

|                                                                                                                      |  |                                        |  |                                                                                                                                       |  |                                         |  |
|----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|
| 22222                                                                                                                |  | Void <input type="checkbox"/>          |  | a Employee's social security number<br>528-37-9080                                                                                    |  | OMB No. 1545-0008                       |  |
| b Employer identification number (EIN)<br>870300600                                                                  |  |                                        |  | 1 Wages, tips, other compensation<br>2,211.25                                                                                         |  | 2 Federal income tax withheld<br>73.11  |  |
| c Employer's name, address, and ZIP code<br>REDMAN VAN & STORAGE<br>2571 WEST 2590 SOUTH<br>SALT LAKE CITY, UT 84119 |  |                                        |  | 3 Social security wages<br>2,211.25                                                                                                   |  | 4 Social security tax withheld<br>92.87 |  |
|                                                                                                                      |  |                                        |  | 5 Medicare wages and tips<br>2,211.25                                                                                                 |  | 6 Medicare tax withheld<br>32.06        |  |
|                                                                                                                      |  |                                        |  | 7 Social security tips                                                                                                                |  | 8 Allocated tips                        |  |
| d Control number<br>89                                                                                               |  |                                        |  | 9                                                                                                                                     |  | 10 Dependent care benefits              |  |
| e Employee's name, address, city, and ZIP code<br>CATHY J. TSOURAS<br>4788 W. TOWNSEND WAY<br>KEARNS, UT 84118       |  |                                        |  | 11 Nonqualified plans                                                                                                                 |  | 12a See instructions for box 12         |  |
|                                                                                                                      |  |                                        |  | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> |  | 12b                                     |  |
|                                                                                                                      |  |                                        |  | 14 Other                                                                                                                              |  | 12c                                     |  |
|                                                                                                                      |  |                                        |  |                                                                                                                                       |  | 12d                                     |  |
| 15 State Employer's state ID number<br>UT 12289446004WTH                                                             |  | 16 State wages, tips, etc.<br>2,211.25 |  | 17 State income tax<br>39.38                                                                                                          |  | 18 Local wages, tips, etc.              |  |
|                                                                                                                      |  |                                        |  |                                                                                                                                       |  | 19 Local income tax                     |  |
|                                                                                                                      |  |                                        |  |                                                                                                                                       |  | 20 Locality name                        |  |

Form **W-2** Wage and Tax Statement

2011

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.