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
Manchanda	Shubham		

SSN	BIRTH DATE	PHONE - TYPE
634-13-****	1/7/1988	(361) 876 - 2321 - Mobile

EMAIL
shubham.manchanda@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Anju Manchanda	12113 Galleon Point Drive, Pearland, 51 77584

PHONE	EMAIL ADDRESS	RELATIONSHIP
(361) 876 - 2306	anjubmanchanda@gmail.com	mother

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
12113 Galleon Point Drive	Pearland	TX	77584

DATE IN	DATE OUT	MONTHLY RENT
	current	$4,487.30 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Executive Director	Moelis & Company

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Alexis Manganiello	(310) 443 - 2348	$581,655.05/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
399 Park Avenue, 4th Floor	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

VEHICLE INFORMATION

1. MAKE	MODEL	YEAR
Tesla	Model 3	2018

COLOR	PLATE	STATE
Black	LPJ4096	TX

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:
12113 Galleon Point Drive, Pearland, TX 77584 - US

Initials: _____

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 Shubham Manchanda*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Shubham Manchanda	XXXXXXXXXXXX2883	14728192	$21.50

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

Initials: _____

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 Shubham Manchanda

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 Shubham Manchanda: 985			
		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)	$581,655.05
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $5,894.05)
Total number of accounts	24
Accounts with no late payments	24 (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	$343,496.00 ($0.00 past due)
Outstanding revolving debt	$1,428.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$342,068.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	2

Identity	From Application	From Equifax
Name:	Shubham Manchanda	SHUBHAM MANCHANDA
SSN:	634-13-****	634-13-****
Birth Date:	1/**/1988	1/**/1988

Addresses	From Application	From Equifax
	12113 Galleon Point Drive Pearland, TX 77584 - US	12113 GALLEON POINT DR. PEARLAND, TX 77584 (Applicant) Reported 6/2024 6806 ELBA CT. CORPUS CHRISTI, TX 78413 (Applicant) Reported 4/2024 4101 BRETT ST. Z11 CORPUS CHRISTI, TX 78411 (Applicant) Reported 9/2011

Employment	From Application	From Equifax
Applicant:	Executive Director Moelis & Company $581,655.05/Yr. Total annual Income: $581,655.05	

Employment Verifications

From RealPage

Requested For Shubham Manchanda Requested Date 6/16/2024	**Employer** Moelis & Company	**Position Held** Executive Director	**Annual Salary** $581,655.05	**Supervisor** Alexis Manganiello (310) 443 - 2348
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Shubham Manchanda	Multistate Search	6/16/2017 - 6/16/2024	6/16/2024	6/16/2024

Results

No Records Found

National Sex Offender Registry History		
Requested For Shubham Manchanda	**Date Requested** 6/16/2024	**Date Returned** 6/16/2024
Results *No Records Found*		

Restricted Person Search		
Requested For Shubham Manchanda	**Requested** 6/16/2024	**Returned** 6/16/2024
Results *No Records Found*		

Rental History Records

From Equifax

There are no rental history records on file with Equifax

From RealPage

Landlord	**On-Time Payments**	**Late Payments**	**Late Fees**	**Rent**	**Current Balance**
THE SUSANNE (Applicant)	36	0	$0.00	$1,790.00	
	Tenant SHUBHAM MANCHANDA				
	NSF Checks			**Proper Notice**	
	Lease Dates		**Deposit Returned**	**Re-rent**	**Landlord Phone #**
	8/19/2017–		NA	NA	(713) 528-3300

Landlord	**On-Time Payments**	**Late Payments**	**Late Fees**	**Rent**	**Current Balance**
THE SUSANNE (Applicant)	8	0	$0.00	$0.00	$0.00
	Tenant SHUBHAM MANCHANDA				
	NSF Checks			**Proper Notice** Yes	
	Lease Dates		**Deposit Returned**	**Re-rent**	**Landlord Phone #**
	5/1/2020–10/31/2020		Yes	NA	(713) 528-3300

Risk Models

From RealPage

Risk Model Name	**Score**	**Score Factors**
RealPage AI Score (Applicant)	985	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)	836	The balances on your accounts are too high compared to loan amounts The date that you opened your oldest account is too recent Total of all balances on bankcard or revolving accounts is too high Too many bankcard or other revolving accounts were opened recently

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
FAIRWINDS CREDIT UNI (Applicant)	12/2020	4/2024					$342,068.00

Monthly Payment	High Credit	Type	Comments
$4,412.00	$457,290.00	MORTGAGE	FANNIE MAE ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	10/2021	4/2024					$1,408.00

Monthly Payment	High Credit	Type	Comments
	$3,333.00	OPEN ACCOUNT	CREDIT CARD Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	11/2020	4/2024					$20.00

Monthly Payment	High Credit	Type	Comments
$20.00	$1,029.00	REVOLVING	CREDIT CARD Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FAIRWINDS CREDIT UNI (Applicant)	12/2018	1/2022					$0.00

Monthly Payment	High Credit	Type	Comments
	$48,129.00	INSTALLMENT	CLOSED OR PAID ACCOUNT/ZERO BALANCE AUTO Rate/Status 1: Pays account as agreed

Payment History

3/22	1/22	11/21	9/21	7/21	5/21	3/21	1/21	11/20	9/20	7/20	5/20
0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN HONDA FINAN (Applicant)	9/2013	9/2015					$0.00

Monthly Payment	High Credit	Type	Comments
	$19,360.00	INSTALLMENT	CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
HYUNDAI MOTOR FINANC (Applicant)	10/2017	1/2020					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$16,097.00	INSTALLMENT	CLOSED OR PAID ACCOUNT/ZERO BALANCE AUTO 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 1/20 11/19 9/19 7/19 5/19 3/19 1/19 11/18 9/18 7/18 5/18 3/18						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	11/2013	12/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$13,881.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
HYUNDAI MOTOR FINANC (Applicant)	8/2016	5/2018					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$13,451.00	INSTALLMENT	CLOSED OR PAID ACCOUNT/ZERO BALANCE AUTO Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	11/2019	11/2020					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$10,011.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2/21 12/20 10/20 8/20 6/20 4/20 2/20 12/19						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	5/2008	11/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,999.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	4/2014	7/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,744.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	6/2017	5/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,880.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 12/19 10/19 8/19 6/19 4/19 2/19 12/18 10/18 8/18 6/18 4/18 2/18						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	9/2011	5/2024					$0.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$5,844.00	REVOLVING	Rate/Status 1: Pays account as agreed				

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE (Applicant)	12/2007	6/2013					$0.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$3,965.00	REVOLVING	CLOSED OR PAID ACCOUNT/ZERO BALANCE ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed				

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	8/2012	9/2015					$0.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$3,568.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed				

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	9/2016	10/2019					$0.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$3,403.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed				

Payment History

11/19	9/19	7/19	5/19	3/19	1/19	11/18	9/18	7/18	5/18	3/18	1/18
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	3/2019	2/2020					$0.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$2,498.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed				

Payment History

4/20	2/20	12/19	10/19	8/19	6/19	4/19
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
BEST BUY/CBNA (Applicant)	1/2021	4/2021					$0.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$2,010.00	REVOLVING	CLOSED OR PAID ACCOUNT/ZERO BALANCE ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed				

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	10/2023	5/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,848.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0						
	6/24 4/24 2/24 12/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	3/2016	3/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,795.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	9/2011	12/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,754.00	REVOLVING	CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	3/2013	12/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$138.00	REVOLVING	CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DSRM NATIONAL BANK / (Applicant)	9/2013	12/2013					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$81.00	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						
	11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22 1/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	7/2008	7/2012					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$0.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST CLOSED OR PAID ACCOUNT/ZERO BALANCE Rate/Status 1: Pays account as agreed			

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.

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

OMB No. 1545-0008

a Employee's soc. sec. no. 634-13-3056	1 Wages, tips, other comp. 559155.05	2 Federal income tax withheld 121118.24
	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips 581655.05	6 Medicare tax withheld 11868.90

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 216.00
13 Statutory employee Retirement plan X Third-party sick pay	14 Other	12b Code D 22500.00 12c Code V 68478.26 12d Code W 3850.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no. 634-13-3056	1 Wages, tips, other comp. 559155.05	2 Federal income tax withheld 121118.24
	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips 581655.05	6 Medicare tax withheld 11868.90

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13 Statutory employee Retirement plan X Third-party sick pay	14 Other	12b Code D 22500.00 12c Code V 68478.26 12d Code W 3850.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no. 634-13-3056	1 Wages, tips, other comp. 559155.05	2 Federal income tax withheld 121118.24
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13 Statutory employee Retirement plan X Third-party sick pay	14 Other	12b Code D 22500.00 12c Code V 68478.26 12d Code W 3850.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

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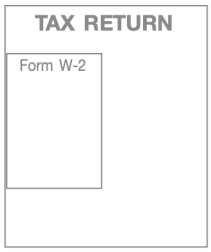
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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



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

Notice to Employee

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

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

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

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

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

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

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

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

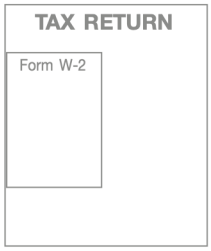
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated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

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

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

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

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Employee's soc. sec. no. 634-13-3056	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

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4th Floor
New York, NY 10022

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Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 11446.56
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

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

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

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

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

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

a Employee's soc. sec. no. 634-13-3056	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

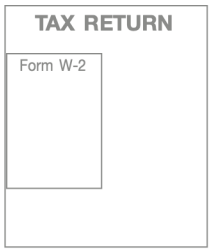
d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 11446.56
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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



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

Notice to Employee

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

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

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

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

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

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

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

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

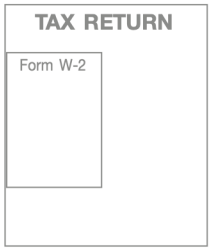
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated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

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

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

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

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	670740.82	147633.68
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	147000.00	9114.00
20-8980370	5 Medicare wages and tips	6 Medicare tax withheld
	691240.82	14444.16

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 192.00
13 Statutory employee	14 Other	12b Code D 20500.00
Retirement plan X		12c Code V 46896.74
Third-party sick pay		12d Code W 1000.00

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

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	670740.82	147633.68
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	147000.00	9114.00
20-8980370	5 Medicare wages and tips	6 Medicare tax withheld
	691240.82	14444.16

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 192.00
13 Statutory employee	14 Other	12b Code D 20500.00
Retirement plan X		12c Code V 46896.74
Third-party sick pay		12d Code W 1000.00

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

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	670740.82	147633.68
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	147000.00	9114.00
20-8980370	5 Medicare wages and tips	6 Medicare tax withheld
	691240.82	14444.16

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 192.00
13 Statutory employee	14 Other	12b Code D 20500.00
Retirement plan X		12c Code V 46896.74
Third-party sick pay		12d Code W 1000.00

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

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	670740.82	147633.68
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	147000.00	9114.00
20-8980370	5 Medicare wages and tips	6 Medicare tax withheld
	691240.82	14444.16

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

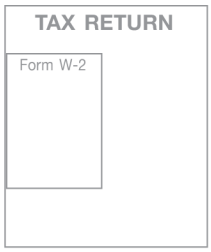
e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 192.00
13 Statutory employee	14 Other	12b Code D 20500.00
Retirement plan X		12c Code V 46896.74
Third-party sick pay		12d Code W 1000.00

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

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

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



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

Notice to Employee

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

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

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

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

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

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

Credit for excess taxes. If you had more than one employer in 2022 and more than $9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

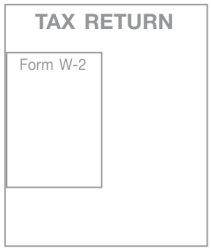
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received,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

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

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

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $20,500 ($14,000 if you only have SIMPLE plans; $23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $20,500. Deferrals under code H are limited to $7,000.

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 10864.80
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
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399 Park Ave
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New York, NY 10022

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13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
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New York, NY 10022

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13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
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New York, NY 10022

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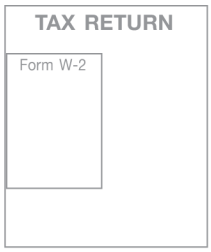
Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury - IRS

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



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

Notice to Employee

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

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

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

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

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

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

Credit for excess taxes. If you had more than one employer in 2022 and more than $9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

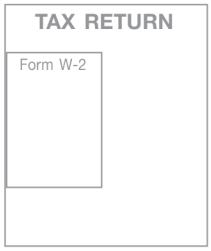
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received,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

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

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

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $20,500 ($14,000 if you only have SIMPLE plans; $23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $20,500. Deferrals under code H are limited to $7,000.

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	483602.85	106978.34
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	142800.00	8853.60
20-8980370	5 Medicare wages and tips	6 Medicare tax withheld
	503102.85	10022.92

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 192.00
13 Statutory employee	14 Other	12b Code D 19500.00
Retirement plan X		12c Code V 30935.42
Third-party sick pay		12d Code W 229.13

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

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

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

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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

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

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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

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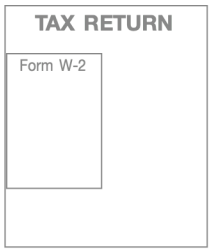


NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Notice to Employee

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

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

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

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

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

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

Credit for excess taxes. If you had more than one employer in 2021 and more than $8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than $5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. (See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

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

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

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

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

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

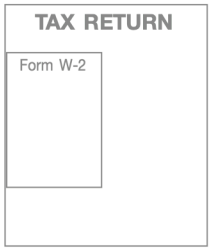
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received,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

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

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

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $19,500 ($13,500 if you only have SIMPLE plans; $22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $19,500. Deferrals under code H are limited to $7,000.

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

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

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

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

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

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

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

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

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

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

K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 10403.28
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 10403.28
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 10403.28
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
634-13-3056	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

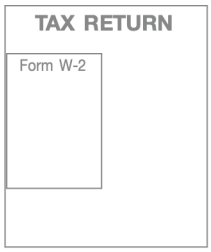
d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 10403.28
13 Statutory employee / Retirement plan X / Third-party sick pay	14 Other	12b Code / 12c Code / 12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

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



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

Notice to Employee

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

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

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

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

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

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

Credit for excess taxes. If you had more than one employer in 2021 and more than $8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than $5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. (See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

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

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

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

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

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

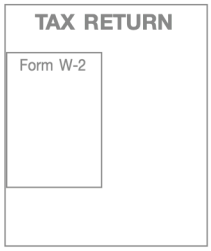
You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received,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

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

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

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $19,500 ($13,500 if you only have SIMPLE plans; $22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $19,500. Deferrals under code H are limited to $7,000.

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to $6,500 ($3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

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

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

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

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

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

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

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

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

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

K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Moelis

Moelis & Company Group LP 399 Park Ave 4th Floor New York, NY 10022 (212) 883-3800

Shubham Manchanda 12113 Galleon Point Drive Pearland, TX 77584

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Shubham Manchanda	Moelis & Company Group LP	001889	05/01/2024	05/15/2024	05/15/2024	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	86.67	11,458.34	266.81	2,732.94	0.00	8,458.59
YTD	780.03	496,318.60	2,401.29	129,122.70	79,005.20	285,789.41

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Comp Award			0		1,282.26
Discre Bonus			0		279,500.00
Regular	05/01/2024 - 05/15/2024	86.67	0	11,458.34	103,125.06
Stk Bsd Full			0		112,411.28
Earnings				11,458.34	496,318.60

Employee Taxes

Description	Amount	YTD
OASDI	0.00	10,453.20
Medicare	263.21	9,808.96
Federal Withholding	2,469.73	108,860.54
Employee Taxes	2,732.94	129,122.70

Pre Tax Deductions

Description	Amount	YTD
Dental	5.51	49.59
HSA	131.25	1,181.25
Health Limited FSA	8.33	74.97
Medical	120.31	1,082.79
Vision	1.41	12.69
Pre Tax Deductions	266.81	2,401.29

Post Tax Deductions

Description	Amount	YTD
Net RSU		79,005.20
Post Tax Deductions	0.00	79,005.20

Employer Paid Benefits

Description	Amount	YTD
ER Dental	18.12	163.08
GTL	9.00	81.00
HSA ER	41.67	375.03
ER LTD	10.31	92.79
ER Life	8.63	77.67
ER Medical	345.97	3,113.73
ER STD	1.03	9.27
ER Vision	1.87	16.83
Employer Paid Benefits	436.60	3,929.40

	Federal	State
Marital Status	Single	
Allowances	2	0
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Wells Fargo Bank	Wells Fargo Bank ******5524	******5524		8,458.59	USD

Moelis

Moelis & Company Group LP 399 Park Ave 4th Floor New York, NY 10022 (212) 883-3800

Shubham Manchanda 12113 Galleon Point Drive Pearland, TX 77584

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Shubham Manchanda	Moelis & Company Group LP	001889	05/16/2024	05/31/2024	05/31/2024	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	86.67	11,458.34	266.81	2,732.94	0.00	8,458.59
YTD	866.70	507,776.94	2,668.10	131,855.64	79,005.20	294,248.00

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Comp Award			0		1,282.26
Discre Bonus			0		279,500.00
Holiday	05/16/2024 - 05/31/2024	8	0	0.00	0.00
Regular	05/16/2024 - 05/31/2024	86.67	0	11,458.34	114,583.40
Stk Bsd Full			0		112,411.28
Earnings				11,458.34	507,776.94

Employee Taxes

Description	Amount	YTD
OASDI	0.00	10,453.20
Medicare	263.21	10,072.17
Federal Withholding	2,469.73	111,330.27
Employee Taxes	2,732.94	131,855.64

Pre Tax Deductions

Description	Amount	YTD
Dental	5.51	55.10
HSA	131.25	1,312.50
Health Limited FSA	8.33	83.30
Medical	120.31	1,203.10
Vision	1.41	14.10
Pre Tax Deductions	266.81	2,668.10

Post Tax Deductions

Description	Amount	YTD
Net RSU		79,005.20
Post Tax Deductions	0.00	79,005.20

Employer Paid Benefits

Description	Amount	YTD
ER Dental	18.12	181.20
GTL	9.00	90.00
HSA ER	41.67	416.70
ER LTD	10.31	103.10
ER Life	8.63	86.30
ER Medical	345.97	3,459.70
ER STD	1.03	10.30
ER Vision	1.87	18.70
Employer Paid Benefits	436.60	4,366.00

	Federal	State
Marital Status	Single	
Allowances	2	0
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Wells Fargo Bank	Wells Fargo Bank ******5524	******5524		8,458.59	USD

Moelis

Moelis & Company Group LP 399 Park Ave 4th Floor New York, NY 10022 (212) 883-3800

Shubham Manchanda 12113 Galleon Point Drive Pearland, TX 77584

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Shubham Manchanda	Moelis & Company Group LP	001889	05/01/2024	05/15/2024	05/15/2024	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	86.67	11,458.34	266.81	2,732.94	0.00	8,458.59
YTD	780.03	496,318.60	2,401.29	129,122.70	79,005.20	285,789.41

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Comp Award			0		1,282.26
Discre Bonus			0		279,500.00
Regular	05/01/2024 - 05/15/2024	86.67	0	11,458.34	103,125.06
Stk Bsd Full			0		112,411.28
Earnings				11,458.34	496,318.60

Employee Taxes

Description	Amount	YTD
OASDI	0.00	10,453.20
Medicare	263.21	9,808.96
Federal Withholding	2,469.73	108,860.54
Employee Taxes	2,732.94	129,122.70

Pre Tax Deductions

Description	Amount	YTD
Dental	5.51	49.59
HSA	131.25	1,181.25
Health Limited FSA	8.33	74.97
Medical	120.31	1,082.79
Vision	1.41	12.69
Pre Tax Deductions	266.81	2,401.29

Post Tax Deductions

Description	Amount	YTD
Net RSU		79,005.20
Post Tax Deductions	0.00	79,005.20

Employer Paid Benefits

Description	Amount	YTD
ER Dental	18.12	163.08
GTL	9.00	81.00
HSA ER	41.67	375.03
ER LTD	10.31	92.79
ER Life	8.63	77.67
ER Medical	345.97	3,113.73
ER STD	1.03	9.27
ER Vision	1.87	16.83
Employer Paid Benefits	436.60	3,929.40

	Federal	State
Marital Status	Single	
Allowances	2	0
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Wells Fargo Bank	Wells Fargo Bank ******5524	******5524		8,458.59	USD

Moelis

Moelis & Company Group LP 399 Park Ave 4th Floor New York, NY 10022 (212) 883-3800

Shubham Manchanda 12113 Galleon Point Drive Pearland, TX 77584

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Shubham Manchanda	Moelis & Company Group LP	001889	05/16/2024	05/31/2024	05/31/2024	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	86.67	11,458.34	266.81	2,732.94	0.00	8,458.59
YTD	866.70	507,776.94	2,668.10	131,855.64	79,005.20	294,248.00

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Comp Award			0		1,282.26
Discre Bonus			0		279,500.00
Holiday	05/16/2024 - 05/31/2024	8	0	0.00	0.00
Regular	05/16/2024 - 05/31/2024	86.67	0	11,458.34	114,583.40
Stk Bsd Full			0		112,411.28
Earnings				11,458.34	507,776.94

Employee Taxes

Description	Amount	YTD
OASDI	0.00	10,453.20
Medicare	263.21	10,072.17
Federal Withholding	2,469.73	111,330.27
Employee Taxes	2,732.94	131,855.64

Pre Tax Deductions

Description	Amount	YTD
Dental	5.51	55.10
HSA	131.25	1,312.50
Health Limited FSA	8.33	83.30
Medical	120.31	1,203.10
Vision	1.41	14.10
Pre Tax Deductions	266.81	2,668.10

Post Tax Deductions

Description	Amount	YTD
Net RSU		79,005.20
Post Tax Deductions	0.00	79,005.20

Employer Paid Benefits

Description	Amount	YTD
ER Dental	18.12	181.20
GTL	9.00	90.00
HSA ER	41.67	416.70
ER LTD	10.31	103.10
ER Life	8.63	86.30
ER Medical	345.97	3,459.70
ER STD	1.03	10.30
ER Vision	1.87	18.70
Employer Paid Benefits	436.60	4,366.00

	Federal	State
Marital Status	Single	
Allowances	2	0
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Wells Fargo Bank	Wells Fargo Bank ******5524	******5524		8,458.59	USD

Moelis

Moelis & Company Group LP 399 Park Ave 4th Floor New York, NY 10022 (212) 883-3800

Shubham Manchanda 12113 Galleon Point Drive Pearland, TX 77584

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Shubham Manchanda	Moelis & Company Group LP	001889	06/01/2024	06/15/2024	06/14/2024	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	86.67	11,458.34	266.81	2,732.94	0.00	8,458.59
YTD	953.37	519,235.28	2,934.91	134,588.58	79,005.20	302,706.59

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Comp Award			0		1,282.26
Discre Bonus			0		279,500.00
Regular	06/01/2024 - 06/15/2024	86.67	0	11,458.34	126,041.74
Stk Bsd Full			0		112,411.28
Earnings				11,458.34	519,235.28

Employee Taxes

Description	Amount	YTD
OASDI	0.00	10,453.20
Medicare	263.21	10,335.38
Federal Withholding	2,469.73	113,800.00
Employee Taxes	2,732.94	134,588.58

Pre Tax Deductions

Description	Amount	YTD
Dental	5.51	60.61
HSA	131.25	1,443.75
Health Limited FSA	8.33	91.63
Medical	120.31	1,323.41
Vision	1.41	15.51
Pre Tax Deductions	266.81	2,934.91

Post Tax Deductions

Description	Amount	YTD
Net RSU		79,005.20
Post Tax Deductions	0.00	79,005.20

Employer Paid Benefits

Description	Amount	YTD
ER Dental	18.12	199.32
GTL	9.00	99.00
HSA ER	41.67	458.37
ER LTD	10.31	113.41
ER Life	8.63	94.93
ER Medical	345.97	3,805.67
ER STD	1.03	11.33
ER Vision	1.87	20.57
Employer Paid Benefits	436.60	4,802.60

	Federal	State
Marital Status	Single	
Allowances	2	0
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Wells Fargo Bank	Wells Fargo Bank ******5524	******5524		8,458.59	USD

Wells Fargo Combined Statement of Accounts

March 15, 2024 ■ Page 1 of 5

SHUBHAM MANCHANDA
ANJU B MANCHANDA
PRANJAL MANCHANDA
12113 GALLEON POINT DR
PEARLAND TX 77584-1646

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-742-4932

En español: 1-877-727-2932

Online: wellsfargo.com

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

You and Wells Fargo

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

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	☐

Other Wells Fargo Benefits

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

Summary of accounts

Checking and Savings

Account	*Page*	*Account number*	*Ending balance last statement*	*Ending balance this statement*
Wells Fargo Everyday Checking	2	5916085524	69,265.53	281,892.90
Wells Fargo Way2Save® Savings	3	5308447399	260.31	285.31
	Total deposit accounts		**$69,525.84**	**$282,178.21**

WELLS FARGO

Wells Fargo Everyday Checking

Statement period activity summary

Beginning balance on 2/16	$69,265.53
Deposits/Additions	229,348.32
Withdrawals/Subtractions	- 16,720.95
Ending balance on 3/15	**$281,892.90**

Account number: **5916085524**

SHUBHAM MANCHANDA
ANJU B MANCHANDA
PRANJAL MANCHANDA

Texas/Arkansas account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 111900659

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

■ Savings - 000005308447399

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
2/16		Moelis & Company Direct-Pay 240215 65247342 Shubham Manchanda	130.54		69,396.07
2/20		Recurring Payment authorized on 02/19 Vfs Services USA I 101-23456789 DC S384050784636071 Card 2883		28.30	
2/20		Fairou Ck Webxfr Transfer 240220 9159437841 Shubham Manchanda		1,000.00	
2/20		Fairou Ck Webxfr Transfer 240220 9160237269 Shubham Manchanda		5,000.00	63,367.77
2/21		Purchase authorized on 02/20 Vfs Services Houst Houston TX S584051756114076 Card 2883		88.00	63,279.77
2/23		Purchase authorized on 02/21 Gateway Newstand Houston TX S464052572903592 Card 2883		3.24	63,276.53
2/28		Purchase authorized on 02/27 on Street Houston TX S464058679145088 Card 2883		2.50	63,274.03
2/29		Moelis & Company Direct Dep 240229 509090934206Hvg Manchanda,Shubham	9,638.34		
2/29		Recurring Transfer to Manchanda S Way2Save Savings Ref #Op0Mdltwcn xxxxxx7399		25.00	72,887.37
3/1		Moelis & Company Direct Dep 240301 786091990965Hvg Manchanda,Shubham	211,120.86		284,008.23
3/5		American Express ACH Pmt 240305 M5980 Anju Manchanda		177.27	
3/5		American Express ACH Pmt 240305 M5000 Anju Manchanda		2,110.08	
3/5		American Express ACH Pmt 240305 M6836 Anju Manchanda		7,904.34	273,816.54
3/8		Cpenergy Entex Ent ACH Dr 000011361215 Centerpoint Energy Ivr		112.59	273,703.95
3/11		Zelle to Yanez Mario on 03/10 Ref #Rp0S2Jvx8F		40.00	
3/11		Venmo Payment 240309 1033030323327 Shubham Manchanda		150.00	273,513.95

WELLS FARGO

Transaction history (continued)

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
3/14		Chase Credit Crd Autopay 240312 000000000300640 Manchanda Shubham		79.63	273,434.32
3/15		Moelis & Company Direct Dep 240315 935530665766Hvg Manchanda,Shubham	8,458.58		281,892.90
Ending balance on 3/15					**281,892.90**
Totals			**$229,348.32**	**$16,720.95**	

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

Monthly service fee summary

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

Fee period 02/16/2024 - 03/15/2024	Standard monthly service fee $10.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
· Minimum daily balance	$500.00	$63,274.03 ☑
· Total amount of qualifying electronic deposits	$500.00	$229,348.32 ☑
· Age of primary account owner	17 - 24	☐
· Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0 ☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

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

Wells Fargo Way2Save® Savings

Statement period activity summary

Beginning balance on 2/16	$260.31
Deposits/Additions	25.00
Withdrawals/Subtractions	- 0.00
Ending balance on 3/15	**$285.31**

Account number: **5308447399**

SHUBHAM MANCHANDA

Texas/Arkansas account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 111900659

Interest summary

Interest paid this statement	$0.00
Average collected balance	$274.10
Annual percentage yield earned	0.00%
Interest earned this statement period	$0.00
Interest paid this year	$0.02
Total interest paid in 2023	$0.23

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
2/29	Recurring Transfer From Manchanda S Everyday Checking Ref #Op0Mdltwcn xxxxxx5524	25.00		285.31
Ending balance on 3/15				**285.31**
Totals		**$25.00**	**$0.00**	

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

Monthly service fee summary

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

Fee period 02/16/2024 - 03/15/2024	Standard monthly service fee $5.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
· Minimum daily balance	$300.00	$260.31 ☐
· A daily automatic transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
· Save As You Go® transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
· A monthly automatic transfer from a Wells Fargo checking account	$25.00	$25.00 ☑
· Age of primary account owner	0 - 24	☐
·		

AM/AM

WELLS FARGO

Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A **Enter the ending balance** on this statement. $ _____

B **List outstanding deposits and other credits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Description	Amount
Total	$

+ $ _____

C **Add** A **and** B to calculate the subtotal. = $ _____

D **List outstanding checks, withdrawals, and other debits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Number/Description	Amount
Total	$

- $ _____

E **Subtract** D **from** C to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = $ _____

Important Information You Should Know

■ **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts:**
Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

■ **If your account has a negative balance:**
Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

■ **In case of errors or questions about your electronic transfers:**
Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

■ **In case of errors or questions about other transactions (that are not electronic transfers):**
Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

■ To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

EQUAL HOUSING LENDER

Wells Fargo Combined Statement of Accounts

SHUBHAM MANCHANDA
ANJU B MANCHANDA
PRANJAL MANCHANDA
12113 GALLEON POINT DR
PEARLAND TX 77584-1646

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-742-4932

En español: 1-877-727-2932

Online: wellsfargo.com

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

You and Wells Fargo

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

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	☐

Other Wells Fargo Benefits

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

Summary of accounts

Checking and Savings

Account	*Page*	*Account number*	*Ending balance last statement*	*Ending balance this statement*
Wells Fargo Everyday Checking	2	5916085524	281,892.90	89,888.35
Wells Fargo Way2Save® Savings	4	5308447399	285.31	310.32
	Total deposit accounts		**$282,178.21**	**$90,198.67**

Wells Fargo Everyday Checking

Statement period activity summary

Beginning balance on 3/16	$281,892.90
Deposits/Additions	20,405.11
Withdrawals/Subtractions	- 212,409.66
Ending balance on 4/15	**$89,888.35**

Account number: **5916085524**

SHUBHAM MANCHANDA
ANJU B MANCHANDA
PRANJAL MANCHANDA

Texas/Arkansas account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 111900659

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000005308447399

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
3/18		Resurgent Cap2 D000924036 240318 16267298 Shubham Manchanda		294.59	
3/18		Chase Credit Crd Epay 240315 7381620986 Shubham Manchanda		426.33	
3/18		American Express ACH Pmt 240318 M2106 Anju Manchanda		516.52	
3/18		Chase Credit Crd Epay 240315 7381621372 Shubham Manchanda		736.40	
3/18		American Express ACH Pmt 240318 M2196 Anju Manchanda		2,311.43	277,607.63
3/19		Faircu Ck Webxfr Transfer 240319 9425913475 Shubham Manchanda		1,000.00	276,607.63
3/20		Purchase authorized on 03/18 Gateway Newstand Houston TX S304078492486001 Card 2883		3.24	
3/20		Faircu Ck Webxfr Transfer 240320 9433990717 Shubham Manchanda		5,000.00	271,604.39
3/22		Moelis & Company Direct-Pay 240321 68062826 Shubham Manchanda	2,473.91		
3/22		Money Transfer authorized on 03/21 Cash App*Brooke Ed 800-9691940 CA S584081600831902 Card 2883		160.00	273,918.30
3/26		Money Transfer authorized on 03/26 From Manchanda, Shubham CA S584086491664045 Card 2883	44.00		
3/26		Money Transfer authorized on 03/25 Cash App*Violet Go 800-9691940 CA S384086037793760 Card 2883		30.00	273,932.30
3/28		Moelis & Company Direct Dep 240328 940430070115Hvg Manchanda,Shubham	970.03		
3/28		Manchanda Shubha Transfer Manchanda Shubh Manchanda Shubham*xxxxxxx3524*1240xxxxx\		200,000.00	74,902.33
3/29		Moelis & Company Direct Dep 240329 553069894527Hvg Manchanda,Shubham	8,458.59		83,360.92
4/1		Recurring Transfer to Manchanda S Way2Save Savings Ref #Op0Mpykkys xxxxxx7399		25.00	
4/1		Money Transfer authorized on 03/31 Cash App*Uneek Tou 800-9691940 CA S304092007824371 Card 2883		115.00	
4/1		American Express ACH Pmt 240401 M9356 Anju Manchanda		68.82	
4/1		American Express ACH Pmt 240401 M8756 Anju Manchanda		327.61	
4/1		American Express ACH Pmt 240401 M9338 Anju Manchanda		634.92	82,189.57
4/2		Chase Credit Crd Epay 240401 7416045564 Shubham Manchanda		105.09	
4/2		Chase Credit Crd Epay 240401 7416045490 Shubham Manchanda		292.57	81,791.91

WELLS FARGO

Transaction history(continued)

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
4/8		Money Transfer authorized on 04/05 Cash App*Uneek Tou 800-9691940 CA S304097074981950 Card 2883		115.00	
4/8		Zelle to Yanez Mario on 04/06 Ref #Rp0S4Syjsr		40.00	
4/8		Cpenergy Entex Ent ACH Dr 000011361215 Centerpoint Energy Ivr		57.14	81,579.77
4/9		Venmo Payment 240409 1033664623194 Shubham Manchanda		150.00	81,429.77
4/15		Moelis & Company Direct Dep 240415 345069887026Hvg Manchanda,Shubham	8,458.58		89,888.35
Ending balance on 4/15					**89,888.35**
Totals			**$20,405.11**	**$212,409.66**	

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

Monthly service fee summary

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

Fee period 03/16/2024 - 04/15/2024	Standard monthly service fee $10.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$500.00	$74,902.33 ÷
• Total amount of qualifying electronic deposits	$500.00	$20,405.11 ÷
• Age of primary account owner	17 - 24	
• Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0

RC/RC

IMPORTANT ACCOUNT INFORMATION

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

Other Wells Fargo Benefits

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

Wells Fargo Way2Save® Savings

Statement period activity summary

Beginning balance on 3/16	$285.31
Deposits/Additions	25.01
Withdrawals/Subtractions	- 0.00
Ending balance on 4/15	**$310.32**

Account number: **5308447399**
SHUBHAM MANCHANDA
Texas/Arkansas account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 111900659

Interest summary

Interest paid this statement	$0.01
Average collected balance	$297.40
Annual percentage yield earned	0.00%
Interest earned this statement period	$0.00
Interest paid this year	$0.03

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
4/1	Recurring Transfer From Manchanda S Everyday Checking Ref #Op0Mpykkys xxxxxx5524	25.00		310.31
4/15	Interest Payment	0.01		310.32
Ending balance on 4/15				**310.32**
Totals		**$25.01**	**$0.00**	

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

Monthly service fee summary

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

Fee period 03/16/2024 - 04/15/2024	Standard monthly service fee $5.00	You paid $0.00
How to avoid the monthly service fee Have any **ONE** of the following each fee period	Minimum required	This fee period
• Minimum daily balance	$300.00	$285.31 ☐
• A daily automatic transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
• Save As You Go® transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
• A monthly automatic transfer from a Wells Fargo checking account	$25.00	$25.00 ÷
• Age of primary account owner	0 - 24	☐
•		

AM/AM

WELLS FARGO

Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A **Enter the ending balance** on this statement. $ _____

B **List outstanding deposits and other credits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Description	Amount
Total	$

+ $ _____

C **Add A and B** to calculate the subtotal. = $ _____

D **List outstanding checks, withdrawals, other debits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Number/Description	Amount
Total	$

- $ _____

E **Subtract D from C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = $ _____

Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **If your account has a negative balance:** Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- **In case of errors or questions about your electronic transfers:** Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.
- **In case of errors or questions about other transactions (that are not electronic transfers):**

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

EQUAL HOUSING LENDER

Wells Fargo Combined Statement of Accounts

SHUBHAM MANCHANDA
ANJU B MANCHANDA
PRANJAL MANCHANDA
12113 GALLEON POINT DR
PEARLAND TX 77584-1646

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-742-4932

En español: 1-877-727-2932

Online: wellsfargo.com

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

You and Wells Fargo

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

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	☐

Summary of accounts

Checking and Savings

Account	*Page*	*Account number*	*Ending balance last statement*	*Ending balance this statement*
Wells Fargo Everyday Checking	2	5916085524	89,888.35	307,349.90
Wells Fargo Way2Save® Savings	4	5308447399	310.32	175.32
		Total deposit accounts	**$90,198.67**	**$307,525.22**

Wells Fargo Everyday Checking

Statement period activity summary

Beginning balance on 4/16	$89,888.35
Deposits/Additions	231,629.75
Withdrawals/Subtractions	- 14,168.20
Ending balance on 5/15	**$307,349.90**

Account number: **5916085524**

SHUBHAM MANCHANDA
ANJU B MANCHANDA
PRANJAL MANCHANDA

Texas/Arkansas account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 111900659

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000005308447399

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
4/16		Moelis & Company Direct-Pay 240415 70393473 Shubham Manchanda	10,208.05		
4/16		Cit Bank Div of Transfer Manchanda Shubh Manchanda Shubham*xxxxxxx3524*1240xxxxx\	200,000.00		300,096.40
4/19		Faircu Ck Webxfr Transfer 240419 9696258283 Shubham Manchanda		1,000.00	299,096.40
4/22		Faircu Ck Webxfr Transfer 240422 9705731831 Shubham Manchanda		5,000.00	294,096.40
4/24		Zelle From Gautam Sikka on 04/24 Ref # Baccez850Jmv Weed and Feed and Paneer	45.00		
4/24		American Express ACH Pmt 240424 M5440 Anju Manchanda		96.01	
4/24		American Express ACH Pmt 240424 M4524 Anju Manchanda		1,364.89	
4/24		American Express ACH Pmt 240424 M6470 Anju Manchanda		4,067.95	288,612.55
4/30		Moelis & Company Direct Dep 240430 135076228280Hvg Manchanda,Shubham	8,458.59		
4/30		Recurring Transfer to Manchanda S Way2Save Savings Ref #Op0N2J2Djt xxxxxx7399		25.00	297,046.14
5/3		Zelle to Salma on 05/03 Ref #Rp0S75Sn3Q		65.00	296,981.14
5/6		Money Transfer authorized on 05/03 Cash App*H Salma C 800-9691940 CA S304124817981116 Card 2883		65.00	
5/6		Zelle to Yanez Mario on 05/04 Ref #Rp0S78Wcf3		40.00	296,876.14
5/7		Moelis & Company Direct-Pay 240506 72080806 Shubham Manchanda	4,459.52		
5/7		Cpenergy Entex Ent ACH Dr 000011361215 Centerpoint Energy Ivr		33.32	
5/7		American Express ACH Pmt 240507 M4792 Anju Manchanda		68.69	
5/7		American Express ACH Pmt 240507 M3586 Anju Manchanda		173.31	
5/7		American Express ACH Pmt 240507 M4802 Anju Manchanda		961.80	300,098.54
5/8		Chase Credit Crd Epay 240507 7502602337 Shubham Manchanda		64.56	
5/8		Chase Credit Crd Epay 240507 7502601786 Shubham Manchanda		408.51	299,625.47
5/13		Zelle to Yanez Mario on 05/11 Ref #Rp0S7Tzdfy		40.00	
5/13		Venmo Payment 240511 1034339020390 Shubham Manchanda		225.00	
5/13		American Express ACH Pmt 240513 M9472 Anju Manchanda		23.82	
5/13		American Express ACH Pmt 240513 M0012 Anju Manchanda		136.55	
5/13		American Express ACH Pmt 240513 M8832 Anju Manchanda		225.51	298,974.59

WELLS FARGO

Transaction history(continued)

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
5/14		Chase Credit Crd Epay 240513 7516309452 Shubham Manchanda		83.28	298,891.31
5/15		Moelis & Company Direct Dep 240515 305069695688Hvg Manchanda,Shubham	8,458.59		307,349.90
Ending balance on 5/15					**307,349.90**
Totals			**$231,629.75**	**$14,168.20**	

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

Monthly service fee summary

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

Fee period 04/16/2024 - 05/15/2024	Standard monthly service fee $10.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$500.00	$288,612.55 ÷
• Total amount of qualifying electronic deposits	$500.00	$231,584.75 ÷
• Age of primary account owner	17 - 24	☐
• Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0 ☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

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

Other Wells Fargo Benefits

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

Other Wells Fargo Benefits

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

Wells Fargo Way2Save® Savings

Statement period activity summary

Beginning balance on 4/16	$310.32
Deposits/Additions	25.00
Withdrawals/Subtractions	- 160.00
Ending balance on 5/15	**$175.32**

Account number: **5308447399**
SHUBHAM MANCHANDA
Texas/Arkansas account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 111900659

Interest summary

Interest paid this statement	$0.00
Average collected balance	$243.65
Annual percentage yield earned	0.05%
Interest earned this statement period	$0.01
Interest paid this year	$0.03

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
4/30	Recurring Transfer From Manchanda S Everyday Checking Ref #Op0N2J2Djt xxxxxx5524	25.00		335.32
5/1	Zelle to Leticia on 05/01 Ref #Rp0S6Wmcsk		160.00	175.32
Ending balance on 5/15				**175.32**
Totals		**$25.00**	**$160.00**	

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

Monthly service fee summary

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

Fee period 04/16/2024 - 05/15/2024	Standard monthly service fee $5.00	You paid $0.00
How to avoid the monthly service fee Have any **ONE** of the following each fee period	Minimum required	This fee period
• Minimum daily balance	$300.00	$175.32 ☐
• A daily automatic transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
• Save As You Go® transfer from a Wells Fargo checking account	$1.00	$0.00 ☐
• A monthly automatic transfer from a Wells Fargo checking account	$25.00	$25.00 ÷
• Age of primary account owner	0 - 24	☐
•		

AM/AM

WELLS FARGO

Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A **Enter the ending balance** on this statement. $ _____

B **List outstanding deposits and other credits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Description	Amount
Total	$

+ $ _____

C **Add A and B** to calculate the subtotal. = $ _____

D **List outstanding checks, withdrawals, other debits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Number/Description	Amount
Total	$

- $ _____

E **Subtract D from C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = $ _____

Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **If your account has a negative balance:** Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- **In case of errors or questions about your electronic transfers:** Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.
- **In case of errors or questions about other transactions (that are not electronic transfers):**

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

EQUAL HOUSING LENDER

CIT Bank

75 N. Fair Oaks Avenue
Pasadena, CA 91103
Return Service Requested

Member FDIC
EQUAL HOUSING LENDER

Last statement: April 30, 2024
This statement: May 31, 2024
Total days in statement period: 31

SHUBHAM MANCHANDA
12113 GALLEON POINT DR
PEARLAND TX 77584

5467253524
(0)

Direct inquiries to:
855-462-2652

CIT Bank, A Div Of First Citizens
75 N. Fair Oaks Avenue
Pasadena CA 91103

THANK YOU FOR BANKING WITH US!

Platinum Savings

Account number	5467253524
Low balance	$417,047.18
Average balance	$417,047.18
Avg collected balance	$417,047
Interest paid year to date	$9,109.91

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
04-30	Beginning balance			$417,047.18
05-31	' Interest Credit	1,732.73		418,779.91
05-31	**Ending totals**	**1,732.73**	**.00**	**$418,779.91**

INTEREST INFORMATION

Annual percentage yield earned	5.02%
Interest-bearing days	31
Average balance for APY	$417,047.18
Interest earned	$1,732.73

75 N. Fair Oaks Avenue
Pasadena, CA 91103
Return Service Requested

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

If you believe your statement or receipt is incorrect, or if you have a question about a transaction on your statement or receipt, please telephone us at 855.462.2652 or write us at the address listed below. We must hear from you no later than 60 days after the date of the FIRST statement on which the error or problem occurred.

CIT Bank, a division of First Citizens Bank
Attention: Deposit Services
P.O. Box 7056
Pasadena, CA 91109-9699

(1) Tell us your name and account number (if any)
(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error, or why you need more information.
(3) Tell us the dollar amount of the suspected error

We will investigate your complaint and correct any error promptly. However, if this process requires more than 10 business days (20 business days for new accounts) to do this, we will credit your account for the amount you think is an error, so that you'll have full use of your money during the time it takes us to complete our investigation.

IN CASE OF ERROR or QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS

Contact us immediately if your statement is incorrect or if you need more information about any non-electronic transactions (including checks paid against the account or deposits) on this statement. If any such error appears, you must notify us no later than 30 days after the statement was made available to you. For complete details, please refer to your Account Agreement.

Preauthorized Deposits

If Direct Deposits are made to your account at least every 60 days by the same person or entity, you can call us at the telephone number shown above to find out whether the deposit has been made.

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 559155.05	2 Federal income tax withheld 121118.24
	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips 581655.05	6 Medicare tax withheld 11868.90

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 216.00
13 Statutory employee	14 Other	12b Code D 22500.00
Retirement plan X		12c Code V 68478.26
Third-party sick pay		12d Code W 3850.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 559155.05	2 Federal income tax withheld 121118.24
	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips 581655.05	6 Medicare tax withheld 11868.90

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 216.00
13 Statutory employee	14 Other	12b Code D 22500.00
Retirement plan X		12c Code V 68478.26
Third-party sick pay		12d Code W 3850.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 559155.05	2 Federal income tax withheld 121118.24
	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips 581655.05	6 Medicare tax withheld 11868.90

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 216.00
13 Statutory employee	14 Other	12b Code D 22500.00
Retirement plan X		12c Code V 68478.26
Third-party sick pay		12d Code W 3850.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 559155.05	2 Federal income tax withheld 121118.24
	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips 581655.05	6 Medicare tax withheld 11868.90

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

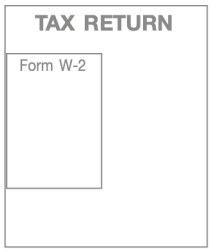
d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 216.00
13 Statutory employee	14 Other	12b Code D 22500.00
Retirement plan X		12c Code V 68478.26
Third-party sick pay		12d Code W 3850.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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



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

Notice to Employee

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

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

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

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

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

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

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

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

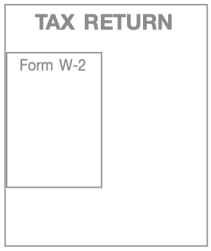
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated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

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

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

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

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 11446.56
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

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Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

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10 Dependent care benefits	11 Nonqualified plans	12a Code DD 11446.56
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
12113 Galleon Point Drive
Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 11446.56
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 20-8980370	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
Moelis & Company Group LP
399 Park Ave
4th Floor
New York, NY 10022

d Control number

e Employee's name, address, and ZIP code
Shubham Manchanda
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Pearland, TX 77584

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 11446.56
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Retirement plan X		12c Code
Third-party sick pay		12d Code
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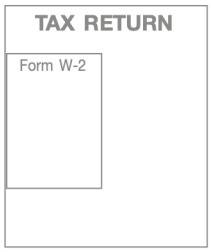
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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



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

Notice to Employee

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

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

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

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

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

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

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

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

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

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

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

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

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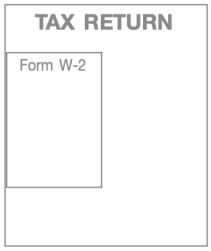

NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

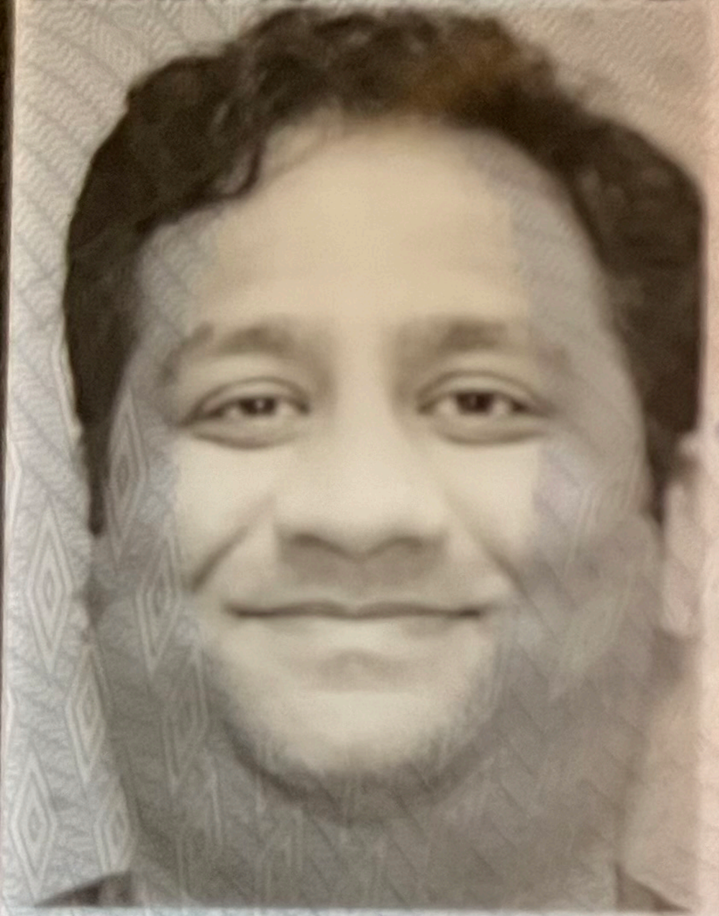
Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings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

Texas USA

DRIVER LICENSE

Director: Steven C McCraw

DRIVER LICENSE



4d. DL: 23021888

3. DOB: 01/07/1988

1. MANCHANDA

2. SHUBHAM

8. 12113 GALLEON POINT DR
PEARLAND, TX 77584

9. Class: C

4b. Exp: 01/07/2029

4a. Iss: 03/29/2021

12. Rest: A

9a. End: NONE

16. Hgt: 5'-10" 15. Sex: M 18. Eyes: BRO

5. DD: 08220170131229607372

01/07/1988

CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or ≥ 16 pass, including driver

REST: A - With corrective lenses

END: NONE

REV: 02/23/2020

DOB: 01/07/1988

Directive to physician has been filed at Tel #

Emergency Contact #

Allergic reaction to drugs:

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

10006019860