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
Heisman	Alan		

SSN	BIRTH DATE	PHONE - TYPE
083-82-****	10/25/1993	(516) 974 - 9313 - Mobile

ID TYPE	NUMBER	STATE
DRIVER'S LICENSE	701864975	NY

EMAIL
alanheisman@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
50 E 28 St Apt 4M	New York	NY	10016

DATE IN	DATE OUT	MONTHLY RENT
	current	$5,600.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Attorney	Kirkland & Ellis LLP

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Eric Tong	(212) 909 - 3469	$365,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
601 Lexington Avenue	New York	NY	10022

OCCUPATION	EMPLOYER/COMPANY
Attorney	Kirkland & Ellis LLP

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Eric Tong	(212) 909 - 3469	$90,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
601 Lexington Avenue	New York	NY	10022

BACKGROUND INFORMATION

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

SUPPLEMENTAL QUESTIONS

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

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

Were you referred by a broker?
NO

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

Preferred Mailing Address:
50 E 28 St Apt 4M, New York, NY 10016 - US

APPLICATION CONSENT

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

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

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

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

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

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

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

☒ *Application consent was digitally accepted by Alan Heisman*

Signed by Alan Heisman
Tue Jul 16 2024 11:24:08 PM EDT
Key: 3EE5966B; IP Address: 162.10.164.41

Alan Heisman *(Applicant)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Alan Heisman	XXXXXXXXXXXX7008	14847568	$21.50

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

Initials: A.H. 3EE5966B

APPLICATION FOR RENTAL

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
Mironis	Petrina		

SSN	BIRTH DATE	PHONE - TYPE
105-82-****	1/26/1994	(631) 332 - 7416 - Mobile

ID TYPE	NUMBER	STATE
DRIVER'S LICENSE	932194367	NY

EMAIL
tinamironis@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
3810 Waverly Ave	Seaford	NY	11783

DATE IN	DATE OUT	MONTHLY RENT
	current	$0.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Attorney	Morgan Lewis & Bockius LLP

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Ambar Paulino-Polanco	(202) 739 - 5233	$365,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
101 Park Ave	New York	NY	10017

BACKGROUND INFORMATION

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

SUPPLEMENTAL QUESTIONS

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

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

Were you referred by a broker?
NO

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

Preferred Mailing Address:
3810 Waverly Ave, Seaford, NY 11783 - US

Initials: P.M. 3E60D484

APPLICATION CONSENT

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☒ *Application consent was digitally accepted by Petrina Mironis*

Signed by Petrina Mironis
Tue Jul 16 2024 11:20:18 PM EDT
Key: 3E60D484; IP Address: 170.85.72.171

Petrina Mironis *(Applicant)* *Date*

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

Application Fee - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Alan Heisman	XXXXXXXXXXXX7008	14847567	$21.50
This card has been authorized for the amount above and will be charged when the application is processed.			

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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Rental Report for Petrina Mironis

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 Petrina Mironis: 804			
		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)	$365,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $11,537.45)
Total number of accounts	16
Accounts with no late payments	16 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$0.00 ($0.00 past due)
Outstanding revolving debt	$0.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$0.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Petrina Mironis	PETRINA MIRONIS
SSN:	105-82-****	105-82-****
Birth Date:	1/**/1994	1/**/1994
Driver's License #:	932194367 / NY	

Addresses	From Application	From Equifax
	3810 Waverly Ave Seaford, NY 11783 - US	3810 WAVERLY AVE. SEAFORD, NY 11783 (Applicant) Reported 7/2024 17 ROOSEVELT AVE. NESCONSET, NY 11767 (Applicant) Reported 6/2023 29 SHINBONE LN. COMMACK, NY 11725 (Applicant) Reported 2/2022 74 LAUREL DR. SMITHTOWN, NY 11787 (Applicant) Reported 12/2021

Employment	From Application	From Equifax
Applicant:	Attorney Morgan Lewis & Bockius LLP $365,000.00/Yr. Total annual Income: $365,000.00	

Employment Verifications

From RealPage

Requested For	Employer	Position Held	Annual Salary	Supervisor
Petrina Mironis Requested Date 7/18/2024	Morgan Lewis & Bockius LLP	Attorney	$365,000.00	Ambar Paulino-Polanco (202) 739 - 5233
	Results Pending			

Criminal and Other Public Records				
Requested For Petrina Mironis	**Location Searched** Multistate Search	**Period Searched** 7/18/2017 - 7/18/2024	**Requested** 7/18/2024	**Returned** 7/18/2024
Results *No Records Found*				

National Sex Offender Registry History		
Requested For Petrina Mironis	**Date Requested** 7/18/2024	**Date Returned** 7/18/2024
Results *No Records Found*		

Restricted Person Search		
Requested For Petrina Mironis	**Requested** 7/18/2024	**Returned** 7/18/2024
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	804	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)	805	Lack of sufficient credit history on bankcard or revolving accounts Lack of sufficient relevant first mortgage account information You have either very few loans or too many loans with recent delinquencies The date that you opened your oldest account is too recent

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
DEPT OF ED / AIDVANT (Applicant)	2/2019	10/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$51,090.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	2/2019	10/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$20,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

11/19	9/19	7/19	5/19	3/19
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
VW CREDIT INC (Applicant)	4/2017	1/2021					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$9,576.00	INSTALLMENT	LEASE - FULL TERMINATION FIXED RATE 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 2/21 12/20 10/20 8/20 6/20 4/20 2/20 12/19 10/19 8/19 6/19 4/19						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
VW CREDIT INC (Applicant)	7/2014	3/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$9,497.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	10/2018	6/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,866.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	9/2015	4/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2014	5/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2013	5/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	3/2014	2/2021					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,904.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2012	5/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	**Opened**	**Last Active**	**30-59**	**60-89**	**90+**	**Past Due**	**Balance**
AMERICAN EXPRESS (Joint)	1/2023	5/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,534.00	OPEN ACCOUNT	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						
	7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23						

Account Name	**Opened**	**Last Active**	**30-59**	**60-89**	**90+**	**Past Due**	**Balance**
DEPT OF ED / AIDVANT (Applicant)	9/2015	4/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	**Opened**	**Last Active**	**30-59**	**60-89**	**90+**	**Past Due**	**Balance**
DEPT OF ED / AIDVANT (Applicant)	8/2014	6/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	**Opened**	**Last Active**	**30-59**	**60-89**	**90+**	**Past Due**	**Balance**
DEPT OF ED / AIDVANT (Applicant)	8/2013	1/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	**Opened**	**Last Active**	**30-59**	**60-89**	**90+**	**Past Due**	**Balance**
AMERICAN EXPRESS (Joint)	3/2021	9/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,105.00	OPEN ACCOUNT	ACCOUNT CLOSED AT CONSUMER'S REQUEST 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						
	1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22						

Account Name	**Opened**	**Last Active**	**30-59**	**60-89**	**90+**	**Past Due**	**Balance**
AMERICAN EXPRESS (Joint)	2/2024	5/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$436.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0						
	7/24 5/24 3/24						

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Rental Report for Alan Heisman

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 Alan Heisman: 800			
		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)	$455,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $11,537.45)
Total number of accounts	14
Accounts with no late payments	13 (0 unpaid past due)
Accounts paid 30-59 days past due	1 (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	$226,658.00 ($0.00 past due)
Outstanding revolving debt	$5,326.00 (2% of limit) ($0.00 past due)
Outstanding loan balance	$221,332.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Alan Heisman	ALAN B. HEISMAN
SSN:	083-82-****	083-82-****
Birth Date:	10/**/1993	10/**/1993
Driver's License #:	701864975 / NY	

Addresses	From Application	From Equifax
	50 E 28 St Apt 4M New York, NY 10016 - US	50 E 28TH ST. 4M NEW YORK, NY 10016 (Applicant) Reported 7/2024 35 QUAIL RUN. RANDOLPH TWP, NJ 07869 (Applicant) Reported 7/2024 272 HEATHER LN. HEWLETT, NY 11557 (Applicant) Reported 6/2024 70 W 37TH ST. 810 NEW YORK, NY 10018 (Applicant) Reported 10/2023 801 S MIAMI AVE. 2407 MIAMI, FL 33130 (Applicant) Reported 5/2022 200 E 33RD ST. 24G NEW YORK, NY 10016 (Applicant) Reported 4/2021

Employment	From Application	From Equifax
Applicant:	Attorney Kirkland & Ellis LLP $365,000.00/Yr. Attorney Kirkland & Ellis LLP $90,000.00/Yr. Total annual Income: $455,000.00	

Employment Verifications
From RealPage

Requested For Alan Heisman Requested Date 7/18/2024	**Employer** Kirkland & Ellis LLP	**Position Held** Attorney	**Annual Salary** $365,000.00	**Supervisor** Eric Tong (212) 909 - 3469
	Results Pending			

Requested For Alan Heisman Requested Date 7/18/2024	**Employer** Kirkland & Ellis LLP	**Position Held** Attorney	**Annual Salary** $90,000.00	**Supervisor** Eric Tong (212) 909 - 3469
	Results Pending			

Criminal and Other Public Records

Requested For Alan Heisman	**Location Searched** Multistate Search	**Period Searched** 7/18/2017 - 7/18/2024	**Requested** 7/18/2024	**Returned** 7/18/2024
Results *No Records Found*				

National Sex Offender Registry History

Requested For Alan Heisman	**Date Requested** 7/18/2024	**Date Returned** 7/18/2024
Results *No Records Found*		

Restricted Person Search

Requested For Alan Heisman	**Requested** 7/18/2024	**Returned** 7/18/2024
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	**Score**	**Score Factors**
RealPage AI Score (Applicant)	800	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)	752	The date that you opened your oldest account is too recent Lack of sufficient credit history Lack of sufficient relevant real estate account information Too many installment accounts with a delinquent or derogatory payment status
	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
DEPT OF ED / AIDVANT (Applicant)	8/2016	4/2024					$52,501.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$360.00	$44,500.00	INSTALLMENT	FIXED RATE 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						
	5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2017	4/2024					$51,758.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$367.00	$45,500.00	INSTALLMENT	FIXED RATE 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						
	5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2018	4/2024					$43,854.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$389.00	$49,500.00	INSTALLMENT	FIXED RATE 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						
	5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2016	4/2024					$23,449.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$149.00	$20,500.00	INSTALLMENT	FIXED RATE 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						
	5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2017	4/2024					$22,786.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$150.00	$20,500.00	INSTALLMENT	FIXED RATE 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						
	5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED / AIDVANT (Applicant)	8/2018	4/2024					$21,775.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$148.00	$20,500.00	INSTALLMENT	FIXED RATE 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						
	5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	10/2019	5/2024					$3,790.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$35,095.00	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						
	6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22 8/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BMW FINANCIAL SERVIC (Applicant)	9/2021	5/2024					$2,818.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$753.00	$25,363.00	INSTALLMENT	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						
	6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22 8/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BMW FINANCIAL SERVIC (Applicant)	9/2023	5/2024	1	0	0		$2,391.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$784.00	$9,408.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 2 0 0						
	6/24 4/24 2/24 12/23 10/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	7/2021	6/2024					$1,459.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,872.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Joint)	3/2020	6/2024					$58.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$6,626.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	12/2019	6/2024					$19.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$19.00	$2,205.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BMW FINANCIAL SERVIC (Applicant)	7/2020	8/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$29,804.00	INSTALLMENT	REFINANCED 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
9/ 23		7/ 23		5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	3/2019	8/2019					$0.00

Monthly Payment	High Credit	Type	Comments
	$1,192.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0
10/ 19		8/ 19		6/ 19		4/ 19

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.

NEW YORK STATE USA
DRIVER LICENSE

Mark J.F. Schroeder
Commissioner of Motor Vehicles

ENHANCED

ID 701 864 975

Class D

HEISMAN
ALAN,BORIS
50 E 28TH ST APT 4M
NEW YORK, NY 10016

DOB 10/25/1993
Issued 11/10/2023
Expires 10/25/2031
E NONE
R NONE
Sex M Height 6'-00" Eyes BLU

Organ Donor

EXCELSIOR
E PLURIBUS UNUM

01225 001033001 76

dmv.ny.gov

I hereby make an anatomical gift

SIGNATURE

ENTER ADDRESS CHANGE

V2.0

(You must notify DMV within 10 days)

IDUSA3JI2W25U03<<<<<<<<<<<<<<<
9310254M3110256USA<<<<<<<<<NY<9
HEISMAN<<ALAN<BORIS<<<<<<<<<<<

KIRKLAND & ELLIS LLP
AND AFFILIATED PARTNERSHIPS

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United States

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+1 212 909 3469
eric.tong@kirkland.com

Facsimile:
+1 212 446 4900

July 17, 2024

Re: Alan Heisman - Employment verification

To Whom It May Concern:

This letter is to confirm that Alan Heisman has been employed by our Firm as an Associate since November 29, 2021, with a current annual salary of $365,000.

Please contact me at the phone number above if you have any further questions.

Sincerely,

Eric Tong
Senior Employee Svcs & Benefits Specialist

KIRKLAND & ELLIS LLP

2023 Associate Compensation Summary

NAME: Heisman, Alan

2024 ANNUAL SALARY - Effective January 1, 2024

$	365,000	

2023 YEAR-END BONUS - Payable December 29, 2023

$	75,000	Market Bonus
$	2,500	Additional Merit
$	2,000	Additional Hours
$	79,500	2023 Total Year-End Bonus

Kirkland & Ellis LLP 333 West Wolf Point Plaza Chicago, IL 60654	Pay Group: USS Pay Begin Date: 06/01/2024 Pay End Date: 06/15/2024	Advice #: **000000000703112** Advice Date: 06/14/2024

			TAX DATA:	Federal	NY State
Alan Boris Heisman	Employee ID:	00051356	Tax Status:	Single	Single
50 E 28 St	Department:	10153-Corp - M&A/Private Equity	Allowances:	N/A	2
Apt 4M	Location:	New York	Addl. Percent:	N/A	
New York, NY 10016	Job Title:	Associate	Addl. Amount:		
	Pay Rate:	$15,208.34 Semimonthly			

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Salary			15,208.34		167,291.74
Total:			**15,208.34**		**167,291.74**

TAXES

Description	Current	YTD
Fed Withholdng	3,790.10	41,691.10
Fed MED/EE	217.17	2,388.78
Fed OASDI/EE	928.55	10,214.07
NY FLI/EE	0.00	333.25
NY Withholdng	1,053.78	11,591.58
NY NYC Withholdng	614.03	2,456.12
Total:	**6,603.63**	**68,674.90**

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Medical	86.00	946.00
HSA	158.34	1,741.65
Total:	**244.34**	**2,687.65**

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Life Ins - Optional	23.75	261.25
Vanguard Loan 1	419.40	1,258.20
Total:	**443.15**	**1,519.45**

EMPLOYER PAID TAXABLE BENEFITS

Description	Current	YTD
Life Ins - Basic	12.64	139.04

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	15,208.34	14,976.64	6,603.63	687.49	7,917.22
YTD	167,291.74	164,743.13	68,674.90	4,207.10	94,409.74

NET PAY DISTRIBUTION

	Account Type	Account Number	Deposit Amount
Advice #000000000703112	Checking	XXXXX2338	7,917.22
TOTAL:			**7,917.22**

MESSAGE:

Kirkland & Ellis LLP 333 West Wolf Point Plaza Chicago, IL 60654	Pay Group: USS Pay Begin Date: 06/16/2024 Pay End Date: 06/30/2024	Advice **#:** **000000000707895** Advice Date: 06/28/2024

			TAX DATA:	**Federal**	**NY State**
Alan Boris Heisman 50 E 28 St Apt 4M New York, NY 10016	Employee ID: Department: Location: Job Title: Pay Rate:	00051356 10153-Corp - M&A/Private Equity New York Associate $15,208.34 Semimonthly	Tax Status: Allowances: Addl. Percent: Addl. Amount:	Single N/A N/A	Single 2

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Salary			15,208.34		182,500.08
Total:			**15,208.34**		**182,500.08**

TAXES

Description	**Current**	**YTD**
Fed Withholdng	3,790.10	45,481.20
Fed MED/EE	217.16	2,605.94
Fed OASDI/EE	239.13	10,453.20
NY FLI/EE	0.00	333.25
NY Withholdng	1,053.78	12,645.36
NY NYC Withholdng	614.03	3,070.15
Total:	**5,914.20**	**74,589.10**

BEFORE-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medical	86.00	1,032.00
HSA	158.33	1,899.98
Total:	**244.33**	**2,931.98**

AFTER-TAX DEDUCTIONS

Description	**Current**	**YTD**
Life Ins - Optional	23.75	285.00
Vanguard Loan 1	419.40	1,677.60
Total:	**443.15**	**1,962.60**

EMPLOYER PAID TAXABLE BENEFITS

Description	**Current**	**YTD**
Life Ins - Basic	12.64	151.68

	TOTAL GROSS	**FED TAXABLE GROSS**	**TOTAL TAXES**	**TOTAL DEDUCTIONS**	**NET PAY**
Current	15,208.34	14,976.65	5,914.20	687.48	8,606.66
YTD	182,500.08	179,719.78	74,589.10	4,894.58	103,016.40

NET PAY DISTRIBUTION

	Account Type	**Account Number**	**Deposit Amount**
Advice #000000000707895	Checking	XXXXX2338	8,606.66
TOTAL:			**8,606.66**

MESSAGE:

Kirkland & Ellis LLP 333 West Wolf Point Plaza Chicago, IL 60654	Pay Group: USS Pay Begin Date: 07/01/2024 Pay End Date: 07/15/2024	Advice **#:** **000000000712717** Advice Date: 07/15/2024

			TAX DATA:	**Federal**	**NY State**
Alan Boris Heisman	Employee ID:	00051356	Tax Status:	Single	Single
50 E 28 St	Department:	10153-Corp - M&A/Private Equity	Allowances:	N/A	2
Apt 4M	Location:	New York	Addl. Percent:	N/A	
New York, NY 10016	Job Title:	Associate	Addl. Amount:		
	Pay Rate:	$15,208.34 Semimonthly			

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Salary			15,208.34		197,708.42
Total:			**15,208.34**		**197,708.42**

TAXES

Description	**Current**	**YTD**
Fed Withholdng	3,790.10	49,271.30
Fed MED/EE	217.16	2,823.10
Fed OASDI/EE	0.00	10,453.20
NY FLI/EE	0.00	333.25
NY Withholdng	1,053.78	13,699.14
NY NYC Withholdng	614.03	3,684.18
Total:	**5,675.07**	**80,264.17**

BEFORE-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medical	86.00	1,118.00
HSA	158.34	2,058.32
Total:	**244.34**	**3,176.32**

AFTER-TAX DEDUCTIONS

Description	**Current**	**YTD**
Life Ins - Optional	23.75	308.75
Vanguard Loan 1	419.40	2,097.00
Total:	**443.15**	**2,405.75**

EMPLOYER PAID TAXABLE BENEFITS

Description	**Current**	**YTD**
Life Ins - Basic	12.64	164.32

	TOTAL GROSS	**FED TAXABLE GROSS**	**TOTAL TAXES**	**TOTAL DEDUCTIONS**	**NET PAY**
Current	15,208.34	14,976.64	5,675.07	687.49	8,845.78
YTD	197,708.42	194,696.42	80,264.17	5,582.07	111,862.18

NET PAY DISTRIBUTION

	Account Type	**Account Number**	**Deposit Amount**
Advice #000000000712717	Checking	XXXXX2338	8,845.78
TOTAL:			**8,845.78**

MESSAGE:

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code
ALAN BORIS HEISMAN
70 W 37TH ST
APT 810
NEW YORK NY 10018

a Employee's social security no.: 083-82-0279
b Employer identification number (EIN): 36-1326630

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
13 Statutory employee: ☐ Retirement plan: ✔ Third-party sick pay: ☐	
14 Other: NY PFL 423.71	
1 Wages, tips, other comp.	315485.87
2 Federal income tax withheld	67793.76
3 Social security wages	147000.00
4 Social security tax withheld	9114.00
5 Medicare wages and tips	335985.87
6 Medicare tax withheld	6095.67
12a See instructions for box 12 — Code C	143.40
12b Code D	20500.00
12c Code W	3650.00
12d Code DD	8748.00

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	361326630	315485.87	20320.18	250252.21	10236.24	NYC

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at **www.irs.gov/efile**

This information is being furnished to the Internal Revenue Service. 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.

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code
ALAN BORIS HEISMAN
70 W 37TH ST
APT 810
NEW YORK NY 10018

a Employee's social security no.: 083-82-0279
b Employer identification number (EIN): 36-1326630

7 Social security tips	
8 Allocated tips	
9	
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11 Nonqualified plans	
13 Statutory employee: ☐ Retirement plan: ✔ Third-party sick pay: ☐	
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2 Federal income tax withheld	67793.76
3 Social security wages	147000.00
4 Social security tax withheld	9114.00
5 Medicare wages and tips	335985.87
6 Medicare tax withheld	6095.67
12a See instructions for box 12 — Code C	143.40
12b Code D	20500.00
12c Code W	3650.00
12d Code DD	8748.00

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	361326630	315485.87	20320.18	250252.21	10236.24	NYC

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

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code
ALAN BORIS HEISMAN
70 W 37TH ST
APT 810
NEW YORK NY 10018

a Employee's social security no.: 083-82-0279
b Employer identification number (EIN): 36-1326630

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
13 Statutory employee: ☐ Retirement plan: ✔ Third-party sick pay: ☐	
14 Other: NY PFL 423.71	
1 Wages, tips, other comp.	315485.87
2 Federal income tax withheld	67793.76
3 Social security wages	147000.00
4 Social security tax withheld	9114.00
5 Medicare wages and tips	335985.87
6 Medicare tax withheld	6095.67
12a Code C	143.40
12b Code D	20500.00
12c Code W	3650.00
12d Code DD	8748.00

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	361326630	315485.87	20320.18	250252.21	10236.24	NYC

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code
ALAN BORIS HEISMAN
70 W 37TH ST
APT 810
NEW YORK NY 10018

a Employee's social security no.: 083-82-0279
b Employer identification number (EIN): 36-1326630

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
13 Statutory employee: ☐ Retirement plan: ✔ Third-party sick pay: ☐	
14 Other: NY PFL 423.71	
1 Wages, tips, other comp.	315485.87
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3 Social security wages	147000.00
4 Social security tax withheld	9114.00
5 Medicare wages and tips	335985.87
6 Medicare tax withheld	6095.67
12a Code C	143.40
12b Code D	20500.00
12c Code W	3650.00
12d Code DD	8748.00

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	361326630	315485.87	20320.18	250252.21	10236.24	NYC

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code — Suff.
ALAN BORIS HEISMAN
35 QUAIL RUN
RANDOLPH NJ 07869
NEW YORK NY 10018

7 Social security tips		1 Wages, tips, other comp. 360457.84	2 Federal income tax withheld 83166.60
8 Allocated tips		3 Social security wages 160200.00	4 Social security tax withheld 9932.40
9		5 Medicare wages and tips 365866.16	6 Medicare tax withheld 6797.86
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12 C 236.16
13 Statutory employee ☐ Retirement plan ✔ Third-party sick pay ☐		14 Other NY PFL 399.43	12b D 5408.32
b Employer identification number (EIN) 36-1326630			12c W 3850.00
a Employee's social security no. 083-82-0279			12d DD 9384.00

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	361326630	360457.84	28591.32	42802.72	1729.68	NYC

Copy B To Be Filed With Employee's FEDERAL Tax Return — This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 — **Dept. of the Treasury - IRS** Visit the IRS Web Site at **www.irs.gov/efile**

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Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code — Suff.
ALAN BORIS HEISMAN
35 QUAIL RUN
RANDOLPH NJ 07869
NEW YORK NY 10018

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8 Allocated tips		3 Social security wages 160200.00	4 Social security tax withheld 9932.40
9		5 Medicare wages and tips 365866.16	6 Medicare tax withheld 6797.86
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12 C 236.16
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b Employer identification number (EIN) 36-1326630			12c W 3850.00
a Employee's social security no. 083-82-0279			12d DD 9384.00

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	361326630	360457.84	28591.32	42802.72	1729.68	NYC

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

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code — Suff.
ALAN BORIS HEISMAN
35 QUAIL RUN
RANDOLPH NJ 07869
NEW YORK NY 10018

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13 Statutory employee ☐ Retirement plan ✔ Third-party sick pay ☐		14 Other NY PFL 399.43	12b D 5408.32
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NY	361326630	360457.84	28591.32	42802.72	1729.68	NYC

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
KIRKLAND & ELLIS LLP
300 NORTH LASALLE
CHICAGO IL 60654-6436

e Employee's name, address, and ZIP code — Suff.
ALAN BORIS HEISMAN
35 QUAIL RUN
RANDOLPH NJ 07869
NEW YORK NY 10018

7 Social security tips		1 Wages, tips, other comp. 360457.84	2 Federal income tax withheld 83166.60
8 Allocated tips		3 Social security wages 160200.00	4 Social security tax withheld 9932.40
9		5 Medicare wages and tips 365866.16	6 Medicare tax withheld 6797.86
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b Employer identification number (EIN) 36-1326630			12c W 3850.00
a Employee's social security no. 083-82-0279			12d DD 9384.00

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	361326630	360457.84	28591.32	42802.72	1729.68	NYC

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**

Vanguard®

PLAN STATEMENT

ALAN B HEISMAN
70 W 37TH ST APT 810
NEW YORK NY 10018-7287

ACCOUNT SUMMARY: 01/01/2024 - 03/31
SAVINGS PLAN— 091349

Total Account Balance: $86,826.31

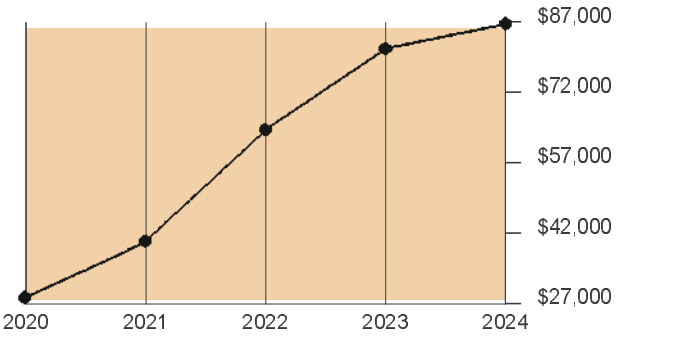
Your Account Summary

Account Balance

	Current Period
Beginning balance	$81,669.64
Market gain/loss	$5,019.35
Other transactions	$223.81
Fees*	-$86.49
Ending balance	$86,826.31

*May include recordkeeping, administrative, or purchase/redemption fees.

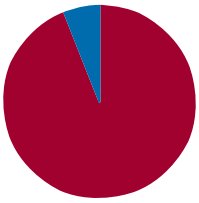
Your Account Progress



Includes all contributions and market activity.

Your Investments

Your Asset Mix



93.2% Stock
6.8% Bonds

As a member of the Vanguard Managed Account Program, Vanguard has developed and implemented a personalized investment plan for you. You can further personalize your plan by modifying your retirement age or risk level, as well as providing information on your other retirement investments. Call 800-523-1188 for more information.

Diversification is important to successful retirement planning. For more information and other disclosures, see section labeled "Additional Information" at the end of your statement.‡‡

Your Personal Performance*

As of 03/31/2024

	1 year	3 years	5 years
Annualized Personal Rate of Return	18.30%	6.30%	—

*Your personal performance is based not only on the performance of your investments, but also the timing and amounts of any purchases and redemptions.


NEW YORK STATE USA
DRIVER LICENSE
NOT FOR FEDERAL PURPOSES
ID 932 194 367
Class D
MIRONIS
PETRINA,A
3810 WAVERLY AVE
SEAFORD, NY 11783
DOB 01/26/1994
Issued 08/24/2023
Expires 01/26/2031
E NONE
R B
Sex F Height 5'-03" Eyes BRO
Organ Donor
EXCELSIOR
JAN 94

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2022**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
761560 PHIL/RLW	111300		A 1705

c Employer's name, address, and ZIP code **NEW YORK 2**

MORGAN LEWIS & BOCKIUS L LP
1701 MARKET ST
PHILADELPHIA PA 19103-2921

Batch #01621

e/f Employee's name, address, and ZIP code

PETRINA A MIRONIS
17 ROOSEVELT AVENUE
NESCONSET NY 11767

b Employer's FED ID number	a Employee's SSA number
23-0891050	XXX-XX-0096

1 Wages, tips, other comp. 285412.98	2 Federal income tax withheld 65162.93
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
5 Medicare wages and tips 300277.98	6 Medicare tax withheld 5256.53
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12: D 14865.00
14 Other: 423.71 NY PFL	12b DD 12417.96
	12c
	12d
	13 Stat emp: Ret. plan X; 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	23-0891050	285412.98
17 State income tax 21316.29		18 Local wages, tips, etc. 285412.98
19 Local income tax 11603.49		20 Locality name NYC RES

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	303,158.94	303,158.94	303,158.94	303,158.94	303,158.94
Less 401(k) (D-Box 12)	14,865.00	N/A	N/A	14,865.00	14,865.00
Less Other Cafe 125	2,880.96	2,880.96	2,880.96	2,880.96	2,880.96
Wages Over Limit	N/A	153,277.98	N/A	N/A	N/A
Reported W-2 Wages	**285,412.98**	**147,000.00**	**300,277.98**	**285,412.98**	**285,412.98**

2. Employee Name and Address.

PETRINA A MIRONIS
17 ROOSEVELT AVENUE
NESCONSET NY 11767

1 Wages, tips, other comp. 285412.98 | 2 Federal income tax withheld 65162.93
3 Social security wages 147000.00 | 4 Social security tax withheld 9114.00
5 Medicare wages and tips 300277.98 | 6 Medicare tax withheld 5256.53
d Control number 761560 PHIL/RLW | Dept. 111300 | Corp. | Employer use only A 1705
c Employer's name, address, and ZIP code NEW YORK 2
MORGAN LEWIS & BOCKIUS L LP
1701 MARKET ST
PHILADELPHIA PA 19103-2921
b Employer's FED ID number 23-0891050 | a Employee's SSA number XXX-XX-0096
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12: D 14865.00
14 Other: 423.71 NY PFL | 12b DD 12417.96
12c | 12d | 13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code
PETRINA A MIRONIS
17 ROOSEVELT AVENUE
NESCONSET NY 11767
15 State NY | Employer's state ID no. 23-0891050 | 16 State wages, tips, etc. 285412.98
17 State income tax 21316.29 | 18 Local wages, tips, etc. 285412.98
19 Local income tax 11603.49 | 20 Locality name NYC RES

Federal Filing Copy

W-2 Wage and Tax Statement **2022**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 285412.98 | 2 Federal income tax withheld 65162.93
3 Social security wages 147000.00 | 4 Social security tax withheld 9114.00
5 Medicare wages and tips 300277.98 | 6 Medicare tax withheld 5256.53
d Control number 761560 PHIL/RLW | Dept. 111300 | Corp. | Employer use only A 1705
c Employer's name, address, and ZIP code NEW YORK 2
MORGAN LEWIS & BOCKIUS L LP
1701 MARKET ST
PHILADELPHIA PA 19103-2921
b Employer's FED ID number 23-0891050 | a Employee's SSA number XXX-XX-0096
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a D 14865.00
14 Other: 423.71 NY PFL | 12b DD 12417.96
12c | 12d | 13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code
PETRINA A MIRONIS
17 ROOSEVELT AVENUE
NESCONSET NY 11767
15 State NY | Employer's state ID no. 23-0891050 | 16 State wages, tips, etc. 285412.98
17 State income tax 21316.29 | 18 Local wages, tips, etc. 285412.98
19 Local income tax 11603.49 | 20 Locality name NYC RES

NY.State Filing Copy

W-2 Wage and Tax Statement **2022**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 285412.98 | 2 Federal income tax withheld 65162.93
3 Social security wages 147000.00 | 4 Social security tax withheld 9114.00
5 Medicare wages and tips 300277.98 | 6 Medicare tax withheld 5256.53
d Control number 761560 PHIL/RLW | Dept. 111300 | Corp. | Employer use only A 1705
c Employer's name, address, and ZIP code NEW YORK 2
MORGAN LEWIS & BOCKIUS L LP
1701 MARKET ST
PHILADELPHIA PA 19103-2921
b Employer's FED ID number 23-0891050 | a Employee's SSA number XXX-XX-0096
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a D 14865.00
14 Other: 423.71 NY PFL | 12b DD 12417.96
12c | 12d | 13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code
PETRINA A MIRONIS
17 ROOSEVELT AVENUE
NESCONSET NY 11767
15 State NY | Employer's state ID no. 23-0891050 | 16 State wages, tips, etc. 285412.98
17 State income tax 21316.29 | 18 Local wages, tips, etc. 285412.98
19 Local income tax 11603.49 | 20 Locality name NYC RES

City or Local Filing Copy

W-2 Wage and Tax Statement **2022**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

Instructions for 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.

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.

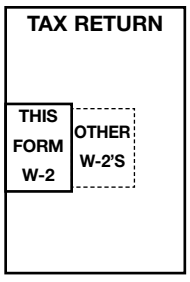
Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings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

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. 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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



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.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
761560 PHIL/RLW	111300		A 2090

c Employer's name, address, and ZIP code **NEW YORK 2**

MORGAN LEWIS & BOCKIUS L LP
2222 MARKET STREET
PHILADELPHIA PA 19103-2921

Batch #00861

e/f Employee's name, address, and ZIP code

PETRINA A MIRONIS
17 ROOSEVELT AVENUE
NESCONSET NY 11767

b Employer's FED ID number	a Employee's SSA number
23-0891050	XXX-XX-0096

1 Wages, tips, other comp. 359048.00	2 Federal income tax withheld 84938.47
3 Social security wages 160200.00	4 Social security tax withheld 9932.40
5 Medicare wages and tips 376748.00	6 Medicare tax withheld 7053.58
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12: D 17700.00
14 Other: 399.43 NY PFL	12b DD 12893.76
	12c
	12d
	13 Stat emp: Ret. plan X; 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	23-0891050	359048.00
17 State income tax 28981.53		18 Local wages, tips, etc. 359048.00
19 Local income tax 14733.08		20 Locality name NYC RES

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	379,977.44	379,977.44	379,977.44	379,977.44	379,977.44
Less 401(k) (D-Box 12)	17,700.00	N/A	N/A	17,700.00	17,700.00
Less Other Cafe 125	3,229.44	3,229.44	3,229.44	3,229.44	3,229.44
Wages Over Limit	N/A	216,548.00	N/A	N/A	N/A
Reported W-2 Wages	**359,048.00**	**160,200.00**	**376,748.00**	**359,048.00**	**359,048.00**

2. Employee Name and Address.

PETRINA A MIRONIS
17 ROOSEVELT AVENUE
NESCONSET NY 11767

Federal Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

NY.State Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

Instructions for 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.

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.

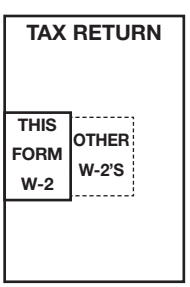
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. 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.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Department of the Treasury - Internal Revenue Service

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.

Department of the Treasury - Internal Revenue Service

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.

Department of the Treasury - Internal Revenue Service

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

June 11, 2024 through July 09, 2024
Primary Account: **000003582655956**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

01303444 DRE 802 219 19224 NNNNNNNNNNN 1 000000000 06 0000
PETRINA MIRONIS
3810 WAVERLY AVE
SEAFORD NY 11783-2610

13034440201000000022

Good news – we reduced the Non-Chase ATM Fee in several U.S. territories

As of February 20, 2024, we reduced the Non-Chase ATM Fee to $3 (previously $5) in American Samoa, Guam and the Northern Mariana Islands. We'll continue to waive this fee for eligible accounts and the ATM owner/network will still charge a Surcharge Fee.[1] You won't be charged these fees when you use a Chase ATM.

For more information, please see the Fee Schedule in the **Additional Banking Services and Fees** at chase.com/disclosures.

If you have any questions, please call us at the number listed on this statement. We accept operator relay calls.

[1]For Chase Sapphire[SM] Checking, Chase Private Client Checking [SM] and Chase Private Client Savings [SM] accounts, we waive the Chase fee and refund ATM Surcharge Fees charged to you at non-Chase ATMs. For Chase Premier Plus Checking [SM], we waive the Chase fee for the first four Non-Chase ATM transactions each statement period.

We updated the Digital Services Agreement and digital Transfers Terms & Conditions

To help protect your account, we've updated our terms for our Transfers Service. We now determine the limit for each external transfer (a transfer between your eligible Chase account and an external account you've added to your online profile) based on internal Chase criteria at the time you schedule the transfer, rather than applying predetermined limits. The new terms may affect your maximum daily external transfer limit.

You can see the new terms in section 1.2 of the Digital Services Agreement, Addendum: Transfers Service or in the Transfers Agreement.

How to view the Digital Services Agreement or Transfers Agreement:

- On chase.com after you log in to your account, click on the Main Menu then select "Agreements & disclosures."
- On the Chase Mobile® app, select "Legal information" from Profile & Settings or at the bottom of the home page, then "Legal agreements and disclosures."

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Savings	000003582655956	$55,027.08	$60,027.52
Total		**$55,027.08**	**$60,027.52**

CONSOLIDATED BALANCE SUMMARY *(continued)*

CD & Retirement (continued)	ACCOUNT	INTEREST RATE / APY*	MATURITY DATE	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
CD	000100081127245	2.96%	10/29/24	102,476.69	102,476.69
Balance plus Interest Earned Not Paid $103,076.76		3.00%			
Total				**$102,476.69**	**$102,476.69**

* The Annual Percentage Yield (APY) for your CD / Retirement CD is calculated using the term and deposit amount as of the issue / renewal date or maintenance effective date. The APY assumes interest will remain on deposit until maturity.

TOTAL ASSETS	**$157,503.77**	**$162,504.21**

CHASE SAVINGS

PETRINA MIRONIS

Account Number: 000003582655956

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$55,027.08**
Deposits and Additions	5,000.44
Ending Balance	**$60,027.52**
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.44
Interest Paid Year-to-Date	$2.03

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$55,027.08**
07/02	Online Transfer From Chk ...1982 Transaction#: 21286504894	**5,000.00**	60,027.08
07/09	Interest Payment	**0.44**	60,027.52
	Ending Balance		**$60,027.52**

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $55,027)

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

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

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

June 11, 2024 through July 09, 2024
Account Number: **000000897921982**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

01073843 DRE 802 219 19224 NNNNNNNNNNN 1 000000000 06 0000
PETRINA MIRONIS
3810 WAVERLY AVE
SEAFORD NY 11783-2610

10738430201000000022

Good news – we reduced the Non-Chase ATM Fee in several U.S. territories

As of February 20, 2024, we reduced the Non-Chase ATM Fee to $3 (previously $5) in American Samoa, Guam and the Northern Mariana Islands. We'll continue to waive this fee for eligible accounts and the ATM owner/network will still charge a Surcharge Fee.[1] You won't be charged these fees when you use a Chase ATM.

For more information, please see the Fee Schedule in the **Additional Banking Services and Fees** at chase.com/disclosures.

If you have any questions, please call us at the number listed on this statement. We accept operator relay calls.

[1]For Chase Sapphire[SM] Checking, Chase Private Client Checking [SM] and Chase Private Client Savings [SM] accounts, we waive the Chase fee and refund ATM Surcharge Fees charged to you at non-Chase ATMs. For Chase Premier Plus Checking [SM], we waive the Chase fee for the first four Non-Chase ATM transactions each statement period.

Please review our overdraft service options at the end of this statement

We've included an overview of our overdraft services and fees that are available for personal checking account(s) at the end of this statement.

Please note, the following overdraft services are not available for certain accounts:

- Standard Overdraft Practice and Chase Debit Card Coverage[SM] are not available for Chase High School Checking[SM], Chase Secure Checking[SM] and Chase First Checking[SM].
- Overdraft Protection is not available for Chase Secure Checking[SM] and Chase First Checking[SM].

If you have questions, please visit **chase.com/overdraft** or call us at the number on this statement. We accept operator relay calls.

We updated the Digital Services Agreement and digital Transfers Terms & Conditions

To help protect your account, we've updated our terms for our Transfers Service. We now determine the limit for each external transfer (a transfer between your eligible Chase account and an external account you've added to your online profile) based on internal Chase criteria at the time you schedule the transfer, rather than applying predetermined limits. The new terms may affect your maximum daily external transfer limit.

You can see the new terms in section 1.2 of the Digital Services Agreement, Addendum: Transfers Service or in the Transfers Agreement.

How to view the Digital Services Agreement or Transfers Agreement:

- On chase.com after you log in to your account, click on the Main Menu then select "Agreements & disclosures."
- On the Chase Mobile® app, select "Legal information" from Profile & Settings or at the bottom of the home page, then "Legal agreements and disclosures."

CHECKING SUMMARY

Chase College Checking

	AMOUNT
Beginning Balance	**$1,509.12**
Deposits and Additions	22,605.48
ATM & Debit Card Withdrawals	-455.98
Electronic Withdrawals	-19,026.71
Ending Balance	**$4,631.91**

Your account ending in 5956 is linked to this account for overdraft protection.

A Monthly Service Fee was **not** charged to your Chase College Checking account. Here are the ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $19,711.98. Note: some deposits may be listed on your previous statement)

- **OR, keep an average ending day balance of $1,500.00 or more in this account.**
  (Your average ending day balance in this account was $4,437.96)

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
06/14	Morgan Lewis Payroll PPD ID: 2230891050	$8,766.90
06/20	Venmo Cashout PPD ID: 5264681992	432.00
06/28	Morgan Lewis Payroll PPD ID: 2230891050	9,665.58
06/28	Venmo Cashout PPD ID: 5264681992	741.00
07/02	Zelle Payment From Kiki Efstathiadis Wfct0Xx783Ck	1,000.00
07/05	Zelle Payment From Kiki Efstathiadis Wfct0Xx7Tdx7	1,000.00
07/08	Zelle Payment From Kiki Efstathiadis Wfct0Xx8Mq4H	1,000.00
Total Deposits and Additions		**$22,605.48**

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
06/12	ATM Withdrawal 06/12 386 Park Ave S New York NY Card 4907	$300.00
06/17	Recurring Card Purchase 06/15 Amazon Prime*Xx5T650 Amzn.Com/Bill WA Card 4907	150.99
06/25	Card Purchase 06/25 Prime Video Channels Amzn.Com/Bill WA Card 4907	4.99
Total ATM & Debit Card Withdrawals		**$455.98**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
06/14	06/14 Payment To Chase Card Ending IN 3049	$2,044.20
06/14	American Express ACH Pmt M2244 Web ID: 2005032111	436.56
06/14	American Express ACH Pmt M9570 Web ID: 2005032111	252.66
06/17	Zelle Payment To Mom Jpm99Aiv4Sxg	3,000.00
06/18	06/18 Payment To Chase Card Ending IN 3049	657.50
06/18	American Express ACH Pmt M4482 Web ID: 2005032111	90.35
06/21	Venmo Payment 1035163098200 Web ID: 3264681992	48.00
06/25	06/25 Payment To Chase Card Ending IN 3049	1,677.11
06/25	American Express ACH Pmt M6550 Web ID: 2005032111	484.65

ELECTRONIC WITHDRAWALS *(continued)*

DATE	DESCRIPTION	AMOUNT
06/25	American Express ACH Pmt M6204 Web ID: 2005032111	173.84
06/28	Venmo Payment 1035300298589 Web ID: 3264681992	340.00
06/28	Zelle Payment To Mom Jpm99Ajgfhuj	2,000.00
07/01	07/01 Payment To Chase Card Ending IN 3049	1,213.85
07/01	American Express ACH Pmt M8352 Web ID: 2005032111	352.51
07/02	07/02 Online Transfer To Sav ...5956 Transaction#: 21286504894	5,000.00
07/02	American Express ACH Pmt M0682 Web ID: 2005032111	524.83
07/09	07/09 Payment To Chase Card Ending IN 3049	277.56
07/09	American Express ACH Pmt M8342 Web ID: 2005032111	453.09
Total Electronic Withdrawals		**$19,026.71**

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JPMorgan Chase Bank, N.A. Member FDIC

Overdraft and Overdraft Fee Information for Your Chase Checking Account

What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Whether your account has enough money to cover a transaction is determined during our nightly processing. During our nightly processing, we take your previous end of day's balance and post credits. If there are any deposits not yet available for use or holds (such as a garnishment), these will reduce the account balance used to pay your transactions. Then we subtract any debit transactions presented during our nightly processing. The available balance shown to you during the day may not be the same amount used to pay your transactions as some transactions may not be displayed to you before nightly processing.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize or pay any transactions presented for payment. If we do not authorize an overdraft, your transaction will be declined. If we do not pay an overdraft, your transaction will be returned. Additional information about overdrafts and your account features can be found in the *Deposit Account Agreement*.

We can cover your overdrafts in three different ways:

1. We have a Standard Overdraft Practice that comes with your account.
2. We offer Overdraft Protection through a link to a Chase savings account, which may be less expensive than our Standard Overdraft Practice. You can contact us to learn more.
3. We also offer Chase Debit Card Coverage℠, which allows you to choose how we treat your everyday debit card transactions (e.g. groceries, gasoline or dining out), in addition to our Standard Overdraft Practice.

This notice explains our Standard Overdraft Practice and Chase Debit Card Coverage.

- **What is the Standard Overdraft Practice that comes with my account?**
  We **do** authorize and pay overdrafts for the following types of transactions:
  - Checks and other transactions made using your checking account number
  - Recurring debit card transactions (e.g. movie subscriptions or gym memberships)

- **What is Chase Debit Card Coverage?**
  If you enroll in Chase Debit Card Coverage we **may** authorize and pay overdrafts for **everyday debit card transactions** (e.g. groceries, gasoline or dining out) in addition to our Standard Overdraft Practice.

- **What fees will I be charged if Chase pays my overdraft?**
  If we authorize and pay an overdraft, we'll charge you a $34 Overdraft Fee per transaction during our nightly processing beginning with the first transaction that overdraws your account balance by more than $50 (maximum of 3 fees per business day, up to $102).

  We won't charge you an Overdraft Fee in the following circumstances:
  - With Chase Overdraft Assist℠, we won't charge an Overdraft Fee if you're overdrawn by $50 or less at the end of the business day **OR** if you're overdrawn by more than $50 and you bring your account balance to overdrawn by $50 or less at the end of the next business day (you have until 11 p.m ET (8 p.m PT) to make a deposit or transfer). Chase Overdraft Assist does not require enrollment and comes with eligible Chase checking accounts.
  - We won't charge an Overdraft Fee for transactions that are $5 or less.
  - We won't charge an Overdraft Fee if your debit card transaction was authorized when there was a sufficient available balance in your account.
  - For Chase Sapphire℠ Checking and Chase Private Client Checking℠ accounts, there are no Overdraft Fees when item(s) are presented against an account with insufficient funds on the first four business days during the current and prior 12 statement periods. On a business day when we returned item(s), this counts toward the four business days when an Overdraft Fee will not be charged.

- **What if I want Chase to authorize and pay overdrafts on my everyday debit card transactions?**
  If you or a joint account owner want Chase to authorize overdrafts on your everyday debit card transactions, please make your Chase Debit Card Coverage selection. You can change your Chase Debit Card Coverage selection at any time by signing in to chase.com or Chase Mobile® to update your account settings, calling us at 1-800-935-9935 (or at 1-713-262-1679 if outside the U.S.), or visiting a Chase branch. We accept operator relay calls.

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

May 09, 2024 through June 10, 2024
Account Number: **000000897921982**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

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PETRINA MIRONIS
3810 WAVERLY AVE
SEAFORD NY 11783-2610

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CHECKING SUMMARY

Chase College Checking

	AMOUNT
Beginning Balance	**$1,269.96**
Deposits and Additions	25,530.30
ATM & Debit Card Withdrawals	-554.99
Electronic Withdrawals	-24,736.15
Ending Balance	**$1,509.12**

Your account ending in 5956 is linked to this account for overdraft protection.

A Monthly Service Fee was **not** charged to your Chase College Checking account. Here are the ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $18,530.30. Note: some deposits may be listed on your previous statement)

- **OR, keep an average ending day balance of $1,500.00 or more in this account.**
  (Your average ending day balance in this account was $2,814.34)

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
05/15	Morgan Lewis Payroll PPD ID: 2230891050	$8,766.90
05/15	Venmo Cashout PPD ID: 5264681992	180.00
05/20	Venmo Cashout PPD ID: 5264681992	650.00
05/21	Online Transfer From Sav ...5956 Transaction#: 20846132537	5,000.00
05/28	Online Transfer From Sav ...5956 Transaction#: 20914626591	1,000.00
05/30	Online Transfer From Sav ...5956 Transaction#: 20933522170	1,000.00
05/31	Morgan Lewis Payroll PPD ID: 2230891050	8,826.90
06/05	Venmo Cashout PPD ID: 5264681992	106.50
Total Deposits and Additions		**$25,530.30**

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION		AMOUNT
05/28	Card Purchase	05/25 Prime Video Channels Amzn.Com/Bill WA Card 4907	$4.99
06/03	ATM Withdrawal	06/01 10 N Village Ave Rockville Ctr NY Card 4907	550.00
Total ATM & Debit Card Withdrawals			**$554.99**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
05/09	American Express ACH Pmt M4064 Web ID: 2005032111	$170.11
05/09	American Express ACH Pmt M3728 Web ID: 2005032111	59.62
05/13	05/12 Payment To Chase Card Ending IN 3049	133.52
05/13	American Express ACH Pmt M1562 Web ID: 2005032111	171.21
05/13	American Express ACH Pmt M1108 Web ID: 2005032111	154.52
05/14	American Express ACH Pmt M8934 Web ID: 2005032111	25.99
05/15	05/15 Payment To Chase Card Ending IN 3049	2,876.33
05/15	05/15 Online Transfer To Sav ...5956 Transaction#: 20784673729	3,000.00
05/21	05/21 Payment To Chase Card Ending IN 3049	1,750.83
05/21	Zelle Payment To Alan Heisman 20846173598	5,000.00
05/23	05/23 Payment To Chase Card Ending IN 3049	188.21
05/23	Zelle Payment To Laura Chitu 20868738407	870.00
05/23	American Express ACH Pmt M2816 Web ID: 2005032111	496.83
05/28	Venmo Payment 1034643925101 Web ID: 3264681992	30.00
05/29	05/28 Payment To Chase Card Ending IN 3049	1,190.63
05/30	05/30 Payment To Chase Card Ending IN 3049	189.36
05/30	American Express ACH Pmt M1898 Web ID: 2005032111	741.92
05/30	American Express ACH Pmt M2164 Web ID: 2005032111	60.76
06/03	Zelle Payment To Laura Chitu 20970447958	213.00
06/03	06/02 Payment To Chase Card Ending IN 3049	78.67
06/03	06/02 Online Transfer To Sav ...5956 Transaction#: 20970462463	4,000.00
06/04	06/04 Payment To Chase Card Ending IN 3049	1,365.03
06/04	American Express ACH Pmt M9832 Web ID: 2005032111	151.02
06/06	06/06 Payment To Chase Card Ending IN 3049	749.61
06/10	06/10 Payment To Chase Card Ending IN 3049	1,068.98
Total Electronic Withdrawals		**$24,736.15**

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- The amount of the suspected error.

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For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

April 09, 2024 through May 08, 2024
Account Number: **000000897921982**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

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PETRINA MIRONIS
3810 WAVERLY AVE
SEAFORD NY 11783-2610

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Introducing Paze℠ — an easy and secure way to check out online with Chase debit and credit cards

We'll soon include qualifying Chase debit and credit cards in Paze, a new digital bank wallet used at checkout with participating online businesses, where your card number will never be shared.

Please visit the Paze FAQs at chase.com/paze for more information, including details on eligibility, how Paze works and what to do if you don't want to participate. We'll notify you when your Chase card(s) is ready to use with Paze.

CHECKING SUMMARY

Chase College Checking

	AMOUNT
Beginning Balance	**$5,923.10**
Deposits and Additions	39,873.82
ATM & Debit Card Withdrawals	-4.99
Electronic Withdrawals	-44,521.97
Ending Balance	**$1,269.96**

Your account ending in 5956 is linked to this account for overdraft protection.

A Monthly Service Fee was **not** charged to your Chase College Checking account. Here are the ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $37,873.82. Note: some deposits may be listed on your previous statement)

- **OR, keep an average ending day balance of $1,500.00 or more in this account.**
  (Your average ending day balance in this account was $3,524.41)

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
04/15	Morgan Lewis Payroll PPD ID: 2230891050	$8,766.92
04/22	Online Transfer From Sav ...5956 Transaction#: 20550074263	1,000.00
04/23	Online Transfer From Sav ...5956 Transaction#: 20558117457	1,000.00
04/29	NY State Nysttaxrfd PPD ID: 4146013200	19,668.00
04/30	Morgan Lewis Payroll PPD ID: 2230891050	8,826.90
05/01	Venmo Cashout PPD ID: 5264681992	612.00
Total Deposits and Additions		**$39,873.82**

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
04/25	Card Purchase 04/25 Prime Video Channels Amzn.Com/Bill WA Card 4907	$4.99
Total ATM & Debit Card Withdrawals		**$4.99**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
04/11	04/11 Payment To Chase Card Ending IN 3049	$926.94
04/12	04/12 Payment To Chase Card Ending IN 3049	547.04
04/15	Zelle Payment To Laura Chitu 20454045450	111.00
04/15	04/15 Payment To Chase Card Ending IN 3049	279.42
04/15	04/15 Online Transfer To Sav ...5956 Transaction#: 20475160400	5,000.00
04/15	American Express ACH Pmt M1874 Web ID: 2005032111	480.31
04/15	04/15 Online Transfer To Sav ...5956 Transaction#: 20482826002	5,000.00
04/16	04/15 Payment To Chase Card Ending IN 3049	208.26
04/18	04/18 Payment To Chase Card Ending IN 3049	77.58
04/18	American Express ACH Pmt M8480 Web ID: 2005032111	128.77
04/22	04/22 Payment To Chase Card Ending IN 3049	519.43
04/22	American Express ACH Pmt M3986 Web ID: 2005032111	97.08
04/22	Zelle Payment To Gina Marie Licata 20550066502	1,294.00
04/23	04/23 Payment To Chase Card Ending IN 3049	171.13
04/23	American Express ACH Pmt M4424 Web ID: 2005032111	25.00
04/25	04/25 Payment To Chase Card Ending IN 3049	248.93
04/25	American Express ACH Pmt M0254 Web ID: 2005032111	298.36
04/25	American Express ACH Pmt M9756 Web ID: 2005032111	55.79
04/29	04/29 Online Transfer To Sav ...5956 Transaction#: 20613339829	7,000.00
04/29	04/29 Payment To Chase Card Ending IN 3049	927.86
04/29	American Express ACH Pmt M2308 Web ID: 2005032111	182.22
04/29	American Express ACH Pmt M3490 Web ID: 2005032111	92.33
04/30	04/30 Online Transfer To Sav ...5956 Transaction#: 20622975900	10,000.00
04/30	American Express ACH Pmt M9556 Web ID: 2005032111	106.75
05/01	Irs Usataxpymt 240452220750037 Web ID: 3387702000	7,776.00
05/01	05/01 Payment To Chase Card Ending IN 3049	304.00
05/06	05/04 Payment To Chase Card Ending IN 3049	197.56
05/06	05/05 Payment To Chase Card Ending IN 3049	197.56
05/06	American Express ACH Pmt M8782 Web ID: 2005032111	113.22
05/06	American Express ACH Pmt M8900 Web ID: 2005032111	39.97

ELECTRONIC WITHDRAWALS *(continued)*

DATE	DESCRIPTION	AMOUNT
05/07	American Express ACH Pmt M6076 Web ID: 2005032111	124.58
05/08	05/08 Payment To Chase Card Ending IN 3049	1,926.36
05/08	Irs Usataxpymt 240452932048662 Web ID: 3387702000	64.52
Total Electronic Withdrawals		**$44,521.97**

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Morgan Lewis

Ambar Paulino Polanco
Regional HR Coordinator
+1.202.739.5233
ambar.paulinopolanco@morganlewis.com

July 17th, 2024

To Whom It May Concern:

This letter serves to verify that Tina Mironis has been employed by Morgan, Lewis & Bockius LLP since October 10th, 2019. Her title is Associate, and her current annual salary is $365,000.

Please feel free to contact me should you have any questions.

Sincerely,

Ambar Paulino-Polanco

Ambar Paulino-Polanco

APP

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Earnings Statement

MORGAN, LEWIS & BOCKIUS LLP
ATTN: PAYROLL DEPARTMENT
2222 MARKET STREET
PHILADELPHIA, PA 19103-3007 215-963-5846

Period Beginning: 07/01/2024
Period Ending: 07/15/2024
Pay Date: 07/15/2024

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

PETRINA A MIRONIS
3810 WAVERLY AVENUE
SEAFORD NY 11783

Earnings	rate	salary/hours	this period	year to date
Regular	175.4741	86.67	15,208.34	
Ltd Earnings			76.13	989.69
Met Life			9.32	121.16
Stipend				250.00
Gross Pay			**$15,293.79**	199,069.26

Deductions		
Statutory		
Federal Income Tax	-3,929.68	50,608.56
Medicare Tax	-219.76	2,860.61
NY State Income Tax	-1,062.86	13,734.65
Social Security Tax		10,453.20
New York Cit Income Tax		1,166.60
NY Paid Family Leave Ins		333.25
Other		
Dental Prem	-8.90*	115.70
Ltd Post Tax	-76.13	989.69
Medical Premium	-126.94*	1,650.22
MetLife	-9.32	121.16
Vision	-1.51*	19.63
401(K) Contrib	-152.09*	3,497.90
Yod		-360.00
Net Pay	**$9,706.60**	
Checking Acct.	-9,706.60	
Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $15,004.35

Other Benefits and Information	this period	total to date
Totl Hrs Worked	86.67	
Y401-K		3,497.90

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 215-963-5000

BASIS OF PAY: SALARY

VIEW YOUR SICK TIME BALANCE IN WORKDAY OR OTHER APPLICABLE TIME KEEPING SYSTEM. CONTACT LOACL HR WITH QUESTIONS.

REG PAY PERIOD 07-01-24 THRU 07-15-24 ; ADJUSTMENT PERIOD 06-16-24 THRU 06-30-24

MORGAN, LEWIS & BOCKIUS LLP
ATTN: PAYROLL DEPARTMENT
2222 MARKET STREET
PHILADELPHIA, PA 19103-3007 215-963-5846

Advice number: **00000280614**
Pay date: 07/15/2024

Deposited to the account of	**account number**	**transit ABA**	**amount**
PETRINA A MIRONIS	xxxxx1982	xxxx xxxx	$9,706.60

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	055
RLW	761560	111300	00120	0000240638	1

Earnings Statement

MORGAN, LEWIS & BOCKIUS LLP
ATTN: PAYROLL DEPARTMENT
2222 MARKET STREET
PHILADELPHIA, PA 19103-3007 215-963-5846

Period Beginning: 06/01/2024
Period Ending: 06/15/2024
Pay Date: 06/14/2024

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

PETRINA A MIRONIS
3810 WAVERLY AVENUE
SEAFORD NY 11783

Earnings	rate	salary/hours	this period	year to date
Regular	175.4741	86.67	15,208.34	
Ltd Earnings			76.13	837.43
Met Life			9.32	102.52
Stipend				250.00
Gross Pay			**$15,293.79**	168,481.68

Deductions		
Statutory		
Federal Income Tax	-3,929.68	42,749.20
Social Security Tax	-939.70	10,352.19
Medicare Tax	-219.77	2,421.08
NY State Income Tax	-1,062.86	11,608.93
New York Cit Income Tax		1,166.60
NY Paid Family Leave Ins		333.25
Other		
Dental Prem	-8.90*	97.90
Ltd Post Tax	-76.13	837.43
Medical Premium	-126.94*	1,396.34
MetLife	-9.32	102.52
Vision	-1.51*	16.61
401(K) Contrib	-152.08*	3,193.72
Yod		-300.00
Net Pay	**$8,766.90**	
Checking Acct.	-8,766.90	
Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $15,004.36

Other Benefits and Information	this period	total to date
Totl Hrs Worked	86.67	
Y401-K		3,193.72

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 215-963-5000

BASIS OF PAY: SALARY

VIEW YOUR SICK TIME BALANCE IN WORKDAY OR OTHER APPLICABLE TIME KEEPING SYSTEM. CONTACT LOACL HR WITH QUESTIONS.

REG PAY PERIOD 06-01-24 THRU 06-15-24 ; ADJUSTMENT PERIOD 05-16-24 THRU 05-31-24

MORGAN, LEWIS & BOCKIUS LLP
ATTN: PAYROLL DEPARTMENT
2222 MARKET STREET
PHILADELPHIA, PA 19103-3007 215-963-5846

Advice number: **00000240638**
Pay date: 06/14/2024

Deposited to the account of	**account number**	**transit ABA**	**amount**
PETRINA A MIRONIS	xxxxx1982	xxxx xxxx	$8,766.90

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	055
RLW	761560	111300	00120	0000260633	1

Earnings Statement

MORGAN, LEWIS & BOCKIUS LLP
ATTN: PAYROLL DEPARTMENT
2222 MARKET STREET
PHILADELPHIA, PA 19103-3007 215-963-5846

Period Beginning: 06/16/2024
Period Ending: 06/30/2024
Pay Date: 06/28/2024

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

PETRINA A MIRONIS
3810 WAVERLY AVENUE
SEAFORD NY 11783

Earnings	rate	salary/hours	this period	year to date
Regular	175.4741	86.67	15,208.34	
Ltd Earnings			76.13	913.56
Met Life			9.32	111.84
Stipend				250.00
Gross Pay			**$15,293.79**	183,775.47

Deductions		
Statutory		
Federal Income Tax	-3,929.68	46,678.88
Social Security Tax	-101.01	10,453.20
Medicare Tax	-219.77	2,640.85
NY State Income Tax	-1,062.86	12,671.79
New York Cit Income Tax		1,166.60
NY Paid Family Leave Ins		333.25
Other		
Dental Prem	-8.90*	106.80
Ltd Post Tax	-76.13	913.56
Medical Premium	-126.94*	1,523.28
MetLife	-9.32	111.84
Vision	-1.51*	18.12
401(K) Contrib	-152.09*	3,345.81
Yod		-360.00
Adjustment		
Yod	+60.00	
Net Pay	**$9,665.58**	
Checking Acct.	-9,665.58	
Net Check	**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $15,004.35

Other Benefits and Information	this period	total to date
Totl Hrs Worked	86.67	
Y401-K		3,345.81

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 215-963-5000

BASIS OF PAY: SALARY

VIEW YOUR SICK TIME BALANCE IN WORKDAY OR OTHER APPLICABLE TIME KEEPING SYSTEM. CONTACT LOACL HR WITH QUESTIONS.

REG PAY PERIOD 06-16-24 THRU 06-30-24 : ADJUSTMENT PERIOD 06-01-24 THRU 06-15-24

MORGAN, LEWIS & BOCKIUS LLP
ATTN: PAYROLL DEPARTMENT
2222 MARKET STREET
PHILADELPHIA, PA 19103-3007 215-963-5846

Advice number: **00000260633**
Pay date: 06/28/2024

Deposited to the account of	**account number**	**transit ABA**	**amount**
PETRINA A MIRONIS	xxxxx1982	xxxx xxxx	$9,665.58

THIS IS NOT A CHECK

NON-NEGOTIABLE

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

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

Your first name and middle initial	Last name	Your social security number
PETRINA A.	MIRONIS	105-82-0096
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

3810 WAVERLY AVENUE

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

SEAFORD, NY 11783

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

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

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

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

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

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

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	359,048.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	359,048.

Attach Sch. B if required.

2a	Tax-exempt interest 2a		b Taxable interest	2b	
3a	Qualified dividends 3a		b Ordinary dividends	3b	
4a	IRA distributions 4a		b Taxable amount	4b	
5a	Pensions and annuities 5a		b Taxable amount	5b	
6a	Social security benefits 6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	359,048.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	359,048.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	13,850.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	345,198.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	92,714.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	92,714.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	92,714.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,591.
	24	Add lines 22 and 23. This is your **total tax**	24	94,305.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 84,938.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c: 1,591.		
	d	Add lines 25a through 25c	25d	86,529.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	86,529.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number _____ c Type: ☐ Checking ☐ Savings		
	d	Account number _____		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	7,776.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

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

Designee's name: STEPHANIE PSYLLOS | Phone no.: 718-225-2300 | Personal identification number (PIN): 12345

Sign Here

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

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
PETER A. PSYLLOS, CPA	PETER A. PSYLLOS, CPA	4/08/24	P00174975	☐ Self-employed

Firm's name: PSYLLOS & PSYLLOS LLP | Phone no. 718-225-2300

Firm's address: 213-35 40TH AVENUE, BAYSIDE, NY 11361 | Firm's EIN: 82-3644025

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

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

Your first name and middle initial	Last name	Your social security number
ALAN B	HEISMAN	083-82-0279
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 50 E 28 St — Apt. no.

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

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

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

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

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

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

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

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

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	360,458
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	360,458
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	360,458
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	360,458
12	**Standard deduction or itemized deductions** (from Schedule A)			12	13,850
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	13,850
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	346,608

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

Tax and Credits	16 **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	93,207
	17 Amount from Schedule 2, line 3		17	
	18 Add lines 16 and 17		18	93,207
	19 Child tax credit or credit for other dependents from Schedule 8812		19	
	20 Amount from Schedule 3, line 8		20	
	21 Add lines 19 and 20		21	
	22 Subtract line 21 from line 18. If zero or less, enter -0-		22	93,207
	23 Other taxes, including self-employment tax, from Schedule 2, line 21		23	1,493
	24 Add lines 22 and 23. This is your **total tax**		24	94,700
Payments	25 Federal income tax withheld from:			
	a Form(s) W-2	25a 83,167		
	b Form(s) 1099	25b		
	c Other forms (see instructions)	25c 1,493		
	d Add lines 25a through 25c		25d	84,660
	26 2023 estimated tax payments and amount applied from 2022 return		26	
If you have a qualifying child, attach Sch. EIC.	27 Earned income credit (EIC)	27		
	28 Additional child tax credit from Schedule 8812	28		
	29 American opportunity credit from Form 8863, line 8	29		
	30 Reserved for future use	30		
	31 Amount from Schedule 3, line 15	31		
	32 Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33 Add lines 25d, 26, and 32. These are your **total payments**		33	84,660
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b Routing number XXXXXXXXXXXXXXXXX c Type: ☐ Checking ☐ Savings			
	d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	36 Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37 Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to www.irs.gov/Payments or see instructions		37	10,040
	38 Estimated tax penalty (see instructions)	38		

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

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Attorney	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. 5169749313 Email address alanheisman@gmail.com

Paid Preparer Use Only

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