150 CLERMONT AVE

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **150 CLERMONT AVE**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Rybl	Victoria	A.	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
6/12/1992	(646) 707-4848		varybl@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
535 Classon Ave #402	Brooklyn

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11238	3/1/2023	current	$3,650.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Kahen Properties	(212) 251-9600

PREVIOUS ADDRESS

STREET ADDRESS	CITY
21 Northwind Drive	Stamford

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
CT	06903	9/1/2022	2/28/2023	$0.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Family	(203) 329-7901

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Director, Consultant	WAP Sustainability	$200,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Maggie Wildnauer			current

EMPLOYER ADDRESS	CITY	STATE	ZIP
1701 Market Street	Chattanooga	TN	37408

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

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

NO

ADDITIONAL INFORMATION

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

PET(S)

1. TYPE	BREED	NAME
cat	shorthair	Rupert

SEX	AGE	WEIGHT	COLOR
male	8	8lb	Grey

OTHER INFORMATION	
HOW DID YOU HEAR ABOUT THIS PROPERTY?	
Streeteasy.com	
UNIT APPLYING FOR:	**PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION**
PH4	

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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE**, 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 **150 CLERMONT AVE** 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 **150 CLERMONT AVE**, 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 FOR VICTORIA A. RYBL SUBMITTED ONLINE on February 13, 2025

Signed by Victoria A. Rybl
Thu Feb 13 2025 05:03:21 PM EST
Key: B593DBC8; IP Address: 10.33.14.18

Victoria A. Rybl *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"150 CLERMONT AVE"*

Application Fee for Victoria A. Rybl - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Victoria A Rybl	XXXXXXXXXXXX3648	15535772	$20.00
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 Victoria A. Rybl

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications.

Score for Victoria A. Rybl: 857

	Importance	Result
AI Score	Pass/Fail	
No Credit	Pass/Conditional	
Total annual income to rent ratio exceeds 30.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No rental collections	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)	$200,000.00
Total combined annual income to rent ratio	75.48 (based on rent of $5,750.00)
Total number of accounts	9
Accounts with no late payments	9 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$7,242.00 ($0.00 past due)
Outstanding revolving debt	$7,242.00 (13% 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:	Victoria A. Rybl	VICKI RYBL VICTORIA RYBL
SSN:	***-**-****	***-**-****
Birth Date:	6/**/1992	6/**/1992

Addresses	From Application	From TransUnion
	535 Classon Ave #402 Brooklyn, NY 11238 - US	10 PUTNAM 2 SOMERVILLE, MA 02143 (Applicant) Reported 9/2021 21 NORTHWIND STAMFORD, CT 06903 (Applicant) Reported 4/2009 39 PORTER 2 SOMERVILLE, MA 02143 (Applicant)

Employment	From Application	From TransUnion
Applicant:	Director, Consultant WAP Sustainability $200,000.00/Yr. Total annual Income: $200,000.00	

Restricted Person Search		
Requested For Victoria A. Rybl	**Requested** 2/15/2025	**Returned** 2/15/2025
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	857	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description

RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

From TransUnion

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	806	Lack of sufficient relevant first mortgage account information Lack of sufficient credit history on bankcard or revolving accounts The balances on your accounts are too high compared to loan amounts You have either very few loans or too many loans with recent delinquencies

Description

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

Credit Accounts

From TransUnion

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD (Applicant)	9/2017	1/2025	0	0	0	$0.00	$4,537.00

Monthly Payment	High Credit	Type	Comments
	$10,039.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE (Joint)	1/2014	1/2025	0	0	0	$0.00	$2,342.00

Monthly Payment	High Credit	Type	Comments
	$10,095.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMEX (Applicant)	6/1983		0	0	0	$0.00	$363.00

Monthly Payment	High Credit	Type	Comments
	$2,390.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMEX (Applicant)	11/1983		0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$12,870.00	OPEN ACCOUNT	ACCOUNT CLOSED BY CONSUMER Rate/Status 01: Paid or paying as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/15		1/15		11/14		9/14		7/14		5/14		3/14		1/14		11/13		9/13		7/13		5/13	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMEX (Applicant)	4/2015		0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$11,548.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8/18		6/18		4/18		2/18		12/17		10/17		8/17		6/17		4/17		2/17		12/16		10/16	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE (Applicant)	2/2009	10/2024	0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$4,696.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/PPMC (Applicant)	2/2017	9/2017	0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$2,387.00	REVOLVING	ACCOUNT CLOSED BY CONSUMER Rate/Status 01: Paid or paying as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0
12/17		10/17		8/17		6/17		4/17		2/17	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BK OF AMER (Applicant)	1/2013	2/2017	0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$2,299.00	REVOLVING	ACCOUNT CLOSED BY CONSUMER Rate/Status 01: Paid or paying as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/17		1/17		11/16		9/16		7/16		5/16		3/16		1/16		11/15		9/15		7/15		5/15	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TD BANK/ALLY (Applicant)	1/2017		0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$0.00	REVOLVING	CLOSED Rate/Status 01: Paid or paying as agreed

Payment History

0	0	0	0
5/17		3/17	

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.

MASSACHUSETTS

DRIVER'S
LICENSE
NOT FOR FEDERAL ID

USA

4a ISS 09/22/2020

4d NUMBER SA3990778

4b EXP 06/12/2025

3 DOB 06/12/1992

9 CLASS D

12 REST B

9a END NONE

1 RYBL

2 VICTORIA ANN

8 217 HOLLAND ST
APT 3B
SOMERVILLE, MA 02144-2441

18 EYES BRO

15 SEX F 16 HGT 5'-04"

DONOR

5 DD 09/23/2020 Rev 02/22/2016

06/12/92

Company Code	Loc/Dept	Number	Page
KP / BSK 24804399	01/	14330461	1 of 1

WAP Sustainability Consulting LLC
103 Powell Ct
Suite 200
Brentwood, TN 37027

Earnings Statement

Period Starting: 12/29/2024
Period Ending: 01/28/2025
Pay Date: 01/31/2025

Business Phone: 937-974-6151

Taxable Filing Status: Single
Exemptions/Allowances:

		Tax Override:	
Federal:	Std W/H Table	Federal:	0.00 Addnl
State:	1	State:	
Local:	1	Local:	0.00 Addnl

Social Security Number: XXX-XX-XXXX

Victoria A Rybl
535 Classon Avenue
402
Brooklyn, NY 11238

Earnings	rate	hours/units	this period	year to date
Regular		173.33	16666.67	16666.67
Gross Pay			**$16,666.67**	$16,666.67

Statutory Deductions	this period	year to date
Federal Income	-3103.92	3103.92
Social Security	-1033.33	1033.33
Medicare	-241.67	241.67
New York State Income	-1003.23	1003.23
New York Paid Family Leave	-64.67	64.67
New York City R Local	-660.92	660.92
Net Pay	**$10,558.93**	

Other Benefits and Information	this period	year to date
Total Hours Worked	173.33	173.33

Deposits account number	transit/ABA	amount
XXXXXX2043	XXXXXXXXX	10558.93

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $16,666.67

WAP Sustainability Consulting LLC
103 Powell Ct
Suite 200
Brentwood, TN 37027

Pay Date: 01/31/2025

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX2043	XXXXXXXXX	10558.93

Victoria A Rybl
535 Classon Avenue
402
Brooklyn, NY 11238

BARCLAYS

PO Box 70378 · Philadelphia, PA 19176-0378

0065563 01 SP 11238 MBARDS020125063226 TST02011 01
Victoria Ann Rybl
535 Classon ave
402
Brooklyn NY 11238

Account Statement For:
Victoria Ann Rybl
Statement Period : January 1, 2025 - January 31, 2025

Summary of Accounts

Deposit Accounts	Account Number	Balance
Online Savings	xxxxxxxx0628	$70,090.55
Total Balance		$70,090.55

Contact Information

Customer Care:
888-710-8756
Monday - Sunday, 8am to 8pm ET

Online:
BarclaysUS.com/Deposits

Written Inquiries:
PO Box 70378
Philadelphia, PA 19176-0378

Online Savings xxxxxxxx0628

Account Summary

Date	Transactions	Amount
01/01/2025	Balance Last Statement	$60,927.69
	Total Debits This Period	-$51.43
	Total Credits This Period	+$9,000.00
	Interest Paid This Period	+$214.29
01/31/2025	**Closing Balance**	**$70,090.55**
	Annual Percentage Yield Earned	3.97%

Account Activity

Date	Transactions	Debits	Credits	Balance
01/01/2025	Beginning Balance			60,927.69
01/09/2025	ACH Deposit SCHWAB BANK P2P~ Future Amount: 2000 ~ Tran: ACHSD VICTORIA ANN RY P2P		$2,000.00	62,927.69
01/22/2025	ACH Deposit SCHWAB BANK P2P~ Future Amount: 7000 ~ Tran: ACHSD VICTORIA ANN RY P2P		$7,000.00	69,927.69
01/31/2025	SAV Increase Int Paid		$214.29	70,141.98
01/31/2025	SAV Decrease Backup W/H	$51.43		70,090.55
01/31/2025	Closing Balance			70,090.55

Online Savings xxxxxxxx0628 *(continued)*

Interest Earned

Interest Earned	01/01/2025 to 01/31/2025	Annual Percentage Yield Earned	3.97%
Days	31	Interest Earned this period	$214.29
Taxes withheld this year	$51.43	Interest Paid this year	$214.29

Fee Summary

Fee Description	Total for This Period	Total Year-to-Date
Total Returned Item Fees	$0.00	$0.00

In Case of Errors or Questions About Your Electronic Transfers

Call us at 888-710-8756 or write us at PO Box 70378 Philadelphia, PA 19176-0378 (or such other address as we may provide to you from time to time) as soon as you can if you think your statement is incorrect or if you need more information about a transfer listed on your statement. We must hear from you no later than 60 calendar days after the FIRST statement made available to you on which the problem or error appeared.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error and, if possible, the date it appeared on your statement.
- It will be helpful to us if you also give us a telephone number where you can be reached in case we need any additional information.

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

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 888-710-8756 to find out whether or not the deposit has been made. We're here to help you, 7 days a week from 8:00 am to 8:00 pm ET.

Company Code	Loc/Dept	Number	Page
KP / BSK 24804399	01/	14239277	1 of 1

WAP Sustainability Consulting LLC
103 Powell Ct
Suite 200
Brentwood, TN 37027

Earnings Statement

Period Starting: 11/29/2024
Period Ending: 12/28/2024
Pay Date: 12/31/2024

Taxable Filing Status: Single
Exemptions/Allowances:
Federal: Std W/H Table
State: 0
Local: 0
Social Security Number: XXX-XX-XXXX

Tax Override:
Federal: 0.00 Addnl
State:
Local:

Victoria A Rybl
535 Classon Avenue
402
Brooklyn, NY 11238

Earnings	rate	hours/units	this period	year to date
Regular		173.33	16666.67	165079.03
Gross Pay			**$16,666.67**	$165,079.03

Statutory Deductions	this period	year to date
Federal Income	-3128.21	30901.06
Social Security	-1033.33	10234.90
Medicare	-241.67	2393.65
Net Pay	**$12,263.46**	

Other Benefits and Information	this period	year to date
Total Hours Worked	173.33	1733.30

Deposits account number	transit/ABA	amount
XXXXXX2043	XXXXXXXXX	12263.46

Important Notes

Basis of pay: Salaried

Your federal taxable wages this period are $16,666.67

WAP Sustainability Consulting LLC
103 Powell Ct
Suite 200
Brentwood, TN 37027

Pay Date: 12/31/2024

Deposited to the account	account number	transit/ABA	amount
Checking DirectDeposit	XXXXXX2043	XXXXXXXXX	12263.46

Victoria A Rybl
535 Classon Avenue
402
Brooklyn, NY 11238

February 5th, 2024

RE: LETTER OF OFFER OF EMPLOYMENT – Director of Life Cycle Assessment

Dear Vicki,

Following our recent discussions, we are delighted to offer you the position of **Director of Life Cycle Assessment** being offered with WAP Sustainability, LLC. Our organization is committed to providing clients with the highest level of sustainability services possible, and as we grow, we would like you to join our organization. At WAP Sustainability, you will become part of a fast-paced and dedicated team working together to provide our clients value-added sustainability services.

As a member of the WAP Sustainability team, we ask for your commitment to deliver outstanding quality and results that exceed client expectations. In addition, we expect your personal accountability in all the projects, actions, advice, and results that you provide as a representative of WAP Sustainability. In return, we are committed to providing you with every opportunity to learn, grow, and stretch to the highest level of your ability and potential.

We are confident you will find this new opportunity both challenging and rewarding. The following points outline the terms and conditions we are proposing.

Title: Director Life Cycle Assessment

Start date: March 4th, 2024

Salary: Annual base Salary of $200,000, with up to a 20% performance-based bonus.

Group benefits: Health Insurance costs for employee will be covered at 100%. After 1 year of employment, WAP will offer to cover family at 80%. After 3 years of employment, WAP will offer to cover family at 100%.

Home Office Setup financial aid: As an inclusive company, we want you to select the best-suited items for your needs while setting up your workspace, so you are comfortable and well-equipped to perform at your best. For that, WAP offers up to an $800 value to be used and reimbursed during your first three months (details shared during your onboarding).

Company Equipment: WAP will ship one of our computers for you to use during your employment. Terms of usage and our IT policy are outlined in our employee handbook.

Hours of work: Full Time, 40+ hours per week based on client commitments and responsibilities. Travel will be required.

Performance Review: An initial review will be conducted after the first three months of employment upon completion of the Onboarding period. Additionally, employee performance will be reviewed in December of each year.

Vacation: WAP offers an unlimited PTO policy.

Equity Eligible Position: WAP provides equity tracked positions for key employees. Employees under the equity track must complete 3 years of employment before shares are granted. WAP will offer Vicki shares of WAP stock upon successful employment and contribution over this period of time. Share value will be based on the valuation of WAP at time of share distribution.

This arrangement may be terminated by either party upon notice in writing to either party with notice that complies with the labor laws of the State of Tennessee as an At-Will Employer. Offer is contingent on all appropriate U.S. work-related documents being in place before employment begins.

Vicki, we look forward to continuing to work with you in an atmosphere that is successful and mutually challenging and rewarding.

Sincerely,

William Paddock
Co-Founder & Director

Brad McAllister
Co-Founder & Director

With the signature below, I accept this offer for employment.

Name

02/05/2024
Date

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
000064 KP/BSK			A

c Employer's name, address, and ZIP code

WAP SUSTAINABILITY
CONSULTING LLC
103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027
Batch #99881

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

VICTORIA A RYBL
535 CLASSON AVENUE
402
BROOKLYN, NY 11238

b Employer's FED ID number	a Employee's SSA number
27-0530832	XXX-XX-7838

1 Wages, tips, other comp. 165079.03	2 Federal income tax withheld 30901.06
3 Social security wages 165079.03	4 Social security tax withheld 10234.90
5 Medicare wages and tips 165079.03	6 Medicare tax withheld 2393.65
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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
Gross Pay	165,079.03	165,079.03	165,079.03
Reported W-2 Wages	**165,079.03**	**165,079.03**	**165,079.03**

2. Employee Name and Address.

VICTORIA A RYBL
535 CLASSON AVENUE
402
BROOKLYN, NY 11238

1 Wages, tips, other comp. 165079.03	2 Federal income tax withheld 30901.06
3 Social security wages 165079.03	4 Social security tax withheld 10234.90
5 Medicare wages and tips 165079.03	6 Medicare tax withheld 2393.65
d Control number 000064 KP/BSK / Dept. / Corp.	Employer use only A

c Employer's name, address, and ZIP code
WAP SUSTAINABILITY
CONSULTING LLC
103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027

b Employer's FED ID number 27-0530832	a Employee's SSA number XXX-XX-7838
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
VICTORIA A RYBL
535 CLASSON AVENUE
402
BROOKLYN, NY 11238

15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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.

1 Wages, tips, other comp. 165079.03	2 Federal income tax withheld 30901.06
3 Social security wages 165079.03	4 Social security tax withheld 10234.90
5 Medicare wages and tips 165079.03	6 Medicare tax withheld 2393.65
d Control number 000064 KP/BSK / Dept. / Corp.	Employer use only A

c Employer's name, address, and ZIP code
WAP SUSTAINABILITY
CONSULTING LLC
103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027

b Employer's FED ID number 27-0530832	a Employee's SSA number XXX-XX-7838
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
VICTORIA A RYBL
535 CLASSON AVENUE
402
BROOKLYN, NY 11238

15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

State Reference Copy

W-2 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. 165079.03	2 Federal income tax withheld 30901.06
3 Social security wages 165079.03	4 Social security tax withheld 10234.90
5 Medicare wages and tips 165079.03	6 Medicare tax withheld 2393.65
d Control number 000064 KP/BSK / Dept. / Corp.	Employer use only A

c Employer's name, address, and ZIP code
WAP SUSTAINABILITY
CONSULTING LLC
103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027

b Employer's FED ID number 27-0530832	a Employee's SSA number XXX-XX-7838
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
VICTORIA A RYBL
535 CLASSON AVENUE
402
BROOKLYN, NY 11238

15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

City or Local Reference 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.

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.

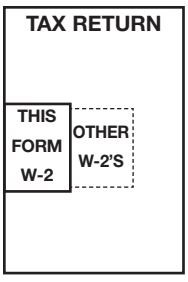
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers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

charles SCHWAB BANK

VICTORIA ANN RYBL

Account Number
440021242043

Statement Period
January 1-31, 2025

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

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)

31/01-CB33B151-005916-SML-11238259900 61243 *
VICTORIA ANN RYBL
535 CLASSON AVE APT 402
BROOKLYN NY 11238-2599

Schwab Bank Investor Checking™

Account Number: 440021242043

Summary	Amount
Beginning Balance	$31,378.71
Deposits and Credits	123,128.32
Interest Paid	1.97
Withdrawals and Other Debits	(126,320.58)
Other Fees	0.00
Ending Balance	**$28,188.42**

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

Activity

Date Posted	Description	Debits	Credits	Balance
01/01	Beginning Balance			$31,378.71
01/03	Electronic Deposit WAP SUSTAINABILI DIRECT DEP 250103		$12,263.46	$43,642.17
01/03	Electronic Withdrawal KAHENPROPERTIES- WEB PMTS 010325	$1,650.00		$41,992.17
01/04	ATM Withdrawal P297179 49 BOGART STREE BROOKLYN, NY, US	$42.00		$41,950.17
01/07	Funds Transfer to Brokerage -9252	$2,000.00		$39,950.17

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440021242043

Activity *(continued)*

Date Posted	Description	Debits	Credits	Balance
01/08	Electronic Withdrawal Internet transfer to BARCLAYS BANK DELAWARE Savings account 130003160628 of VICTORIA RYBL	$2,000.00		$37,950.17
01/09	Electronic Withdrawal CON ED OF NY CECONY 250108~ Tran: ACHDW	$294.74		$37,655.43
01/13	Electronic Withdrawal CHASE CREDIT CRD AUTOPAY 250110	$2,998.79		$34,656.64
01/14	Electronic Withdrawal Internet transfer to BOEING EMPLOYEES CREDIT UNION Checking account 3581687975 of N/A	$328.05		$34,328.59
01/17	Electronic Deposit JPMORGAN CHASE EXT TRNSFR 250117		$100,000.00	$134,328.59
01/21	Electronic Withdrawal Internet transfer to BARCLAYS BANK DELAWARE Savings account 130003160628 of VICTORIA RYBL	$7,000.00		$127,328.59
01/21	Electronic Deposit VENMO CASHOUT 250120		$303.93	$127,632.52
01/21	Electronic Withdrawal PAYPAL INST XFER 250120	$7.00		$127,625.52
01/21	Funds Transfer to Brokerage -9252	$10,000.00		$117,625.52
01/22	Electronic Withdrawal JPMORGAN CHASE EXT TRNSFR 250122	$100,000.00		$17,625.52
01/31	Electronic Deposit WAP SUSTAINABILI DIRECT DEP 250131~ Tran: ACHDD		$10,558.93	$28,184.45

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440021242043

Activity *(continued)*

Date Posted	Description	Debits	Credits	Balance
01/31	ATM Fee Rebate		$2.00	$28,186.45
01/31	Interest Paid		$1.97	$28,188.42
01/31	**Ending Balance**			**$28,188.42**

Interest Earned

Interest Earned	01/01/2025 to 01/31/2025	31 day(s)	Annual Percentage Yield Earned	0.05%
Average Daily Balance		$46,403.89	Interest Earned this Period	$1.97
Interest Rate as of	01/31/2025	0.05%	Interest Paid Year to Date	$1.97
			Interest Paid Prior Year	$60.25

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.

Schwab Bank Investor Checking™ *(continued)*

Account Number: 440021242043

IMPORTANT DEPOSIT ACCOUNT INFORMATION *(continued)*

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.

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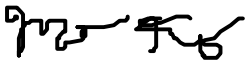
Franklin Ave Animal Hospital
614 Franklin Ave
Brooklyn , NY 11238
(718) 975-7080

Vaccine Certificate
Friday, February 14, 2025

Client ID:	52361	Patient ID:	67141
Client Name:	Vicki Rybl	Name:	Rupert
Address:	535 Classon Ave.	Species:	Feline
	Apt. 402	Breed:	Shorthair, Domestic
	Brooklyn, NY 11238	Sex:	Neutered Male
Telephone:	(646) 707-4848	Color:	unk
Rabies Lot Number:		Rabies lot expiration:	
Rabies Manufacturer:		Birth Date:	2/3/2017

The following vaccinations/tests are current:

Date Given:	Name of Vaccination:	Due Date:
00/00/00	FVRCP 3YR VACCINE	5/16/2027
7/19/2024	EXAMINATION	7/19/2025
00/00/00	RABIES FELINE PUREVAX 3YR	4/24/2026



_____ _____2/14/2025_____

Matt Katz, DVM
NY 013832 Date