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 Renwick	FIRST NAME Charles	M.I. S.	SSN ***-**-****	DRIVER'S LICENSE #
BIRTH DATE 6/13/1991	PHONE #1 (206) 380-3356	ALTERNATE PHONE	EMAIL charles.srenwick@gmail.com	

CURRENT ADDRESS				
STREET ADDRESS 535 Classon Ave apt 402			CITY Brooklyn	
STATE NY	ZIP 11238	DATE IN 3/1/2023	DATE OUT current	MONTHLY RENT $3,650.00 / Mo.
LANDLORD NAME Kahen Properties, LLC			LANDLORD PHONE (212) 251-9600	

EMPLOYMENT & INCOME INFORMATION			
OCCUPATION Director of Software	EMPLOYER/COMPANY Sweetgreen		SALARY $234,000.00/Yr.
SUPERVISOR Michael Farid	SUPERVISOR PHONE	START DATE	END DATE current
EMPLOYER ADDRESS 3101 W Exposition Blvd	CITY Los Angeles	STATE CA	ZIP 90018

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

PET(S)			
1. TYPE cat	BREED shorthair		NAME Rupert
SEX male	AGE 8	WEIGHT 8lb	COLOR Grey

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

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 CHARLES S. RENWICK SUBMITTED ONLINE on February 13, 2025

Signed by Charles S. Renwick
Thu Feb 13 2025 05:03:21 PM EST
Key: A8D0F189; IP Address: 10.33.14.18

Charles S. Renwick *(Applicant)* *Date*

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

Application Fee for Charles S. Renwick - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Victoria A Rybl	XXXXXXXXXXXX3648	15535771	$20.00

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

Rental Report for Charles S. Renwick

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 Charles S. Renwick: 836

	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)	$234,000.00
Total combined annual income to rent ratio	75.48 (based on rent of $5,750.00)
Total number of accounts	4
Accounts with no late payments	4 (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	$5,306.00 ($0.00 past due)
Outstanding revolving debt	$4,765.00 (25% of limit) ($0.00 past due)
Outstanding loan balance	$541.00 ($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:	Charles S. Renwick	CHARLES S. RENWICK CHARLES RENWICK
SSN:	***-**-****	***-**-****
Birth Date:	6/**/1991	6/**/1991

Addresses	From Application	From TransUnion
	535 Classon Ave apt 402 Brooklyn, NY 11238 - US	21 NORTHWIND STAMFORD, CT 06903 (Applicant) Reported 9/2022 10 PUTNAM 2 SOMERVILLE, MA 02143 (Applicant) Reported 8/2021 217 HOLLAND 3B SOMERVILLE, MA 02144 (Applicant)

Employment	From Application	From TransUnion
Applicant:	Director of Software Sweetgreen $234,000.00/Yr. Total annual Income: $234,000.00	

Restricted Person Search		
Requested For Charles S. Renwick	**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)	836	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)	786	Lack of sufficient credit history on bankcard or revolving accounts Lack of sufficient relevant first mortgage account information You have either very few loans or too many loans with recent delinquencies The balances on your accounts are too high compared to loan amounts
	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
GS BANK USA (Applicant)	11/2020	1/2025	0	0	0	$0.00	$2,423.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,819.00	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
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

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
DEPTEDNELNET (Applicant)	9/2013					$0.00	$541.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$50.00	$541.00	INSTALLMENT	PAYMENT DEFERRED Rate/Status 01: Paid or paying as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD (Applicant)	11/2019	2/2025	0	0	0	$0.00	$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,706.00	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
1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23		5/23		3/23	

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.

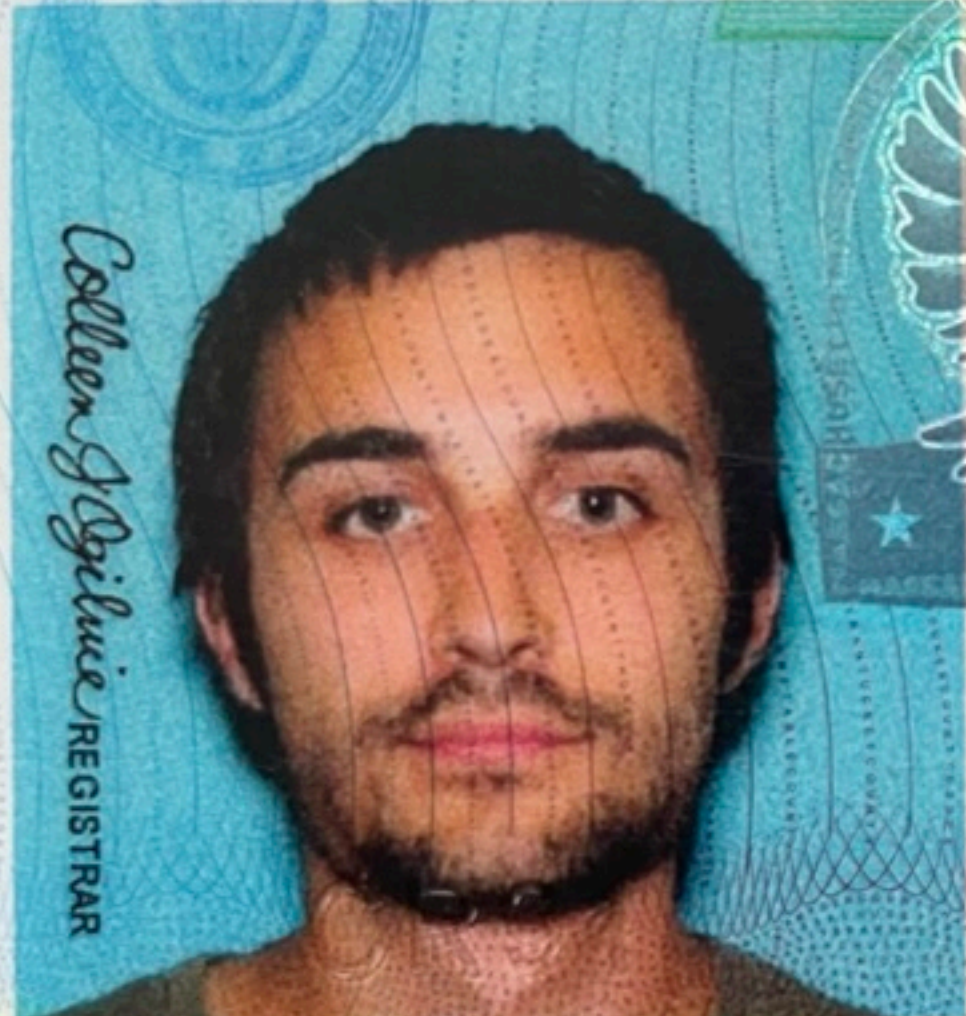
Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

MASSACHUSETTS

DRIVER'S LICENSE

NOT FOR FEDERAL ID

USA CR91



REGISTRAR

4a ISS 06/07/2022

4d NUMBER S16814385

4b EXP 06/13/2027

3 DOB 06/13/1991

9 CLASS DM

12 REST NONE

9a END NONE

1 RENWICK

2 CHARLES S

8 10 PUTNAM ST
APT 2
SOMERVILLE, MA 02143-1716

18 EYES HAZ

15 SEX M 16 HGT 5'-10"

DONOR

5 DD 06/08/2022 Rev 02/22/2016

06/13/91

STATEMENT OF ACCOUNTS

BECU

Charles S. Renwick
10 Putnam St Apt 2
Somerville, MA 02143-1716

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Statement Period: 12/28/2024 - 01/24/2025

2011804

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Member Advantage Savings	3581687967	390.34			1.79	392.13
Member Advantage Checking	3581687975	17,285.58	(3,165.81)	28,936.07	4.44	43,060.28

*Including the following Fees	Statement Period Total	2025 Year-to-Date Total	2024 Year-to-Date Total
Overdraft Fees	0.00	0.00	0.00
Non-sufficient Funds (NSF) Fees	0.00	0.00	0.00

Deposit Account Activity

Member Advantage Savings - 3581687967

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Member Share Savings Account up to the date of conversion.

6.15% Annual Percentage Yield Earned for 28 day period
Average Daily Balance: $390.34
Year-to-date dividends: $1.79

Deposits

Date	Amount	Transaction Description
01/24/25	1.79	Dividend/Interest

Member Advantage Checking - 3581687975

If your account converted to Member Advantage during the statement period, you earned the rate effective for the Checking Account up to the date of conversion.

0.15% Annual Percentage Yield Earned for 28 day period
Average Daily Balance: $38,345.79
Year-to-date dividends: $4.44

Deposits

Date	Amount	Transaction Description
12/29/24	500.00	Deposit Mobile Banking
12/29/24	17,000.00	Deposit Mobile Banking
01/03/25	5,146.41	External Deposit SWEETGREEN INC - PAYROLL
01/03/25	812.44	External Deposit SWEETGREEN INC - PAYROLL
01/05/25	2.75	Refund-Out Of Network ATM Fee 1058

102070 REV 8/19

800-233-2328
becu.org

Direct inquiries to:
Boeing Employees' Credit Union
PO Box 97050, Seattle, WA 98124-9750

Deposit Account Activity (continued)

Deposits (continued)

Date	Amount	Transaction Description
01/15/25	328.05	External Deposit VICTORIA ANN RY - P2P
01/17/25	5,146.42	External Deposit SWEETGREEN INC - PAYROLL
01/24/25	4.44	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
01/03/25	(2,000.00)	External Withdrawal KAHENPROPERTIES- 805-699-2040 - WEB PMTS
01/05/25	(62.75)	ATM Withdrawal PAI ISO BROOKLYN NYUS Machine# NW08149 Trace# 00000000000000001058
01/05/25	(66.94)	POS Withdrawal SQ *PINE BOX ROCK SHOP 55 Waterbury Street Brooklyn N Machine# 13VCHDQK Trace# 00000000203885055900
01/07/25	(49.99)	External Withdrawal VERIZON - PAYMENTREC
01/10/25	(31.36)	POS Withdrawal MR TAKA 170 ALLEN ST NEW YORK NYUS Machine# 76259555 Trace# 00000000900017800140
01/13/25	(255.00)	External Withdrawal CHASE CREDIT CRD - AUTOPAY
01/14/25	(656.10)	External Withdrawal CAPITAL ONE - CRCARDPMT
01/21/25	(43.67)	External Withdrawal VENMO - PAYMENT

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

Negative Information Reporting Notice; and Address for Disputing Information on Consumer Reports

We may report information about your account(s) to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

If you think information about your BECU account in a credit report or other consumer report is wrong, then please write to BECU - Credit Report Disputes, Mailstop 1082-2, P.O. Box 97050, Seattle WA 98124. Please provide your full name and mailing address, the account number of the account being disputed, the specific information that you dispute, the name of the credit bureau or other consumer reporting agency from which the information came, and any supporting documentation that might substantiate your dispute.

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

COPY

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name
CHARLES RENWICK

Social security number
[redacted]0854

Spouse's name

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	214,806.
2	Total tax	2	42,213.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	39,452.
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,761.

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

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

Taxpayer's PIN: check one box only

[X] I authorize REARDON AND COMPANY LLP (ERO firm name) to enter or generate my PIN 7 0 8 5 4 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ Date ▶ 03/17/2024

Spouse's PIN: check one box only

[ ] I authorize ______ (ERO firm name) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only - continue below

Part III **Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 0 4 4 5 8 4 1 2 3 4 5

Don't enter all zeros

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

ERO's signature ▶ Date ▶ 03/17/2024

319995 04-01-23

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

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Form **8879** (Rev. 01-2021)

10160317 793548 RENWICK 2023.03000 RENWICK, CHARLES RENWICK1

t II Adjustments to Income

1	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	82.
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	82.

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 , ending | See separate instructions.

Your first name and middle initial: CHARLES	Last name: RENWICK	Your social security number: [redacted]0854
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.: 535 CLASSON AVE	Apt. no.: 402	Presidential Election Campaign
City, town, or post office. If you have a foreign address, also complete spaces below.: BROOKLYN	State: NY ZIP code: 11238	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
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status Check only one box.
☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ 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 instr. and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.): 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) STMT 1	1a	199,261.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	199,261.
2a	Tax-exempt interest 2a — b Taxable interest	2b	153.
3a	Qualified dividends 3a 6,698. — b Ordinary dividends	3b	12,375.
4a	IRA distributions 4a — b Taxable amount	4b	
5a	Pensions and annuities 5a — b Taxable amount	5b	
6a	Social security benefits 6a — b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	-3,000.
8	Additional income from Schedule 1, line 10	8	6,099.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	214,888.
10	Adjustments to income from Schedule 1, line 26	10	82.
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	214,806.
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	790.
14	Add lines 12 and 13	14	14,640.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	200,166.

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.

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2023)

313921 12-04-23

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	41,747.
	17	Amount from Schedule 2, line 3			17	
	18	Add lines 16 and 17			18	41,747.
	19	Child tax credit or credit for other dependents from Schedule 8812			19	
	20	Amount from Schedule 3, line 8			20	306.
	21	Add lines 19 and 20			21	306.
	22	Subtract line 21 from line 18. If zero or less, enter -0-			22	41,441.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	772.
	24	Add lines 22 and 23. This is your **total tax**			24	42,213.
Payments	25	Federal income tax withheld from:				
	a	Form(s) W-2 SEE STATEMENT 4	25a	39,257.		
	b	Form(s) 1099	25b			
	c	Other forms (see instructions) SEE STATEMENT 5	25c	195.		
	d	Add lines 25a through 25c			25d	39,452.
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)	27			
	28	Additional child tax credit from Schedule 8812	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3, line 15	31			
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
	33	Add lines 25d, 26, and 32. These are your **total payments**			33	39,452.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐			35a	
Direct deposit? See instructions.	b	Routing number c Type: ☐ Checking ☐ Savings				
	d	Account number				
	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	2,761.
	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 ANDREW J. REARDON C.P.A. Phone no. 6176860584 Personal identification number (PIN) 12345

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 DIRECTOR R&D | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

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

Phone no. 2063803356 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
ANDREW J. REARDON C.P.A.		03/17/24	P00143158	☐ Self-employed

Firm's name REARDON AND COMPANY LLP — Phone no. 617-472-9434

Firm's address 111 WILLARD STREET QUINCY, MA 02169 — Firm's EIN 04-3446462

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2023)

313922 12-04-23

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partment of the Treasury
ernal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CHARLES RENWICK

Your social security number: [redacted]0854

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	6,099.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	6,099.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Sweetgreen, Inc.
3102 36th Street
Los Angeles, CA 90018
323-990-7040

Pay Statement

Period Start Date	01/27/2025
Period End Date	02/09/2025
Pay Date	02/14/2025
Document	147857380
Net Pay	**$5,146.41**

Pay Details

CHARLES RENWICK
535 CLASSON AVE
APT 402
BROOKLYN, NY 11238
USA

Employee Number	000125133	Pay Group	BWeekly TreeHouse Payroll
SSN	XXX-XX-XXXX	Location	TH Remote NY
Job	Director, Software Engine	Cost Center	0979 - R+D
Pay Rate	$112.5000	Area	9999 - Treehouse
Pay Frequency	Biweekly	Market	TH - Treehouse

Earnings

Pay Type	Week	Job	Hours	Pay Rate	Current	YTD
Expense Re-imbu			0.000000	$0.0000	$0.00	$812.44
GTL Imputed	2	Director, Software Engine			$5.54	$22.16
Media Reimb	2	Director, Software Engine			$46.16	$184.64
Salary Pay	2	Director, Software Engine	80.000000	$112.5000	$9,000.00	$36,000.00

Total Hours Worked **80.000000** Total Hours **80.000000**

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K Pre Tax %	Yes	$540.33	$2,161.32	$0.00	$0.00
Dental	Yes	$3.48	$13.92	$9.91	$39.64
GTL Imputed	No	$5.54	$22.16	$0.00	$0.00
HSA	Yes	$165.38	$661.52	$0.00	$0.00
Medical	Yes	$58.89	$235.56	$259.53	$1,038.12
Vision	Yes	$1.25	$5.00	$1.43	$5.72
Basic AD&D	No	$0.00	$0.00	$2.77	$11.08
Basic EE Life	No	$0.00	$0.00	$4.80	$19.20
LTD	No	$0.00	$0.00	$5.26	$21.04
STD	Yes	$0.00	$0.00	$15.69	$62.76

Taxes

Tax	Current	YTD
Federal Income Tax	$1,583.55	$6,334.20
Employee Medicare	$127.93	$511.72
Social Security Employee Tax	$547.01	$2,188.03
NY State Income Tax	$503.88	$2,015.52
New York R	$331.75	$1,327.00
NY Paid Family Leave Employee	$35.10	$140.40
NY Disability Employee	$1.20	$4.80

Paid Time Off

Plan	Current	Balance
PTO Available	0.0001	Unlimited

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx7975	Checking	$5,146.41
Total		$5,146.41

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$9,051.70	$8,282.37	$3,130.42	$774.87	**$5,146.41**
YTD	$37,019.24	$33,129.48	$12,521.67	$3,099.48	$21,398.09

Sweetgreen, Inc.
3102 36th Street
Los Angeles, CA 90018
323-990-7040

Pay Statement

Period Start Date	01/13/2025
Period End Date	01/26/2025
Pay Date	01/31/2025
Document	145810251
Net Pay	**$5,146.41**

Pay Details

CHARLES RENWICK
535 CLASSON AVE
APT 402
BROOKLYN, NY 11238
USA

Employee Number	000125133	Pay Group	BWeekly TreeHouse Payroll
SSN	XXX-XX-XXXX	Location	TH Remote NY
Job	Director, Software Engine	Cost Center	0979 - R+D
Pay Rate	$112.5000	Area	9999 - Treehouse
Pay Frequency	Biweekly	Market	TH - Treehouse

Earnings

Pay Type	Week	Job	Hours	Pay Rate	Current	YTD
Expense Re-imbu			0.000000	$0.0000	$0.00	$812.44
GTL Imputed	2	Director, Software Engine			$5.54	$16.62
Media Reimb	2	Director, Software Engine			$46.16	$138.48
Salary Pay	2	Director, Software Engine	80.000000	$112.5000	$9,000.00	$27,000.00

Total Hours Worked **80.000000** Total Hours **80.000000**

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K Pre Tax %	Yes	$540.33	$1,620.99	$0.00	$0.00
Dental	Yes	$3.48	$10.44	$9.91	$29.73
GTL Imputed	No	$5.54	$16.62	$0.00	$0.00
HSA	Yes	$165.38	$496.14	$0.00	$0.00
Medical	Yes	$58.89	$176.67	$259.53	$778.59
Vision	Yes	$1.25	$3.75	$1.43	$4.29
Basic AD&D	No	$0.00	$0.00	$2.77	$8.31
Basic EE Life	No	$0.00	$0.00	$4.80	$14.40
LTD	No	$0.00	$0.00	$5.26	$15.78
STD	Yes	$0.00	$0.00	$15.69	$47.07

Taxes

Tax	Current	YTD
Federal Income Tax	$1,583.55	$4,750.65
Employee Medicare	$127.93	$383.79
Social Security Employee Tax	$547.01	$1,641.02
NY State Income Tax	$503.88	$1,511.64
New York R	$331.75	$995.25
NY Paid Family Leave Employee	$35.10	$105.30
NY Disability Employee	$1.20	$3.60

Paid Time Off

Plan	Current	Balance
PTO Available	0.0001	Unlimited

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxx7975	Checking	$5,146.41
Total		$5,146.41

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$9,051.70	$8,282.37	$3,130.42	$774.87	**$5,146.41**
YTD	$27,967.54	$24,847.11	$9,391.25	$2,324.61	$16,251.68

Gmail Charles <charles.srenwick@gmail.com>

Welcome to the sweetgreen family!

Mary Mcdowell <mary.mcdowell@sweetgreen.com> Wed, Sep 8, 2021 at 9:01 PM
To: leo.charuhas@gmail.com, casandra.ceri@gmail.com, Spencer.j.hernandez@gmail.com, linardhinsens@gmail.com, nsambrogi@gmail.com, Logan.adams.295@gmail.com, grey.parnanen@gmail.com, jd2064@gmail.com, gio.e.musso@gmail.com, tyler.tremblay@gmail.com, baron.roy@gmail.com, davidlcrowell@gmail.com, ltm.mccafferty@gmail.com, sa.dpph@gmail.com, Maddiesev@gmail.com, jessicagwozdz@gmail.com, charles.srenwick@gmail.com, beknight94@gmail.com, lschlueter33@gmail.com, michaelsamfarid@gmail.com, kalerogers13@gmail.com, martin.sarah85@gmail.com
Cc: Brittany Larochelle <brittany.larochelle@sweetgreen.com>, Timothy Noonan <tim@sweetgreen.com>, Andrew Glickman <andrew.glickman@sweetgreen.com>, Adrienne Gemperle <adrienne.gemperle@sweetgreen.com>, Stacey Payne <stacey.payne@sweetgreen.com>

Welcome to sweetgreen! We're so excited to have you and the Spyce team as part of our community!

By now, you should have received an Onboarding email which includes your new hire paperwork. If you could **complete your paperwork by noon EST this Friday, 9/10**, that would be helpful so we can get you set up in our systems as soon as possible!

After you complete your paperwork, you will receive an email from okta@donotreply.com in 1-2 days, where you will register for an account with Okta. Once registered, you'll be able to access your sweetgreen email and other Okta-synced systems.

In step 2 of your onboarding email, you will be asked to complete your I-9. Please fill out the first portion of your I-9 here ahead of your start date, and **select "Culver City - Treehouse" as your location**, so we can locate your I-9 in Equifax.

Helpful things to know:

- Attached is a copy of our Benefits Guide, providing an overview of our benefits plans. **You will have 30 days from your start date to enroll in the plan of your choice.** If you choose to enroll, your benefits will be effective on your first day at sweetgreen (9/14/21).
- **For those currently using personal computer equipment**, you can expect to receive a tracking number from our IT department week of 9/20 for SG equipment. *Note: For the onboarding sessions on 9/15, please plan to use your personal devices.*
- **For those on Spyce equipment**, our IT team will reach out the week of 9/20 to support you with necessary migration steps. Stay tuned for more information during the 9/15 onboarding session.

What we'll need from you before your first day:

- Complete all new hire paperwork via the Onboarding module.
- Have your acceptable ID(s) from the List of Acceptable Documents ready to bring to an I-9 Anywhere Facility near you (see details below).
- Register for an account with "Team Resources"/"Okta" + review the IT set-up instructions (see attached).

What we'll need from you by your third day:

I-9 section 2 completion

Visit one of our I-9 facilities nearest you: Please follow the steps below to schedule a time to the nearest I-9 facility to complete your I-9 within 3 days from hire date:

1. Click on link: I-9 Anywhere Service Link
2. Complete Section 1 of your I-9
3. Schedule a date/time with nearest I-9 facility
4. On your appointment date/time, please remember to bring your I-9 Documents with you
5. Reply back to this email with your appointment date and time.

Click here for a detailed guide on how to use the I-9 Anywhere Service Link.

Virtual Onboarding - Your First Day (9/15) Schedule (*stay tuned for cal invites - the schedule may slightly change!*)**:**

- Mission + Values Training: 10:30 am - 11:20 am EST
- Intro from Brittany: 11:20 am - 11:30 am EST
- Welcome from Nic: 11:30 am - 12:00 pm EST
- Lunch (sweetgreen delivery): 12:00 pm - 12:45 pm EST
- Meet ITHelp + Security Training: 12:45 pm - 1:30 pm EST
- People Basics + Payroll: 1:30 pm - 2:30 pm EST
- L&D & DEI Training: 2:30 pm - 3:00 pm EST
- Break: 3:00 pm - 3:15 pm EST
- Food Ethos + Supply Chain: 3:15 pm - 4:00 pm EST
- Sweetgreen New Branding: 4:00 pm - 4:30 pm EST

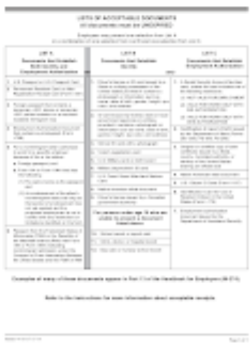
We know this a lot of information to take in so please feel free to reach out if you have any questions. We're looking forward to seeing you next week!

Mary + Brittany

Mary McDowell (she/her/hers - Learn More)
Interim HR Generalist | People Team
sweetgreen.com

the sweetgreen story
our food ethos

3 attachments



I-9 Acceptable Documents.png
196K

mySG Job Aid_password init.pdf
317K

Benefits Guide 2021 - Treehouse   Head Coach.pdf
695K