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	a Employee's social security number 533-49-0695	Copy B—To Be Fi OMB No. 1545-0008	ERAL Tax Return.		
b Employer identification number (EIN) 26-3491262			ages, tips, other compensation 9118.17	2 Federal income tax withheld	
c Employer's name, address, and ROSARIO SIGNAL LLC	3 Sc	ocial security wages 5097.76	4 Social security tax withheld 565.33		
1400 ROSARIO RD		5 M	edicare wages and tips 9118.17	6 Medicare tax with	held 132.21
EASTSOUND WA 98245-8570			ocial security tips 4020.41	8 Allocated tips	
d Control number	ontrol number		rification code	10 Dependent care benefits	
e Employee's name, address, and ZIP code 0300 EWAN LISTER			onqualified plans	12a See instructions for box 12	
113 VIEWHAVEN RD EASTSOUND	WA 98245	13 Sta	tutory Retirement Third-party slick pay	12b	
		<b>14</b> Ot	her	12c	
				12d	
15 State Employer's state ID nur	Employer's state ID number 16 State wages, tips, etc. 17 S		18 Local wages, tips, etc.	19 Local income tax	20 Locality nan

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service. 5079