

APPLICATION FOR RENTAL

Rental Application for **The Copper**

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

APPLICANT INFORMATION			
LAST NAME Katz		FIRST NAME Kyle	M.I. SUFFIX
SSN ***_**_****		BIRTH DATE 5/18/1987	PHONE - TYPE (561) 271 - 1637 - Mobile
EMAIL Kylejkatz@gmail.com			
CURRENT ADDRESS			
STREET ADDRESS 626 1st Ave apt E23E		CITY New york	STATE NY
ZIP 10016			
MOVE IN DATE	MOVE OUT DATE current	MONTHLY RENT \$4,950.00 / Mo.	
EMPLOYMENT & INCOME INFORMATION			
OCCUPATION Corporate Sales Executive		EMPLOYER/COMPANY Egencia, American Express Global Business Travel	
SUPERVISOR Andriana Nazarian	SUPERVISOR PHONE (518) 248 - 0600	SALARY \$95,000.00/Yr.	START DATE
EMPLOYER ADDRESS 666 3rd Avenue	CITY New york	STATE NY	ZIP 10017
OCCUPATION Corporate Sales Executive		EMPLOYER/COMPANY Egencia, American Express Global Business Travel	
SUPERVISOR Andriana nazarian	SUPERVISOR PHONE (518) 248 - 0600	SALARY \$60,000.00/Yr.	START DATE
EMPLOYER ADDRESS 666 3rd avenue	CITY New york	STATE NY	ZIP 10017
BACKGROUND INFORMATION			
Have you ever filed for bankruptcy? NO		Have you ever willfully refused to pay rent when due? NO	
Have you ever been evicted from a tenancy or left owing money? NO		Have you ever been convicted of a crime? NO	
SUPPLEMENTAL QUESTIONS			
Will the tenant be receiving stove knob covers from property? ☒ No, I do not want stove knob covers for my stove. There is no child under age six residing in my apartment.			
Window Guards: ☒ No children 10 years of age or younger live in my apartment			
Were you referred by a broker? NO			
I (we) have seen the actual apartment for which I (we) are applying?: NO			
Preferred Mailing Address: 626 1st Ave apt E23E, New york, NY 10016 - US			

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 CONSENT

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

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

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

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

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

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

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

☒ Application consent was digitally accepted by Kyle Katz



Signed by Kyle Katz

Thu Jan 16 2025 08:20:07 PM EST

Key: E553CEE8; IP Address: 104.28.55.233

Kyle Katz (Applicant)

Date

The following charge(s) will appear on your card statement as "ClickPay"

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Kyle Katz	XXXXXXXXXXXX1007	15445061	\$21.50

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

California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or <https://www.on-site.com/request-rental-report-or-submit-dispute/>.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

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

Rental Report for Kyle Katz**The property's screening criteria result****PENDING**

There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Kyle Katz: 851

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



Rental Report for Kyle Katz, 1/20/2025 at The Copper

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

NOTIFICATION(S)

APPLICANT: Equifax Credit File Frozen

There is a freeze on this credit file, meaning that it is inaccessible unless the applicant contacts the credit bureau to release the freeze. We recommend to release the freeze for at least five days. Once the applicant releases the file, contact us and we will attempt to process the screening report.

Credit Quick Summary

Total annual income (reported by Applicant)	\$155,000.00	
Total verified annual income	\$71,370.48	
Total verified combined annual income to rent ratio	21.8 (based on rent of \$3,274.06)	
Total number of accounts	10	
Accounts with no late payments	9 (0 unpaid past due)	
Accounts paid 30-59 days past due	1 (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	\$818.00 (\$0.00 past due)	
Outstanding revolving debt	\$818.00 (2% of limit) (\$0.00 past due)	
Outstanding loan balance	\$0.00 (\$0.00 past due)	
Bankruptcies, foreclosures, and legal items	0	
Collection total balance (includes past due)	\$0.00	
Rental History records found	0	

Identity	From Application	From TransUnion
Name:	Kyle Katz	KYLE KATZ KYLE J. KATZ
SSN:	***_**_****	***_**_****
Birth Date:	5/**/1987	5/**/1987

Addresses	From Application	From TransUnion
	626 1st Ave apt E23E New York, NY 10016 - US	626 1ST E23E NEW YORK, NY 10016 (Applicant) Reported 6/2024 320 E 9TH 602 NEW YORK, NY 10003 (Applicant) Reported 7/2021 299 GRAHAM 2 BROOKLYN, NY 11211 (Applicant)

Employment	From Application	From TransUnion
Applicant:	Corporate Sales Executive Egencia, American Express Global Business Travel \$95,000.00/Yr. Corporate Sales Executive Egencia, American Express Global Business Travel \$60,000.00/Yr. Total annual Income: \$155,000.00	F HYATT HOTELS

Income Verifications

Rental Report for Kyle Katz, 1/20/2025 at The Copper

Requested For Kyle Katz		Requested Date 1/16/2025	
Date 1/16/2025	Consumer Provided Income Source Bank connection	Total Deposits (90 Days) \$17,842.61	Verified Annual Income \$71,370.48 *Income amount used in scoring
Bank Institution Charles Schwab	Account Type Checking	Account Holder KYLE JOHN KATZ	Total Deposits (90 Days) \$17,842.61
Date 10/25/2024	Income Source EGENCIA LLC DIRECT DEP 250103~ Tran: ACH		Amount \$1,823.85
Date 11/8/2024	Income Source EGENCIA LLC DIRECT DEP 250103~ Tran: ACH		Amount \$4,728.21
Date 11/22/2024	Income Source EGENCIA LLC DIRECT DEP 250103~ Tran: ACH		Amount \$1,823.86
Date 12/6/2024	Income Source EGENCIA LLC DIRECT DEP 250103~ Tran: ACH		Amount \$2,003.17
Date 12/20/2024	Income Source EGENCIA LLC DIRECT DEP 250103~ Tran: ACH		Amount \$1,823.85
Date 1/3/2025	Income Source EGENCIA LLC DIRECT DEP 250103~ Tran: ACH		Amount \$5,639.67

From RealPage

Requested For Kyle Katz Requested Date 1/20/2025	Employer Egencia, American Express Global Business Travel	Position Held Corporate Sales Executive	Annual Salary \$95,000.00	Supervisor Andriana Nazarian (518) 248 - 0600
	Results Pending			

From RealPage

Requested For Kyle Katz Requested Date 1/20/2025	Employer Egencia, American Express Global Business Travel	Position Held Corporate Sales Executive	Annual Salary \$60,000.00	Supervisor Andriana nazarian (518) 248 - 0600
	Results Pending			

Criminal and Other Public Records

Requested For Kyle Katz	Location Searched Multistate Search	Period Searched 1/20/2018 - 1/20/2025	Requested 1/20/2025	Returned 1/20/2025
Results No Records Found				

National Sex Offender Registry History

Requested For Kyle Katz	Date Requested 1/20/2025	Date Returned 1/20/2025
Results No Records Found		

Restricted Person Search

Requested For Kyle Katz	Requested 1/20/2025	Returned 1/20/2025
Results No Records Found		



Rental Report for Kyle Katz, 1/20/2025 at The Copper

Account Name TOYOTA MTR (Applicant)	Opened 10/2014	Last Active 9/2018	30-59 0	60-89 0	90+ 0	Past Due \$0.00	Balance \$0.00
	Monthly Payment	High Credit \$13,969.00	Type INSTALLMENT	Comments CLOSED Rate/Status 01: Paid or paying as agreed			
	Payment History 0 8/186/184/182/1812/1710/178/176/174/172/1712/1610/16						
Account Name CITI (Applicant)	Opened 6/2016	Last Active 2/2020	30-59 1	60-89 0	90+ 0	Past Due \$0.00	Balance \$0.00
	Monthly Payment	High Credit \$5,869.00	Type REVOLVING	Comments DISPUTE RESOLVED CUSTOMER DISAGREES Rate/Status 01: Paid or paying as agreed			
	Payment History 0 1 0 0 11/219/217/215/213/211/2111/209/207/205/203/201/20						
Account Name BRCLYSBANKDE (Applicant)	Opened 6/2018	Last Active 8/2021	30-59 0	60-89 0	90+ 0	Past Due \$0.00	Balance \$0.00
	Monthly Payment	High Credit \$4,779.00	Type REVOLVING	Comments INACTIVE ACCOUNT Rate/Status 01: Paid or paying as agreed			
	Payment History 0 7/235/233/231/2311/229/227/225/223/221/219/21						
Account Name JPMCB CARD (Applicant)	Opened 11/2013	Last Active 10/2024	30-59 0	60-89 0	90+ 0	Past Due \$0.00	Balance \$0.00
	Monthly Payment	High Credit \$3,032.00	Type REVOLVING	Comments Rate/Status 01: Paid or paying as agreed			
	Payment History 0 11/249/247/245/243/241/2411/239/237/235/233/231/23						
Account Name TRUIST (Applicant)	Opened 6/2006	Last Active 12/2024	30-59 0	60-89 0	90+ 0	Past Due \$0.00	Balance \$0.00
	Monthly Payment	High Credit \$2,219.00	Type REVOLVING	Comments Rate/Status 01: Paid or paying as agreed			
	Payment History 0 12/2410/248/246/244/242/2412/2310/238/236/234/232/23						
Account Name JPMCB CARD (Applicant)	Opened 10/2022	Last Active 3/2024	30-59 0	60-89 0	90+ 0	Past Due \$0.00	Balance \$0.00
	Monthly Payment	High Credit \$332.00	Type REVOLVING	Comments Rate/Status 01: Paid or paying as agreed			
	Payment History 0 12/2410/248/246/244/242/2412/2310/238/236/234/232/23						

Account Name AZUMA LEA (Applicant)	Opened 8/2014	Last Active 9/2015	30-59 0	60-89 0	90+ 0	Past Due \$0.00	Balance \$0.00
	Monthly Payment	High Credit \$46.00	Type OPEN ACCOUNT	Comments CLOSED Rate/Status 01: Paid or paying as agreed			
	Payment History 000000000000 8/156/154/152/1512/1410/14						



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 from 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.

2024 W-2 and EARNINGS SUMMARY



Employee Reference Copy

Wage and Tax Statement

2024

OMB No. 1545-0008

Copy C for employee's records.

d Control number

001103

Dept.

NCN3/04B

Corp.

OREMNY

Employer use only

A

175

c Employer's name, address, and ZIP code

EGENCIA LLC
15551 N GRNWAY HAYDEN LP
SCOTTSDALE AZ 85260

Batch #01958

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

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

b Employer's FED ID number

02-0629848

a Employee's SSA number

XXX-XX-8908

1 Wages, tips, other comp.

150270.03

2 Federal income tax withheld

24889.98

3 Social security wages

153758.53

4 Social security tax withheld

9533.03

5 Medicare wages and tips

153758.53

6 Medicare tax withheld

2229.50

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C 48.62

14 Other

31.20 SDI
333.25 NY PFL

12b D 3488.50

12c DD 11627.88

12d

13 Stat emp Ret. plan 3rd party sick pay

X

15 State

NY

Employer's state ID no.

02-0629848

16 State wages, tips, etc.

150270.03

17 State income tax

11512.52

18 Local wages, tips, etc.

150270.03

19 Local income tax

5857.85

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	162 , 365 . 82	162 , 365 . 82	162 , 365 . 82	162 , 365 . 82	162 , 365 . 82
Plus GTL (C-Box 12)	48 . 62	48 . 62	48 . 62	48 . 62	48 . 62
Less Misc. Non Taxable Comp.	5 , 553 . 85	5 , 553 . 85	5 , 553 . 85	5 , 553 . 85	5 , 553 . 85
Less 401(k) (D-Box 12)	3 , 488 . 50	N/A	N/A	3 , 488 . 50	3 , 488 . 50
Less Other Cafe 125	3 , 102 . 06	3 , 102 . 06	3 , 102 . 06	3 , 102 . 06	3 , 102 . 06
Reported W-2 Wages	150,270.03	153,758.53	153,758.53	150,270.03	150,270.03

2. Employee Name and Address.

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

© 2024 ADP, Inc.

1 Wages, tips, other comp.

150270.03

2 Federal income tax withheld

24889.98

3 Social security wages

153758.53

4 Social security tax withheld

9533.03

5 Medicare wages and tips

153758.53

6 Medicare tax withheld

2229.50

d Control number

001103

Dept.

NCN3/04B

Corp.

OREMNY

Employer use only

A

175

c Employer's name, address, and ZIP code

EGENCIA LLC
15551 N GRNWAY HAYDEN LP
SCOTTSDALE AZ 85260

b Employer's FED ID number

02-0629848

a Employee's SSA number

XXX-XX-8908

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a See instructions for box 12

C 48.62

14 Other

31.20 SDI
333.25 NY PFL

12b D 3488.50

12c DD 11627.88

12d

13 Stat emp Ret. plan 3rd party sick pay

X

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

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

15 State

NY

Employer's state ID no.

02-0629848

16 State wages, tips, etc.

150270.03

17 State income tax

11512.52

18 Local wages, tips, etc.

150270.03

19 Local income tax

5857.85

20 Locality name

NYC RES

Federal Filing Copy

Wage and Tax Statement

2024

OMB No. 1545-0008

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

1 Wages, tips, other comp.

150270.03

2 Federal income tax withheld

24889.98

3 Social security wages

153758.53

4 Social security tax withheld

9533.03

5 Medicare wages and tips

153758.53

6 Medicare tax withheld

2229.50

d Control number

001103

Dept.

NCN3/04B

Corp.

OREMNY

Employer use only

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175

c Employer's name, address, and ZIP code

EGENCIA LLC
15551 N GRNWAY HAYDEN LP
SCOTTSDALE AZ 85260

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11 Nonqualified plans

12a C 48.62

14 Other

31.20 SDI
333.25 NY PFL

12b D 3488.50

12c DD 11627.88

12d

13 Stat emp Ret. plan 3rd party sick pay

X

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

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

15 State

NY

Employer's state ID no.

02-0629848

16 State wages, tips, etc.

150270.03

17 State income tax

11512.52

18 Local wages, tips, etc.

150270.03

19 Local income tax

5857.85

20 Locality name

NYC RES

NY. State Filing Copy

Wage and Tax Statement

2024

OMB No. 1545-0008

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

1 Wages, tips, other comp.

150270.03

2 Federal income tax withheld

24889.98

3 Social security wages

153758.53

4 Social security tax withheld

9533.03

5 Medicare wages and tips

153758.53

6 Medicare tax withheld

2229.50

d Control number

001103

Dept.

NCN3/04B

Corp.

OREMNY

Employer use only

A

175

c Employer's name, address, and ZIP code

EGENCIA LLC
15551 N GRNWAY HAYDEN LP
SCOTTSDALE AZ 85260

b Employer's FED ID number

02-0629848

a Employee's SSA number

XXX-XX-8908

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a C 48.62

14 Other

31.20 SDI
333.25 NY PFL

12b D 3488.50

12c DD 11627.88

12d

13 Stat emp Ret. plan 3rd party sick pay

X

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

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

15 State

NY

Employer's state ID no.

02-0629848

16 State wages, tips, etc.

150270.03

17 State income tax

11512.52

18 Local wages, tips, etc.

150270.03

19 Local income tax

5857.85

20 Locality name

NYC RES

City or Local Filing Copy

Wage and Tax Statement

2024

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 \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under

code G are limited to \$23,000. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2024, 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

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

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

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.

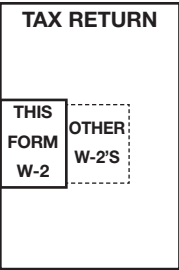
Department of the Treasury - Internal Revenue Service

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):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/FormW2.

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 tax credit (EITC). You may be able to take the EITC for 2024 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 EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EITC 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 2024 and more than \$10,453.20 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 \$6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

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

OMB No. 1545-0074

Submission Identification Number (SID) ►

Taxpayer's name Kyle J Katz	Social security number 594-88-8908
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	106,408.
2	Total tax	2	15,679.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,878.
4	Amount you want refunded to you	4	199.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

☒ I authorize Arthur J. Canter, CPA to enter or generate my PIN 11067 as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

60334912345
Don't enter all zeros

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

ERO's signature ► Arthur J Canter Date ► _____

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

For the year Jan. 1—Dec. 31, 2023, or other tax year beginning _____, ending _____		See separate instructions.
Your first name and middle initial Kyle J Katz		Your social security number 594-88-8908
Last name Katz		Spouse's social security number
If joint return, spouse's first name and middle initial		
Last name		
Home address (number and street). If you have a P.O. box, see instructions. 320 E 9th St #602		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
City, town, or post office. If you have a foreign address, also complete spaces below. New York, NY 10003		
State NY		
ZIP code 10003		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

☒ Single ☐ Head of household (HOH)

Check only one box.

☐ 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	1 a Total amount from Form(s) W-2, box 1 (see instructions).....	1a	106,297.
	b Household employee wages not reported on Form(s) W-2.....	1b	
	c Tip income not reported on line 1a (see instructions).....	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions).....	1d	
	e Taxable dependent care benefits from Form 2441, line 26.....	1e	
	f Employer-provided adoption benefits from Form 8839, line 29.....	1f	
	g Wages from Form 8919, line 6.....	1g	
	h Other earned income (see instructions).....	1h	
	i Nontaxable combat pay election (see instructions)..... 1i		
	z Add lines 1a through 1h.....	1z	106,297.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2 a Tax-exempt interest..... 2a	b Taxable interest..... 2b	111.
	3 a Qualified dividends..... 3a	b Ordinary dividends..... 3b	
	4 a IRA distributions..... 4a	b Taxable amount..... 4b	
	5 a Pensions and annuities..... 5a	b Taxable amount..... 5b	0.
	6 a Social security benefits..... 6a	b Taxable amount..... 6b	
	c If you elect to use the lump-sum election method, check here (see instructions)..... ☐		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here..... ☐	7	
	8 Additional income from Schedule 1, line 10..... 8		
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9		106,408.
	10 Adjustments to income from Schedule 1, line 26..... 10		
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.	11 Subtract line 10 from line 9. This is your adjusted gross income 11		106,408.
	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		92,558.

October 30, 2023

Kyle Katz
320 E 9th St,
New York, NY 10003

Dear Kyle,

On behalf of Egencia LLC ("Egencia" or the "Company"), a member of the American Express Global Business Travel family of companies, I am pleased to confirm our verbal offer for the position of Corporate Sales Manager, beginning **November 20, 2023** ("Start Date"). This position reports to Tonia Lepore, Director, Sales. This letter ("Offer Letter") summarizes the applicable compensation, benefits, and legal aspects of your position. Please sign and return it as soon as possible.

Egencia has extended this offer to you based upon your general knowledge, background, experience and skills and abilities and not because of your knowledge of your current employer's or any previous employer's trade secrets or other confidential information. You must not disclose to the Company or use in your employment with the Company any confidential or proprietary information or trade secrets of any current or prior employer.

Following are the terms and conditions of employment for this role.

Location

This position is virtual, and you may work from home. You agree that you will be subject to the Company's Work@Home policy. In this regard, there will be times when you will be expected to report to the office for meetings and other events. In addition, Egencia reserves the right to change or modify this arrangement in accordance with business needs or to terminate the arrangement entirely. The Company will give you reasonable notice of any such changes.

Pay Period and Pay Days

Egencia utilizes a bi-weekly pay period and pay for your work is delivered on Fridays. You will be asked to provide a direct deposit account, and thereafter your pay will be deposited about 5 days after each bi-weekly pay period ends.

Statement of Compensation/Band Level

Your compensation, on a bi-weekly basis, will be \$3,653.84 which equates to an annualized salary of \$ 95,000.00, subject to applicable taxes, withholding and deductions. This position is classified as Band K which is exempt and therefore ineligible for overtime pay based on applicable state and federal laws.

Incentive Plan

You are also eligible to participate in the Company's incentive plan applicable to your role. You have a target incentive opportunity during the incentive plan measurement period. Your actual incentive awards may vary between zero (\$0.00) and an amount in excess of your target based on the incentive plan's established components and objectives. You will receive a copy of the incentive plan and your initial performance targets once you begin your employment. All awards will be subject to the terms and conditions of the applicable plan. The Company reserves the right to modify, revise, interpret and terminate any specific compensation program at any time with or without notice.

Award payments are contingent upon your continuous employment in good standing through the payment date. The award will not form part of your contractual remuneration or consideration for the purpose of bonus or other compensation related calculations. You agree that if you are paid an award, even though you will remain eligible to participate, the award plan is discretionary and the Company shall not be obligated to make any further similar payments to you in the future.

Benefits

Egencia offers several core and voluntary benefit options including, but not limited to Medical, Dental and Vision coverage, Flexible Spending Accounts for Medical and Dependent Care expenses, Basic Life Insurance, and Short- and Long-Term Disability. Provided you make an election within 31 days, core health and welfare benefits will become effective on the first day of employment. Depending upon your elections, deductions will be made from your pay for the various levels of health benefits you choose. More information will be provided to you following your Start Date.

401K

You will be eligible to participate in the Company 401(k) Plan upon hire. Assuming you have enrolled, after 12 months of employment, the Company will match (A) 100% of your contributions up to 3% of your Compensation (as defined in the Plan) plus (B) 50% of your contributions exceeding 3% and no more than 5% of your Compensation (as defined in the Plan). Details about plan participation will be provided to you following your Start Date.

Paid Time Off

You will be eligible for Paid Time Off (PTO), in accordance with the Company PTO policy as applicable to similarly situated employees.

Compliance with Policies and Training

In the course of your employment, you will be expected to acknowledge and comply with the Company's Code of Conduct and such other policies as Egencia may adopt and issue from time to time. It is your responsibility to read and understand these policies and, if you have any questions now or in the future, it is your responsibility to make the appropriate inquiries.

Egencia upholds the highest standards when it comes to our policies and processes, and the Company expects that all hires will complete their training within the first 10 days of receiving their new equipment and connecting to the network. Failure to complete your assigned training on time may lead to disciplinary action. At any time, you may reach out to me or your Human Resources Business Partner if you have questions.

Vaccination

Egencia strongly encourages all new hires to be vaccinated against the SARS-COV-2 (the virus that causes COVID-19), and any employee hired to work on a government contract or for a government contractor may be required to present proof of vaccination. Employees who are not vaccinated may not be eligible for short term disability pay due to contracting COVID-19. Employees who need to seek an accommodation due to a medical condition or a sincerely held religious belief must submit a request for consideration to GBT-ADA-Team@amexgbt.com.

Employment at Will and Entire Agreement

This letter is not intended, nor should it be considered as an employment contract for a definite or indefinite period of time. Employment with Egencia is at will, and either you or the Company may terminate employment at any time, for any reason, with or without cause or notice. In addition, by signing below, you acknowledge that this letter, along with the Egencia pre-hire documentation you executed, including your employment application and the agreement to arbitrate, sets forth the entire agreement regarding employment between you and the Company, and fully supersedes any other prior agreements or understandings, whether written or oral.

Arbitration

By accepting employment, you agree that you will be subject to the terms of the Company's Employment Arbitration Policy. The policy provides that Egencia has the right to require arbitration, or, in the alternative, a Bench Trial, as the final, exclusive and required forum for the resolution of all employment-related disputes that are based on a legal claim between you and the Company. A summary of the Arbitration Policy is attached below.

Restrictive Covenant Disclosure

You certify that you are not subject to any restrictive covenants with any prior employer that would interfere with or in any way restrict your ability to accept this position and work for Egencia.

Employment Eligibility

This Offer is contingent upon the following:

1. Favorable results from your reference check and background investigation. By signing below, you certify that the information provided in support of your application for employment is true and accurate in all respects. You understand that the provision of false information, whenever discovered, may result in the withdrawal of an employment offer, or the termination of your employment.

2. Compliance with federal employment eligibility requirements. An electronic I9 Form, including a link to the List of Acceptable documents will be sent to you at the email address we have on file for you. It is your responsibility to complete section 1 of the I9 before your start date. You will also be expected to follow the instructions of our third-party provider to present your **original** identification and work authorization documents for physical inspection within three (3) days of your start date.

Please note: The Company also participates in the E-Verify Program. E-Verify is an Internet-based system operated by the Department of Homeland Security (DHS) that allows employers to verify the employment eligibility of their employees, regardless of citizenship.

Acceptance of Offer

I believe you will find Egencia to be both interesting and challenging and that you will make a significant contribution to our business. Please call the HR HUB at (212) 798-1533 if you have any questions.

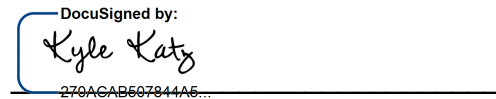
Please indicate your acceptance of this offer by signing the DocuSign version.

Yours truly,

DocuSigned by:

54D924A2C26A468...
Tonia Lepore,
Director, Sales

Agreed and Accepted:

DocuSigned by:

270ACAB507844A5...

Date: _____

EMPLOYMENT ARBITRATION POLICY SUMMARY

I understand that Egencia has the right to require that arbitration be the final and exclusive forum for the resolution of any and all employment-related disputes between Egencia and me that are based on a legal claim (“Claims”), or, in the alternative, that all Claims are brought before a judge without a jury (“Bench Trial”), provided, however, that if I am employed in California, the provisions of this policy regarding a Bench Trial shall not apply.

I further understand that Claims include any claims arising under any federal, state or local statute, regulation or common law doctrine regarding or relating to employment discrimination, terms and conditions of employment, or termination of employment (and any future additions, changes, or amendments to those laws), including but not limited to the following:

- Title VII of the Civil Rights Act of 1964
- The Employee Retirement Income Security Act of 1974, as amended
- The Civil Rights Act of 1991
- The Age Discrimination in Employment Act and the Older Workers Benefit Protection Act
- The Americans with Disabilities Act
- The Family and Medical Leave Act
- The Worker Adjusted Retraining Notification Act (WARN)
- State human rights or anti-discrimination laws
- Breach of contract, promissory estoppel, or any other contract claims
- Whistleblower or retaliation claims
- Defamation, employee negligence, or any other tort claims
- Disputes related to certain Company employee benefit plans

I understand and agree that I shall have no right or authority for any claims to be arbitrated on a class action basis or on bases involving claims brought in a representative capacity on behalf of any other employees or other persons similarly situated; provided, however, that my individual claim would be subject to this arbitration or Bench Trial provision. Claims brought by or against another employee, a Company employee benefit plan or the Company may not be joined or consolidated in the arbitration or Bench Trial with claims brought by or against any other employee, Company employee benefit plan or the Company, unless otherwise agreed to in writing by all parties. Further, I agree that I will not have the right to participate in a representative capacity or as a member of any class of claimants in a court of law pertaining to any claims subject to arbitration.

I agree to submit any and all Claims to arbitration or, as elected (other than in California), a Bench Trial and agree to waive my right to trial before a judge or jury in federal or state court.

A full copy of the Arbitration Policy and Process is available upon request.



EGENCIA LLC
666 THIRD AVENUE
NEW YORK, NY 10017

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement



Period Beginning: 12/02/2024
Period Ending: 12/15/2024
Pay Date: 12/20/2024

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

Earnings	rate	salary/hours	this period	year to date
Regular	3653.85	80.00	3,653.85	95,000.10
Bus Travel Inc				61,561.87
Expense Sum				5,553.85
Spot Award				250.00
Gross Pay			\$3,653.85	162,365.82

Your federal taxable wages this period are
\$3,351.85

Deductions	Statutory		
	Federal Income Tax	-423.61	24,889.98
	Social Security Tax	-219.26	9,533.03
	Medicare Tax	-51.28	2,229.50
	NY State Income Tax	-162.37	11,512.52
	New York Cit Income Tax	-122.20	5,857.85
	NY SDI Tax	-1.20	31.20
	NY Paid Family Leave Ins		333.25

Other Benefits and Information

	this period	total to date
Gtl	1.87	48.62
Totl Hrs Worked	80.00	
Employee Id		8045302

Important Notes

IF YOU HAVE ANY QUESTIONS REGARDING YOUR PAY,
PLEASE CONTACT 1-844-729-2272

BASIS OF PAY: SALARY

Other		
Dental Pre Tax	-9.95*	258.70
Ee Stock Purch	-548.08	12,605.84
Med Bef Tax	-109.36*	2,843.36
401Kbftax Base	-182.69*	3,471.11
401K Bftax Ot/I		17.39
Net Pay	\$1,823.85	
Checking Dep 1	-1,823.85	
Net Check	\$0.00	

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

* Excluded from federal taxable wages

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EGENCIA LLC
666 THIRD AVENUE
NEW YORK, NY 10017

Advice number: 00000510564
Pay date: 12/20/2024

Deposited to the account of	account number	transit ABA	amount
KYLE KATZ	xxxxxxx3900	xxxx xxxx	\$1,823.85

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



EGENCIA LLC
666 THIRD AVENUE
NEW YORK, NY 10017

Period Beginning: 12/16/2024
Period Ending: 12/29/2024
Pay Date: 01/03/2025

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

Earnings	rate	salary/hours	this period	year to date
Regular	3653.85	80.00	3,653.85	3,653.85
Bus Travel Inc			9,329.90	9,329.90
Gross Pay			\$12,983.75	12,983.75

Your federal taxable wages this period are
\$10,716.49

Deductions	Statutory		year to date
	Federal Income Tax	-2,035.09	2,035.09
	Social Security Tax	-791.56	791.56
	Medicare Tax	-185.12	185.12
	NY State Income Tax	-1,030.19	1,030.19
	New York Cit Income Tax	-435.20	435.20
	NY SDI Tax	-1.20	1.20
	NY Paid Family Leave Ins	-50.38	50.38
	Other		
	Dental Pre Tax	-10.10*	10.10
	Ee Stock Purch	-548.08	548.08
	Hsa Pre Tax	-146.15*	146.15
	Med Bef Tax	-62.34*	62.34
	401K Bftax Ot/I	-1,865.98*	1,865.98
	401Kbftax Base	-182.69*	182.69
	Net Pay	\$5,639.67	
	Checking Dep 1	-5,639.67	
	Net Check	\$0.00	

Other Benefits and Information	this period	total to date
Gtl	1.87	1.87
Totl Hrs Worked	80.00	
Employee Id		8045302

Important Notes

IF YOU HAVE ANY QUESTIONS REGARDING YOUR PAY,
PLEASE CONTACT 1-844-729-2272

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

* Excluded from federal taxable wages

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EGENCIA LLC
666 THIRD AVENUE
NEW YORK, NY 10017

Advice number: 00000010559
Pay date: 01/03/2025

Deposited to the account of	account number	transit	ABA	amount
KYLE KATZ	xxxxxxx3900	xxxx	xxxx	\$5,639.67

THIS IS NOT A CHECK

NON-NEGOTIABLE



EGENCIA LLC
666 THIRD AVENUE
NEW YORK, NY 10017

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement



Period Beginning: 12/30/2024
Period Ending: 01/12/2025
Pay Date: 01/17/2025

KYLE KATZ
626 1ST AVE
APT E23E
NEW YORK NY 10016

Earnings	rate	salary/hours	this period	year to date
Regular	3653.85	80.00	3,653.85	7,307.70
Expense Sum			125.52*	125.52
Bus Travel Inc				9,329.90
Gross Pay			\$3,779.37	16,763.12

Your federal taxable wages this period are
\$3,252.57

Deductions	Statutory		
	Federal Income Tax	-393.03	2,428.12
	Social Security Tax	-213.10	1,004.66
	Medicare Tax	-49.84	234.96
	NY State Income Tax	-156.91	1,187.10
	New York Cit Income Tax	-117.98	553.18
	NY SDI Tax	-1.20	2.40
	NY Paid Family Leave Ins	-14.18	64.56
	Other		
	Dental Pre Tax	-10.10*	20.20
	Ee Stock Purch	-548.08	1,096.16
	Hsa Pre Tax	-146.15*	292.30
	Med Bef Tax	-62.34*	124.68
	401Kbftax Base	-182.69*	365.38
	401K Bftax Ot/I		1,865.98
	Net Pay	\$1,883.77	
	Checking Dep 1	-1,883.77	
	Net Check	\$0.00	

Other Benefits and Information

	this period	total to date
Gtl	1.87	3.74
Sck Hrs Balance	6.67	
Vac Hrs Balance	10.00	
Totl Hrs Worked	80.00	
Employee Id		8045302

Important Notes

IF YOU HAVE ANY QUESTIONS REGARDING YOUR PAY,
PLEASE CONTACT 1-844-729-2272

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

* Excluded from federal taxable wages

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EGENCIA LLC
666 THIRD AVENUE
NEW YORK, NY 10017

Advice number: 00000030553
Pay date: 01/17/2025

Deposited to the account of	account number	transit ABA	amount
KYLE KATZ	xxxxxxx3900	xxxx xxxx	\$1,883.77

THIS IS NOT A CHECK

NON-NEGOTIABLE



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 1-29, 2024

Customer Service Information

Call Toll Free: (888) 403-9000

Visit the Schwab Website: www.schwab.com

Send Written Inquiries to:

Charles Schwab Bank
P.O. Box 982605
El Paso, TX 79998-2605

Send Deposits to:

Charles Schwab Bank
P.O. Box 628291
Orlando, FL 32862-9925

Schwab Bank News

Receive alerts for transactions on your Charles Schwab Bank Visa Platinum Debit Card ("Debit Card") and lock your Debit Card anytime.

You can monitor your debit card transactions and lock your card by using Schwab Bank's Debit Card Transaction Alerts and the Card Lock/Unlock Feature. Here's how:

Transaction Alerts: You can enroll in email, SMS Text, and Mobile App (Push) notification alerts to monitor activities on your Debit Cards like these:

- Purchases over a dollar threshold (Minimum \$1)
- ATM withdrawals over a dollar threshold (Minimum \$1)
- International Purchases
- Online, phone, mail purchases

Set up these transaction alerts and stay aware of debit card activity on your account. To learn more, visit: Schwab.com and click on Profile/Alert Settings (**See page 2 for more details.**)

Thank you for choosing Schwab Bank.

Your business is important to us, and we look forward to serving your banking needs. If you have any questions or need assistance, please call a Schwab Bank Customer Service Representative at 1-888-403-9000. We're available 7:00 a.m. to 11:00 p.m. ET, Monday through Friday, and 9:00 a.m. to 10:30 p.m. ET on weekends. (0912-6109)

Page 1 of 6

29/11-CB36A153-023994-SML-10016000000 1283549 *
MR KYLE JOHN KATZ
626 1ST AVE APT E23E
NEW YORK NY 10016



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 1-29, 2024

Schwab Bank News *(continued)*

Receive alerts for transactions on your Charles Schwab Bank Visa Platinum Debit Card ("Debit Card") and lock your Debit Card

Schwab Bank Debit Card Lock/Unlock: Misplaced your card? With the card lock/unlock feature, you can block transactions on your Debit Card right from your computer or mobile device. Found your Debit Card? Simply unlock it and start using it again. Go to Schwab.com, log in to your Investor Checking account and click on Debit Card Travel Notice under "Bank Services".

Requires a wireless signal or mobile connection. Access to Electronic Services may be limited or unavailable during periods of peak demand, market volatility, systems upgrade, maintenance, or for other reasons. Functionality may vary by operating system and/or device.

Brokerage Products: Not FDIC-Insured · No Bank Guarantee · May Lose Value

(0419-9X5U)



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 1-29, 2024

Schwab Bank Investor Checking™

Account Number: 440022153900

Summary	Amount
Beginning Balance	\$1,283.44
Deposits and Credits	6,552.07
Interest Paid	0.36
Withdrawals and Other Debits	(2,992.23)
Other Fees	0.00
Ending Balance	\$4,843.64

Nonsufficient Funds Fees	This Period	Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Activity

Date Posted	Description	Debits	Credits	Balance
11/01	Beginning Balance			\$1,283.44
11/08	Electronic Deposit EGENCIA LLC DIRECT DEP 241108~ Tran: ACHDD		\$4,728.21	\$6,011.65
11/12	Electronic Withdrawal AMEX EPAYMENT ACH PMT 241112~ Tran: ACHDW	\$1,204.70		\$4,806.95
11/12	Electronic Withdrawal AMEX EPAYMENT ACH PMT 241112~ Tran: ACHDW	\$1,213.11		\$3,593.84
11/12	Electronic Withdrawal CHASE CREDIT CRD EPAY 241108~ Tran: ACHDW	\$191.62		\$3,402.22



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 1-29, 2024

Schwab Bank Investor Checking™ (continued)

Account Number: 440022153900

Activity (continued)

Date Posted	Description	Debits	Credits	Balance
11/21	Electronic Withdrawal CHASE CREDIT CRD EPAY 241120	\$357.80		\$3,044.42
11/22	Electronic Deposit EGENCIA LLC DIRECT DEP 241122~ Tran: ACHDD		\$1,823.86	\$4,868.28
11/24	Visa Debit Card Point of Sale Purchase FANDUEL RACING 9717083015, NJ, US	\$25.00		\$4,843.28
11/29	Interest Paid		\$0.36	\$4,843.64
11/29	Ending Balance			\$4,843.64

Interest Earned

Interest Earned	11/01/2024 to 11/29/2024	29 day(s)	Annual Percentage Yield Earned	0.12%
Average Daily Balance		\$3,637.63	Interest Earned this Period	\$0.36
Interest Rate as of	11/29/2024	0.10%	Interest Paid Year to Date	\$14.17

IMPORTANT DEPOSIT ACCOUNT INFORMATION

Electronic Transfers: If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the telephone number on the first page of this statement to find out whether or not the deposit has been made.

In Case of Errors or Questions About Your Electronic Fund Transfers: Telephone us or write us at the phone number or the address shown on the first page of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or transfer you are unsure about. Explain as clearly as you can why you believe there is an error or why you need more information.



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 1-29, 2024

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440022153900

IMPORTANT DEPOSIT ACCOUNT INFORMATION *(continued)*

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

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

If you are a debtor in bankruptcy or you discharged your personal liability for your loan in bankruptcy, we are providing this statement to you for informational and compliance purposes only and this statement is not an attempt to collect a debt against you. If you have filed a Chapter 13 bankruptcy and your bankruptcy plan requires you to send your regular monthly loan payments to the Trustee, you should pay the Trustee instead of us and contact your attorney or Trustee if you have questions. If you want to stop receiving or having access to your statements, write to us.



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 1-29, 2024

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MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 30, 2024 to
December 31, 2024

Customer Service Information

Call Toll Free: (888) 403-9000

Visit the Schwab Website: www.schwab.com

Send Written Inquiries to:

Charles Schwab Bank
P.O. Box 982605
El Paso, TX 79998-2605

Send Deposits to:

Charles Schwab Bank
P.O. Box 628291
Orlando, FL 32862-9925

Schwab Bank News

Submit your travel plans and confirm or update your contact information online.

If you are traveling, make sure to confirm or update your contact information and submit a travel notice online. To get started:

- To review and update your contact information, log into schwab.com and click on "Profile"

For travel plans, click on the "Debit Card Travel Notice" link under "Bank Services".
(0519-9TS6)

Thank you for choosing Schwab Bank.

Your business is important to us, and we look forward to serving your banking needs. If you have any questions or need assistance, please call a Schwab Bank Customer Service Representative at 1-888-403-9000. We're available 7:00 a.m. to 11:00 p.m. ET, Monday through Friday, and 9:00 a.m. to 10:30 p.m. ET on weekends. (0912-6109)

31/12-CB02B152-031379-SML-10016000000 345301 *
MR KYLE JOHN KATZ
626 1ST AVE APT E23E
NEW YORK NY 10016



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 30, 2024 to
December 31, 2024

Schwab Bank Investor Checking™

Account Number: 440022153900

Summary	Amount
Beginning Balance	\$4,843.64
Deposits and Credits	5,965.02
Interest Paid	0.14
Withdrawals and Other Debits	(9,008.00)
Other Fees	0.00
Ending Balance	\$1,800.80

Nonsufficient Funds Fees	This Period	Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Activity			
Date Posted	Description	Debits	Credits
11/30	Beginning Balance		\$4,843.64
11/30	P2P Zelle Debit ZELLE TO LEAH GUECIA	\$2,175.00	
12/06	Electronic Deposit EGENCIA LLC DIRECT DEP 241206~ Tran: ACHDD		\$2,003.17
12/06	ATM Withdrawal BANK OF AMERICA *THIRD NEW YORK, NY, US	\$304.00	
12/09	Electronic Withdrawal CHASE CREDIT CRD EPAY 241206~ Tran: ACHDW	\$556.29	



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 30, 2024 to
December 31, 2024

Schwab Bank Investor Checking™ (continued)

Account Number: 440022153900

Activity (continued)

Date Posted	Description	Debits	Credits	Balance
12/09	Electronic Withdrawal AMEX EPAYMENT ACH PMT 241209	\$1,625.64		\$2,185.88
12/09	Electronic Withdrawal AMEX EPAYMENT ACH PMT 241209	\$1,843.50		\$342.38
12/13	Electronic Deposit VENMO CASHOUT 241212		\$95.00	\$437.38
12/20	Electronic Deposit EGENCIA LLC DIRECT DEP 241220~ Tran: ACHDD		\$1,823.85	\$2,261.23
12/20	Visa Debit Card Point of Sale Purchase VENMO *Leah Guecia Visa Direct, NY, US	\$20.00		\$2,241.23
12/23	Electronic Deposit VENMO CASHOUT 241220		\$7.00	\$2,248.23
12/27	Electronic Withdrawal CHASE CREDIT CRD EPAY 241226~ Tran: ACHDW	\$308.57		\$1,939.66
12/31	Electronic Deposit VENMO CASHOUT 241230		\$32.00	\$1,971.66
12/31	Funds Transfer from Brokerage -8479		\$2,000.00	\$3,971.66
12/31	P2P Zelle Debit ZELLE TO LEAH GUECIA	\$2,175.00		\$1,796.66
12/31	ATM Fee Rebate		\$4.00	\$1,800.66
12/31	Interest Paid		\$0.14	\$1,800.80
12/31	Ending Balance			\$1,800.80



MR KYLE JOHN KATZ

Account Number
440022153900

Statement Period
November 30, 2024 to
December 31, 2024

Schwab Bank Investor Checking™ (continued)

Account Number: 440022153900

Interest Earned			
Interest Earned	11/30/2024 to 12/31/2024	32 day(s)	Annual Percentage Yield Earned 0.09%
Average Daily Balance		\$1,838.20	Interest Earned this Period \$0.14
Interest Rate as of	12/31/2024	0.05%	Interest Paid Year to Date \$14.31

IMPORTANT DEPOSIT ACCOUNT INFORMATION

Electronic Transfers: If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the telephone number on the first page of this statement to find out whether or not the deposit has been made.

In Case of Errors or Questions About Your Electronic Fund Transfers: Telephone us or write us at the phone number or the address shown on the first page of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- 1. Tell us your name and account number (if any).
- 2. Describe the error or transfer you are unsure about. Explain as clearly as you can why you believe there is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

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

If you are a debtor in bankruptcy or you discharged your personal liability for your loan in bankruptcy, we are providing this statement to you for informational and compliance purposes only and this statement is not an attempt to collect a debt against you. If you have filed a Chapter 13 bankruptcy and your bankruptcy plan requires you to send your regular monthly loan payments to the Trustee, you should pay the Trustee instead of us and contact your attorney or Trustee if you have questions. If you want to stop receiving or having access to your statements, write to us.



Contributory IRA of

KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

Account Number
2838-9241

Statement Period
December 1-31, 2024



Account Summary

Ending Account Value as of 12/31	Beginning Account Value as of 12/01	
\$45,298.84	\$47,122.38	
	This Statement	YTD
Beginning Value	\$47,122.38	\$39,105.71
Deposits	0.00	0.00
Withdrawals	0.00	0.00
Dividends and Interest	922.65	1,442.84
Transfer of Securities	0.00	0.00
Market Appreciation/(Depreciation)	(2,746.19)	4,750.29
Expenses	0.00	0.00
Ending Value	\$45,298.84	\$45,298.84

Account Ending Value reflects the market value of your cash and investments. It does not include pending transactions, unpriced securities or assets held outside Schwab's custody.

Contributions	2023	2024
Rollover	8,243.40	0.00
Total YTD (\$)	8,243.40	0.00

Your Independent Investment Manager and/or Advisor

BOCA WEALTH ADVISORS LLC
400 S DIXIE HWY STE 322
BOCA RATON FL 33432-6023
1 (561) 391-4477

The custodian of your brokerage account is:
Charles Schwab & Co., Inc. Member SIPC. Your
independent Investment Advisor is not affiliated
with or an agent of Schwab and Schwab does not
supervise or endorse your Advisor.

Online Assistance

 Visit us online at [schwab.com](https://www.schwab.com)

Visit [schwab.com/stmt](https://www.schwab.com/stmt) to explore the features
and benefits of this statement.

KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY
626 1ST AVE APT E23E
NEW YORK NY 10016



Contributory IRA of
KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

Statement Period
December 1-31, 2024



A Message About Your Account

CALIFORNIA RESIDENTS

If your total payments of interest and interest dividends on federally tax-exempt non-California municipal bonds were \$10 or greater **and** you or your Partnership had a California address as of 12/31, Schwab will report this information to the California Franchise Tax Board each tax year, per state statute. (1223-3LZ0)

Positions - Summary

Beginning Value as of 12/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	Ending Value as of 12/31
\$47,122.38		\$0.00		(\$849.81)		\$922.65		(\$1,896.38)		\$45,298.84

Cash and Cash Investments

Type	Symbol	Description	Quantity	Price(\$)	Beginning Balance(\$)	Ending Balance(\$)	Change in Period Balance(\$)	Pending/Unsettled Cash(\$)	Interest/ Yield Rate
Bank Sweep		Bank Sweep ^{x,z}			190.81	263.65	72.84		0.05%
Total Cash and Cash Investments					\$190.81	\$263.65	\$72.84		

Positions

Security Type	Symbol	Description	Quantity	Price(\$)	Market Value(\$)
ETF	VT	VANGUARD TOTAL WORLD	83.0000	117.48000	9,750.84
Mutual Fund	DGEIX	DFA GLOBAL EQUITY I [◇]	1,036.8600	34.03000	35,284.35
Total Positions					\$45,035.19



Contributory IRA of
KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

Statement Period
December 1-31, 2024



Transactions - Summary

Beginning Cash* as of 12/01	+	Deposits	+	Withdrawals	+	Purchases	+	Sales/Redemptions	+	Dividends/Interest	+	Expenses	=	Ending Cash* as of 12/31
\$190.81		\$0.00		\$0.00		(\$849.81)		\$0.00		\$922.65		\$0.00		\$263.65

Other Activity	\$0.00	Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.
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*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share(\$)	Charges/ Interest(\$)	Amount(\$)
12/13	Purchase	Reinvested Shares	DGEIX	DFA GLOBAL EQUITY I	18.9360	35.1300		(665.22)
	Purchase	Reinvested Shares	DGEIX	DFA GLOBAL EQUITY I	5.2540	35.1300		(184.59)
	Dividend	LT Cap Gain Rein	DGEIX	DFA GLOBAL EQUITY I				665.22
	Dividend	Div For Reinvest	DGEIX	DFA GLOBAL EQUITY I				184.59
12/16	Interest	Bank Interest ^{X,Z}		BANK INT 111624-121524				0.02
12/24	Dividend	Cash Dividend	VT	VANGUARD TOTAL WORLD				72.82
Total Transactions								\$72.84

Date column represents the Settlement/Process date for each transaction.

Bank Sweep Activity

Date	Description	Amount	Date	Description	Amount	Date	Description	Amount
12/01	Beginning Balance ^{X,Z}	\$190.81	12/24	BANK CREDIT FROM BROKERAGE ^X	72.82	12/31	Interest Rate ^{*Z}	0.05%
12/15	BANK INTEREST ^{X,Z}	0.02	12/31	Ending Balance ^{X,Z}	\$263.65			

* Your interest period was 11/16/24 - 12/15/24. ^Z

Endnotes For Your Account

- ◇ Dividends paid on this security will be automatically reinvested.
- Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your



Contributory IRA of

KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY



Investment Advisory
PROFESSIONALS, LLC

Statement Period

December 1-31, 2024

Endnotes For Your Account (continued)

- X Bank Sweep deposits are held at FDIC-insured Program Banks, which are listed in the Cash Features Disclosure Statement.

statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

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Average Daily Balance: Average daily composite of all cash balances that earn interest and all loans from Schwab that are charged interest. **Bank Sweep and Bank Sweep for Benefit Plans Features:** Schwab acts as your agent and custodian in establishing and maintaining your Deposit Account(s) as a feature of your brokerage Account(s). Deposit accounts held through these bank sweep features constitute direct obligations of one or more FDIC insured banks ("Program Banks") that are not obligations of Schwab. Funds swept to Program Banks are eligible for deposit insurance from the FDIC up to the applicable limits for each bank for funds held in the same insurable capacity. The balance in the Deposit Accounts can be withdrawn on your order and the proceeds returned to your brokerage Account or remitted to you as provided in your Account Agreement. For information on FDIC insurance and its limits, as well as other important disclosures about the bank sweep feature(s) in your Account(s), please refer to the Cash Features Disclosure Statement available online or from a Schwab representative. **Cash:** Any Free Credit Balance owed by us to you payable upon demand which, although accounted for on our books of record, is not segregated and may be used in the conduct of this firm's business. **Dividend Reinvestment Customers:** Dividend reinvestment transactions were effected by Schwab acting as a principal for its own account, except for the reinvestment of Schwab dividends, for which an independent broker-dealer acted as the buying agent. Further information on these transactions will be furnished upon written request. **Gain (or Loss):** Unrealized Gain or (Loss) and Realized Gain or (Loss) sections ("Gain/Loss Section(s)") contain a gain or a loss summary of your Account. This information has been provided on this statement at the request of your Advisor, if applicable. This information is not a solicitation or a recommendation to buy or sell. **Schwab does not provide tax advice and encourages you to consult with your tax professional. Please view the Cost Basis Disclosure Statement for additional information on how gain (or loss) is calculated and how Schwab reports adjusted cost basis information to the IRS.**

Interest: For the Schwab One Interest, Bank Sweep, and Bank Sweep for Benefit Plans features, interest is paid for a period that may differ from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period. For the Schwab One Interest feature, interest accrues daily from the second-to-last business day of the prior month and is posted on the second-to-last business day of the current month. For the Bank Sweep and Bank Sweep for Benefit Plans features, interest accrues daily from the 16th day of the prior month and is credited/posted on the first business day after the 15th of the current month. If, on any given day, the interest that Schwab calculates for the Free Credit Balances in the Schwab

One Interest feature in your brokerage Account is less than \$.005, you will not accrue any interest on that day. For balances held at banks affiliated with Schwab in the Bank Sweep and Bank Sweep for Benefit Plans features, interest will accrue even if the amount is less than \$.005. **Margin Account Customers:** This is a combined statement of your margin account and special memorandum account maintained for you under Section 220.5 of Regulation T issued by the Board of Governors of the Federal Reserve System. The permanent record of the separate account as required by Regulation T is available for your inspection. Securities purchased on margin are Schwab's collateral for the loan to you. It is important that you fully understand the risks involved in trading securities on margin. These risks include: 1) You can lose more funds than you deposit in the margin account; 2) Schwab can force the sale of securities or other assets in any of your account(s) to maintain the required account equity without contacting you; 3) You are not entitled to choose which assets are liquidated nor are you entitled to an extension of time on a margin call; 4) Schwab can increase its "house" maintenance margin requirements at any time without advance written notice to you. **Market Price:** The most recent price evaluation available to Schwab on the last business day of the report period, normally the last trade price or bid as of market close. Unpriced securities denote that no market evaluation update is currently available. Price evaluations are obtained from outside parties. Schwab shall have no responsibility for the accuracy or timeliness of any such valuations. Assets Not Held at Schwab are not held in your Account or covered by the Account's SIPC account protection and are not otherwise in Schwab's custody and are being provided as a courtesy to you. Information on Assets Not Held at Schwab, including but not limited to valuations, is reported solely based on information you provide to Schwab. Schwab can neither validate nor certify the existence of Assets Not Held at Schwab or the accuracy, completeness or timeliness of the information about Assets Not Held at Schwab, whether provided by you or otherwise. Descriptions of Assets Not Held at Schwab may be abbreviated or truncated. Some securities, especially thinly traded equities in the OTC market or foreign markets, may not report the most current price and are indicated as Stale Priced. Certain Limited Partnerships (direct participation programs) and unlisted Real Estate Investment Trust (REIT) securities, for which you may see a value on your monthly Account statement that reflects the issuer's appraised estimated value, are not listed on a national securities exchange, and are generally illiquid. Even if you are able to sell such securities, the price received may be less than the per share appraised estimated value provided in the account statement. **Market Value:** The Market Value is computed by multiplying the Market Price by the Quantity of Shares. This is the dollar value of your present holdings in your specified Schwab Account or a summary of the Market Value summed over multiple accounts. **Non-Publicly Traded Securities:** All assets shown on this statement, other than certain direct investments which may be held by a third party, are held in your Account. Values of certain Non-Publicly Traded Securities may be furnished by a third party as provided by Schwab's Account Agreement. Schwab shall have no responsibility for the accuracy or timeliness of such valuations. The Securities Investor Protection Corporation (SIPC) does not cover many limited partnership interests. **Schwab Sweep Money Funds:** Includes the primary money market funds into which Free Credit Balances may be automatically invested pursuant to your Account Agreement. Schwab or an affiliate acts and receives compensation as the Investment Advisor, Shareholder Service Agent and Distributor for the Schwab Sweep Money Funds. The amount of such compensation is disclosed in the prospectus. The yield information for Schwab Sweep Money Funds is the current 7-day yield as of the statement period. Yields vary. If on any given day, the accrued daily dividend for your selected sweep money fund as calculated for your account is less than 1/2 of 1 cent (\$.0005), your account will not earn a dividend for that day. In addition, if you do not accrue at least 1 daily dividend of \$.01 during a pay period, you will not receive a money market dividend for



Contributory IRA of

KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
IRA CONTRIBUTORY

Statement Period

December 1-31, 2024



Terms and Conditions (continued)

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Roth Contributory IRA of
KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
ROTH CONTRIBUTORY IRA

Account Number
2663-5418

Statement Period
December 1-31, 2024



Account Summary

Ending Account Value as of 12/31	Beginning Account Value as of 12/01
\$14,422.45	\$14,997.40

	This Statement	YTD
Beginning Value	\$14,997.40	\$6,635.49
Deposits	0.00	6,500.00
Withdrawals	0.00	0.00
Dividends and Interest	81.01	268.26
Transfer of Securities	0.00	0.00
Market Appreciation/(Depreciation)	(655.96)	1,018.70
Expenses	0.00	0.00
Ending Value	\$14,422.45	\$14,422.45

Account Ending Value reflects the market value of your cash and investments. It does not include pending transactions, unpriced securities or assets held outside Schwab's custody.

Your Independent Investment Manager
and/or Advisor

BOCA WEALTH ADVISORS LLC
400 S DIXIE HWY STE 322
BOCA RATON FL 33432-6023
1 (561) 391-4477

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Online Assistance

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and benefits of this statement.

KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
ROTH CONTRIBUTORY IRA
626 1ST AVE APT E23E
NEW YORK NY 10016

Contributions	2023	2024
Roth IRA	6,500.00	0.00
Total YTD (\$)	6,500.00	0.00



Roth Contributory IRA of
KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
ROTH CONTRIBUTORY IRA

Statement Period
December 1-31, 2024



A Message About Your Account

CALIFORNIA RESIDENTS

If your total payments of interest and interest dividends on federally tax-exempt non-California municipal bonds were \$10 or greater **and** you or your Partnership had a California address as of 12/31, Schwab will report this information to the California Franchise Tax Board each tax year, per state statute. (1223-3LZ0)

Positions - Summary

Beginning Value as of 12/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	Ending Value as of 12/31
\$14,997.40		\$0.00		\$0.00		\$81.01		(\$655.96)		\$14,422.45

Cash and Cash Investments

Type	Symbol	Description	Quantity	Price(\$)	Beginning Balance(\$)	Ending Balance(\$)	Change in Period Balance(\$)	Pending/Unsettled Cash(\$)	Interest/ Yield Rate
Bank Sweep		CHARLES SCHWAB BANK ^{x,z}			220.46	301.47	81.01		0.05%
Total Cash and Cash Investments					\$220.46	\$301.47	\$81.01		

Positions

Security Type	Symbol	Description	Quantity	Price(\$)	Market Value(\$)
ETF	DFAC	DIMENSIONAL U S CORE	230.0000	34.59000	7,955.70
	DFAX	DIMENSIONAL WLD EX US CR	248.0000	24.86000	6,165.28
Total Positions					\$14,120.98



Roth Contributory IRA of
KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
ROTH CONTRIBUTORY IRA

Statement Period
December 1-31, 2024



Transactions - Summary

Beginning Cash* as of 12/01	+	Deposits	+	Withdrawals	+	Purchases	+	Sales/Redemptions	+	Dividends/Interest	+	Expenses	=	Ending Cash* as of 12/31
\$220.46		\$0.00		\$0.00		\$0.00		\$0.00		\$81.01		\$0.00		\$301.47

Other Activity	\$0.00	Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.
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*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share(\$)	Charges/ Interest(\$)	Amount(\$)
12/16	Interest	Bank Interest ^{X,Z}		BANK INT 111624-121524				0.02
12/19	Dividend	Cash Dividend	DFAC	DIMENSIONAL U S CORE				22.94
	Dividend	Cash Dividend	DFAX	DIMENSIONAL WLD EX US CR				58.05
Total Transactions								\$81.01

Date column represents the Settlement/Process date for each transaction.

Bank Sweep Activity

Date	Description	Amount	Date	Description	Amount
12/01	Beginning Balance ^{X,Z}	\$220.46	12/20	BANK CREDIT FROM BROKERAGE ^X	22.94
12/15	BANK INTEREST - CHARLES SCHWAB BANK ^{X,Z}	0.02	12/31	Ending Balance ^{X,Z}	\$301.47
12/19	BANK CREDIT FROM BROKERAGE ^X	58.05	12/31	Interest Rate ^{* Z}	0.05%

* Your interest period was 11/16/24 - 12/15/24. ^Z

Endnotes For Your Account

- X Bank Sweep deposits are held at FDIC-insured Program Banks, which are listed in the Cash Features Disclosure Statement.
- Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.



Roth Contributory IRA of

KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
ROTH CONTRIBUTORY IRA

Statement Period

December 1-31, 2024



Terms and Conditions

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Accrued Income: Accrued Income is the sum of the total accrued interest and/or accrued dividends on positions held in your Account, but the interest and/or dividends have not been received into your Account. Schwab makes no representation that the amounts shown (or any other amount) will be received. Accrued amounts are not covered by SIPC account protection until actually received and held in the Account. **AIP (Automatic Investment Plan) Customers:** Schwab receives remuneration in connection with certain transactions effected through Schwab. If you participate in a systematic investment program through Schwab, the additional information normally detailed on a trade confirmation will be provided upon request.

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permanent record of the separate account as required by Regulation T is available for your inspection. Securities purchased on margin are Schwab's collateral for the loan to you. It is important that you fully understand the risks involved in trading securities on margin. These risks include: 1) You can lose more funds than you deposit in the margin account; 2) Schwab can force the sale of securities or other assets in any of your account(s) to maintain the required account equity without contacting you; 3) You are not entitled to choose which assets are liquidated nor are you entitled to an extension of time on a margin call; 4) Schwab can increase its "house" maintenance margin requirements at any time without advance written notice to you. **Market Price:** The most recent price evaluation available to Schwab on the last business day of the report period, normally the last trade price or bid as of market close. Unpriced securities denote that no market evaluation update is currently available. Price evaluations are obtained from outside parties. Schwab shall have no responsibility for the accuracy or timeliness of any such valuations. Assets Not Held at Schwab are not held in your Account or covered by the Account's SIPC account protection and are not otherwise in Schwab's custody and are being provided as a courtesy to you. Information on Assets Not Held at Schwab, including but not limited to valuations, is reported solely based on information you provide to Schwab. Schwab can neither validate nor certify the existence of Assets Not Held at Schwab or the accuracy, completeness or timeliness of the information about Assets Not Held at Schwab, whether provided by you or otherwise. Descriptions of Assets Not Held at Schwab may be abbreviated or truncated. Some securities, especially thinly traded equities in the OTC market or foreign markets, may not report the most current price and are indicated as Stale Priced. Certain Limited Partnerships (direct participation programs) and unlisted Real Estate Investment Trust (REIT) securities, for which you may see a value on your monthly Account statement that reflects the issuer's appraised estimated value, are not listed on a national securities exchange, and are generally illiquid. Even if you are able to sell such securities, the price received may be less than the per share appraised estimated value provided in the account statement. **Market Value:** The Market Value is computed by multiplying the Market Price by the Quantity of Shares. This is the dollar value of your present holdings in your specified Schwab Account or a summary of the Market Value summed over multiple accounts. **Non-Publicly Traded Securities:** All assets shown on this statement, other than certain direct investments which may be held by a third party, are held in your Account. Values of certain Non-Publicly Traded Securities may be furnished by a third party as provided by Schwab's Account Agreement. Schwab shall have no responsibility for the accuracy or timeliness of such valuations. The Securities Investor Protection Corporation (SIPC) does not cover many limited partnership interests. **Schwab Sweep Money Funds:** Includes the primary money market funds into which Free Credit Balances may be automatically invested pursuant to your Account Agreement. Schwab or an affiliate acts and receives compensation as the Investment Advisor, Shareholder Service Agent and Distributor for the Schwab Sweep Money Funds. The amount of such compensation is disclosed in the prospectus. The yield information for Schwab Sweep Money Funds is the current 7-day yield as of the statement period. Yields vary. If on any given day, the accrued daily dividend for your selected sweep money fund as calculated for your account is less than 1/2 of 1 cent (\$.005), your account will not earn a dividend for that day. In addition, if you do not accrue at least 1 daily dividend of \$.01 during a pay period, you will not receive a money market dividend for that period. Schwab and the Schwab Sweep Money Funds investment advisor may be voluntarily reducing a portion of a Schwab Sweep Money Fund's expenses. Without these reductions, yields would have been lower. **Securities Products and Services:** Securities products and services are offered by Charles Schwab & Co., Inc., **Member SIPC. 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Roth Contributory IRA of

KYLE JOHN KATZ
CHARLES SCHWAB & CO INC CUST
ROTH CONTRIBUTORY IRA

Statement Period

December 1-31, 2024



Terms and Conditions (continued)

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Schwab One® Account of

KYLE JOHN KATZ

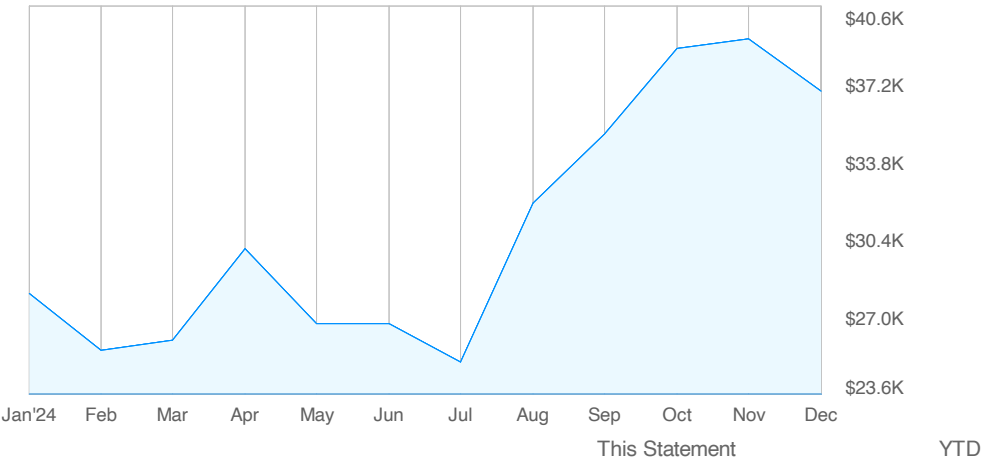
Account Number
2644-8479

Statement Period
December 1-31, 2024

Account Summary

Ending Account Value as of 12/31
\$36,896.40

Beginning Account Value as of 12/01
\$39,191.38



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Customer Service and Trading:

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1-800-435-4000
24/7 Customer Service

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626 1ST AVE APT E23E
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Beginning Value	\$39,191.38	\$25,018.65
Deposits	0.00	56,486.95
Withdrawals	(2,000.00)	(44,585.34)
Dividends and Interest	75.20	178.25
Transfer of Securities	0.00	0.00
Market Appreciation/(Depreciation)	(370.18)	(202.11)
Expenses	0.00	0.00

Ending Value	\$36,896.40	\$36,896.40
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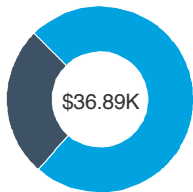
Account Ending Value reflects the market value of your cash and investments. It does not include pending transactions, unpriced securities or assets held outside Schwab's custody.



Schwab One® Account of

KYLE JOHN KATZ

Asset Allocation



Investment Objective:
Income

	This Period	Current Allocation
Cash and Cash Investments	27,145.56	74%
Exchange Traded Funds	9,750.84	26%
Total	\$36,896.40	100%

Top Account Holdings This Period

SYMBOL	Description	Market Value	% of Accounts
CUSIP			
	Bank Sweep	27,145.56	74%
VT	VANGUARD TOTAL WORLD	9,750.84	26%

Gain or (Loss) Summary

	Short-Term (ST)			Long-Term (LT)		
	Gain	(Loss)	Net	Gain	(Loss)	Net
This Period	0.00	0.00	0.00	0.00	0.00	0.00
YTD	0.00	0.00	0.00	0.00	0.00	0.00
Unrealized						(\$202.11)

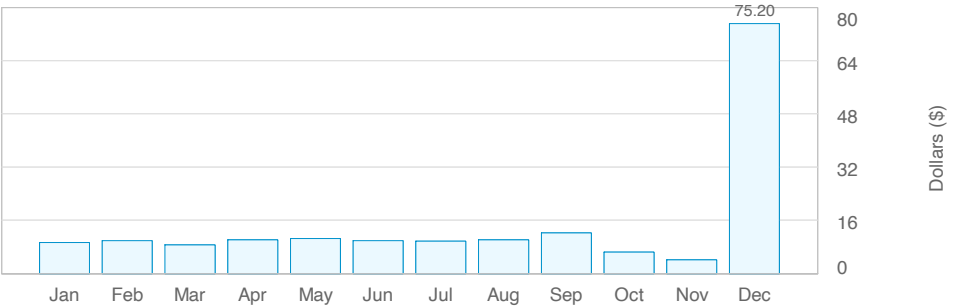
Values may not reflect all of your gains/losses and may be rounded up to the nearest dollar; Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Please login to your account at Schwab.com for real-time gain/loss information. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

A Message About Your Account

CALIFORNIA RESIDENTS

Statement Period
December 1-31, 2024

Income Summary



Federal Tax Status	This Period		YTD	
	Tax-Exempt	Taxable	Tax-Exempt	Taxable
Bank Sweep Interest	0.00	2.38	0.00	105.43
Cash Dividends	0.00	72.82	0.00	72.82
Total Income	\$0.00	\$75.20	\$0.00	\$178.25

Margin Loan Information

Opening Margin Loan Balance	Closing Margin Loan Balance	Funds Available to Withdraw *	Securities Buying Power *
\$0.00	\$0.00	\$32,252.56	\$64,505.12
Margin Loan Rates Vary by Balance			
10.82% - 12.57%			

* Values include any cash plus the amount available using margin borrowing.
For more information about the margin feature, please visit schwab.com/margin.



A Message About Your Account (continued)

If your total payments of interest and interest dividends on federally tax-exempt non-California municipal bonds were \$10 or greater **and** you or your Partnership had a California address as of 12/31, Schwab will report this information to the California Franchise Tax Board each tax year, per state statute. (1223-3LZ0)

Positions - Summary

Beginning Value as of 12/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	Ending Value as of 12/31	Cost Basis	Unrealized Gain/(Loss)
\$39,191.38		\$0.00		\$0.00		(\$1,924.80)		(\$370.18)		\$36,896.40	\$9,952.95	(\$202.11)

Values may not reflect all of your gains/losses; Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

Cash and Cash Investments

Type	Symbol	Description	Quantity	Price(\$)	Beginning Balance(\$)	Ending Balance(\$)	Change in Period Balance(\$)	Pending/Unsettled Cash(\$)	Interest/ Yield Rate	% of Acct
Bank Sweep		Bank Sweep ^{x,z}			29,070.36	27,145.56	(1,924.80)		0.05%	74%
Total Cash and Cash Investments					\$29,070.36	\$27,145.56	(\$1,924.80)			74%

Positions - Exchange Traded Funds

Symbol	Description	Quantity	Price(\$)	Market Value(\$)	Cost Basis(\$)	Unrealized Gain/(Loss)(\$)	Est. Yield	Est. Annual Income(\$)	% of Acct
VT	VANGUARD TOTAL WORLD ^(M)	83.0000	117.48000	9,750.84	9,952.95	(202.11)	2.98%	291.30	26%
Total Exchange Traded Funds				\$9,750.84	\$9,952.95	(\$202.11)		\$291.30	26%

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.



Transactions - Summary

Beginning Cash* as of 12/01	+	Deposits	+	Withdrawals	+	Purchases	+	Sales/Redemptions	+	Dividends/Interest	+	Expenses	=	Ending Cash* as of 12/31
\$29,070.36		\$0.00		(\$2,000.00)		\$0.00		\$0.00		\$75.20		\$0.00		\$27,145.56

Other Activity	\$0.00	Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.
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*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share(\$)	Charges/ Interest(\$)	Amount(\$)	Realized Gain/(Loss)(\$)
12/16	Interest	Bank Interest ^{X,Z}		BANK INT 111624-121524				2.38	
12/24	Dividend	Cash Dividend	VT	VANGUARD TOTAL WORLD				72.82	
12/31	Withdrawal	Journaled Funds		TRANSFER FUNDS TO SCHWAB BANK - 440022153900				(2,000.00)	
Total Transactions								(\$1,924.80)	\$0.00

Date column represents the Settlement/Process date for each transaction.

Bank Sweep Activity

Date	Description	Amount	Date	Description	Amount	Date	Description	Amount
12/01	Beginning Balance ^{X,Z}	\$29,070.36	12/24	BANK CREDIT FROM BROKERAGE ^X	72.82	12/31	Ending Balance ^{X,Z}	\$27,145.56
12/15	BANK INTEREST ^{X,Z}	2.38	12/31	BANK TRANSFER TO BROKERAGE	(2,000.00)	12/31	Interest Rate ^{* Z}	0.05%

* Your interest period was 11/16/24 - 12/15/24. ^Z

Endnotes For Your Account

- (M) Denotes a security that is marginable. Some mutual fund or ETF investments may not be immediately marginable.
- X Bank Sweep deposits are held at FDIC-insured Program Banks, which are listed in the Cash Features Disclosure Statement.
- Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.



Schwab One® Account of

KYLE JOHN KATZ

Statement Period

December 1-31, 2024

Terms and Conditions

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Schwab One® Account of

KYLE JOHN KATZ

Statement Period

December 1-31, 2024

Terms and Conditions (continued)

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David J. DeSantis
Governor of New York

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KATZ
KYLE, JOHN

320 E 9TH ST APT 602
NEW YORK, NY 10003

DOB **05/18/1987**

Issued **04/16/2024**

Expires **05/18/2032**

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R NONE

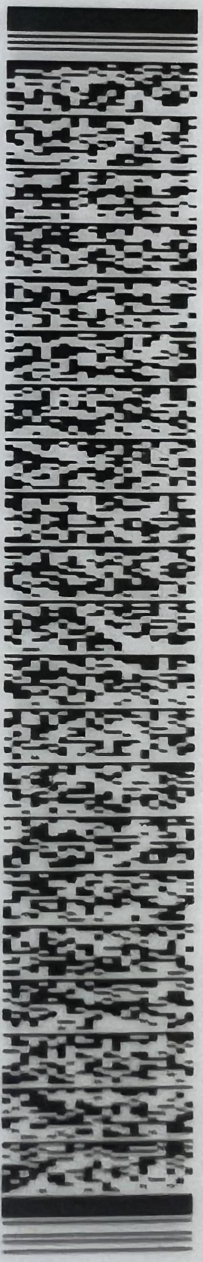
Sex **M** Height **5'-09"** Eyes **BRO**

John Kyle Katz
KATZ
685 058 017

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