1328 Fulton

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **1328 Fulton**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Eschenbacher	Timothy	H.	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
3/12/1992	(513) 315-7163		esch503@gmail.com

RELATIONSHIP TO TENANT

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
33 Montrose Ave	Brooklyn	NY	11206

DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE
2/1/2021	current	N/A	(718) 986-1925

REASON FOR LEAVING	OWN OR RENT	APARTMENT #	MONTHLY RENT
Looking for a larger building with amenities	Rent	2L	$3,200.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Finance Manager	Madison Square Garden	$140,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Michael Galanternik	(646) 981-8386	8/13/2018	current

EMPLOYER ADDRESS	CITY	STATE	ZIP
2 Pennsylvania Plaza	New York	NY	10121

EMERGENCY CONTACT

NAME	ADDRESS
William Eschenbacher	117 Trail Creek Court, Cottleville, 29 63304

PHONE	RELATIONSHIP	E-MAIL
(513) 403-7509	Father	Billesch78@yahoo.com

BUSINESS/PROFESSIONAL REFERENCE

NAME	ADDRESS

PHONE	RELATIONSHIP	E-MAIL

IN THE EVENT OF DEATH - CONTACT

NAME	RELATIONSHIP	PHONE
William Eschenbacher	Father	5134037509

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

Have you ever willfully or intentionally refused to pay rent when due?

NO

Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.

NO

Have you ever been convicted of a crime? If yes, please provide Type of Offense, County, and State.

NO

ADDITIONAL INFORMATION

AQUARIUM?	WATERBED?	BOAT?	MOTORHOME?	MOTORCYCLE?	OTHER?
NO	NO	NO	NO	NO	NO

PET(S)

1. TYPE	BREED	NAME
cat	American Shorthair	Ryuk

SEX	AGE	WEIGHT	COLOR
male	5	12 lbs	grey and white

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Zillow.com

IF THE APARTMENT YOU'RE APPLYING FOR IS NO LONGER AVAILABLE, ARE THERE ANY OTHER APARTMENTS IN THE BUILDING OR OTHER BUILDINGS THAT YOU'RE INTERESTED IN?

N/A

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
27 Albany Ave #802	

DESIRED MOVE IN DATE:

1/1/2025

I (WE) HAVE SEEN THE ACTUAL APARTMENT FOR WHICH I (WE) ARE APPLYING?:

YES

I hereby apply to lease an Apartment and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements above set forth are true.

I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and /or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

By submitting this application, I hereby consent to the delivery of all notices or disclosures required by law via any medium so chosen by the community or On-Site Manager, Inc. DBA On-Site, including but not limited to email or other electronic transmission. Notices shall be deemed received upon being sent.

New York City Tenant Fair Chance Act

Pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq., we are required to provide you with the following disclosure:

1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing.

2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.

3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; www.on-site.com/renter-relations/.

4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from www.annualcreditreport.com.

APPLICATION FOR TIMOTHY H. ESCHENBACHER SUBMITTED ONLINE on December 9, 2024

Signed by Timothy H. Eschenbacher
Mon Dec 9 2024 09:14:24 AM EST
Key: 4BCBAF67; IP Address: 10.33.14.18

Timothy H. Eschenbacher *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"1328 Fulton"*

Application Fee for Timothy H. Eschenbacher - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Timothy H. Eschenbacher	XXXXXXXXXXXX7321	15329117	$20.70
This card has been authorized for the amount above and will be charged when the application is processed.			

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

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

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000000258 TYV		8L04	5358

c Employer's name, address, and ZIP code

MSG ENTERTAINMENT HOLDINGS LLC
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

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

TIMOTHY H ESCHENBACHER
33 MONTROSE AVENUE
APT 2L
NEW YORK, NY 11206

b Employer's FED ID number	a Employee's SSA number
32-0467994	XXX-XX-0534

1 Wages, tips, other comp. 87790.39	2 Federal income tax withheld 14253.52
3 Social security wages 90658.45	4 Social security tax withheld 5620.82
5 Medicare wages and tips 90658.45	6 Medicare tax withheld 1314.55
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 104.21
14 Other 20.40 NY SDI	12b D 2868.06
	12c DD 7266.31
	12d
	13 Stat emp: Ret. plan X; 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	320467994 4	87790.39
17 State income tax 5742.39		18 Local wages, tips, etc. 87790.39
19 Local income tax 3386.89		20 Locality name NEW YORK CIT

TIMOTHY H ESCHENBACHER
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Social Security Number: XXX-XX-0534

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Federal Filing Copy

W-2 Wage and Tax Statement **2023** OMB No. 1545-0008

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

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NY. State Filing Copy

W-2 Wage and Tax Statement **2023** OMB No. 1545-0008

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WILMINGTON, DE 19808

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City or Local Filing Copy

W-2 Wage and Tax Statement **2023** OMB No. 1545-0008

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

Instructions for Employee

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

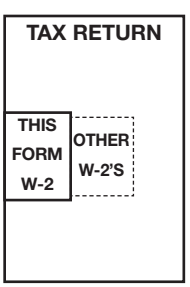
Department of the Treasury - Internal Revenue Service

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

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

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



Department of the Treasury - Internal Revenue Service

Notice to Employee

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

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

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

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

Department of the Treasury - Internal Revenue Service

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

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

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

Department of the Treasury - Internal Revenue Service

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

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

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000003747 TYV		UCK3	14015

c Employer's name, address, and ZIP code

SPHERE ENTERTAINMENT GROUP LLC
TWO PENN PLAZA
NEW YORK, NY 10121

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

TIMOTHY H ESCHENBACHER
33 MONTROSE AVENUE
APT 2L
NEW YORK, NY 11206

b Employer's FED ID number	a Employee's SSA number
36-4811028	XXX-XX-0534

1 Wages, tips, other comp. 35399.79	2 Federal income tax withheld 5775.21
3 Social security wages 36894.33	4 Social security tax withheld 2287.45
5 Medicare wages and tips 36894.33	6 Medicare tax withheld 534.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 55.17
14 Other 10.80 NY SDI	12b D 1494.54
	12c DD 3846.87
	12d
	13 Stat emp. Ret. plan X 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	364811028 4	35399.79
17 State income tax 1773.72		18 Local wages, tips, etc. 35399.79
19 Local income tax 1322.28		20 Locality name NEW YORK CIT

TIMOTHY H ESCHENBACHER
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Social Security Number: XXX-XX-0534

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

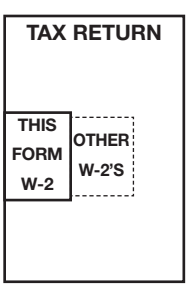
Department of the Treasury - Internal Revenue Service

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

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

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



Department of the Treasury - Internal Revenue Service

Notice to Employee

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

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

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

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

Department of the Treasury - Internal Revenue Service

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

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

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

Department of the Treasury - Internal Revenue Service

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 Timothy H. Eschenbacher

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. **Application Approved by Malgorzata Warchol on 12/9/2024**.

Score for Timothy H. Eschenbacher: 858			
		Importance	Result
AI Score		Pass/Fail	
No Credit		Pass/Conditional	
Total annual income to rent ratio exceeds 40.0		Pass/Conditional	
May have been through a bankruptcy		Pass/Fail	
No Foreclosures		Pass/Fail	
No Utility Collections		Pass/Conditional	
No unpaid rental collections		Pass/Fail	
Criminal and Other Public Records: Felony Convictions		Pass/Fail	
Total Considered Felony Convictions	None	Pass/Fail	
Alcohol	None ever	Pass/Fail	
Bad Check	None ever	Pass/Fail	
Criminal Other	None ever	Pass/Fail	
Drug Manufacture Distribution	None ever	Pass/Fail	
Drug Marijuana Use	None ever	Pass/Fail	
Drug Meth Manufacture	None ever	Pass/Fail	

Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍
Kidnapping	None ever	Pass/Fail	👍
Property Destruction	None ever	Pass/Fail	👍
Property Other	None ever	Pass/Fail	👍
Property Theft	None ever	Pass/Fail	👍
Prostitution	None ever	Pass/Fail	👍
Sex Offense Coerced	None ever	Pass/Fail	👍
Sex Offense Willful	None ever	Pass/Fail	👍
Society Other	None ever	Pass/Fail	👍
Violent Fatal	None ever	Pass/Fail	👍
Violent Non Fatal	None ever	Pass/Fail	👍
Weapons	None ever	Pass/Fail	👍
Wildlife	None ever	Pass/Fail	👍
Criminal and Other Public Records: Misdemeanor Convictions		Pass/Fail	👍
Total Considered Misdemeanor Convictions	None	Pass/Fail	👍
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	👍

Credit Quick Summary	
Total annual income (reported by Applicant)	$140,000.00
Total combined annual income to rent ratio	49.74 (based on rent of $2,814.36)
Total number of accounts	5
Accounts with no late payments	5 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$435.00 ($0.00 past due)
Outstanding revolving debt	$435.00 (2% of limit) ($0.00 past due)
Outstanding loan balance	$0.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Timothy H. Eschenbacher	TIMOTHY H. ESCHENBACHER
SSN:	***-**-****	***-**-****
Birth Date:	3/**/1992	3/**/1992

Addresses	From Application	From Equifax
	33 Montrose Ave Brooklyn, NY 11206 - US	3411 KILBURN CIR. 238 RICHMOND, VA 23233 (Applicant) Reported 12/2024 33 MONTROSE AVE. 2L BROOKLYN, NY 11206 (Applicant) Reported 12/2024 455 W 34TH ST. 8B NEW YORK, NY 10001 (Applicant) Reported 6/2021 3583 MOONEY AVE. CINCINNATI, OH 45208 (Applicant) Reported 4/2020 525 E 13TH ST. 1C NEW YORK, NY 10009 (Applicant) Reported 5/2019 471 KEAP ST. 3C BROOKLYN, NY 11211 (Applicant) Reported 7/2018

Employment	From Application	From Equifax
Applicant:	Finance Manager Madison Square Garden $140,000.00/Yr. Total annual Income: $140,000.00	

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Timothy H. Eschenbacher	Multistate Search	12/9/2017 - 12/9/2024	12/9/2024	12/9/2024
Results *No Records Found*				

Restricted Person Search

Requested For	Requested	Returned
Timothy H. Eschenbacher	12/9/2024	12/9/2024

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	858	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)	807	Lack of sufficient credit history on bankcard or revolving accounts You have either very few loans or too many loans with recent delinquencies Lack of sufficient relevant first mortgage account information The date that you opened your oldest account is too recent

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	7/2018	10/2024					$430.00

Monthly Payment	High Credit	Type	Comments
$40.00	$3,227.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	3/2015	10/2024					$5.00

Monthly Payment	High Credit	Type	Comments
$5.00	$1,866.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23
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
FIFTH THIRD BANK (Applicant)	6/2008	7/2014					$0.00

Monthly Payment	High Credit	Type	Comments
	$18,718.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	3/2016	4/2016					$0.00

Monthly Payment	High Credit	Type	Comments
	$57.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

8/21	6/21	4/21	2/21	12/20	10/20	8/20	6/20	4/20	2/20	12/19	10/19
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)	12/2015	6/2018					$0.00

Monthly Payment	High Credit	Type	Comments
	$0.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

5/21	3/21	1/21	11/20	9/20	7/20	5/20	3/20	1/20	11/19	9/19	7/19
0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0										

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.

Residential Tenancy Agreement

IN CONSIDERATION OF the Landlord leasing certain premises to the Tenant, the Tenant leasing those premises from the Landlord and the mutual benefits and obligations provided in this Lease, the receipt and sufficiency of which consideration is hereby acknowledged, the parties to this Lease agree as follows:

Tenant;
Timothy Eschenbacher

Leased Premises

1. The Landlord agrees to rent to the Tenant the apartment municipally described as 33 Montrose Ave apartment 2-L, (the 'Premises') for use as residential premises only. Neither the Premises nor any part of the Premises will be used at any time during the term of this Lease by Tenant for the purpose of carrying on any business, profession, or trade of any kind, or for the purpose other than as a private residence.

2. A. The Tenant agrees and acknowledges that the Premises and hallways have been designated as a smoke-free living environment. The Tenant and members of Tenant's household will not smoke anywhere in the Premises nor permit any guests or visitors to smoke in the Premises and hallways.

   B. The Tenant understands that there are absolutely no burning candles left unattended allowed in my apartment or hallways.

   C. The Tenant understands that my Lease will be terminated if smoking is observed or candles are found left unattended or seen in my apartment by landlord or any repairman.

Term

3. The term of the Lease is for 1 year to commence on __February 1, 2024_____**. Ending** __January 31, 2025

4. Subject to the provisions of this Lease, the rent for the Premises is $ _3200.00_____per month (the 'Rent').

5. The Tenant will pay the Rent on or before the 1st of each and every month of the term of this Lease to the Landlord. Checks should be made payable to:31-33 Montrose LLC_____. Mailing address: _199 Lee Ave # 1050 Brooklyn NY 11211_____. or at such other place as the Landlord may later designate.

6. The Tenant will be charged an additional amount of $25.00 if rent is not paid by the 10th of the month and an additional $50.00 if rent is not paid till the 15th of the month.

7. Tenant must pay rent every month and cannot withhold rent regardless of any request or need of improvement or repair etc. **Stopping or reducing services or damage to the equipment or appliances supplied by Landlord will not be reason for Tenant to stop paying rent. If tenant withholds rent for any reason after the 15th of the month, it will be considered a breach of leases. Lease will be promptly terminated and landlord may evict tenant immediately and commence nonpayment proceedings against the tenant by court and through collection agency. Tenant waives all rights to apt.**

Security Deposit

8. On execution of this Lease, the Tenant will pay the Landlord a security deposit of ____$1300_____

9. The Landlord will return the Security Deposit at the end of this tenancy, less such deductions as provided in this Lease but no deduction will be made for damage due to reasonable wear and tear nor for any deduction prohibited by the Act.

9. During the Term of this Lease or after its termination, the Landlord may charge the Tenant or make deductions from the Security Deposit for any or all of the following:

   a. repair of walls due to plugs, large nails or any unreasonable number of holes in the walls including the repainting of such damaged walls;
   b. repainting required to repair the results of any other improper use or excessive damage by the Tenant;

Initial____ ____ ____

c. plugging toilets, sinks and drains;
d. replacing damaged or missing doors, windows, screens, mirrors or light fixtures;
e. repairing cuts, burns, or water damage to linoleum, rugs, hardwood, and other areas;
f. any other repairs or cleaning due to any damage beyond normal wear and tear caused or permitted by the Tenant or by any person whom the Tenant is responsible for;
g. the cost of extermination where the Tenant or the Tenant's guests have brought or allowed insects into the Premises or building;
h. repairs and replacement required where windows are left open which have caused plumbing to freeze, or rain or water damage to floors or walls;
i. replacement of locks and/or lost keys to the Premises and any administrative fees associated with the replacement as a result of the Tenant`s misplacement of the keys;
j. any other purpose allowed under this Lease or the Act; and
k. damages caused by pets.

For the purpose of this clause, the Landlord may charge the Tenant for professional cleaning and repairs if the Tenant has not made alternate arrangements with the Landlord.

10. The Tenant may not use the Security Deposit as payment for the Rent. **Even last month's rent must be paid in full.**

11. After the termination of this tenancy, the Landlord will mail the Security Deposit less any proper deductions or with further demand for payment to such place as the Tenant may advise.

Quiet Enjoyment

12. The Landlord covenants that on paying the Rent and performing the covenants contained in this Lease, the Tenant will peacefully and quietly have, hold, and enjoy the Premises for the agreed term.

Inspections

13. The Tenant acknowledges that the Tenant inspected the Premises, including the grounds and all buildings and improvements, and that they are, at the time of the execution of this Lease, in good order, good repair, safe, clean, and tenantable condition.

14. Landlord has installed carbon monoxide and smoke detectors and tenant inspected them to be in working condition. After tenant occupies apt. it is sole responsibility of tenant to maintain both detectors to be in proper working condition and to replace batteries as needed.

15. Landlord may enter the Apt. at reasonable hours to repair, inspect, exterminate, install or work on master antennas or other systems or equipment and perform other work that Landlord decides is necessary or desirable. At reasonable hours Landlord may show the Apt. to possible buyers, lenders, or tenants of the entire Building or land. At reasonable hours Landlord may show the Apt. to possible or new tenants during the last 4 months of the Term. Entry by Landlord must be on reasonable notice except in emergency.

Tenant Improvements

16. The Tenant will obtain written permission from the Landlord before doing any of the following: Failure to do so will result in a fine on tenant by landlord's discretion.
    a. applying adhesive materials, or inserting nails or hooks in walls or ceilings other than two small picture hooks per wall;
    b. painting, wallpapering, redecorating or in any way significantly altering the appearance of the Premises;
    c. removing or adding walls, or performing any structural alterations;
    d. installing a waterbed(s);
    e. changing the amount of heat or power normally used on the Premises as well as installing additional electrical wiring or heating units;
    f. placing or exposing or allowing to be placed or exposed anywhere inside or outside the Premises any placard, notice or sign for advertising or any other purpose; or
    g. affixing to or erecting upon or near the Premises any radio or TV antenna or tower.

Utilities & Expenses

17. The Tenant is responsible for the payment of the following utilities and expenses in relation to the Premises: **electricity, natural gas, heating, and hot water.**

Insurance

18. The Tenant is hereby advised and understands that the personal property of the Tenant is not insured by the Landlord for either damage or loss, and the Landlord assumes no liability for any such loss. The Tenant is advised that, if insurance coverage is desired by the Tenant, the Tenant should inquire of Tenant's insurance agent regarding a renter's policy of insurance.

19. The Tenant is responsible for insuring the Premises for liability insurance for the benefit of the Tenant and the Landlord

Initial____ ____ ____

Abandonment

20. If at any time during the term of this Lease, the Tenant abandons the Premises or any part of the Premises, the Landlord may, at its option, enter the Premises by any means without being liable for any prosecution for such entering, and without becoming liable to the Tenant for damages or for any payment of any kind whatever, and may, at the Landlord's discretion, as agent for the Tenant, rent the Premises, or any part of the Premises, for the whole or any part of the then unexpired term, and may receive and collect all rent payable by virtue of such renting, and, at the Landlord's option, hold the Tenant liable for any difference between the Rent that would have been payable under this Lease during the balance of the unexpired term, if this Lease had continued in force, and the net rent for such period realized by the Landlord by means of the renting. If the Landlord's right of re-entry is exercised following abandonment of the premises by the Tenant, then the Landlord may consider any personal property belonging to the Tenant and left on the Premises to also have been abandoned, in which case the Landlord may dispose of all such personal property in any manner the Landlord will deem proper and is relieved of all liability for doing so. **Abandonment will be considered if tenant cannot be reached in a period of 15 days or if tenant removes furniture and furnishing from the apt. or a substantial part thereof or any other act by the tenant which might suggest that tenant has vacated the apt.**

Default

21. If the tenant is dispossessed by legal action the Landlord may enter and take possession of the premises without being liable to prosecution for this action, and may re-rent the apartment. The Tenant will be liable to the Landlord for any and all expenses related to the entering, repairing, redecorating and re-renting. In the event the Tenant does not comply with any obligations of this lease or fails to comply with rules or regulations in this lease or creates a nuisance or engages in conduct detrimental to the safety of other tenants or intentionally damages the property, or disturbing to other tenants, then the Landlord may terminate the tenancy and lease on seven days written notice to the Tenant. Notwithstanding the foregoing, the Landlord shall not be required to give any preliminary notice to the Tenant prior to initiating a non-payment summary proceeding except such notices as may be required by law. Any demand for rent may be made orally or in writing at the option of the Landlord.
22. It is agreed by the Landlord and the Tenant that the right to trial by jury is hereby waived in any action proceeding brought by any party to the lease against the other or any matter whatsoever, rising out of or in any way connected with this lease and/or any claim of injury or damage, unless such waiver is contrary to law. **The right to a trial by jury is n important right of the tenant and the tenant is agreeing not to demand a trial by jury**
23. If a lien is filed on the Apt. or Building for any reason relating to Tenant's fault, Tenant must immediately pay or bond the amount stated in the lien. Landlord may pay or bond the lien if Tenant fails to do so within 20 days after Tenant has notice about the lien. Landlord's cost shall be added rent.

Attorney Fees

24. All costs, expenses and expenditures including and without limitation, complete legal costs incurred by the Landlord on a solicitor/client basis as a result of any default by the Tenant, will forthwith upon demand be paid by the Tenant as additional rent. All rents including the monthly rent and additional rent will bear interest at the rate of Twelve (12%) per cent per annum from the due date until paid.

Governing Law

25. It is the intention of the parties to this Lease that the tenancy created by this Lease and the performance under this Lease, and all suits and special proceedings under this Lease, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of New York, without regard to the jurisdiction in which any action or special proceeding may be instituted.

Severability

26. If there is a conflict between any provision of this Lease and the applicable legislation of the State of New York (the 'Act'), the Act will prevail and such provisions of the Lease will be amended or deleted as necessary in order to comply with the Act. Further, any provisions that are required by the Act are incorporated into this Lease.

27. If there is a conflict between any provision of this Lease and any form of lease prescribed by the Act, that prescribed form will prevail and such provisions of the lease will be amended or deleted as necessary in order to comply with that prescribed form. Further, any provisions that are required by that prescribed form are incorporated into this Lease.

28. If all of the Apt. or Building is taken or condemned by a legal authority, the Term , and Tenant's rights shall end as of the date the authority takes title to the Apt. or Building. If any part of the Apt. or Building is taken, Landlord may cancel this Lease on notice to Tenant. The notice shall set a cancellation date not less than 30 days from the date of the notice. If the lease is cancelled, Tenant must deliver the Apt. to Landlord on the cancellation date together with all rent due to that date. The entire award for any taking belongs to Landlord. Tenant assigns to Landlord any interest Tenant may have to any part of the award. Tenant shall make no claim for the value of the remaining part of the Term.

Initial____ ____ ____

29. If the landlord wants to tear down the entire Building or demolish the interior of the building, Landlord shall have the right to end this Lease by giving 30 day notice to Tenant. If Landlord gives Tenant such notice and such notice was given to every residential tenant in the building then the Lease will end and Tenant must leave the Apt. at the end of the 30 day period in the notice.

30. If tenant's application for the Apt. contains any material misstatement of fact, Landlord may cancel this Lease.

31. In the event that any of the provisions of this Lease will be held to be invalid or unenforceable in whole or in part, those provisions to the extent enforceable and all other provisions will nevertheless continue to be valid and enforceable as though the invalid or unenforceable parts had not been included in this Lease and the remaining provisions had been executed by both parties subsequent to the expungement of the invalid provision.

Amendment of Lease

32. Any amendment or modification of this Lease or additional obligation assumed by either party in connection with this Lease will only be binding if evidenced in writing signed by each party or an authorized representative of each party.

Assignment and Subletting

33. Without the prior, express, and written consent of the Landlord, the Tenant will not assign this Lease, or sublet or grant any concession or license to use the Premises or any part of the Premises. A Consent by Landlord to one assignment, subletting, concession, or license will not be deemed to be a consent to any subsequent assignment, subletting, concession, or license. An assignment, subletting, concession, or license without the prior written consent of Landlord, or an assignment or subletting by operation of law, will be void and will, at Landlord's option, terminate this Lease.

Additional Provisions

34. **THE BUILDING IS EXEMPT FROM THE RENT STABILIZATION LAW BASED UPON A SUBSTANTIAL REHABILITATION AFTER 1974.**

Damage to Premises

35. If the Premises, or any part of the Premises, will be partially damaged by fire or other casualty not due to the Tenant's negligence or willful act or that of the Tenant's employee, family, agent, or visitor, the Premises will be promptly repaired by the Landlord and there will be an abatement of rent corresponding with the time during which, and the extent to which, the Premises may have been untenantable. However, if the Premises should be damaged other than by the Tenant's negligence or willful act or that of the Tenant's employee, family, agent, or visitor and the Landlord decides not to rebuild or repair the Premises, the Landlord may end this Lease by giving appropriate notice.

Care and Use of Premises

36. The Tenant will promptly notify the Landlord of any damage, or of any situation that may significantly interfere with the normal use of the Premises or to any furnishings supplied by the Landlord.

37. The Tenant's family has no children under the age of 10, therefore no window guards are required by law. **If a child under 10 occupies tenant's family, it is tenant's responsibility to notify landlord in writing so that landlord may install window guards in each window of the apt. according to law.**

38. The Tenant will not make (or allow to be made) any noise or nuisance which, in the reasonable opinion of the Landlord, disturbs the comfort or convenience of other tenants.

39. The Tenant will keep the Premises reasonably clean.

40. The Tenant is responsible for replacing lighting bulbs, toilet seats, or any non fixed fixture in the apt .Damage to equipment or appliances supplied by Landlord, caused by Tenant's act may be repaired by Landlord at Tenant's expense. The repair cost will be added rent.

41. Upon request by Landlord, Tenant shall sign a certificate stating the following: 1. This lease is in full force and unchanged or if changed how it was changed; and 2. Landlord has fully performed all of the terms of this Lease and Tenant has no claim against Landlord; and 3. Tenant is fully performing all the terms o the Lease and will continue to do so; and 4. Rent and added rent have been paid to date; and 5. Any other reasonable statement required by Landlord. The certificate will be addressed to the party Landlord chooses.

42. The Tenant will dispose of its trash in a timely, tidy, proper and sanitary manner. Tenant agrees at his sole cost and expense, to comply with all present and future laws, orders and regulations of all state, federal, municipal and local governments, departments, commissions and boards regarding the collection, sorting, separation, and recycling of waste products, garbage, refuse and trash into such categories as provided by law, and in accordance with the rules and regulations adopted by Landlord for the sorting and separation of such designated recyclable materials. Landlord reserves the right, where permitted by law, to refuse to collect or accept from Tenant any waste products,

Initial____ ____ ____

43. garbage, refuse or trash which is not separated and sorted as required by law. Where permitted by law, Landlord reserves the right to require Tenant to arrange for such collection, at Tenant's sole cost and expense, utilizing a contractor satisfactory to Landlord. **Tenant shall pay all costs, expenses, fines, penalties, or damages, which may be imposed on Landlord or Tenant by reason of tenant's failure to comply with the provisions with this paragraph,** and at the Tenant's sole cost and expense, Tenant shall indemnify, defend, and hold Landlord harmless (including legal fees and expenses) from and against any actions, claims, and suits arising from such Tenant noncompliance, utilizing counsel reasonably satisfactory to Landlord, if Landlord so elects. Tenant's failure to comply with this paragraph shall constitute a violation of a substantial obligation of the tenancy, local statute, and landlord's rules and regulations. Tenant shall by liable to Landlord for any costs, expenses, or disbursements, including attorney's fees, incurred by Landlord in the commencement and /or prosecution of any action or proceedings by Landlord against Tenant, predicated upon tenant's breach of this paragraph.

44. Tenant certifies that he has been instructed on how to escape from apt. and building in the event of fire or emergency. Tenant has been shown all possible exits and they are all in wording order with no obstructions. **Tenant is responsible to keep all fire exits free from obstructions and will notify landlord if any exit is obstructed.** Tenant understands that it is his responsibility to give exit instructions to any guest he may have in his residence. In the event of a fire, due to Tenant's negligence, losses or damages to Tenant or his personal property is sole responsibility of Tenant and he cannot make any claim against landlord or his insurer.

45. The Tenant will not engage in any illegal trade or activity on or about the Premises.

46. The Tenant will comply with standards of health, housing and safety as required by law.

47. The Landlord will use reasonable efforts to maintain the Premises in such a condition as to prevent the accumulation of moisture and the growth of mold, and to promptly respond to any written notices from the Tenant in relations to accumulation of moisture and visible evidence of mold.

48. The Tenant will use reasonable efforts to maintain the Premises in such a condition as to prevent the accumulation of moisture and the growth of mold, and to promptly notify the Landlord in writing of any moisture accumulation that occurs or of any visible evidence of mold discovered by the Tenant.

49. The Tenant agrees that no signs will be placed or painting done on or about the Premises by the Tenant or at the Tenant's direction without the prior, express, and written consent of the Landlord.

50. If the Tenant is absent from the Premises and the Premises are unoccupied for a period of four consecutive days or longer, the Tenant will arrange for regular inspection by a competent person. The Landlord will be notified in advance as to the name, address and phone number of this said person.

51. The hallways, passages and stairs of the building in which the Premises are situated will be used for no purpose other than going to and from the Premises and the Tenant will not in any way encumber those areas with boxes, furniture or other material or place or leave rubbish in those areas and other areas used in common with any other tenant.

52. Boots and rubbers which are soiled or wet should be removed at the entrance to the building in which the Premises are located and taken into the Tenant's Premises.

53. Prior to the expiration of the lease term, the Tenant is required to give 30 days' notice, whether he intends to renew lease or move. At the expiration of lease, Tenant will quit and surrender the Premises in as good a state and condition as they were at the commencement of this Lease, reasonable use and wear and damages by the elements excepted. Keys must be returned to the management office.

Hazardous Materials

54. The Tenant will not keep or have on the Premises any article or thing of a dangerous, flammable, or explosive character that might unreasonably increase the danger of fire on the Premises or that might be considered hazardous by any responsible insurance company.

Rules and Regulations

55. The Tenant will obey all rules and regulations posted by the Landlord regarding the use and care of the building, and other common facilities that are provided for the use of the Tenant in and around the building containing the Premises.

Lead Warning

56. Housing built before 1978 may contain lead based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint hazards in the dwelling. **Lessees must also receive a Federally approved pamphlet on lead poisoning prevention**. The Landlord has no knowledge, reports or records of lead based paint or lead based paint hazard in the housing.
57.

Initial____ ____ ____

Address for Notice

For any matter relating to this tenancy

a. the address of the Tenant is the Premises during this tenancy.
b. The name of the Property Management is _____ and the mailing address of the Property Management is _____
c. **All notices to Landlord shall be sent to the Management Co. at the address indicated, by certified mail, Return Receipt Requested** or at such other address as designated by Landlord. All notices to tenant shall be sent to the Tenant at the apt. which is the subject of this lease, by regular mail except that any notice alleging failure to comply with any terms of this lease or any notice of termination of the lease and/or tenancy shall be sent by certified mail. Notices shall be effective when mailed.

The Landlord or the Tenant may, on written notice to each other, change their respective addresses for notice under this Lease.

General Provisions

58. Any waiver by the Landlord of any failure by the Tenant to perform or observe the provisions of this Lease will not operate as a waiver of the Landlord's rights under this Lease in respect of any subsequent defaults, breaches or non-performance and will not defeat or affect in any way the Landlord's rights in respect of any subsequent default or breach.

59. Construction and demolition may be performed in or near the Building. Even if it interferes with Tenant's ventilation, view or enjoyment of the Apt. it shall not affect Tenant's obligations in this Lease.

60. This Lease will extend to and be binding upon and inure to the benefit of the respective heirs, executors, administrators, successors and assigns, as the case may be, of each party to this Lease. All covenants are to be construed as conditions of this Lease.

61. All sums payable by the Tenant to the Landlord pursuant to any provision of this Lease will be deemed to be additional rent and will be recovered by the Landlord as rental arrears.

62. Where there is more than one Tenant executing this Lease, all Tenants are jointly and severally liable for each other's acts, omissions and liabilities pursuant to this Lease. **Each individual tenant is responsible for the full amount of the rent. No partial payments of rent will be accepted. The first signer on the lease is responsible to collect all rent from all lesser and to jointly mail entire rent in one envelope to Landlord.**

63. Locks may not be added or changed without the prior written agreement of both the Landlord and the Tenant. **Replacement of keys is tenant's expense.** Tenant must give to Landlord key to all locks. Doors must be locked at all times. Windows must be locked when Tenant is out.

64. Tenant must not allow the cleaning of the windows or other part of the Apt. or Building from the outside.

65. Landlord may stop service of the plumbing, heating, air cooling or electrical systems because of accident, emergency, repairs or changes until the work is complete.

66. The Tenant will be charged an additional amount of $50.00 for each N.S.F. check or check returned by the Tenant's financial institution. **Upon Landlord's request, Tenant will have to pay subsequent rent with a bank check or money order.**

67. If the Tenant moves out prior to the natural expiration of this Lease, a rerent levy of $3200.00 will be charged to the Tenant.

68. Headings are inserted for the convenience of the parties only and are not to be considered when interpreting this Lease. Words in the singular mean and include the plural and vice versa. Words in the masculine mean and include the feminine and vice versa.

69. This Lease and the Tenant's leasehold interest under this Lease are and will be subject, subordinate, and inferior to any liens or encumbrances now or hereafter placed on the Premises by the Landlord, all advances made under any such liens or encumbrances, the interest payable on any such liens or encumbrances, and any and all renewals or extensions such liens or encumbrances.

70. Any mortgage which is now in effect or which may be made after this lease or and lease on the land or building of which this apt. is part, of any extensions, modifications, consolidations or replacements of any lease or mortgages provided for in this provision shall have priority over this lease. The Tenant agrees to sign any acknowledgment of this clause and hereby appoints the Landlord the Attorney-in-Fact for the

Initial____ ____ ____

Tenant to execute and deliver such acknowledgment on behalf of the Tenant. This lease shall be 'subordinate' to any lease or financing as provided for in this paragraph.

71. This Lease may be executed in counterparts. Facsimile signatures are binding and are considered to be original signatures.

72. Time is of the essence in this Lease.

73. This Lease will constitute the entire agreement between the Landlord and the Tenant. Any prior understanding or representation of any kind preceding the date of this Lease will not be binding on either party except to the extent incorporated in this Lease.

74. The Tenant will indemnify and save the Landlord, and the owner of the Premises where different from the Landlord, harmless from all liabilities, fines, suits, claims, demands and actions of any kind or nature for which the Landlord will or may become liable or suffer by reason of any breach, violation or non-performance by the Tenant or by any person for whom the Tenant is responsible, of any covenant, term, or provisions hereof or by reason of any act, neglect or default on the part of the Tenant or other person for whom the Tenant is responsible. Such indemnification in respect of any such breach, violation or non-performance, damage to property, injury or death occurring during the term of the Lease will survive the termination of the Lease, notwithstanding anything in this Lease to the contrary.

75. The Tenant agrees that the Landlord will not be liable or responsible in any way for any personal injury or death that may be suffered or sustained by the Tenant or by any person for whom the Tenant is responsible who may be on the Premises of the Landlord or for any loss of or damage or injury to any property, including cars and contents thereof belonging to the Tenant or to any other person for whom the Tenant is responsible.

76. The Tenant is responsible for any person or persons who are upon the or occupying the Premises or any other part of the Landlord's premises at the request of the Tenant, either express or implied, whether for the purposes of visiting the Tenant, making deliveries, repairs or attending upon the Premises for any other reason. Without limiting the generality of the foregoing, the Tenant is responsible for all members of the Tenant's family, guests, servants, tradesmen, repairmen, employees, agents, invitees or other similar persons.

77. During the last 30 days of this Lease, the Landlord or the Landlord's agents will have the privilege to enter apt. and displaying the usual 'For Sale' or 'For Rent' or 'Vacancy' signs on the Premises.

IN WITNESS WHEREOF landlord and tenant have respectively signed the lease as of the _____

The Tenant acknowledges receiving a duplicate copy of this Lease signed by the Tenant and the Landlord

Landlord

X_____

Tenant

X_____ X_____

X_____ X_____
Print Name Print Name

X_____

X_____
Print Name

Initial____ ____ ____

Payslip

MSG Entertainment Holdings, LLC
2 Pennsylvania Plaza, New York, NY 10121

Employee Name	Payroll Relationship Number	Payroll
Timothy H Eschenbacher	565995-1	MSE Admin Biweekly
Person Number	**Assignment Number**	**Salary Basis Name**
565995	E565995-2	Annual
Service Date	**Job Title**	**Tax Reporting Unit Name**
1-May-2023	Manager Finance	MSG Entertainment Holdings, LLC
Employee Address	**Position**	**Tax Reporting Unit Address**
33 Montrose Avenue Apt 2L New York, NY 11206 US	Manager Finance	2 Pennsylvania Plaza New York, NY 10121 US 212-465-6200

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	25-Nov-2024	8-Dec-2024	5-Dec-2024	129,000.00

Summary

Description	Current	Year to Date
Gross Earnings	4,967.96	133,337.42
Imputed Earnings	6.42	160.50
Pretax Deductions	262.95	6,339.33
Employee Tax Deductions	1,535.56	43,149.39
Voluntary Deductions	8.78	219.50
Net Payment	3,154.25	83,468.70

Earnings

Description	Current	Year to Date
Basic Life Imp ER	6.42	160.50
Holiday Exempt Reduced	992.31	4,647.69
MSG_100 Admin Regular	3,969.23	101,599.46
MSG_950 Employee Performance Bonus	0.00	15,000.00
Paid Time Off Exempt	0.00	11,433.62
Sick	0.00	496.15

Details	Start Date	End Date	Hours	Rate	Amount
Basic Life Imp ER					6.42

Hours

Description	Current	Year to Date
Holiday Exempt Reduced Hours Worked	14.00	70.00
MSG HOURS WORKED FIDELITY	0.00	1,750.00
MSG Non Worked SUI Elig Hours Hours Worked	14.00	250.00
MSG_100 Admin Regular Hours Worked	56.00	1,500.00
Paid Time Off Exempt Hours Worked	0.00	173.00
Sick Hours Worked	0.00	7.00

Pretax Deductions

Description	Current	Year to Date
401k Employee	198.46	4,727.08
Dental EE	4.87	121.75
Medical EE	57.34	1,433.50
Vision EE	2.28	57.00

Tax Deductions

Description	Current	Year to Date
FIT Withheld	726.84	20,164.26

Social Security Employee Withheld	**304.01**	**8,166.96**
Medicare Employee Withheld	**71.10**	**1,910.01**
SIT Withheld (NY)	**252.70**	**7,653.70**
SDI Employee Withheld (NY)	**1.20**	**30.00**
Family Leave Insurance Employee Withheld (NY)	**0.00**	**333.25**
City Withheld (NY,Kings,Brooklyn)	**179.71**	**4,891.21**

Other Deductions

Description	Current	Year to Date
MSG Voluntary Benefits CI-AI-ID-Pet	**8.78**	**219.50**

Employer Paid Benefits

Description	Current	Year to Date
401k Company Match	**198.46**	**4,727.08**
MSG 401k Discretionary Contribution	**0.00**	**1,635.99**

Absence Accruals

Description	Unit of Measure	Inception to Date
MSG Bereavement Accrual Hours	**Hours**	**35.00**
MSG Paid Time Off Accrual Hours	**Hours**	**2.04**
MSG Sick Accrual Hours	**Hours**	**63.00**
MSG Volunteer Time Off Accrual Hours	**Hours**	**7.00**

Net Pay Distribution

Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
565995-1	Capital One		XXXXXX8037	USD	**3,154.25**

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount
FEDERAL_2020	Single or Married filing separately	0	**0.00**
NY	Single or Head of household	0	**0.00**

Payslip

MSG Entertainment Holdings, LLC
2 Pennsylvania Plaza, New York, NY 10121

Employee Name	Payroll Relationship Number	Payroll
Timothy H Eschenbacher	565995-1	MSE Admin Biweekly
Person Number	**Assignment Number**	**Salary Basis Name**
565995	E565995-2	Annual
Service Date	**Job Title**	**Tax Reporting Unit Name**
1-May-2023	Manager Finance	MSG Entertainment Holdings, LLC
Employee Address	**Position**	**Tax Reporting Unit Address**
33 Montrose Avenue Apt 2L New York, NY 11206 US	Manager Finance	2 Pennsylvania Plaza New York, NY 10121 US 212-465-6200

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	11-Nov-2024	24-Nov-2024	21-Nov-2024	129,000.00

Summary

Description	Current	Year to Date
Gross Earnings	4,967.96	128,369.46
Imputed Earnings	6.42	154.08
Pretax Deductions	262.95	6,076.38
Employee Tax Deductions	1,535.57	41,613.83
Voluntary Deductions	8.78	210.72
Net Payment	3,154.24	80,314.45

Earnings

Description	Current	Year to Date
Basic Life Imp ER	6.42	154.08
Holiday Exempt Reduced	0.00	3,655.38
MSG_100 Admin Regular	4,961.54	97,630.23
MSG_950 Employee Performance Bonus	0.00	15,000.00
Paid Time Off Exempt	0.00	11,433.62
Sick	0.00	496.15

Details	Start Date	End Date	Hours	Rate	Amount
Basic Life Imp ER					6.42

Hours

Description	Current	Year to Date
Holiday Exempt Reduced Hours Worked	0.00	56.00
MSG Non Worked SUI Elig Hours Hours Worked	0.00	236.00
MSG_100 Admin Regular Hours Worked	70.00	1,444.00
Paid Time Off Exempt Hours Worked	0.00	173.00
Sick Hours Worked	0.00	7.00

Pretax Deductions

Description	Current	Year to Date
401k Employee	198.46	4,528.62
Dental EE	4.87	116.88
Medical EE	57.34	1,376.16
Vision EE	2.28	54.72

Tax Deductions

Description	Current	Year to Date
FIT Withheld	726.84	19,437.42
Social Security Employee Withheld	304.02	7,862.95

Medicare Employee Withheld	**71.10**	**1,838.91**
SIT Withheld (NY)	**252.70**	**7,401.00**
SDI Employee Withheld (NY)	**1.20**	**28.80**
Family Leave Insurance Employee Withheld (NY)	**0.00**	**333.25**
City Withheld (NY,Kings,Brooklyn)	**179.71**	**4,711.50**

Other Deductions

Description	Current	Year to Date
MSG Voluntary Benefits CI-AI-ID-Pet	**8.78**	**210.72**

Employer Paid Benefits

Description	Current	Year to Date
401k Company Match	**198.46**	**4,528.62**
MSG 401k Discretionary Contribution	**0.00**	**1,635.99**

Absence Accruals

Description	Unit of Measure	Inception to Date
MSG Bereavement Accrual Hours	**Hours**	**35.00**
MSG Paid Time Off Accrual Hours	**Hours**	**32.37**
MSG Sick Accrual Hours	**Hours**	**63.00**
MSG Volunteer Time Off Accrual Hours	**Hours**	**7.00**

Net Pay Distribution

Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
565995-1	Capital One		XXXXXX8037	USD	**3,154.24**

Tax Withholding Information

Type	Marital Status	Exemptions	Additional Amount
FEDERAL_2020	Single or Married filing separately	0	**0.00**
NY	Single or Head of household	0	**0.00**

December 9, 2024

To Whom It May Concern:

Please be advised that Timothy Eschenbacher has been employed by MSG Entertainment Holdings, LLC since August 13, 2018. Timothy's position is Manager Finance at an annual salary of $129,000.00.

If you need any additional information, please call me directly at 212-465-6200.

Sincerely,

DeeDee James

Dee Dee James
Analyst, People Operations

TIMOTHY ESCHENBACHER
33 Montrose Ave Apt 2L
Brooklyn NY 11206

Thanks for saving with Capital One 360®

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

STATEMENT PERIOD
Nov 1 - Nov 30, 2024

$53,439.45

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Nov 1	Nov 30
Simply Checking...8037	$21,663.11	**$25,282.44**
360 Performance Savings...0551	$28,067.37	**$28,157.01**
All Accounts	$49,730.48	**$53,439.45**

Cashflow Summary

+ $89.64 INTEREST EARNED THIS PERIOD
− $0.00 OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
− $0.00 FINANCE CHARGES THIS PERIOD

Simply Checking - 1356338037

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Nov 1	**Opening Balance**			**$21,663.11**
Nov 1	Withdrawal from CHASE CREDIT CRD EPAY		**- $775.20**	$20,887.91

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Nov 1	ATM Withdrawal - 000000000258046 NH128328 BROOKLYN, NY		- $102.00	$20,785.91
Nov 1	Non-Capital One ATM Fee - 000000000258046 BROOKLYN, NY US		- $2.00	$20,783.91
Nov 4	Withdrawal from CHASE CREDIT CRD EPAY		- $498.01	$20,285.90
Nov 4	Deposit from VENMO CASHOUT		+ $2,481.00	$22,766.90
Nov 4	Withdrawal from VENMO PAYMENT		- $50.00	$22,716.90
Nov 4	Withdrawal from VENMO PAYMENT		- $50.00	$22,666.90
Nov 4	Withdrawal from PL*PincusSchwimm WEB PMTS		- $3,200.00	$19,466.90
Nov 5	Withdrawal from CHASE CREDIT CRD EPAY		- $456.02	$19,010.88
Nov 5	Withdrawal from VENMO PAYMENT		- $50.98	$18,959.90
Nov 5	Withdrawal from VENMO PAYMENT		- $18.09	$18,941.81
Nov 5	Withdrawal from VENMO PAYMENT		- $532.94	$18,408.87
Nov 5	Deposit from FID BKG SVC LLC MONEYLINE		+ $5,872.59	$24,281.46
Nov 6	Withdrawal from CHASE CREDIT CRD EPAY		- $824.48	$23,456.98
Nov 6	Withdrawal from VENMO PAYMENT		- $14.93	$23,442.05
Nov 6	Deposit from MSE DIR DEP		+ $3,154.25	$26,596.30
Nov 7	Deposit from ROBINHOOD CREDITS		+ $5,074.30	$31,670.60
Nov 8	Withdrawal from CHASE CREDIT CRD EPAY		- $1,062.24	$30,608.36
Nov 9	ATM Withdrawal - WALGREENS # -XE1 AXE10346 BROOKLYN, NY		- $200.00	$30,408.36
Nov 12	Deposit from VENMO CASHOUT		+ $460.00	$30,868.36
Nov 12	Withdrawal from VENMO PAYMENT		- $20.00	$30,848.36
Nov 12	Withdrawal from VENMO PAYMENT		- $20.00	$30,828.36
Nov 12	Withdrawal from VENMO PAYMENT		- $20.00	$30,808.36
Nov 12	Withdrawal from VENMO PAYMENT		- $30.00	$30,778.36
Nov 12	Withdrawal from VENMO PAYMENT		- $50.00	$30,728.36
Nov 12	Withdrawal from VENMO PAYMENT		- $50.00	$30,678.36
Nov 12	Withdrawal from VENMO PAYMENT		- $50.00	$30,628.36
Nov 12	Withdrawal from VENMO PAYMENT		- $50.00	$30,578.36

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Nov 12	Withdrawal from VENMO PAYMENT		- $60.00	$30,518.36
Nov 12	Withdrawal from CHASE CREDIT CRD EPAY		- $1,406.15	$29,112.21
Nov 12	Withdrawal from CHASE CREDIT CRD EPAY		- $1,904.40	$27,207.81
Nov 12	Withdrawal from CAPITAL ONE MOBILE PMT		- $11.99	$27,195.82
Nov 13	Withdrawal from CHASE CREDIT CRD EPAY		- $363.46	$26,832.36
Nov 13	Deposit from VENMO CASHOUT		+ $700.00	$27,532.36
Nov 13	Withdrawal from VENMO PAYMENT		- $22.00	$27,510.36
Nov 13	Withdrawal from VENMO PAYMENT		- $22.91	$27,487.45
Nov 14	Withdrawal from CHASE CREDIT CRD EPAY		- $346.40	$27,141.05
Nov 14	Withdrawal from VENMO PAYMENT		- $2.39	$27,138.66
Nov 15	Withdrawal from CHASE CREDIT CRD EPAY		- $266.99	$26,871.67
Nov 15	Withdrawal from VENMO PAYMENT		- $100.00	$26,771.67
Nov 16	ATM Withdrawal - P355314 P355314 BROOKLYN,		- $101.89	$26,669.78
Nov 16	Non-Capital One ATM Fee - P355314 BROOKLYN, US		- $2.00	$26,667.78
Nov 18	Withdrawal from CON ED OF NY CECONY		- $70.22	$26,597.56
Nov 18	Withdrawal from CHASE CREDIT CRD EPAY		- $430.08	$26,167.48
Nov 18	Withdrawal from VENMO PAYMENT		- $26.08	$26,141.40
Nov 18	Withdrawal from VENMO PAYMENT		- $50.00	$26,091.40
Nov 18	Withdrawal from VENMO PAYMENT		- $50.00	$26,041.40
Nov 19	Withdrawal from CHASE CREDIT CRD EPAY		- $113.36	$25,928.04
Nov 19	Withdrawal from VENMO PAYMENT		- $20.00	$25,908.04
Nov 19	Withdrawal from VERIZON PAYMENTREC		- $49.99	$25,858.05
Nov 20	Withdrawal from NGRID38 NGRID38		- $49.01	$25,809.04
Nov 20	Withdrawal from CHASE CREDIT CRD EPAY		- $902.76	$24,906.28
Nov 20	Withdrawal from VENMO PAYMENT		- $10.00	$24,896.28
Nov 20	Withdrawal from VENMO PAYMENT		- $22.91	$24,873.37
Nov 20	Withdrawal from VENMO PAYMENT		- $30.00	$24,843.37
Nov 20	Deposit from MSE DIR DEP		+ $3,154.24	$27,997.61
Nov 22	Withdrawal from CHASE CREDIT CRD EPAY		- $203.32	$27,794.29

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Nov 22	Withdrawal from CAPITAL ONE MOBILE PMT		**- $5.00**	$27,789.29
Nov 25	Withdrawal from CHASE CREDIT CRD EPAY		**- $143.97**	$27,645.32
Nov 25	Withdrawal from VENMO PAYMENT		**- $22.91**	$27,622.41
Nov 25	Withdrawal from VENMO PAYMENT		**- $146.73**	$27,475.68
Nov 26	Withdrawal from CHASE CREDIT CRD EPAY		**- $438.76**	$27,036.92
Nov 27	Withdrawal from CHASE CREDIT CRD EPAY		**- $1,117.60**	$25,919.32
Nov 29	Withdrawal from CHASE CREDIT CRD EPAY		**- $430.22**	$25,489.10
Nov 29	Withdrawal from VENMO PAYMENT		**- $22.91**	$25,466.19
Nov 29	Withdrawal from CHASE CREDIT CRD EPAY		**- $183.75**	$25,282.44
Nov 30	**Closing Balance**			**$25,282.44**

Fees Summary

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

360 Performance Savings - 36236290551

3.97%
ANNUAL PERCENTAGE YIELD (APY) EARNED

$1,820.17
YTD INTEREST AND BONUSES

30
DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Nov 1	**Opening Balance**			**$28,067.37**
Nov 21	Interest Rate Change from 3.929% to 3.832%			$28,067.37
Nov 30	Monthly Interest Paid	Credit	**+ $89.64**	$28,157.01
Nov 30	**Closing Balance**			**$28,157.01**

Fees Summary

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

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

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

(1) Tell us your name and account number.

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

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

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

TIMOTHY ESCHENBACHER
33 Montrose Ave Apt 2L
Brooklyn NY 11206

Thanks for saving with Capital One 360®

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

STATEMENT PERIOD
Oct 1 - Oct 31, 2024

$49,730.48

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Oct 1	Oct 31
Simply Checking...8037	$23,476.46	**$21,663.11**
360 Performance Savings...0551	$34,956.82	**$28,067.37**
All Accounts	$58,433.28	**$49,730.48**

Cashflow Summary

+ $110.55 INTEREST EARNED THIS PERIOD
− $0.00 OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
− $0.00 FINANCE CHARGES THIS PERIOD

Simply Checking - 1356338037

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Oct 1	**Opening Balance**			**$23,476.46**
Oct 1	Withdrawal from CHASE CREDIT CRD EPAY		**- $509.88**	$22,966.58
Oct 2	Withdrawal from CHASE CREDIT CRD EPAY		**- $351.91**	$22,614.67

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Oct 2	Deposit from VENMO CASHOUT		+ $3,383.33	$25,998.00
Oct 3	Withdrawal from CHASE CREDIT CRD EPAY		- $1,658.77	$24,339.23
Oct 3	Withdrawal from VENMO PAYMENT		- $22.27	$24,316.96
Oct 3	Withdrawal from PL*PincusSchwimm WEB PMTS		- $3,200.00	$21,116.96
Oct 4	Withdrawal from CHASE CREDIT CRD EPAY		- $1,672.75	$19,444.21
Oct 4	Deposit from VENMO CASHOUT		+ $973.68	$20,417.89
Oct 4	Withdrawal from VENMO PAYMENT		- $75.00	$20,342.89
Oct 4	Withdrawal from VENMO PAYMENT		- $89.50	$20,253.39
Oct 5	ATM Withdrawal - PAI ISO HG13713 THE BRONX, NY		- $202.00	$20,051.39
Oct 5	Non-Capital One ATM Fee - PAI ISO THE BRONX, NY US		- $2.00	$20,049.39
Oct 7	Withdrawal from CHASE CREDIT CRD EPAY		- $195.73	$19,853.66
Oct 7	Withdrawal from VENMO PAYMENT		- $40.00	$19,813.66
Oct 7	Withdrawal from VENMO PAYMENT		- $50.00	$19,763.66
Oct 7	Withdrawal from VENMO PAYMENT		- $50.00	$19,713.66
Oct 7	Withdrawal from VENMO PAYMENT		- $50.00	$19,663.66
Oct 7	Withdrawal from VENMO PAYMENT		- $50.00	$19,613.66
Oct 7	Withdrawal from VENMO PAYMENT		- $179.00	$19,434.66
Oct 7	Withdrawal from VENMO PAYMENT		- $302.40	$19,132.26
Oct 8	Withdrawal from CHASE CREDIT CRD EPAY		- $1,016.09	$18,116.17
Oct 9	Withdrawal from CHASE CREDIT CRD EPAY		- $694.73	$17,421.44
Oct 9	Withdrawal from CAPITAL ONE MOBILE PMT		- $11.99	$17,409.45
Oct 9	Deposit from MSE DIR DEP		+ $3,154.24	$20,563.69
Oct 11	ATM Withdrawal - EFT AZ003849 NEW YORK, NY		- $43.50	$20,520.19
Oct 11	Non-Capital One ATM Fee - EFT NEW YORK, NY US		- $2.00	$20,518.19
Oct 15	Withdrawal from CHASE CREDIT CRD EPAY		- $219.37	$20,298.82
Oct 15	Withdrawal from VENMO PAYMENT		- $40.00	$20,258.82
Oct 15	Withdrawal from VENMO PAYMENT		- $40.00	$20,218.82
Oct 15	Withdrawal from VENMO PAYMENT		- $50.00	$20,168.82
Oct 15	Withdrawal from CHASE CREDIT CRD EPAY		- $417.17	$19,751.65

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Oct 15	Withdrawal from CHASE CREDIT CRD EPAY		- $1,088.46	$18,663.19
Oct 15	ATM Withdrawal - CHASE NY3070 NEW YORK, NY		- $303.50	$18,359.69
Oct 15	Non-Capital One ATM Fee - CHASE NEW YORK, NY US		- $2.00	$18,357.69
Oct 16	Withdrawal from CHASE CREDIT CRD EPAY		- $426.76	$17,930.93
Oct 17	Withdrawal from CON ED OF NY CECONY		- $107.64	$17,823.29
Oct 17	Withdrawal from VENMO PAYMENT		- $22.27	$17,801.02
Oct 17	Deposit from 360 Performance Savings XXXXXXX0551		+ $4,000.00	$21,801.02
Oct 20	ATM Withdrawal - 8703043801 00007988 A LISBOA,		- $620.17	$21,180.85
Oct 20	Non-Capital One International ATM Fee - 8703043801 A LISBOA, PT		- $20.46	$21,160.39
Oct 20	ATM Withdrawal - 8703043801 00007988 A LISBOA,		- $374.05	$20,786.34
Oct 20	Non-Capital One International ATM Fee - 8703043801 A LISBOA, PT		- $13.08	$20,773.26
Oct 21	Withdrawal from CHASE CREDIT CRD EPAY		- $850.70	$19,922.56
Oct 21	Withdrawal from VERIZON PAYMENTREC		- $49.99	$19,872.57
Oct 22	Withdrawal from CHASE CREDIT CRD EPAY		- $1,331.53	$18,541.04
Oct 23	Withdrawal from NGRID38 NGRID38		- $48.09	$18,492.95
Oct 23	ATM Withdrawal - 8703062601 00000468 LISBOA,		- $250.46	$18,242.49
Oct 23	Non-Capital One International ATM Fee - 8703062601 LISBOA, PT		- $9.37	$18,233.12
Oct 23	Deposit from MSE DIR DEP		+ $3,154.24	$21,387.36
Oct 25	Withdrawal from CAPITAL ONE MOBILE PMT		- $5.00	$21,382.36
Oct 28	Withdrawal from CHASE CREDIT CRD EPAY		- $1,274.26	$20,108.10
Oct 28	Withdrawal from CHASE CREDIT CRD EPAY		- $1,270.42	$18,837.68
Oct 28	Deposit from 360 Performance Savings XXXXXXX0551		+ $3,000.00	$21,837.68
Oct 28	ATM Withdrawal - 000000000258046 NH128328 BROOKLYN, NY		- $202.00	$21,635.68
Oct 28	Non-Capital One ATM Fee - 000000000258046 BROOKLYN, NY US		- $2.00	$21,633.68
Oct 29	Withdrawal from CHASE CREDIT CRD EPAY		- $774.46	$20,859.22
Oct 30	Deposit from VENMO CASHOUT		+ $816.39	$21,675.61
Oct 30	Withdrawal from VENMO PAYMENT		- $12.50	$21,663.11

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Oct 31	**Closing Balance**			**$21,663.11**

Fees Summary

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

360 Performance Savings - 36236290551

4.07%
ANNUAL PERCENTAGE YIELD (APY) EARNED

$1,730.53
YTD INTEREST AND BONUSES

31
DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Oct 1	**Opening Balance**			**$34,956.82**
Oct 17	Withdrawal to Simply Checking XXXXXX8037	Debit	**- $4,000.00**	$30,956.82
Oct 23	Interest Rate Change from 4.025% to 3.929%			$30,956.82
Oct 28	Withdrawal to Simply Checking XXXXXX8037	Debit	**- $3,000.00**	$27,956.82
Oct 31	Monthly Interest Paid	Credit	**+ $110.55**	$28,067.37
Oct 31	**Closing Balance**			**$28,067.37**

Fees Summary

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

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(1) Tell us your name and account number.

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

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

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

NEW YORK STATE USA
DRIVER LICENSE

ID 551 633 660

Class D

ESCHENBACHER
TIMOTHY,HOWARD

33 MONTROSE AVE 2L
BROOKLYN, NY 11206

MAR 92

DOB 03/12/1992

Issued 12/02/2022

Expires 03/12/2029

E NONE

R B

Sex M Height 6'-03" Eyes BRO

Organ Donor

MAR 92

EXCELSIOR
E PLURIBUS UNUM

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 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Timothy H	Eschenbacher	627-30-0534
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.
33 Montrose Ave	Apt 2L

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Brooklyn	NY	11206-1999

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 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	123,190.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	123,190.
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	123,190.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	123,190.
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	109,340.

Attach Sch. B if required.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	19,642.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	19,642.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	19,642.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	19,642.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 20,029.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	20,029.
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	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	20,029.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	387.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	387.
Direct deposit? See instructions.	b	Routing number 031176110 c Type: ☒ Checking ☐ Savings		
	d	Account number 1356338037		
	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	0.
	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.)
		Sr. Financial Analyst	
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. (513)315-7163 Email address

Paid Preparer Use Only

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

Form **1040** Department of the Treasury–Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)

Check only one box. 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:

Your first name and middle initial	Last name	Your social security number
Timothy H	Eschenbacher	627-30-0534
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.	Presidential Election Campaign
33 Montrose Ave	Apt 2L	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

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Brooklyn	NY	11206-1999

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] 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, 1958 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1958 [ ] 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.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	112,972.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	112,972.
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	Other 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	112,972.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	112,972.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	12,950.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	12,950.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	100,022.

Standard Deduction for -
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2022)

UYA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	17,841.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	17,841.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	17,841.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	17,841.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 19,640.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	19,640.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 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	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	19,640.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	1,799.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	1,799.
Direct deposit? See instructions.	b	Routing number 031176110 c Type: ☒ Checking ☐ Savings			
	d	Account number 1356338037			
	36	Amount of line 34 you want **applied to your 2023 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	0.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

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

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

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Sr. Financial Analyst	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (513)315-7163	Email address		

Paid Preparer Use Only

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