a Employe	ee's social security number					
I LLLL VOIG I I I	45-2472	OMB No. 154	5-0008			
b Employer identification number (EIN)	TO LTIL			agos tips other seement	1	
870300600			, vvc	ages, tips, other compensation		I income tax withheld
c Employer's name, address, and ZIP code				6.495.21		292.05
DEDMAN VAN 8 STODAGE			3 Sc	ocial security wages		security tax withheld
1 NEUTAN VAN & STUKAGE 2571 NECT 2500 COUTU				6.495.21		272.80
1 50/ ± MEDI 50AN 2001H			5 Me	edicare wages and tips	6 Medica	are tax withheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119				6.495.21		94.18
				cial security tips	8 Allocat	ed tips
4.0					İ	·
d Control number			9		10 Depend	dent care benefits
10						
e Employee's name, address, city, and ZIP code			11 No	inqualified plans	12a See in	structions for box 12
BENJAMIN H. BUTLER				, , ,	8	Structions for DOX 12
	31LLIV		13 Stat	utory Retirement Third-party	12b	
1220 MAXER DR				oloyee plan sick pay	C	
1220 MAXER DR BILLINGS, UT 59101			14 Oth		d e	
DIEETHGS, 01			14 001	CI	12c	
					d e	
					12d	
					a e	
15 State Employer's state ID number	16 0-1					
- Injury of a diata is fightiser	16 State wages, tips, etc.	17 State incom		18 Local wages, tips, etc.	19 Local incom	ne tax 20 Locality name
MT. 736822	6,495.21	233	23.			
I						
M_9 Wage and Tax		О 7 7		Department of	the Treasury	Internal Payanus Camina

Form WW - Statement Copy 1—For State, City, or Local Tax Department Copy D—For Employer.

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