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 #
Wong	Alexandra	C.	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
1/7/1994	(347) 677-2542		alliewong17@gmail.com

RELATIONSHIP TO TENANT

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
610 West 110th St Apt 11A	New York	NY	10025

DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE
5/31/2024	current	Self (Family Home)	(347) 677-2542

REASON FOR LEAVING	OWN OR RENT	APARTMENT #	MONTHLY RENT
Temporarily living at family home in between apartments	Own	11A	$0.00 / Mo.

PREVIOUS ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
158 Hester Street	New York	NY	10013

DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE
3/1/2021	5/31/2024		

REASON FOR LEAVING	OWN OR RENT	APARTMENT #	MONTHLY RENT
The landlords son moved in.	Rent	3C	/ Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Senior Graphic Designer	Adopt	$141,200.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
David Creech		7/18/2022	current

EMPLOYER ADDRESS	CITY	STATE	ZIP
1933 NW Quimby St	Portland	OR	97209

EMERGENCY CONTACT

NAME	ADDRESS
Karen Delince	610 W 110th St Apt 11A, New York, 40 10025

PHONE	RELATIONSHIP	E-MAIL
(917) 582-8891	Mother	specialknow@aol.com

BUSINESS/PROFESSIONAL REFERENCE

NAME	ADDRESS

PHONE	RELATIONSHIP	E-MAIL

IN THE EVENT OF DEATH - CONTACT

NAME	RELATIONSHIP	PHONE
Karen Delince	Mother	9175828891

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.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?

503, 603

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
703 ($3k rent for 16 months)	

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 ALEXANDRA C. WONG SUBMITTED ONLINE on December 12, 2024

Signed by Alexandra C. Wong
Thu Dec 12 2024 07:37:08 PM EST
Key: AFA2988F; IP Address: 10.33.14.18

Alexandra C. Wong *(Applicant)* *Date*

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

Application Fee for Alexandra C. Wong - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Alexandra C. Wong	XXXXXXXXXXXX4950	15340267	$20.70

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

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

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

Your first name and middle initial	Last name	Your social security number
Alexandra C	Wong	103 82 3265
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.
158 Hester St	3C

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
New York	NY	100134988

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

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

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

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	137,194.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	137,194.
2a	Tax-exempt interest	2a		b Taxable interest	2b	636.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	-3,000.
8	Additional income from Schedule 1, line 10				8	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	134,830.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	134,830.
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	120,980.

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	22,435.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	22,435.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	22,435.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	22,435.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 21,787.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	21,787.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) No — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	21,787.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X — **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	648.
	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.)
		Graphic Designer	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. (347)677-2542 Email address

Paid Preparer Use Only

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

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return: Alexandra C Wong

Your social security number: 103-82-3265

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☐ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	184,335.	214,605.		-30,270.
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	-30,270.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** -30,270.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** (3,000.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

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

NEW YORK STATE 2023

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

and ending ...

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

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
ALEXANDRA	C	WONG	01071994	103823265
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number

Mailing address ***(see instructions)*** *(number and street or PO Box)*	Apartment number	New York State county of residence
158 HESTER ST	3C	NEW YORK

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	100134988	UNITED STATES	MANHATTAN

Taxpayer's permanent home address ***(see instructions)*** *(number and street or rural route)*	Apartment number	School district code number 369

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

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

① [X] Single

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

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

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

⑤ [ ] Qualifying surviving spouse

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

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

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

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

If *Yes*:

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

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

If *No*:

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

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

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

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

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

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

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

H Dependent information

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

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

201001234555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 103823265

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

Federal income and adjustments

Whole dollars only

1 Wages, salaries, tips, etc.	**1**	137194.00
2 Taxable interest income	**2**	636.00
3 Ordinary dividends	**3**	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	**4**	.00
5 Alimony received	**5**	.00
6 Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	**6**	.00
7 Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	**7**	-3000.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	**8**	.00
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	**9**	.00
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	**10**	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	**11**	.00
12 Rental real estate included in line 11 — **12** .00		
13 Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	**13**	.00
14 Unemployment compensation	**14**	.00
15 Taxable amount of Social Security benefits *(also enter on line 27)*	**15**	.00
16 Other income *Identify:*	**16**	.00
17 Add lines **1 through 11** and **13 through 16**	**17**	134830.00
18 Total federal adjustments to income *Identify:*	**18**	.00
19 Federal adjusted gross income *(subtract line 18 from line 17)*	**19**	134830.00

New York additions

20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	**20**	.00
21 Public employee 414(h) retirement contributions from your wage and tax statements	**21**	.00
22 **New York's** 529 college savings program distributions	**22**	.00
23 Other *(Form IT-225, line 9)*	**23**	.00
24 Add lines **19** through **23**	**24**	134830.00

New York subtractions

25 Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	**25**	.00
26 Pensions of NYS and local governments and the federal government	**26**	.00
27 Taxable amount of Social Security benefits *(from line 15)*	**27**	.00
28 Interest income on U.S. government bonds	**28**	.00
29 Pension and annuity income exclusion	**29**	.00
30 **New York's** 529 college savings program deduction/earnings	**30**	.00
31 Other *(Form IT-225, line 18)*	**31**	.00
32 Add lines 25 through 31	**32**	.00
33 **New York adjusted gross income** *(subtract line **32** from line **24**)*	**33**	134830.00

Standard deduction or itemized deduction

34 Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an ***X*** in the appropriate box: ☒ **Standard** - **or** - ☐ **Itemized**	**34**	8000.00
35 Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	**35**	126830.00
36 Dependent exemptions *(enter the number of dependents listed in item H)*	**36**	**000.00**
37 **Taxable income** *(subtract line 36 from line 35)*	**37**	126830.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

201002234555

Tax computation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	126830.00
39	NYS tax on line 38 amount		**39**	7351.00
40	NYS household credit	**40** .00		
41	Resident credit	**41** .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42** .00		
43	Add lines 40, 41, and 42		**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*		**44**	7351.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*		**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*		**46**	7351.00

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

47	NYC taxable income	**47**	126830.00
47a	NYC resident tax on line 47 amount	**47a**	4791.00
48	NYC household credit	**48**	.00
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	**49**	4791.00
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00
52	Add lines 49, 50, and 51	**52**	4791.00
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54**	4791.00
54a	MCTMT net earnings base for Zone 1	**54a**	.00
54b	MCTMT net earnings base for Zone 2	**54b**	.00
54c	MCTMT for Zone 1	**54c**	.00
54d	MCTMT for Zone 2	**54d**	.00
54e	Total MCTMT *(add lines 54c and 54d)*	**54e**	.00
55	Yonkers resident income tax surcharge	**55**	.00
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00

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

See instructions to compute the MCTMT for each zone.

58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*	**58**	4791.00
59	**Sales or use tax** ***(do not leave blank)***	**59**	0.00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*	**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*	**61**	12142.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 103823265

62 Enter amount from line 61 ..... **62** 12142.00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	**69**	63.00
69a	NYC school tax credit (rate reduction amount)	**69a**	283.00
70	NYC earned income credit	**70**	.00
70a	This line intentionally left blank	**70a**	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	7627.00
73	Total **New York City** tax withheld	**73**	5282.00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	**75**	.00

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

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

76 **Total payments** *(add lines 63 through 75)* **76** 13255.00

Your refund, amount you owe, and account information

77 **Amount overpaid** *(if line 76 is **more than** line 62, subtract line 62 from line 76)* **77** 1113.00

78 Amount of line 77 **available for refund** *(subtract line 79 from line 77)* **78** 1113.00
TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)* **78a** .00

78b Total refund after NYS 529 account deposit *(subtract line 78a from line 78)* **78b** 1113.00

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

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

See instructions for payment options.

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

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

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

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

See instructions for the proper assembly of your return.

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

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

83b Routing number 021000089 **83c** Account number 12021678564

84 Electronic funds withdrawal ..... Date _____ Amount .00

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

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

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation: GRAPHIC DESIGNER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number: (347) 677 2542
Email: ALLIEWONG17@GMAIL.COM	

See instructions for where to mail your return.

201004234555

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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

NEW YORK STATE 2023

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 103823265

Box b Employer identification number (EIN): 871038673

Box c Employer's information

Employer's name: ADOPT LLC

Employer's address *(number and street)*: 107 SE WASHINGTON ST STE 255

City	State	ZIP code	Country
PORTLAND	OR	97214-2133	

	Box 1 Wages, tips, other compensation	Box 8 Allocated tips	Box 10 Dependent care benefits	Box 11 Nonqualified plans
	137194.00	.00	.00	.00

	Box 12a Amount	Code	Box 12b Amount	Code	Box 12c Amount	Code	Box 12d Amount	Code
	6565.00	AA	6565.00	D	.00		.00	

	Box 14a Amount	Description	Box 14b Amount	Description	Box 14c Amount	Description	Box 14d Amount	Description
	399.00	NY PFL	.00		.00		.00	

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

NY State information: **Box 15a** NY State: NY

Box 16a NYS wages, tips, etc.: 137194.00

Box 17a NYS income tax withheld: 7627.00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

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

	Box 18 Local wages, tips, etc.	Box 19 Local income tax withheld	Box 20 Locality name
Locality a	137194.00	5282.00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN):

Box c Employer's information

Employer's name:

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

City	State	ZIP code	Country

	Box 1 Wages, tips, other compensation	Box 8 Allocated tips	Box 10 Dependent care benefits	Box 11 Nonqualified plans
	.00	.00	.00	.00

	Box 12a Amount	Code	Box 12b Amount	Code	Box 12c Amount	Code	Box 12d Amount	Code
	.00		.00		.00		.00	

	Box 14a Amount	Description	Box 14b Amount	Description	Box 14c Amount	Description	Box 14d Amount	Description
	.00		.00		.00		.00	

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

NY State information: **Box 15a** NY State: NY

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

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

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

NO HANDWRITTEN ENTRIES ON THIS FORM

102001234555

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return: Alexandra C Wong

Your social security number: 103-82-3265

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☐ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	184,335.	214,605.		-30,270.
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	-30,270.

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** -30,270.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

. . . . . **21** (3,000.)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

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

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000011 KH/V4L			A

c Employer's name, address, and ZIP code

ADOPT LLC
107 SE WASHINGTON ST STE 255
PORTLAND, OR 97214 2133

Batch #90764

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

ALEXANDRA C WONG
158 HESTER STREET
3C
NEW YORK, NY 10013

b Employer's FED ID number	a Employee's SSA number
87-1038673	XXX-XX-3265

1 Wages, tips, other comp. 137193.53	2 Federal income tax withheld 21787.40
3 Social security wages 143758.43	4 Social security tax withheld 8913.02
5 Medicare wages and tips 143758.43	6 Medicare tax withheld 2084.50
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 AA 6564.90
14 Other 399.43 NY PFL	12b D 6564.90
	12c
	12d
	13 Stat emp: Ret. plan X; 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
NY	87-1038673	137193.53
17 State income tax 7626.64		18 Local wages, tips, etc. 137193.53
19 Local income tax 5282.22		20 Locality name NYC RES

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

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	144,800.10	144,800.10	144,800.10	144,800.10	144,800.10
Less 401(k) (D-Box 12)	6,564.90	N/A	N/A	6,564.90	6,564.90
Less Medical FSA	1,041.67	1,041.67	1,041.67	1,041.67	1,041.67
Reported W-2 Wages	**137,193.53**	**143,758.43**	**143,758.43**	**137,193.53**	**137,193.53**

2. Employee Name and Address.

ALEXANDRA C WONG
158 HESTER STREET
3C
NEW YORK, NY 10013

Federal Filing Copy

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

OMB No. 1545-0008

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

NY.State Filing Copy

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

OMB No. 1545-0008

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

City or Local Filing Copy

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

OMB No. 1545-0008

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

Instructions for Employee

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

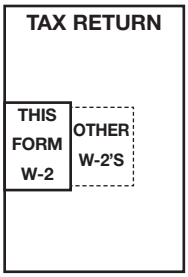
Department of the Treasury - Internal Revenue Service

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

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

IMPORTANT NOTE:

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



Notice to Employee

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

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

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

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

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

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

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

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Company Code	Loc/Dept	Number	Page
KH / V4L 26569263	01/	2813157	1 of 1

Adopt LLC
406 SW 13th Ave
Suite 201
Portland, OR 97205

Earnings Statement

Period Starting: 11/01/2024
Period Ending: 11/15/2024
Pay Date: 11/15/2024

Business Phone: 240-482-2306

Taxable Filing Status: Single
Exemptions/Allowances:

		Tax Override:	
Federal:	Std W/H Table	Federal:	0.00 Addnl
State:	0	State:	
Local:	0	Local:	0.00 Addnl

Social Security Number: XXX-XX-XXXX

Alexandra C Wong
158 Hester Street
3C
New York, NY 10013

Earnings	rate	hours/units	this period	year to date
Regular		86.67	5883.34	118800.14
Gross Pay			**$5,883.34**	$118,800.14

Other Benefits and Information	this period	year to date
Total Hours Worked	86.67	1820.07

Statutory Deductions	this period	year to date
Federal Income	-905.51	17932.71
Social Security	-364.77	7365.61
Medicare	-85.31	1722.60
Medicare	0.01	
New York State Income	-311.35	6193.69
New York Paid Family Leave	0.00	333.25
New York City R Local	-215.60	4335.89

Voluntary Deductions	this period	year to date
*401(k) plan %	-294.16	5939.86
Roth 401(k) plan %	0.00	1971.62

Net Pay Adjustments	this period	year to date
*Mobile Phone	40.00	840.00
Net Pay	**$3,746.65**	

Deposits account number	transit/ABA	amount
XXXXXX8764	XXXXXXXXX	3371.99
XXXXXX9147	XXXXXXXXX	374.66

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $5,589.18
* Excluded from Federal taxable wages

Adopt LLC
406 SW 13th Ave
Suite 201
Portland, OR 97205

Pay Date: 11/15/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX8764	XXXXXXXXX	3371.99
Checking DirectDeposit	XXXXXX9147	XXXXXXXXX	374.66

Alexandra C Wong
158 Hester Street
3C
New York, NY 10013

Company Code	Loc/Dept	Number	Page
KH / V4L 26569263	01/	2839217	1 of 1

Adopt LLC
406 SW 13th Ave
Suite 201
Portland, OR 97205

Earnings Statement

Period Starting: 11/16/2024
Period Ending: 11/30/2024
Pay Date: 11/29/2024

Business Phone: 240-482-2306

Taxable Filing Status: Single
Exemptions/Allowances:

		Tax Override:	
Federal:	Std W/H Table	Federal:	0.00 Addnl
State:	0	State:	
Local:	0	Local:	0.00 Addnl

Social Security Number: XXX-XX-XXXX

Alexandra C Wong
158 Hester Street
3C
New York, NY 10013

Earnings	rate	hours/units	this period	year to date
Regular		86.67	5883.34	124683.48
Gross Pay			**$5,883.34**	$124,683.48

Other Benefits and Information	this period	year to date
Total Hours Worked	86.67	1906.74

Statutory Deductions	this period	year to date
Federal Income	-905.51	18838.22
Social Security	-364.77	7730.38
Medicare	-85.31	1807.91
New York State Income	-311.35	6505.04
New York Paid Family Leave	0.00	333.25
New York City R Local	-215.60	4551.49

Voluntary Deductions	this period	year to date
*401(k) plan %	-294.16	6234.02
Roth 401(k) plan %	0.00	1971.62

Net Pay Adjustments	this period	year to date
*Mobile Phone	40.00	880.00
Net Pay	**$3,746.64**	

Deposits account number	transit/ABA	amount
XXXXXX8764	XXXXXXXXX	3371.98
XXXXXX9147	XXXXXXXXX	374.66

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $5,589.18
* Excluded from Federal taxable wages

Adopt LLC
406 SW 13th Ave
Suite 201
Portland, OR 97205

Pay Date: 11/29/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX8764	XXXXXXXXX	3371.98
Checking DirectDeposit	XXXXXX9147	XXXXXXXXX	374.66

Alexandra C Wong
158 Hester Street
3C
New York, NY 10013

Adopt

Subject: Employment Verification Letter

December 12, 2024

To Whom It May Concern:

This letter serves to confirm the employment of Alexandra Wong at Adopt. Alexandra has been an integral part of our team since July 18, 2022,, holding the title of Senior Designer. Her annual salary is $141.200.

In this role, Alexandra has consistently demonstrated exceptional integrity, dedication, and professionalism, contributing significantly to the success of our company. She is a reliable and integral part of our team.

Should you require further information or additional details, please do not hesitate to contact me at rachel@weareadopt.com or 503-705-9780.

Sincerely,

DocuSigned by:
Rachel Hassett
3BF8B2BDAF3C458...

Rachel Hassett
VP, Operations
Adopt, LLC
1933 NW Quimby Street
Portland, OR 97209

NEW YORK STATE USA
DRIVER LICENSE

Mark J.F. Schroeder
Commissioner of Motor Vehicles

ENHANCED

ID 799 702 754

Class D

WONG
ALEXANDRA,CHRISTINE
158 HESTER ST APT 3C
NEW YORK, NY 10013

DOB 01/07/1994
Issued 07/09/2024
Expires 01/07/2028
E NONE
R NONE
Sex F Height 5'-02" Eyes BRO

Organ Donor

EXCELSIOR
E PLURIBUS UNUM

November 1 - November 30, 2024
Citi Priority Account 4995308764

CITI PRIORITY SERVICES
PO Box 769007
San Antonio, Texas 78245
For banking call: Citi Priority Services at (888) 275-2484 *
For TTY: We accept 711 or other Relay Service.
Website: www.citibank.com

ALEXANDRA C WONG
158 HESTER STREET APT 3C
NEW YORK NY 10013-4988

Effective July 25, 2024, 1) all changes to CDs during the Grace Period must be completed before 10:30 PM Eastern (9:30 PM Central) on the last day of the Grace Period and 2) the "Waiver" section within Section 1 "General Terms", which states that Citibank may delay in enforcing any of our rights under the agreement without losing them and that any waiver by us shall not be deemed a waiver of any other right or of the same right at another time is deleted in its entirety.

Your Citi Priority simplified banking Account Statement. The following summary portion of the statement is provided for informational purposes.

Value of Accounts	Last Period	This Period
Citibank Accounts		
Checking		
Checking	33,116.79	30,814.66
Savings		
Insured Money Market Accounts	68,951.90	68,840.03
Citi Priority Relationship Total	**$102,068.69**	**$99,654.69**

Earnings Summary	This Period	This Year
Citibank Accounts		
Checking		
Checking	0.00	1.65
Savings		
Insured Money Market Accounts	3.39	33.34
Citi Priority Relationship Total	**$3.39**	**$34.99**

* To ensure quality service, calls are randomly monitored and may be recorded.

CHASE

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

October 09, 2024 through November 08, 2024
Account Number: **000004024227471**

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

01532432 DRE 802 219 31424 NNNNNNNNNNN 1 000000000 06 0000
ALEXANDRA C WONG
610 W 110TH ST APT 11A
NEW YORK NY 10025-2141

SAVINGS SUMMARY

Chase Premier Savings

	AMOUNT
Beginning Balance	**$30,590.52**
Deposits and Additions	0.51
Ending Balance	**$30,591.03**

Annual Percentage Yield Earned This Period	0.02%
Interest Paid This Period	$0.51
Interest Paid Year-to-Date	$4.06

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

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$30,590.52**
11/08	Interest Payment	**0.51**	30,591.03
	Ending Balance		**$30,591.03**

You earned a higher interest rate on your Chase Premier Savings account during this statement period because you had a qualifying Chase Premier Plus Checking account.

LEASE EXTENSION AGREEMENT

Date of Amendment: 04/27/2022

Landlord/Lessor: 158-3C Estate LLC

Tenant/Lessee: Alexandra Wong

Property Address: 158 Hester St., Apt. 3C City: New York

State: NY Zip Code: 10013

Lease Start Date: 6/1/2022 Lease End Date: 5/31/2023

The parties agree that the aforementioned lease agreement shall be extended for a period of 12 ■ Months ☐ Years with the monthly rent to be in the amount of $2,650.00 Any repairs or replacement to oven located in apartment shall be solely paid by tenant. $_____. All other terms and conditions of the lease agreement shall remain in effect in respect for the obligations of both parties.

Landlord/Lessor Signature _____ Date: 04/27/2022

158-3C Estate LLC

Print Name: He, Yong Kang

Tenant/Lessee Signature _____ Date: 4/27/2022

Alexandra Wong

Print Name: ALEXANDRA WONG

LEASE OF A CONDOMINIUM UNIT

The Landlord and Tenant agree to lease the Unit and Landlord's interest in the Common Elements located in the Condominium at: 158 Hester Street #3C New York NY 10013 (Premises)

LANDLORD: 158-3C ESTATE LLC
837 59th Street FL 6
Brooklyn NY 11220
Attention: Ping

Address for Notices

TENANT: Alexandra Wong
610 W 110th Street Apt 11A
New York NY 10025

Unit (and terrace, if any)

Garage space (if any)

Bank

Lease date	**Term** One (1) year 3 months	**Yearly Rent**	$ 27,600.00
Broker*	**beginning** 03/01/2021	**Monthly Rent**	$ 2,300.00
	ending 05/31/2022	**Security**	$ 2,300.00
	Tenant's Insurance $	**Garage Fee**	$

Declarant of Condominium: Hester Gardens (Declarant)
Name of Condominium: (Declaration)

1. Lease is subject and subordinate

This Lease is subject and subordinate to (A) the By-Laws, Rules and Regulations and Provisions of the Declaration Establishing a Plan for Condominium Ownership of the Premises and (B) Powers of Attorney granted to the Board of Managers, leases, agreements, mortgages, renewals, modifications, consolidations, replacements and extensions to which the Declaration or the Unit are presently or may in the future be subject. Tenant shall not perform any act, or fail to perform an act, if the performance or failure to perform would be a violation of or default in the Declaration or a document referred to in (B). Tenant shall not exercise any right or privilege under this Lease, the performance of which would be a default in or violation of the Declaration or a document referred to in subdivision (B). Tenant must promptly execute any certificate(s) that Landlord requests to show that this Lease is so subject and subordinate. Tenant authorizes Landlord to sign these certificate(s) for Tenant. Tenant acknowledges that Tenant has had the opportunity to read the Declaration of Condominium Ownership for the Condominium, including the By-Laws. Tenant agrees to observe and be bound by all the terms contained in it which apply to the occupant or user of the Unit or a user of Condominium common areas and facilities. Tenant agrees to observe all of the Rules and Regulations of the Association and Board of Managers.

2. Lender Changes

Landlord may borrow money from a lender who may request an agreement for changes in this Lease. Tenant shall sign the agreement if it does not change the rent or the Term, and does not alter the Unit.

3. Use

The Unit must be used only as a private residence and for no other reason. Only a party signing this Lease and the spouse and children of that party may use the Unit.

4. Rent, added rent

A. The rent payment for each month must be made on the first day of that month at Landlord's address. Landlord need not give notice to pay the rent. Rent must be paid in full and no amount subtracted from it. The first month's rent is to be paid when Tenant signs this Lease. Tenant may be required to pay other charges to Landlord under the terms of this Lease. They are called "added rent". This added rent is payable as rent, together with the next monthly rent due. If Tenant fails to pay the added rent on time, Landlord shall have the same rights against Tenant as if Tenant failed to pay rent. Payment of rent in installments is for Tenant's convenience only. If Tenant defaults, Landlord may give notice to Tenant that Tenant may no longer pay rent in installments. The entire rent for the remaining part of the Term will then be due and payable.

B. This Lease and the obligation of Tenant to pay rent and perform all of the agreements on the part of Tenant to be performed shall not be affected, impaired or excused, nor shall there be any apportionment or abatement of rent for any reason including, but not limited to, damage to the Unit or inability to use the Common Elements.

5. Failure to give possession:

Landlord shall not be liable for failure to give Tenant possession of the Unit on the beginning date of the Term. Rent shall be payable as of the beginning of the Term unless Landlord is unable to give possession. Rent shall then be payable as of the date possession is available. Landlord will notify Tenant as to the date possession is available. The ending date of the Term will not change.

6. Security

Tenant has given security to Landlord in the amount stated above. The security has been deposited in the Bank named above and delivery of this Lease is notice of the deposit. If the Bank is not named, Landlord will notify Tenant of the Bank's name and address in which the security is deposited.

If Tenant does not pay rent on time, Landlord may use the security to pay for rent past due. If Tenant fails to perform any other term in this Lease, Landlord may use the security for payment of money Landlord may spend, or damages Landlord suffers because of Tenant's failure. If the Landlord uses the security Tenant shall, upon notice from Landlord, send to Landlord an amount equal to the sum used by Landlord. At all times Landlord is to have the amount of security stated above.

If Tenant fully performs all terms of this Lease, pays rent on time and leaves the Unit in good condition on the last day of the Term, then Landlord will return the security being held.

If Landlord sells or leases the Unit, Landlord may give the security to the buyer or lessee. In that event Tenant will look only to the buyer or lessee for the return of the security. The security is for Landlord's use as stated in this Section. Landlord may put the security in any place permitted by law. If the law states the security must bear interest, unless the security is used by Landlord as stated Landlord will give Tenant the interest less the sum Landlord is allowed to keep for expenses. If the law does not require security to bear interest, Tenant will not be entitled to it. Landlord need not give Tenant interest on the security if Tenant is not fully performing any term in this Lease.

7. Alterations

Tenant must obtain Landlord's prior written consent to install any panelling, flooring, "built in" decorations, partitions, railings or make alterations or to paint or wallpaper the Unit. Tenant must not change the plumbing, ventilating, air conditioning, electric or heating systems. If consent is given the alterations and installations shall become the property of Landlord when completed and paid for. They shall remain with and as part of the Unit at the end of the Term. Landlord has the right to demand that Tenant remove the alterations and installations before the end of the Term. The demand shall be by notice, given at least 15 days before the end of the Term. Tenant shall comply with the demand at Tenant's own cost. Landlord is not required to do or pay for any work unless stated in this Lease.

If a Mechanic's Lien is filed on the Unit or building for Tenant's failure to pay for alterations or installations in the Unit, Tenant must immediately pay or bond the amount stated in the Lien. Landlord may pay or bond the Lien immediately, if Tenant fails to do so within 20 days after Tenant is given notice about the Lien. Landlord's costs shall be added rent.

8. Repairs

Tenant must take good care of the Unit and all equipment and fixtures in it. Tenant must, at Tenant's cost make all repairs and replacements whenever the need results from Tenant's act or neglect. If Tenant fials to make a needed repair or replacement, Landlord may do it. Landlord's expense will be added rent. Subject to Tenant's obligations under this Lease, Landlord will require the Association (to the extent that the Association is obligated under the terms of the Declaration or other agreement) to maintain the Unit, or repair any damage to it, except where caused in whole or in part by the act, failure to act, or negligence of Tenant, or Tenant's licensees, invitees, guests, contractors or agents. Tenant must give Landlord prompt notice of required repairs or replacements.

9. Fire, accident, defects, damage

Tenant must give Landlord prompt notice of fire, accident, damage or dangerous or defective condition. If the Unit can not be used because of fire or other casualty, Tenant is not required to pay rent for the time the Unit is unusable. If part of the Unit can not be used, Tenant must pay rent for the usable part. Landlord shall have the right to decide which part of the Unit is usable. Landlord need only arrange for the damaged structural parts of the Unit to be repaired. Landlord is not required to arrange for the repair or replacement of any equipment, fixtures, furnishings or decorations. Landlord is not responsible for delays due to settling insurance claims, obtaining estimates, labor and supply problems or any other cause not fully under Landlord's control.

If the fire or other casualty is caused by an act or neglect of Tenant or guest of Tenant, or at the time of the fire or casualty Tenant is in default in any term of this Lease, then all repairs will be

**If no broker, insert "None."*

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 Alexandra C. Wong

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 12/12/2024**.

Score for Alexandra C. Wong: 818			
		Importance	Result
AI Score		Pass/Fail	
Total annual income to rent ratio exceeds 40.0		Pass/Fail	
May have been through a bankruptcy		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	No more than 1	Pass/Fail	👍
Alcohol	No more than 1 ever	Pass/Fail	👍
Bad Check	No more than 1 ever	Pass/Fail	👍
Criminal Other	No more than 1 ever	Pass/Fail	👍
Drug Manufacture Distribution	No more than 1 ever	Pass/Fail	👍
Drug Marijuana Use	No more than 1 ever	Pass/Fail	👍
Drug Meth Manufacture	No more than 1 ever	Pass/Fail	👍
Drug Use	No more than 1 ever	Pass/Fail	👍
Fraud	No more than 1 ever	Pass/Fail	👍
Government Obstruction	No more than 1 ever	Pass/Fail	👍
Kidnapping	No more than 1 ever	Pass/Fail	👍
Property Destruction	No more than 1 ever	Pass/Fail	👍
Property Other	No more than 1 ever	Pass/Fail	👍
Property Theft	No more than 1 ever	Pass/Fail	👍
Prostitution	No more than 1 ever	Pass/Fail	👍
Sex Offense Coerced	No more than 1 ever	Pass/Fail	👍
Sex Offense Willful	No more than 1 ever	Pass/Fail	👍
Society Other	No more than 1 ever	Pass/Fail	👍
Violent Fatal	No more than 1 ever	Pass/Fail	👍
Violent Non Fatal	No more than 1 ever	Pass/Fail	👍
Weapons	No more than 1 ever	Pass/Fail	👍
Wildlife	No more than 1 ever	Pass/Fail	👍
Is not a registered sex offender		Pass/Fail	👍

Credit Quick Summary	
Total annual income (reported by Applicant)	$141,200.00
Total combined annual income to rent ratio	45.56 (based on rent of $3,099.00)
Total number of accounts	3
Accounts with no late payments	3 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$1,682.00 ($0.00 past due)
Outstanding revolving debt	$1,682.00 (15% 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:	Alexandra C. Wong	ALEXANDRA WONG
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1994	1/**/1994

Addresses	From Application	From Equifax
	610 West 110th St Apt 11A New York, NY 10025 - US	158 HESTER ST. 3C NEW YORK, NY 10013 (Applicant) Reported 12/2024 610 W 110TH ST. 11A NEW YORK, NY 10025 (Applicant) Reported 11/2024

Employment	From Application	From Equifax
Applicant:	Senior Graphic Designer Adopt $141,200.00/Yr. Total annual Income: $141,200.00	

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Alexandra C. Wong	Multistate Search	12/12/2017 - 12/12/2024	12/12/2024	12/12/2024
Results				
No Records Found				

National Sex Offender Registry History		
Requested For	**Date Requested**	**Date Returned**
Alexandra C. Wong	12/12/2024	12/12/2024
Results		
No Records Found		

Restricted Person Search		
Requested For	**Requested**	**Returned**
Alexandra C. Wong	12/12/2024	12/12/2024
Results		
No Records Found		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	818	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)	769	The date that you opened your oldest account is too recent Lack of sufficient credit history Lack of sufficient relevant real estate account information The total of all balances on your open accounts is too high

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
CAPITAL ONE BANK USA (Applicant)	2/2024	10/2024					$1,571.00

Monthly Payment	High Credit	Type	Comments
$25.00	$6,335.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	10/2022	10/2024					$111.00

Monthly Payment	High Credit	Type	Comments
$40.00	$3,919.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	9/2021	2/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$668.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

Previous Credit Inquiries

From Equifax

2/2024	CAPITAL ONE BANK USA (Applicant)
2/2023	FACTUAL DATA CONSUME (Applicant)

NOTICE OF ADVERSE ACTION

December 12, 2024

Dear Alexandra C. Wong:

Thank you for submitting your application for rental housing to: 1328 Fulton; 1328 Fulton Street, Brooklyn, NY 11216.

1. We are unable to offer you a lease on the terms that you requested.

Our decision about your application was based in whole or in part on information contained in a consumer report from a consumer reporting agency, RP On-Site, LLC ("On-Site"), 2201 Lakeside Blvd, Richardson, TX 75082; (877) 222-0384; www.renterrelations.com. The report includes information provided by On-Site and the following other consumer reporting agency(ies):

Credit Information Provider(s):
Equifax
P.O. Box 740241
Atlanta, GA 30374
800-685-1111
www.equifax.com

Neither On-Site nor any other consumer reporting agency listed in this notice made the decision to take the adverse action and they are unable to provide the specific reasons why we chose to take the adverse action.

2. You have the right, under the Fair Credit Reporting Act ("FCRA"), to know the information contained in your file at each consumer reporting agency and to dispute any information that you believe is inaccurate or incomplete. If any person takes adverse action against you based in whole or in part on any information contained in a consumer report, you also have the right to a free copy of the report if you request it no later than 60 days after your receipt of the adverse action notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute it with the relevant consumer reporting agency.

3. If you would like to review the consumer report that we used to evaluate your application, you can do so by visiting On-Site's applicant help center at www.renterrelations.com and requesting a free copy of your rental report. You can also reach On-Site at the address or phone number listed above.

4. After you receive your rental report, you may submit a dispute to the relevant consumer reporting agency (listed above) about any information in the report that you believe is inaccurate or incomplete. You may also submit your dispute of any information in the report that was provided by another consumer reporting agency to On-Site and they will forward your dispute to the relevant provider. Both you and 1328 Fulton will be notified by On-Site via email of any updates made to the information.

5. We obtained your AI Score from our screening services provider, On-Site, and used it as a factor in our decision.

Your AI Score is: **818** Date: **December 12, 2024**

Scores range from a low of 0 to a high of 1000.

Key factors that adversely affected your AI score are:

- Tradeline scoring
- Debt-to-income ratio
- Credit Score
- Rental Payment History

6. We also obtained your credit score(s) and used it as a factor in our decision. Your credit score is a number that reflects the information in your credit report and can change, depending on how the information in your credit report changes.

Your **Equifax** Credit Score: **769** Date: **December 12, 2024**

Scores range from a low of 300 to a high of 850

Key factors that adversely affected your credit score:

- The date that you opened your oldest account is too recent
- Lack of sufficient credit history
- Lack of sufficient relevant real estate account information
- The total of all balances on your open accounts is too high

Please contact us if you have any questions about this notice or our rental criteria.

Sincerely,

Fulton Street Development LLC

A Summary of Your Rights Under the Fair Credit Reporting Act

https://www.realpage.com/your-rights-under-fair-credit-reporting-act/

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.