Rental Application for **685 First Ave**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Williams	Aris		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	4/26/1986	(301) 312 - 3365 - Mobile

EMAIL
a_stotles@yahoo.com

EMERGENCY CONTACT

NAME	ADDRESS
Amanda Russell	350 Warren Street, Apt 420, Jersey City, 37 07302

PHONE	EMAIL ADDRESS	RELATIONSHIP
(802) 488 - 4579	arusselltoo@gmail.com	other

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
350 Warren Street, Apt 420	Jersey City	NJ	07302

DATE IN	DATE OUT	MONTHLY RENT
	current	$4,250.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Director of Communications and Engagement	New York University

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Bethany Godsoe	(212) 998 - 7472	$12,075.00/Mo.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
60 Washington Sq. S	New York	NY	10012

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

Preferred Mailing Address:
350 Warren Street, Apt 420, Jersey City, NJ 07302 - 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 **685 First Ave** 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 **685 First Ave** 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 **685 First Ave**, 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 **685 First Ave** 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 **685 First Ave**, 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 Aris Williams*

Signed by Aris Williams
Sun Sep 8 2024 07:29:51 PM EDT
Key: 440DE7C2; IP Address: 72.88.211.249

Aris Williams *(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
Aris Williams	XXXXXXXXXXXX1596	15043362	$21.50

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

Rental Application for **685 First Ave**

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APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Russell	Amanda		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	1/2/1991	(802) 488 - 4579 - Mobile

EMAIL
Arusselltoo@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Aris Williams	350 Warren St Apt 420, Jersey City, 37 07302

PHONE	EMAIL ADDRESS	RELATIONSHIP
(301) 312 - 3365	Arisdemetrice@gmail.com	other

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
350 Warren St Apt 420	Jersey City	NJ	07302

DATE IN	DATE OUT	MONTHLY RENT
	current	$4,250.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
City research scientist	NYPD

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Deputy Inspector Tara Calabro	(718) 610 - 8512	$102,488.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1 Police Plaza Path	New York	NY	10038

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

PETS

1. TYPE	BREED	NAME
cat	Domestic shorthair	Eloise

SEX	AGE	WEIGHT	COLOR
female	8	10	Gray tabby

Preferred Mailing Address:
350 Warren St Apt 420, Jersey City, NJ 07302 - US

APPLICATION CONSENT

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☒ *Application consent was digitally accepted by Amanda Russell*

Signed by Amanda Russell
Sun Sep 8 2024 07:15:57 PM EDT
Key: FB56D77B; IP Address: 72.88.211.249

Amanda Russell *(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
Amanda Russell	XXXXXXXXXXXX1596	15043337	$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.

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

Rental Report for Amanda Russell

The property's screening criteria result	
DECLINE	This application does not meet one or more of your requirements that is set to "Pass/Fail" based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications.

Score for Amanda Russell: 880			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	👎
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
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	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	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	👍
Alcohol	-	Not Considered	N/A
Drug Manufacture Distribution	-	Not Considered	N/A
Drug Marijuana Use	-	Not Considered	N/A
Drug Meth Manufacture	-	Not Considered	N/A
Drug Use	-	Not Considered	N/A
Wildlife	-	Not Considered	N/A
Is not a registered sex offender		Pass/Fail	👍

NOTIFICATION(S)

SPECIAL CONDITION: income to rent ratio
On-Site.com identified an income to rent ratio that failed on this report; the property's screening criteria is set to automatically Decline.

Credit Quick Summary	
Total annual income (reported by Applicant)	$102,488.00
Total combined annual income to rent ratio	35.24 (based on rent of $7,020.00)
Total number of accounts	8
Accounts with no late payments	8 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$36,158.00 ($0.00 past due)
Outstanding revolving debt	$14,176.00 (11% of limit) ($0.00 past due)
Outstanding loan balance	$21,982.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	3

Identity	From Application	From Equifax
Name:	Amanda Russell	AMANDA C. RUSSELL
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1991	1/**/1991

Addresses	From Application	From Equifax
	350 Warren St Apt 420 Jersey City, NJ 07302 - US	350 WARREN ST. 420 JERSEY CITY, NJ 07302 (Applicant) Reported 9/2024 142 WINDSWEPT LN. CHARLOTTE, VT 05445 (Applicant) Reported 8/2024 1631 WHETSTONE WAY 422 BALTIMORE, MD 21230 (Applicant) Reported 8/2023

Employment	From Application	From Equifax
Applicant:	City research scientist NYPD $102,488.00/Yr. Total annual Income: $102,488.00	

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Amanda Russell	Multistate Search	9/10/2017 - 9/10/2024	9/10/2024	9/10/2024
Results				
No Records Found				

National Sex Offender Registry History		
Requested For	**Date Requested**	**Date Returned**
Amanda Russell	9/10/2024	9/10/2024
Results		
No Records Found		

Restricted Person Search		
Requested For	**Requested**	**Returned**
Amanda Russell	9/10/2024	9/10/2024
Results		
No Records Found		

Rental History Records

From Equifax

There are no rental history records on file with Equifax

From RealPage

Landlord	On-Time Payments	Late Payments	Late Fees	Rent	Current Balance
MCHENRY ROW (Applicant)	15	0	$0.00	$2,153.00	$0.00
	Tenant AMANDA RUSSELL				
	NSF Checks			**Proper Notice** Yes	
	Lease Dates 5/1/2022–4/30/2023		**Deposit Returned** Yes	**Re-rent** NA	**Landlord Phone #** (410) 343-7640

Landlord	On-Time Payments	Late Payments	Late Fees	Rent	Current Balance
MCHENRY ROW (Applicant)	10	0	$0.00	$1,974.00	
	Tenant AMANDA RUSSELL				
	NSF Checks			**Proper Notice**	
	Lease Dates 11/1/2020–		**Deposit Returned** NA	**Re-rent** NA	**Landlord Phone #** (410) 343-7640

Landlord	On-Time Payments	Late Payments	Late Fees	Rent	Current Balance
MCHENRY ROW (Applicant)	10	0	$0.00	$1,974.00	
	Tenant AMANDA RUSSELL				
	NSF Checks			**Proper Notice**	
	Lease Dates 8/1/2021–		**Deposit Returned** NA	**Re-rent** NA	**Landlord Phone #** (410) 343-7640

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	880	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)	738	Total of all balances on bankcard or revolving accounts is too high Lack of sufficient relevant real estate account information Your largest credit limit on open bankcard or revolving accounts is too low Balances on installment accounts are too high compared to their loan amounts
	Description This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).	

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
UPSTART/WSFS BANK (Applicant)	10/2023	8/2024					$21,982.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$645.00	$25,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 9/24 7/24 5/24 3/24 1/24 11/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2024	7/2024					$10,182.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$354.00	$10,182.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 8/24 6/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	5/2012	7/2024					$3,888.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$17,770.00	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 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Joint)	6/2021	7/2024					$106.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$4,156.00	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 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TOYOTA FINANCIAL SER (Joint)	10/2021	3/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$52,055.00	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 4/23 2/23 12/22 10/22 8/22 6/22 4/22 2/22 12/21						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Joint)	1/2011	1/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$16,602.00	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 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
RD/MILL CREEK RESIDE (Joint)	6/2023	6/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$4,050.00	$6,075.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed			

Payment History

7/24		5/24		3/24		1/24		11/23		9/23		7/23
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
EXXNMOBIL/CBNA (Applicant)	9/1984	9/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,516.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Previous Credit Inquiries	
From Equifax	
10/2023	UPSTART/WSFS BANK (Applicant)

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Rental Report for Aris Williams

The property's screening criteria result	
DECLINE	This application does not meet one or more of your requirements that is set to "Pass/Fail" based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications.

Score for Aris Williams: 642			
		Importance	Result
AI Score		Pass/Fail	
No Credit		Pass/Conditional	
Total annual income to rent ratio exceeds 40.0		Pass/Fail	
May have been through a bankruptcy		Pass/Fail	
No unpaid rental collections		Pass/Fail	
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	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	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	👍
Alcohol	-	Not Considered	N/A
Drug Manufacture Distribution	-	Not Considered	N/A
Drug Marijuana Use	-	Not Considered	N/A
Drug Meth Manufacture	-	Not Considered	N/A
Drug Use	-	Not Considered	N/A
Wildlife	-	Not Considered	N/A
Is not a registered sex offender		Pass/Fail	👍

NOTIFICATION(S)

SPECIAL CONDITION: income to rent ratio
On-Site.com identified an income to rent ratio that failed on this report; the property's screening criteria is set to automatically Decline.

Credit Quick Summary	
Total annual income (reported by Applicant)	$144,900.00
Total combined annual income to rent ratio	35.24 (based on rent of $7,020.00)
Total number of accounts	18
Accounts with no late payments	8 (0 unpaid past due)
Accounts paid 30-59 days past due	6 (0 unpaid past due)
Accounts paid 60-89 days past due	2 (0 unpaid past due)
Accounts paid more than 90 days past due	2 (1 unpaid past due)
Total outstanding balance	$42,096.00 ($17,845.00 past due)
Outstanding revolving debt	$24,251.00 (17% of limit) ($0.00 past due)
Outstanding loan balance	$17,845.00 ($17,845.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$17,845.00
Rental History records found	2

Identity	From Application	From Equifax
Name:	Aris Williams	ARIS D. WILLIAMS
SSN:	***-**-****	***-**-****
Birth Date:	4/**/1986	4/**/1986

Addresses	From Application	From Equifax
	350 Warren Street, Apt 420 Jersey City, NJ 07302 - US	350 WARREN ST. 209 JERSEY CITY, NJ 07302 (Applicant) Reported 9/2024 1631 WHETSTONE WAY 422 BALTIMORE, MD 21230 (Applicant) Reported 9/2024 1401 PORTER ST. 310 BALTIMORE, MD 21230 (Applicant) Reported 1/2021 2009 14TH ST N 903 ARLINGTON, VA 22201 (Applicant) Reported 6/2020 11096 SWANSFIELD RD. COLUMBIA, MD 21044 (Applicant) Reported 6/2019 PO BOX 1541 ELKTON, MD 21922 (Applicant) Reported 6/2014 17035 HEART OF PALMS DR. TAMPA, FL 33647 (Applicant) Reported 1/2013 8528 SEA HARBOUR LN. TAMPA, FL 33637 (Applicant) Reported 5/2012

Employment	From Application	From Equifax
Applicant:	Director of Communications and Engagement New York University $12,075.00/Mo. Total annual Income: $144,900.00	TOWSON UNIVERSITY

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Aris Williams	Multistate Search	9/10/2017 - 9/10/2024	9/10/2024	9/10/2024
Results				
No Records Found				

National Sex Offender Registry History		
Requested For	**Date Requested**	**Date Returned**
Aris Williams	9/10/2024	9/10/2024
Results		
No Records Found		

Restricted Person Search		
Requested For	**Requested**	**Returned**
Aris Williams	9/10/2024	9/10/2024
Results		
No Records Found		

Rental History Records

From Equifax

There are no rental history records on file with Equifax

From RealPage

Landlord	On-Time Payments	Late Payments	Late Fees	Rent	Current Balance
PORTER STREET (Applicant)	13	0	$0.00	$2,982.00	$0.00
	Tenant ARIS WILLIAMS				
	NSF Checks			**Proper Notice** Yes	
	Lease Dates		**Deposit Returned**	**Re-rent**	**Landlord Phone #**
	11/22/2019–11/21/2020		Yes	NA	(667) 260-2344

Landlord	On-Time Payments	Late Payments	Late Fees	Rent	Current Balance
PORTER STREET (Applicant)	13	1	$73.91	$2,895.00	
	Tenant ARIS WILLIAMS				
	NSF Checks			**Proper Notice**	
	Lease Dates		**Deposit Returned**	**Re-rent**	**Landlord Phone #**
	10/22/2018–		NA	NA	(667) 260-2344

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	642	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)	531	The date that you opened your oldest account is too recent Too many bankcard or revolving accounts with delinquent or derogatory status Too many installment accounts with a delinquent or derogatory payment status Lack of sufficient relevant first mortgage account information

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
UPSTART NETWORK INC (Applicant)	9/2022	7/2023	2	1	9	$17,845.00	$17,845.00

Monthly Payment	High Credit	Type	Comments
		INSTALLME	CHARGED OFF ACCOUNT FIXED RATE Rate/Status 9: Charge-off

Payment History

9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23	5/ 23	3/ 23	1/ 23	11/ 22
- - - - - - -	4 4 3	2 2	0 0 0 0 0 0 0 0 0 0 0 0								

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2024	7/2024					$10,182.00

Monthly Payment	High Credit	Type	Comments
$354.00	$10,182.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

8/ 24	6/ 24
0 0 0 0	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
APPLE CARD - GS BANK (Applicant)	10/2020	6/2024	3	1	1		$5,306.00

Monthly Payment	High Credit	Type	Comments
$211.00	$6,678.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23	5/ 23	3/ 23	1/ 23	11/ 22	9/ 22
4 3 2 0 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO CARD SER (Applicant)	4/2020	7/2024	1	1	0		$3,894.00

Monthly Payment	High Credit	Type	Comments
$178.00	$8,362.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed

Payment History

8/ 24	6/ 24	4/ 24	2/ 24	12/ 23	10/ 23	8/ 23	6/ 23	4/ 23	2/ 23	12/ 22	10/ 22
3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	4/2021	7/2024	1	0	0		$3,178.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$130.00	$7,207.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	9/2022	7/2024	1	0	0		$1,685.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,917.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	9/2022	8/2024	2	1	0		$6.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$6.00	$2,672.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History

9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22
0 3 2	0	0	0	0	0 2	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TOYOTA FINANCIAL SER (Joint)	10/2021	3/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$52,055.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO BANK, N. (Applicant)	5/2021	1/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$10,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

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

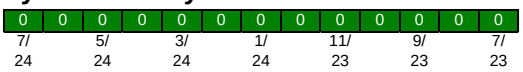
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
UPSTART NETWORK INC (Applicant)	7/2018	4/2020					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$9,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

6/20	4/20	2/20	12/19	10/19	8/19	6/19	4/19	2/19	12/18	10/18	8/18
0	0	0	0	0	0	0	0	0	0	0	0

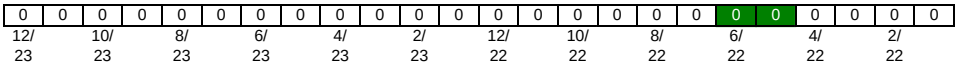
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
RD/MILL CREEK RESIDE (Joint)	6/2023	6/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$4,050.00	$6,075.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed			

Payment History



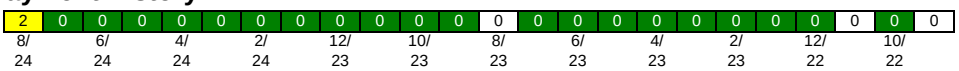
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/AMAZON PLCC (Applicant)	9/2020	3/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,940.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History



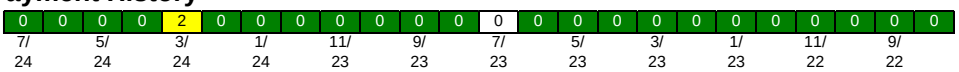
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Joint)	6/2019	6/2024	1	0	0		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,642.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History



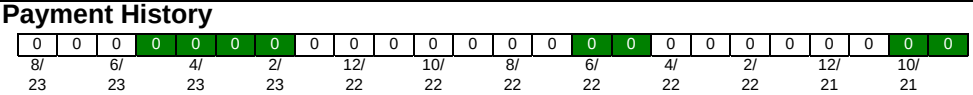
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Joint)	4/2021	6/2024	1	0	0		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,490.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History



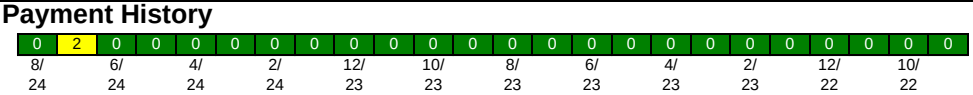
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MACYS/DSNB (Applicant)	7/2021	2/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$700.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	8/2020	6/2024	1	0	0		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$573.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO BANK (Applicant)	6/2023	8/2023	1	0	0		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$520.00	INSTALLMENT	FIXED RATE Rate/Status 2: Not more than two payments past due			
	Payment History 2 0 0 0 10/23 8/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO BANK (Applicant)	4/2023	3/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$262.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History 0 5/23						

Previous Credit Inquiries	
From Equifax	
9/2022	UPSTART NETWORK INC (Applicant)

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 JERSEY NJMVC

New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

Acting Chief Administrator

DL W4365 05864 04862 CLASS D

DOB 04-26-1986

ISS 04-25-2024 EXP 04-26-2028

WILLIAMS
ARIS DEMETRICE
350 WARREN ST APT 420
JERSEY CITY, NJ 07302-2583

END NONE
RESTR NONE

GENDER M HGT 6'-09" EYES BRN

EP EL202411600000115 INI 24.00

21 WFH0SW4CFY
NJJ97M01

MVC

AW04-26-1986

Rev 01-08-2020

ENDORSEMENTS:
None

RESTRICTIONS:
None

Visit us at:
www.njmvc.gov

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
ARIS	WILLIAMS	110 76 4262
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.
350 WARREN ST 420

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
JERSEY CITY NJ 07302

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	133,577.
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	133,577.
2a	Tax-exempt interest	2a		b Taxable interest	2b	300.
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	4,170.
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	0.
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	138,047.
10	Adjustments to income from Schedule 1, line 26				10	0.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	138,047.
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	124,197.

Attach Sch. B if required.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	23,207.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	23,207.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	0.
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	23,207.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	23,207.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 22,282.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	22,282.
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	22,282.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	925.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

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

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

Sign Here

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

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

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

Phone no. 301-312-3365 Email address

Paid Preparer Use Only

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

NEW YORK UNIVERSITY

Jason B. Pina
Senior Vice President for University Life

NYU Student Affairs
Kimmel Center for University Life
60 Washington Square South, Suite 601
New York, NY 10012
P: 212 998 4410
jason.pina@nyu.edu

September 1, 2024

Aris Williams
Director, Communications and Engagement
Career and Leadership Development

Dear Aris,

Your FY25 salary effective September 1, 2024, inclusive of any applicable program elements, as specified in the FY25 Budget memo from EVP Dorph and Provost Dopico to all employees, is $144,900.

Please note that if you have an increase in your salary, some of your benefits options and/or employee contributions may change. Select the links below to access more detailed information about your benefits.

Tuition Benefits: For a base salary over $100,000, the tuition waiver decreases from 100% to 90% for the employee Undergraduate plan (see Sections III-A and III-B) and the employee Graduate plan (see Sections III-A and III-B).

Medical Plans: An increase in base salary may increase your monthly medical plan contributions. (see Base Salary Tiers 1-5).

Optional Long-Term Disability: If you earn over $120,000 per year, you may purchase Optional LTD coverage (see second bullet and the example). You will receive detailed information via email and have 31 days from your salary effective date to enroll without Evidence of Insurability.

457(b) Deferred Compensation Plan: You may now be eligible to contribute to NYU's 457(b) plan, (see the Plan Highlights section).

Thank you for your hard work and efforts and your continued contributions to New York University.

With gratitude and appreciation,

Jason Pina
Senior Vice President for University Life

NEW YORK UNIVERSITY

New York University 105 E 17th Street New York, NY 10003-9580 +1 212-992-5465

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Williams, Aris	New York University	N16271509	06/01/2024	06/30/2024	07/01/2024	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	11,666.67	300.00	3,387.52	13.81	7,965.34
YTD	89,666.69	2,100.00	27,018.17	96.67	60,451.85

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Holiday Pay	06/01/2024 - 06/30/2024	7	76.9231	538.47	5,923.11
PTO Adjustment	06/01/2024 - 06/30/2024	0	0	-0.01	-0.04
Personal Time			0		1,076.93
Reg Hours	06/01/2024 - 06/30/2024	137.67	76.9231	10,589.74	71,974.34
Sick Pay	06/01/2024 - 06/30/2024	7	76.9231	538.47	1,346.18
Sign On Bonus			0		8,000.00
Vacation Pay			0		1,346.17
PTO Adjustment	05/01/2024 - 05/31/2024	0	0	0.01	
PTO Adjustment	05/01/2024 - 05/31/2024	0	0	-0.02	
Reg Hours	05/01/2024 - 05/31/2024	-141.17	76.9231	-10,858.97	
Details Not Displayed				10,858.98	0.00
Earnings				11,666.67	89,666.69

Employee Taxes

Description	Amount	YTD
New York Paid Family Leave	27.29	191.03
OASDI	705.66	5,435.64
Medicare	165.03	1,271.24
Federal Withholding	1,856.21	14,755.91
State Tax - NY	630.73	5,346.15
NY SDI - NYSDI	2.60	18.20
Employee Taxes	3,387.52	27,018.17

Pre Tax Deductions

Description	Amount	YTD
DENTAL PRETAX	17.00	119.00
TIAA EE Retirement	15.00	105.00
POS VALUE PRETA	178.00	1,246.00
PRE TAX TRANSIT	90.00	630.00
Pre Tax Deductions	300.00	2,100.00

Post Tax Deductions

Description	Amount	YTD
LG TRM DISAB DD	5.45	38.15
SUP LTD DED	1.92	13.44
VOL LF VL1 DED	6.44	45.08
Post Tax Deductions	13.81	96.67

Employer Paid Benefits

Description	Amount	YTD
BSC ADD CON	0.24	1.68
BSC LF CON	5.50	38.50
DENTAL CONTRIB	51.00	357.00
LTD CONTRIB	5.45	38.15
TIAA ER Match	15.00	30.00
Details Not Displayed	1,507.38	7,634.96
Employer Paid Benefits	1,584.57	8,100.29

Subject or Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	11,381.67	87,671.69
Medicare - Taxable Wages	11,381.67	87,671.69
Federal Withholding - Taxable Wages	11,366.67	87,566.69

	Federal	State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	1
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Personal Time	0	0	0
Sick	0	7	122.5
Vacation	12.84	0	162.22

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount
Capital One	Capital One ******1927	******1927		7,965.34 USD

NEW YORK UNIVERSITY

New York University 105 E 17th Street New York, NY 10003-9580 +1 212-992-5465

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Williams, Aris	New York University	N16271509	07/01/2024	07/31/2024	08/01/2024	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	11,666.67	868.34	3,223.78	13.81	7,560.74
YTD	101,333.36	2,968.34	30,241.95	110.48	68,012.59

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Holiday Pay	07/01/2024 - 07/31/2024	14	76.9231	1,076.93	7,000.04
Personal Time			0		1,076.93
Reg Hours	07/01/2024 - 07/31/2024	95.67	76.9231	7,358.97	79,333.31
Sign On Bonus			0		8,000.00
Vacation Pay	07/01/2024 - 07/31/2024	42	76.9231	3,230.77	4,576.94
PTO Adjustment			0		-0.04
Sick Pay			0		1,346.18
Earnings				11,666.67	101,333.36

Employee Taxes

Description	Amount	YTD
New York Paid Family Leave	27.29	218.32
OASDI	705.67	6,141.31
Medicare	165.03	1,436.27
Federal Withholding	1,719.81	16,475.72
State Tax - NJ	16.07	16.07
State Tax - NY	587.31	5,933.46
NY SDI - NYSDI	2.60	20.80
Employee Taxes	3,223.78	30,241.95

Pre Tax Deductions

Description	Amount	YTD
DENTAL PRETAX	17.00	136.00
TIAA EE Retirement	583.34	688.34
POS VALUE PRETA	178.00	1,424.00
PRE TAX TRANSIT	90.00	720.00
Pre Tax Deductions	868.34	2,968.34

Post Tax Deductions

Description	Amount	YTD
LG TRM DISAB DD	5.45	43.60
SUP LTD DED	1.92	15.36
VOL LF VL1 DED	6.44	51.52
Post Tax Deductions	13.81	110.48

Employer Paid Benefits

Description	Amount	YTD
BSC ADD CON	0.24	1.92
BSC LF CON	5.50	44.00
DENTAL CONTRIB	51.00	408.00
LTD CONTRIB	5.45	43.60
TIAA ER Match	583.33	613.33
Details Not Displayed	1,507.38	9,142.34
Employer Paid Benefits	2,152.90	10,253.19

Subject or Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	11,381.67	99,053.36
Medicare - Taxable Wages	11,381.67	99,053.36
Federal Withholding - Taxable Wages	10,798.33	98,365.02

	Federal	State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	1
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Personal Time	0	0	0
Sick	0	0	122.5
Vacation	12.84	42	133.06

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Capital One	Capital One ******1927	******1927		2,000.00	USD
Capital One	Joint	******9457		5,560.74	USD

NEW YORK UNIVERSITY

New York University 105 E 17th Street New York, NY 10003-9580 +1 212-992-5465

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Williams, Aris	New York University	N16271509	08/01/2024	08/31/2024	08/30/2024	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	11,666.67	868.34	3,223.78	13.81	7,560.74
YTD	113,000.03	3,836.68	33,465.73	124.29	75,573.33

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Holiday Pay			0		7,000.04
Personal Time			0		1,076.93
Reg Hours	08/01/2024 - 08/31/2024	109.67	76.9231	8,435.90	87,769.21
Sign On Bonus			0		8,000.00
Vacation Pay	08/01/2024 - 08/31/2024	42	76.9231	3,230.77	7,807.71
PTO Adjustment			0		-0.04
Sick Pay			0		1,346.18
Earnings				11,666.67	113,000.03

Employee Taxes

Description	Amount	YTD
New York Paid Family Leave	27.29	245.61
OASDI	705.66	6,846.97
Medicare	165.04	1,601.31
Federal Withholding	1,719.81	18,195.53
State Tax - NJ	16.07	32.14
State Tax - NY	587.31	6,520.77
NY SDI - NYSDI	2.60	23.40
Employee Taxes	3,223.78	33,465.73

Pre Tax Deductions

Description	Amount	YTD
DENTAL PRETAX	17.00	153.00
TIAA EE Retirement	583.34	1,271.68
POS VALUE PRETA	178.00	1,602.00
PRE TAX TRANSIT	90.00	810.00
Pre Tax Deductions	868.34	3,836.68

Post Tax Deductions

Description	Amount	YTD
LG TRM DISAB DD	5.45	49.05
SUP LTD DED	1.92	17.28
VOL LF VL1 DED	6.44	57.96
Post Tax Deductions	13.81	124.29

Employer Paid Benefits

Description	Amount	YTD
BSC ADD CON	0.24	2.16
BSC LF CON	5.50	49.50
DENTAL CONTRIB	51.00	459.00
LTD CONTRIB	5.45	49.05
TIAA ER Match	583.33	1,196.66
Details Not Displayed	1,507.38	10,649.72
Employer Paid Benefits	2,152.90	12,406.09

Subject or Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	11,381.67	110,435.03
Medicare - Taxable Wages	11,381.67	110,435.03
Federal Withholding - Taxable Wages	10,798.33	109,163.35

	Federal	State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	1
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Personal Time	0	0	0
Sick	0	0	122.5
Vacation	12.84	42	103.9

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Capital One	Joint	******9457		5,560.74	USD
Capital One	Capital One ******1927	******1927		2,000.00	USD

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

a Employee's soc. sec. no. 110-76-4262	1 Wages, tips, other comp. 74027.55	2 Federal income tax withheld 12027.77
	3 Social security wages 74379.22	4 Social security tax withheld 4611.51
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips 74379.22	6 Medicare tax withheld 1078.50

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 E 351.67
13 Statutory employee	14 Other NYPFL 229.74	12b Code DD 7080.00
Retirement plan X		12c Code
Third-party sick pay		12d Code

NJ	135-562-308/000	74379.22	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

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

a Employee's soc. sec. no. 110-76-4262	1 Wages, tips, other comp. 74027.55	2 Federal income tax withheld 12027.77
	3 Social security wages 74379.22	4 Social security tax withheld 4611.51
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips 74379.22	6 Medicare tax withheld 1078.50

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code E 351.67
13 Statutory employee	14 Other NYPFL 229.74	12b Code DD 7080.00
Retirement plan X		12c Code
Third-party sick pay		12d Code

NJ	135-562-308/000	74379.22	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

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

a Employee's soc. sec. no. 110-76-4262	1 Wages, tips, other comp. 74027.55	2 Federal income tax withheld 12027.77
	3 Social security wages 74379.22	4 Social security tax withheld 4611.51
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips 74379.22	6 Medicare tax withheld 1078.50

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 E 351.67
13 Statutory employee	14 Other NYPFL 229.74	12b Code DD 7080.00
Retirement plan X		12c Code
Third-party sick pay		12d Code

NJ	135-562-308/000	74379.22	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

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

a Employee's soc. sec. no. 110-76-4262	1 Wages, tips, other comp. 74027.55	2 Federal income tax withheld 12027.77
	3 Social security wages 74379.22	4 Social security tax withheld 4611.51
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips 74379.22	6 Medicare tax withheld 1078.50

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

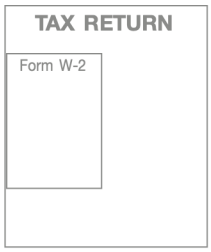
e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code E 351.67
13 Statutory employee	14 Other NYPFL 229.74	12b Code DD 7080.00
Retirement plan X		12c Code
Third-party sick pay		12d Code

NJ	135-562-308/000	74379.22	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

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



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

Notice to Employee

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

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

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

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

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

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

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

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

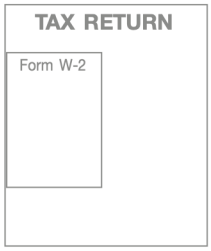
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated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

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

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

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

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
110-76-4262	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other NY SDI 18.20	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NY	13-5562308	74027.55	4036.27

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
110-76-4262	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other NY SDI 18.20	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NY	13-5562308	74027.55	4036.27

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
110-76-4262	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other NY SDI 18.20	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NY	13-5562308	74027.55	4036.27

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

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

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

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
110-76-4262	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN) 13-5562308	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code
New York University
105 E 17th Street
New York, NY 10003-9580

d Control number
New York U

e Employee's name, address, and ZIP code
Aris Williams
350 Warren Street
APT 420
Jersey City, NJ 07302

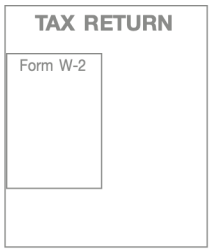
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other NY SDI 18.20	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
NY	13-5562308	74027.55	4036.27

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

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

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



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

Notice to Employee

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

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

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

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

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

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

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

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

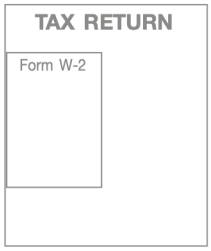
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated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

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

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

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

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



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

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW JERSEY

NJMVC
New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

Acting Chief Administrator

DL R9455 03663 51912 CLASS D

DOB 01-02-1991

ISS 08-28-2023 EXP 01-02-2027

RUSSELL
AMANDA CROMWELL
350 WARREN ST APT 420
JERSEY CITY, NJ 07302-2583

END NONE
RESTR 1

GENDER F HGT 5'-11" EYES BRN

ORGAN DONOR

BJ BA202324000000139 U-U- 24.00

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
AMANDA C	RUSSELL	022-74-1296
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. 350 Warren St — Apt. no. 420

City, town, or post office. If you have a foreign address, also complete spaces below. Jersey City — State NJ — ZIP code 07302

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	93,994
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	93,994
2a	Tax-exempt interest	2a	b Taxable interest	2b	4
3a	Qualified dividends	3a 1,840	b Ordinary dividends	3b	1,840
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	95,838
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	95,838
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	81,988

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	13,211
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,211
	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	13,211
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	13,211
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 12,881		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	12,881
	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	12,881
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	330
	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.)
		Research Scienti	
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. 8024884579 Email address arussel2@binghamton.edu

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

HUMAN RESOURCES DIVISION
Conditional Job Offer
PB Revised 2/3/2023

Last Name: Russell **First Name:** Amanda **MI:**

Bureau Professional Standards **Command:** Risk Analytics Unit

Conditional Job Title/Level: City Research Scientist L3

Designation (if applicable):

Proposed Base Salary: $102,488 ☒ Annual ☐ Daily ☐ Hourly **Managerial Title*:** ☐ Yes ☒ No

*Managerial titles are not eligible for overtime, compensatory time and additions to gross (e g. longevity differentials, RIP, Service Increment)

HUMAN RESOURCES DIVISION STAFF

Title: Deputy Director **Last Name:** Xie **Tax:** 373406

CH.O
Signature

07/17/2024
Date

AGENCY PERSONNEL OFFICER ENDORSEMENT

Assistant Commissioner/Yonette Graham-Decaul
Title/Name

Signature

CHIEF OF PERSONNEL ENDORSEMENT

☒ **Approved**
☐ **Disapproved**

DC
Rank/Name/Signature

Please note, this is a conditional job offer. Your date of hire is conditional upon receiving all mandatory agency and oversight approvals, including clearance of a comprehensive background investigation. Specific agency titles may require medical and psychological evaluations and clearance prior to hire.

Candidate Signature

7/25/24
Date

Citywide Administrative Services

Employment History

Membership Number:

Social Security Number: xxx-xx-1296

The following is a full record of the salaries and dates of employment of AMANDA C RUSSELL, while employed in the BRONX DISTRICT ATTORNEY POLICE DEPARTMENT

From	To	Title	Lvl	Pyrl	Years	Months	Days
09/05/2023	08/24/2024	CITY RESEARCH SCIENTIST	02	902	0	11	20
08/25/2024	09/09/2024	CITY RESEARCH SCIENTIST	03	056	0	0	16

056 Salary as of 08/25/2024 = $102,488.00 /year
902 Salary as of 09/05/2023 = $99,503.00 /year
05/26/2024 = $102,488.00 /year

	Total Compensation	LWOP Days
2023	$28,165.30	0.0
2024	$73,015.16	0.5

Signature of Official

Title and Telephone Number

Agency

Date

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
US SENTENCING COMMISSION
ONE COLUMBUS CIRCLE, NE
SUITE 2-500
WASHINGTON DC 20002

d Employee's name, address, and ZIP code — Suff.
AMANDA C RUSSELL
350 WARREN ST.
APT 420
JERSEY CITY NJ 07302

7 Social security tips	1 Wages, tips, other comp. 65828.54	2 Federal income tax withheld 8992.78
8 Allocated tips	3 Social security wages 67450.58	4 Social security tax withheld 4181.94
9	5 Medicare wages and tips 67450.58	6 Medicare tax withheld 978.03
10 Dependent care benefits	11 Nonqualified plans	12a D 1622.04
13 Statutory employee: — Retirement plan: X — Third-party sick pay:	14 Other EERetireDed 2895.12 PTaxHB/DE/Vi 1857.82	12b DD 6555.76
b Employer identification number (EIN) 52-2214907		12c
a Employee's social security no. 022-74-1296		12d

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
MD 109774674	65828.54	5122.66			

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return — LA7 — OMB No. 1545-0008 — 5206 — Dept. of the Treasury - IRS

Print Page

Pay Stub

Empl Num	1935694
Name	AMANDA C RUSSELL
Payroll #	902 (BX DA)

Pay Date: 08/30/2024

Pay Period: From 08/11/2024 to 08/24/2024

Net Pay Current	**2,732.98**
Net Pay YTD	**50,546.20**

Pay	Prior Per Hours	Prior Per Amount	Current Per Hours	Current Per Amount
RECURRING REGULAR GROSS			70:00	3,720.46
REGULAR PAY ADJUSTMENT FOR LEAVEWITHOUT PAY			-3:45	
Gross Pay Current				**3,720.46**
Gross Pay YTD				**69,084.11**

Tax Deductions	Year to Date Amount	Amount
FICA TAX-EMPLOYEE SHARE	4,283.21	230.66
MEDICARE-EMPLOYEE SHARE	1,001.72	53.95
FEDERAL WITHHOLDING TAX	9,549.94	504.69
STATE WITHHOLDING TAX	3,445.32	184.30

Deductions	Goal Amount or Total Installments	Balance Due or Installments Left	Amount
MED TEAM DC 37 BASIC			
MED TEAM DC 37 BASIC			
PAID FAMILY LEAVE GOAL ORIENT	333.25	75.53	13.88

Total Deductions Current	**987.48**
Total Deductions YTD	**18,537.91**

Leave Balance As Of: 08/17/2024

Leave Balance	Available Hours
SICK LEAVE	22:10
ANNUAL LEAVE	31:15

Message
LIVE EZ W DIRECT DEPOSIT AT NYC.GOV/ESS

Print Page

Pay Stub

Empl Num	1935694
Name	AMANDA C RUSSELL
Payroll #	902 (BX DA)

Pay Date: 08/16/2024

Pay Period: From 07/28/2024 to 08/10/2024

Net Pay Current	**2,867.70**
Net Pay YTD	**47,813.22**

Pay	Prior Per Hours	Prior Per Amount	Current Per Hours	Current Per Amount
RECURRING REGULAR GROSS			70:00	3,931.05
Gross Pay Current				**3,931.05**
Gross Pay YTD				**65,363.65**

Tax Deductions	Year to Date Amount	Amount
FICA TAX-EMPLOYEE SHARE	4,052.55	243.73
MEDICARE-EMPLOYEE SHARE	947.77	57.00
FEDERAL WITHHOLDING TAX	9,045.25	551.02
STATE WITHHOLDING TAX	3,261.02	196.94

Deductions	Goal Amount or Total Installments	Balance Due or Installments Left	Amount
MED TEAM DC 37 BASIC			
MED TEAM DC 37 BASIC			
PAID FAMILY LEAVE GOAL ORIENT	333.25	89.41	14.66

Total Deductions Current	**1,063.35**
Total Deductions YTD	**17,550.43**

Leave Balance As Of: 08/03/2024

Leave Balance	Available Hours
SICK LEAVE	16:20
ANNUAL LEAVE	22:30

Print Page

Pay Stub

Empl Num	1935694
Name	AMANDA C RUSSELL
Payroll #	902 (BX DA)

Pay Date: 08/02/2024

Pay Period: From 07/14/2024 to 07/27/2024

Net Pay Current	**2,867.71**
Net Pay YTD	**44,945.52**

Pay	Prior Per Hours	Prior Per Amount	Current Per Hours	Current Per Amount
RECURRING REGULAR GROSS			70:00	3,931.05
Gross Pay Current				**3,931.05**
Gross Pay YTD				**61,432.60**

Tax Deductions	Year to Date Amount	Amount
FICA TAX-EMPLOYEE SHARE	3,808.82	243.72
MEDICARE-EMPLOYEE SHARE	890.77	57.00
FEDERAL WITHHOLDING TAX	8,494.23	551.02
STATE WITHHOLDING TAX	3,064.08	196.94

Deductions	Goal Amount or Total Installments	Balance Due or Installments Left	Amount
MED TEAM DC 37 BASIC			
MED TEAM DC 37 BASIC			
PAID FAMILY LEAVE GOAL ORIENT	333.25	104.07	14.66

Total Deductions Current	**1,063.34**
Total Deductions YTD	**16,487.08**

Leave Balance As Of: 07/20/2024

Leave Balance	Available Hours
SICK LEAVE	16:20
ANNUAL LEAVE	25:30

Form W-2 Wage and Tax Statement	2023 Tax Year	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile

a Employee's social security number **022-74-1296**	1 Wages & other compensation **28,165.30**	12a See instructions for box 12 **DD 3,015.81**	14 Other
b Employer identification number (EIN) **13-6400434**	2 Federal income tax withheld **3,888.06**	12b	
c Employer's name, address, and ZIP code **CITY OF NEW YORK** **450 WEST 33RD STREET, 4TH FL.** **NEW YORK, NY 10001-2633**	3 Social Security Wages **28,165.30**	12c	
	4 Social Security tax withheld **1,746.25**	12d	
	5 Medicare wages **28,165.30**	12e	
d Control Number	6 Medicare tax withheld **408.40**	12f	
e Employee's first name and initial / Last name / Suff. **AMANDA C** / **RUSSELL** **350 WARREN ST APT 420** **JERSEY CITY NJ 07302** f Employee's address and ZIP code	9	12g	
	10 Dependent Care Benefit	12h	
	13 Retirement plan **X**	12i	
		12j	

15 Name of State	16 State Wages, etc.	17 State Income Tax	20 Locality name	18 Local Wages, etc.	19 Local Income Tax
NEW YORK	**28,165.30**	**1,387.83**			
15a Name of State	16a State Wages, etc.	17a State Income Tax	20a Locality name	18a Local Wages, etc.	19a Local Income Tax

Copy 2- To be Filed with Employee's State, City or Local Income Tax Return

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement	2023 Tax Year	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile

a Employee's social security number **022-74-1296**	1 Wages & other compensation **28,165.30**	12a See instructions for box 12 **DD 3,015.81**	14 Other
b Employer identification number (EIN) **13-6400434**	2 Federal income tax withheld **3,888.06**	12b	
c Employer's name, address, and ZIP code **CITY OF NEW YORK** **450 WEST 33RD STREET, 4TH FL.** **NEW YORK, NY 10001-2633**	3 Social Security Wages **28,165.30**	12c	
	4 Social Security tax withheld **1,746.25**	12d	
	5 Medicare wages **28,165.30**	12e	
d Control Number	6 Medicare tax withheld **408.40**	12f	
e Employee's first name and initial / Last name / Suff. **AMANDA C** / **RUSSELL** **350 WARREN ST APT 420** **JERSEY CITY NJ 07302** f Employee's address and ZIP code	9	12g	
	10 Dependent Care Benefit	12h	
	13 Retirement plan **X**	12i	
		12j	

15 Name of State	16 State Wages, etc.	17 State Income Tax	20 Locality name	18 Local Wages, etc.	19 Local Income Tax
NEW YORK	**28,165.30**	**1,387.83**			
15a Name of State	16a State Wages, etc.	17a State Income Tax	20a Locality name	18a Local Wages, etc.	19a Local Income Tax

Copy B- To be Filed with Employee's Federal Tax Return

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement	2023 Tax Year	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile

a Employee's social security number **022-74-1296**	1 Wages & other compensation **28,165.30**	12a See instructions for box 12 **DD** **3,015.81**	14 Other
b Employer identification number (EIN) **13-6400434**	2 Federal income tax withheld **3,888.06**	12b	
c Employer's name, address, and ZIP code **CITY OF NEW YORK** **450 WEST 33RD STREET, 4TH FL.** **NEW YORK, NY 10001-2633**	3 Social Security Wages **28,165.30**	12c	
	4 Social Security tax withheld **1,746.25**	12d	
	5 Medicare wages **28,165.30**	12e	
d Control Number	6 Medicare tax withheld **408.40**	12f	
e Employee's first name and initial: **AMANDA C** / Last name: **RUSSELL** / Suff. **350 WARREN ST APT 420** **JERSEY CITY NJ 07302** f Employee's address and ZIP code	9	12g	
	10 Dependent Care Benefit	12h	
	13 Retirement plan [X]	12i	
		12j	

15 Name of State	16 State Wages, etc.	17 State Income Tax	20 Locality name	18 Local Wages, etc.	19 Local Income Tax
NEW YORK	**28,165.30**	**1,387.83**			
15a Name of State	16a State Wages, etc.	17a State Income Tax	20a Locality name	18a Local Wages, etc.	19a Local Income Tax

Copy C- Employee's Copy Department of the Treasury - Internal Revenue Service

Employees, Please Note —

* The taxable value of wages received and the taxable value of any other taxable fringe benefit received for tax year 2023. *
* The taxable value of providing City health plan and/or union welfare fund coverage for your domestic partner has been reported to the IRS and must be included for Federal, State and Local taxes. The amount of Imputed Income is included in Box 1 and is shown in Box 14 labeled as "IMP".
* The taxable value of the legal service fringe benefit provided by your union. This amount is taxable income to everyone who has the benefit available whether they use the benefit or not.
* The taxable value of short-term disability payments paid by your union.
* The taxable value of Health Club Reimbursements paid to you and/or your spouse/domestic partner by the Management Benefits Fund.
* The employer and employee/retiree cost of employer sponsored group health plans is shown in Box 12 labeled as "DD". The amount is for informational purposes only and as per the W-2 instructions is not taxable.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.
Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.
Cost of employer-sponsored health coverage (if such cost is provided by the employer).
The reporting in box 12, using code DD, of the cost of employer-sponsored
health coverage is for your information only. The amount reported with code DD is not taxable.
Credit for excess taxes. If you had more than one employer in 2023 and more than$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

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. T**he 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.

B**ox 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.

Capital One

Amanda Russell
350 Warren St
Apt 420
Jersey City NJ 07302

Thanks for saving with Capital One 360®

Here's your **August 2024** bank statement.

STATEMENT PERIOD
Aug 1 - Aug 31, 2024

$10,095.67

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Aug 1	Aug 31
ACR Checking	$2,688.10	**$1,921.71**
Joint Checking	$3,311.13	**$5,571.98**
Rent Account	$4,300.58	**$2,600.85**
True Savings	$1.13	**$1.13**
All Accounts	$10,300.94	**$10,095.67**

Cashflow Summary

+ $0.59 INTEREST EARNED THIS PERIOD
− $0.00 OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
− $0.00 FINANCE CHARGES THIS PERIOD

ACR Checking - [redacted]

360 CHECKING

0.10%	$1.63	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Aug 1	**Opening Balance**			**$2,688.10**
Aug 1	Withdrawal from PUBLIC SERVICE PSEG	Debit	**- $42.48**	$2,645.62
Aug 2	Withdrawal from PUBLIC SERVICE PSEG	Debit	**- $121.58**	$2,524.04
Aug 2	Debit Card Purchase - GEICO AUTO 800 841 3000 DC	Debit	**- $149.43**	$2,374.61
Aug 3	Rent - Deposit from Rent Account XXXXXXX3830	Credit	**+ $4,300.00**	$6,674.61
Aug 3	For Chase - Deposit from Joint Checking XXXXXXX9457	Credit	**+ $1,800.00**	$8,474.61
Aug 4	Debit Card Purchase - ETT MODERALOFTSOPRENT BOCA RATON FL	Debit	**- $4,287.82**	$4,186.79
Aug 5	Withdrawal from UPSTART NETWORK WSFS BANK	Debit	**- $645.38**	$3,541.41
Aug 12	Withdrawal from VENMO PAYMENT	Debit	**- $15.98**	$3,525.43
Aug 12	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $2,500.00**	$1,025.43
Aug 13	Deposit from POSHMARK INC Poshmark	Credit	**+ $140.00**	$1,165.43
Aug 14	Deposit from CITY OF NEW YORK PAYROLL	Credit	**+ $2,867.70**	$4,033.13
Aug 16	Withdrawal from VENMO PAYMENT	Debit	**- $12.00**	$4,021.13
Aug 17	Withdrawal to Rent Account XXXXXXX3830	Debit	**- $1,300.00**	$2,721.13
Aug 18	Zelle money sent to THE BEST NAIL BAR DOWNTOWN LLC	Debit	**- $50.00**	$2,671.13
Aug 19	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $2,000.00**	$671.13
Aug 21	Withdrawal from VENMO PAYMENT	Debit	**- $24.00**	$647.13
Aug 21	Deposit from Joint Checking XXXXXXX9457	Credit	**+ $1,400.00**	$2,047.13
Aug 22	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $1,400.00**	$647.13
Aug 22	Debit Card Purchase - NYTIMES 800 698 4637 NY	Debit	**- $29.68**	$617.45
Aug 26	Withdrawal from VENMO PAYMENT	Debit	**- $15.00**	$602.45
Aug 28	Zelle money sent to SHARI ANGEL-PAPAZOGLOU	Debit	**- $13.00**	$589.45
Aug 28	Deposit from CITY OF NEW YORK PAYROLL	Credit	**+ $2,732.98**	$3,322.43
Aug 28	Withdrawal to Rent Account XXXXXXX3830	Debit	**- $1,300.00**	$2,022.43

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Aug 28	Debit Card Purchase - VERIZON RECURRING PAY 800 VERIZON FL	Debit	- $64.99	$1,957.44
Aug 30	Withdrawal from PUBLIC SERVICE PSEG	Debit	- $35.94	$1,921.50
Aug 31	Monthly Interest Paid	Credit	+ $0.21	$1,921.71
Aug 31	**Closing Balance**			**$1,921.71**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

Joint Checking - [redacted]

360 CHECKING | JOINT WITH ARIS WILLIAMS

0.10%	$0.15	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Aug 1	**Opening Balance**			**$3,311.13**
Aug 3	For Chase - Withdrawal to ACR Checking XXXXXXX1671	Debit	- $1,800.00	$1,511.13
Aug 10	Withdrawal to 360 Checking XXXXXXX1927	Debit	- $1,500.00	$11.13
Aug 11	Deposit from 360 Checking XXXXXXX1927	Credit	+ $1,500.00	$1,511.13
Aug 12	Withdrawal from CHASE CREDIT CRD EPAY	Debit	- $300.00	$1,211.13
Aug 12	Withdrawal from BK OF AMER VISA ONLINE PMT	Debit	- $300.00	$911.13
Aug 12	Withdrawal from AMEX EPAYMENT ACH PMT	Debit	- $300.00	$611.13
Aug 12	Withdrawal from APPLECARD GSBANK PAYMENT	Debit	- $300.00	$311.13
Aug 13	Withdrawal from WELLS FARGO CARD CCPYMT	Debit	- $300.00	$11.13
Aug 21	Deposit from 360 Checking XXXXXXX1927	Credit	+ $1,400.00	$1,411.13

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Aug 21	Withdrawal to ACR Checking XXXXXXX1671	Debit	**- $1,400.00**	$11.13
Aug 28	Deposit from NEW YORK UNIVERS DIRECT DEP	Credit	**+ $5,560.74**	$5,571.87
Aug 31	Monthly Interest Paid	Credit	**+ $0.11**	$5,571.98
Aug 31	**Closing Balance**			**$5,571.98**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

Rent Account - [redacted]

360 SAVINGS

0.30%
ANNUAL PERCENTAGE YIELD (APY) EARNED

$1.88
YTD INTEREST AND BONUSES

31
DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Aug 1	**Opening Balance**			**$4,300.58**
Aug 3	Rent - Withdrawal to ACR Checking XXXXXXX1671	Debit	**- $4,300.00**	$0.58
Aug 17	Deposit from ACR Checking XXXXXXX1671	Credit	**+ $1,300.00**	$1,300.58
Aug 28	Deposit from ACR Checking XXXXXXX1671	Credit	**+ $1,300.00**	$2,600.58
Aug 31	Monthly Interest Paid	Credit	**+ $0.27**	$2,600.85
Aug 31	**Closing Balance**			**$2,600.85**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Fees	**$0.00**	**$0.00**

True Savings - [redacted]

360 PERFORMANCE SAVINGS

0.00%	$3.13	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Aug 1	**Opening Balance**			**$1.13**
Aug 31	**Closing Balance**			**$1.13**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Fees	**$0.00**	**$0.00**

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

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

Capital One

Amanda Russell
350 Warren St
Apt 420
Jersey City NJ 07302

Thanks for saving with Capital One 360®

Here's your **July 2024** bank statement.

STATEMENT PERIOD
Jul 1 - Jul 31, 2024

$10,300.94

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Jul 1	Jul 31
ACR Checking	$3,440.51	**$2,688.10**
Joint Checking	$0.00	**$3,311.13**
Rent Account	$800.36	**$4,300.58**
True Savings	$1.13	**$1.13**
All Accounts	$4,242.00	**$10,300.94**

Cashflow Summary

+ $0.54 INTEREST EARNED THIS PERIOD
− $0.00 OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
− $0.00 FINANCE CHARGES THIS PERIOD

ACR Checking - [redacted]

360 CHECKING

0.10%	$1.42	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 1	**Opening Balance**			**$3,440.51**
Jul 1	Withdrawal from VENMO PAYMENT	Debit	**- $10.00**	$3,430.51
Jul 2	Withdrawal from PUBLIC SERVICE PSEG	Debit	**- $157.52**	$3,272.99
Jul 2	Debit Card Purchase - GEICO AUTO 800 841 3000 DC	Debit	**- $149.40**	$3,123.59
Jul 3	Withdrawal from UPSTART NETWORK WSFS BANK	Debit	**- $645.38**	$2,478.21
Jul 3	Deposit from CITY OF NEW YORK PAYROLL	Credit	**+ $2,969.45**	$5,447.66
Jul 5	Debit Card Purchase - ETT MODERALOFTSOPRENT BOCA RATON FL	Debit	**- $4,273.02**	$1,174.64
Jul 8	Deposit from Rent Account XXXXXXX3830	Credit	**+ $800.00**	$1,974.64
Jul 8	Zelle money sent to Aris Williams	Debit	**- $1,500.00**	$474.64
Jul 8	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	**- $25.00**	$449.64
Jul 9	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $239.00**	$210.64
Jul 9	Deposit from STIFEL NICOLAUS CREDIT	Credit	**+ $15,000.00**	$15,210.64
Jul 9	Debit Card Purchase - DRIVEEZMD REBILL 5555555555 MD	Debit	**- $40.00**	$15,170.64
Jul 10	Withdrawal to Joint Checking XXXXXXX9457	Debit	**- $10,000.00**	$5,170.64
Jul 15	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $4,000.00**	$1,170.64
Jul 15	Withdrawal from VENMO PAYMENT	Debit	**- $15.00**	$1,155.64
Jul 15	Withdrawal from VENMO PAYMENT	Debit	**- $25.00**	$1,130.64
Jul 17	Deposit from CITY OF NEW YORK PAYROLL	Credit	**+ $2,867.21**	$3,997.85
Jul 17	360 Checking Card Adjustment Signature (Credit) PAYPAL CRISISPUBLI 4029357733 CA	Credit	**+ $18.00**	$4,015.85
Jul 19	Withdrawal to Rent Account XXXXXXX3830	Debit	**- $1,300.00**	$2,715.85
Jul 25	Debit Card Purchase - USPS PO 33387004 69 MO JERSEY CITY, NJ U	Debit	**- $77.35**	$2,638.50
Jul 25	Debit Card Purchase - NYTIMES NYTIMES 800 698 4637 NY	Debit	**- $29.68**	$2,608.82
Jul 29	Withdrawal from VENMO PAYMENT	Debit	**- $15.00**	$2,593.82

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 29	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $1,000.00**	$1,593.82
Jul 29	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	**- $958.72**	$635.10
Jul 29	Debit Card Purchase - VERIZON RECURRING PAY 800 VERIZON FL	Debit	**- $64.99**	$570.11
Jul 30	Upstart - Deposit from Joint Checking XXXXXXX9457	Credit	**+ $650.00**	$1,220.11
Jul 31	Deposit from CITY OF NEW YORK PAYROLL	Credit	**+ $2,867.71**	$4,087.82
Jul 31	Withdrawal to Rent Account XXXXXXX3830	Debit	**- $1,400.00**	$2,687.82
Jul 31	Monthly Interest Paid	Credit	**+ $0.28**	$2,688.10
Jul 31	**Closing Balance**			**$2,688.10**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

Joint Checking - [redacted]

360 CHECKING | JOINT WITH ARIS WILLIAMS

0.10%	$0.04	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 8	**Opening Balance**			**$0.00**
Jul 10	Deposit from ACR Checking XXXXXXX1671	Credit	**+ $10,000.00**	$10,000.00
Jul 10	Withdrawal to 360 Checking XXXXXXX1927	Debit	**- $1,375.00**	$8,625.00
Jul 10	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	**- $981.13**	$7,643.87
Jul 10	Withdrawal from CAPITAL ONE MOBILE PMT	Debit	**- $1,530.57**	$6,113.30
Jul 11	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $613.05**	$5,500.25

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 11	Withdrawal from CHASE CREDIT CRD EPAY	Debit	- $1,375.00	$4,125.25
Jul 11	Deposit from WELLS FARGO IFI ACCTVERIFY	Credit	+ $0.33	$4,125.58
Jul 11	Deposit from WELLS FARGO IFI ACCTVERIFY	Credit	+ $0.47	$4,126.05
Jul 11	Withdrawal from WELLS FARGO IFI ACCTVERIFY	Debit	- $0.80	$4,125.25
Jul 11	Withdrawal from APPLECARD GSBANK PAYMENT	Debit	- $1,375.00	$2,750.25
Jul 11	Withdrawal from AMEX EPAYMENT ACH PMT	Debit	- $1,375.00	$1,375.25
Jul 12	Withdrawal from BK OF AMER VISA ONLINE PMT	Debit	- $1,375.00	$0.25
Jul 16	Withdrawal for $300 was Rejected			$0.25
Jul 28	Deposit from 360 Checking XXXXXXX1927	Credit	+ $13.00	$13.25
Jul 29	Withdrawal from CHASE CREDIT CRD EPAY	Debit	- $12.90	$0.35
Jul 30	Deposit from NEW YORK UNIVERS DIRECT DEP	Credit	+ $5,560.74	$5,561.09
Jul 30	Withdrawal to Rent Account XXXXXXX3830	Debit	- $1,600.00	$3,961.09
Jul 30	Upstart - Withdrawal to ACR Checking XXXXXXX1671	Debit	- $650.00	$3,311.09
Jul 31	Monthly Interest Paid	Credit	+ $0.04	$3,311.13
Jul 31	**Closing Balance**			**$3,311.13**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

Rent Account - [redacted]

360 SAVINGS

0.30%	$1.61	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 1	**Opening Balance**			**$800.36**
Jul 8	Withdrawal to ACR Checking XXXXXXX1671	Debit	**- $800.00**	$0.36
Jul 19	Deposit from ACR Checking XXXXXXX1671	Credit	**+ $1,300.00**	$1,300.36
Jul 30	Deposit from Joint Checking XXXXXXX9457	Credit	**+ $1,600.00**	$2,900.36
Jul 31	Deposit from ACR Checking XXXXXXX1671	Credit	**+ $1,400.00**	$4,300.36
Jul 31	Monthly Interest Paid	Credit	**+ $0.22**	$4,300.58
Jul 31	**Closing Balance**			**$4,300.58**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Fees	**$0.00**	**$0.00**

True Savings - [redacted]

360 PERFORMANCE SAVINGS

0.00%
ANNUAL PERCENTAGE YIELD (APY) EARNED

$3.13
YTD INTEREST AND BONUSES

31
DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Jul 1	**Opening Balance**			**$1.13**
Jul 31	**Closing Balance**			**$1.13**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Fees	**$0.00**	**$0.00**

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(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

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