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
Goncher	William	F.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	9/19/1996	(650) 833 - 8083 - Mobile

ID TYPE	NUMBER	STATE
DRIVER'S LICENSE	Y2162391	CA

EMAIL
willgoncher@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
201 E 35th St., Apt. 9JK	New York	NY	10016

DATE IN	DATE OUT	MONTHLY RENT
	current	$5,710.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Associate	Debevoise & Plimpton

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Jay Smith	(212) 909 - 6000	$225,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
66 Hudson Blvd E	New York	NY	10001

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:
201 E 35th St., Apt. 9JK, New York, NY 10016 - US

Initials: W.G. 59788406

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 William F. Goncher*

Signed by William F. Goncher
Tue Jul 30 2024 06:57:01 PM EDT
Key: 597B8406; IP Address: 108.6.170.3

William F. Goncher *(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
William Goncher	XXXXXXXXXXXX2294	14902282	$21.50

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

Initials: W.G. 597B8406

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
Schiele	Philipp		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	6/4/1995	(650) 248 - 8885 - Mobile

ID TYPE	NUMBER	COUNTRY
PASSPORT	CH1HRTVN5	DE

EMAIL
phschiele@googlemail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
801 Garland Dr.	Palo Alto	CA	94303

DATE IN	DATE OUT	MONTHLY RENT
	current	$2,000.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Quantitative Developer	Citadel

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Richard Lee	(646) 403 - 8200	$800,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
425 Park Ave	New York	NY	10022

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:
801 Garland Dr., Palo Alto, CA 94303 - US

Initials: P.S. 45B15A19

APPLICATION CONSENT

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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.

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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 Philipp Schiele*

Signed by Philipp Schiele
Tue Jul 30 2024 09:35:25 PM EDT
Key: 45B15A19; IP Address: 38.142.186.18

Philipp Schiele *(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
Philipp Schiele	XXXXXXXXXXXX0505	14902792	$21.50

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

Initials: P.S. 45B15A19

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.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Rental Report for William F. Goncher

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 William F. Goncher: 796			
		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	👍

Credit Quick Summary	
Total annual income (reported by Applicant)	$225,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $10,051.62)
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	$1,014.00 ($0.00 past due)
Outstanding revolving debt	$1,014.00 (2% 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:	William F. Goncher	WILLIAM F. GONCHER
SSN:	***-**-****	***-**-****
Birth Date:	9/**/1996	9/**/1996
Driver's License #:	Y2162391 / CA	

Addresses	From Application	From Equifax
	201 E 35th St., Apt. 9JK New York, NY 10016 - US	764 MARION AVE. PALO ALTO, CA 94303 (Applicant) Reported 7/2024 201 E 35TH ST. 9K NEW YORK, NY 10016 (Applicant) Reported 2/2024 701 2ND ST NE 204 WASHINGTON, DC 20002 (Applicant) Reported 7/2021 28 N ST SW WASHINGTON, DC 20024 (Applicant) Reported 9/2020

Employment	From Application	From Equifax
Applicant:	Associate Debevoise & Plimpton $225,000.00/Yr. Total annual Income: $225,000.00	

Employment Verifications

From RealPage

Requested For William F. Goncher Requested Date 7/31/2024	**Employer** Debevoise & Plimpton	**Position Held** Associate	**Annual Salary** $225,000.00	**Supervisor** Jay Smith (212) 909 - 6000
	Results Pending			

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
William F. Goncher	Multistate Search	7/31/2017 - 7/31/2024	7/31/2024	7/31/2024
Results				
No Records Found				

National Sex Offender Registry History		
Requested For	**Date Requested**	**Date Returned**
William F. Goncher	7/31/2024	7/31/2024
Results		
No Records Found		

Restricted Person Search		
Requested For	**Requested**	**Returned**
William F. Goncher	7/31/2024	7/31/2024
Results		
No Records Found		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	796	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)	748	Lack of sufficient credit history on bankcard or revolving accounts You have either very few loans or too many loans with recent delinquencies Lack of sufficient relevant first mortgage account information The balances on your accounts are too high compared to 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
WELLS FARGO CARD SER (Applicant)	3/2015	6/2024					$1,014.00

Monthly Payment	High Credit	Type	Comments
$25.00	$6,918.00	REVOLVING	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	0
7/ 24		5/ 24		3/ 24		1/ 24		11/ 23		9/ 23		7/ 23		5/ 23		3/ 23		1/ 23		11/ 22		9/ 22	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MOHELA/DEPT OF ED (Applicant)	8/2022	11/2023				$0.00	

Monthly Payment	High Credit	Type	Comments
	$20,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
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
MOHELA/DEPT OF ED (Applicant)	8/2021	11/2023				$0.00	

Monthly Payment	High Credit	Type	Comments
	$20,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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	6/22	4/22	2/22
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
MOHELA/DEPT OF ED (Applicant)	8/2023	11/2023				$0.00	

Monthly Payment	High Credit	Type	Comments
	$10,250.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed

Payment History

12/23	10/23
0	0	0	0

Previous Credit Inquiries	
From Equifax	
10/2023	CAPITAL ONE BANK USA (Applicant)

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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 Philipp Schiele

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 Philipp Schiele: No Credit			
		Importance	**Result**
AI Score		Not Considered	No Credit
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	
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Drug Use	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.

APPLICANT: no matching name found
The name for the primary applicant does not match any records on file. Please check if you entered the name accurately and re-run the report if necessary. This warning means that the applicant fraudulently submitted incorrect information or that the record on file is incorrect. You should carefully verify the information on the application before proceeding.

Credit Quick Summary		
Total annual income (reported by Applicant)	$800,000.00	*This applicant has no credit accounts on file*
Total **verified** annual income	Pending	
Total **verified** combined annual income to rent ratio	Pending (based on rent of $10,051.62)	
Total number of accounts	0	
Accounts with no late payments	0 (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	$0.00 ($0.00 past due)	
Outstanding revolving debt	$0.00 (0% 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:	Philipp Schiele	
SSN:	***-**-****	
Birth Date:	6/**/1995	

Addresses	From Application	From Equifax
	801 Garland Dr. Palo Alto, CA 94303 - US	

Employment	From Application	From Equifax
Applicant:	Quantitative Developer Citadel $800,000.00/Yr. Total annual Income: $800,000.00	

Employment Verifications

From RealPage

Requested For	Employer	Position Held	Annual Salary	Supervisor
Philipp Schiele Requested Date 7/31/2024	Citadel	Quantitative Developer	$800,000.00	Richard Lee (646) 403 - 8200
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Philipp Schiele	Multistate Search	7/31/2017 - 7/31/2024	7/31/2024	7/31/2024

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Philipp Schiele	7/31/2024	7/31/2024

Results
No Records Found

Restricted Person Search		
Requested For Philipp Schiele	**Requested** 7/31/2024	**Returned** 7/31/2024
Results *No Records Found*		

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

  A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
https://www.freeze.equifax.com

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
https://www.experian.com/freeze/center.html

TransUnion LLC
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit.

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

Debevoise & Plimpton

Debevoise & Plimpton LLP
66 Hudson Boulevard
New York, NY 10001
+1 212 909 6000

July 29, 2024

TO WHOM IT MAY CONCERN

William Goncher

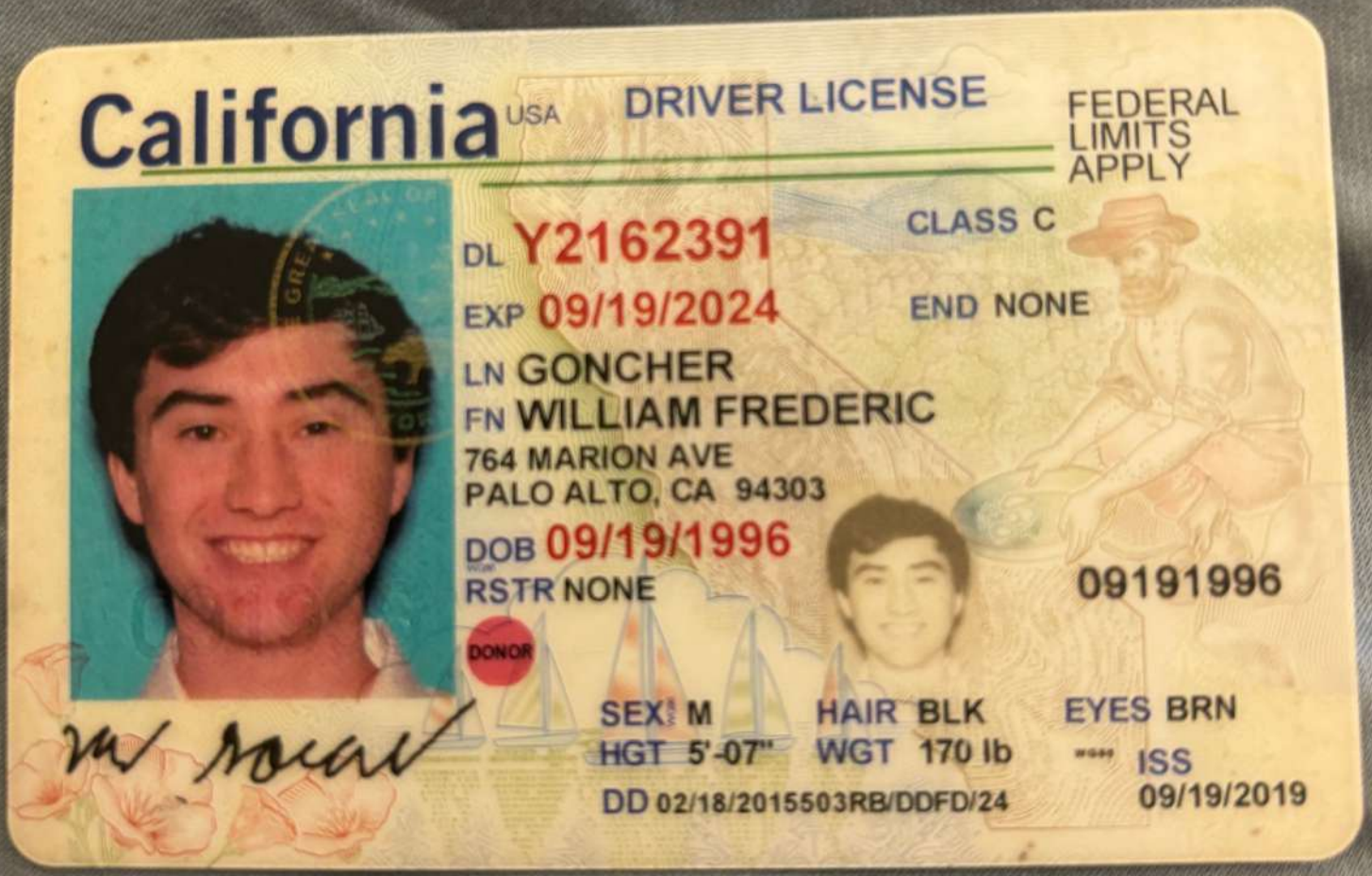
This letter will confirm that William Goncher will be joining Debevoise & Plimpton LLP as a full-time Law Clerk on September 16, 2024, at an annual salary of $225,000. Mr. Goncher will also be eligible to receive any discretionary bonus that may be determined for his class this year.

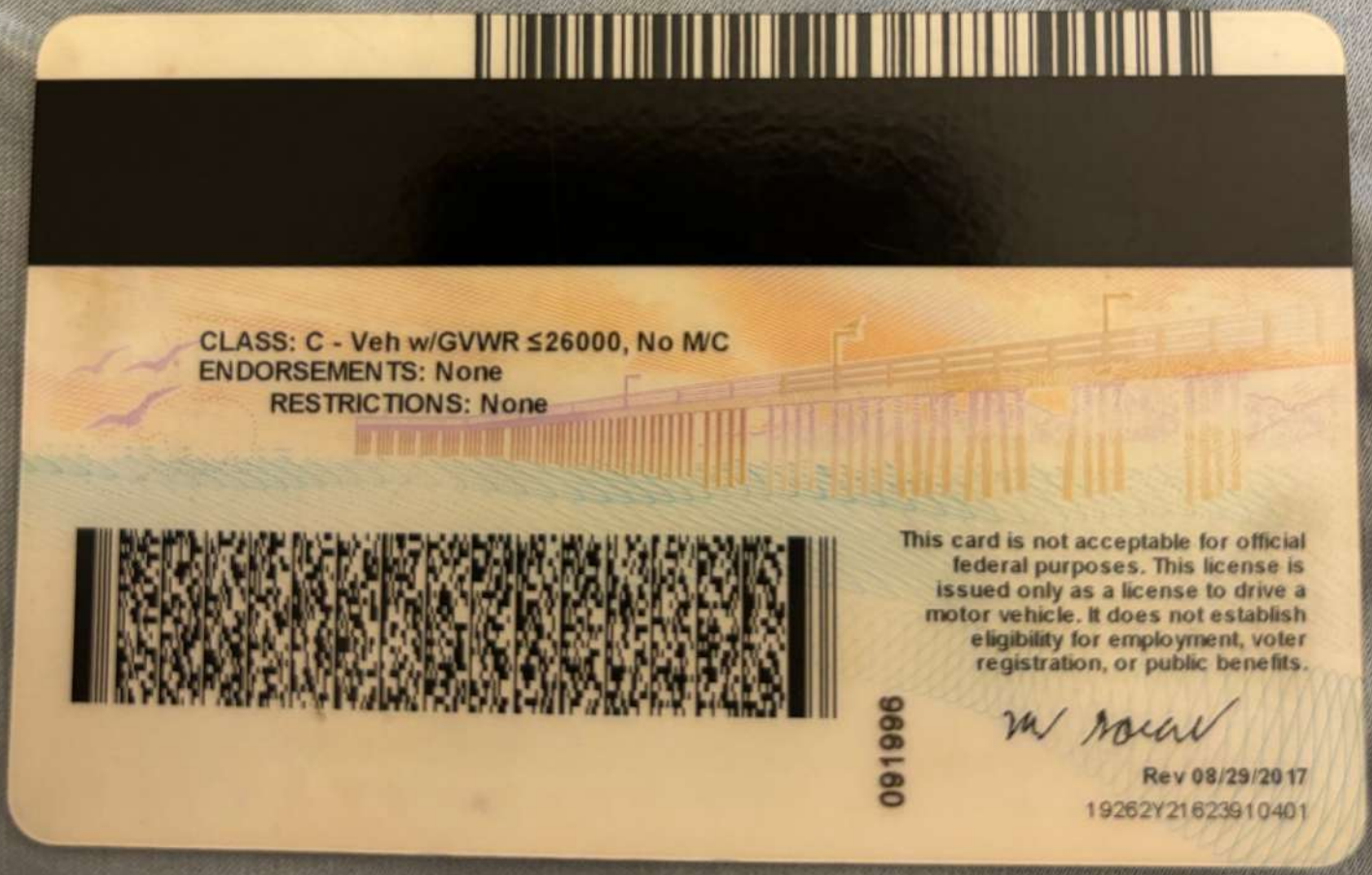
If you need further information, you may contact me at +1 (212) 909 - 8956.

Sincerely yours,

Mallorie Lefebvre

Mallorie Lefebvre
Legal Personnel Assistant


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y2162391
CLASS C
EXP 09/19/2024
END NONE
LN GONCHER
FN WILLIAM FREDERIC
764 MARION AVE
PALO ALTO, CA 94303
DOB 09/19/1996
RSTR NONE
09191996
DONOR
SEX M
HAIR BLK
EYES BRN
HGT 5'-07"
WGT 170 lb
ISS 09/19/2019
DD 02/18/2015503RB/DDFD/24


CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.
091996
Rev 08/29/2017
19262Y21623910401

Wells Fargo Everyday Checking

BRIAN C GONCHER
WILLIAM F GONCHER
764 MARION AVE
PALO ALTO CA 94303-3611

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. (114)
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.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	☑	Direct Deposit	☐
Online Bill Pay	☐	Auto Transfer/Payment	☐
Online Statements	☑	Overdraft Protection	☐
Mobile Banking	☑	Debit Card	
My Spending Report	☑	Overdraft Service	☐

Statement period activity summary

Beginning balance on 6/18	$33,145.61
Deposits/Additions	25.00
Withdrawals/Subtractions	- 8,633.64
Ending balance on 7/16	**$24,536.97**

Account number: **6291245725**
BRIAN C GONCHER
WILLIAM F GONCHER

California account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Form **1040-X**

(Rev. February 2024)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

Go to *www.irs.gov/Form1040X* for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year (enter year) 2023 **or fiscal year** (enter month and year ended)

Your first name and middle initial	Last name	**Your social security number**
William F	Goncher	618-92-7000
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.
201 E 35th St	9JK

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
New York	NY	100164278

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

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

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☒ 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 unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part II on page 2 to explain any changes.		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	1	46,144.	15,603.	61,747.
2 Itemized deductions or standard deduction	2	13,850.	0.	13,850.
3 Subtract line 2 from line 1	3	32,294.	15,603.	47,897.
4a Reserved for future use	4a			
b Qualified business income deduction	4b	2.	0.	2.
5 Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C	5	32,292.	15,603.	47,895.
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions): QDCGTW	6	3,623.	491.	4,114.
7 Nonrefundable credits. If a general business credit carryback is included, check here ☐	7	2,001.	0.	2,001.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	1,622.	491.	2,113.
9 Reserved for future use	9			
10 Other taxes	10	0.	0.	0.
11 Total tax. Add lines 8 and 10	11	1,622.	491.	2,113.
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing**, see instructions.)	12	9,275.	0.	9,275.
13 Estimated tax payments, including amount applied from prior year's return	13	0.	0.	
14 Earned income credit (EIC)	14	0.	0.	
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15	0.	0.	
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			0.
17 Total payments. Add lines 12 through 15, column C, and line 16	17			9,275.
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			7,653.
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			1,622.
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			491.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			
22 Amount of line 21 you want **refunded to you**	22			0.
23 Amount of line 21 you want **applied to your (enter year)**: **estimated tax**	23			

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents.
This would include a change in the number of dependents.
Enter the information for the return year entered at the top of page 1.

			A. Original number of dependents reported or as previously adjusted	B. Net change—amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24			
25	Your dependent children who lived with you	25	0	0	
26	Reserved for future use	26			
27	Other dependents	27	0	0	
28	Reserved for future use	28			
29	Reserved for future use	29			

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions): If more than four dependents, see instructions and check here ☐	**(a)** First name Last name	**(b)** Social security number	**(c)** Relationship to you	**(d)** Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

I forgot the sale of a stock.

Sign Here

Remember to keep a copy of this form for your records.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Student	
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. (650)833-8083	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

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
William F	Goncher	618 92 7000
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.
201 E 35th St	9JK

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
New York	NY	100164278

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	45,860.
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	45,860.
2a	Tax-exempt interest	2a		b Taxable interest	2b	15.
3a	Qualified dividends	3a	282.	b Ordinary dividends	3b	294.
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	15,578.
8	Additional 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	61,747.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	61,747.
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	2.
14	Add lines 12 and 13				14	13,852.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	47,895.

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	4,114.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	4,114.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	2,001.
	21	Add lines 19 and 20	21	2,001.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,113.
	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	2,113.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 9,275.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	9,275.
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) — 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	9,275.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	7,162.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	7,162.
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	
	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 | Phone no. | Personal identification number (PIN)

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.)
		Student	
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.)

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

Phone no. (650)833-8083 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: William F Goncher

Your social security number: 618-92-7000

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		**1**	1.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		**2**	
3	Education credits from Form 8863, line 19		**3**	2,000.
4	Retirement savings contributions credit. Attach Form 8880		**4**	
5a	Residential clean energy credit from Form 5695, line 15		**5a**	
b	Energy efficient home improvement credit from Form 5695, line 32		**5b**	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	**6a**		
b	Credit for prior year minimum tax. Attach Form 8801	**6b**		
c	Adoption credit. Attach Form 8839	**6c**		
d	Credit for the elderly or disabled. Attach Schedule R	**6d**		
e	Reserved for future use	**6e**		
f	Clean vehicle credit. Attach Form 8936	**6f**		
g	Mortgage interest credit. Attach Form 8396	**6g**		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	**6h**		
i	Qualified electric vehicle credit. Attach Form 8834	**6i**		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	**6j**		
k	Credit to holders of tax credit bonds. Attach Form 8912	**6k**		
l	Amount on Form 8978, line 14. See instructions	**6l**		
m	Credit for previously owned clean vehicles. Attach Form 8936	**6m**		
z	Other nonrefundable credits. List type and amount: _____	**6z**		
7	Total other nonrefundable credits. Add lines 6a through 6z		**7**	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		**8**	2,001.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other payments or refundable credits. List type and amount: _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return: William F Goncher

Your social security number: 618-92-7000

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☐ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	1.	4.		-3.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked	17,354.	1,766.		15,588.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	(7.)
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	15,578.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** 15,578.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☒ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
William F Goncher	618-92-7000

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
98986X109 ZYNERBA PHARMACEUTICALS, INC. COMMON STOCK 1.000000000000000000	04/16/21	10/17/23	1.	4.			-3.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . .			1.	4.			-3.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
William F Goncher	618-92-7000

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
52.00 MICROSOFT CORP	05/10/16	08/04/23	17,354.	1,766.			15,588.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . .			17,354.	1,766.			15,588.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8863**

Department of the Treasury
Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/Form8863* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **50**

Name(s) shown on return: William F Goncher

Your social security number: 618 92 7000

CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30		1	
2	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	2		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3		
4	Subtract line 3 from line 2. If zero or less, **stop**; you can't take any education credit	4		
5	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	5		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)		6	
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **can't** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ☐		7	
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.		8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)		9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		10	47,449.
11	Enter the smaller of line 10 or $10,000		11	10,000.
12	Multiply line 11 by 20% (0.20)		12	2,000.
13	Enter: $180,000 if married filing jointly; $90,000 if single, head of household, or qualifying surviving spouse	13 90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14 61,747.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15 28,253.		
16	Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying surviving spouse	16 10,000.		
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)		17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)		18	2,000.
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3		19	2,000.

Name(s) shown on return	Your social security number
William F Goncher	618 92 7000

CAUTION ***Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.***

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return)
William F
Goncher

21 Student social security number (as shown on page 1 of your tax return)
618-92-7000

22 Educational institution information (see instructions)

a. Name of first educational institution
NEW YORK UNIVERSITY

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
383 LAFAYETTE STREET 1ST FLOOR
NEW YORK NY 10003

(2) Did the student receive Form 1098-T from this institution for 2023? ☒ Yes ☐ No

(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? ☐ Yes ☒ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (**2**) or (**3**). You can get the EIN from Form 1098-T or from the institution.
13-5562308

b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

(2) Did the student receive Form 1098-T from this institution for 2023? ☐ Yes ☐ No

(3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? ☐ Yes ☐ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (**2**) or (**3**). You can get the EIN from Form 1098-T or from the institution.

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? ☐ Yes — **Stop!** Go to line 31 for this student. ☒ No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. ☒ Yes — Go to line 25. ☐ No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2023? See instructions. ☒ Yes — **Stop!** Go to line 31 for this student. ☐ No — Go to line 26.

26 Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? ☐ Yes — **Stop!** Go to line 31 for this student. ☐ No — Complete lines 27 through 30 for this student.

CAUTION *You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.*

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	**27**	
28	Subtract $2,000 from line 27. If zero or less, enter -0-	**28**	
29	Multiply line 28 by 25% (0.25)	**29**	
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	**30**	

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	**31**	47,449.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return: William F Goncher

Your taxpayer identification number: 618-92-7000

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*
Use this form if your taxable income, before your qualified business income deduction, is at or below $182,100 ($364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	9.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	9.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	2.
11	Taxable income before qualified business income deduction (see instructions)	11	47,897.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	15,860.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	32,037.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	6,407.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	2.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

REV 01/17/24 INTUIT.CG.CFP.SP

NEW YORK STATE 2023

Department of Taxation and Finance

Amended Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201-X

For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... 23

and ending ...

See the instructions, Form IT-201-X-I, for help completing your amended return.

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
WILLIAM	F	GONCHER	09191996	618927000
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number

Mailing address *(number and street or PO Box)*	Apartment number	New York State county of residence
201 E 35TH ST	9JK	NEW YORK

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	100164278	UNITED STATES	MANHATTAN

Taxpayer's permanent home address *(number and street or rural route)*	Apartment number	School district code number 369

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death *(mmddyyyy)*	Spouse's date of death *(mmddyyyy)*
	NY				

A Filing status *(mark an X in one box):*

① [X] Single

② [ ] Married filing joint return *(enter spouse's Social Security number above)*

③ [ ] Married filing separate return *(enter spouse's Social Security number above)*

④ [ ] Head of household *(with qualifying person)*

⑤ [ ] Qualifying surviving spouse

B **Did you itemize** your deductions on your 2023 federal income tax return? ..... Yes [ ] No [X]

C **Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes [ ] No [X]

D1 Did you file an **amended federal** return? *(see instructions)* ..... Yes [X] No [ ]

D2 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? ... Yes [ ] No [X]

If *Yes*:

(2) Number of months **you** lived in Yonkers in 2023 .....

(3) Number of months **your spouse** lived in Yonkers in 2023

If *No*:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ..... Yes [ ] No [X]

E (1) Did you or your spouse **maintain living quarters in NYC** (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? ..... Yes [ ] No [ ]

(2) Enter the number of days spent in NYC in 2023 *(any part of a day spent in NYC is considered a day)*.....

F **NYC residents and NYC part-year residents only:**

(1) Number of months **you** lived in NYC in 2023 12

(2) Number of months **your spouse** lived in NYC in 2023 .....

G Enter your **2-character special condition code(s) if applicable** *(see instructions)* .....

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*

If more than 7 dependents, mark an *X* in the box. [ ]

361001234555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 618927000

REV 01/17/24 INTUIT.CG.CFP.SP

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	45860.00
2	Taxable interest income	2	15.00
3	Ordinary dividends	3	294.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	15578.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00
12	Rental real estate included in line 11 — 12 .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	15	.00
16	Other income *Identify:*	16	.00
17	Add lines **1 through 11** and **13 through 16**	17	61747.00
18	Total federal adjustments to income *Identify:*	18	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	19	61747.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	**New York's** 529 college savings program distributions	22	.00
23	Other *(Form IT-225, line 9)*	23	.00
24	Add lines **19** through **23**	24	61747.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)* — 25 .00		
26	Pensions of NYS and local governments and the federal government — 26 .00		
27	Taxable amount of Social Security benefits *(from line 15)* — 27 .00		
28	Interest income on U.S. government bonds — 28 .00		
29	Pension and annuity income exclusion — 29 .00		
30	**New York's** 529 college savings program deduction/earnings — 30 .00		
31	Other *(Form IT-225, line 18)* — 31 .00		
32	Add lines 25 through 31	32	.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	33	61747.00

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Standard deduction or itemized deduction

34 Enter your **standard deduction** *(from table below)* **or** your **itemized deduction** *(from Form IT-196)*
Mark an ***X*** in the appropriate box: [X] **Standard** **- or -** [ ] **Itemized**

34		8000.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	53747.00
36	Dependent exemptions *(enter the number of dependents listed in item H)*	**000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	53747.00

New York State standard deduction table

Filing status *(from the front page)*	**Standard deduction** *(enter on line 34 above)*
① Single and you marked item C *Yes*	$ 3,100
① Single and you marked item C *No*	8,000
② Married filing joint return	16,050
③ Married filing separate return	8,000
④ Head of household (with qualifying person)	11,200
⑤ Qualifying surviving spouse	16,050

(continued on page 4)

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Your Social Security number: 618927000

REV 01/17/24 INTUIT.CG.CFP.SP

Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 3)*			**38**	53747.00
39	NYS tax on line 38 amount			**39**	2790.00
40	NYS household credit	**40**	.00		
41	Resident credit	**41**	.00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42**	.00		
43	Add lines 40, 41, and 42			**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			**44**	2790.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*			**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*			**46**	2790.00

New York City and Yonkers taxes, credits, and surcharges and MCTMT

47	NYC taxable income	**47**	53747.00		
47a	NYC resident tax on line 47 amount	**47a**	1957.00		
48	NYC household credit	**48**	.00		
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	**49**	1957.00		
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00		
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00		
52	Add lines 49, 50, and 51	**52**	1957.00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54**	1957.00		
54a	MCTMT net earnings base for Zone 1	**54a**	.00		
54b	MCTMT net earnings base for Zone 2	**54b**	.00		
54c	MCTMT for Zone 1	**54c**	.00		
54d	MCTMT for Zone 2	**54d**	.00		
54e	Total MCTMT *(add lines 54c and 54d)*	**54e**	.00		
55	Yonkers resident income tax surcharge	**55**	.00		
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00		
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00		
58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*			**58**	1957.00
59	Sales or use tax **as reported on your original return** *(see instructions. **Do not leave line 59 blank.**)*			**59**	0.00
60	Voluntary contributions **as reported on your original return** *(or as adjusted by the Tax Department; see instructions)*			**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines **46, 58, 59,** and **60**)*			**61**	4747.00

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62 Enter amount from line 61 ..... **62** 4747.00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	**69**	63.00
69a	NYC school tax credit (rate reduction amount)	**69a**	116.00
70	NYC earned income credit	**70**	.00
70a	This line intentionally left blank	**70a**	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	2799.00
73	Total **New York City** tax withheld	**73**	1830.00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments / Amount paid with Form IT-370	**75**	.00
76	Amount paid with original return, plus additional tax paid after your original return was filed *(see instructions)*	**76**	.00

⚠ You must submit all required forms. Failure to do so will result in an adjustment to your return.

See *Important information* in the instructions.

77 **Total payments** *(add lines 63 through 76)* **77** 4808.00

78 **Overpayment**, if any, as shown on original return or previously adjusted by NY State *(see instr.)* ... **78** 1482.00

78a Amount from original **Form IT-201, line 79** *(see instructions)* **78a** .00

79 Subtract line 78 from line 77 ..... **79** 3326.00

Your refund

80 If line 79 is **more than** line 62, subtract line 62 from line 79 and indicate how you want your **refund**

Mark one refund choice: ☐ **direct deposit** *(fill in lines 82 through 82c)* - **or** - ☐ **paper check** ..... **80** .00

Amount you owe

81 If line 79 is **less than** line 62, subtract line 79 from line 62 *(see instructions)* **81** 1421.00

To pay by electronic funds withdrawal, mark an ***X*** in the box ☒ and fill in lines 82 through 82d. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

Account information

82 Account information for direct deposit or electronic funds withdrawal *(see instructions)*

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box *(see instructions)* ..... ☐

82a Account type: ☒ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

82b Routing number 121042882 **82c** Account number 6291245725

82d Electronic funds withdrawal *(see instructions)* ..... Date 04112024 Amount 1421.00

Your Social Security number
618927000

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83 Reason(s) for amending your return *(mark an **X** in all applicable boxes; see instructions)*

83a Federal audit change *(complete lines 84 through 91 below)* ☐ **83b** Worthless stock/securities ☐
83c Claim of right ☐ **83d** Wages ☐ **83e** Military ☐
83f Court ruling ☐ **83g** Workers' compensation ☐ **83h** Treaties/visa ☐
83i Tax shelter transaction ☐ **83j** Credit claim ☐ **83k** Protective claim *(see instructions)* ☐
83l Net operating loss *(see instructions)*. Mark an **X** in the box ☐ and enter the year of the loss
83m Report Social Security number (SSN) ☐ Prior identification number Date SSN was issued
83n Other. Mark an **X** in the box ☒ and explain: I FORGOT TO INCLUDE THE SALE OF A STOCK IN MY ORIGINAL FILING.
83o To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information: Partnership ☐ S corporation ☐

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		

If you marked an *X* in box 83a above, you must complete lines 84 through 91 below. All others may skip lines 84 through 91 and go directly to the *Third-party designee* question. You must sign your amended return below.

84 Enter the date *(mmddyyyy)* of the final federal determination *(Explain)*

85 Do you concede the federal audit changes *(If* No, *explain below.)* ..... Yes ☐ No ☐

86 List federal changes

86a		.00
86b		.00
86c		.00
86d		.00
86e		.00

87	Net federal changes (increase or decrease)	.00
88	Federal taxable income *(mark an **X** in one box)* .... Per return ☐ Previously adjusted ☐	.00
89	Corrected federal taxable income	.00

90 Federal credits disallowed ..... Earned income credit ☐ Amount disallowed
Child care credit ☐ Amount disallowed

91 Federal penalties assessed
91a Fraud ☐ **91b** Negligence ☐ **91c** Other *(explain below)* ☐

Third-party designee? Yes ☐ No ☐	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

▼ **Paid preparer must complete** ▼ *(see instructions)*	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature SELF-PREPARED	Preparer's printed name	
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN	
Address	Employer identification number	
	Date	
Email:		

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation STUDENT	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (650)833 8083
Email: WILLGONCHER@GMAIL.COM	

See instructions for where to mail your return.

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REV 01/17/24 INTUIT.CG.CFP.SP

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... 23

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
WILLIAM	F	GONCHER	09191996	618927000
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number

Mailing address ***(see instructions)*** *(number and street or PO Box)*	Apartment number	New York State county of residence
201 E 35TH ST	9JK	NEW YORK

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	100164278	UNITED STATES	MANHATTAN

Taxpayer's permanent home address ***(see instructions)*** *(number and street or rural route)*	Apartment number	School district code number 369

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death *(mmddyyyy)*	Spouse's date of death *(mmddyyyy)*
	NY				

A Filing status *(mark an **X** in one box):*

① [X] Single

② [ ] Married filing joint return *(enter spouse's Social Security number above)*

③ [ ] Married filing separate return *(enter spouse's Social Security number above)*

④ [ ] Head of household *(with qualifying person)*

⑤ [ ] Qualifying surviving spouse

B **Did you itemize** your deductions on your 2023 federal income tax return? ..... Yes [ ] No [X]

C **Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes [ ] No [X]

D1 Did you have a financial account located in a foreign country? ..... Yes [ ] No [X]

D2 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? ... Yes [ ] No [X]

If *Yes*:

(2) Number of months **you** lived in Yonkers in 2023 .....

(3) Number of months **your spouse** lived in Yonkers in 2023

If *No*:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ..... Yes [ ] No [X]

E (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? ..... Yes [ ] No [ ]

(2) Enter the number of days spent in NYC in 2023 *(any part of a day spent in NYC is considered a day)*.....

F **NYC residents and NYC part-year residents only**:

(1) Number of months **you** lived in NYC in 2023 12

(2) Number of months **your spouse** lived in NYC in 2023 .....

G Enter your **2-character special condition code(s) if applicable** .....

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*

If more than 7 dependents, mark an ***X*** in the box. [ ]

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For office use only

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Your Social Security number: 618927000

REV 01/17/24 INTUIT.CG.CFP.SP

Federal income and adjustments

Whole dollars only

1 Wages, salaries, tips, etc.	1	45860.00
2 Taxable interest income	2	15.00
3 Ordinary dividends	3	294.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5 Alimony received	5	.00
6 Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	6	.00
7 Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	15578.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00
12 Rental real estate included in line 11 — 12 .00		
13 Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	13	.00
14 Unemployment compensation	14	.00
15 Taxable amount of Social Security benefits *(also enter on line 27)*	15	.00
16 Other income *Identify:*	16	.00
17 Add lines **1 through 11** and **13 through 16**	17	61747.00
18 Total federal adjustments to income *Identify:*	18	.00
19 Federal adjusted gross income *(subtract line 18 from line 17)*	19	61747.00

New York additions

20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21 Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22 **New York's** 529 college savings program distributions	22	.00
23 Other *(Form IT-225, line 9)*	23	.00
24 Add lines **19** through **23**	24	61747.00

New York subtractions

25 Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	25	.00
26 Pensions of NYS and local governments and the federal government	26	.00
27 Taxable amount of Social Security benefits *(from line 15)*	27	.00
28 Interest income on U.S. government bonds	28	.00
29 Pension and annuity income exclusion	29	.00
30 **New York's** 529 college savings program deduction/earnings	30	.00
31 Other *(Form IT-225, line 18)*	31	.00
32 Add lines 25 through 31	32	.00
33 **New York adjusted gross income** *(subtract line **32** from line **24**)*	33	61747.00

Standard deduction or itemized deduction

34 Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an ***X*** in the appropriate box: ☒ **Standard** - **or** - ☐ **Itemized**	34	8000.00
35 Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	53747.00
36 Dependent exemptions *(enter the number of dependents listed in item H)*	36	**000.00**
37 **Taxable income** *(subtract line 36 from line 35)*	37	53747.00

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Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	53747.00
39	NYS tax on line 38 amount		**39**	2790.00
40	NYS household credit	**40** .00		
41	Resident credit	**41** .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42** .00		
43	Add lines 40, 41, and 42		**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*		**44**	2790.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*		**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*		**46**	2790.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC taxable income	**47**	53747.00
47a	NYC resident tax on line 47 amount	**47a**	1957.00
48	NYC household credit	**48**	.00
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	**49**	1957.00
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00
52	Add lines 49, 50, and 51	**52**	1957.00
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54**	1957.00
54a	MCTMT net earnings base for Zone 1	**54a**	.00
54b	MCTMT net earnings base for Zone 2	**54b**	.00
54c	MCTMT for Zone 1	**54c**	.00
54d	MCTMT for Zone 2	**54d**	.00
54e	Total MCTMT *(add lines 54c and 54d)*	**54e**	.00
55	Yonkers resident income tax surcharge	**55**	.00
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges.

See instructions to compute the MCTMT for each zone.

58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*	**58**	1957.00
59	**Sales or use tax** ***(do not leave blank)***	**59**	0.00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*	**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*	**61**	4747.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 618927000

62 Enter amount from line 61 ..... **62** 4747.00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	**69**	63.00
69a	NYC school tax credit (rate reduction amount)	**69a**	116.00
70	NYC earned income credit	**70**	.00
70a	This line intentionally left blank	**70a**	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	2799.00
73	Total **New York City** tax withheld	**73**	1830.00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	**75**	.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.

Do not send federal Form W-2 with your return.

76 **Total payments** *(add lines 63 through 75)* **76** 4808.00

Your refund, amount you owe, and account information

77 **Amount overpaid** *(if line 76 is **more than** line 62, subtract line 62 from line 76)* **77** 61.00

78 Amount of line 77 **available for refund** *(subtract line 79 from line 77)* **78** 61.00

TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)* **78a** .00

78b Total refund after NYS 529 account deposit *(subtract line 78a from line 78)* **78b** 61.00

Mark one refund choice: ☐ **direct deposit** to checking or savings account *(fill in line 83)* **- or -** ☒ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

79 Amount of line 77 that you want applied to your 2024 estimated tax *(see instructions)* ..... **79** .00

80 Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62).* To pay by electronic funds withdrawal, mark an ***X*** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. ..... **80** .00

81 Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77)* ..... **81** .00

82 Other penalties and interest ..... **82** .00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box..... ☐

83a Account type: ☐ Personal checking **- or -** ☐ Personal savings **- or -** ☐ Business checking **- or -** ☐ Business savings

83b Routing number _____ **83c** Account number _____

84 Electronic funds withdrawal ..... Date _____ Amount .00

Third-party designee? *(see instr.)* **Yes** ☐ **No** ☐	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

▼ **Paid preparer must complete** ▼ *(see instructions)*	Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature: SELF-PREPARED	Preparer's printed name	
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN	
Address	Employer identification number	
	Date	
Email:		

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation: STUDENT	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number: (650)833 8083
Email: WILLGONCHER@GMAIL.COM	

See instructions for where to mail your return.

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

REV 01/17/24 INTUIT.CG.CFP.SP

NEW YORK STATE 2023

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 618927000

Box b Employer identification number (EIN): 135562308

Box c Employer's information

Employer's name: NEW YORK UNIVERSITY

Employer's address *(number and street)*: 105 EAST 17TH STREET 4TH FLOOR

City	State	ZIP code	Country
NEW YORK	NY	10003	

Box 1 Wages, tips, other compensation	210.00	**Box 12a** Amount	.00	Code		**Box 14a** Amount	1.00	Description: NY SDI
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code		**Box 14b** Amount	.00	Description
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code		**Box 14c** Amount	.00	Description
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code		**Box 14d** Amount	.00	Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information:	**Box 15a** NY State: N | Y	**Box 16a** NYS wages, tips, etc.: 210.00	**Box 17a** NYS income tax withheld: .00	
Other state information:	**Box 15b** other state:	**Box 16b** Other state wages, tips, etc.: .00	**Box 17b** Other state income tax withheld: .00	

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	210.00	.00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record: 618927000

Box b Employer identification number (EIN): 135537279

Box c Employer's information

Employer's name: DEBEVOISE & PLIMPTON, LLP

Employer's address *(number and street)*: 66 HUDSON BOULEVARD

City	State	ZIP code	Country
NEW YORK	NY	10001	

Box 1 Wages, tips, other compensation	45650.00	**Box 12a** Amount	.00	Code		**Box 14a** Amount	208.00	Description: NY PFL
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code		**Box 14b** Amount	7.00	Description: NY SDI
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code		**Box 14c** Amount	.00	Description
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code		**Box 14d** Amount	.00	Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information:	**Box 15a** NY State: N | Y	**Box 16a** NYS wages, tips, etc.: 45650.00	**Box 17a** NYS income tax withheld: 2799.00	
Other state information:	**Box 15b** other state:	**Box 16b** Other state wages, tips, etc.: .00	**Box 17b** Other state income tax withheld: .00	

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	45650.00	1830.00	NYC
Locality b	.00	.00	

NO HANDWRITTEN ENTRIES ON THIS FORM

102001234555

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return: William F Goncher

Your social security number: 618-92-7000

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☐ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	1.	4.		-3.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked	17,354.	1,766.		15,588.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	(7.)
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	15,578.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** 15,578.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☒ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
William F Goncher	618-92-7000

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
98986X109 ZYNERBA PHARMACEUTICALS, INC. COMMON STOCK 1.000000000000000000	04/16/21	10/17/23	1.	4.			-3.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . .			1.	4.			-3.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
William F Goncher	618-92-7000

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
52.00 MICROSOFT CORP	05/10/16	08/04/23	17,354.	1,766.			15,588.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . .			17,354.	1,766.			15,588.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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
William F	Goncher	618-92-7000
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.
201 E. 35th St.	9JK

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
New York	NY	10016

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	6,875.
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	6,875.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a	210.	b Ordinary dividends	3b	214.
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	-7.
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	7,082.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	7,082.
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	0.
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	0.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	0.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0.
	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	0.
	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	0.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 376.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	376.
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)	27 526.		
	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	526.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	902.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	902.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	902.
Direct deposit? See instructions.	b	Routing number 121042882 **c** Type: ☒ Checking ☐ Savings			
	d	Account number 629124572525			
	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	
	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 | Phone no. | Personal identification number (PIN)

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.)
		Student	
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.)

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

Phone no. (650)833-8083 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared Phone no.

Firm's address Firm's EIN

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name(s) shown on return: William F Goncher

Your social security number: 618-92-7000

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☐ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	60.	67.		-7.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	-7.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** -7.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** (7.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
William F Goncher	618-92-7000

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
722615101 PINE ISLAND ACQUISITION CORP. 6.000000000000000000	VARIOUS	11/10/22	60.	67.			-7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . .			60.	67.			-7.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Name(s) shown on return: William F Goncher

Your taxpayer identification number: 618-92-7000

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $170,050 ($340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	1.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	1.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0.
11	Taxable income before qualified business income deduction (see instructions)	11	0.		
12	Net capital gain (see instructions)	12	210.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

REV 01/27/23 INTUIT.CG.CFP.SP

NEW YORK STATE 2022

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning ... 22

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
WILLIAM	F	GONCHER	09191996	618927000
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number

Mailing address ***(see instructions)*** *(number and street or PO Box)*	Apartment number	New York State county of residence
201 E 35TH ST	9JK	NEW YORK

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	10016	UNITED STATES	MANHATTAN

Taxpayer's permanent home address ***(see instructions)*** *(number and street or rural route)*	Apartment number	School district code number 369

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death *(mmddyyyy)*	Spouse's date of death *(mmddyyyy)*
	NY				

A Filing status *(mark an **X** in one box):*

① [X] Single

② [ ] Married filing joint return *(enter spouse's Social Security number above)*

③ [ ] Married filing separate return *(enter spouse's Social Security number above)*

④ [ ] Head of household *(with qualifying person)*

⑤ [ ] Qualifying surviving spouse

B **Did you itemize** your deductions on your 2022 federal income tax return? ..... Yes [ ] No [X]

C **Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes [ ] No [X]

D1 Did you have a financial account located in a foreign country? ..... Yes [ ] No [X]

D2 **Yonkers residents and Yonkers part-year residents only:**

(1) Did you receive a homeowner tax rebate credit? *(see instructions)* ..... Yes [ ] No [ ]

(2) Enter the amount ..... .00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2022? ..... Yes [ ] No [ ]

(2) Enter the number of days spent in NYC in 2022 *(any part of a day spent in NYC is considered a day)*.....

F **NYC residents and NYC part-year residents only**:

(1) Number of months **you** lived in NYC in 2022 12

(2) Number of months **your spouse** lived in NYC in 2022 .....

G Enter your **2-character special condition code(s) if applicable** .....

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*

If more than 7 dependents, mark an **X** in the box. [ ]

201001224555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 618927000

REV 01/27/23 INTUIT.CG.CFP.SP

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	**1**	6875.00
2	Taxable interest income	**2**	.00
3	Ordinary dividends	**3**	214.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	**4**	.00
5	Alimony received	**5**	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	**6**	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	**7**	-7.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	**8**	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	**9**	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	**10**	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	**11**	.00
12	Rental real estate included in line 11 — **12** .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	**13**	.00
14	Unemployment compensation	**14**	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	**15**	.00
16	Other income *Identify:*	**16**	.00
17	Add lines **1 through 11** and **13 through 16**	**17**	7082.00
18	Total federal adjustments to income *Identify:*	**18**	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	**19**	7082.00
19a	**Recomputed federal adjusted gross income** *(see Line 19a worksheet)*	**19a**	7082.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	**20**	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	**21**	.00
22	**New York's** 529 college savings program distributions	**22**	.00
23	Other *(Form IT-225, line 9)*	**23**	.00
24	Add lines **19a** through **23**	**24**	7082.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	**25**	.00
26	Pensions of NYS and local governments and the federal government	**26**	.00
27	Taxable amount of Social Security benefits *(from line 15)*	**27**	.00
28	Interest income on U.S. government bonds	**28**	.00
29	Pension and annuity income exclusion	**29**	.00
30	**New York's** 529 college savings program deduction/earnings	**30**	.00
31	Other *(Form IT-225, line 18)*	**31**	.00
32	Add lines 25 through 31	**32**	.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	**33**	7082.00

Standard deduction or itemized deduction

34	Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an ***X*** in the appropriate box: ☒ **Standard** - **or** - ☐ **Itemized**	**34**	8000.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	**35**	.00
36	Dependent exemptions *(enter the number of dependents listed in item H)*	**36**	**000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	**37**	.00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	.00
39	NYS tax on line 38 amount		**39**	0.00
40	NYS household credit	**40** 45.00		
41	Resident credit	**41** .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42** .00		
43	Add lines 40, 41, and 42		**43**	45.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*		**44**	.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*		**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*		**46**	.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC taxable income	**47** .00		
47a	NYC resident tax on line 47 amount	**47a** 0.00		
48	NYC household credit	**48** 15.00		
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	**49** .00		
50	Part-year NYC resident tax *(Form IT-360.1)*	**50** .00		
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51** .00		
52	Add lines 49, 50, and 51	**52** .00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53** .00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54** .00		
54a	MCTMT net earnings base	**54a** .00		
54b	MCTMT	**54b** .00		
55	Yonkers resident income tax surcharge	**55** .00		
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56** .00		
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57** .00		
58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54b through 57)*		**58**	.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

59	**Sales or use tax** ***(do not leave blank)***		**59**	0.00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*		**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*		**61**	.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 618927000

62 Enter amount from line 61 ..... **62** .00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	158.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	**69**	63.00
69a	NYC school tax credit (rate reduction amount)	**69a**	.00
70	NYC earned income credit	**70**	136.00
70a	This line intentionally left blank	**70a**	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	236.00
73	Total **New York City** tax withheld	**73**	168.00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	**75**	.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.

Do not send federal Form W-2 with your return.

76 **Total payments** *(add lines 63 through 75)* **76** 761.00

Your refund, amount you owe, and account information

77 **Amount overpaid** *(if line 76 is **more than** line 62, subtract line 62 from line 76)* **77** 761.00

78 Amount of line 77 **available for refund** *(subtract line 79 from line 77)* **78** 761.00
TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)* **78a** .00

78b Total refund after NYS 529 account deposit *(subtract line 78a from line 78)* **78b** 761.00

Mark one refund choice: [X] **direct deposit** to checking or savings account *(fill in line 83)* **- or -** [ ] **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

79	Amount of line 77 that you want applied to your 2023 estimated tax *(see instructions)*	**79**	.00
80	Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62).* To pay by electronic funds withdrawal, mark an ***X*** in the box [ ] and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.	**80**	.00
81	Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77)*	**81**	.00
82	Other penalties and interest	**82**	.00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box..... [ ]

83a Account type: [X] Personal checking **- or -** [ ] Personal savings **- or -** [ ] Business checking **- or -** [ ] Business savings

83b Routing number 121042882 **83c** Account number 6291245725

84 Electronic funds withdrawal ..... Date Amount .00

Third-party designee? *(see instr.)* Yes [ ] No [ ]	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		

▼ **Paid preparer must complete** ▼ *(see instructions)*	Preparer's NYTPRIN	NYTPRIN excl. code	
Preparer's signature SELF-PREPARED	Preparer's printed name		
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN		
Address	Employer identification number		
	Date		
Email:			

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation STUDENT	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number (650) 833 8083
Email: WILLGONCHER@GMAIL.COM	

See instructions for where to mail your return.

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REV 01/27/23 INTUIT.CG.CFP.SP

NEW YORK STATE 2022

Department of Taxation and Finance

Claim for Earned Income Credit

New York State • New York City
Tax Law - Section 606(d)

IT-215

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your Social Security number
WILLIAM F GONCHER	618927000

1 Did you claim the federal earned income credit? ..... **1** Yes [X] No [ ]

1a Did you file a NYS Form IT-558? ..... **1a** Yes [ ] No [X]

If ***No***, on lines 1 and 1a, **stop; you do not qualify for these credits.**
All others: See instructions.

2 Is your investment income *(see instructions)* greater than $10,300? If ***Yes*, stop; you do not qualify for these credits.** ..... **2** Yes [ ] No [X]

3 Have you already filed your New York State income tax return? If ***Yes***, you must file an amended NYS return. ..... **3** Yes [ ] No [X]

4 Did you claim qualifying children on your **federal** Schedule EIC? If ***No***, continue with line 5.
If ***Yes***, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. ..... **4** Yes [ ] No [X]
If you claimed more than three, see instructions.

	First name	MI	Last name	Suffix	Relationship
1st Child					
2nd Child					
3rd Child					

	No. of months lived with you	Full-time student*	Person with disability*	Social Security number	Date of birth *(mmddyyyy)*
1st Child		[ ]	[ ]		
2nd Child		[ ]	[ ]		
3rd Child		[ ]	[ ]		

* Mark an ***X*** in these boxes **only** if you checked ***Yes*** in the same box on your federal Schedule EIC (box 4a or 4b).

5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If ***Yes***, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If ***No***, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete ***Worksheet C, New York City earned income credit,*** in the instructions. Part-year New York City residents must also complete line 28 on the back of this claim form. ..... **5** Yes [ ] No [X]

Whole dollars only

6	Wages, salaries, tips, etc., from **Worksheet A** line 3, in the instructions.	**6**	6875.00
7	Earned income adjustments *(see instructions)*	**7**	0.00
8	Business income or loss *(see instructions)*	**8**	.00
	Employer identification number *(see instructions)*...		
9	Enter your recomputed federal adjusted gross income *(from Form IT-201, line 19a, or Form IT-203, line 19a,* Federal amount *column)*	**9**	7082.00
10	**Amount of federal EIC claimed or recomputed federal EIC** *(see instructions)*	**10**	526.00
11	New York State earned income credit (NYS EIC) rate 30% (.30)	**11**	**.30**
12	Tentative NYS EIC *(multiply line 10 by line 11; see instructions)*	**12**	158.00

Complete *Worksheet B* on the back page before continuing.

13	Enter the amount from *Worksheet B,* line 5, on the back of this form.....	**13**	.00
14	New York State household credit *(from Form IT-201, line 40, or Form IT-203, line 39)* ..	**14**	45.00
15	Enter the smaller of line 13 or line 14	**15**	.00
16	**Allowable New York State earned income credit** *(subtract line 15 from line 12; see instructions)*	**16**	158.00
17	Complete only if you filed your federal return as *Married filing joint*, but are required to file your New York State return as *Married filing separate (see instructions)*.	**17**	.00
	Joint NY recomputed federal adjusted gross income		.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit *(from line 16 or line 17)*		**18**	.00
19	Enter the amount from Form IT-203, line 42		**19**	.00
	– If line 19 is equal to or more than line 18, **stop.**			
20	Subtract line 19 from line 18		**20**	.00
21	Enter the amount from Form IT-203-ATT, line 31 *(If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)*		**21**	.00
	– If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, **stop. Do not continue with this computation.** Enter the amount from line 20 above on Form IT-203-ATT, line 32.			
	– If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.			
22	Subtract line 21 from line 20		**22**	.00
23	Amount from line 19, Column D, of *Part-year resident income allocation worksheet*, in Form IT-203-I.			
	– If you did not file NYS Form IT-558, enter this amount *(see instructions)*			
	– If you filed NYS Form IT-558, add to or subtract from this amount any amounts on line 2 and line 4 of *Line 19a New York State amount column worksheet*, in Form IT-203-I (that is related to your NYS resident period), and enter the result *(see instructions)*	**23** .00		
24	Enter the amount from Form IT-203, line 19a, *Federal amount* column	**24** .00		
25	Divide line 23 by line 24 *(round the result to the fourth decimal place)*. This amount cannot exceed 100% (1.0000) *(see instr.)*		**25**	
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10		**26**	.00

New York City earned income credit *(full-year and part-year New York City residents)*

27	Enter the amount from Worksheet C, here and on **Form IT-201, line 70,** or **Form IT-203-ATT, line 11.** Part-year New York City residents must also complete line 28 below.		**27**	136.00
28	**Part-year New York City adjusted gross income** Enter the amounts from Worksheet C, lines 6 and 7	**28A** .00	**28B**	.00

Worksheet B

1	New York State tax *(from Form IT-201, line 39, or Form IT-203, line 38)*		**1**	.00
2	Resident credit *(see instructions)*	**2** .00		
3	Accumulation distribution credit *(see instructions)*	**3** .00		
4	Add lines 2 and 3		**4**	.00
5	Subtract line 4 from line 1. *(If line 4 is more than line 1, enter **0**.)* Enter here and on line 13 on the front of this form.		**5**	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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REV 01/27/23 INTUIT.CG.CFP.SP

NEW YORK STATE 2022

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 618927000

Box b Employer identification number (EIN): 135562308

Box c Employer's information

Employer's name: NEW YORK UNIVERSITY

Employer's address *(number and street)*: 105 EAST 17TH STREET 4TH FLOOR

City	State	ZIP code	Country
NEW YORK	NY	10003	

Box 1 Wages, tips, other compensation	6875.00	**Box 12a** Amount	.00	Code	**Box 14a** Amount	8.00	Description: NY SDI
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code	**Box 14b** Amount	35.00	Description: NYPFL
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code	**Box 14c** Amount	.00	Description
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code	**Box 14d** Amount	.00	Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: N | Y

Box 16a NYS wages, tips, etc.: 6875.00

Box 17a NYS income tax withheld: 236.00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	6875.00	168.00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record:

Box b Employer identification number (EIN):

Box c Employer's information

Employer's name:

Employer's address *(number and street)*:

City	State	ZIP code	Country

Box 1 Wages, tips, other compensation	.00	**Box 12a** Amount	.00	Code	**Box 14a** Amount	.00	Description
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code	**Box 14b** Amount	.00	Description
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code	**Box 14c** Amount	.00	Description
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code	**Box 14d** Amount	.00	Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: N | Y

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

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NO HANDWRITTEN ENTRIES ON THIS FORM

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Name(s) shown on return: William F Goncher

Your social security number: 618-92-7000

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☐ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	60.	67.		-7.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	-7.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** -7.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** (7.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
William F Goncher	618-92-7000

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
722615101 PINE ISLAND ACQUISITION CORP. 6.000000000000000000	VARIOUS	11/10/22	60.	67.			-7.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . .			60.	67.			-7.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

VISA

UNITED STATES OF AMERICA

Issuing Post Name
MUNICH

Control Number
20240727570002

Surname
SCHIELE

Given Name
PHILIPP

Visa Type /Class
R J1

Passport Number	Sex	Birth Date	Nationality
CH1HRTVN5	M	06APR1995	GER

Entries	Issue Date	Expiration Date	
M	13MAR2024	31AUG2024	0100

Annotation
N0035293689 P-1-00162
STANFORD UNIVERSITY. BECHTEL INTERNATIONAL C
BEARER IS NOT SUBJECT TO 212(E) (GER)
01MAR2024 - 31AUG2024

H61133928

*

VNUSASCHIELE<<PHILIPP<<<<<<<<<<<<<<<<<<<<<<<<

CH1HRTVN56XGE9504062M2408312J1MUNO90V1562249

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	060
C5U	030621	010047		0000300260	1

Earnings Statement

CITADEL AMERICAS SERVICES LLC
200 S BISCAYNE BLVD
MIAMI, FL 33131
CO PH NUMBER 312-395-2100

Period Beginning: 07/08/2024
Period Ending: 07/21/2024
Pay Date: 07/26/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

PHILIPP SCHIELE
42 WEST 58TH STREET
AKA CENTRAL PARK 911
NEW YORK NY 10019

Earnings	rate	hours	this period	year to date
Regular	11538.46	75.00	11,538.46	11,538.46
Imputinclifeins			11.08	11.08
Gross Pay			**$11,549.54**	11,549.54

Deductions	Statutory		
Federal Income Tax		-2,696.22	2,696.22
Social Security Tax		-714.27	714.27
Medicare Tax		-167.05	167.05
NY State Income Tax		-809.06	809.06
NY Paid Family Leave Ins		-43.08	43.08
Other			
Imp Income/Life		-11.08	11.08
Prtx Med Dntl		-29.00*	29.00
Net Pay		**$7,079.78**	
Checking 1		-7,079.78	
Net Check		**$0.00**	

Other Benefits and Information	this period	total to date
Totl Hrs Worked	75.00	
Ny Sick Accrue		7.00
Ny Sick Balance		7.00

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
Exemptions/Allowances:
NY: 0

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $11,520.54

CITADEL AMERICAS SERVICES LLC
200 S BISCAYNE BLVD
MIAMI, FL 33131
CO PH NUMBER 312-395-2100

Advice number: **00000300260**
Pay date: 07/26/2024

Deposited to the account of	account number	transit ABA	amount
PHILIPP SCHIELE	xxxxxxxx7252	xxxx xxxx	$7,079.78

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	060
C5U	030621	010047		0000300261	2

Earnings Statement

CITADEL AMERICAS SERVICES LLC
200 S BISCAYNE BLVD
MIAMI, FL 33131
CO PH NUMBER 312-395-2100

Period Beginning: 07/08/2024
Period Ending: 07/21/2024
Pay Date: 07/26/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

PHILIPP SCHIELE
42 WEST 58TH STREET
AKA CENTRAL PARK 911
NEW YORK NY 10019

Earnings	rate	hours	this period	year to date
Signing Bonus			200,000.00	200,000.00
Regular				11,538.46
Imputinclifeins				11.08
Gross Pay			**$200,000.00**	211,549.54

Deductions	Statutory		
Federal Income Tax	-44,000.00	46,696.22
Social Security Tax	-9,738.93	10,453.20
Medicare Tax	-2,900.00	3,067.05
Medicare Surtax	-103.68	103.68
NY State Income Tax	-23,400.00	24,209.06
NY Paid Family Leave Ins	-290.17	333.25
Other		
Imp Income/Life		11.08
Prtx Med Dntl		29.00
Net Pay	**$119,567.22**	
Checking 1	-119,567.22	
Net Check	**$0.00**	

Other Benefits and Information	this period	total to date
Ny Sick Accrue		7.00
Ny Sick Balance		7.00

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
Exemptions/Allowances:
NY: 0

Your federal taxable wages this period are $200,000.00

CITADEL AMERICAS SERVICES LLC
200 S BISCAYNE BLVD
MIAMI, FL 33131
CO PH NUMBER 312-395-2100

Advice number: **00000300261**
Pay date: 07/26/2024

Deposited to the account of	account number	transit ABA	amount
PHILIPP SCHIELE	xxxxxxxx7252	xxxx xxxx	$119,567.22

NON-NEGOTIABLE

Close Print

BANK OF AMERICA

Adv Plus Banking - 7252 : Account Activity

Balance Summary: $135,546.58 (available balance as of today 07/30/2024)

View: today: 07/30/2024

Transactions

Posting date	Description	Type	Amount	Reconcile
Showing results for "**All Transactions, All dates (18 months), Reconciled**"				
07/26/2024	STANFORD UNIVERS DES:PAYROLL ID:06683063 INDN:SCHIELE,PHILIPP CO ID:XXXXX56365...	Deposit	$4,805.27	Reconciled
07/26/2024	CITADEL AMERICAS DES:DIRECT DEP ID:XXXXX8864466C5U...	Deposit	$7,079.78	Reconciled
07/26/2024	CITADEL AMERICAS DES:DIRECT DEP ID:XXXXX8864465C5U...	Deposit	$119,567.22	Reconciled
07/22/2024	STANFORD UNIVERS DES:PAYROLL ID:06683063 INDN:SCHIELE,PHILIPP CO ID:XXXXX56365...	Deposit	$2,283.02	Reconciled
07/17/2024	ALTAIRGLOB640CWF DES:CONS CP ID:SCHIEL0005 INDN:PHILIPP SCHIELE CO...	Deposit	$2,276.26	Reconciled

Berlin, 30.07.2024, 05:20

Bank Account Confirmation

Philipp Schiele, born on 06.04.1995, is the owner of a current account with the IBAN DE86100110012622720059 at N26 Bank AG. The BIC of N26 Bank AG is NTSBDEB1XXX. The account was created on 21.09.2018.

As per creation of this confirmation, the book value of this account was 88.890,66 EUR. The account balance may contain amounts with a later value date.

N26 Bank AG
Voltairestrasse 8 I 10179 Berlin I Germany
Phone: +49 30 364286880
Fax: +49 30 364285080
bank@n26.com I **n26.com**

Management Board: Maximilian Tayenthal, Carina Kozole, Jan Stechele
Chairperson of the Supervisory Board: Marcus W. Mosen
HRB number: 247466 B (Commercial Register Local Court Charlottenburg)

VAT identification number: DE305957096
Tax identification number: 27/002/37616
IBAN: DE17 1002 0890 0024 6141 82
BIC: HYVEDEMM488

BUNDESREPUBLIK DEUTSCHLAND
FEDERAL REPUBLIC OF GERMANY - RÉPUBLIQUE FÉDÉRALE D'ALLEMAGNE

REISEPASS
PASSPORT PASSEPORT

Typ / Type / Typs: P
Kode / Code / Code: D
Pass-Nr. / Passport No. / Passeport No: CH1HRTVN5

1. (a) Name / Surname / Nom: SCHIELE
(b) Geburtsname / Name at birth / Nom de naissance:

2. Vornamen / Given names / Prénoms: PHILIPP

3. Geburtstag / Date of birth / Date de naissance: 06.04.1995
4. Geschlecht / Sex / Sexe: M
5. Staatsangehörigkeit / Nationality / Nationalité: DEUTSCH
6. Geburtsort / Place of birth / Lieu de naissance: ELLWANGEN (JAGST)

7. Ausstellungsdatum / Date of issue / Date de délivrance: 16.11.2021
8. Gültig bis / Date of expiry / Date d'expiration: 15.11.2031
9. Behörde / Authority / Autorité: LANDESHAUPTSTADT MÜNCHEN

10. Unterschrift der Inhaberin, des Inhabers / Signature of bearer / Signature de la titulaire, du titulaire: Philipp Schiele

D

P<D<<SCHIELE<<PHILIPP<<<<<<<<<<<<<<<<<<<<<<<<

CH1HRTVN56D<<9504062M3111150210 1<<<<<<<<<<44

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
IOE8702850154		I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 06/11/2024	**Priority Date**	**Petitioner** CITADEL AMERICAS SERVICES LLC
Notice Date 06/23/2024	**Page** 1 of 2	**Beneficiary** SCHIELE, PHILIPP

CITADEL AMERICAS SERVICES LLC
c/o MINER, KEVIN W
FRAGOMEN DEL REY BERNSEN & LOEWY LLP
1355 PEACHTREE ST NE STE. 900
ATLANTA GA 30309

Notice Type: Approval Notice
Class: O1A
Valid from 07/08/2024 to 07/07/2027

The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. and is not visa-exempt must normally obtain a visa in the new classification before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# IOE8702850154
I-94# 814466896 A3
NAME SCHIELE, PHILIPP
CLASS O1A
VALID FROM 07/08/2024 **UNTIL** 07/17/2027

PETITIONER
CITADEL AMERICAS SERVICES LLC
200 S BISCAYNE BLVD
MIAMI FL 33131

814466896 A3

Receipt Number IOE8702850154
US Citizenship and Immigration Services

I94 Departure Record
Petitioner: CITADEL AMERICAS SERVICES LLC

14. Family Name	
SCHIELE	
15. First (Given) Name PHILIPP	**16. Date of Birth** 04/06/1995
17. Country of Citizenship Germany	

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
IOE8702850154		I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date	**Priority Date**	**Petitioner**
06/11/2024		CITADEL AMERICAS SERVICES LLC
Notice Date	**Page**	**Beneficiary**
06/23/2024	2 of 2	SCHIELE, PHILIPP

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

INTENTIONALLY LEFT BLANK

Receipt#

INTENTIONALLY LEFT BLANK

I-94#

NAME

INTENTIONALLY LEFT BLANK

CLASS

VALID FROM UNTIL

INTENTIONALLY LEFT BLANK

PETITIONER

INTENTIONALLY LEFT BLANK

INTENTIONALLY LEFT BLANK

Receipt Number

INTENTIONALLY LEFT BLANK

US Citizenship and Immigration Services

INTENTIONALLY LEFT BLANK

I94 Departure Record

Petitioner:

INTENTIONALLY LEFT BLANK

14. Family Name	
INTENTIONALLY LEFT BLANK	
15. First (Given) Name	16. Date of Birth
INTENTIONALLY LEFT BLANK	
17. Country of Citizenship	

CITADEL

Southeast Financial Center
200 S. Biscayne Blvd
Suite 3300
Miami, FL 33131 USA
312-395-2100
www.citadel.com

July 31, 2024

To Whom It May Concern,

This letter will serve as verification that Philipp Schiele is employed as a full-time permanent employee by Citadel Americas Services LLC in New York, NY. Mr. Schiele's employment commenced on July 8, 2024.

His position is Quantitative Developer with a base salary of $300,000.00 plus a discretionary bonus.

Citadel only discloses basic employment information and is given in strict confidence. If you have any questions regarding employment, please contact employmentverification@citadel.com.

Sincerely,

Carrie Gannon
Chief Operating Officer, Human Resources