2222 Void a Employee's social security number						
528-06-0352	OMB No. 154	MB No. 1545-0008				
b Employer identification number (EIN)		1 Wa	ages, tips, other compensation	2 Federa	income tax withheld	
870300600			21.628.62		2.459.72	
c Employer's name, address, and ZIP code			ocial security wages		ecurity tax withheld	
KEUMAN VAN & STORAGE			21,628,62		908.40	
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119			edicare wages and tips	6 Medica	re tax withheld	
SALI LAKE CITY, UT 84119			21.628.62		313.61	
			7 Social security tips		8 Allocated tips	
d Control number				10 Depend	lent care benefits	
27					out said bonems	
e Employee's name, address, city, and ZIP code		11 Nonqualified plans		12a See instructions for box 12		
ANDREW M. GARCIA				8	LA GOLIOTIO TOT BOX 12	
		13 Stati		12b		
5730 W. 3575 S.   WVC, UT 84128			oloyee plan sick pay	C		
WVC, UT 84128			14 Other		1	
				12c	1 252 24	
				12d	1,353.24	
				C		
				e		
	17 State incom	ne tax	18 Local wages, tips, etc. 1	9 Local incom	e tax 20 Locality name	
UT   12289446004WTH   21,628.62	956	.60	3, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Lood incom	20 Locality hame	
, , , , , , , , , , , , , , , , , , , ,	<u>-</u>	L_UU_				
III A Wage and Toy			L		1	

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.