| a Employee's social security number 429-54-4894                                     | OM     | /IB No. 1545-0008                 |                    |                         |                                 |                  |
|---|--------|-----------------------------------|--------------------|-------------------------|---------------------------------|------------------|
| <b>b</b> Employer identification number (EIN)                                       |        | 1 Wages, tips, other compensation |                    |                         | 2 Federal income tax withheld   |                  |
| 97-4668206  |        | \$67,432.00                       |                    |                         | \$14,160.72                     |                  |
| c Employer's name, address and ZIP code  Trustara 30002 Meadow Ln Narrows, HI 15194 |        | 3 Social security wages           |                    |                         | 4 Social security tax withheld  |                  |
|   |        | \$73,500.88                       |                    |                         | \$22,785.27                     |                  |
|   |        | 5 Medicare wages and tips         |                    |                         | 6 Medicare tax withheld         |                  |
|   |        | \$73,500.88                       |                    |                         | \$19,845.24                     |                  |
|   |        | 7 Social security tips            |                    |                         | 8 Allocated tips                |                  |
|   |        | \$5,880.07                        |                    |                         | \$1,293.62                      |                  |
| <b>d</b> Control number   |        | 9                                 |                    |                         | 10 Dependent care benefits      |                  |
| PY763834  |        |                                   |                    |                         |                                 |                  |
| e Employee's first name and initial Last name                                       | Suff.  | 11 Nonqualified plans             |                    |                         | 12a See instructions for box 12 |                  |
| Anita W Polya   |        | 13 Statutory employee             | Retirement<br>Plan | Third-party<br>sick pay | 12b                             |                  |
| 68459 Church St   |        | <b>☑</b>                          |                    |                         |                                 |                  |
| Bldg 126  |        | 14 Other                          |                    |                         | 12c                             |                  |
| Clifton Forge, NE 83558   |        |                                   |                    |                         | 12d                             |                  |
| f Employee's address and zip code   |        |                                   |                    |                         |                                 |                  |
| 15 State   Employer's state ID number   16 State wages, tips,                       | etc. 1 | 17 State income tax               | 18 Local wages     | , tips, etc             | 19 Local income tax             | 20 Locality name |
| HI 97-4668206 \$67,432.00   | )      | \$10,789.12                       | \$67,4             | 132.00                  | \$3,371.60                      | Narrows          |
|   |        |                                   |                    |                         |                                 |                  |