



# STATE STREET.

FEDERAL RESERVE BENEFIT CENTER  
 ATTN: FRS BENEFITS PROCESSING TEAM  
 P. O. BOX 1405  
 LINCOLNSHIRE, IL 60069-1405

TO CHANGE YOUR PERSONAL INFORMATION PLEASE  
 CALL THE FEDERAL RESERVE BENEFITS CENTER AT  
 1-877-377-2255 (8AM - 6PM ET M-F).  
 WRITTEN CHANGES WILL NOT BE ACCEPTED.

LAGUNDA HONDA HOSPITAL  
 LAGUNA HONDA HOSPITAL  
 REHABILITATION CENTER  
 375 LAGUNA HONDA BLVD  
 SAN FRANCISCO CA 94116

ACCOUNT ID FRS -THRF-

PLAN NAME THRIFT PLAN FOR EMPLOYEES OF THE FED RESERVE SYS

PAYEE INFORMATION			
PAYMENT DATE	CHECK NO.	PAYEE SOC SEC NO.	PAYEE
Dec 01, 2022	005052849	*****	LAGUNDA HONDA HOSPITAL

PAYMENT INFORMATION		TAX REPORTING INFORMATION	
GROSS PAYMENT AMOUNT	58,357.17	TAX YEAR	2022
FEDERAL TAX WITHHELD	16,929.05	EMPLOYER ID NO.	04-3581074
STATE TAX WITHHELD - CA	564.30	DISTRIBUTION AMOUNT	58,357.17
NRA TAX WITHHELD -		FEDERAL TAXABLE AMOUNT	56,430.17
OTHER DEDUCTIONS		STATE TAXABLE AMOUNT	56,430.17
NET PAYMENT AMOUNT	40,863.82	TAXES WITHHELD	17,493.35
		AFTER TAX EE CONTRIBUTIONS	1,927.00
		CAPITAL GAINS	
		ORDINARY INCOME	56,430.17
		NET APPRECIATION	
		IRS DISTRIBUTION CODE	4
		TYPE OF DISTRIBUTION	MINIMUM DISTRIBUTION

MESSAGE: (PARTICIPANT)

THIS STUB IS THE TAX REPORT PERTAINING TO THE ATTACHED DISTRIBUTION. RETAIN THIS PORTION FOR YOUR INCOME TAX RECORDS. THIS INFORMATION IS BEING REPORTED TO THE INTERNAL REVENUE SERVICE.

DATE Dec 01, 2022 PLAN NAME THRIFT PLAN FOR EMPLOYEES OF THE FED RESERVE SYS CHECK NO. 005052849

5-2  
110

PAY *Forty thousand eight hundred sixty three and 82/100 Dollars*

TO THE ORDER OF  
 LAGUNDA HONDA HOSPITAL  
 LAGUNA HONDA HOSPITAL  
 REHABILITATION CENTER  
 375 LAGUNA HONDA BLVD  
 SAN FRANCISCO CA 94116

AMOUNT
\$40,863.82

NOT VALID AFTER 180 DAYS  
 FRS -THRF-



# STATE STREET.

Payable at: State Street Bank & Trust  
 Boston, MA 02101

*Carol A. Johnson*

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