2222 Void 529-15-5613	OMB No. 1545-0008	
b Employer identification number (EIN)	1 Wages, tips, other compensation 2 Fede	ral income tax withheld
870300600	30.571.98	2,347.72
c Employer's name, address, and ZIP code	9919.2199	al security tax withheld
REDMAN_VAN_&_STORAGE	30.571.98	1.284.02
2571 WEST 2590 SOUTH		care tax withheld
2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119	30.571.98	443.29
0/121 E/11/2 0111, 01 04119		ated tips
	, , , , ,	
d Control number	9 10 Dene	endent care benefits
46		machi dare benents
e Employee's name, address, city, and ZIP code	11 Nonqualified plans 12a See	instructions for box 12
SCOTT KLOTZ	T24 Gee	
JCOTT KLUTZ	13 Statutory Betirement Third-party 405	
6700 W 4120 C	employée plan sick pay	
6709 W 4120 S SALT LAKE CITY, UT 84128	14 Other 12c	
SALI LANE CITT, UT 04120	i c	0 050 40
	å W	2.258.40
	.   120   C	1
	d e	nicipa di lo 2005.
15 State Employer's state ID number 16 State wages, tips, etc. 1		
	17 State income tax 18 Local wages, tips, etc. 19 Local inc	ome tax 20 Locality name
UT   12289446004WTH   30,571.98	1,255,19	

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.

LW2D1

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