Rental Application for **The Copper**

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

APPLICANT INFORMATION			
LAST NAME	**FIRST NAME**	**M.I.**	**SUFFIX**
Zichelli	Mark	L.	

SSN	**BIRTH DATE**	**PHONE - TYPE**
-**-*	8/14/1997	(973) 396 - 7671 - Mobile

EMAIL
markzichellijr@gmail.com

CURRENT ADDRESS			
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
301 E 47th St	New York	NY	10017

DATE IN	**DATE OUT**	**MONTHLY RENT**
	current	$4,800.00 / Mo.

EMPLOYMENT & INCOME INFORMATION			
OCCUPATION	**EMPLOYER/COMPANY**		
Associate	Kirkland & Ellis LLP		
SUPERVISOR	**SUPERVISOR PHONE**	**SALARY**	**START DATE**
Sheldon Hunt Laing	(212) 909 - 3462	$235,000.00/Yr.	
EMPLOYER ADDRESS	**CITY**	**STATE**	**ZIP**
601 Lexington Ave	New York	NY	10022
OCCUPATION	**EMPLOYER/COMPANY**		
Associate	Kirkland & Ellis LLP		
SUPERVISOR	**SUPERVISOR PHONE**	**SALARY**	**START DATE**
Sheldon Hunt Laing	(212) 909 - 3462	$20,000.00/Yr.	
EMPLOYER ADDRESS	**CITY**	**STATE**	**ZIP**
601 Lexington Ave	New York	NY	10022

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

SUPPLEMENTAL QUESTIONS

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

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

Were you referred by a broker?
NO

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

Preferred Mailing Address:
301 E 47th St, New York, NY 10017 - US

Initials: M.Z. 336247B1

APPLICATION CONSENT

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

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

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

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

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

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

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

☒ *Application consent was digitally accepted by Mark L. Zichelli*

Signed by Mark L. Zichelli
Sun Sep 22 2024 02:27:18 PM EDT
Key: 336247B1; IP Address: 104.162.231.79

Mark L. Zichelli *(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
Mark Zichelli	XXXXXXXXXXXX0585	15089252	$21.50

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

Initials: M.Z. 336247B1

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 Mark L. Zichelli

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

Score for Mark L. Zichelli: 792			
		Importance	**Result**
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$255,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $10,084.82)
Total number of accounts	11
Accounts with no late payments	11 (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	$221,499.00 ($0.00 past due)
Outstanding revolving debt	$2,614.00 (1% of limit) ($0.00 past due)
Outstanding loan balance	$218,885.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Mark L. Zichelli	MARK L. ZICHELLI
SSN:	***-**-****	***-**-****
Birth Date:	8/**/1997	8/**/1997

Addresses	From Application	From Equifax
	301 E 47th St New York, NY 10017 - US	301 E 47TH ST. 10D NEW YORK, NY 10017 (Applicant) Reported 9/2024 27 STRICKLAND AVE. LITTLE FALLS, NJ 07424 (Applicant) Reported 8/2023

Employment	From Application	From Equifax
Applicant:	Associate Kirkland & Ellis LLP $235,000.00/Yr. Associate Kirkland & Ellis LLP $20,000.00/Yr. Total annual Income: $255,000.00	

Employment Verifications

From RealPage

Requested For Mark L. Zichelli Requested Date 9/23/2024	**Employer** Kirkland & Ellis LLP	**Position Held** Associate	**Annual Salary** $235,000.00	**Supervisor** Sheldon Hunt Laing (212) 909 - 3462
	Results Pending			

Requested For Mark L. Zichelli Requested Date 9/23/2024	**Employer** Kirkland & Ellis LLP	**Position Held** Associate	**Annual Salary** $20,000.00	**Supervisor** Sheldon Hunt Laing (212) 909 - 3462
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Mark L. Zichelli	Multistate Search	9/23/2017 - 9/23/2024	9/23/2024	9/23/2024

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Mark L. Zichelli	9/23/2024	9/23/2024

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Mark L. Zichelli	9/23/2024	9/23/2024

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	792	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)	744	The date that you opened your oldest account is too recent Lack of sufficient credit history Lack of sufficient relevant real estate account information The balances on your accounts are too high compared to loan amounts

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2020	7/2024					$53,954.00

Monthly Payment	High Credit	Type	Comments
$630.00	$57,918.00	INSTALLMENT	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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2021	7/2024					$53,622.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$652.00	$57,300.00	INSTALLMENT	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											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2019	7/2024					$25,604.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$674.00	$55,738.00	INSTALLMENT	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											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2019	7/2024					$19,619.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$233.00	$20,500.00	INSTALLMENT	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											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2021	7/2024					$19,127.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$220.00	$20,500.00	INSTALLMENT	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											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2020	7/2024					$19,038.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$210.00	$20,500.00	INSTALLMENT	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											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2017	7/2024					$7,679.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$85.00	$7,500.00	INSTALLMENT	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											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2018	7/2024					$7,457.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$85.00	$7,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
DEPT OF ED (Applicant)	8/2016	7/2024					$6,759.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$73.00	$6,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
DEPT OF ED (Applicant)	8/2015	7/2024					$6,026.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$66.00	$5,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
JPMCB CARD SERVICES (Applicant)	10/2022	8/2024					$2,614.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$4,516.00	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
9/ 24		7/ 24		5/ 24		3/ 24		1/ 24		11/ 23		9/ 23		7/ 23		5/ 23		3/ 23		1/ 23		11/ 22	

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.

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Mark Zichelli	155-02-9624
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	215,359.
2	Total tax	2	43,656.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	41,624.
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,032.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Intuit Inc (ERO firm name) to enter or generate my PIN 2 9 6 2 4 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Mark Zichelli Date ▶ 04/07/2024

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 3 0 3 4 1 1 7 8 9 6 5 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Miraf Teklegiorgis Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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
Mark	Zichelli	155 02 9624
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.
301 E 47th St	10D

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
New York	NY	100172306

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	215,359.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	215,359.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	215,359.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	215,359.
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	201,509.

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.

KIRKLAND & ELLIS LLP
AND AFFILIATED PARTNERSHIPS

601 Lexington Avenue
New York, NY 10022

To Call Writer Directly:
(212) 390 - 4129
victoria.kiss@kirkland.com

(212) 446-4800

www.kirkland.com

Facsimile:
(212) 446-4782

September 23, 2024

By E-mail

Personal and Confidential

Re: Verification of Employment – Mark Zichelli

To whom it may concern:

This letter serves as confirmation that Mark Zichelli is an active employee at Kirkland & Ellis LLP since September 12, 2022. Mark's current position is Associate, for which they are paid an annual base salary of $235,000.08. Please feel free to contact me with any questions.

Sincerely,

Victoria Kiss

Victoria Kiss
Human Resources Assistant

CHASE

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

July 04, 2024 through August 05, 2024
Primary Account: [redacted]

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

00062251 DRE 802 153 21924 NNNNNNNNNNN T 1 000000000 03 0000
MARK L ZICHELLI
OR KELLY A ZICHELLI
27 STRICKLAND AVE
LITTLE FALLS NJ 07424-1125

00622510501000000025

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
[redacted]		
Chase College Checking 000000732910281	33,549.19	36,195.47
[redacted]		
Total	[redacted]	[redacted]
TOTAL ASSETS	[redacted]	[redacted]

[redacted]

CHECKING SUMMARY

	AMOUNT
Beginning Balance	$ [redacted]
[redacted]	
Ending Balance	$ [redacted]
[redacted]	

The monthly service fee for this account was waived as an added feature of a linked Chase Premier Plus Checking account.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		[redacted]
[redacted]			

CHASE COLLEGE CHECKING

MARK L ZICHELLI
OR KELLY A ZICHELLI

Account Number: 000000732910281

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$33,549.19**
Deposits and Additions	10,859.35
ATM & Debit Card Withdrawals	-760.89
Electronic Withdrawals	-7,449.18
Fees	-3.00
Ending Balance	**$36,195.47**

The monthly service fee for this account was waived as an added feature of a linked Chase Premier Plus Checking account.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$33,549.19**
07/05	Card Purchase 07/04 Dunkin' Mobile 800-447-0013 MA Card 8221	-25.00	33,524.19
07/08	Recurring Card Purchase 07/06 2Cocom*Bitdefender.Com 888-2471614 GA Card 8221	-76.20	33,447.99
07/08	Recurring Card Purchase 07/08 B&N Membership Renewa 866-238-7323 NY Card 8221	-26.66	33,421.33

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
07/11	Card Purchase 07/11 Pbsc - Corp Sales FL 772-563-0905 NY Card 8221	-6.53	33,414.80
07/15	Kirkland & Ellis Dir Dep PPD ID: 4361326630	**5,429.67**	38,844.47
07/15	Recurring Card Purchase 07/13 D J*Wall-St-Journal 800-568-7625 NJ Card 8221	-4.27	38,840.20
07/15	Con Ed of NY Cecony 57153500004 CCD ID: 2462467002	-257.84	38,582.36
07/15	Card Purchase 07/13 Dunkin' Mobile 800-447-0013 MA Card 8221	-25.00	38,557.36
07/22	Card Purchase 07/20 Nintendo CD1240472483 800-2553700 WA Card 8221	-4.34	38,553.02
07/22	Card Purchase 07/21 Dunkin' Mobile 800-447-0013 MA Card 8221	-25.00	38,528.02
07/23	Card Purchase 07/23 Steamgames.Com 4259522 425-8899642 WA Card 8221	-4.25	38,523.77
07/23	Dept Education Student Ln 6Q7Anpn6Je1 Web ID: 9102001002	-4,516.88	34,006.89
07/24	Card Purchase 07/24 Steamgames.Com 4259522 425-8899642 WA Card 8221	-9.05	33,997.84
07/26	Recurring Card Purchase 07/26 Spectrum 855-707-7328 MO Card 8221	-51.99	33,945.85
07/29	Recurring Card Purchase 07/27 Playstation Network 650-2956540 CA Card 8221	-12.78	33,933.07
07/29	Card Purchase 07/27 Playstation Network 650-2956540 CA Card 8221	-53.30	33,879.77
07/29	Card Purchase 07/27 Dunkin' Mobile 800-447-0013 MA Card 8221	-15.00	33,864.77
07/29	Non-Chase ATM Withdraw 07/28 301 East 47th Street New York NY Card 8221	-202.99	33,661.78
07/29	Chase Credit Crd Autopay PPD ID: 4760039224	-2,674.46	30,987.32
07/29	Non-Chase ATM Fee-With	-3.00	30,984.32
07/31	Kirkland & Ellis Dir Dep PPD ID: 4361326630	**5,429.68**	36,414.00
08/02	Recurring Card Purchase 08/01 Pbsc - Corp Sales FL 516-590-7385 NY Card 8221	-182.88	36,231.12
08/02	Card Purchase 08/02 Playstation Network 650-2956540 CA Card 8221	-10.65	36,220.47
08/05	Card Purchase 08/04 Dunkin' Mobile 800-447-0013 MA Card 8221	-25.00	36,195.47
	Ending Balance		**$36,195.47**

CHASE

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

August 06, 2024 through September 05, 2024
Primary Account: [redacted]

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

00065448 DRE 802 153 25024 NNNNNNNNNNN T 1 000000000 03 0000
MARK L ZICHELLI
OR KELLY A ZICHELLI
27 STRICKLAND AVE
LITTLE FALLS NJ 07424-1125

00654480601000000026

We're updating some check related benefits for Chase Premier Plus Checking℠

Beginning November 17, 2024, we will no longer offer the following free check benefits for Chase Premier Plus Checking℠:

- Chase exclusive design checks. Check prices vary based on the style you order.
- Counter Checks - a blank page of 3 personal checks we print upon your request at a branch. The fee for Counter Checks is $3 per page.

For more information about the services and fees for your account, please see the Additional Banking Services and Fees disclosure at **chase.com/disclosures.** If you have any questions, please call the number on this statement.

We're updating our Deposit Account Agreement, including the Arbitration section

On November 17, 2024, we're updating section *X. Arbitration; Resolving Disputes* in the Deposit Account Agreement. We've included excerpts of the more significant updates at the end of this statement. The Arbitration section explains how potential disputes and claims are handled between us. **You can opt out of arbitration any time before January 16, 2025, by calling us at 1-800-935-9935.**

You can view the full updated section in the Deposit Account Agreement which will be available on November 17 at **chase.com/disclosures** or by visiting a branch. The new agreement will include these changes as well as any additional updates occurring at this time.

If you have any questions, please call the number on this statement.

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
[redacted]			
Chase College Checking	000000732910281	36,195.47	39,729.08
[redacted]			
Total		[redacted]	
TOTAL ASSETS			[redacted]

[redacted]

MARK L ZICHELLI
OR KELLY A ZICHELLI

Account Number: [redacted]

CHECKING SUMMARY

	AMOUNT
Beginning Balance	[redacted]
Deposits and Additions	
Electronic Withdrawals	
Ending Balance	
Annual Percentage Yield Earned This Period	
Interest Paid This Period	
Interest Paid Year-to-Date	

The monthly service fee for this account was waived as an added feature of a linked Chase Premier Plus Checking account.

TRANSACTION DETAIL

[redacted]

CHASE

August 06, 2024 through September 05, 2024
Primary Account: [redacted]

CHASE COLLEGE CHECKING

MARK L ZICHELLI
OR KELLY A ZICHELLI

Account Number: 000000732910281

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$36,195.47**
Deposits and Additions	10,859.34
ATM & Debit Card Withdrawals	-824.85
Electronic Withdrawals	-6,497.88
Fees	-3.00
Ending Balance	**$39,729.08**

The monthly service fee for this account was waived as an added feature of a linked Chase Premier Plus Checking account.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$36,195.47**
08/06	Card Purchase 08/06 Grubhubcaffresco Grubhub.Com NY Card 8221	-14.70	36,180.77
08/12	Recurring Card Purchase 08/10 D J*Wall-St-Journal 800-568-7625 NJ Card 8221	-10.65	36,170.12
08/12	Card Purchase 08/10 Dunkin' Mobile 800-447-0013 MA Card 8221	-25.00	36,145.12
08/13	Card Purchase 08/12 Dunkin' Mobile 800-447-0013 MA Card 8221	-25.00	36,120.12
08/13	Rp Stellar Embas Web Pmts Ths9S Web ID: 9000327742	-2,550.00	33,570.12
08/14	Con Ed of NY Cecony 57153500004 CCD ID: 2462467002	-254.53	33,315.59
08/15	Kirkland & Ellis Dir Dep PPD ID: 4361326630	**5,429.67**	38,745.26
08/15	Payment Sent 08/15 Venmo *Grace Twehous Visa Direct NY Card 8221	-27.00	38,718.26
08/19	Card Purchase 08/17 Playstation Network 650-2956540 CA Card 8221	-9.99	38,708.27
08/19	Card Purchase 08/17 Playstation Network 800-3457669 CA Card 8221	-117.28	38,590.99
08/19	Card Purchase 08/18 Dunkin' Mobile 800-447-0013 MA Card 8221	-15.00	38,575.99
08/19	Card Purchase 08/19 Nintendo CD1256769364 800-2553700 WA Card 8221	-4.34	38,571.65
08/20	Card Purchase 08/19 Dunkin' Mobile 800-447-0013 MA Card 8221	-25.00	38,546.65
08/21	Card Purchase 08/21 Playstation Network 800-3457669 CA Card 8221	-74.63	38,472.02
08/21	Card Purchase 08/21 Playstation Network 800-3457669 CA Card 8221	-14.99	38,457.03
08/23	Card Purchase 08/22 Playstation Network 800-345-7669 CA Card 8221	-26.65	38,430.38
08/26	Recurring Card Purchase 08/26 Spectrum 855-707-7328 MO Card 8221	-51.99	38,378.39
08/27	Recurring Card Purchase 08/27 Playstation Network 650-2956540 CA Card 8221	-12.78	38,365.61
08/29	Chase Credit Crd Autopay PPD ID: 4760039224	-3,693.35	34,672.26
08/30	Kirkland & Ellis Dir Dep PPD ID: 4361326630	**5,429.67**	40,101.93
09/03	Card Purchase 08/31 Dunkin' Mobile 800-447-0013 MA Card 8221	-15.00	40,086.93
09/03	Card Purchase 09/02 Steamgames.Com 4259522 425-8899642 WA Card 8221	-15.98	40,070.95

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
09/03	Recurring Card Purchase 09/01 Pbsc - Corp Sales FL 516-590-7385 NY Card 8221	-182.88	39,888.07
09/03	Non-Chase ATM Withdraw 09/01 301 East 47th Street New York NY Card 8221	-102.99	39,785.08
09/03	Non-Chase ATM Fee-With	-3.00	39,782.08
09/05	Payment Sent 09/05 Venmo *Nolan Greenspa Visa Direct NY Card 8221	-53.00	39,729.08
	Ending Balance		**$39,729.08**

[redacted]

MARK L ZICHELLI
OR KELLY A ZICHELLI

Account Number: [redacted]

CHECKING SUMMARY

	AMOUNT
Beginning Balance	[redacted]
Deposits and Additions	
Checks Paid	
ATM & Debit Card Withdrawals	
Electronic Withdrawals	
Fees	
Ending Balance	
Annual Percentage Yield Earned This Period	
Interest Paid This Period	
Interest Paid Year-to-Date	

[redacted]

Kirkland & Ellis LLP
333 West Wolf Point Plaza
Chicago, IL 60654

Pay Group:	USS
Pay Begin Date:	08/01/2024
Pay End Date:	08/15/2024

Advice #:	**000000000721854**
Advice Date:	08/15/2024

Mark Lawrence Zichelli
301 E 47th St
Apt 10D
New York, NY 10017

Employee ID:	00058149
Department:	10098-Corp - Investment Funds
Location:	New York
Job Title:	Associate
Pay Rate:	$9,791.67 Semimonthly

TAX DATA:	**Federal**	**NY State**
Tax Status:	Single	Single
Allowances:	N/A	0
Addl. Percent:	N/A	
Addl. Amount:		

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Salary			9,791.67		146,875.05
Total:			**9,791.67**		**146,875.05**

TAXES

Description	**Current**	**YTD**
Fed Withholdng	1,663.56	24,953.40
Fed MED/EE	140.61	2,109.12
Fed OASDI/EE	601.22	9,018.31
NY FLI/EE	0.00	333.25
NY Withholdng	528.96	7,934.40
Continued On Next Page		

BEFORE-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medical	86.00	1,290.00
Dental	9.93	148.95
Vision	4.21	63.15
401K	979.17	14,687.55
Total:	**1,079.31**	**16,189.65**

AFTER-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medjet Emergency Travel	0.00	309.00
Personal Account	0.00	81.57
Total:	**0.00**	**390.57**

EMPLOYER PAID TAXABLE BENEFITS

Description	**Current**	**YTD**
Life Ins - Basic	5.58	83.70

	TOTAL GROSS	**FED TAXABLE GROSS**	**TOTAL TAXES**	**TOTAL DEDUCTIONS**	**NET PAY**
Current	9,791.67	8,717.94	3,282.69	1,079.31	5,429.67
YTD	146,875.05	130,769.10	49,573.58	16,580.22	80,721.25

NET PAY DISTRIBUTION

	Account Type	**Account Number**	**Deposit Amount**
Advice #000000000721854	Checking	XXXXX0281	5,429.67
TOTAL:			**5,429.67**

MESSAGE:

Kirkland & Ellis LLP
333 West Wolf Point Plaza
Chicago, IL 60654

Pay Group: USS
Pay Begin Date: 08/01/2024
Pay End Date: 08/15/2024

Check #: **000000000721854**
Check Date: 08/15/2024

Mark Lawrence Zichelli
301 E 47th St
Apt 10D
New York, NY 10017

Employee ID: 00058149
Department: 10098-Corp - Investment Funds
Location: New York
Job Title: Associate

TAX DATA:	Federal	NY State
Tax Status:	Single	Single
Allowances:	N/A	0
Addl. Percent:	N/A	
Addl. Amount:		

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings

TAXES

Description	Current	YTD
NY NYC Withholdng	348.34	5,225.10
Total:	**3,282.69**	**49,573.58**

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID TAXABLE BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD

Kirkland & Ellis LLP
333 West Wolf Point Plaza
Chicago, IL 60654

Pay Group:	USS
Pay Begin Date:	08/16/2024
Pay End Date:	08/31/2024

Advice #:	**000000000726074**
Advice Date:	08/30/2024

Mark Lawrence Zichelli
301 E 47th St
Apt 10D
New York, NY 10017

Employee ID:	00058149
Department:	10098-Corp - Investment Funds
Location:	New York
Job Title:	Associate
Pay Rate:	$9,791.67 Semimonthly

TAX DATA:	**Federal**	**NY State**
Tax Status:	Single	Single
Allowances:	N/A	0
Addl. Percent:	N/A	
Addl. Amount:		

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Salary			9,791.67		156,666.72
Total:			**9,791.67**		**156,666.72**

TAXES

Description	**Current**	**YTD**
Fed Withholdng	1,663.56	26,616.96
Fed MED/EE	140.61	2,249.73
Fed OASDI/EE	601.22	9,619.53
NY FLI/EE	0.00	333.25
NY Withholdng	528.96	8,463.36
Continued On Next Page		

BEFORE-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medical	86.00	1,376.00
Dental	9.93	158.88
Vision	4.21	67.36
401K	979.17	15,666.72
Total:	**1,079.31**	**17,268.96**

AFTER-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medjet Emergency Travel	0.00	309.00
Personal Account	0.00	81.57
Total:	**0.00**	**390.57**

EMPLOYER PAID TAXABLE BENEFITS

Description	**Current**	**YTD**
Life Ins - Basic	5.58	89.28

	TOTAL GROSS	**FED TAXABLE GROSS**	**TOTAL TAXES**	**TOTAL DEDUCTIONS**	**NET PAY**
Current	9,791.67	8,717.94	3,282.69	1,079.31	5,429.67
YTD	156,666.72	139,487.04	52,856.27	17,659.53	86,150.92

NET PAY DISTRIBUTION

	Account Type	**Account Number**	**Deposit Amount**
Advice #000000000726074	Checking	XXXXX0281	5,429.67
TOTAL:			**5,429.67**

MESSAGE:

Kirkland & Ellis LLP
333 West Wolf Point Plaza
Chicago, IL 60654

Pay Group: USS
Pay Begin Date: 08/16/2024
Pay End Date: 08/31/2024

Check #: **000000000726074**
Check Date: 08/30/2024

Mark Lawrence Zichelli
301 E 47th St
Apt 10D
New York, NY 10017

Employee ID: 00058149
Department: 10098-Corp - Investment Funds
Location: New York
Job Title: Associate

TAX DATA:	**Federal**	**NY State**
Tax Status:	Single	Single
Allowances:	N/A	0
Addl. Percent:	N/A	
Addl. Amount:		

HOURS AND EARNINGS

	Current			YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**

TAXES

Description	**Current**	**YTD**
NY NYC Withholdng	348.34	5,573.44
Total:	**3,282.69**	**52,856.27**

BEFORE-TAX DEDUCTIONS		
Description	**Current**	**YTD**

AFTER-TAX DEDUCTIONS		
Description	**Current**	**YTD**

EMPLOYER PAID TAXABLE BENEFITS		
Description	**Current**	**YTD**

Kirkland & Ellis LLP
333 West Wolf Point Plaza
Chicago, IL 60654

Pay Group:	USS
Pay Begin Date:	09/01/2024
Pay End Date:	09/15/2024

Advice #:	**000000000730281**
Advice Date:	09/13/2024

Mark Lawrence Zichelli
301 E 47th St
Apt 10D
New York, NY 10017

Employee ID:	00058149
Department:	10098-Corp - Investment Funds
Location:	New York
Job Title:	Associate
Pay Rate:	$9,791.67 Semimonthly

TAX DATA:	**Federal**	**NY State**
Tax Status:	Single	Single
Allowances:	N/A	0
Addl. Percent:	N/A	
Addl. Amount:		

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Salary			9,791.67		166,458.39
Total:			**9,791.67**		**166,458.39**

TAXES

Description	**Current**	**YTD**
Fed Withholdng	1,663.56	28,280.52
Fed MED/EE	140.61	2,390.34
Fed OASDI/EE	601.22	10,220.75
NY FLI/EE	0.00	333.25
NY Withholdng	528.96	8,992.32
Continued On Next Page		

BEFORE-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medical	86.00	1,462.00
Dental	9.93	168.81
Vision	4.21	71.57
401K	979.17	16,645.89
Total:	**1,079.31**	**18,348.27**

AFTER-TAX DEDUCTIONS

Description	**Current**	**YTD**
Medjet Emergency Travel	0.00	309.00
Personal Account	0.00	81.57
Total:	**0.00**	**390.57**

EMPLOYER PAID TAXABLE BENEFITS

Description	**Current**	**YTD**
Life Ins - Basic	5.58	94.86

	TOTAL GROSS	**FED TAXABLE GROSS**	**TOTAL TAXES**	**TOTAL DEDUCTIONS**	**NET PAY**
Current	9,791.67	8,717.94	3,282.69	1,079.31	5,429.67
YTD	166,458.39	148,204.98	56,138.96	18,738.84	91,580.59

NET PAY DISTRIBUTION

	Account Type	**Account Number**	**Deposit Amount**
Advice #000000000730281	Checking	XXXXX0281	5,429.67
TOTAL:			**5,429.67**

MESSAGE:

Kirkland & Ellis LLP
333 West Wolf Point Plaza
Chicago, IL 60654

Pay Group: USS
Pay Begin Date: 09/01/2024
Pay End Date: 09/15/2024

Check #: **000000000730281**
Check Date: 09/13/2024

Mark Lawrence Zichelli
301 E 47th St
Apt 10D
New York, NY 10017

Employee ID: 00058149
Department: 10098-Corp - Investment Funds
Location: New York
Job Title: Associate

TAX DATA:	**Federal**	**NY State**
Tax Status:	Single	Single
Allowances:	N/A	0
Addl. Percent:	N/A	
Addl. Amount:		

HOURS AND EARNINGS

	Current			YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**

TAXES

Description	**Current**	**YTD**
NY NYC Withholdng	348.34	5,921.78
Total:	**3,282.69**	**56,138.96**

BEFORE-TAX DEDUCTIONS		
Description	**Current**	**YTD**

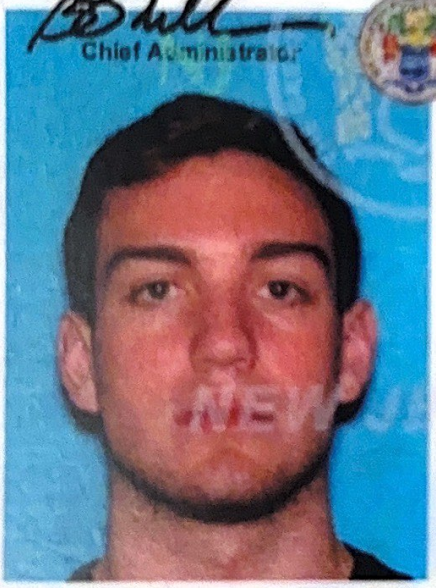
AFTER-TAX DEDUCTIONS		
Description	**Current**	**YTD**

EMPLOYER PAID TAXABLE BENEFITS		
Description	**Current**	**YTD**

NEW JERSEY NJMVC

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES



Chief Administrator

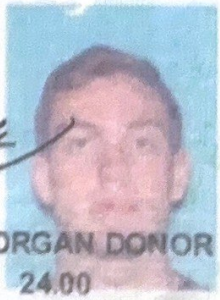
DL Z4079 52173 08972 CLASS D

DOB 08-14-1997

ISS 08-25-2022 EXP 08-14-2026

ZICHELLI
MARK L
27 STRICKLAND AVE
LITTLE FALLS, NJ 07424-1125

END NONE
RESTR 1



GENDER M HGT 6'-00" EYES BRN ORGAN DONOR

WV WV202223700001141 REN 24.00

21 ZEGL2B31GS
NJFQ7M01

MVC

MZ08-14-1997

Rev 01-08-2020

ENDORSEMENTS:
None

RESTRICTIONS:
1-Corrective Lenses Required

Visit us at:
www.njmvc.gov

Rental Application for **The Copper**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Twehous	Grace	C.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	3/9/2000	(573) 619 - 8259 - Mobile

EMAIL
gracetwehous@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Randy Twehous	5505 Twehous Lake Dr., Jefferson City, 29 65101

PHONE	EMAIL ADDRESS	RELATIONSHIP
(573) 690 - 0483	rtwehous@me.com	father

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
57 W 106th St.	New York	NY	10025

DATE IN	DATE OUT	MONTHLY RENT
	current	$3,668.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Press Officer	Manhattan Institute for Policy Research

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Nora Kenney	(614) 439 - 3880	$64,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
52 Vanderbilt Avenue	New York	NY	10017

BACKGROUND INFORMATION

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

SUPPLEMENTAL QUESTIONS

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

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

Were you referred by a broker?
NO

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

Preferred Mailing Address:
57 W 106th St., New York, NY 10025 - US

Initials: G.T. 3C2D6F2C

APPLICATION CONSENT

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

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

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

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

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

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

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

☒ *Application consent was digitally accepted by Grace C. Twehous*

Signed by Grace C. Twehous
Sun Sep 22 2024 12:49:23 PM EDT
Key: 3C2D6F2C; IP Address: 104.162.231.79

Grace C. Twehous *(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**
Grace Twehous	XXXXXXXXXXXX4864	15089113	$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 Grace C. Twehous

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

Score for Grace C. Twehous: 771			
		Importance	**Result**
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$64,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $10,084.82)
Total number of accounts	5
Accounts with no late payments	5 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$1,732.00 ($0.00 past due)
Outstanding revolving debt	$1,732.00 (6% of limit) ($0.00 past due)
Outstanding loan balance	$0.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Grace C. Twehous	GRACE C. TWEHOUS
SSN:	***-**-****	***-**-****
Birth Date:	3/**/2000	3/**/2000

Addresses	From Application	From Equifax
	57 W 106th St. New York, NY 10025 - US	57 W 106TH ST. 6A NEW YORK, NY 10025 (Applicant) Reported 8/2024 5505 TWEHOUS LAKE DR. JEFFERSON CITY, MO 65101 (Applicant) Reported 12/2023

Employment	From Application	From Equifax
Applicant:	Press Officer Manhattan Institute for Policy Research $64,000.00/Yr. Total annual Income: $64,000.00	

Employment Verifications

From RealPage

Requested For Grace C. Twehous Requested Date 9/23/2024	**Employer** Manhattan Institute for Policy Research	**Position Held** Press Officer	**Annual Salary** $64,000.00	**Supervisor** Nora Kenney (614) 439 - 3880
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Grace C. Twehous	Multistate Search	9/23/2017 - 9/23/2024	9/23/2024	9/23/2024

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Grace C. Twehous	9/23/2024	9/23/2024

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Grace C. Twehous	9/23/2024	9/23/2024

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	771	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)	725	Lack of sufficient credit history on bankcard or revolving accounts You have either very few loans or too many loans with recent delinquencies The balances on your accounts are too high compared to loan amounts The date that you opened your oldest account is too recent

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	10/2019	7/2024					$1,732.00

Monthly Payment	High Credit	Type	Comments
$35.00	$3,708.00	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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2021	7/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$7,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2020	7/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2019	7/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2018	7/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						

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

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.

Form **1040** Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
GRACE C.	TWEHOUS	488 17 6845
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.
57 WEST 106TH STREET 6A

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
NEW YORK NY 10025

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 jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

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

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 instr. and check here ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.): 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) STMT 1			1a	61,298.
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	61,298.
2a	Tax-exempt interest 2a		b Taxable interest	2b	1,231.
3a	Qualified dividends 3a 380.		b Ordinary dividends	3b	1,187.
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	1,037.
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	64,753.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	64,753.
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	8.
14	Add lines 12 and 13			14	13,858.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	50,895.

Attach Sch. B if required.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	6,405.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	6,405.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	26.
	21	Add lines 19 and 20		21	26.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	6,379.
	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	6,379.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2 SEE STATEMENT 4	25a 5,898.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	5,898.
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	5,898.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	481.
	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 JEREMY E MORRIS Phone no. 5736356196 Personal identification number (PIN) 26847

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.

Sign Here

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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. Email address GCT716@ME.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JEREMY E MORRIS		04/10/24	P01338606	☐ Self-employed

Firm's name WILLIAMS-KEEPERS LLC Phone no. (573) 635-6196

Firm's address 3220 WEST EDGEWOOD, SUITE E JEFFERSON CITY, MO 65109 Firm's EIN 43-1126847

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2023

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

GRACE C. TWEHOUS

Your social security number

488-17-6845

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Department of Taxation and Finance

368001 11-28-23

Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

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

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
GRACE	C	TWEHOUS	03092000	488176845
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number

Mailing address (see instructions) (number and street or PO Box)	Apartment number	New York State county of residence
57 WEST 106TH STREET	6A	NY

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	10025		MANHATTAN

Taxpayer's permanent home address (see instructions) (number and street or rural route)	Apartment number	School district code number ...
57 WEST 106TH STREET	6A	369

City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
NEW YORK, NY	NY	10025	Decedent information	

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

1. [X] Single
2. [ ] Married filing joint return *(enter spouse's Social Security number above)*
3. [ ] Married filing separate return *(enter spouse's Social Security number above)*
4. [ ] Head of household *(with qualifying person)*
5. [ ] Qualifying surviving spouse

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

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

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

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

If *Yes:*

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

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

If *No:*

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

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

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

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

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

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

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

H Dependent information

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

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

201001231019

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 488176845

368002 11-28-23

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	**1**	61298.00
2	Taxable interest income	**2**	1231.00
3	Ordinary dividends	**3**	1187.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	**4**	.00
5	Alimony received	**5**	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	**6**	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	**7**	1037.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	**8**	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ☐	**9**	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ☐	**10**	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	**11**	.00
12	Rental real estate included in line 11 — **12** .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	**13**	.00
14	Unemployment compensation	**14**	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	**15**	.00
16	Other income — *Identify:*	**16**	.00
17	Add lines **1 through 11** and **13 through 16**	**17**	64753.00
18	Total federal adjustments to income — *Identify:*	**18**	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	**19**	64753.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	**20**	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	**21**	.00
22	**New York's** 529 college savings program distributions	**22**	.00
23	Other *(Form IT-225, line 9)*	**23**	.00
24	Add lines **19** through **23**	**24**	64753.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	**25**	.00	
26	Pensions of NYS and local governments and the federal government	**26**	.00	
27	Taxable amount of Social Security benefits *(from line 15)*	**27**	.00	
28	Interest income on U.S. government bonds	**28**	.00	
29	Pension and annuity income exclusion	**29**	.00	
30	**New York's** 529 college savings program deduction/earnings	**30**	.00	
31	Other *(Form IT-225, line 18)*	**31**	.00	
32	Add lines 25 through 31			**32** .00
33	**New York adjusted gross income** *(subtract line 32 from line 24)*			**33** 64753.00

Standard deduction or itemized deduction

34	Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an X in the appropriate box: ☒ **Standard** **- or -** ☐ **Itemized**	**34**	8000.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	**35**	56753.00
36	Dependent exemptions *(enter the number of dependents listed in item H)*	**36**	000.00
37	**Taxable income** *(subtract line 36 from line 35)*	**37**	56753.00

201002231019

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your Social Security number
GRACE C TWEHOUS	488176845

Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*			38	56753 .00
39	NYS tax on line 38 amount			39	2958 .00
40	NYS household credit	40	.00		
41	Resident credit	41	.00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	.00		
43	Add lines 40, 41, and 42			43	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*			44	2958 .00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*			45	.00
46	**Total New York State taxes** *(add lines 44 and 45)*			46	2958 .00

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

47	NYC taxable income	47	56753 .00
47a	NYC resident tax on line 47 amount	47a	2076 .00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	49	2076 .00
50	Part-year NYC resident tax *(Form IT-360.1)*	50	.00
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	51	.00
52	Add lines 49, 50, and 51	52	2076 .00
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	53	.00
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	54	2076 .00
54a	MCTMT net earnings base for Zone 1	54a	.00
54b	MCTMT net earnings base for Zone 2	54b	.00
54c	MCTMT for Zone 1	54c	.00
54d	MCTMT for Zone 2	54d	.00
54e	Total MCTMT *(add lines 54c and 54d)*	54e	.00
55	Yonkers resident income tax surcharge	55	.00
56	Yonkers nonresident earnings tax *(Form Y-203)*	56	.00
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	57	.00

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

See instructions to compute the MCTMT for each zone.

58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*	58	2076 .00
59	**Sales or use tax** *(do not leave blank)*	59	0 .00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*	60	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*	61	5034 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201003231019

Your Social Security number: 488176845

368004 11-28-23

62	Enter amount from line 61	**62**	5034 .00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit (fixed amount) **(also complete F on page 1)**	**69**	63 .00
69a	NYC school tax credit (rate reduction amount)	**69a**	123 .00
70	NYC earned income credit	**70**	.00
70a	This line intentionally left blank	**70a**	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	2995 .00
73	Total **New York City** tax withheld	**73**	2085 .00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	**75**	.00

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

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

76	**Total payments** *(add lines 63 through 75)*	**76**	5266 .00

Your refund, amount you owe, and account information

77	**Amount overpaid** *(if line 76 is more than line 62, subtract line 62 from line 76)*	**77**	232 .00
78	Amount of line 77 **available for refund** *(subtract line 79 from line 77)*	**78**	232 .00

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

78a	Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)*	**78a**	.00
78b	Total refund after NYS 529 account deposit *(subtract line 78a from line 78)*	**78b**	232 .00

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

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

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

See instructions for payment options.

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

81	Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77)*	**81**	.00
82	Other penalties and interest	**82**	.00

See instructions for the proper assembly of your return.

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

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

83b Routing number 086500634 **83c** Account number 122041182

84 Electronic funds withdrawal Date Amount .00

Third-party designee? *(see instr.)* Yes [X] No [ ]

Print designee's name: JEREMY E MORRIS
Designee's phone number: 573 635 6196
Personal identification number (PIN): 26847
Email: JMORRIS@WILLIAMSKEEPERS.COM

▼ Paid preparer must complete (see instructions) **▼**

Preparer's NYTPRIN:
NYTPRIN excl. code: 03
Preparer's signature:
Preparer's printed name: JEREMY E MORRIS
Firm's name (or yours, if self-employed): WILLIAMS-KEEPERS LLC
Preparer's PTIN or SSN: P01338606
Address: 3220 WEST EDGEWOOD SUITE E
JEFFERSON CITY MO 65109
Employer identification number: 431126847
Date: 04102024
Email: JMORRIS@WILLIAMSKEEPERS.COM

▼ Taxpayer(s) must sign here ▼

Your signature:
Your occupation:
Spouse's signature and occupation (if joint return):
Date:
Daytime phone number:
Email: GCT716@ME.COM

See instructions for where to mail your return.

201004231019

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

368015 09-27-23

NEW YORK STATE 2023

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 488176845

Box b Employer identification number (EIN): 462283648

Box c Employer's information

Employer's name: JUSTWORKS EMPLOYMENT GROUP LLC JUSTWORKS

Employer's address *(number and street)*: PO BOX 7119

City	State	ZIP code	Country
NEW YORK	NY	10008	

Box 1 Wages, tips, other compensation	61298 .00	**Box 12a** Amount	5193 .00	Code	D	**Box 14a** Amount	305 .00	Description	NYPFL
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code		**Box 14b** Amount	.00	Description	
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code		**Box 14c** Amount	.00	Description	
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code		**Box 14d** Amount	.00	Description	

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

NY State information: **Box 15a** NY State: NY; **Box 16a** NYS wages, tips, etc.: 61298 .00; **Box 17a** NYS income tax withheld: 2995 .00

Other state information: **Box 15b** other state: ; **Box 16b** Other state wages, tips, etc.: .00; **Box 17b** Other state income tax withheld: .00

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

	Box 18 Local wages, tips, etc.	Box 19 Local income tax withheld	Box 20 Locality name
Locality a	61298 .00	2085 .00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN):

Box c Employer's information

Employer's name:

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

City	State	ZIP code	Country

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

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

NY State information: **Box 15a** NY State: NY; **Box 16a** NYS wages, tips, etc.: .00; **Box 17a** NYS income tax withheld: .00

Other state information: **Box 15b** other state: ; **Box 16b** Other state wages, tips, etc.: .00; **Box 17b** Other state income tax withheld: .00

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

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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001231019

Manhattan Institute

September 23, 2024

Manhattan Institute For Policy Research (MI)
52 Vanderbilt Ave.
New York, NY, 10017-3808
(212) 599-7000

To Whom It May Concern,

This letter is to verify employment of Grace Caroline Twehous. Grace Caroline Twehous has been employed with Manhattan Institute For Policy Research (MI) as a Press Officer since 2/2/2022 and earns $64,000.00 annually. Please feel free to reach out should you have additional questions.

Sincerely,

Shannon Salvog

Shannon Salvog
Director and Finance and Administration

E/N

Central Bank
MEMBER FDIC
P.O. Box 4500, Jefferson City MO 65102
(573) 634-1111

RETURN SERVICE REQUESTED

GRACE C TWEHOUS
OR RANDALL L TWEHOUS
OR SHARON M TWEHOUS
57 W 106TH ST
APT 6A
NEW YORK NY 10025-3876

Period	Page
07/01/2024 - 07/31/2024	1 of 1

Web Address
www.centralbank.net

M
005513470

Your Financial Summary on July 31, 2024

	Bank Deposits	Totals
Bank Deposit Accounts:		
Savings	$ 13,744.16	
Bank Deposit Total		$ 13,744.16
Total Assets:	$ 13,744.16	$ 13,744.16

Savings Only w/Debit Card

No. 005513470 Beginning Balance June 28, 2024 $ 13,072.26

Deposits

July 05	C75599 MANHATTANDIR DEP		21.78
July 05	C75599 MANHATTANDIR DEP		1,680.86
July 19	C75599 MANHATTANDIR DEP		9.98
July 19	C75599 MANHATTANDIR DEP		52.90
July 19	C75599 MANHATTANDIR DEP		200.00
July 19	C75599 MANHATTANDIR DEP		1,586.31
July 31	Interest Earned		0.60
		Total +$	3,552.43

Other Withdrawals

July 08	Credit Card Pymt ****0883		717.34
July 22	DISCOVER E-PAYMENT 4864	3510020270	2,163.19
		Total -$	2,880.53

Ending Balance July 31, 2024 $ 13,744.16

Number of days since last statement/interest cycle 31
Beginning and ending dates for calculation of statement/interest cycle are 07/01/2024 through 07/31/2024
Average collected balance 14,077.00
Interest rate 0.05%
Annual percentage yield earned 0.05%

Combined Balance in Savings Account $ 13,744.16

End of Bank Deposits

To Balance Your Checkbook

Fill in amounts below from your checkbook or savings record book and bank statement.

Send inquiries to:
Central Bank
P.O. Box 779
Jefferson City, Missouri 65102
573-634-1234
Member FDIC

Enter balance shown on bank statement.	$_____	Enter balance shown in your checkbook or savings record book.	$_____
Add deposits not on bank statement.	$_____	Add any deposits and other additions, loan advances, bank deposits, Online Banking deposits, other electronic deposits, or transfers between savings & checking (including Online Banking, InfoLine, and ATMs) not entered in your checkbook or savings record book.	$_____
	_____		_____
	_____		_____
	_____		_____
Subtotal (+)	$_____	**Subtotal (+)**	$_____
Subtract checks or withdrawals issued but not on statement.	$_____	Subtract service charges, maintenance fees, automatic payments, the bank withdrawals, Online Banking payments, Debit Point-of-Sale transactions, other electronic transactions, or transfers between savings & checking (including Online Banking, InfoLine, and ATMs) not entered in your checkbook or savings record book.	$_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
Subtotal (-)	$_____	**Subtotal (-)**	$_____
		Balance	
Balance shown in your checkbook or savings record book. **(=)**	$_____	**(=)**	$_____

These totals represent the correct amount of money you have in the bank and should agree. Please examine your statement promptly and report any errors immediately.

Important Information About Securities Line, Cash Reserve and Business Reserve

INTEREST CHARGE CALCULATION:
We figure the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance", we take the beginning balance of your account each day, add any new advances and subtract any credits or payments for that day. This gives us the daily balance. We add each day's interest charge to get the total interest charge which is shown on your monthly statement.

To calculate the Average Daily Balance noted in the Balance Subject to Interest Rate column we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance". The interest charge may be calculated by multiplying each of the average daily balances by the applicable daily periodic rate, multiplying the results by the number of days in the billing cycle divided by 365 and adding together to get the Total Interest For This Period.

WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT/BILL:
If you think there is an error on your statement/Bill, write to us at:
Central Bank, Customer Service Department, P.O. Box 779, Jefferson City, Missouri 65102

In your letter, give us the following information:
> Account Information: Your name and account number.
> Dollar amount: The dollar amount of the suspected error.
> Description of Problem: if you think there is an error on your statement/bill, describe what you believe is wrong and why you believe it is a mistake.
You must contact us within 60 days after the error appeared on your statement/bill.
You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
> We cannot try to collect the amount in question, or report you as delinquent on that amount.
> The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
> While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
> We can apply any unpaid amount against your credit limit.

PERSONAL ACCOUNTS:
IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS
Telephone us at 1-866-998-4617
or write us at:
Central Bancompany, Regulation E Investigations, P.O. Box 779, Jefferson City, MO 65102-9982
as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error occurred.
(1) Tell us your name and account number
(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (20 business days if the transfer involved a new account), we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

E/N

Central Bank
MEMBER FDIC
P.O. Box 4500, Jefferson City MO 65102
(573) 634-1111

RETURN SERVICE REQUESTED

GRACE C TWEHOUS
OR RANDALL L TWEHOUS
OR SHARON M TWEHOUS
57 W 106TH ST
APT 6A
NEW YORK NY 10025-3876

Period	Page
08/01/2024 - 08/30/2024	1 of 1

Web Address
www.centralbank.net

M
005513470

Your Financial Summary on August 30, 2024

	Bank Deposits	Totals
Bank Deposit Accounts:		
Savings	$ 9,852.39	
Bank Deposit Total		$ 9,852.39
Total Assets:	$ 9,852.39	$ 9,852.39

Savings Only w/Debit Card

No. 005513470 Beginning Balance July 31, 2024 $ 13,744.16

Deposits

Aug. 02	C75599 MANHATTANDIR DEP			1,680.86
Aug. 16	C75599 MANHATTANDIR DEP			1,658.33
Aug. 30	C75599 MANHATTANDIR DEP			1,704.19
Aug. 30	Interest Earned			0.42
			Total +$	5,043.80

Other Withdrawals

Aug. 01	ClickPayPROPRTYPAY			1,834.00
Aug. 08	Credit Card Pymt ****0883			1,166.97
Aug. 08	B@H to CHECKING - 1182			600.00
Aug. 13	DISCOVER E-PAYMENT 4864	2510020270		5,334.60
			Total -$	8,935.57

Ending Balance August 30, 2024 $ 9,852.39

Number of days since last statement/interest cycle 31
Beginning and ending dates for calculation of statement/interest cycle are 08/01/2024 through 08/31/2024
Average collected balance 9,865.00
Interest rate 0.05%
Annual percentage yield earned 0.05%

Combined Balance in Savings Account $ 9,852.39

End of Bank Deposits

To Balance Your Checkbook

Fill in amounts below from your checkbook or savings record book and bank statement.

Send inquiries to:
Central Bank
P.O. Box 779
Jefferson City, Missouri 65102
573-634-1234
Member FDIC

Enter balance shown on bank statement.	$_____	Enter balance shown in your checkbook or savings record book.	$_____
Add deposits not on bank statement.	$_____	Add any deposits and other additions, loan advances, bank deposits, Online Banking deposits, other electronic deposits, or transfers between savings & checking (including Online Banking, InfoLine, and ATMs) not entered in your checkbook or savings record book.	$_____
	_____		_____
	_____		_____
	_____		_____
Subtotal (+)	$_____	**Subtotal (+)**	$_____
Subtract checks or withdrawals issued but not on statement.	$_____	Subtract service charges, maintenance fees, automatic payments, the bank withdrawals, Online Banking payments, Debit Point-of-Sale transactions, other electronic transactions, or transfers between savings & checking (including Online Banking, InfoLine, and ATMs) not entered in your checkbook or savings record book.	$_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
Subtotal (-)	$_____	**Subtotal (-)**	$_____
		Balance	
Balance shown in your checkbook or savings record book. **(=)**	$_____	**(=)**	$_____

These totals represent the correct amount of money you have in the bank and should agree. Please examine your statement promptly and report any errors immediately.

Important Information About Securities Line, Cash Reserve and Business Reserve

INTEREST CHARGE CALCULATION:
We figure the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance", we take the beginning balance of your account each day, add any new advances and subtract any credits or payments for that day. This gives us the daily balance. We add each day's interest charge to get the total interest charge which is shown on your monthly statement.

To calculate the Average Daily Balance noted in the Balance Subject to Interest Rate column we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance". The interest charge may be calculated by multiplying each of the average daily balances by the applicable daily periodic rate, multiplying the results by the number of days in the billing cycle divided by 365 and adding together to get the Total Interest For This Period.

WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT/BILL:
If you think there is an error on your statement/Bill, write to us at:
Central Bank, Customer Service Department, P.O. Box 779, Jefferson City, Missouri 65102

In your letter, give us the following information:
> Account Information: Your name and account number.
> Dollar amount: The dollar amount of the suspected error.
> Description of Problem: if you think there is an error on your statement/bill, describe what you believe is wrong and why you believe it is a mistake.
You must contact us within 60 days after the error appeared on your statement/bill.
You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:
> We cannot try to collect the amount in question, or report you as delinquent on that amount.
> The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
> While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
> We can apply any unpaid amount against your credit limit.

PERSONAL ACCOUNTS:
IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS
Telephone us at 1-866-998-4617
or write us at:
Central Bancompany, Regulation E Investigations, P.O. Box 779, Jefferson City, MO 65102-9982
as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error occurred.
(1) Tell us your name and account number
(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (20 business days if the transfer involved a new account), we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

Justworks

Wage Statement

Pay Period Start	Pay Period End	Pay Date
07/28/2024	08/10/2024	08/16/2024

Justworks Employment Group LLC 46-2283648

PEO for Manhattan Institute for Policy Research, Inc.
52 Vanderbilt Ave
New York, NY 10017
(212) 599-7000

Grace Caroline Twehous

95 - Communications

57 W 106th St.
Apt. 6A
New York, NY 10025

Payment Summary	
Gross earnings	$2,510.54
Total taxes and deductions	-$852.21
Net pay	**$1,658.33**
Direct deposit to **CENTRAL BANK XXX3470**	$1,658.33

Gross Earnings

Description	Rate	Hours	Current	YTD
Fringe benefits - Taxable gym membership			$49.00	$294.00
Overtime	$46.14	0h 0m	$0.00	$522.93
Salary ($64,000.00/year)		72h 30m	$2,461.54	$41,846.18
Supplemental pay: Other			$0.00	$145.53
Gross Earnings Totals		**72h 30m**	**$2,510.54**	**$42,808.64**

Taxes Withheld

Description	Current	YTD
Federal Income Tax	$204.18	$3,391.20
Social Security	$154.60	$2,610.25
Medicare	$36.16	$610.48
New York Income Tax	$107.37	$1,782.27
New York City Income Tax (New York County)	$77.59	$1,304.75
Taxes Withheld Totals	**$579.90**	**$9,698.95**

Pre-Tax Deductions		
Description	**Current**	**YTD**
401(k) deferral	$196.92	$3,393.31
Healthcare FSA	$15.38	$261.46
Transit	$0.00	$420.00
Vision	$1.65	$26.32
Pre-Tax Deductions Totals	**$213.95**	**$4,101.09**

After-Tax Deductions		
Description	**Current**	**YTD**
New York Paid Family Leave	$9.36	$159.67
Paid in kind	$49.00	$294.00
After-Tax Deductions Totals	**$58.36**	**$453.67**

Paid Time Off (PTO) Policies			
Description	**Used**	**Accrued**	**Balance**
Sick and Safe Leave		N/A	5.5 days
Vacation			14 days
Personal Days			2 days
Summer Fridays			0 days
Covid-19 Vaccination		N/A	1 day
Bereavement			5 days
A la Carte Vacation Days			0 days
COVID-19 Isolation Leave		N/A	5 days

Notes
Fringe benefits: $49.00 ClassPass July benefit (taxable fringe)

Justworks

Wage Statement

Pay Period Start	Pay Period End	Pay Date
08/11/2024	08/24/2024	08/30/2024

Justworks Employment Group LLC 46-2283648

PEO for Manhattan Institute for Policy Research, Inc.
52 Vanderbilt Ave
New York, NY 10017
(212) 599-7000

Grace Caroline Twehous

95 - Communications

57 W 106th St.
Apt. 6A
New York, NY 10025

Payment Summary	
Gross earnings	$2,496.15
Total taxes and deductions	-$791.96
Net pay	**$1,704.19**
Direct deposit to **CENTRAL BANK XXX3470**	$1,704.19

Gross Earnings

Description	Rate	Hours	Current	YTD
Fringe benefits - Taxable gym membership			$0.00	$294.00
Overtime	$46.14	0h 45m	$34.61	$557.54
Salary ($64,000.00/year)		56h 0m	$2,461.54	$44,307.72
Supplemental pay: Other			$0.00	$145.53
Gross Earnings Totals		**56h 45m**	**$2,496.15**	**$45,304.79**

Taxes Withheld

Description	Current	YTD
Federal Income Tax	$197.42	$3,588.62
Social Security	$153.81	$2,764.06
Medicare	$35.97	$646.45
New York Income Tax	$103.48	$1,885.75
New York City Income Tax (New York County)	$76.90	$1,381.65
Taxes Withheld Totals	**$567.58**	**$10,266.53**

Pre-Tax Deductions		
Description	**Current**	**YTD**
401(k) deferral	$199.69	$3,593.00
Healthcare FSA	$15.38	$276.84
Transit	$0.00	$420.00
Vision	$0.00	$26.32
Pre-Tax Deductions Totals	**$215.07**	**$4,316.16**

After-Tax Deductions		
Description	**Current**	**YTD**
New York Paid Family Leave	$9.31	$168.98
Paid in kind	$0.00	$294.00
After-Tax Deductions Totals	**$9.31**	**$462.98**

Paid Time Off (PTO) Policies			
Description	**Used**	**Accrued**	**Balance**
Sick and Safe Leave		N/A	5.5 days
Vacation			14 days
Personal Days			1 day
Summer Fridays			0 days
Covid-19 Vaccination		N/A	1 day
Bereavement			5 days
A la Carte Vacation Days			0 days
COVID-19 Isolation Leave		N/A	5 days

Justworks

Wage Statement

Pay Period Start	Pay Period End	Pay Date
08/25/2024	09/07/2024	09/13/2024

Justworks Employment Group LLC 46-2283648

PEO for Manhattan Institute for Policy Research, Inc.
52 Vanderbilt Ave
New York, NY 10017
(212) 599-7000

Grace Caroline Twehous

95 - Communications

57 W 106th St.
Apt. 6A
New York, NY 10025

Payment Summary	
Gross earnings	$2,461.54
Total taxes and deductions	-$830.16
Net pay	**$1,631.38**
Direct deposit to **CENTRAL BANK XXX3470**	$1,631.38

Gross Earnings

Description	Rate	Hours	Current	YTD
Fringe benefits - Taxable gym membership			$0.00	$294.00
Overtime	$46.14	0h 0m	$0.00	$557.54
Salary ($64,000.00/year)		80h 0m	$2,461.54	$46,769.26
Supplemental pay: Other			$0.00	$145.53
Gross Earnings Totals		**80h 0m**	**$2,461.54**	**$47,766.33**

Taxes Withheld

Description	Current	YTD
Federal Income Tax	$185.00	$3,773.62
Social Security	$147.22	$2,911.28
Medicare	$34.43	$680.88
New York Income Tax	$97.79	$1,983.54
New York City Income Tax (New York County)	$72.60	$1,454.25
Taxes Withheld Totals	**$537.04**	**$10,803.57**

Pre-Tax Deductions		
Description	**Current**	**YTD**
401(k) deferral	$196.92	$3,789.92
Healthcare FSA	$15.38	$292.22
Transit	$70.00	$490.00
Vision	$1.64	$27.96
Pre-Tax Deductions Totals	**$283.94**	**$4,600.10**

After-Tax Deductions		
Description	**Current**	**YTD**
New York Paid Family Leave	$9.18	$178.16
Paid in kind	$0.00	$294.00
After-Tax Deductions Totals	**$9.18**	**$472.16**

Paid Time Off (PTO) Policies			
Description	**Used**	**Accrued**	**Balance**
Sick and Safe Leave		N/A	5.5 days
Vacation			14 days
Personal Days			1 day
Summer Fridays			0 days
Covid-19 Vaccination		N/A	1 day
Bereavement			5 days
A la Carte Vacation Days			0 days
COVID-19 Isolation Leave		N/A	5 days

DISCOVER

ONLINE SAVINGS

Account Number: [redacted]
Statement Period: Apr 01, 2024 - Jun 30, 2024

ACCOUNT SUMMARY

Beginning Balance	$41,608.19	Annual Percentage Yield Earned	4.23%
Deposits and Credits	+$25,528.22	Interest Earned This Period	$528.21
Electronic Withdrawals	-$0.00	Interest Paid Year-to-Date	$963.72
Service Charges, Fees, and Other Withdrawals	-$0.00	Days in Statement Period	91
Ending Balance	$67,136.41	Average Daily Balance	$50,821.25

ACCOUNT ACTIVITY

Deposits and Credits

Eff. Date	Syst. Date	Description		Amount
Apr 30	Apr 30	Interest Paid	$	142.57
May 29	May 29	ACH Deposit From The Central Trust Bank		25,000.00
May 31	May 31	Interest Paid		156.39
Jun 30	Jun 30	Interest Paid		229.26
		TOTAL DEPOSITS AND CREDITS	$	25,528.22

Eff. Date - for interest bearing products, the date interest calculation is impacted by transaction.
Syst. Date - the date transaction is generally processed and posted.

Overdraft/Returned Item Fees Summary

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Contact Us

Online
DiscoverBank.com

Mobile
Download our app

Phone
1-800-347-7000
Hearing/Speech Impaired
Dial 711 (Relay Service)

Mail
Discover Bank, PO Box 30416
Salt Lake City, UT 84130

Please fold on the perforation below, detach and return with your deposit.

See last page for important information about your account.

GRACE C TWEHOUS
57 W 106th St Apt 6a
New York, NY 10025-3876

Deposit Slip Account number ending in 6994

Date

List Checks Separately	Dollars	Cents
	$	.
	$	.
	$	.
	$	.
	$	.
TOTAL	$	.

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL
Do not send cash or staple checks to this form.
Mail to: Discover Bank, PO Box 30417, Salt Lake City, UT 84130

⑆031100649⑆ 704607699⑈ 110

CONTACT US

Online
Access your account securely at DiscoverBank.com

Mobile
Download our mobile app in your app store to manage your account, anytime, anywhere

Phone
U.S.-based customer service team 24/7 at 1-800-347-7000
Hearing/Speech Impaired
Dial 711 (Relay Service)

Mail
Discover Bank
PO Box 30416
Salt Lake City, UT 84130

Balancing Your Bank Statement

Month _____ 20 _____

Withdrawals outstanding—not charged to account

DATE/NO.	$	
TOTAL		

Bank balance shown on this statement $ _____

ADD +

Deposits not credited in this statement (if any)
$ _____
$ _____
$ _____

TOTAL $ _____

SUBTRACT –

Withdrawals Outstanding $ _____

BALANCE $ _____

Statement balance should agree with your account register balance after deducting a service charge (if any) shown on this statement for the previous month.

Important Information

In Case of Errors or Questions About Your Electronic Transfers

Telephone us at 1-800-347-7000 or write us at Discover Bank, PO Box 30411, Salt Lake City, UT 84130 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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

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

Preauthorized Credits

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at 1-800-347-7000 to verify whether or not the deposit has been made.

Trust-Grace

xxxxx0323

Total Market Value

$52,115.17

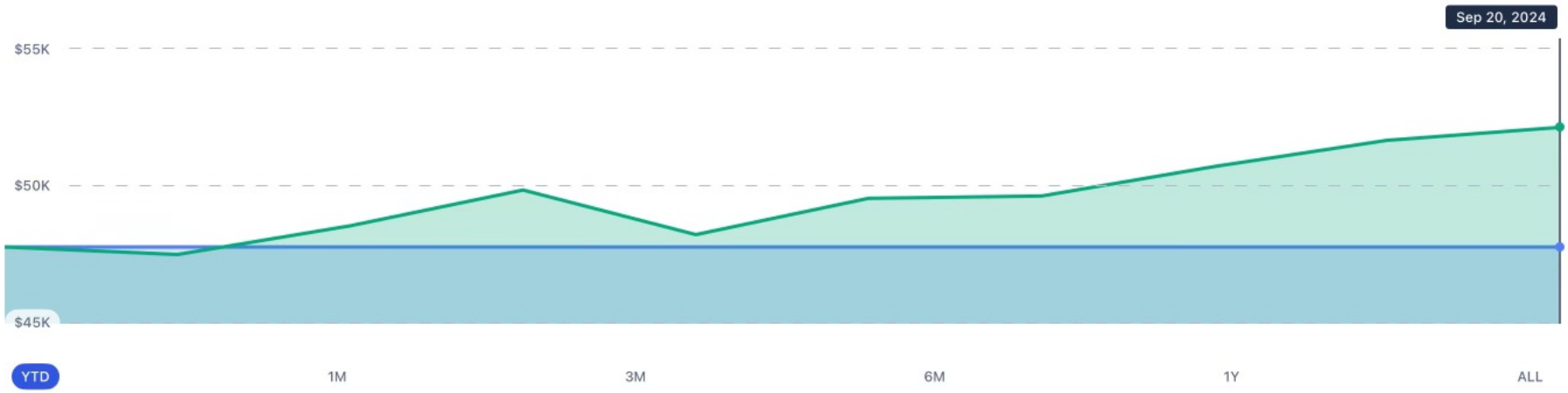
As of Sep 20 at 1:00 PM

PAST 30 DAYS

-

Performance

As of Sep 20, 2024 at 12:00 AM



Calculation Method	Dollar-Weighted
Total Market Value	$52,115.17
Net Contributions	$0.00
Change In Market Value	$4,333.21
Dollar-Weighted Rate of Return	9.06%

Unrealized Gain/Loss

Non-Custodial 529 Trust-Grace

xxxxxxx3999

Total Market Value

$6,595.25

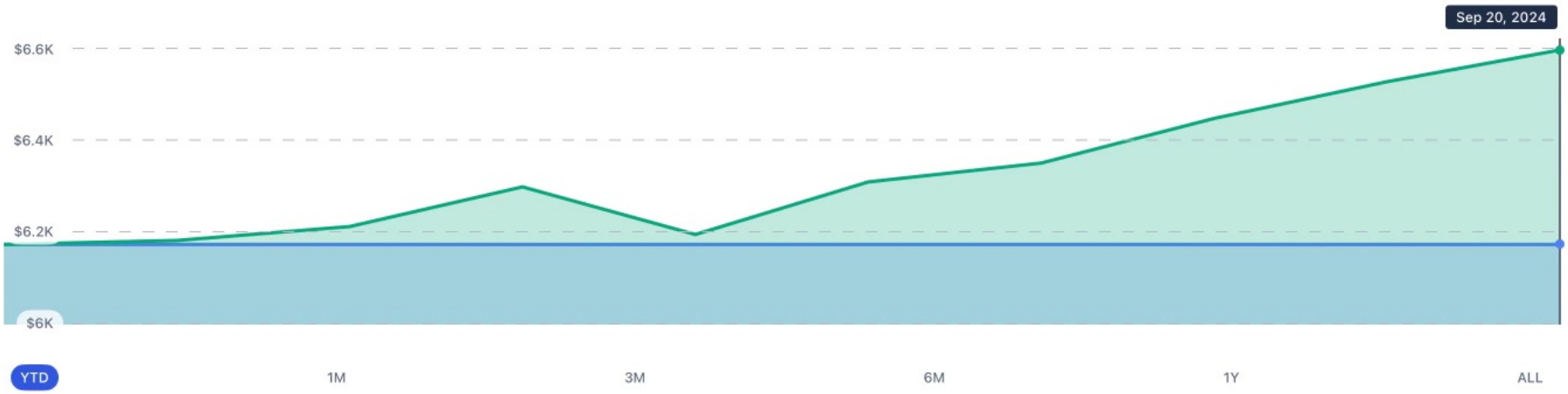
As of Sep 20 at 1:00 PM

PAST 30 DAYS

-

Performance

As of Sep 20, 2024 at 12:00 AM



Calculation Method	Dollar-Weighted
Total Market Value	$6,595.25
Net Contributions	$0.00
Change In Market Value	$421.48
Dollar-Weighted Rate of Return	6.83%

NEW YORK STATE USA

DRIVER LICENSE

Mark JF Schroeder
Commissioner of Motor Vehicles

ID 613 250 892

Class D

TWEHOUS
GRACE,CAROLINE
57 W 106TH ST APT 6A
NEW YORK, NY 10025

DOB 03/09/2000
Issued 02/13/2023
Expires 03/09/2027
E NONE
R NONE
Sex F Height 5'-03" Eyes BRO

MAR
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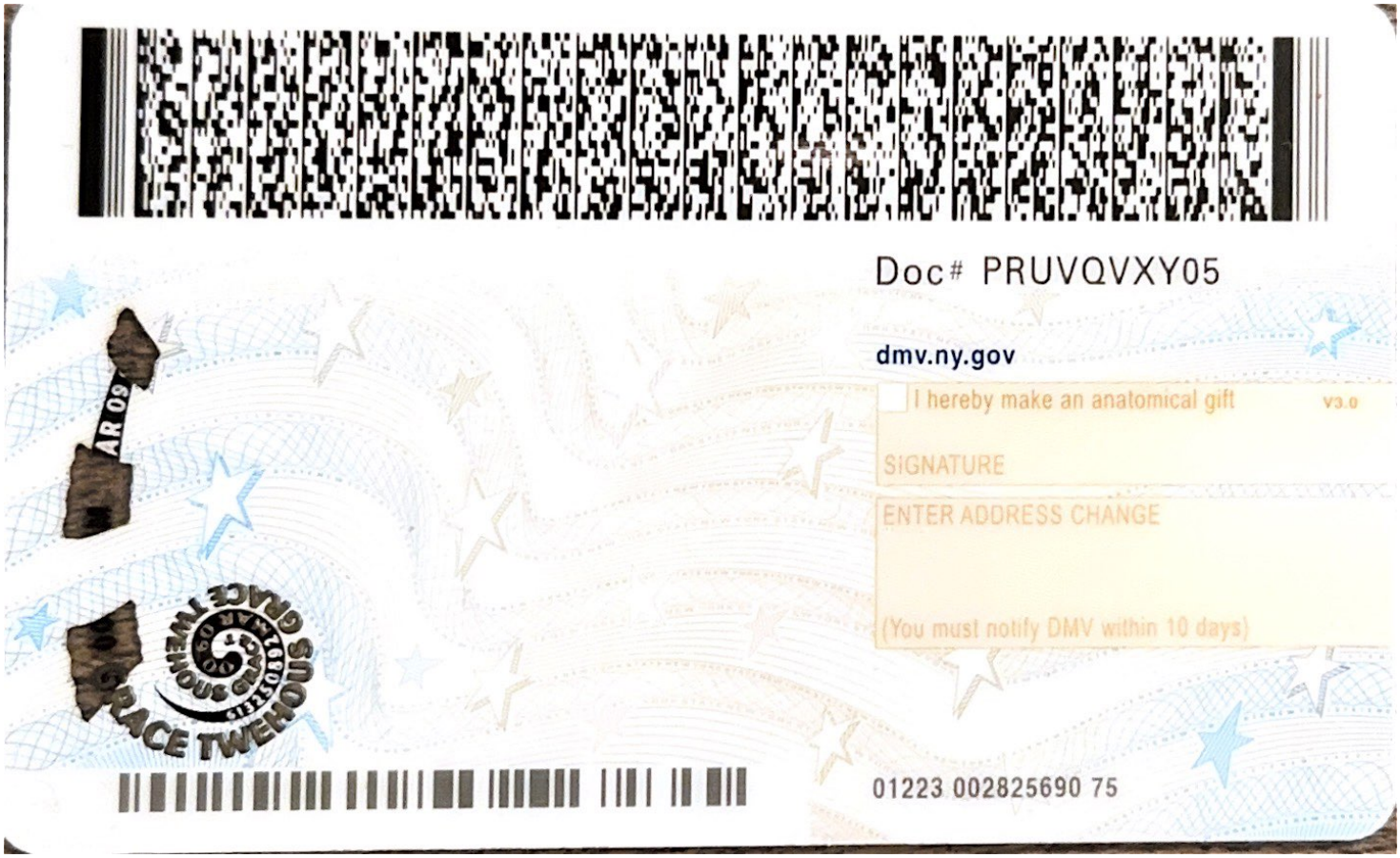
GRACE TWEHOUS


Doc# PRUVQVXY05
dmv.ny.gov
I hereby make an anatomical gift
v3.0
SIGNATURE
ENTER ADDRESS CHANGE
(You must notify DMV within 10 days)
AR 09
GRACE TWEHOUS
01223 002825690 75