Rental Application for **The Copper**

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Alzaga Carlin	Jorge		

SSN	BIRTH DATE	PHONE - TYPE
487-85-****	12/13/1997	(512) 925 - 1794 - Mobile

EMAIL
alzagajo@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Jorge Alzaga	9209 Eddy Cove, Austin, 51 78735

PHONE	EMAIL ADDRESS	RELATIONSHIP
(210) 237 - 6328	jorgealzaga@hotmail.com	father

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
155 e 55th st	New York	NY	10022

DATE IN	DATE OUT	MONTHLY RENT
	current	$3,200.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Assistant Vice President	Citigroup

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Cecilia Mortimore	(917) 573 - 6362	$165,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
388 Greenwich Avenue	New York	NY	10013

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?	Have you ever willfully refused to pay rent when due?
NO	NO
Have you ever been evicted from a tenancy or left owing money?	**Have you ever been convicted of a crime?**
NO	NO

SUPPLEMENTAL QUESTIONS

Will the tenant be receiving stove knob covers from property?
☒ No, I do not want stove knob covers for my stove. There is no child under age six residing in my apartment.

Window Guards:
☒ No children 10 years of age or younger live in my apartment

Were you referred by a broker?
NO

I (we) have seen the actual apartment for which I (we) are applying?:
NO

Preferred Mailing Address:
155 e 55th st, New York, NY 10022 - US

APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **The Copper** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **The Copper** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **The Copper**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **The Copper** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **The Copper**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf)

☒ *Application consent was digitally accepted by Jorge Alzaga Carlin*

Signed by Jorge Alzaga Carlin
Sat Jun 15 2024 10:44:35 AM EDT
Key: 9B3C4124; IP Address: 24.193.39.176

Jorge Alzaga Carlin *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"ClickPay"*

Application Fee - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Jorge Alzaga	XXXXXXXXXXXX2100	14726363	$21.50
This card has been authorized for the amount above and will be charged when the application is processed.			

Rental Application for **The Copper**

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APPLICANT INFORMATION			
LAST NAME Resines Catalan	**FIRST NAME** Antonio	**M.I.**	**SUFFIX**
SSN 710-99-****	**BIRTH DATE** 5/14/1998	**PHONE - TYPE** (512) 960 - 5836 - Mobile	
EMAIL resines1@gmail.com			

CURRENT ADDRESS			
STREET ADDRESS 155 E 55th St, 7B	**CITY** New York	**STATE** NY	**ZIP** 10022
DATE IN	**DATE OUT** current	**MONTHLY RENT** $14,500.00 / Mo.	

EMPLOYMENT & INCOME INFORMATION			
OCCUPATION Investment Banking Associate	**EMPLOYER/COMPANY** Santander		
SUPERVISOR Jorge Blasco	**SUPERVISOR PHONE** (646) 403 - 0851	**SALARY** $260,000.00/Yr.	**START DATE**
EMPLOYER ADDRESS 437 Madison Avenue	**CITY** New York	**STATE** NY	**ZIP** 10022

BACKGROUND INFORMATION	
Have you ever filed for bankruptcy? YES	**Have you ever willfully refused to pay rent when due?** YES
Have you ever been evicted from a tenancy or left owing money? NO	**Have you ever been convicted of a crime?** NO

SUPPLEMENTAL QUESTIONS
Will the tenant be receiving stove knob covers from property? ☒ No, I do not want stove knob covers for my stove. There is no child under age six residing in my apartment.
Window Guards: ☒ No children 10 years of age or younger live in my apartment
Were you referred by a broker? NO
I (we) have seen the actual apartment for which I (we) are applying?: NO
Preferred Mailing Address: 155 E 55th St, 7B, New York, NY 10022 - US

APPLICATION CONSENT

I hereby warrant that all statements set forth above are true.

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **The Copper** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **The Copper** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **The Copper**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **The Copper** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **The Copper**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports", I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. I acknowledge that I have received and read Article 23-A of the New York Correction Law (https://www.on-site.com/resources/consent/correctionLawArticle23a.pdf)

☒ *Application consent was digitally accepted by Antonio Resines Catalan*

Signed by Antonio Resines Catalan
Sat Jun 15 2024 10:41:16 AM EDT
Key: A624942B; IP Address: 166.198.198.57

Antonio Resines Catalan *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"ClickPay"*

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Antonio Resines Catalan	XXXXXXXXXXXX5001	14726359	$21.50

This card has been authorized for the amount above and will be charged when the application is processed.

Initials: A.R. A624942B

California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

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Rental Report for Antonio Resines Catalan

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Antonio Resines Catalan: 779			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

Government Obstruction	None ever	Pass/Fail	
Kidnapping	None ever	Pass/Fail	
Property Destruction	None ever	Pass/Fail	
Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	
Total Considered Misdemeanor Convictions	None	Pass/Fail	
Alcohol	None ever	Pass/Fail	
Bad Check	None ever	Pass/Fail	
Criminal Other	None ever	Pass/Fail	
Drug Manufacture Distribution	None ever	Pass/Fail	
Drug Marijuana Use	None ever	Pass/Fail	
Drug Meth Manufacture	None ever	Pass/Fail	
Drug Use	None ever	Pass/Fail	
Fraud	None ever	Pass/Fail	
Government Obstruction	None ever	Pass/Fail	
Kidnapping	None ever	Pass/Fail	
Property Destruction	None ever	Pass/Fail	
Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Is not a registered sex offender		Pass/Fail	

NOTIFICATION(S)

APPLICANT: Applicant Social Security Number Has Never Been Issued or was Issued After June 2011 (Equifax)
The social security number listed on the application has never been issued or was issued after June 2011. This could mean that the number was entered incorrectly, it is a Credit Privacy Number (CPN), or it was accurately issued after 2011. You should verify the information thoroughly before proceeding.

Credit Quick Summary	
Total annual income (reported by Applicant)	$260,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $9,104.74)
Total number of accounts	4
Accounts with no late payments	4 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$3,705.00 ($0.00 past due)
Outstanding revolving debt	$3,705.00 (20% of limit) ($0.00 past due)
Outstanding loan balance	$0.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Antonio Resines Catalan	CATALAN ANTONIO RESINES ANTONIO RESINES CATALAN ANTONIO RESINES CATALAN
SSN:	710-99-****	710-99-****
Birth Date:	5/**/1998	5/**/1998

Addresses	From Application	From Equifax
	155 E 55th St, 7B New York, NY 10022 - US	155 E 55TH ST. 7B NEW YORK, NY 10022 (Applicant) Reported 6/2024 20 RIVER CT. 3205 JERSEY CITY, NJ 07310 (Applicant) Reported 8/2022 4001 GANDARA BND. AUSTIN, TX 78738 (Applicant) Reported 10/2021

Employment	From Application	From Equifax
Applicant:	Investment Banking Associate Santander $260,000.00/Yr. Total annual Income: $260,000.00	

Employment Verifications

From RealPage

Requested For	Employer	Position Held	Annual Salary	Supervisor
Antonio Resines Catalan	Santander	Investment Banking Associate	$260,000.00	Jorge Blasco (646) 403 - 0851
Requested Date 6/16/2024	**Results** Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Antonio Resines Catalan	Multistate Search	6/16/2017 - 6/16/2024	6/16/2024	6/16/2024

Results

No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Antonio Resines Catalan	6/16/2024	6/16/2024

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Antonio Resines Catalan	6/16/2024	6/16/2024

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	779	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description
RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	732	The date that you opened your oldest account is too recent Lack of sufficient credit history Lack of sufficient relevant real estate account information The total of all balances on your open accounts is too high

Description
This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	6/2021	5/2024					$2,264.00

Monthly Payment	High Credit	Type	Comments
	$5,217.00	OPEN ACCOUNT	CREDIT CARD Rate/Status 1: Pays account as agreed

Payment History

6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23	2/23	12/22	10/22	8/22
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	11/2023	5/2024					$1,265.00

Monthly Payment	High Credit	Type	Comments
	$5,890.00	OPEN ACCOUNT	CREDIT CARD Rate/Status 1: Pays account as agreed

Payment History

6/24	4/24	2/24	12/23
0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WF CRD SVC (Applicant)	3/2024	5/2024					$176.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$7,554.00	REVOLVING	CREDIT CARD Rate/Status 1: Pays account as agreed			
	Payment History						

0	0	0
6/24	4/24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
PNC BANK, NA (Joint)	12/2020	4/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$280.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			
	Payment History						

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6/22	4/22	2/22	12/21	10/21	8/21	6/21	4/21	2/21									

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Rental Report for Jorge Alzaga Carlin

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Jorge Alzaga Carlin: 704			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

Government Obstruction	None ever	Pass/Fail	
Kidnapping	None ever	Pass/Fail	
Property Destruction	None ever	Pass/Fail	
Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	
Total Considered Misdemeanor Convictions	None	Pass/Fail	
Alcohol	None ever	Pass/Fail	
Bad Check	None ever	Pass/Fail	
Criminal Other	None ever	Pass/Fail	
Drug Manufacture Distribution	None ever	Pass/Fail	
Drug Marijuana Use	None ever	Pass/Fail	
Drug Meth Manufacture	None ever	Pass/Fail	
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Kidnapping	None ever	Pass/Fail	
Property Destruction	None ever	Pass/Fail	
Property Other	None ever	Pass/Fail	
Property Theft	None ever	Pass/Fail	
Prostitution	None ever	Pass/Fail	
Sex Offense Coerced	None ever	Pass/Fail	
Sex Offense Willful	None ever	Pass/Fail	
Society Other	None ever	Pass/Fail	
Violent Fatal	None ever	Pass/Fail	
Violent Non Fatal	None ever	Pass/Fail	
Weapons	None ever	Pass/Fail	
Wildlife	None ever	Pass/Fail	
Is not a registered sex offender		Pass/Fail	

NOTIFICATION(S)

APPLICANT: Applicant Social Security Number Has Never Been Issued or was Issued After June 2011 (Equifax)
The social security number listed on the application has never been issued or was issued after June 2011. This could mean that the number was entered incorrectly, it is a Credit Privacy Number (CPN), or it was accurately issued after 2011. You should verify the information thoroughly before proceeding.

Credit Quick Summary	
Total annual income (reported by Applicant)	$165,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $9,104.74)
Total number of accounts	8
Accounts with no late payments	8 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$293,829.00 ($0.00 past due)
Outstanding revolving debt	$26,941.00 (3% of limit) ($0.00 past due)
Outstanding loan balance	$266,888.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Jorge Alzaga Carlin	JORGE A. CARLIN JORGE ALZAGE JORGE ALZAGA JORGE ALZAGA CARLIN
SSN:	487-85-****	487-85-****
Birth Date:	12/**/1997	12/**/1997

Addresses	From Application	From Equifax
	155 e 55th st New York, NY 10022 - US	9209 EDDY CV. AUSTIN, TX 78735 (Applicant) Reported 6/2024 155 E 55TH ST. 7B NEW YORK, NY 10022 (Applicant) Reported 5/2024 151 E 55TH ST. NEW YORK, NY 10022 (Applicant) Reported 5/2024 440 W 47TH ST. 4D NEW YORK, NY 10036 (Applicant) Reported 1/2024

Employment	From Application	From Equifax
Applicant:	Assistant Vice President Citigroup $165,000.00/Yr. Total annual Income: $165,000.00	

Employment Verifications

From RealPage

Requested For Jorge Alzaga Carlin Requested Date 6/16/2024	**Employer** Citigroup	**Position Held** Assistant Vice President	**Annual Salary** $165,000.00	**Supervisor** Cecilia Mortimore (917) 573 - 6362
	Results Pending			

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Jorge Alzaga Carlin	Multistate Search	6/16/2017 - 6/16/2024	6/16/2024	6/16/2024
Results				
No Records Found				

National Sex Offender Registry History		
Requested For	**Date Requested**	**Date Returned**
Jorge Alzaga Carlin	6/16/2024	6/16/2024
Results		
No Records Found		

Restricted Person Search		
Requested For	**Requested**	**Returned**
Jorge Alzaga Carlin	6/16/2024	6/16/2024
Results		
No Records Found		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	704	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description
RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	665	Total of all balances on bankcard or revolving accounts is too high The date that you opened your oldest account is too recent Available credit on your open bankcard or revolving accounts is too low Open real estate account balances are too high compared to their loan amounts

Description
This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
VALON MORTGAGE, INC. (Applicant)	6/2022	3/2024					$266,888.00

Monthly Payment	High Credit	Type	Comments
$1,964.00	$275,000.00	MORTGAGE	FANNIE MAE ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

4/24	2/24	12/23	10/23	8/23	6/23	4/23	2/23	12/22	10/22	8/22
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	7/2019	4/2024					$14,522.00

Monthly Payment	High Credit	Type	Comments
$473.00	$27,914.00	REVOLVING	CREDIT CARD Rate/Status 1: Pays account as agreed

Payment History

5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22	9/22	7/22
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	6/2021	5/2024					$8,272.00

Monthly Payment	High Credit	Type	Comments
	$8,272.00	OPEN ACCOUNT	CREDIT CARD Rate/Status 1: Pays account as agreed

Payment History

6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23	2/23	12/22	10/22	8/22
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WF CRD SVC (Applicant)	1/2024	4/2024					$3,469.00

Monthly Payment	High Credit	Type	Comments
$35.00	$4,944.00	REVOLVING	CREDIT CARD Rate/Status 1: Pays account as agreed

Payment History

5/24	3/24
0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	4/2022	4/2024					$678.00

Monthly Payment	High Credit	Type	Comments
$35.00	$3,497.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22	9/22	7/22
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NATIONSTAR DBA MR CO (Applicant)	6/2022	10/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$275,000.00	MORTGAGE	FANNIE MAE ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

12/23	10/23	8/23	6/23	4/23	2/23	12/22	10/22	8/22
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NATIONSTAR DBA MR CO (Applicant)	9/2020	9/2020					$0.00

Monthly Payment	High Credit	Type	Comments
	$275,000.00	MORTGAGE	FREDDIE MAC ACCOUNT CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed

Payment History

10/20
0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
PNC BANK, NA (Joint)	6/2014	4/2021					$0.00

Monthly Payment	High Credit	Type	Comments
	$7,142.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2/ 23		12/ 22		10/ 22		8/ 22		6/ 22		4/ 22		2/ 22		12/ 21		10/ 21		8/ 21		6/ 21		4/ 21

Previous Credit Inquiries	
From Equifax	
5/2024	XACTUS (Applicant)
7/2022	CAPITAL ONE BANK USA (Applicant)

We the People

Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 567678205

Surname / Nom / Apellidos
ALZAGA CARLIN

Given Names / Prénoms / Nombres
JORGE

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
13 Dec 1997

Place of birth / Lieu de naissance / Lugar de nacimiento
MEXICO

Date of issue / Date de délivrance / Fecha de expedición
24 Oct 2019

Date of expiration / Date d'expiration / Fecha de caducidad
23 Oct 2029

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51

Sex / Sexe / Sexo
M

Authority / Autorité / Autoridad
United States
Department of State

USA

P<USAALZAGA<CARLIN<<JORGE<<<<<<<<<<<<<<<<<<<<<<
567678205OUSA9712135M2910231551986844<876382

HR Shared Services
3800 Citigroup Center Dr.
Tampa, FL 33610

03/13/2024

Jorge Alzaga
155 E 55th St
New York, New York 10022, United States of America

To Whom It May Concern:

The information in this letter verifies Jorge Alzaga's employment with 00002 Citibank, N.A..

- Most Recent Hire Date*:* 07/19/2021
- Citi Service Date: 07/19/2021
- Work Location: 388 Greenwich Street, Ny- 388 Tower, New York, Ny 10013, , United States of America
- Current Job Title: Private Banking Analyst - C11
- Current Officer Title: OFF - Officer (OFFICER TITLE)
- Scheduled Hours: 40
- Full/Part Time: Full time
- Salary Rate: $135,000.00
- Commission Amounts:
- Bonus Amounts: $32,000.00

Regards,

HR Shared Services

Citibank, N.A. 3800 Citigroup Center Drive Tampa, FL 33610 +1 (800) 8813938

Jorge Alzaga 155 E 55th St Apt. 7B New York, NY 10022

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jorge Alzaga	Citibank, N.A.	1011234212	05/19/2024	06/01/2024	06/07/2024	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	5,178.09	480.70	1,638.97	0.00	3,058.42
YTD	94,137.08	5,815.82	33,413.46	1,600.00	53,307.80

What money I earned

Description	Dates	Hours	Rate	Amount	YTD
ANN INCENT			0		32,000.00
BASIC LIFE	05/19/2024 - 06/01/2024	0	0	2.35	28.20
Citibike Membership	05/19/2024 - 06/01/2024	0	0	219.99	219.99
Planned	05/19/2024 - 06/01/2024	16	64.726	1,035.62	8,802.76
REGULAR	05/19/2024 - 06/01/2024	64	64.726	4,142.47	53,334.32
What money I earned				5,400.43	94,385.27

Employee Taxes

Description	Amount	YTD
OASDI	324.29	5,728.81
Medicare	75.84	1,339.80
Federal Withholding	777.81	15,851.88
State Tax - NY	268.93	6,639.75
City Tax - NY	188.74	3,519.97
New York Paid Family Leave - NYPI	3.36	333.25
Employee Taxes	1,638.97	33,413.46

Pre Tax Deductions

Description	Amount	YTD
401(K)	310.69	310.69
401K Bonus		3,520.00
DENTAL	6.68	80.16
MEDICAL	108.33	1,299.96
TRIPTRANS	55.00	605.01
Pre Tax Deductions	480.70	5,815.82

Post Tax Deductions

Description	Amount	YTD
Roth401K Bonus		1,600.00
Post Tax Deductions	0.00	1,600.00

Employer Paid Benefits

Description	Amount	YTD
Employer Benefit - USA		5,833.35
HghDedER	125.00	250.00
Employer Paid Benefits	125.00	6,083.35

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	5,230.42	92,400.14
Medicare - Taxable Wages	5,230.42	92,400.14
Federal Withholding - Taxable Wages	4,919.73	88,569.45
State Tax Taxable Wages - NY	4,919.73	88,569.45
City Tax Taxable Wages - NY	4,919.73	88,569.45

	Federal	State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Medical/Illness Leave Ordinances USA	0	0	112

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount
Wells Fargo	Wells Fargo ******6762	******6762		3,058.42 USD

Citibank, N.A. 3800 Citigroup Center Drive Tampa, FL 33610 +1 (800) 8813938

Jorge Alzaga 155 E 55th St Apt. 7B New York, NY 10022

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jorge Alzaga	Citibank, N.A.	1011234212	05/05/2024	05/18/2024	05/24/2024	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	5,178.09	170.01	1,670.43	0.00	3,337.65
YTD	88,958.99	5,335.12	31,774.49	1,600.00	50,249.38

What money I earned

Description	Dates	Hours	Rate	Amount	YTD
ANN INCENT			0		32,000.00
BASIC LIFE	05/05/2024 - 05/18/2024	0	0	2.35	25.85
Planned			0		7,767.14
REGULAR	05/05/2024 - 05/18/2024	80	64.726	5,178.09	49,191.85
What money I earned				5,180.44	88,984.84

Employee Taxes

Description	Amount	YTD
OASDI	310.64	5,404.52
Medicare	72.65	1,263.96
Federal Withholding	799.57	15,074.07
State Tax - NY	275.86	6,370.82
City Tax - NY	192.59	3,331.23
New York Paid Family Leave - NYPF	19.12	329.89
Employee Taxes	1,670.43	31,774.49

Pre Tax Deductions

Description	Amount	YTD
401K Bonus		3,520.00
DENTAL	6.68	73.48
MEDICAL	108.33	1,191.63
TRIPTRANS	55.00	550.01
Pre Tax Deductions	170.01	5,335.12

Post Tax Deductions

Description	Amount	YTD
Roth401K Bonus		1,600.00
Post Tax Deductions	0.00	1,600.00

Employer Paid Benefits

Description	Amount	YTD
Employer Benefit - USA	1,166.67	5,833.35
HghDedER		125.00
Employer Paid Benefits	1,166.67	5,958.35

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	5,010.43	87,169.72
Medicare - Taxable Wages	5,010.43	87,169.72
Federal Withholding - Taxable Wages	5,010.43	83,649.72
State Tax Taxable Wages - NY	5,010.43	83,649.72
City Tax Taxable Wages - NY	5,010.43	83,649.72

	Federal	State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Medical/Illness Leave Ordinances USA	0	0	112

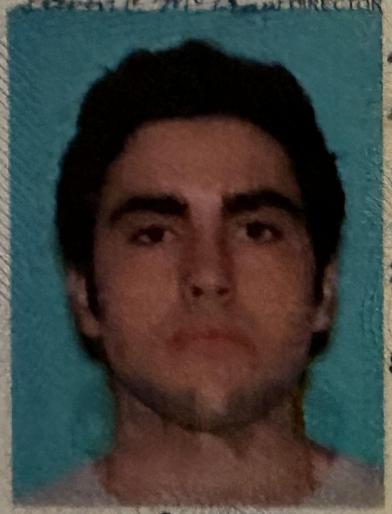
Payment Information

Bank	Account Name	Account Number	USD Amount	Amount
Wells Fargo	Wells Fargo ******6762	******6762		3,337.65 USD

Texas

USA
TX

DRIVER LICENSE



4d DL 38965046
9 Class C
4a Iss 05/16/2019
4b Exp 05/14/2025
3 DOB 05/14/1998
1 RESINES CATALAN
2 ANTONIO

8 4001 GANDARA BND
AUSTIN TX 78738-7151

12 Restrictions A
9a End NONE
16 Hgt 5'-09"
15 Sex M
18 Eyes BRO
5 DD 20616900154146698814

06/17/2024

To Whom It May Concern,

This letter verifies that Antonio Resines Catalan is actively employed with Santander.

Dates of Employment:	**6/1/2018 - Current**
Remote/Hybrid/Onsite:	**Hybrid**
Job Title:	**USA Corporate Banking Relationship Manager IC5 (006311)**
Department:	**SOVBK_NYB0046 NYB Banking & Corporate Finance**
Annualized Rate:	**$200,000.00**

Should you have any questions or need additional information, you can reach me directly at hrcomp@santander.us

Thank you,

Hilary Clark

Hilary Clark
Sr. Specialist, Compensation
HR Compensation

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Antonio	Resines Catalan	710 99 8916
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
155 E 55th Street 7B

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
New York NY 10022

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☒ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	183,988.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	183,988.
2a	Tax-exempt interest	2a		b Taxable interest	2b	579.
3a	Qualified dividends	3a	283.	b Ordinary dividends	3b	400.
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	309.
8	Additional income from Schedule 1, line 10				8	600.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	185,876.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	185,876.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	13,850.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	172,026.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	34,633.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	34,633.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	34,633.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	34,633.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 33,408.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	33,408.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) . . . No — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	33,408.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X — c Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	1,225.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name: Michael De Freitas | Phone no.: (908)232-6558 | Personal identification number (PIN): 7 3 0 5 0

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Analyst	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Michael De Freitas	Michael De Freitas	03/10/2024	P00438995	☒ Self-employed

Firm's name: Amtrin Financial Advisors | Phone no.:

Firm's address: 793 West Broad Street Westfield NJ 07090 | Firm's EIN: 82-3424287

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	**Your social security number**
Antonio	Resines Catalan	710-99-8916
If joint return, spouse's first name and middle initial	Last name	**Spouse's social security number**

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
155 E 55th Street	7B

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
New York	NY	10022

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☒ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	**(2)** Social security number	**(3)** Relationship to you	**(4)** Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	142,867.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	142,867.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a	85.	b Ordinary dividends	3b	86.
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	-103.
8	Other income from Schedule 1, line 10				8	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	142,850.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	142,850.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	12,950.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	12,950.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	129,900.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	25,004.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	25,004.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	25,004.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	25,004.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 24,263.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	24,263.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31: 431.		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	431.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	24,694.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2023 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	310.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name: Michael De Freitas | Phone no.: (908)232-6558 | Personal identification number (PIN): 7 3 0 5 0

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Analyst	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Michael De Freitas	Michael De Freitas	03/08/2023	P00438995	☒ Self-employed

Firm's name: Amtrin Financial Advisors | Phone no.:

Firm's address: 793 West Broad Street Westfield NJ 07090 | Firm's EIN: 82-3424287

Payslip: Antonio Resines Catalan: 05/25/2024
(USA WD - Regular) - Complete

Company Information

Name	Address
Banco Santander S.A.	45 E 53rd St New York, NY 10022 United States of America

Payslip Information

Name	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Antonio Resines Catalan	100046441	05/12/2024	05/25/2024	05/31/2024	

Current and YTD Totals

Balance Period	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,692.31	0.00	2,807.44	461.54	4,423.33
YTD	880.00	135,961.56	12,000.00	50,328.30	4,557.74	69,075.52

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Global Bank Incentive					60,000.00
Regular - Exempt	05/12/2024 - 05/25/2024	80.00	0.00	7,692.31	75,961.56
				Total: 7,692.31	135,961.56

Employee Taxes

Description	Amount	YTD
OASDI	477.52	8,435.45
Medicare	111.68	1,972.81
Federal Withholding	1,443.79	24,364.74
State Tax - NY	466.16	10,159.21
City Tax - NY	307.09	5,049.64
New York Paid Family Leave - NYPFL		333.25
NY SDI - NYSDI	1.20	13.20
Total:	2,807.44	50,328.30

Pre Tax Deductions

Description	YTD
401k Pre-Tax - Bonus	12,000.00
Total:	12,000.00

Post Tax Deductions

Description	Amount	YTD
401K ROTH	461.54	4,557.74
Total:	461.54	4,557.74

Employer Paid & Non Cash Taxable Benefits

Description	Amount	YTD
401K Bonus Match ER		3,600.00
401K REG Match ER	461.54	4,557.74
GTL - Imputed Income	9.69	94.14

Description	Amount	YTD
	Total: 471.23	8,251.88

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	7,702.00	136,055.70
Medicare - Taxable Wages	7,702.00	136,055.70
Federal Withholding - Taxable Wages	7,702.00	124,055.70

Withholding

Description	Federal	Work State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Floating Holiday	0.00	0.00	0.00
USA Paid Time Off Plan	0.00	0.00	73.75
USA Volunteer Time Off Plan	0.00	0.00	16.00

Payment Information

Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
SANTANDER	SANTANDER ******6913	******6913	1,769.33	USD
PNC BANK, NA	PNC BANK, NA ******1368	******1368	2,654.00	USD
		Total:	4,423.33	

Payslip: Antonio Resines Catalan: 06/08/2024
(USA WD - Regular) - Complete

Company Information

Name	Address
Banco Santander S.A.	45 E 53rd St New York, NY 10022 United States of America

Payslip Information

Name	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Antonio Resines Catalan	100046441	05/26/2024	06/08/2024	06/14/2024	

Current and YTD Totals

Balance Period	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	7,692.31	29.03	2,795.13	467.54	4,400.61
YTD	960.00	143,653.87	12,029.03	53,123.43	5,025.28	73,476.13

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Global Bank Incentive					60,000.00
Regular - Exempt	05/26/2024 - 06/08/2024	80.00	0.00	7,692.31	83,653.87
				Total: 7,692.31	143,653.87

Employee Taxes

Description	Amount	YTD
OASDI	475.73	8,911.18
Medicare	111.26	2,084.07
Federal Withholding	1,436.82	25,801.56
State Tax - NY	464.27	10,623.48
City Tax - NY	305.85	5,355.49
New York Paid Family Leave - NYPFL		333.25
NY SDI - NYSDI	1.20	14.40
Total:	2,795.13	53,123.43

Pre Tax Deductions

Description	Amount	YTD
401k Pre-Tax - Bonus		12,000.00
Dental	7.55	7.55
Medical	16.55	16.55
Vision	4.93	4.93
Total:	29.03	12,029.03

Post Tax Deductions

Description	Amount	YTD
401K ROTH	461.54	5,019.28
Supplemental Life	6.00	6.00
Total:	467.54	5,025.28

Employer Paid & Non Cash Taxable Benefits

Description	Amount	YTD
401K Bonus Match ER		3,600.00
401K REG Match ER	461.54	5,019.28
GTL - Imputed Income	9.69	103.83
Total:	471.23	8,723.11

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	7,672.97	143,728.67
Medicare - Taxable Wages	7,672.97	143,728.67
Federal Withholding - Taxable Wages	7,672.97	131,728.67

Withholding

Description	Federal	Work State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Floating Holiday	0.00	0.00	0.00
USA Paid Time Off Plan	14.75	0.00	88.50
USA Volunteer Time Off Plan	0.00	0.00	16.00

Payment Information

Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
SANTANDER	SANTANDER ******6913	******6913	1,760.24	USD
PNC BANK, NA	PNC BANK, NA ******1368	******1368	2,640.37	USD
		Total:	4,400.61	

Wells Fargo Way2Save® Savings

JORGE ALZAGA CARLIN
9209 EDDY CV
AUSTIN TX 78735-1491

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (808)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

Don't fall for an IRS imposter scam. Learn to spot scams and help avoid tax fraud at www.wellsfargo.com/spottaxscams.

Statement period activity summary

Beginning balance on 4/1	$2,485.06
Deposits/Additions	1,075.01
Withdrawals/Subtractions	- 2,788.73
Ending balance on 4/30	**$771.34**

Account number: **1026470508**
JORGE ALZAGA CARLIN
Texas/Arkansas account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 111900659

Interest summary

Interest paid this statement	$0.01
Average collected balance	$1,743.97
Annual percentage yield earned	0.01%
Interest earned this statement period	$0.02
Interest paid this year	$0.11

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
4/3	Citi Autopay Payment 240402 081345266503097 Jorge Alzaga Carlin		19.36	2,465.70
4/15	Recurring Transfer From Carlin J Everyday Checking Ref #Op0Mvzkhhg xxxxxx6762	25.00		2,490.70
4/16	Citi Autopay Payment 240415 081356498565701 Jorge Alzaga Carlin		19.37	2,471.33
4/19	Online Transfer Ref #Ib0Mxb7Mpb to Bilt World Elite Mastercard Xxxxxxxxxxx0195 on 04/19/24		2,000.00	471.33
4/22	Online Transfer From Carlin J Everyday Checking xxxxxx6762 Ref #Ib0My744Yy on 04/22/24	50.00		
4/22	Citi Card Online Payment 240419 421359309115869 Jorge Alzaga		500.00	21.33
4/23	Online Transfer From Carlin J Everyday Checking xxxxxx6762 Ref #Ib0Myfwb2W on 04/23/24	1,000.00		1,021.33
4/24	Citi Card Online Payment 240423 421362732977840 Jorge Alzaga		250.00	771.33
4/30	Interest Payment	0.01		771.34
Ending balance on 4/30				**771.34**
Totals		**$1,075.01**	**$2,788.73**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 04/01/2024 - 04/30/2024	Standard monthly service fee $5.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$300.00	$21.33 ☐
• A daily automatic transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
• Save As You Go® transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
• A monthly automatic transfer from a Wells Fargo checking account	$25.00	$25.00 ÷
• Age of primary account owner	0 - 24	☐
•		

AM/AM

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.

Wells Fargo Way2Save® Savings

JORGE ALZAGA CARLIN
9209 EDDY CV
AUSTIN TX 78735-1491

Questions?

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Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (808)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Statement period activity summary

Beginning balance on 5/1	$771.34
Deposits/Additions	325.01
Withdrawals/Subtractions	- 35.00
Ending balance on 5/31	**$1,061.35**

Account number: **1026470508**
JORGE ALZAGA CARLIN
Texas/Arkansas account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 111900659

Interest summary

Interest paid this statement	$0.01
Average collected balance	$1,048.84
Annual percentage yield earned	0.00%
Interest earned this statement period	$0.00
Interest paid this year	$0.12

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
5/2	Online Transfer From Carlin J Everyday Checking xxxxxx6762 Ref #Ib0N3Gprtk on 05/02/24	300.00		1,071.34
5/3	Citi Autopay Payment 240502 081371242211260 Jorge Alzaga Carlin		17.50	1,053.84
5/14	Citi Autopay Payment 240513 081380691181356 Jorge Alzaga Carlin		17.50	1,036.34

WELLS FARGO

Transaction history(continued)

Date	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
5/15	Recurring Transfer From Carlin J Everyday Checking Ref #Op0N7F7Lmn xxxxxx6762	25.00		1,061.34
5/31	Interest Payment	0.01		1,061.35
Ending balance on 5/31				**1,061.35**
Totals		**$325.01**	**$35.00**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 05/01/2024 - 05/31/2024	Standard monthly service fee $5.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$300.00	$771.34 ÷
• A daily automatic transfer from a Wells Fargo checking account	$1.00	$0.00
• Save As You Go® transfer from a Wells Fargo checking account	$1.00	$0.00
• A monthly automatic transfer from a Wells Fargo checking account	$25.00	$25.00 ÷
• Age of primary account owner	0 - 24	
•		

AM/AM

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Other Wells Fargo Benefits

June 15 is World Elder Abuse Awareness Day, and now is a great time to learn how to help protect yourself and your loved ones from the rising risks of scams. Download a guide at wellsfargo.com/protectelders.

Virtual Wallet Spend Statement

PNC Bank

PNC BANK

Primary account number: 49-4920-1368

Number of enclosures: 0

For the period 03/23/2024 to 04/22/2024

ANTONIO RESINES CATALAN
APT 7B
155 E 55TH ST
NEW YORK NY 10022-4051

For 24-hour banking, and transaction or interest rate information, sign-on to PNC Bank Online Banking at pnc.com

For customer service call 1-888-PNC-BANK
PNC accepts Telecommunications Relay Service (TRS) calls.
Para servicio en espanol, 1-866-HOLA-PNC

Moving? Please contact us at 1-888-PNC-BANK

Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738

Visit us at pnc.com

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Consumer Schedule of Service Charges and Fees and our Features and Fees ("Schedules"). All other information in our Schedules continues to apply to your account. Please read this information and retain it with your records.

Effective February 1, 2024, the Staff-Assisted Statement Request Fee of $5.00 will be eliminated from all consumer product types.

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Consumer and Business Schedules of Service Charges and Fees and our Features and Fees ("Schedules"). All other information in our Schedules continues to apply to your account. Please read this information and retain it with your records.

Effective February 26, 2024, consumer and business deposit accounts that are enrolled to receive Paper Statements with Check Images will be charged only the Paper Statement Fee if there are no check images for that statement period.

ANTONIO RESINES CATALAN

Virtual Wallet Spend Account Summary

Account number: 49-4920-1368

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.
Overdraft Coverage
- Your account is currently
Opted-Out.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
3,590.77	16,614.71	12,752.45	7,453.03
		Average monthly balance	Charges and fees
		6,719.15	.00

Virtual Wallet Spend Statement

Activity Detail

Deposits and Other Additions

There were 6 Deposits and Other Additions totaling $16,614.71.

Date	Amount	Description
03/26	3,185.00	Direct Deposit - Nysttaxrfd NY STATE XXXXX8916-46
03/29	3,638.72	Direct Deposit - Cashout Venmo XXXXXXXXX7608
04/01	800.00	Online Transfer From 0000004947378979
04/02	3,683.00	ACH Web Pmt- Payment SANTANDER BANK ANTONIO RESINES
04/05	2,653.99	Direct Deposit - Direct Dep BANCO SANTANDER XXXXXXXXX1766B9
04/19	2,654.00	Direct Deposit - Direct Dep BANCO SANTANDER XXXXXXXXX5376B9

Online and Electronic Banking Deductions

There were 3 Online or Electronic Banking Deductions totaling $12,752.45.

Date	Amount	Description
04/03	7,302.45	Web Pmt- Rent Pmt Biltpymts 90803012826548
04/05	5,000.00	Direct Payment - ACH Trnsfr Mspbna XXXXXXXX2906
04/22	450.00	Direct Payment - ACH Trnsfr Mspbna XXXXXXXX1906

Daily Balance Detail

Date	Balance	Date	Balance	Date	Balance	Date	Balance
03/23	3,590.77	04/01	11,214.49	04/03	7,595.04	04/19	7,903.03
03/26	6,775.77	04/02	14,897.49	04/05	5,249.03	04/22	7,453.03
03/29	10,414.49						

Virtual Wallet Spend Statement

PNC Bank

PNC BANK

Primary account number: 49-4920-1368
Page 1 of 1
Number of enclosures: 0

For the period 04/23/2024 to 05/22/2024

ANTONIO RESINES CATALAN
APT 7B
155 E 55TH ST
NEW YORK NY 10022-4051

For 24-hour banking, and transaction or interest rate information, sign-on to PNC Bank Online Banking at pnc.com

For customer service call 1-888-PNC-BANK
PNC accepts Telecommunications Relay Service (TRS) calls.
Para servicio en espanol, 1-866-HOLA-PNC

Moving? Please contact us at 1-888-PNC-BANK

Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738

Visit us at pnc.com

ANTONIO RESINES CATALAN

Virtual Wallet Spend Account Summary

Account number: 49-4920-1368

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.
Overdraft Coverage
- Your account is currently
Opted-Out.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
7,453.03	8,927.99	7,799.61	8,581.41

Average monthly balance	Charges and fees
7,233.60	.00

Activity Detail

Deposits and Other Additions

There were 3 Deposits and Other Additions totaling $8,927.99.

Date	Amount	Description
05/03	2,653.99	Direct Deposit - Direct Dep BANCO SANTANDER XXXXXXXXX8376B9
05/03	3,620.00	ACH Web Pmt- Payment SANTANDER BANK ANTONIO RESINES
05/17	2,654.00	Direct Deposit - Direct Dep BANCO SANTANDER XXXXXXXXX2986B9

Online and Electronic Banking Deductions

There were 3 Online or Electronic Banking Deductions totaling $7,799.61.

Date	Amount	Description
05/01	47.16	Web Pmt- Bppymt Wells Fargo Card
05/03	7,302.45	Web Pmt- Rent Pmt Biltpymts 90803012826548
05/21	450.00	Direct Payment - ACH Trnsfr Mspbna XXXXXXXX9906

Daily Balance Detail

Date	Balance	Date	Balance	Date	Balance	Date	Balance
04/23	7,453.03	05/03	6,377.41	05/17	9,031.41	05/21	8,581.41
05/01	7,405.87						

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008

a Employee's soc. sec. no. 487-85-3641	1 Wages, tips, other comp. 138523.08	2 Federal income tax withheld 22950.68
	3 Social security wages 140523.08	4 Social security tax withheld 8712.43
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips 140523.08	6 Medicare tax withheld 2037.58

c Employer's name, address, and ZIP code
Citibank, N.A.
3800 Citigroup Center Drive
Tampa, FL 33610

d Control number
00002 Citi.388 GREENW.c.10022

e Employee's name, address, and ZIP code
Jorge Alzaga
155 E 55th St
Apt. 7B
New York, NY 10022

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 45.24
13 Statutory employee	14 Other NY PFL 399.43	12b Code D 2000.00
Retirement plan X		12c Code W 500.00
Third-party sick pay		12d Code AA 1000.00

NY	135266470	138523.08	8544.45
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc. 138523.08	19 Local income tax 5358.84	20 Locality name NY

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

a Employee's soc. sec. no. 487-85-3641	1 Wages, tips, other comp. 138523.08	2 Federal income tax withheld 22950.68
	3 Social security wages 140523.08	4 Social security tax withheld 8712.43
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips 140523.08	6 Medicare tax withheld 2037.58

c Employer's name, address, and ZIP code
Citibank, N.A.
3800 Citigroup Center Drive
Tampa, FL 33610

d Control number
00002 Citi.388 GREENW.c.10022

e Employee's name, address, and ZIP code
Jorge Alzaga
155 E 55th St
Apt. 7B
New York, NY 10022

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 45.24
13 Statutory employee	14 Other NY PFL 399.43	12b Code D 2000.00
Retirement plan X		12c Code W 500.00
Third-party sick pay		12d Code AA 1000.00

NY	135266470	138523.08	8544.45
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc. 138523.08	19 Local income tax 5358.84	20 Locality name NY

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

OMB No. 1545-0008

a Employee's soc. sec. no. 487-85-3641	1 Wages, tips, other comp. 138523.08	2 Federal income tax withheld 22950.68
	3 Social security wages 140523.08	4 Social security tax withheld 8712.43
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips 140523.08	6 Medicare tax withheld 2037.58

c Employer's name, address, and ZIP code
Citibank, N.A.
3800 Citigroup Center Drive
Tampa, FL 33610

d Control number
00002 Citi.388 GREENW.c.10022

e Employee's name, address, and ZIP code
Jorge Alzaga
155 E 55th St
Apt. 7B
New York, NY 10022

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 45.24
13 Statutory employee	14 Other NY PFL 399.43	12b Code D 2000.00
Retirement plan X		12c Code W 500.00
Third-party sick pay		12d Code AA 1000.00

NY	135266470	138523.08	8544.45
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc. 138523.08	19 Local income tax 5358.84	20 Locality name NY

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

a Employee's soc. sec. no. 487-85-3641	1 Wages, tips, other comp. 138523.08	2 Federal income tax withheld 22950.68
	3 Social security wages 140523.08	4 Social security tax withheld 8712.43
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips 140523.08	6 Medicare tax withheld 2037.58

c Employer's name, address, and ZIP code
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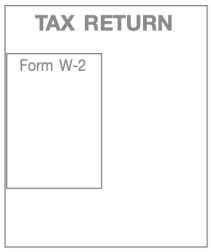
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 45.24
13 Statutory employee	14 Other NY PFL 399.43	12b Code D 2000.00
Retirement plan X		12c Code W 500.00
Third-party sick pay		12d Code AA 1000.00

NY	135266470	138523.08	8544.45
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc. 138523.08	19 Local income tax 5358.84	20 Locality name NY

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

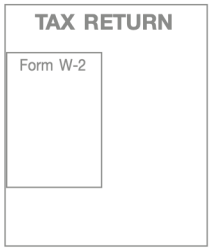
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
487-85-3641	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Citibank, N.A.
3800 Citigroup Center Drive
Tampa, FL 33610

d Control number
00002 Citi.388 GREENW.c.10022

e Employee's name, address, and ZIP code
Jorge Alzaga
155 E 55th St
Apt. 7B
New York, NY 10022

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 8495.16
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
487-85-3641	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Citibank, N.A.
3800 Citigroup Center Drive
Tampa, FL 33610

d Control number
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e Employee's name, address, and ZIP code
Jorge Alzaga
155 E 55th St
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New York, NY 10022

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 8495.16
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
487-85-3641	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips	6 Medicare tax withheld

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3800 Citigroup Center Drive
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15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
487-85-3641	3 Social security wages	4 Social security tax withheld
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13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

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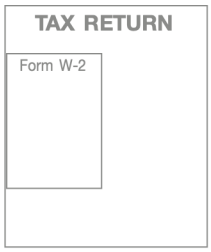


NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

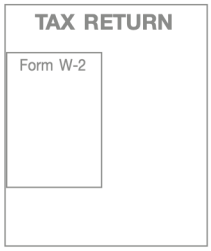
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.