a Employe	e's social security number	1				
ا ساما کاما ا	•	OMB No. 154	5-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax withheld			
870300600				266.44	1	
c Employer's name, address, and ZIP code			3 So	cial security wages		ecurity tax withheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119				266.44		11.19
2571 WEST 2590 SOUTH			5 Me	Medicare wages and tips 6 Medicare tax withheld		
SALT LAKE CITY, UT 84119				266.44		3.86
			7 So	ocial security tips 8 Allocated tips		
d Control number			9		10 Depend	ent care benefits
30						
e Employee's name, address, city, and ZIP code			11 Nonqualified plans 12a See instructions for box 12		tructions for box 12	
MIGUEL A. GUERRERO RODRIGUEZ			13 State	utory Retirement Third-party	ă e	
20E MONDOE CT			emp	loyee plan sick pay	12b	
285 MONROE ST BILLINGS, UT 59101			14 Oth	or.	12c	
DILLINGS, UI 39101			14 000	Gr .	C	
					12d	
					e l	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local incom	e tax 20 Locality name
MT 736822	266.44					
Wage and Tax		ר רח		Department of	f the Treasury	Internal Revenue Service
Form WY - Statement						
Comust. For State City and and Tou Da					Act Noti	ce, see back of Copy D.

LW2D1

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