				i		
void	vee's social security number					
b Employer identification number (EIN)	02-7137	OMB No. 1545-0008				
870300600			Wages, tips, other compensation Federal income tax withheld			
c Employer's name, address, and ZIP code			2,511.99	1 :	54.19	
REDMAN VAN & STOPACE			ocial security wages	4 Social security tax withheld		
2571 WEST 2590 SOUTH			2,511,99		105.50	
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119			edicare wages and tips	6 Medicare ta	x withheld	
3.12. 27112 0171, 01 04119			2,511.99		36.42	
		/ 50	ocial security tips	8 Allocated tip	os Company	
d Control number		9				
14				10 Dependent	care benefits	
e Employee's name, address, city, and ZIP code			onqualified plans	10-0		
CURTIS W. CONVERSE			Juaniou piano	12a See instruct	tions for box 12	
			tutory Retirement Third-party	12b		
6782 WEST 10205 NORTH HIGHLAND, UT 84003			ployee plan sick pay	6		
HIGHLAND, UI 84003			ner	12c		
				Coa		
				12d		
				0000	,	
15 State Employer's state ID number	16 State wages, tips, etc.	47.0				
UT 12289446004WTH	1	17 State income tax	18 Local wages, tips, etc. 1	9 Local income tax	20 Locality name	
	2,511.99	54.81				
W-2 Wage and Tax	7	\bigcap 7	Department of t	the Transit		
Form WW-Z Statement	011	For P	rivacy Act and Par	nal Revenue Service Derwork Reduction		
Copy D. For State, City, or Local Tax Dep	partment			Act Notice, se	e back of Copy D.	
Copy D—For Employer.			I Wara		• •	

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