| 22222 Void 523-45-1916 OMB No. 154 | | | 5-0008 | | | |
|--|----------------------------|----------------|--|--------------------------------|-----------------------|-------------------------|
| b Employer identification number (EIN) | | | 1 Wa | iges, tips, other compensation | 2 Federa | income tax withheld |
| 870300600 | | | | 1,700.00 | | 70.00 |
| c Employer's name, address, and ZIP code | | | 3 Social security wages 4 Social security tax withheld | | | |
| REDMAN_VAN_&_STORAGE | | | | | | 71.40 |
| 1 2571 WEST 2590 SOUTH | | | 5 Medicare wages and tips 6 Medicare tax withheld | | | |
| REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119 | | | 1,700.00 | | | 24.65 |
| | | | 7 Social security tips | | 8 Allocated tips | |
| d Control number | | | 9 | | 10 Depond | lent care benefits |
| 48 | | | | | io Depend | ent care benefits |
| e Employee's name, address, city, and ZIP code | | | 11 Nonqualified plans 12a See instructions for box 12 | | structions for box 12 | |
| JOSEPH A. KOVACH | | | | | 0 0 | |
| 1 | 5 77 (011 | | 13 Stat | tutory Retirement Third-party | 12b | |
| 2571 W 2590 S | | | emp | ployee plan sick pay | | |
| 2571 W 2590 S SALT LAKE CITY, UT 84119 | | | 44 011 | | e | |
| SALI LAKE CITY, UT 84119 | | | 14 Other | | 12c | |
| | | | | | 12d | |
| | | | | | C | |
| | | | | | 0 | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State incom | e tax | 18 Local wages, tips, etc. | 19 Local incom | ne tax 20 Locality name |
| UT 12289446004WTH | 1.700.00 | 47 | .02 | | | |
| | | | | | | |
| Word and Tay | | | | | | |

Wage and Tax Statement

5017

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.

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