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
Sidiqi	Baho	U.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	11/5/1993	(347) 200 - 0057 - Mobile

EMAIL
bsidiqi@northwell.edu

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
394 Woodbury Road	Woodbury	NY	11797

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

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Assistant Professor	Northwell Health

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Louis Potters, MD	(516) 321 - 3000	$410,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
450 Lakeville Road	Lake Success	NY	11042

OCCUPATION	EMPLOYER/COMPANY
Clinical Professor	NYU Langoine

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Robert Femia	(212) 263 - 0511	$280,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
545 First Avenue	New York	NY	10016-6402

BACKGROUND INFORMATION

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

VEHICLE INFORMATION

1. MAKE	MODEL	YEAR
Tesla	Y	2023

COLOR	PLATE	STATE
Grey	KEV6140	NY

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:
394 Woodbury Road, Woodbury, NY 11797 - US

Initials: B.S. 945805A2

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 Baho U. Sidiqi*

Signed by Baho U. Sidiqi
Sun Sep 29 2024 05:04:17 PM EDT
Key: 945805A2; IP Address: 47.17.55.1

Baho U. Sidiqi *(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
Baho U Sidiqi	XXXXXXXXXXXX7103	15112462	$21.50

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

Initials: B.S. 945805A2

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 Baho U. Sidiqi

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 Baho U. Sidiqi: 617			
		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)	$690,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $7,663.69)
Total number of accounts	30
Accounts with no late payments	30 (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	$243,183.00 ($0.00 past due)
Outstanding revolving debt	$102,821.00 (24% of limit) ($0.00 past due)
Outstanding loan balance	$140,362.00 ($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:	Baho U. Sidiqi	BAHO U. SIDIQI
SSN:	***-**-****	***-**-****
Birth Date:	11/**/1993	11/**/1993

Addresses	From Application	From Equifax
	394 Woodbury Road Woodbury, NY 11797 - US	15 CARMAN RD. DIX HILLS, NY 11746 (Applicant) Reported 9/2024 12 CORNWALL LN. HICKSVILLE, NY 11801 (Applicant) Reported 9/2024 18802 64TH AVE. 4G FRESH MEADOWS, NY 11365 (Applicant) Reported 10/2015

Employment	From Application	From Equifax
Applicant:	Assistant Professor Northwell Health $410,000.00/Yr. Clinical Professor NYU Langoine $280,000.00/Yr. Total annual Income: $690,000.00	

Employment Verifications

From RealPage

Requested For	**Employer**	**Position Held**	**Annual Salary**	**Supervisor**
Baho U. Sidiqi Requested Date 9/30/2024	Northwell Health	Assistant Professor	$410,000.00	Louis Potters, MD (516) 321 - 3000
	Results Pending			

Requested For Baho U. Sidiqi Requested Date 9/30/2024	**Employer** NYU Langoine	**Position Held** Clinical Professor	**Annual Salary** $280,000.00	**Supervisor** Robert Femia (212) 263 - 0511
	Results Pending			

Criminal and Other Public Records

Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Baho U. Sidiqi	Multistate Search	9/30/2017 - 9/30/2024	9/30/2024	9/30/2024

Results
No Records Found

National Sex Offender Registry History

Requested For	**Date Requested**	**Date Returned**
Baho U. Sidiqi	9/30/2024	9/30/2024

Results
No Records Found

Restricted Person Search

Requested For	**Requested**	**Returned**
Baho U. Sidiqi	9/30/2024	9/30/2024

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	**Score**	**Score Factors**
RealPage AI Score (Applicant)	617	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)	578	Total of all balances on bankcard or revolving accounts is too high The date that you opened your oldest account is too recent Lack of sufficient relevant first mortgage account information Balances on bankcard or revolving accounts too high compared to credit limits

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).

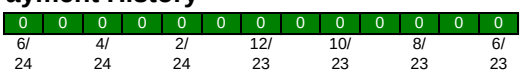
Credit Accounts

From Equifax

Account Name	**Opened**	**Last Active**	**30-59**	**60-89**	**90+**	**Past Due**	**Balance**
MOHELA/DEPT OF ED (Applicant)	5/2023	5/2024					$102,653.00

Monthly Payment	**High Credit**	**Type**	**Comments**
$422.00	$101,053.00	INSTALLMENT	Rate/Status 1: Pays account as agreed

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	6/2023	8/2024					$46,173.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$46,173.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO AUTO CRE (Applicant)	12/2023	7/2024					$37,709.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$692.00	$40,871.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0
8/ 24	6/ 24	4/ 24	2/ 24				

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	5/2016	8/2024					$21,748.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$2,060.00	$21,748.00	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
9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23	5/ 23	3/ 23	1/ 23	11/ 22											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	7/2021	8/2024					$17,469.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$780.00	$17,469.00	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
9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23	5/ 23	3/ 23	1/ 23	11/ 22											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	7/2024	8/2024					$14,574.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$145.00	$14,711.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

0	0
9/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	4/2023	7/2024					$1,906.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$4,550.00	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
8/ 24	6/ 24	4/ 24	2/ 24	12/ 23	10/ 23	8/ 23	6/ 23								

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TD RCS/SAMSUNG (Applicant)	2/2024	8/2024					$774.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$43.00	$1,068.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0						
	9/24 7/24 5/24 3/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/GOOGLE (Applicant)	5/2023	8/2024					$177.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$22.00	$546.00	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						
	9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
US BANK (Applicant)	9/2020	11/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$40,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	12/23 10/23 8/23 6/23 4/23 2/23 12/22 10/22 8/22 6/22 4/22 2/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	1/2017	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$21,000.00	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						
	5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22 1/22 11/21 9/21 7/21						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	6/2017	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$20,500.00	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						
	5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22 1/22 11/21 9/21 7/21						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	7/2016	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$11,792.00	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						
	5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22 1/22 11/21 9/21 7/21						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	7/2016	4/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$11,791.00	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
5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21		9/ 21		7/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	3/2008	6/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$9,939.00	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	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	8/2018	6/2020					$0.00

Monthly Payment	High Credit	Type	Comments
	$7,743.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9/ 20		7/ 20		5/ 20		3/ 20		1/ 20		11/ 19		9/ 19		7/ 19		5/ 19		3/ 19		1/ 19		11/ 18	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	9/2016	10/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$7,614.00	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	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	2/2018	4/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$6,000.00	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
5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21		9/ 21		7/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	3/2012	7/2016					$0.00

Monthly Payment	High Credit	Type	Comments
	$5,220.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2/ 22		12/ 21		10/ 21		8/ 21		6/ 21		4/ 21		2/ 21		12/ 20		10/ 20		8/ 20		6/ 20		4/ 20	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	3/2019	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,000.00	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
5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21		9/ 21		7/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	10/2018	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,000.00	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
5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21		9/ 21		7/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	1/2016	6/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$4,109.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	4/2018	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$4,000.00	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
5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21		9/ 21		7/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	11/2012	2/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,051.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	3/2013	11/2020					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,642.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History						

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	5/2017	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,583.00	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
5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22		1/ 22		11/ 21		9/ 21		7/ 21	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/LOWES (Applicant)	7/2011	4/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,392.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	7/2016	8/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,929.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	12/2007	3/2009					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,327.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	8/2011						$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,001.00	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	

Previous Credit Inquiries	
From Equifax	
7/2024	WELLS FARGO CARD SER (Applicant)
7/2024	CAPITAL ONE BANK USA (Applicant)
3/2024	XACTUS (Applicant)

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

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

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

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
BAHO u	SIDIQI	492 19 8736
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.
12 Cornwall Ln

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Hicksville NY 118013740

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	87,388.
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	87,388.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	-3,000.
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	84,388.
10	Adjustments to income from Schedule 1, line 26				10	158.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	84,230.
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	70,380.

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	10,790.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,790.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	7,500.
	21	Add lines 19 and 20	21	7,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,290.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	3,290.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 11,168.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	11,168.
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) . . . . . No — 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	11,168.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	7,878.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	7,878.
Direct deposit? See instructions.	b	Routing number 021000021 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 973733546		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Resident Physician	
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. (347)200-0057 Email address

Paid Preparer Use Only

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

Firm's name Self-Prepared Phone no.

Firm's address Firm's EIN

Northwell Health®

April 19, 2024

Baho U. Sidiqi, M.D., MPH
12 Cornwall Lane
Hicksville, NY 11801

Dear Dr. Sidiqi:

It is with great pleasure that we make this offer of employment to you to join Northwell Health, Inc. ("Northwell") as a full-time staff physician in the Department of Radiation Medicine (the "Department") at Long Island Jewish Medical Center ("Hospital"). The care provided to the patients of Northwell will be enhanced by your joining us and together we will commit to assure that we offer only the highest quality of care to our patients. Once this letter is signed by you and the authorized representatives of the Hospital and Northwell in the spaces provided on the signature page hereof, then it shall become a binding agreement ("Agreement").

Your employment under this Agreement shall commence on the later of (i) October 1, 2024, or (ii) the Monday following the date upon which you obtain appointment as a member of the Hospital's Medical Staff and clinical privileges at Hospital ("Commencement Date"); provided, however, if for any reason you do not obtain such appointment and clinical privileges within one hundred twenty (120) days of the date of this Agreement, Hospital's obligations under this Agreement shall immediately terminate. Your employment shall be for an initial term of three (3) years ("Initial Term"). Thereafter, this Agreement shall automatically renew on the anniversary of the Commencement Date for successive terms of one (1) year, unless either party provides the other party with written notice of its intention not to renew at least one hundred twenty (120) days prior to the end of the then current term, or unless it is earlier terminated by either party in accordance with the terms of the Northwell Health Physician Manual ("Manual"). In the event of termination of your employment by the Hospital under circumstances where severance is payable, for a period of four (4) months, you shall receive Severance Payments and Severance Benefits (as defined in the Manual) provided you execute a comprehensive general release of the Hospital, Northwell and their affiliates as provided in the Manual.

As of the Commencement Date, we are pleased to offer you compensation as set forth in **Schedule A**, and you will be eligible to participate in the benefits program offered by the Hospital to all similarly situated full-time staff physicians, as such may exist from time to time. The Hospital and Northwell reserve the right to modify the benefits program. All revenues generated by you for professional services provided under the terms of this Agreement shall belong to the Hospital, and

you hereby assign to the Hospital or its designee the right to receive and disburse such revenue, including but not limited to federal and state meaningful use and quality incentive payments. You agree to execute any and all documents necessary to effectuate the foregoing.

Your employment is subject to and contingent upon your achieving and maintaining appointment as a member of Hospital's Medical Staff and clinical privileges appropriate to your clinical responsibilities. In the event you provide clinical services at another Northwell hospital, you shall be required to achieve and maintain a Medical Staff appointment and clinical privileges at such other hospital. Nothing in this Agreement shall constitute any assurance or guarantee to you of such Medical Staff appointment and clinical privileges at the Hospital. Further, your Medical Staff appointment and clinical privileges are subject to and contingent upon your continued active employment by the Hospital. Notwithstanding anything to the contrary contained herein or in the Hospital's Medical Staff Bylaws, (i) if you cease for any reason to be employed by the Hospital, upon such cessation of employment you shall cease to be a member of the Hospital's Medical Staff and cease to have the right to exercise clinical privileges at the Hospital and at any other Northwell hospital at which you have been providing professional services, and (ii) if your employment is suspended, upon such suspension you will be suspended as a member of the Hospital's Medical Staff and your right to exercise clinical privileges at the Hospital and any other Northwell hospital at which you have been providing professional services will be suspended. Under either such circumstance, you will not be entitled to any notice, hearing or review as may be provided for in the Medical Staff Bylaws, and you hereby waive any such notice, hearing and review.

By accepting this offer, you hereby covenant and agree that, during the term of this Agreement and until the date that is one (1) year following the cessation of your employment for any reason, you shall not, without the prior written approval of the Executive Vice President, Ambulatory Strategy & Business Development, manage, operate, control or engage in the operation of, consult with or for, be employed by or otherwise provide services to or participate in any manner at Optum, Inc., including but not limited to its affiliate Optum Medical Care, P.C., within the State of New York, Catholic Health, NYU Langone Health, including but not limited to New York University School of Medicine, Mount Sinai Health System, Memorial Sloan Kettering Cancer Center, New York Cancer & Blood Specialists or any of the foregoing entities' parents, subsidiaries, successors or affiliates**.** The foregoing covenant applies to you personally in your individual capacity, and as an employee, agent, principal, shareholder, partner or representative of, or the holder of an ownership interest in, any person, partnership, firm, corporation or other entity. Notwithstanding anything to the contrary, the provisions of this paragraph shall be waived and shall not be applicable to you (i) if Hospital terminates your employment for a reason other than cause, or (ii) if, after the Initial Term, Hospital does not renew this Agreement or offers to renew this Agreement on terms which are materially different than those set forth in this Agreement and such terms are unacceptable to you.

In addition, during the term of this Agreement and until the date that is one (1) year following the cessation of your employment for any reason, you will not actively solicit for employment as your employee or the employee of any medical practice or health care entity with which you may become associated, any person who is or was an employee of the Hospital or its affiliates at any time during the six (6) months preceding the date of cessation of your employment without the permission of the Executive Vice President, Ambulatory Strategy & Business

Development or the Chair of the Department. You further agree not to utilize any Hospital patient records, either clinical or financial, regardless of how these records were obtained or originated, for the purpose of contacting former patients or for any other purpose. In addition, during your employment or following cessation of your employment for any reason, you expressly agree not to solicit patients of the Hospital and any patients treated by you within in the scope of your employment under this Agreement.

At the time that this Agreement is signed and on the Commencement Date, you represent and warrant that you are not a party to any agreement that would prohibit you from entering into this Agreement or providing services for and on behalf of Northwell and the Hospital. If such representation is found to be (or becomes) untrue after the Commencement Date, then Northwell's and Hospital's obligations hereunder shall terminate immediately.

As an employee of the Hospital, you will be subject to all applicable Northwell, Hospital and Departmental policies and procedures, codes of conduct, and the Manual, which are subject to amendment from time to time. Prior to your start, you must also successfully complete a background check and health screening. The parties hereto certify that they will not violate the Stark Law, 42 U.S.C. § 1395nn, or the Federal Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b), in connection with their performance hereunder.

This Agreement constitutes the entire agreement between you, the Hospital, and Northwell and supersedes all prior agreements between the parties. This Agreement may only be modified or amended by a writing signed by all parties; however, Hospital may assign this Agreement, or any of its rights or obligations hereunder on the same terms and conditions, to any wholly-owned affiliate of Hospital or Northwell, or any of its parent or subsidiary entities, upon written notice to you. Further, this Agreement is confidential and shall not be shared with anyone except your attorney and/or accountant, who shall also keep such terms confidential. Our signatures below affirm our mutual intention to maintain the strict confidentiality of this Agreement and all discussions related to the terms herein. Nothing herein shall prohibit you from inquiring about, discussing, or disclosing your terms and conditions of employment to the extent such activity is protected by law. A copy of this Agreement in "portable document format" (".pdf") form, or by any other electronic means intended to preserve the original appearance of a document, will have the same effect as the paper document bearing the original signature.

If you agree with the terms of this offer, please sign below and return this document as soon as possible. The within offer of employment shall be deemed withdrawn if you do not sign and return this letter within thirty (30) days of the date hereof. We are delighted by the prospect of having you join us, and we look forward to a mutually productive and exciting future together.

Sincerely,

LONG ISLAND JEWISH MEDICAL CENTER

NORTHWELL HEALTH, INC.

By:_____
Deborah Schiff
Executive Vice President
Ambulatory Strategy & Business Development

By:_____
Louis Potters, M.D., FACR
Chair, Department of Radiation Medicine

ACCEPTED:

_____
Baho U. Sidiqi, M.D., MPH

Date: _____

Baho U. Sidiqi, M.D., MPH

SCHEDULE A

I. DEFINITIONS

"Year" shall mean the applicable calendar year.

II. COMPENSATION

A. **Clinical Base Salary** – For your provision of clinical services as a full-time staff physician pursuant to this Agreement, you shall receive a clinical base salary (pro rated as appropriate) at the annual rate of **Four Hundred Ten Thousand Dollars ($410,000.00)** ("Clinical Base Salary"), payable in accordance with Hospital's regular payroll practices.

B. **Incentive Bonus** – You shall be eligible to receive an amount up to **Fifty Five Thousand Dollars ($55,000.00) per year** as an annual incentive bonus ("Bonus"); provided however, Hospital's distribution of the Bonus to you shall be contingent upon your (i) continuous employment during the prior Year; and (ii) achievement of the performance measures set forth in the Department's policies and procedures. On an annual basis, the Hospital shall have the right to prospectively change what constitutes the performance goals, the percent of distribution associated with each performance goal and the baseline metric for each performance goal.

C. **Signing Bonus** – Provided you sign this Agreement on or before May 3, 2024, you shall be eligible to receive a one-time signing bonus in the amount of **Thirty Thousand Dollars ($30,000.00)**, payable within the forty-five (45) day period after the Commencement Date.

CHASE

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

July 10, 2024 through August 08, 2024
Primary Account: **000000973733546**

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

01213124 DRE 802 219 22224 NNNNNNNNNNN 1 000000000 06 0000
BAHO USMAN SIDIQI
15 CARMAN RD
DIX HILLS NY 11746-5650

12131240201000000022

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase College Checking	000000973733546	$8,020.93	$5,492.72
Chase Savings	000003027165046	25.02	50.03
Total		**$8,045.95**	**$5,542.75**
TOTAL ASSETS		**$8,045.95**	**$5,542.75**

CHASE COLLEGE CHECKING

BAHO USMAN SIDIQI

Account Number: 000000973733546

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$8,020.93**
Deposits and Additions	150.00
Electronic Withdrawals	-2,678.21
Ending Balance	**$5,492.72**

Your account ending in 5046 is linked to this account for overdraft protection.

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $3,642.33. Note: some deposits may be listed on your previous statement)
- **OR, keep an average ending day balance of $1,500.00 or more in this account.**
  (Your average ending day balance in this account was $6,738.26)

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
08/05	Remote Online Deposit 1	$150.00
Total Deposits and Additions		**$150.00**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
07/11	Google Store Payment 604597100340705 Web ID: 9130142001	$22.78
07/12	Online Transfer To Sav ...5046 Transaction#: 21070102577	25.01
07/12	07/12 Payment To Chase Card Ending IN 0557	490.00
07/12	07/12 Payment To Chase Card Ending IN 0557	94.66
07/15	Capital One Crcardpmt 3Xuljkgcwxip217 Web ID: 9541719318	21.73
07/16	07/16 Payment To Chase Card Ending IN 0557	143.07
07/23	American Express ACH Pmt A6404 Web ID: 9493560001	341.85
07/29	Wells Fargo Auto Draft PPD ID: 0122287170	692.66
07/29	Venmo Payment 1035938699100 Web ID: 3264681992	126.00
08/05	08/05 Payment To Chase Card Ending IN 0557	481.99
08/05	08/05 Payment To Chase Card Ending IN 7103	75.00
08/07	TD Bank Payment Baho Sidiqi Web ID: 4010137770	43.46
08/07	Venmo Payment 1036127374118 Web ID: 3264681992	20.00
08/07	Zelle Payment To Babor Azizi Jpm99Alkre91	100.00
Total Electronic Withdrawals		**$2,678.21**

CHASE

July 10, 2024 through August 08, 2024
Primary Account: **000000973733546**

CHASE SAVINGS

BAHO USMAN SIDIQI

Account Number: 000003027165046

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$25.02**
Deposits and Additions	25.01
Ending Balance	**$50.03**

Annual Percentage Yield Earned This Period 0.00%

Your monthly service fee was waived because you made a total of $25 or more in qualifying repeating automatic transfers from a Chase checking account to this account in the last statement period.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$25.02**
07/12	Online Transfer From Chk ...3546 Transaction#: 21070102577	**25.01**	50.03
	Ending Balance		**$50.03**

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

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CHASE

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

August 09, 2024 through September 10, 2024
Primary Account: **000000973733546**

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

01225959 DRE 802 219 25524 NNNNNNNNNNN 1 000000000 06 0000
BAHO USMAN SIDIQI
15 CARMAN RD
DIX HILLS NY 11746-5650

12259590301000000023

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
Chase College Checking	000000973733546	$5,492.72	$4,761.71
Chase Savings	000003027165046	50.03	75.04
Total		**$5,542.75**	**$4,836.75**
TOTAL ASSETS		**$5,542.75**	**$4,836.75**

CHASE COLLEGE CHECKING

BAHO USMAN SIDIQI

Account Number: 000000973733546

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$5,492.72**
Deposits and Additions	19,298.87
Electronic Withdrawals	-20,029.88
Ending Balance	**$4,761.71**

Your account ending in 5046 is linked to this account for overdraft protection.

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow[SM] network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $1,198.87. Note: some deposits may be listed on your previous statement)

- **OR, keep an average ending day balance of $1,500.00 or more in this account.**
  (Your average ending day balance in this account was $12,127.61)

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
08/12	Venmo Cashout PPD ID: 5264681992	$400.00
08/13	Real Time Transfer Recd From Aba/Contr Bnk-021000021 From: Bnf-Baho Sidiqi Via Wise Ref: 1009846563-Baho Info: Text- Iid: 20240813021000021P1Brjpc00010101330 Recd: 22:51:57 Trn: 0111550227Ge	698.87
08/13	Remote Online Deposit 1	400.00
08/13	Remote Online Deposit 1	400.00
08/13	Remote Online Deposit 1	300.00
08/13	Venmo Cashout PPD ID: 5264681992	100.00
08/16	ATM Cash Deposit 08/16 55 W Jericho Tpke Huntington St NY Card 4404	4,600.00
08/19	ATM Cash Deposit 08/19 17 Huntington Square M East Northpor NY Card 4404	7,800.00
08/19	Deposit 1540082285	400.00
08/19	Zelle Payment From Yama U Sidiqi 21781520467	2,000.00
08/20	Zelle Payment From Yama U Sidiqi 21787223760	2,000.00
08/22	Zelle Payment From Baktosh Ayoob Ctigvuvlvifl	200.00
Total Deposits and Additions		**$19,298.87**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
08/09	Zelle Payment To Mildred Pardo Jpm99Alpbqu7	$880.00
08/09	Zelle Payment To Khadidra Wedding Planner 21680816803	1,000.00
08/12	Venmo Payment 1036189767652 Web ID: 3264681992	643.57
08/12	Online Transfer To Sav ...5046 Transaction#: 21381733379	25.01
08/12	Google Store Payment 604597100340705 Web ID: 9130142001	22.78
08/14	Venmo Payment 1036268710975 Web ID: 3264681992	45.00
08/15	Capital One Crcardpmt 3Y156B2Crgmgrd7 Web ID: 9541719318	21.73
08/16	Venmo Payment 1036313121813 Web ID: 3264681992	150.00
08/20	American Express ACH Pmt M6628 Web ID: 2005032111	3,198.67
08/28	Wells Fargo Auto Draft PPD ID: 0122287170	692.66
09/03	Capital One Mobile Pmt 3Y44Arb7Qdxd3M4 Web ID: 9279744380	137.00
09/04	Zelle Payment To Nahid Bakhtari 21943545117	5,000.00
09/04	TD Bank Payment Baho Sidiqi Web ID: 4010137770	43.46
09/04	Capital One Mobile Pmt 3Y5Dbnv8U0ND5L7 Web ID: 9279744380	25.00
09/05	Zelle Payment To Nahid Bakhtari 21947797729	5,000.00
09/06	Zelle Payment To Nahid Bakhtari 21947817342	3,000.00
09/10	Capital One Mobile Pmt 3Y6Muw4Skr22C98 Web ID: 9279744380	145.00
Total Electronic Withdrawals		**$20,029.88**

CHASE SAVINGS

BAHO USMAN SIDIQI

Account Number: 000003027165046

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$50.03**
Deposits and Additions	25.01
Ending Balance	**$75.04**

Annual Percentage Yield Earned This Period 0.00%

Your monthly service fee was waived because you made a total of $25 or more in qualifying repeating automatic transfers from a Chase checking account to this account in the last statement period.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$50.03**
08/12	Online Transfer From Chk ...3546 Transaction#: 21381733379	**25.01**	75.04
	Ending Balance		**$75.04**

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

The following are excerpts of the more significant updates to *Section X. Arbitration; Resolving Disputes* to be published November 17, 2024:

- **What claims or disputes subject to arbitration?:**
  Claims or disputed factual or legal issues that arise out of or relate in any way to any aspect of our relationship or interactions with each other, including but not limited to your deposit account, transactions involving your deposit account, whether actual, potential, canceled, or other transactions, any product, service, or agreement with us, or interactions of any kind with Chase employees are subject to arbitration.
- **Can I (customer) cancel or opt out of this agreement to arbitrate?:**
  You have the right to opt out of this agreement to arbitrate if you tell us within sixty (60) days of opening your account, or by January 16, 2025, whichever is later. The exclusive way to opt out is by calling us at 1-800-935-9935. Any other method, form, or means of opting out will be treated as invalid or ineffective. Requests to opt out made more than sixty (60) days after opening your account or by January 16, 2025, whichever is later, will be invalid.
- **Does arbitration apply to Claims involving third parties?:**
  For purposes of arbitration, "you" includes any person who is listed on your account or claims a right or interest in your account, and "we" and "us" includes JPMorgan Chase Bank, N.A., all its affiliates, third-party beneficiaries of this agreement and all third parties who are regarded as agents or representatives of ours in connection with a Claim.
- **How does arbitration work?:**
  Arbitration between us shall be administered by the American Arbitration Association ("AAA"), which will apply its Consumer Arbitration Rules in effect at the time the arbitration is commenced and the Mass Arbitration Supplementary Rules to mass arbitration matters. A single arbitrator shall conduct proceedings under the Consumer Arbitration Rules, and a Process Arbitrator and single Merits Arbitrator shall conduct each mass arbitration case. The Parties agree that, upon motion by either of us, the arbitrator or Merits Arbitrator shall have the power to decide dispositive issues of law prior to hearing, consistent with Federal Rules of Civil Procedure 12 and 56. All pleadings, information and documents exchanged, and the arbitrator's ruling shall be treated as confidential and have no precedential value. However, if either Party seeks to confirm the arbitrator's decision in court, the Parties agree that the documents necessary for such confirmation need not be filed under seal.
  Who will pay for costs?:
  Each Party will be responsible for the arbitration costs as allocated by the applicable AAA rules (www.adr.org). However, except for claims filed as part of a mass arbitration, if the arbitrator ultimately rules in your favor, you will be entitled to reimbursement by Chase for all fees you paid to the AAA.
  NEW SECTION: What about mass arbitration matters?:
  You agree that these additional requirements ("Mass Arbitration Procedures") shall apply to your Claim if it is filed as part of a "mass arbitration," which means twenty-five (25) or more arbitration claims involving the same or similar subject matter and/or issues of law or fact, and where representation of all claimants is the same or coordinated across the cases. You agree to these procedures even though they may delay the arbitration of your individual claim. If at any point you are unsatisfied with the speed by which your matter is proceeding, you are free to withdraw your arbitration demand and proceed in small claims court if the Claim is in that court's jurisdiction and proceeds on an individual basis.
  1. **Mass Arbitration Filing Requirements:**
     In addition to the requirements set forth in the AAA Mass Arbitration Supplementary Rules, you agree that upon commencing a case with the AAA, you will provide your name, full Chase account number, mailing address, telephone number, email address, a factual description of every disputed transaction for which you seek compensation (date, amount, and transaction type) and/or event (date, location, and individuals involved), explanation of the basis of your Claim, an itemized calculation of all alleged damages, and, if represented by counsel, a signed statement authorizing us to share information regarding your account and the Claim with them. You agree and understand that failure to provide this information may result in dismissal of your Claim, though you have the right to refile once you provide the information described in the previous sentence.
  2. **Process Arbitrator Appointment:**
     You and Chase agree that before an arbitrator is assigned to determine the merit of your claim, a "Process Arbitrator" will be appointed. The Process Arbitrator will have the authority to ensure these Mass Arbitration Procedures and the AAA rules are followed. The Parties agree that the Process Arbitrator will be selected by the process set forth in AAA Mass Arbitration Supplementary Rule MA-7(a). In short, each Party will receive a list of proposed Process Arbitrators provided by the AAA and will meet and confer to identify a mutually-agreeable candidate. If the Parties cannot agree, they will submit their preferences to the AAA, and the AAA will select a Process Arbitrator.

3. **Matters To Be Decided by a Process Arbitrator:**
In addition to the authority outlined in AAA Mass Arbitration Supplementary Rules, the parties agree that the Process Arbitrator shall be empowered to resolve any dispute regarding whether your Claim should be dismissed because, for example, you failed to comply with the Mass Arbitration Filing Requirements, any other requirements outlined in this agreement, or any other reason. You agree that if the Process Arbitrator finds you failed to comply with any requirement, your claim will be dismissed, without prejudice to refiling once the deficiencies are remedied. The Process Arbitrator will also have the power to decide whether, based on the information submitted in the Mass Arbitration Filing Requirements, other threshold eligibility issues for your case to proceed, including but not limited to whether you had an account at Chase, experienced the transaction, fee, or event at issue, or otherwise cannot pursue the claim due to a clear legal or factual deficiency, and to dismiss your claim as appropriate. The Process Arbitrator shall have the power to determine whether or not a given dispute regarding these Mass Arbitration Filing Requirements and/or Procedures are within their jurisdiction. The Process Arbitrator shall be authorized to afford any relief or impose any sanctions available under Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law.
4. **Mass Arbitration Procedures:**
Following the resolution of any disputes within the jurisdiction of the Process Arbitrator, if any, counsel for the claimants and counsel for Chase shall each select fifteen (15) cases (per side) to proceed first in individual arbitration proceedings on the merits of each claim. Unless the Parties otherwise agree, in no event shall any individual Merits Arbitrator be assigned more than three (3) cases. No AAA per case fee shall be assessed in connection with any case until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. The Parties agree that each side shall have the right to have fifteen (15) cases of their choosing proceed to final hearing before the process described in this section moves forward. After the first thirty (30) cases are resolved, counsel will meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties are unable to resolve the remaining cases after the conclusion of the initial thirty (30) proceedings and conferring in good faith, each side shall select another fifteen (15) cases (per side) to proceed to individual arbitration proceedings. Each of these thirty (30) cases shall be assigned to a different Merits Arbitrator, though if the Parties otherwise agree, a single Merits Arbitrator may be assigned up to three (3) cases. No AAA per case fee shall be assessed in connection with the remaining cases until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. After this second set of thirty (30) cases are resolved, counsel will again meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties do not reach a global resolution after the second set of cases are resolved, on either Party's motion, the Process Arbitrator can decide to expedite the proceedings by forgoing more rounds of case selection and instead assigning Merits Arbitrators to all of the remaining cases at once. If no motion is made, this Mass Arbitration Procedure shall continue with thirty (30) cases in each set of proceedings, consistent with the parameters identified above. You and Chase agree to engage in these Mass Arbitration Procedures in good faith, which includes an agreement to pay the Parties' respective case fee if your case is selected. Any dispute regarding any aspect of the specific Mass Arbitration Procedures outlined in this section shall be resolved by the Process Arbitrator.
5. **Interpretation and Enforcement of Mass Arbitration Provision:**
Any dispute regarding the interpretation or enforcement of these mass arbitration procedures shall be decided by the Process Arbitrator or, in cases that have been released to merits proceedings, the Merits Arbitrator. Their decisions regarding the mass arbitrations process and procedures shall be considered interlocutory in nature and not subject to immediate judicial review. If any terms of these Mass Arbitration Procedures are found to be legally unenforceable for any reason, then the proceedings shall otherwise continue in arbitration in accordance with AAA's Mass Arbitration Supplementary rules.

Long Island Jewish Medical Center
270-05 76th Ave, New Hyde Park, NY 11040 (516) 734-7000

BAHO SIDIQI
12 Cornwall Lane
Hicksville, NY 11801

Check Date : **01/22/2024** **Net Pay :** **$2,470.23**

General

Person Number:	252399	**Period Type:**	Semi Monthly
Annual Rate:	90,000.00	**Pay Begin Date:**	01/01/2024
Business Unit:	LIJMC	**Pay End Date:**	01/15/2024
Dept:	17642316 Radiation Oncolgy NSUH-LIJMC		
Job Title:	Chief Resident		

Tax Data

	Federal	State	Local
Tax Status:	Single or Married filing separately	NY: Single or Head of household	N/A
Allowances:	0	2	N/A
Add'l Pct:	N/A	N/A	N/A
Add'l Amt:	0.00	0.00	N/A

Earnings Summary

Earnings	Hours Current	Amount Current	Hours YTD	Amount YTD
Regular Salary		3,750.00		7,500.00
AP Expense	0.00	0.00	0.00	90.00
Meal Allowance FT	0.00	37.50	0.00	75.00
Wellness Credit	0.00	108.33	0.00	216.66
TOTAL:		**3,895.83**	**0.00**	**7,881.66**

Tax Deductions

Description	Current	YTD
FIT Withheld	468.50	937.00
Family Leave Insurance Employee Withheld (NY)	14.55	29.09
Medicare Employee Withheld	54.37	108.74
SDI Employee Withheld (NY)	1.30	2.60
SIT Withheld (NY)	173.72	347.44
Social Security Employee Withheld	232.49	464.98
TOTAL:	**944.93**	**1,889.85**

Earnings Details

Earnings	Start Date	End Date	Hours/Units	Rate	Factor	Amount
Regular Salary						3,750.00
Meal Allowance FT			0.00			37.50
Wellness Credit			0.00			108.33

PRE-TAX DEDUCTIONS

Description	Current	Year to Date
Flex Den	7.06	14.12
Flex HSA	10.42	20.84
Flex Med	129.10	258.20
Flex Vis	2.85	5.70
TA 401K Non Union	75.00	150.00
TOTAL:	**224.43**	**448.86**

POST TAX DEDUCTIONS

Description	Current	Year to Date
FLXSTD	9.90	19.80
GYMPASS	190.09	190.09
TA 401K Non Union Roth	56.25	112.50
TOTAL:	**256.24**	**322.39**

TAXABLE FRINGE BENEFITS

Description	Current	Year to Date
Group Term Life	3.40	6.80
TOTAL:	**3.40**	**6.80**

Paycheck Summary

Description	Gross Earnings	Federal Taxable Gross	Total Deductions	Total Taxes	Net Payment
Current	3,899.23	3,674.80	480.67	944.93	2,470.23
Year to Date	7,798.46	7,349.60	771.25	1,889.85	5,220.56

Net Pay Distribution

Paycheck Number	Payment Type	Account Type	Account Number	Amount
Advice #10321561137	Direct Deposit	CHECKING	XXXXX3546	2,470.23
Total Net Pay				**2,470.23**

Absence Balances

Message:	Visit myExperience for most current absence balances.

Long Island Jewish Medical Center
270-05 76th Ave, New Hyde Park, NY 11040 (516) 734-7000

BAHO SIDIQI
12 Cornwall Lane
Hicksville, NY 11801

Check Date : **02/07/2024** **Net Pay :** **$2,660.33**

General

Person Number:	252399	**Period Type:**	Semi Monthly
Annual Rate:	90,000.00	**Pay Begin Date:**	01/16/2024
Business Unit:	LIJMC	**Pay End Date:**	01/31/2024
Dept:	17642316 Radiation Oncolgy NSUH-LIJMC		
Job Title:	Chief Resident		

Tax Data

	Federal	State	Local
Tax Status:	Single or Married filing separately	NY: Single or Head of household	N/A
Allowances:	0	2	N/A
Add'l Pct:	N/A	N/A	N/A
Add'l Amt:	0.00	0.00	N/A

Earnings Summary

Earnings	Hours Current	Amount Current	Hours YTD	Amount YTD
Regular Salary		3,750.00		11,250.00
AP Expense	0.00	0.00	0.00	90.00
Meal Allowance FT	0.00	37.50	0.00	112.50
Wellness Credit	0.00	108.33	0.00	324.99
TOTAL:		**3,895.83**	**0.00**	**11,777.49**

Tax Deductions

Description	Current	YTD
FIT Withheld	468.50	1,405.50
Family Leave Insurance Employee Withheld (NY)	14.54	43.63
Medicare Employee Withheld	54.38	163.12
SDI Employee Withheld (NY)	1.30	3.90
SIT Withheld (NY)	173.72	521.16
Social Security Employee Withheld	232.48	697.46
TOTAL:	**944.92**	**2,834.77**

Earnings Details

Earnings	Start Date	End Date	Hours/Units	Rate	Factor	Amount
Regular Salary						3,750.00
Meal Allowance FT			0.00			37.50
Wellness Credit			0.00			108.33

PRE-TAX DEDUCTIONS

Description	Current	Year to Date
Flex Den	7.06	21.18
Flex HSA	10.42	31.26
Flex Med	129.10	387.30
Flex Vis	2.85	8.55
TA 401K Non Union	75.00	225.00
TOTAL:	**224.43**	**673.29**

POST TAX DEDUCTIONS

Description	Current	Year to Date
FLXSTD	9.90	29.70
GYMPASS	0.00	190.09
TA 401K Non Union Roth	56.25	168.75
TOTAL:	**66.15**	**388.54**

TAXABLE FRINGE BENEFITS

Description	Current	Year to Date
Group Term Life	3.40	10.20
TOTAL:	**3.40**	**10.20**

Paycheck Summary

Description	Gross Earnings	Federal Taxable Gross	Total Deductions	Total Taxes	Net Payment
Current	3,899.23	3,674.80	290.58	944.92	2,660.33
Year to Date	11,697.69	11,024.40	1,061.83	2,834.77	7,880.89

Net Pay Distribution

Paycheck Number	Payment Type	Account Type	Account Number	Amount
Advice #10499337681	Direct Deposit	CHECKING	XXXXX3546	2,660.33
Total Net Pay				**2,660.33**

Absence Balances

Message:	Visit myExperience for most current absence balances.

Long Island Jewish Medical Center
270-05 76th Ave, New Hyde Park, NY 11040 (516) 734-7000

BAHO SIDIQI
12 Cornwall Lane
Hicksville, NY 11801

Check Date : **02/22/2024** **Net Pay :** **$2,439.57**

General

Person Number:	252399	**Period Type:**	Semi Monthly
Annual Rate:	90,000.00	**Pay Begin Date:**	02/01/2024
Business Unit:	LIJMC	**Pay End Date:**	02/15/2024
Dept:	17642316 Radiation Oncolgy NSUH-LIJMC		
Job Title:	Chief Resident		

Tax Data

	Federal	State	Local
Tax Status:	Single or Married filing separately	NY: Single or Head of household	N/A
Allowances:	0	2	N/A
Add'l Pct:	N/A	N/A	N/A
Add'l Amt:	0.00	0.00	N/A

Earnings Summary

Earnings	Hours Current	Amount Current	Hours YTD	Amount YTD
Regular Salary		3,750.00		15,000.00
AP Expense	0.00	0.00	0.00	90.00
Meal Allowance FT	0.00	37.50	0.00	150.00
Wellness Credit	0.00	108.33	0.00	433.32
TOTAL:		**3,895.83**	**0.00**	**15,673.32**

Tax Deductions

Description	Current	YTD
FIT Withheld	468.50	1,874.00
Family Leave Insurance Employee Withheld (NY)	14.55	58.18
Medicare Employee Withheld	54.37	217.49
SDI Employee Withheld (NY)	1.30	5.20
SIT Withheld (NY)	173.72	694.88
Social Security Employee Withheld	232.49	929.95
TOTAL:	**944.93**	**3,779.70**

Earnings Details

Earnings	Start Date	End Date	Hours/Units	Rate	Factor	Amount
Regular Salary						3,750.00
Meal Allowance FT			0.00			37.50
Wellness Credit			0.00			108.33

PRE-TAX DEDUCTIONS

Description	Current	Year to Date
Flex Den	7.06	28.24
Flex HSA	10.42	41.68
Flex Med	129.10	516.40
Flex Vis	2.85	11.40
TA 401K Non Union	75.00	300.00
TOTAL:	**224.43**	**897.72**

POST TAX DEDUCTIONS

Description	Current	Year to Date
FLXSTD	9.90	39.60
GYMPASS	220.75	410.84
TA 401K Non Union Roth	56.25	225.00
TOTAL:	**286.90**	**675.44**

TAXABLE FRINGE BENEFITS

Description	Current	Year to Date
Group Term Life	3.40	13.60
TOTAL:	**3.40**	**13.60**

Paycheck Summary

Description	Gross Earnings	Federal Taxable Gross	Total Deductions	Total Taxes	Net Payment
Current	3,899.23	3,674.80	511.33	944.93	2,439.57
Year to Date	15,596.92	14,699.20	1,573.16	3,779.70	10,320.46

Net Pay Distribution

Paycheck Number	Payment Type	Account Type	Account Number	Amount
Advice #10670290012	Direct Deposit	CHECKING	XXXXX3546	2,439.57
Total Net Pay				**2,439.57**

Absence Balances

Message:	Visit myExperience for most current absence balances.

Long Island Jewish Medical Center
270-05 76th Ave, New Hyde Park, NY 11040 (516) 734-7000

BAHO SIDIQI
12 Cornwall Lane
Hicksville, NY 11801

Check Date : **03/07/2024** **Net Pay :** **$2,660.33**

General

Person Number:	252399	**Period Type:**	Semi Monthly
Annual Rate:	90,000.00	**Pay Begin Date:**	02/16/2024
Business Unit:	LIJMC	**Pay End Date:**	02/29/2024
Dept:	17642316 Radiation Oncolgy NSUH-LIJMC		
Job Title:	Chief Resident		

Tax Data

	Federal	State	Local
Tax Status:	Single or Married filing separately	NY: Single or Head of household	N/A
Allowances:	0	2	N/A
Add'l Pct:	N/A	N/A	N/A
Add'l Amt:	0.00	0.00	N/A

Earnings Summary

Earnings	Hours Current	Amount Current	Hours YTD	Amount YTD
Regular Salary		3,750.00		18,750.00
AP Expense	0.00	0.00	0.00	90.00
Meal Allowance FT	0.00	37.50	0.00	187.50
Wellness Credit	0.00	108.33	0.00	541.65
TOTAL:		**3,895.83**	**0.00**	**19,569.15**

Tax Deductions

Description	Current	YTD
FIT Withheld	468.50	2,342.50
Family Leave Insurance Employee Withheld (NY)	14.54	72.72
Medicare Employee Withheld	54.37	271.86
SDI Employee Withheld (NY)	1.30	6.50
SIT Withheld (NY)	173.72	868.60
Social Security Employee Withheld	232.49	1,162.44
TOTAL:	**944.92**	**4,724.62**

Earnings Details

Earnings	Start Date	End Date	Hours/Units	Rate	Factor	Amount
Regular Salary						3,750.00
Meal Allowance FT			0.00			37.50
Wellness Credit			0.00			108.33

PRE-TAX DEDUCTIONS

Description	Current	Year to Date
Flex Den	7.06	35.30
Flex HSA	10.42	52.10
Flex Med	129.10	645.50
Flex Vis	2.85	14.25
TA 401K Non Union	75.00	375.00
TOTAL:	**224.43**	**1,122.15**

POST TAX DEDUCTIONS

Description	Current	Year to Date
FLXSTD	9.90	49.50
GYMPASS	0.00	410.84
TA 401K Non Union Roth	56.25	281.25
TOTAL:	**66.15**	**741.59**

TAXABLE FRINGE BENEFITS

Description	Current	Year to Date
Group Term Life	3.40	17.00
TOTAL:	**3.40**	**17.00**

Paycheck Summary

Description	Gross Earnings	Federal Taxable Gross	Total Deductions	Total Taxes	Net Payment
Current	3,899.23	3,674.80	290.58	944.92	2,660.33
Year to Date	19,496.15	18,374.00	1,863.74	4,724.62	12,980.79

Net Pay Distribution

Paycheck Number	Payment Type	Account Type	Account Number	Amount
Advice #10880792782	Direct Deposit	CHECKING	XXXXX3546	2,660.33
Total Net Pay				**2,660.33**

Absence Balances

Message:	Visit myExperience for most current absence balances.

NEW YORK STATE USA
DRIVER LICENSE

NOT FOR FEDERAL PURPOSES

ID 957 020 433 Class D

SIDIQI
BAHO,USMAN
12 CORNWALL LN
HICKSVILLE, NY 11801

DOB 11/05/1993
Issued 11/05/2022
Expires 11/05/2030
E NONE
R B
Sex M Height 5'-07" Eyes BRO

NOV 93

Doc# 3Z4CXSN404

dmv.ny.gov

Restrictions
B Corrective Lenses

0 223 002101916 12

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
Bakhtari	Nahid		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	3/3/1994	(646) 492 - 3849 - Mobile

EMAIL
nahid.bak@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
394 Woodbury Road	Woodbury	NY	11797

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

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Clinical Professor	NYU Langone

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Robert Femia, MD, MBA, FACEP	(212) 263 - 0511	$280,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
550 First Avenue	New York	NY	10016-6402

BACKGROUND INFORMATION

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

VEHICLE INFORMATION

1. MAKE	MODEL	YEAR
Tesla	Y	2023

COLOR	PLATE	STATE
Grey	KEV6140	NY

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:
394 Woodbury Road, Woodbury, NY 11797 - US

Initials: N.B. 31306698

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 Nahid Bakhtari*

Signed by Nahid Bakhtari
Sun Sep 29 2024 05:08:52 PM EDT
Key: 31306698; IP Address: 47.17.55.1

Nahid Bakhtari *(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**
Baho U Sidiqi	XXXXXXXXXXXX7103	15112463	$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 Nahid Bakhtari

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 Nahid Bakhtari: 846			
		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)	$280,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $7,663.69)
Total number of accounts	8
Accounts with no late payments	8 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$25,977.00 ($0.00 past due)
Outstanding revolving debt	$2,760.00 (4% of limit) ($0.00 past due)
Outstanding loan balance	$23,217.00 ($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:	Nahid Bakhtari	NAHID BAKHTARI
SSN:	***-**-****	***-**-****
Birth Date:	3/**/1994	3/**/1994

Addresses	From Application	From Equifax
	394 Woodbury Road Woodbury, NY 11797 - US	394 WOODBURY RD. WOODBURY, NY 11797 (Applicant) Reported 9/2024 12 GEM CT. HICKSVILLE, NY 11801 (Applicant) Reported 9/2024

Employment	From Application	From Equifax
Applicant:	Clinical Professor NYU Langone $280,000.00/Yr. Total annual Income: $280,000.00	

Employment Verifications

From RealPage

Requested For Nahid Bakhtari Requested Date 9/30/2024	**Employer** NYU Langone	**Position Held** Clinical Professor	**Annual Salary** $280,000.00	**Supervisor** Robert Femia, MD, MBA, FACEP (212) 263 - 0511
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Nahid Bakhtari	Multistate Search	9/30/2017 - 9/30/2024	9/30/2024	9/30/2024

Results

No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Nahid Bakhtari	9/30/2024	9/30/2024

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Nahid Bakhtari	9/30/2024	9/30/2024

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	846	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)	795	Lack of sufficient credit history on bankcard or revolving accounts The balance amount paid down on your open student loan accounts is too low Lack of sufficient relevant first mortgage account information You have either very few loans or too many loans with recent delinquencies

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)	5/2021	7/2024					$23,217.00

Monthly Payment	High Credit	Type	Comments
$255.00	$24,000.00	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
JPMCB CARD SERVICES (Applicant)	1/2022	8/2024					$2,677.00

Monthly Payment	High Credit	Type	Comments
$583.00	$22,651.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22
0	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
DISCOVER BANK (Applicant)	2/2013	8/2024					$83.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$35.00	$10,145.00	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												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/CARE CREDIT (Applicant)	10/2021	7/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$15,587.00	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												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
COMENITYCAPITAL/SAKS (Applicant)	5/2022	10/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,018.00	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												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BLOOMINGDALES (Applicant)	4/2016	3/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$600.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR 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
3/ 20	1/ 20	11/ 19	9/ 19	7/ 19	5/ 19	3/ 19	1/ 19	11/ 18	9/ 18	7/ 18	5/ 18												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TD BANK USA/TARGET C (Applicant)	9/2016	1/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$225.00	REVOLVING	ACCOUNT CLOSED DUE TO INACTIVITY 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
4/ 20	2/ 20	12/ 19	10/ 19	8/ 19	6/ 19	4/ 19	2/ 19	12/ 18	10/ 18	8/ 18	6/ 18												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
COMENITYBANK/VICTOR (Applicant)	3/2017	4/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$88.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History

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

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 _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Nahid	Bakhtari	172 78 9658
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.
394 Woodbury Rd

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Woodbury NY 117971209

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	80,473.
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	80,473.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	80,473.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	80,473.
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	66,623.

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	9,965.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,965.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,965.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	9,965.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 9,660.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	9,660.
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) . No . — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	9,660.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	305.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Resident Doctor	
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. (646)492-3849 | Email address

Paid Preparer Use Only

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

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.: 172-78-9658

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction.

See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions		☒ Self-only ☐ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of **every** month during 2023, you were, or were considered, an eligible individual with the **same** coverage, enter $3,850 ($7,750 for family coverage). **All others**, see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023 — 9: 888.		
10	Qualified HSA funding distributions — 10:		
11	Add lines 9 and 10	11	888.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,962.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 **Caution:** If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

Part II HSA Distributions.

If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	2,369.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	2,369.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,369.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.

See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

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

NEW YORK STATE 2023

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

and ending ...

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

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
NAHID		BAKHTARI	03031993	172789658
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
394 WOODBURY RD		NASSAU

City, village, or post office	State	ZIP code	Country	School district name
WOODBURY	NY	117971209	UNITED STATES	SYOSSET

Taxpayer's permanent home address ***(see instructions)*** *(number and street or rural route)*	Apartment number	School district code number 630

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

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

① [X] Single

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

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

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

⑤ [ ] Qualifying surviving spouse

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

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

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

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

If *Yes*:

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

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

If *No*:

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

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

(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 .....

(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. [ ]

201001234555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 172789658

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

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	**1**	80473.00
2	Taxable interest income	**2**	.00
3	Ordinary dividends	**3**	.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**	.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**	80473.00
18	Total federal adjustments to income *Identify:*	**18**	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	**19**	80473.00

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**	80473.00

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**	1500.00	
32	Add lines 25 through 31			**32** 1500.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*			**33** 78973.00

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**	70973.00
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**	70973.00

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Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	70973.00
39	NYS tax on line 38 amount		**39**	3739.00
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**	3739.00
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**	3739.00

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

47	NYC taxable income	**47** .00		
47a	NYC resident tax on line 47 amount	**47a** .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** .00		
50	Part-year NYC resident tax *(Form IT-360.1)*	**50** .00		
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51** .00		
52	Add lines 49, 50, and 51	**52** .00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53** .00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54** .00		
54a	MCTMT net earnings base for Zone 1	**54a** .00		
54b	MCTMT net earnings base for Zone 2	**54b** .00		
54c	MCTMT for Zone 1	**54c** .00		
54d	MCTMT for Zone 2	**54d** .00		
54e	Total MCTMT *(add lines 54c and 54d)*	**54e** .00		
55	Yonkers resident income tax surcharge	**55** .00		
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56** .00		
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57** .00		
58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*		**58**	.00

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

See instructions to compute the MCTMT for each zone.

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**	3739.00

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Your Social Security number: 172789658

62 Enter amount from line 61 ..... **62** 3739.00

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**	.00
69a	NYC school tax credit (rate reduction amount)	**69a**	.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**	3636.00
73	Total **New York City** tax withheld	**73**	.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** 3636.00

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** .00

78 Amount of line 77 **available for refund** *(subtract line 79 from line 77)* ..... **78** .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** .00

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

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

See instructions for payment options.

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

80 Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62).* To pay by electronic funds withdrawal, mark an ***X*** in the box ☒ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. **80** 103.00

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

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

See instructions for the proper assembly of your return.

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

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

83b Routing number 021000021 **83c** Account number 973733546

84 Electronic funds withdrawal ..... Date 04232024 Amount 103.00

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

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

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation: RESIDENT DOCTOR	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number: (646)492 3849
Email: NAHID.BAK@GMAIL.COM	

See instructions for where to mail your return.

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NEW YORK STATE 2023

Department of Taxation and Finance

New York State Modifications

Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

Name(s) as shown on return	Identifying number as shown on return
NAHID BAKHTARI	172789658

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an ***X*** in the box identifying the return you are filing: IT-201 [X] IT-203 [ ] IT-204 [ ] IT-205 [ ]

Schedule A – New York State additions *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

1 New York State additions

	Number	**A** - Total amount	**B** - NYS allocated amount
1a	A -	.00	.00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total *(add column **A**, lines 1a through 1g)* ..... **2** .00

3 Total of Schedule A, Part 1, column **A** amounts from additional Form(s) IT-225, if any ..... **3** .00

4 Add lines 2 and 3 ..... **4** .00

Part 2 – Partners, shareholders, and beneficiaries

Form IT-201 filers: do not enter EA-113
Form IT-203 filers: do not enter EA-113
Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

	Number	**A** - Total amount	**B** - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total *(add column **A**, lines 5a through 5g)* ..... **6** .00

7 Total of Schedule A, Part 2, column **A** amounts from additional Form(s) IT-225, if any ..... **7** .00

8 Add lines 6 and 7 ..... **8** .00

9 **Total additions** *(add lines 4 and 8; see instructions)* ..... **9** .00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

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Schedule B – New York State subtractions *(enter whole dollars only)*

Part 1 – Individuals, partnerships, and estates or trusts

10 New York State subtractions

	Number	**A** - Total amount	**B** - NYS allocated amount
10a	**S -** 1 4 3	1500.00	.00
10b	**S -**	.00	.00
10c	**S -**	.00	.00
10d	**S -**	.00	.00
10e	**S -**	.00	.00
10f	**S -**	.00	.00
10g	**S -**	.00	.00

11	Total *(add column **A**, lines 10a through 10g)*	**11**	1500.00
12	Total of Schedule B, Part 1, column **A** amounts from additional Form(s) IT-225, if any	**12**	.00
13	Add lines 11 and 12	**13**	1500.00

Part 2 – Partners, shareholders, and beneficiaries

⚠ Form IT-201 filers: do not enter ES-106, ES-107, or ES-125
Form IT-203 filers: do not enter ES-106, ES-107, or ES-125
Form IT-205 filers: do not enter ES-125

14 New York State subtractions

	Number	**A** - Total amount	**B** - NYS allocated amount
14a	**ES -**	.00	.00
14b	**ES -**	.00	.00
14c	**ES -**	.00	.00
14d	**ES -**	.00	.00
14e	**ES -**	.00	.00
14f	**ES -**	.00	.00
14g	**ES -**	.00	.00

15	Total *(add column **A**, lines 14a through 14g)*	**15**	.00
16	Total of Schedule B, Part 2, column **A** amounts from additional Form(s) IT-225, if any	**16**	.00
17	Add lines 15 and 16	**17**	.00
18	**Total subtractions** *(add lines 13 and 17; see instructions)*	**18**	1500.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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NEW YORK STATE 2023

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 172789658

Box b Employer identification number (EIN): 113418133

Box c Employer's information

Employer's name: NORTHWELL HEALTH INCAGENT FOR:NORTH SHORE UNIVERSITY

Employer's address *(number and street)*: 300 COMMUNITY DRIVE

City	State	ZIP code	Country
MANHASSET	NY	11030	

Box 1 Wages, tips, other compensation	80473.00	**Box 12a** Amount	49.00	Code	C	**Box 14a** Amount	1500.00	Description	NY HWB
Box 8 Allocated tips	.00	**Box 12b** Amount	1440.00	Code	D	**Box 14b** Amount	380.00	Description	NY-FLI
Box 10 Dependent care benefits	.00	**Box 12c** Amount	888.00	Code	W	**Box 14c** Amount	31.00	Description	NY SDI
Box 11 Nonqualified plans	.00	**Box 12d** Amount	1440.00	Code	AA	**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.: 80473.00

Box 17a NYS income tax withheld: 3636.00

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	

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	

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NO HANDWRITTEN ENTRIES ON THIS FORM

Robert Femia, MD, MBA, FACEP
Chair, Ronald O. Perelman
Department of Emergency Medicine

545 First Avenue, 6P, New York, NY 10016
(212) 263-0511
robert.femia@nyulangone.org

May 13, 2024

Nahid Bakhtari, MD
394 Woodbury Rd.
Woodbury, NY 11797

Dear Dr. Bakhtari:

On behalf of our colleagues at the NYU Grossman School of Medicine, an administrative division of New York University and a component of NYU Langone Health, an academic medical center comprised of the NYU Grossman School of Medicine, the NYU Grossman Long Island School of Medicine, and NYU Langone Hospitals **(collectively referred to as "NYU" or "NYU Langone Health")**, it gives us great pleasure to make this offer for you to become an employed member of NYU Grossman School of Medicine. We are certain that you will find the environment for research, education and health care at NYU Langone Health uniquely stimulating, interactive and highly beneficial.

Set forth below are general guidelines pertaining to your employment with NYU Grossman School of Medicine. The specific terms of your employment, including the compensation associated with your clinical, research, and/or administrative responsibilities, are set forth in **Schedule A**.

Section I – General Terms Governing Employment

A. Policy and Procedures

1. **Policies/Practices/Faculty Handbook:** Your employment is subject to all policies and practices of NYU Langone Health, including, but not limited to the New York University Faculty Handbook and other policy documents. In the event that either the NYU Grossman Long Island School of Medicine or the NYU Grossman School of Medicine adopts a separate faculty handbook, your employment and faculty appointment in each respective School of Medicine shall be subject to such faculty handbook, and this agreement shall be automatically amended, such that any references herein to the "New York University Faculty Handbook" or the "NYU Faculty Handbook" are replaced with the "NYU Grossman Long Island School of Medicine Faculty Handbook" and/or the "NYU Grossman School of Medicine Faculty Handbook."

2. **Pre-Employment Process:** This offer and your employment is contingent upon successful completion of NYU Langone Health's pre-employment process which includes, but is not limited to, reference checking, a pre-employment physical examination which includes verification of immunization requirements, a background investigation, determination that any prior discipline does not violate the standards of NYU Langone Health, credentialing, and receipt of all documentation required in accordance with Federal, State and local rules, including presentation of documentation of identity and U.S. work authorization that meets Form I-9 requirements, as well as NYU Langone Health human resources and New York University policies and procedures. If you have clinical responsibilities, this offer and your employment are contingent upon your obtaining, prior to the Commencement Date, medical staff privileges, and qualifying for professional liability insurance under NYU Langone Health's insurance program. In addition, if you have clinical responsibilities, your continued employment is contingent upon your maintaining medical staff privileges and qualifying for professional liability insurance under NYU Langone Health's insurance program throughout your employment.

3. **Benefits:** Eligibility for benefits is based on the provisions of the plans which are outlined in the NYU Grossman School of Medicine Faculty Benefits Brochure. If you are eligible for benefits, please be aware that you must apply for available benefits and that you are required to participate in a benefit orientation as soon as possible.

4. **Space:** Space provided to you for your NYU Langone Health responsibilities is for performing services for NYU Langone Health only. You may not use such space for purposes of any other organization, unless approved in writing by the Dean of the NYU Grossman School of Medicine.

5. **Time and Effort Allocation:** You may be required and agree to complete time and effort allocation forms on a monthly and/or quarterly basis as requested by your Department Chair and NYU Langone Health Administration and you agree to complete and submit such reports accurately and on a timely basis, as well as maintain appropriate documentation to support such allocations and to make such documentation available upon request for audit purposes.

B. **Compensation:** Your compensation is set forth in **Schedule A.** In the event you cease to provide any services set forth in **Schedule A**, your compensation will be adjusted commensurately. Additionally, your compensation package is subject to approval by the NYU Board of Trustees Compensation Committee in accordance with prevailing NYU Langone Health guidelines.

Section II – Academic Appointment

1. **School of Medicine:** Your employment includes appointment as a faculty member of the NYU Grossman School of Medicine, which is described in greater detail in **Schedule A**.

2. **Co-terminus Appointment:** As a faculty member providing clinical services, unless you are on the tenure track, your faculty appointment and medical staff privileges are co-terminus with your employment. Accordingly, notwithstanding anything to the contrary herein or in the NYU Langone Hospitals Medical Staff Bylaws, if your employment is terminated for any reason, your faculty appointment shall automatically terminate, and upon cessation of employment you shall cease to be a member of the NYU Langone Hospitals Medical Staff and cease to have the right to exercise clinical privileges at NYU Langone Hospitals (including all sites listed on the NYU Langone Hospitals operating certificate). Under such circumstances, you will not be entitled to any notice, hearing or review as may be provided in the NYU Langone Hospitals Medical Staff Bylaws and you hereby waive any such notice, hearing or review. In addition, if, as part of your employment with NYU Grossman School of Medicine, you provided services at any NYC Health + Hospitals affiliate ("H+H Affiliate"), upon termination of your employment with NYU Grossman School of Medicine, you agree to resign from the Medical Staff of such H+H Affiliate, as applicable. Under such circumstances, you will not be entitled to any notice, hearing or review as may be provided for in such H+H Affiliate's Medical Staff Bylaws and you hereby waive any such notice, hearing and review.

3. **Termination/Faculty Appointment:** You are not authorized to accept a faculty appointment or any position with any other institution except upon disclosure of intent/desire to do so and prior written approval by either the Vice Dean for Education, Faculty and Academic Affairs or the Vice Dean for Clinical Affairs and Strategy. Your faculty appointment shall terminate automatically and simultaneously if you accept an unauthorized position with any other academically affiliated organization or any health care entity which competes with NYU Langone Health.

Section III - Representations/Warranties/Additional Employment

1. **No Employment Limitation:** You represent and warrant to NYU Grossman School of Medicine that you are not currently a party to any contract or conditions of employment, such as but not limited to a covenant not to compete with your current employer or any prior employer which would preclude your accepting employment with NYU Grossman School of Medicine and performing services described herein as of the Commencement Date referenced in this offer letter (an "Employment Limitation"). You acknowledge and agree that in the event of your

breach of this Section III, Paragraph 1, or if any action is taken against you or threatened to be taken against you relating to any such Employment Limitation, NYU shall have the right to withdraw your offer of employment and terminate this agreement entirely.

2. **Non-Solicitation:** You agree that you shall not, directly or indirectly, recruit any employee nor solicit business which knowingly disturbs, or could be expected to disturb, the existing professional or business relationships of NYU Langone Health with any employee, patient, health care provider or referral source while you are in our employ and for two (2) years after leaving our employ. The parties agree that, following the expiration or termination of your employment, the foregoing provision shall **not** prohibit you from obtaining employment or providing services to any hospital, health care entity or medical practice, provided that any such engagement does not require you to violate this provision.

3. **Conflicts of Interest:** You represent and warrant that prior to the Commencement Date you shall disclose to NYU Langone Health any outside activities that you intend to engage in after the Commencement Date, including consulting and research activities in which you are currently engaged. This offer and your employment are contingent upon NYU Langone's approval of any such activities. Additionally, you agree to comply with NYU Langone's policies concerning conflicts of interest and agree to promptly execute all forms/disclosures required by NYU Langone Health pertaining to conflicts of interest. NYU Langone Health's policies concerning conflicts of interest, conflicts of commitment and consulting activities are located on the conflicts management website, which is http://nyulangone.org/policies-disclaimers/conflicts-interest.

4. **Affiliates:** Please note that any additional employment you engage in with one of NYU's affiliates in which you receive payment directly from that organization (such as Nathan Kline Institute, the Veteran's Administration, H+H Affiliates, or Jamaica Hospital Medical Center) is separate from your employment by NYU Grossman School of Medicine. The terms of that separate employment, including compensation and space, are governed by separate agreement and its applicable policies between you and that organization.

5. **Waiver**: The failure by NYU to enforce any provision of this agreement or to exercise any right under this agreement is not a waiver of NYU's right to assert or rely upon any provision or right arising under this agreement. A delay or omission by NYU to exercise any right or power under this agreement will not be construed to be a waiver of that right or power.

Section IV - Additional Documents: At any time and from time to time, it is agreed that each party shall, without further consideration and at its own expense, take such further actions and execute and deliver such further instruments as may be reasonably necessary to effectuate the purpose of this agreement.

You agree that this agreement together with **Schedule A**, which is incorporated herein, (a) is the complete and exclusive statement of the agreement between you and NYU, and shall supersede and merge all prior proposals, understandings and other agreements, oral and written, relating to your employment by NYU Grossman School of Medicine; (b) may not be modified except by a written instrument duly executed by you and NYU Grossman School of Medicine; and (c) shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to conflict of law provisions.

We are very pleased that you may become a member of the Faculty of the NYU Grossman School of Medicine in the Department of Emergency Medicine. We join our many colleagues in extending an invitation to you to participate in the next chapter in the history of NYU Langone Health.

Sincerely yours,

Robert I. Grossman, MD Date
EVP for NYU Langone Health
on behalf of New York University
Dean, NYU Robert I. Grossman School of Medicine
CEO, NYU Langone Hospitals

If you agree to the terms of this letter, please sign and date below and return it within two (2) weeks of the date set forth on the first page of this letter. If an executed agreement is not received by NYU within two (2) weeks of the date of the letter, this offer is withdrawn unless specifically extended in writing by NYU.

Nahid Bakhtari, MD Date

SCHEDULE A
Terms of Employment

I. Commencement Date

Your employment under this agreement will begin on or about **October 1, 2024 ("Commencement Date").**

II. Effort and Compensation

Percent of Effort Summary

MISSION	% EFFORT	COMPENSATION[1]
Clinical	100%	$282,800
Education Leadership	0%	$
Research	0%	$
Administration/Leadership	0%	$
TOTAL EFFORT:	100%	$282,800

Salaries may be adjusted each year, based on merit unless otherwise outlined in this letter, which includes relative productivity and contributions to NYU Langone Health, as reflected in your accomplishments related to research, teaching, and/or clinical activities. Any portion of a salary funded by a Faculty Group Practice or any H+H Affiliate is not eligible for annual NYU Grossman School of Medicine increases as these salaries are adjusted and reviewed separately based on productivity and other measures, and in the case of affiliation-funded salaries, are subject to the terms of the Affiliation Agreement.

Compensation will be paid to you on the basis of activities which you perform as set forth herein. With respect to each activity, compensation shall be paid provided that you perform your obligations. In the event you do not perform, or are relieved from performance, of any obligation set forth herein, at NYU's discretion, your compensation may be reduced accordingly.

Notwithstanding anything herein to the contrary, any payment of incentive/bonus compensation, salary increases, or business expense/CME related reimbursements are conditioned upon availability of funding and the determination of NYU Langone Health leadership that such payments may be made in the respective year. It is agreed that your eligibility for any such payment or reimbursement shall

[1] The maximum salary (excluding any incentive compensation) on which benefits are based for eligible clinical faculty shall not exceed $300,000 annually.

be conditioned upon your remaining an active employee who has been in good standing throughout the payment period as well on the day the payment is issued. In the event you are terminated or tender your resignation prior to either of these dates, you shall not be eligible for any such payment.

III. Other Compensation, based on established institutional policies

a) **Reimbursement of Business Expenses**: Subject to departmental policies and limitations, legitimate and reasonably appropriate business expenses, including, without limitation, subscriptions, society memberships and dues, journals, continuing medical education, travel expenses, license fees and other similar items, will be covered by NYU Langone Health, and reimbursed or paid by NYU Langone Health in accordance with Internal Revenue Service guidelines and NYU Langone Health policies, unless prohibited by applicable laws or regulations (including, without limitation, the regulations of the Internal Revenue Service).

IV. Academic Appointment and Title(s)[2]

Faculty Appointment: Clinical Instructor in the Department of Emergency Medicine

Academic Track: Clinical

Tenure Status: Non-Tenure Eligible

a) **General Responsibilities:** The general responsibilities associated with your academic appointment include, but are not limited to:

i. Become familiar with and understand the requirements applicable to your faculty appointment and advancement, including the New York University Faculty Handbook and NYU Grossman School of Medicine policies (http://www.nyu.edu/faculty/governance-policies-and-procedures/faculty-handbook.html) and *Revision to the Policies and Procedures for Appointment, Promotion and Tenure at the NYU Grossman School of Medicine*, (https://med.nyu.edu/for-faculty/sites/default/files/policies-procedures-for-appointment-promotion-tenure.pdf);

ii. Serve on committees of the NYU Grossman School of Medicine as requested by the Chair of the Department in which you have your primary appointment or the Dean of the NYU Grossman School of Medicine;

[2] Your academic appointment, salary, tenure status, promotion, assignments to duties, space allocations, research objectives, other technical and secretarial support, etc. will be the responsibility of your Department Chair in which you have your primary appointment in collaboration with the Dean of the School.

iii. Participate in the teaching program for medical and/or graduate students, residents and fellows in accordance with teaching expectations set forth in the policies of the NYU Grossman School of Medicine as modified from time to time (see *Report of Committee on Expectations regarding Teaching* at: https://med.nyu.edu/for-faculty/sites/default/files/report-of-committee-on-expectations-regarding-teaching.pdf);

iv. Participate in academic activities that define membership in this community of scholars including mentoring, supervision, recruitment, advisement and governance.

V. Employment Status

Employment Title: Staff Physician

Employment Status: Full Time

VI. Term/Termination

a) **Term:** Your employment under this agreement shall be for a **three (3)** year period following the Commencement Date ("Initial Term").

b) **Renewal:** Unless this agreement is explicitly renewed in writing, if you continue to provide services following the expiration of this agreement, you will become an employee at-will.

c) **Termination by Physician**: In the event you elect to terminate your employment with NYU at any time, you must provide NYU with one hundred and eighty (180) days' advance written notice.

Any request for termination upon less than 180 days' notice will be considered at the sole discretion of Emergency Medicine leadership based on consideration of staffing and other needs of the department, individual circumstances, and other contributing factors, provided that any such request may not be made upon less than 120 days' advance notice. Your obligations under this provision shall survive the expiration of this agreement and shall apply during the term of this agreement and any renewal or extension thereof, as well as if you become an employee at-will.

d) **Termination for Cause:** Your employment, faculty appointment, and this agreement may be terminated by NYU for Cause, or, in the case of a tenured faculty member for "Adequate Cause," as such term is defined in the NYU Faculty Handbook as amended from time to time, and which includes any conduct of a character seriously prejudicial to his or her teaching or research or to the welfare of the University, or, in accordance with the NYU Grossman School of Medicine Guidelines for Faculty Appointment Not On The Tenure Track. NYU has determined that the following are a non-exhaustive list of instances of Cause

and of "conduct of a character seriously prejudicial to a faculty member's teaching or research or to the welfare of the University:"

i. An act of fraud, embezzlement, theft or any other material violation of law;
ii. Breach of any NYU Langone Health or NYU Grossman School of Medicine policy or Code of Conduct, including without limitation: a) research misconduct; b) disclosure of NYU Langone Health's or its patient's confidential information contrary to NYU Langone Health's policies; c) violation of NYU Langone Health's conflict of interest policies, which includes engagement in any competitive activity without prior review and approval, and failure to disclose financial interests as required by NYU Langone Health's policies; d) acceptance of an academic appointment or any position with any other institution without NYU Langone Health's prior written consent;
iii. Breach of your obligations under this agreement, including but not limited to, the loss or suspension of your license to practice medicine in the State of New York; exclusion from Medicare, Medicaid or any successor program; loss or resignation of your faculty appointment; loss or resignation of your NYU Langone Hospitals medical staff privileges; failure to qualify for malpractice insurance; or repeated failure to maintain accurate, timely, and complete documentation of all clinical services rendered to NYU Langone Health patients[3];
iv. Failure to maintain eligibility for credentialing and to remain in good standing with any managed care plans that NYU has or will have contracts with during the course of your employment, or your suspension, termination, or exclusion from any such plans;
v. Violation of law or regulation regarding the conduct of research or receipt of federal funding for research;
vi. Failure to maintain eligibility for receipt of federal grants or funding for research;
vii. Physical or mental incapacity to perform your responsibilities;
viii. The willful and continued failure to substantially perform your duties for NYU Langone Health (other than as a result of incapacity due to physical or mental illness);
ix. A reasonable determination by NYU Langone Health that continuation of your employment would pose a serious threat to the health, safety, or welfare of NYU Langone Health patients, staff, or visitors, or may be expected to have a detrimental effect upon the reputation, character or standing of NYU Langone Health.

[3] For purposes of this sub-division, "timely" shall mean all patient records shall be closed within seventy-two (72) hours. The term "repeatedly" shall mean your failure to complete all medical records following receipt of written notification mandating that you complete all medical records within a specified time period.

"Cause" also includes any of the above grounds for dismissal regardless of whether NYU Langone Health learns of it before or after terminating your employment.

In addition to the foregoing, your employment, faculty appointment, and this agreement may be terminated as a result of your retirement, disability or death. Disability shall be defined to mean that as a result of a physical or mental impairment, you are unable to perform the essential functions set forth in this agreement, with or without a reasonable accommodation, for a period of one hundred and eighty (180) calendar days in any twelve (12) month period[4].

VII. Clinical Responsibilities

a) **Group:** You will be employed as a member of **NYU Langone Emergency Medicine Associates**, our Faculty Group Practice ("FGP") in the Department of Emergency Medicine under the terms stated herein and in the Faculty Practice Plan, available on the FGP website at https://nyulangone.sharepoint.com/sites/fgp/SitePages/Physician-Resources.aspx. Your Compensation is predicated on meeting the expectations set forth below, as well as those in the clinical business plan and maintaining continued satisfactory performance. Compensation will be reviewed annually, unless specified otherwise in this letter. If you cease to participate as a member of the FGP, the portion of your compensation associated with the FGP will cease.

b) **Policies:** You shall be bound by the Bylaws, rules and regulations of NYU Langone Hospitals and applicable affiliated hospitals, if you have clinical responsibilities, as well as all applicable laws, rules and regulations. You will need to complete the credentialing applications for each hospital where patient care is expected and to provide supporting documentation upon approval of this letter of offer.

c) **FGP Expectations:**

i. As a faculty member in the Department of Emergency Medicine, you will be responsible for direct patient care and resident supervision in the Emergency Departments of NYU Langone Hospital – Perelman Center for Emergency Services, NYU Langone Hospital – Brooklyn, NYU Langone Health – Cobble Hill Emergency Department at the Joseph S. & Diane H. Steinberg Ambulatory Care Center, the NYU Langone Health Virtual Urgent Care, and the Samuels Orthopedic Immediate Care Center and may be required to work at other NYU Langone Hospitals locations.

[4] Application of the termination provision related to disability shall occur only after engagement in the interactive process and consideration of reasonable accommodation requests in accordance with NYU Langone Health policy.

ii. You will devote your full-time efforts to the provision of clinical patient care.

iii. The clinical schedule will be prepared in a three (3) month block schedule.

iv. You will be required to work a minimum of 173 clinical shifts per year as follows: on average, as follows: on average, 3.75 shifts x 8 hours for 46 weeks. You will be eligible for CME and vacation time, which is in addition to the minimum number of shifts you are expected to work.

v. You will be expected to provide mentorship for residents, students and fellows in scholarly and academic endeavors to support research and publication efforts.

vi. You will be expected to adhere to the following requirements:

- Attend Emergency Department meetings, as required;
- Complete all state, institutional, and departmental mandates by the communicated deadline;
- Provide timely, accurate and legible completion of medical records within 72 hours;
- Follow all Emergency Medicine polices and guidelines posted on EMConnect or communicated via email.

d) **Hospital Responsibilities:** All attending physicians at NYU Langone Hospitals are required to perform the responsibilities set forth in "Hospital Responsibilities at NYU Langone Hospitals," set forth at https://nyulangone.sharepoint.com/sites/fgp/SitePages/Physician-Resources.aspx. All attending physicians at Bellevue Hospital/Gouverneur are required to perform the responsibilities set forth in "Hospital Responsibilities Bellevue Hospital/Gouverneur Affiliation Agreement," also set forth at https://nyulangone.sharepoint.com/sites/fgp/SitePages/Physician-Resources.aspx. You agree to discharge all duties and responsibilities hereunder faithfully and in accordance with such policies, laws, rules, and regulations.

e) **Billing and Collections:** All billing and collections for your medical services to patients shall be carried out in your name and provider number or the name and provider number of NYU Langone Hospitals and/or NYU Grossman School of Medicine, but such billing and collections shall be performed by NYU Langone Hospitals and/or NYU Grossman School of Medicine, either directly or utilizing such contractors or subcontractors as NYU Langone Hospitals and/or NYU Grossman School of Medicine may determine in its sole discretion. You hereby assign to NYU Langone Hospitals and/or NYU Grossman School of Medicine any and all billings and collections for services provided hereunder, regardless of location at which such services are provided. You hereby agree to execute such additional documentation as may be necessary, in the reasonable opinion of NYU

or its counsel to effectuate or evidence such assignment. You agree that you will not bill, nor permit any other person or entity to bill on your behalf, for services rendered by you to patients. If you discover that such a bill has been rendered with respect to your services you shall promptly notify NYU Langone Health and take all necessary steps to cancel such billing or if the bill has been paid, arrange for appropriate reimbursement.

f) **Professional Liability Insurance:** You will be covered by "occurrence based" individual practitioner's professional liability insurance purchased for you with respect to medical care rendered to patients by you as an employee of the NYU Grossman School of Medicine. Prior to the issuance of this coverage you agree to provide NYU Langone Health information pertaining to your prior professional liability coverage, including documentation pertaining to New York State's excess medical malpractice coverage ("Section 18 Coverage") to the extent applicable. This insurance will provide you with coverage only for medical incidents occurring as a function of FGP activities and taking place at (a) facilities owned or operated by NYU Langone Health, or (b) locations approved, in writing, by your Department Chair or the Vice Dean for Clinical Affairs prior to the relevant activity(ies). The insurance will provide limits of liability equivalent to or greater than the aggregate of (1) the primary limits required by New York State to be eligible for the Section 18 coverage, and (2) the excess limits provided by Section 18 coverage. You agree to provide all information necessary to complete the application(s) for such coverage. NYU Grossman School of Medicine reserves the right to change the scope, amount and nature of insurance provided to you upon notice as provided under New York State law.

g) **Non-Referral:** Nothing in this agreement is intended to obligate any party to refer patients or business to or between NYU Langone Health and you. Any referral between the parties shall be subject to each individual patient's choice and his or her physician's professional judgment.

CHASE

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

July 12, 2024 through August 12, 2024
Primary Account: **000000976166298**

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

01280731 DRE 802 219 22624 NNNNNNNNNNN 1 000000000 08 0000
NAHID BAKHTARI
394 WOODBURY RD
WOODBURY NY 11797-1209

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CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase College Checking	000000976166298	$5,489.61	$1,188.38
Chase Savings	000002998028266	9,475.48	7,219.98
Total		**$14,965.09**	**$8,408.36**
TOTAL ASSETS		**$14,965.09**	**$8,408.36**

CHASE COLLEGE CHECKING

NAHID BAKHTARI

Account Number: 000000976166298

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$5,489.61**
Deposits and Additions	2,115.00
Electronic Withdrawals	-6,416.23
Ending Balance	**$1,188.38**

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $0.00. Note: some deposits may be listed on your previous statement)
- **OR, keep an average ending day balance of $1,500.00 or more in this account.**
  (Your average ending day balance in this account was $3,743.52)

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
08/01	Remote Online Deposit 1	$115.00
08/01	Online Transfer From Sav ...8266 Transaction#: 21264886900	2,000.00
Total Deposits and Additions		**$2,115.00**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
07/12	Zelle Payment To Shqipe 21383868127	$300.00
07/16	Venmo Payment 1035682569747 Web ID: 3264681992	600.00
07/22	Venmo Payment 1035783717239 Web ID: 3264681992	700.00
07/29	Venmo Payment 1035922470696 Web ID: 3264681992	100.00
08/02	Zelle Payment To Henna Hafza Jpm99Alb15Wl	50.00
08/02	Zelle Payment To Lei Jpm99Albup8Z	10.00
08/02	Zelle Payment To Liqiang 21606793168	15.00
08/05	Zelle Payment To Tamana Mashriqi Jpm99Alfvn3N	575.00
08/05	Chase Credit Crd Autopay PPD ID: 4760039224	3,466.23
08/05	Zelle Payment To Henna Hafza Jpm99Alhln8K	600.00
Total Electronic Withdrawals		**$6,416.23**

CHASE SAVINGS

NAHID BAKHTARI

Account Number: 000002998028266

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$9,475.48**
Deposits and Additions	0.07
Electronic Withdrawals	-2,255.57
Ending Balance	**$7,219.98**

Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.07
Interest Paid Year-to-Date	$1.21

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$9,475.48**
07/26	Dept Education Student Ln PPD ID: 9102001001	-255.57	9,219.91
08/01	08/01 Online Transfer To Chk ...6298 Transaction#: 21264886900	-2,000.00	7,219.91
08/12	Interest Payment	**0.07**	7,219.98
	Ending Balance		**$7,219.98**

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $7,219)

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

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

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

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

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

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

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

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CHASE

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

August 13, 2024 through September 12, 2024
Primary Account: **000000976166298**

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

01286021 DRE 802 219 25724 NNNNNNNNNNN 1 000000000 08 0000
NAHID BAKHTARI
394 WOODBURY RD
WOODBURY NY 11797-1209

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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
Chase College Checking	000000976166298	$1,188.38	$404.78
Chase Savings	000002998028266	7,219.98	500.05
Total		**$8,408.36**	**$904.83**
TOTAL ASSETS		**$8,408.36**	**$904.83**

CHASE COLLEGE CHECKING

NAHID BAKHTARI

Account Number: 000000976166298

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$1,188.38**
Deposits and Additions	21,464.41
ATM & Debit Card Withdrawals	-319.87
Electronic Withdrawals	-21,923.14
Fees	-5.00
Ending Balance	**$404.78**

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $0.00. Note: some deposits may be listed on your previous statement)
- **OR, keep an average ending day balance of $1,500.00 or more in this account.**
  (Your average ending day balance in this account was $4,372.26)

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
08/30	Online Transfer From Sav ...8266 Transaction#: 21582962205	$2,000.00
09/04	Online Transfer From Sav ...8266 Transaction#: 21943528478	6,000.00
09/04	Zelle Payment From Baho Usman Sidiqi 21943545117	5,000.00
09/05	Zelle Payment From Baho Usman Sidiqi 21947797729	5,000.00
09/06	Zelle Payment From Baho Usman Sidiqi 21947817342	3,000.00
09/09	Online Transfer From Sav ...8266 Transaction#: 21982532717	464.41
Total Deposits and Additions		**$21,464.41**

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
09/03	Non-Chase ATM Withdraw 08/31 7-11 Tha Tian (03205) Bangkok Card 3852	$319.87
Total ATM & Debit Card Withdrawals		**$319.87**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION		AMOUNT
09/06	09/05 Payment To Chase Card Ending IN 3253		$72.00
09/09	Chase Credit Crd Retry Pymt	PPD ID: 4760039224	21,851.14
Total Electronic Withdrawals			**$21,923.14**

FEES

DATE	DESCRIPTION	AMOUNT
09/03	Non-Chase ATM Fee-With	$5.00
Total Fees		**$5.00**

CHASE SAVINGS

NAHID BAKHTARI

Account Number: 000002998028266

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$7,219.98**
Deposits and Additions	2,000.05
Electronic Withdrawals	-8,719.98
Ending Balance	**$500.05**

Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.05
Interest Paid Year-to-Date	$1.26

TRANSACTION DETAIL

DATE	DESCRIPTION		AMOUNT	BALANCE
	Beginning Balance			**$7,219.98**
08/13	Remote Online Deposit	1	**1,000.00**	8,219.98
08/13	Remote Online Deposit	1	**500.00**	8,719.98
08/13	Remote Online Deposit	1	**300.00**	9,019.98
08/13	Remote Online Deposit	1	**200.00**	9,219.98
08/27	Dept Education Student Ln	PPD ID: 9102001001	-255.57	8,964.41
08/30	08/30 Online Transfer To Chk ...6298 Transaction#: 21582962205		-2,000.00	6,964.41
09/04	09/04 Online Transfer To Chk ...6298 Transaction#: 21943528478		-6,000.00	964.41
09/09	09/07 Online Transfer To Chk ...6298 Transaction#: 21982532717		-464.41	500.00
09/12	Interest Payment		**0.05**	500.05
	Ending Balance			**$500.05**

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $500)

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

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

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

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

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

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

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

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The following are excerpts of the more significant updates to *Section X. Arbitration; Resolving Disputes* to be published November 17, 2024:

- **What claims or disputes subject to arbitration?:**
  Claims or disputed factual or legal issues that arise out of or relate in any way to any aspect of our relationship or interactions with each other, including but not limited to your deposit account, transactions involving your deposit account, whether actual, potential, canceled, or other transactions, any product, service, or agreement with us, or interactions of any kind with Chase employees are subject to arbitration.
- **Can I (customer) cancel or opt out of this agreement to arbitrate?:**
  You have the right to opt out of this agreement to arbitrate if you tell us within sixty (60) days of opening your account, or by January 16, 2025, whichever is later. The exclusive way to opt out is by calling us at 1-800-935-9935. Any other method, form, or means of opting out will be treated as invalid or ineffective. Requests to opt out made more than sixty (60) days after opening your account or by January 16, 2025, whichever is later, will be invalid.
- **Does arbitration apply to Claims involving third parties?:**
  For purposes of arbitration, "you" includes any person who is listed on your account or claims a right or interest in your account, and "we" and "us" includes JPMorgan Chase Bank, N.A., all its affiliates, third-party beneficiaries of this agreement and all third parties who are regarded as agents or representatives of ours in connection with a Claim.
- **How does arbitration work?:**
  Arbitration between us shall be administered by the American Arbitration Association ("AAA"), which will apply its Consumer Arbitration Rules in effect at the time the arbitration is commenced and the Mass Arbitration Supplementary Rules to mass arbitration matters. A single arbitrator shall conduct proceedings under the Consumer Arbitration Rules, and a Process Arbitrator and single Merits Arbitrator shall conduct each mass arbitration case. The Parties agree that, upon motion by either of us, the arbitrator or Merits Arbitrator shall have the power to decide dispositive issues of law prior to hearing, consistent with Federal Rules of Civil Procedure 12 and 56. All pleadings, information and documents exchanged, and the arbitrator's ruling shall be treated as confidential and have no precedential value. However, if either Party seeks to confirm the arbitrator's decision in court, the Parties agree that the documents necessary for such confirmation need not be filed under seal.
  Who will pay for costs?:
  Each Party will be responsible for the arbitration costs as allocated by the applicable AAA rules (www.adr.org). However, except for claims filed as part of a mass arbitration, if the arbitrator ultimately rules in your favor, you will be entitled to reimbursement by Chase for all fees you paid to the AAA.
  NEW SECTION: What about mass arbitration matters?:
  You agree that these additional requirements ("Mass Arbitration Procedures") shall apply to your Claim if it is filed as part of a "mass arbitration," which means twenty-five (25) or more arbitration claims involving the same or similar subject matter and/or issues of law or fact, and where representation of all claimants is the same or coordinated across the cases. You agree to these procedures even though they may delay the arbitration of your individual claim. If at any point you are unsatisfied with the speed by which your matter is proceeding, you are free to withdraw your arbitration demand and proceed in small claims court if the Claim is in that court's jurisdiction and proceeds on an individual basis.
  1. **Mass Arbitration Filing Requirements:**
     In addition to the requirements set forth in the AAA Mass Arbitration Supplementary Rules, you agree that upon commencing a case with the AAA, you will provide your name, full Chase account number, mailing address, telephone number, email address, a factual description of every disputed transaction for which you seek compensation (date, amount, and transaction type) and/or event (date, location, and individuals involved), explanation of the basis of your Claim, an itemized calculation of all alleged damages, and, if represented by counsel, a signed statement authorizing us to share information regarding your account and the Claim with them. You agree and understand that failure to provide this information may result in dismissal of your Claim, though you have the right to refile once you provide the information described in the previous sentence.
  2. **Process Arbitrator Appointment:**
     You and Chase agree that before an arbitrator is assigned to determine the merit of your claim, a "Process Arbitrator" will be appointed. The Process Arbitrator will have the authority to ensure these Mass Arbitration Procedures and the AAA rules are followed. The Parties agree that the Process Arbitrator will be selected by the process set forth in AAA Mass Arbitration Supplementary Rule MA-7(a). In short, each Party will receive a list of proposed Process Arbitrators provided by the AAA and will meet and confer to identify a mutually-agreeable candidate. If the Parties cannot agree, they will submit their preferences to the AAA, and the AAA will select a Process Arbitrator.

3. **Matters To Be Decided by a Process Arbitrator:**
In addition to the authority outlined in AAA Mass Arbitration Supplementary Rules, the parties agree that the Process Arbitrator shall be empowered to resolve any dispute regarding whether your Claim should be dismissed because, for example, you failed to comply with the Mass Arbitration Filing Requirements, any other requirements outlined in this agreement, or any other reason. You agree that if the Process Arbitrator finds you failed to comply with any requirement, your claim will be dismissed, without prejudice to refiling once the deficiencies are remedied. The Process Arbitrator will also have the power to decide whether, based on the information submitted in the Mass Arbitration Filing Requirements, other threshold eligibility issues for your case to proceed, including but not limited to whether you had an account at Chase, experienced the transaction, fee, or event at issue, or otherwise cannot pursue the claim due to a clear legal or factual deficiency, and to dismiss your claim as appropriate. The Process Arbitrator shall have the power to determine whether or not a given dispute regarding these Mass Arbitration Filing Requirements and/or Procedures are within their jurisdiction. The Process Arbitrator shall be authorized to afford any relief or impose any sanctions available under Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law.
4. **Mass Arbitration Procedures:**
Following the resolution of any disputes within the jurisdiction of the Process Arbitrator, if any, counsel for the claimants and counsel for Chase shall each select fifteen (15) cases (per side) to proceed first in individual arbitration proceedings on the merits of each claim. Unless the Parties otherwise agree, in no event shall any individual Merits Arbitrator be assigned more than three (3) cases. No AAA per case fee shall be assessed in connection with any case until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. The Parties agree that each side shall have the right to have fifteen (15) cases of their choosing proceed to final hearing before the process described in this section moves forward. After the first thirty (30) cases are resolved, counsel will meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties are unable to resolve the remaining cases after the conclusion of the initial thirty (30) proceedings and conferring in good faith, each side shall select another fifteen (15) cases (per side) to proceed to individual arbitration proceedings. Each of these thirty (30) cases shall be assigned to a different Merits Arbitrator, though if the Parties otherwise agree, a single Merits Arbitrator may be assigned up to three (3) cases. No AAA per case fee shall be assessed in connection with the remaining cases until they are selected to proceed to individual arbitration proceedings as part of the process identified in this section. After this second set of thirty (30) cases are resolved, counsel will again meet and confer regarding ways to improve the efficiency of the proceedings, including whether to mediate or change the number of cases filed in each stage. If the Parties do not reach a global resolution after the second set of cases are resolved, on either Party's motion, the Process Arbitrator can decide to expedite the proceedings by forgoing more rounds of case selection and instead assigning Merits Arbitrators to all of the remaining cases at once. If no motion is made, this Mass Arbitration Procedure shall continue with thirty (30) cases in each set of proceedings, consistent with the parameters identified above. You and Chase agree to engage in these Mass Arbitration Procedures in good faith, which includes an agreement to pay the Parties' respective case fee if your case is selected. Any dispute regarding any aspect of the specific Mass Arbitration Procedures outlined in this section shall be resolved by the Process Arbitrator.
5. **Interpretation and Enforcement of Mass Arbitration Provision:**
Any dispute regarding the interpretation or enforcement of these mass arbitration procedures shall be decided by the Process Arbitrator or, in cases that have been released to merits proceedings, the Merits Arbitrator. Their decisions regarding the mass arbitrations process and procedures shall be considered interlocutory in nature and not subject to immediate judicial review. If any terms of these Mass Arbitration Procedures are found to be legally unenforceable for any reason, then the proceedings shall otherwise continue in arbitration in accordance with AAA's Mass Arbitration Supplementary rules.

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NAHID,HENNA
394 WOODBURY RD
WOODBURY, NY 11797

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Issued 02/23/2023
Expires 03/03/2031
E NONE
R B
Sex F Height 5'-02" Eyes BRO

MAR 94

NAHID BAKHTARI

MAR 03 '94

Doc# BPXRIVAY01

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I hereby make an anatomical gift

SIGNATURE

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NAHID BAKHTARI

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