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

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

Your first name and middle initial	Last name	Your social security number
Chinenye	Oriji	378 43 7684
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
11A Dewey Pl

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Brooklyn NY 112333101

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

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

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

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

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

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

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

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

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	27,814.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	27,814.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	2,000.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	29,814.
10	Adjustments to income from Schedule 1, line 26				10	1,144.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	28,670.
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	14,820.

Attach Sch. B if required.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	1,559.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	1,559.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	1,500.
	21	Add lines 19 and 20		21	1,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	59.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	59.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 4,064.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	4,064.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC) No	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29 1,000.		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	1,000.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	5,064.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	5,005.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	5,005.
Direct deposit? See instructions.	b	Routing number 021000089 **c** Type: ☒ Checking ☐ Savings			
	d	Account number 686451056			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Student	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. (805)627-2118 Email address

Paid Preparer Use Only

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

2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
332099 CLI2/TBS	105125		A

c Employer's name, address, and ZIP code

NEW YORK AND
PRESBYTERIAN HOSPITAL
525 EAST 68TH STREET
NEW YORK NY 10065

Batch #02336

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

CHINENYE ORIJI
11A DEWEY PLACE
BROOKLYN NY 11233

b Employer's FED ID number	a Employee's SSA number
13-3957095	XXX-XX-7684

1 Wages, tips, other comp. 124519.01	2 Federal income tax withheld 19392.82
3 Social security wages 129647.92	4 Social security tax withheld 8038.17
5 Medicare wages and tips 129647.92	6 Medicare tax withheld 1879.89
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 5128.91
14 Other 1500.00 NYSHW	12b 12c 12d
	13 Stat emp: Ret. plan X; 3rd party sick pay
15 State NY; Employer's state ID no. 13-3957095	16 State wages, tips, etc. 124519.01
17 State income tax 6622.03	18 Local wages, tips, etc. 124519.01
19 Local income tax 4694.15	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	129,722.92	129,722.92	129,722.92	129,722.92	129,722.92
Less Misc. Non Taxable Comp.	N/A	N/A	N/A	1,500.00	1,500.00
Less 403(b) (E-Box 12)	5,128.91	N/A	N/A	5,128.91	5,128.91
Less Other Cafe 125	75.00	75.00	75.00	75.00	75.00
Reported W-2 Wages	**124,519.01**	**129,647.92**	**129,647.92**	**123,019.01**	**123,019.01**

2. Employee Name and Address.

CHINENYE ORIJI
11A DEWEY PLACE
BROOKLYN NY 11233

*** New York requires total Federal wages to be reported in Box 16 and applicable Fed wages in Box 18**

Federal Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

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

b Employer's FED ID number	a Employee's SSA number
13-3957095	XXX-XX-7684

1 Wages, tips, other comp. 124519.01	2 Federal income tax withheld 19392.82
3 Social security wages 129647.92	4 Social security tax withheld 8038.17
5 Medicare wages and tips 129647.92	6 Medicare tax withheld 1879.89
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 5128.91
14 Other 1500.00 NYSHW	12b 12c 12d
	13 Stat emp: Ret. plan X; 3rd party sick pay
15 State NY; Employer's state ID no. 13-3957095	16 State wages, tips, etc. 124519.01
17 State income tax 6622.03	18 Local wages, tips, etc. 124519.01
19 Local income tax 4694.15	20 Locality name NYC RES

NY.State Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

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

b Employer's FED ID number	a Employee's SSA number
13-3957095	XXX-XX-7684

1 Wages, tips, other comp. 124519.01	2 Federal income tax withheld 19392.82
3 Social security wages 129647.92	4 Social security tax withheld 8038.17
5 Medicare wages and tips 129647.92	6 Medicare tax withheld 1879.89
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a E 5128.91
14 Other 1500.00 NYSHW	12b 12c 12d
	13 Stat emp: Ret. plan X; 3rd party sick pay
15 State NY; Employer's state ID no. 13-3957095	16 State wages, tips, etc. 124519.01
17 State income tax 6622.03	18 Local wages, tips, etc. 124519.01
19 Local income tax 4694.15	20 Locality name NYC RES

City or Local Filing Copy

W-2 Wage and Tax Statement **2024**

OMB No. 1545-0008

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

b Employer's FED ID number	a Employee's SSA number
13-3957095	XXX-XX-7684

1 Wages, tips, other comp. 124519.01	2 Federal income tax withheld 19392.82
3 Social security wages 129647.92	4 Social security tax withheld 8038.17
5 Medicare wages and tips 129647.92	6 Medicare tax withheld 1879.89
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a E 5128.91
14 Other 1500.00 NYSHW	12b 12c 12d
	13 Stat emp: Ret. plan X; 3rd party sick pay
15 State NY; Employer's state ID no. 13-3957095	16 State wages, tips, etc. 124519.01
17 State income tax 6622.03	18 Local wages, tips, etc. 124519.01
19 Local income tax 4694.15	20 Locality name NYC RES

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.

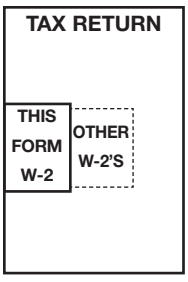
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers 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.

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.

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	120
TBS	332099	105125	5230	0000020281	1

Earnings Statement

NEWYORK-PRESBYTERIAN
BROOKLYN METHODIST HOSPITAL
506 SIXTH STREET
BROOKLYN, N.Y. 11215-9008

Period Beginning: 12/22/2024
Period Ending: 01/04/2025
Pay Date: 01/09/2025

CHINENYE ORIJI
11A DEWEY PLACE
BROOKLYN NY 11233

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

Earnings	rate	hours	this period	year to date
Evening Diff	3.5900	28.00	100.52	100.52
Hol Prem Ot	88.4753	11.50	1,017.47	1,017.47
Holiday	59.2825	11.50	681.75	681.75
Premium Over	88.4753	1.00	88.47	88.47
Regular	59.2825	40.50	2,400.94	2,400.94
Sick	59.2825	11.50	681.75	681.75
Gross Pay			**$4,970.90**	4,970.90

Deductions	Statutory		
Federal Income Tax	-725.71		725.71
Social Security Tax	-306.65		306.65
Medicare Tax	-71.72		71.72
NY State Income Tax	-255.91		255.91
New York Cit Income Tax	-181.50		181.50
Other			
Nsa/Med.Ben.	-25.00*		25.00
Sna Dues	-145.00		145.00
403B Pretax%	-198.84*		198.84
Net Pay			**$3,060.57**
Dir Dep Check	-2,560.57		
Savings	-500.00		
Net Check			**$0.00**

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $4,747.06

Other Benefits and Information	this period	total to date
Personal Lhol	35.85	
Sick	14.50	
Sick Earn	4.50	4.50
Vacation	144.40	
Base Rate		57.70
Education Diff		0.90
Experience Diff		0.69

Important Notes

PAYROLL PHONE NUMBER IS 718-488-3296

Additional Tax Withholding Information

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

NewYork-Presbyterian
Brooklyn Methodist Hospital
506 SIXTH STREET
BROOKLYN, NY 11215-9008

Advice number: **00000020281**
Pay date: 01/09/2025

Deposited to the account of	account number	transit ABA	amount
CHINENYE ORIJI	xxxxxxxx7077	xxxx xxxx	$500.00
	xxxxxx0566	xxxx xxxx	$2,560.57

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	120
TBS	332099	105125	5230	0000040281	1

Earnings Statement

NEWYORK-PRESBYTERIAN
BROOKLYN METHODIST HOSPITAL
506 SIXTH STREET
BROOKLYN, N.Y. 11215-9008

Period Beginning: 01/05/2025
Period Ending: 01/18/2025
Pay Date: 01/23/2025

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

CHINENYE ORIJI
11A DEWEY PLACE
BROOKLYN NY 11233

Earnings	rate	hours	this period	year to date
Conf. Educ	59.2825	7.50	444.62	444.62
Evening Diff	3.5900	32.50	116.68	217.20
Personal	59.2825	15.50	918.88	918.88
Preceptor Pay	8.0000	11.75	94.00	94.00
Premium Over	88.4753	1.00	88.47	176.94
Regular	59.2825	52.00	3,082.69	5,483.63
Rn Float	7.5000	11.50	86.25	86.25
Hol Prem Ot				1,017.47
Holiday				681.75
Sick				681.75
Gross Pay			**$4,831.59**	9,802.49

Deductions	Statutory		
Federal Income Tax	-699.61		1,425.32
Social Security Tax	-299.55		606.20
Medicare Tax	-70.05		141.77
NY State Income Tax	-247.60		503.51
New York Cit Income Tax	-176.88		358.38
Other			
403B Pretax%	-193.27*		392.11
Nsa/Med.Ben.			25.00
Sna Dues			145.00
Net Pay		**$3,144.63**	
Dir Dep Check	-2,644.63		
Savings	-500.00		
Net Check		**$0.00**	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $4,638.32

Other Benefits and Information	this period	total to date
Personal Lhol	24.12	
Sick	14.50	
Vacation	151.60	
Sick Earn		4.50
Base Rate		57.70
Education Diff		0.90
Experience Diff		0.69

Important Notes

PAYROLL PHONE NUMBER IS 718-488-3296

Additional Tax Withholding Information

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

NewYork-Presbyterian
Brooklyn Methodist Hospital
506 SIXTH STREET
BROOKLYN, NY 11215-9008

Advice number: **00000040281**
Pay date: 01/23/2025

Deposited to the account of	account number	transit ABA	amount
CHINENYE ORIJI	xxxxxxxx7077	xxxx xxxx	$500.00
	xxxxxx0566	xxxx xxxx	$2,644.63

NON-NEGOTIABLE

NewYork-Presbyterian

Date

It is the policy of NewYork-Presbyterian to limit our response to requests for employee information (past or present) to the information indicated below.

Employee Name: Chinenye Oriji

Identifier: Last 4 digits of SSN 7684

Location: NYP Brooklyn Methodist Hospital

Job Title: Registered Nurse

Employment Dates: 09/25/2023 - Present

Salary: $ 115, 600.88 per year

Standard Hours: 37.50 hrs per week/full Time

Additional Information:
Reference number: 1682612

Sincerely,

Yissette Saint-Hilaire
Senior HR Connects Advisor
NewYork-Presbyterian HR Connects
hrc@nyp.org
646-697-4727

NEW YORK STATE USA

IDENTIFICATION CARD

Mark J.F. Schroeder
Commissioner of Motor Vehicles

ID 320 367 418

Class ID

ORIJI
CHINENYE,AKWANMA
11A DEWEY PL
BROOKLYN, NY 11233

DOB 04/10/1998
Issued 06/15/2022
Expires 04/10/2027
E NONE
R NONE
Sex F Height 5'-08" Eyes BRO

APR 98

CHINENYE ORIJI

APR 98

Doc# ALM6HNQG01

dmv.ny.gov

I hereby make an anatomical gift

SIGNATURE

ENTER ADDRESS CHANGE

You must notify DMV within 10 days

01223 000970764 72

Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
Account
6864510566

Statement Period
Nov 25 - Dec 2, 2024

CHINENYE A ORIJI
11A DEWEY PLACE
BROOKLYN NY 11233-3101

YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF DECEMBER 2, 2024

Relationship Summary:

Checking	**$271.90**
Savings	**$33,004.59**
Investments (not FDIC Insured)	**-----**
Loans	**-----**

Checking	**Balance**
Access Account	$271.90
Savings	**Balance**
Citi® Savings	$33,004.59
Total Checking and Savings at Citibank	**$33,276.49**

Effective September 16, 2024, Checking accounts and Savings accounts owned as Uniform Transfers to Minors Accounts (UTMA) are no longer charged a Monthly Service Fee or Non-Citi ATM Fee when the beneficiary is younger than 18 years of age.

SUGGESTIONS AND RECOMMENDATIONS

IMPORTANT REMINDER: The following describes your rights and responsibilities and applicable error resolution procedures for unauthorized electronic fund transfers or another type of error: www.online.citi.com/JRS/popups/ao/clientnotice_EN.pdf. Please refer to your Client Manual for full details.

Your Citibank Statement

Congratulations, you are now Citi Priority. You reached this milestone by meeting the Combined Average Monthly Balance requirements over the last three consecutive calendar months.

Calendar Month[1]	Combined Average Monthly Balance Range[2]	Relationship Tier[3]
September 2024	$30,000 - $109,999	None
October 2024	$30,000 - $109,999	None
November 2024	$30,000 - $109,999	None

Account Fees and Charges[4]

Account Type	Account	Monthly Service Fee	Non-Citi ATM Fee	Average Monthly Balance	Waiver Applied
Access Account	6864510566	None	None	N/A	No Fee - Qualifying Activity Met
Citi® Savings	6864607739	None	None	N/A	No Fee - Qualifying Activity Met
Total		None	None		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Access Account

6864510566

Beginning Balance: $84.00
Ending Balance: $271.90

Date	Description	Amount Subtracted	Amount Added	Balance
11/25	DEBIT CARD TRANSFER CREDIT CASH APP*CHINENYE O*CA OAKLAND CAUS06265		436.00	
11/25	Transfer From Money Market 11/23 06:52p #5486 ONLINE Reference # 007575		900.00	
11/25	Zelle Debit PAY ID:CTIDhaoS9qiH ORG ID:JPM NAME:BENEDICT UKA	100.00		
11/25	Zelle Debit PAY ID:CTI3wtBNtp1x ORG ID:JPM NAME:BENEDICT UKA	300.00		
11/25	Transfer to MasterCard 11/23 06:55p #5486 ONLINE Reference # 003615	107.43		
11/25	Transfer to MasterCard 04:57p #5486 ONLINE Reference # 006704	300.00		
11/25	Transfer to MasterCard 11/23 06:56p #5486 ONLINE Reference # 000432	500.00		
11/25	Mobile Purchase Sign Based 11/22 12:32a #5486 AFRIEX HOUSTON TX 24327	12.63		99.94
11/26	Transfer to MasterCard 03:45a #5486 ONLINE Reference # 009044	41.64		58.30
11/27	ACH Electronic Credit NEWYORK-PRESBYTE DIRECT DEP		3,832.31	
11/27	Transfer to MasterCard 02:44a #5486 ONLINE Reference # 001060	54.91		
11/27	Transfer to MasterCard 02:46a #5486 ONLINE Reference # 002246	500.00		
11/27	Transfer to Money Market 02:44a #5486 ONLINE Reference # 001882	2,000.00		1,335.70
11/29	ACH Electronic Debit GOLDMAN SACHS BA COLLECTION 000300082767077	500.00		
11/29	Transfer to MasterCard 09:39p #5486 ONLINE Reference # 006091	12.99		
11/29	Transfer to MasterCard 09:38p #5486 ONLINE Reference # 006168	300.00		522.71
12/02	Transfer to MasterCard 12/01 05:45a #5486 ONLINE Reference # 009046	50.81		
12/02	DEBIT CARD TRANSFER DEBIT 11/27 06:25p #5486 CASH APP*CHINENYE O*AD Oakland CA 24333	200.00		271.90
	Total Subtracted/Added	**4,980.41**	**5,168.31**	

All transaction times and dates reflected are based on Eastern Time.
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

SAVINGS ACTIVITY

Citi® Savings

6864607739

Beginning Balance: $31,904.35
Ending Balance: $33,004.59

Date	Description	Amount Subtracted	Amount Added	Balance
11/25	Transfer to Checking 11/23 06:52p #5486 ONLINE Reference # 007575	900.00		31,004.35
11/27	Transfer From Checking 02:44a #5486 ONLINE Reference # 001882		2,000.00	33,004.35
12/02	Interest paid for 8 days, Annual Percentage Yield Earned 0.03%		0.24	33,004.59
	Total Subtracted/Added	**900.00**	**2,000.24**	

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

December 3 - December 31, 2024
Citi Priority Account 6864510566

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

CHINENYE A ORIJI
11A DEWEY PLACE
BROOKLYN NY 11233-3101

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

Value of Accounts	This Period
Citibank Accounts	
Checking	
Checking	44.31
Savings	
Insured Money Market Accounts	35,049.05
Citi Priority Relationship Total	**$35,093.36**

Earnings Summary	This Year
Citibank Accounts	
Checking	
Checking	0.00
Savings	
Insured Money Market Accounts	8.43
Citi Priority Relationship Total	**$8.43**

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

Messages From Citi Priority

IMPORTANT REMINDER: The following describes your rights and responsibilities and applicable error resolution procedures for unauthorized electronic fund transfers or another type of error: www.online.citi.com/JRS/popups/ao/clientnotice_EN.pdf. Please refer to your Client Manual for full details.

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-275-2484(TTY: We accept 711 or other Relay Service).

You are Citi Priority for December 2024

Calendar Month[1]	Combined Average Monthly Balance Range[2]	Relationship Tier[3]
October 2024	$30,000 - $109,999	None
November 2024	$30,000 - $109,999	None
December 2024	$30,000 - $109,999	Citi Priority

Account Fees and Charges[4]

Account Type	Account	Monthly Service Fee	Non- Citi ATM Fee	Average Monthly Balance	Waiver Applied
Access Account	6864510566	None	None	N/A	No Fee - Citi Priority Waiver
Citi® Savings	6864607739	None	None	N/A	No Fee - Citi Priority Waiver
Total		None	None		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

Checking

Checking Activity

Access Account 6864510566

Date	Description	Amount Subtracted	Amount Added	Balance
12/03/24	Opening Balance			271.90
12/09/24	Transfer to MasterCard 12/07 04:16p #5486 ONLINE Reference # 001935	41.98		229.92
12/09/24	Transfer to MasterCard 12/06 10:37p #5486 ONLINE Reference # 004216	156.85		73.07
12/11/24	DEBIT CARD TRANSFER DEBIT 12/10 06:58a #5486 CASH APP*CHINENYE O*AD Oakland CA 24345	25.00		48.07
12/12/24	ACH Electronic Credit NEWYORK-PRESBYTE DIRECT DEP		2,877.15	2,925.22
12/12/24	Transfer to MasterCard 07:50a #5486 ONLINE Reference # 001565	86.27		2,838.95
12/12/24	Transfer to MasterCard 09:27p #5486 ONLINE Reference # 002045	500.00		2,338.95
12/12/24	Transfer to Money Market 07:50a #5486 ONLINE Reference # 009107	1,000.00		1,338.95
12/12/24	ACH Electronic Debit GOLDMAN SACHS BA COLLECTION 000300082767077	500.00		838.95
12/13/24	ACH Electronic Debit Wise Inc WISE TrnWise	100.00		738.95
12/13/24	ACH Electronic Debit Sallie Mae Bank SLMLOANPMT 5695034381	348.94		390.01
12/16/24	Zelle Debit PAY ID:CTID56lrqxcd ORG ID:JPM NAME:DESIREE-ANN	20.00		370.01
12/16/24	Transfer to MasterCard 12/14 05:46a #5486 ONLINE Reference # 006105	41.00		329.01
12/16/24	DEBIT CARD TRANSFER DEBIT 12/12 01:30p #5486 CASH APP*CHINENYE O*AD Oakland CA 24348	200.00		129.01
12/19/24	Transfer to MasterCard 08:26a #5486 ONLINE Reference # 002652	100.00		29.01
12/26/24	ACH Electronic Credit NEWYORK-PRESBYTE DIRECT DEP		2,598.58	2,627.59
12/26/24	Transfer to MasterCard 12/25 01:40p #5486 ONLINE Reference # 003899	5.00		2,622.59
12/26/24	Transfer to MasterCard 04:57p #5486 ONLINE Reference # 009344	16.86		2,605.73
12/26/24	Transfer to MasterCard 12/25 01:41p #5486 ONLINE Reference # 001742	500.00		2,105.73
12/26/24	Transfer to Money Market 12/25 01:40p #5486 ONLINE Reference # 003189	2,000.00		105.73
12/30/24	Cash Withdrawal 12/28 03:05p #5486 Non Citi ATM P731559 BROOKLYN NYUS051	61.79		43.94
12/31/24	Mobile Deposit		0.37	44.31
	Total Subtracted/Added	5,703.69	5,476.10	
12/31/24	Closing Balance			44.31

All transaction times and dates reflected are based on Eastern Time.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Savings

Citi® Savings Account Activity

Citi® Savings 6864607739

Date	Description	Amount Subtracted	Amount Added	Balance
12/03/24	Opening Balance			33,004.59
12/12/24	Transfer From Checking 07:50a #5486 ONLINE Reference # 009107		1,000.00	34,004.59
12/23/24	Transfer to MasterCard 12/21 09:37a #5486 ONLINE Reference # 008341	157.15		33,847.44
12/23/24	Transfer to MasterCard 12/21 09:38a #5486 ONLINE Reference # 008266	800.00		33,047.44
12/26/24	Transfer From Checking 12/25 01:40p #5486 ONLINE Reference # 003189		2,000.00	35,047.44
12/31/24	Interest paid for 29 days, Annual Percentage Yield Earned 0.06%		1.61	35,049.05
	Total Subtracted/Added	957.15	3,001.61	
12/31/24	Closing Balance			35,049.05

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

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

Signed by Chinenye Oriji
Thu Jan 23 2025 06:58:17 PM EST
Key: 0FE55606; IP Address: 10.33.14.19