2222 Void a Employee's social security no	i				
b Employer identification and 528-37-0474	OMB No. 1	545-0008			
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federa	income tax withheld
870300600			835.00	i .	
c Employer's name, address, and ZIP code		3 S	3 Social security wages 4 Social security tax with		ecurity tax withheld
REDMAN VAN & STORAGE 2571 WEST 2590 SOUTH SALT LAKE CITY, UT 84119			835.00		
			edicare wages and tips		35.07 re tax withheld
			835.00		10 11
			ocial security tips	8 Allocate	id tips
d Control number		9		10 Depend	ent care benefits
56					i .
e Employee's name, address, city, and ZIP code			11 Nonqualified plans 12a See instructions for box 12		
KENNY L. MCCAULEY			•	8	indetions for box 12
3719 COPPER RIDGE DR MAGNA, UT 84044			tutory Retirement Third-party	12b	
			ployee plan sick pay	C	:
			ner	12c	
5 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				C	
				12d	
				C	
				d e	
15 State Employer's state ID number 16 State wages, tips,	etc. 17 State inco	me tax	18 Local wages, tips, etc. 19		
UT 12289446004WTH 835	Í	in tan	To cood wages, tips, etc.	9 Local incom	e tax 20 Locality name
000000	·U	-			
M_9 Wage and Tax					
W_9 Wage and Tax	יי החר		Department of t	he Treasun/	Internal Revenue Service

Form WW - Statement Copy 1—For State, City, or Local Tax Department Copy D—For Employer.

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

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