's name, address, city and ZIP code Suff.			11 Nonqualified plans 12a See ins		12a See instructions for b	ox 12
ALIPATE S. MAPA					o d	
17.17.1			13 Statu	utory Retirement Third-party loyee plan sick pay	12b	
3744 S 4400 W WEST VALLEY CITY, UT 84120			14 Other 125 3,786.00		Code	
					12c	
					000	
					12d	
					o d	
					904055	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax 20	Locality name
UT W62207	31,986.07	1.032	26			
	V.L.,V.U.L.,.V.L	11., 0.02	U			
		1		L	<u> </u>	

Form **W-2** Wage and Tax Statement

5070

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.

LW2D1

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