	22222 Void a Employee's social security number	
	b Employer identification number (SIN)	OMB No. 1545-0008
	8/0300600 c Employer's name, address, and 7/D	1 Wages, tips, other compensation 3 286 45
	REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119	3 Social security wages 3 286 45 5 Medicare wages and tips 3 206 45 6 Medicare tax withheld
-	d Control number	7 Social security tips 8 Allocated tips 47, 65
	e Employee's name, address, city, and ZIP code LOVIANA MOUNGA	9 10 Dependent care benefits 11 Nonqualified plans 128 See instruction
	4059 S 3670 W WEST VALLEY CITY, UT 84120	13 Statutory employee plan Third-party sick pay 12b
15	State Employer to the Total Control of the Control	12c
	State Employer's state ID number 16 State wages, tips, etc. 17 IT 12289446004WTH 3,286,45	State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name
Form	W-2 Wage and Tax Statement	Department of the Treasury—Internal Revenue Service
Copy 1—For State, City, or Local Tax Department Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction		

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

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.