a Employee's	social security number				
I EEEEE VOIG I I I		OMB No. 1545-0	008		
b Employer identification number (EIN) OMB No. 1					
870300600			1 Wages, tips, other compensation	2 Federal inco	ome tax withheld
c Employer's name, address, and ZIP code			36, 115, 6	3	4,236,61
			3 Social security wages	4 Social secu	rity tax withheld
1 2571 WEST 2500 COUTU			36, 115, 6	3	1,516.86
6X/ + MCS CJAN 2NA H			Medicare wages and tips	6 Medicare ta	x withheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119			36,115.6	3	523,68
			Social security tips	8 Allocated tip	523.08
d Control number					
				10 Dependent	care benefits
85					
e Employee's name, address, city, and ZIP code			Nonqualified plans	12a See instruc	tions for hox 12
TIM J. STEINER				c e	10110 101 DOX 12
			Statutory Retirement Third-party employee plan sick pay	12b	
816 RADFORD SQ. W BILLINGS, UT 59105			Sick pay	C	
BILLINGS. UT 59105			Other	12c	
, - , 32200				C .	4 0- 4 4-
				12d	1,854.42
				C	
				d e	960000000000000000000000000000000000000
15 State Employer's state ID number 16 State wages, tips, etc.		7 State income tax	x 18 Local wages, tips, etc.		
MT 736822	36,115.63		To Look Hages, tips, etc.	19 Local income tax	20 Locality name
	OO-T-TOOO-	1-,-57.US	19.		
				-	
M 9 Wage and Tax					

Form W-2 Wage and Tax Statement

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

5017

Department of the Treasury-Internal Revenue Service

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