| 22222 Void 106-72-0833 | OMB No. 1545 | i-0008 | | |
|--|----------------|--|---------------------------------|------------------------|
| b Employer identification number (EIN) | | 1 Wages, tips, other compensation | 2 Federal | income tax withheld |
| 870300600 | | 38.475.75 | | 3 911 52 |
| c Employer's name, address, and ZIP code | | 3 Social security wages | 4 Social s | ecurity tax withheld |
| REDMAN_VAN_&_STORAGE | | 38.475.75 | | 1.615.98 |
| 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119 | | 5 Medicare wages and tips | 6 Medicar | e tax withheld |
| | | 38.475.75 | | 557.90 |
| | | 7 Social security tips | 8 Allocate | |
| | | | | · |
| d Control number | | 9 | 10 Depend | ent care benefits |
| 9 | | | | |
| e Employee's name, address, city, and ZIP code | | 11 Nonqualified plans | 12a See instructions for box 12 | |
| ZEBULAN K. BJORGE | | | o d e | |
| | | 13 Statutory Retirement Third-party employee plan sick pay | 12b | |
| 1552 E FIELDCREST LN. HOLLADAY, UT 84117 | | | o d e | |
| HOLLADAY, UT 84117 | | 14 Other | 12c | |
| | | | å W | 1.932.18 |
| | | | 12d | , |
| | | | o d e | |
| | | | | |
| | 17 State incom | | Local incom | e tax 20 Locality name |
| UT 12289446004WTH 38,475.75 | 1,767 | .97 | | |
| | | | | |

Form W-2 Wage and Tax Statement

5017

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.