Rental Application for **The Copper**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Gibson	Sheena Claire		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	9/6/1984	(917) 589 - 0557 - Mobile

EMAIL
s.claire.gibson@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Shari Cadogan-Strickland	2971 Rivergreen Lane SE, Atlanta, 13 30339

PHONE	EMAIL ADDRESS	RELATIONSHIP
(678) 516 - 7946	sharircs@comcast.net	sister

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
490 2nd Ave, Apt 13D	New York	NY	10016

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$4,000.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Intellectual Property Counsel	Day Pitney LLP

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Carrie Webb Olson	(617) 345 - 4767	$250,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
605 3rd Ave 31st floor,	New York	NY	10158

OTHER INCOME DESCRIPTION	MONTHLY INCOME
Rental Property Income - Hawaii	$22,500.00/Yr.
Rental Property Income - Airbnb	$56,000.00/Yr.

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?	Have you ever willfully refused to pay rent when due?
NO	NO
Have you ever been evicted from a tenancy or left owing money?	**Have you ever been convicted of a crime?**
NO	NO

SUPPLEMENTAL QUESTIONS

Will the tenant be receiving stove knob covers from property?
☒ No, I do not want stove knob covers for my stove. There is no child under age six residing in my apartment.

Window Guards:
☒ No children 10 years of age or younger live in my apartment

Were you referred by a broker?
NO

I (we) have seen the actual apartment for which I (we) are applying?:
NO

Initials: S.G. C7D1C5C7

NEW YORK CITY TENANT FAIR CHANCE ACT

Pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq., we are required to provide you with the following disclosure:

1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing.

2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.

3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; www.on-site.com/renter-relations/.

4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from www.annualcreditreport.com.

APPLICATION CONSENT

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

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

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

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

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

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

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

☒ *Application consent was digitally accepted by Sheena Claire Gibson*

Signed by Sheena Claire Gibson
Mon Apr 21 2025 02:23:09 PM EDT
Key: C7D1C5C7; IP Address: 207.237.92.12

Sheena Claire Gibson *(Applicant)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Sheena Claire Gibson	XXXXXXXXXXXX1002	15758008	$21.50

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

Initials: S.G. C7D1C5C7

Rental Application for **The Copper**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Vincent	Harold		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	1/7/1984	(718) 962 - 5809 - Mobile

EMAIL
gibson.and.vincent@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
2215 Aloha Dr, Apt 4J	Honolulu	HI	96815

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$2,800.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Master Sergeant	United States Marine Corps

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Lt. Jeff Planteen	(928) 785 - 6489	$7,000.00/Mo.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1775 Forrestal Dr,	Norfolk	VA	23505

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?	Have you ever willfully refused to pay rent when due?
NO	NO
Have you ever been evicted from a tenancy or left owing money?	**Have you ever been convicted of a crime?**
NO	NO

SUPPLEMENTAL QUESTIONS

Will the tenant be receiving stove knob covers from property?

❑

Window Guards:

❑

Were you referred by a broker?

NO

I (we) have seen the actual apartment for which I (we) are applying?:

NO

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Initials: H.V. 08707959

APPLICATION CONSENT

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

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

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

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☒ *Application consent was digitally accepted by Harold Vincent*

Signed by Harold Vincent
Sat Apr 19 2025 05:22:49 PM EDT
Key: D07D7959; IP Address: 207.237.92.12

Harold Vincent *(Applicant)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Sheena Claire Gibson	XXXXXXXXXXXX1002	15758009	$21.50

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

Initials: H.V. D07D7959

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 Sheena Claire Gibson

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Sheena Claire Gibson: 636			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

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

Credit Quick Summary		
Total annual income (reported by Applicant)	$328,500.00	
Total **verified** annual income	$250,780.08	
Total **verified** combined annual income to rent ratio	43.62 (based on rent of $5,749.64)	
Total number of accounts	23	
Accounts with no late payments	23 (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	$497,921.00 ($0.00 past due)	
Outstanding revolving debt	$106,414.00 (14% of limit) ($0.00 past due)	
Outstanding loan balance	$391,507.00 ($0.00 past due)	
Bankruptcies, foreclosures, and legal items	0	
Collection total balance (includes past due)	$0.00	
Rental History records found	0	

Identity	From Application	From Equifax
Name:	Sheena Claire Gibson	SHEENA C GIBSON SHEENA C. GIBSON
SSN:	***-**-****	***-**-****
Birth Date:	9/**/1984	9/**/1984

Addresses	From Application	From Equifax

	490 2nd Ave, Apt 13D New York, NY 10016 - US	490 2ND AVE. 13D NEW YORK, NY 10016 (Applicant) Reported 4/2025 2215 ALOHA DR. 4J HONOLULU, HI 96815 (Applicant) Reported 4/2025 208 MERIN HEIGHT RD. JACKSONVILLE, NC 28546 (Applicant) Reported 2/2024 PSC 559 BOX 5466 APO SAN FRANCISCO, CA 96377 (Applicant) Reported 10/2019 11556 MARSDEN ST. JAMAICA, NY 11434 (Applicant) Reported 8/2017 23592 WINDSONG APT 40J ALISO VIEJO, CA 92656 (Applicant) Reported 7/2015 250 W SEASIDE WAY 3214 LONG BEACH, CA 90802 (Applicant) Reported 11/2013 2427 CATALINA CIR. 566 OCEANSIDE, CA 92056 (Applicant) Reported 9/2012 205 STATE ST. 16F BROOKLYN, NY 11201 (Applicant) Reported 12/2009 11551 MARSDEN ST. JAMAICA, NY 11434 (Applicant) Reported 12/2009

Employment	From Application	From Equifax
Applicant:	Intellectual Property Counsel Day Pitney LLP $250,000.00/Yr. Total annual Income: $328,500.00	

Income Verifications

Requested For			Requested Date	
Sheena Claire Gibson			4/21/2025	
Date	**Consumer Provided Income Source**		**Verified Annual Income**	
4/21/2025	Document		$250,780.08 *Income amount used in scoring	
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
04/01/25 to 04/15/25	PAYSTUB	SHEENA CLAIRE ANN GIBSON	DAY PITNEY LLP	$10,469.17
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
03/16/25 to 03/31/25	PAYSTUB	SHEENA CLAIRE ANN GIBSON	DAY PITNEY LLP	$10,429.17
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
02/01/25 to 02/15/25	PAYSTUB	SHEENA CLAIRE ANN GIBSON	DAY PITNEY LLP	$10,416.67
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
02/16/25 to 02/28/25	PAYSTUB	SHEENA CLAIRE ANN GIBSON	DAY PITNEY LLP	$10,416.67
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
03/01/25 to 03/15/25	PAYSTUB	SHEENA CLAIRE ANN GIBSON	DAY PITNEY LLP	$10,429.17
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
01/16/25 to 01/31/25	PAYSTUB	SHEENA CLAIRE ANN GIBSON	DAY PITNEY LLP	$10,416.67

From RealPage				
Requested For Sheena Claire Gibson Requested Date 4/28/2025	**Employer** Day Pitney LLP	**Position Held** Intellectual Property Counsel	**Annual Salary** $250,000.00	**Supervisor** Carrie Webb Olson (617) 345 - 4767
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Sheena Claire Gibson	Multistate Search	4/28/2018 - 4/28/2025	4/28/2025	4/28/2025

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Sheena Claire Gibson	4/28/2025	4/28/2025

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Sheena Claire Gibson	4/28/2025	4/28/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	636	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History
	Description RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).	

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	601	Total of all balances on bankcard or revolving accounts is too high The balances on your accounts are too high compared to loan amounts Lack of sufficient relevant first mortgage account information The date that you opened your oldest account is too recent

Description

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	2/2012	2/2025				$0.00	$391,507.00

Monthly Payment	High Credit	Type	Comments
	$124,501.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3/25		1/25		11/24		9/24		7/24		5/24		3/24		1/24		11/23		9/23		7/23		5/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NAVY FEDERAL CREDIT (Joint)	4/2013	3/2025					$20,128.00

Monthly Payment	High Credit	Type	Comments
$485.00	$22,209.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4/25		2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NAVY FEDERAL CREDIT (Joint)	9/2019	3/2025					$18,936.00

Monthly Payment	High Credit	Type	Comments
$411.00	$19,155.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4/25		2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
USAA FEDERAL SAVINGS (Joint)	12/2006	3/2025					$17,023.00

Monthly Payment	High Credit	Type	Comments
$358.00	$18,558.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4/25		2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
USAA FEDERAL SAVINGS (Applicant)	6/2013	3/2025					$14,381.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$144.00	$17,922.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23
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 BANK USA (Joint)	5/2014	2/2025					$8,881.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$119.00	$10,030.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23
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
NAVY FEDERAL CREDIT (Joint)	7/2003	3/2025					$8,049.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$169.00	$16,052.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23
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
BARCLAYS BANK DELAWA (Applicant)	11/2023	3/2025					$6,029.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$197.00	$6,690.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23
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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Joint)	9/2018	3/2025					$4,938.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$246.00	$13,961.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23
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
JPMCB CARD SERVICES (Joint)	4/2014	2/2025					$4,034.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$131.00	$9,167.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23
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
CITICARDS CBNA (Applicant)	2/2023	2/2025					$4,015.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$131.00	$5,000.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	4/25 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FED LOAN SERVICING (Applicant)	2/2012	8/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$223,416.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FED LOAN SERVICING (Applicant)	2/2012	1/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$223,416.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	2/22 12/21 10/21 8/21 6/21 4/21 2/21 12/20 10/20 8/20 6/20 4/20						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO AUTO CRE (Applicant)	1/2013	7/2018					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$22,328.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Joint)	11/2015	9/2018					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,797.00	REVOLVING	ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	2/22 12/21 10/21 8/21 6/21 4/21 2/21 12/20 10/20 8/20 6/20 4/20						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SANTANDER BANK, N. A (Joint)	12/2007	3/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,741.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22 5/22 3/22						

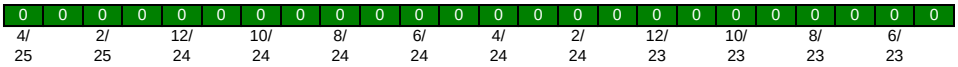
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2006	10/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,638.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2003	12/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,563.00	REVOLVING	Rate/Status 1: Pays account as agreed			

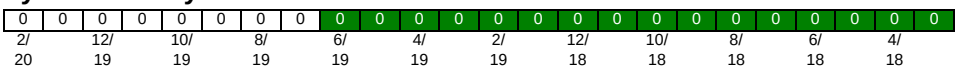
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MACYS/CITIBANK NA (Joint)	5/2003	11/2011					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,101.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	10/2007	7/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,088.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

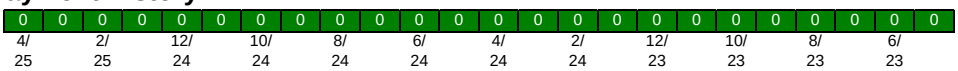
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2003	3/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,019.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	9/2016	3/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$983.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	1/2020	3/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$683.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						



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 Harold Vincent

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Harold Vincent: 716			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Employment verification must not be Verified False		Pass/Fail	PENDING
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$84,000.00
Total **verified** annual income	$0.00
Total **verified** combined annual income to rent ratio	43.62 (based on rent of $5,749.64)
Total number of accounts	21
Accounts with no late payments	21 (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	$705,320.00 ($0.00 past due)
Outstanding revolving debt	$81,006.00 (10% of limit) ($0.00 past due)
Outstanding loan balance	$624,314.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Harold Vincent	HAROLD VINCENT
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1984	1/**/1984

Addresses	From Application	From Equifax

	2215 Aloha Dr, Apt 4J Honolulu, HI 96815 - US	6175 EDWARD ST. 202 NORFOLK, VA 23513 (Applicant) Reported 4/2025 208 MERIN HEIGHT RD. JACKSONVILLE, NC 28546 (Applicant) Reported 4/2025 490 2ND AVE. 13D NEW YORK, NY 10016 (Applicant) Reported 4/2025 2215 ALOHA DR. 4J HONOLULU, HI 96815 (Applicant) Reported 10/2024 2427 CATALINA CIR. 566 OCEANSIDE, CA 92056 (Applicant) Reported 2/2024 23592 WINDSONG APT 40J ALISO VIEJO, CA 92656 (Applicant) Reported 2/2024 PSC 559 BOX 5466 APO SAN FRANCISCO, CA 96377 (Applicant) Reported 10/2019 250 W SEASIDE WAY 3214 LONG BEACH, CA 90802 (Applicant) Reported 11/2013 21923 130TH DR. SPRINGFIELD GARDENS, NY 11413 (Applicant) Reported 9/2011 BLDG 620530 ST. OCEANSIDE, CA 92055 (Applicant) Reported 8/2011

Employment	From Application	From Equifax
Applicant:	Master Sergeant United States Marine Corps $7,000.00/Mo. Total annual Income: $84,000.00	

Income Verifications

Requested For Harold Vincent			**Requested Date** 4/19/2025	
Date 4/19/2025	**Consumer Provided Income Source** Document		**Verified Annual Income** $0.00 *Income amount used in scoring	
Pay Period 01/01/25 to 01/31/25	**Document Type** PAYSTUB	**Employee Name** VINCENT, HAROLD	**Employer Name** MARINE CORPS	**Pay Amount** $20,250,214.00
Pay Period 03/01/25 to 03/31/25	**Document Type** PAYSTUB	**Employee Name** VINCENT, HAROLD	**Employer Name** MARINE CORPS	**Pay Amount** $20,250,415.00
Pay Period 02/01/25 to 02/28/25	**Document Type** PAYSTUB	**Employee Name** VINCENT, HAROLD	**Employer Name** MARINE CORPS	**Pay Amount** $20,250,314.00

From RealPage

Requested For Harold Vincent Requested Date 4/28/2025	**Employer** United States Marine Corps	**Position Held** Master Sergeant	**Annual Salary** $84,000.00	**Supervisor** Lt. Jeff Planteen (928) 785 - 6489
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Harold Vincent	Multistate Search	4/28/2018 - 4/28/2025	4/28/2025	4/28/2025

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Harold Vincent	4/28/2025	4/28/2025

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Harold Vincent	4/28/2025	4/28/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	716	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

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

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	686	Total of all balances on bankcard or revolving accounts is too high The balances on your accounts are too high compared to loan amounts The date that you opened your oldest account is too recent The balance amount paid down on your open installment accounts is too low

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

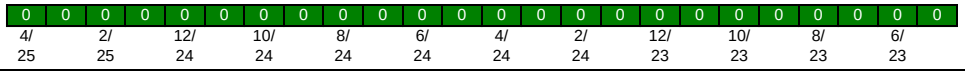
Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
GREEN PLANET MORTGAG (Applicant)	6/2021	3/2025					$585,166.00

Monthly Payment	High Credit	Type	Comments
$2,843.00	$639,375.00	MORTGAGE	FIXED RATE Rate/Status 1: Pays account as agreed

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NAVY FEDERAL CREDIT (Applicant)	8/2023	2/2025					$39,148.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$1,253.00	$50,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NAVY FEDERAL CREDIT (Joint)	10/2011	2/2025					$18,364.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$471.00	$22,104.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
USAA FEDERAL SAVINGS (Joint)	12/2006	3/2025					$17,023.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$358.00	$18,558.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	4/25 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Joint)	5/2014	2/2025					$8,881.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$119.00	$10,030.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	3/25 1/25 11/24 9/24 7/24 5/24 3/24 1/24 11/23 9/23 7/23 5/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NAVY FEDERAL CREDIT (Joint)	7/2003	3/2025					$8,049.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$169.00	$16,052.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	4/25 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	2/2020	3/2025					$7,551.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$251.00	$8,799.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	4/25 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	2/2023	3/2025					$6,090.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$209.00	$7,565.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	2/2023	3/2025					$6,076.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$122.00	$8,961.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Joint)	6/2022	3/2025					$4,938.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$246.00	$13,961.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2014	2/2025					$4,034.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$131.00	$9,167.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SOUTHEAST TOYOTA FIN (Applicant)	8/2020	6/2021					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$12,137.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

7/21	5/21	3/21	1/21	11/20	9/20
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
SANTANDER BANK, N. A (Joint)	12/2007	3/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,741.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22	9/22	7/22	5/22	3/22
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
JPMCB CARD SERVICES (Joint)	4/2006	10/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,638.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2003	12/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,563.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MACYS/CITIBANK NA (Joint)	5/2003	11/2011					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,101.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	10/2007	7/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,088.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Joint)	4/2003	11/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,019.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23
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
CITICARDS CBNA (Joint)	4/2010	7/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$997.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	4/2010	2/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$136.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	3/2017						$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$0.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

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.


NEW YORK STATE USA
DRIVER LICENSE
ID 584 342 632
Class D
GIBSON
SHEENA,CLAIRE-ANN
11556 MARSDEN ST
JAMAICA, NY 11434
DOB 09/06/1984
Issued 12/16/2022
Expires 09/06/2030
Organ Donor
E NONE
R NONE
Sex F Height 5'-04" Eyes BRO
SEP 84

DAY PITNEY LLP

Boston | Connecticut | Florida | New Jersey | New York | Providence | Washington, DC

BARBARA HOROWITZ
Director of Human Resources

Goodwin Square
225 Asylum Street
Hartford, CT 06103
T: (860) 275-0283 F: (860) 881-2129
bhorowitz@daypitney.com

April 20, 2025

Attn: Building Management
The Copper
626 First Avenue
New York, NY 10016

To whom it may concern:

S. Claire Gibson is currently employed by our firm as a Counsel attorney. Her annual gross salary is $250,000.

Please let me know if you need any further information.

Yours very truly,

Barbara Horowitz

BH/

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

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

Your first name and middle initial	Last name	Your social security number
Sheena C	Gibson	216 35 5958
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		093 68 3247

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
2215 Aloha Dr	4J

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Honolulu	HI	968152801

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

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

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

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

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

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

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

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

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
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	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	14,781.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	14,781.
10	Adjustments to income from Schedule 1, line 26				10	1,045.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	13,736.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	8,959.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	955.
14	Add lines 12 and 13				14	9,914.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	3,822.

Attach Sch. B if required.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	383.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	383.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	383.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,089.
	24	Add lines 22 and 23. This is your **total tax**	24	2,472.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
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	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	2,491.
	38	Estimated tax penalty (see instructions) — 38 19.		

Third Party Designee

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

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

Sign Here

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

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

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

Phone no. (917)589-0557 | Email address

Paid Preparer Use Only

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

Day Pitney LLP
225 Asylum Street
Hartford, CT 06103

Pay Statement

Period Start Date	04/01/2025
Period End Date	04/15/2025
Pay Date	04/15/2025
Document	179038989
Net Pay	**$5,961.43**

Pay Details

SHEENA CLAIRE ANN GIBSON
490 2ND AVE.
APT. 13D
NEW YORK, NY 10010
USA

Employee Number	104046	Pay Group	Semi-Monthly W2
SSN	XXX-XX-XXXX	Location	New York
Job	Counsel	Division	LGL - Legal
Pay Rate	$120.1918	Bus Unit	IP - Intellectual Property
Pay Frequency	Semi-Monthly	Department	LIT - Litigation Department
		Class	COUNS - Counsel

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
GTL Imputed			$12.50	$37.50
LTD Imputed			$40.00	$40.00
Regular Pay	86.667000	$120.1918	$10,416.67	$70,192.30
Stipend	0.000000	$0.0000	$0.00	$575.00

Total Hours Worked 0.000000 **Total Hours** 86.667000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	$520.83	$1,562.49	$0.00	$0.00
GTL	No	$12.50	$37.50	$0.00	$0.00
Health Care FSA	Yes	$75.00	$225.00	$0.00	$0.00
LTD	No	$40.00	$40.00	$0.00	$0.00

Taxes

Tax	Current	YTD
Federal Income Tax	$2,003.76	$14,043.18
Employee Medicare	$150.72	$1,023.99
Social Security Employee Tax	$644.44	$4,378.43
NY State Income Tax	$621.83	$4,354.27
New York R	$396.79	$2,775.18
NY Paid Family Leave Employee	$40.57	$274.73
NY Disability Employee	$1.30	$9.10

Paid Time Off

Plan	Current	Balance
No records found		

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx9899	Checking	$5,961.43
Total		$5,961.43

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$10,469.17	$9,873.34	$3,859.41	$648.33	**$5,961.43**
YTD	$70,844.80	$69,057.31	$26,858.88	$1,864.99	$42,120.93

Day Pitney LLP
225 Asylum Street
Hartford, CT 06103

Pay Statement

Period Start Date	03/16/2025
Period End Date	03/31/2025
Pay Date	03/31/2025
Document	175872474
Net Pay	**$5,981.75**

Pay Details

SHEENA CLAIRE ANN GIBSON
490 2ND AVE.
APT. 13D
NEW YORK, NY 10010
USA

Employee Number	104046	Pay Group	Semi-Monthly W2
SSN	XXX-XX-XXXX	Location	New York
Job	Counsel	Division	LGL - Legal
Pay Rate	$120.1918	Bus Unit	IP - Intellectual Property
Pay Frequency	Semi-Monthly	Department	LIT - Litigation Department
		Class	COUNS - Counsel

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
GTL Imputed			$12.50	$25.00
Regular Pay	86.667000	$120.1918	$10,416.67	$59,775.63
Stipend	0.000000	$0.0000	$0.00	$575.00

Total Hours Worked 0.000000 **Total Hours** 86.667000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	$520.83	$1,041.66	$0.00	$0.00
GTL	No	$12.50	$25.00	$0.00	$0.00
Health Care FSA	Yes	$75.00	$150.00	$0.00	$0.00

Taxes

Tax	Current	YTD
Federal Income Tax	$1,990.96	$12,039.42
Employee Medicare	$150.13	$873.27
Social Security Employee Tax	$641.96	$3,733.99
NY State Income Tax	$619.23	$3,732.44
New York R	$395.09	$2,378.39
NY Paid Family Leave Employee	$40.42	$234.16
NY Disability Employee	$1.30	$7.80

Paid Time Off

Plan	Current	Balance
No records found		

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx9899	Checking	$5,981.75
Total		$5,981.75

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$10,429.17	$9,833.34	$3,839.09	$608.33	**$5,981.75**
YTD	$60,375.63	$59,183.97	$22,999.47	$1,216.66	$36,159.50

Day Pitney LLP
225 Asylum Street
Hartford, CT 06103

Pay Statement

Period Start Date	03/01/2025
Period End Date	03/15/2025
Pay Date	03/14/2025
Document	173672759
Net Pay	**$5,981.75**

Pay Details

SHEENA CLAIRE ANN GIBSON
490 2ND AVE.
APT. 13D
NEW YORK, NY 10010
USA

Employee Number	104046	Pay Group	Semi-Monthly W2
SSN	XXX-XX-XXXX	Location	New York
Job	Counsel	Division	LGL - Legal
Pay Rate	$120.1918	Bus Unit	IP - Intellectual Property
Pay Frequency	Semi-Monthly	Department	LIT - Litigation Department
		Class	COUNS - Counsel

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
GTL Imputed			$12.50	$12.50
Regular Pay	86.667000	$120.1918	$10,416.67	$49,358.96
Stipend	0.000000	$0.0000	$0.00	$575.00

Total Hours Worked 0.000000 **Total Hours** 86.667000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	$520.83	$520.83	$0.00	$0.00
GTL	No	$12.50	$12.50	$0.00	$0.00
Health Care FSA	Yes	$75.00	$75.00	$0.00	$0.00

Taxes

Tax	Current	YTD
Federal Income Tax	$1,990.96	$10,048.46
Employee Medicare	$150.14	$723.14
Social Security Employee Tax	$641.96	$3,092.03
NY State Income Tax	$619.23	$3,113.21
New York R	$395.09	$1,983.30
NY Paid Family Leave Employee	$40.41	$193.74
NY Disability Employee	$1.30	$6.50

Paid Time Off

Plan	Current	Balance
No records found		

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx9899	Checking	$5,981.75
Total		$5,981.75

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$10,429.17	$9,833.34	$3,839.09	$608.33	**$5,981.75**
YTD	$49,946.46	$49,350.63	$19,160.38	$608.33	$30,177.75

Day Pitney LLP
225 Asylum Street
Hartford, CT 06103

Pay Statement

Period Start Date	02/16/2025
Period End Date	02/28/2025
Pay Date	02/28/2025
Document	172182552
Net Pay	**$6,323.41**

Pay Details

SHEENA CLAIRE ANN GIBSON
490 2ND AVE.
APT. 13D
NEW YORK, NY 10010
USA

Employee Number	104046	Pay Group	Semi-Monthly W2
SSN	XXX-XX-XXXX	Location	New York
Job	Counsel	Division	LGL - Legal
Pay Rate	$120.1918	Bus Unit	IP - Intellectual Property
Pay Frequency	Semi-Monthly	Department	LIT - Litigation Department
		Class	COUNS - Counsel

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Regular Pay	86.667000	$120.1918	$10,416.67	$38,942.29
Stipend	0.000000	$0.0000	$0.00	$575.00

Total Hours Worked 0.000000 **Total Hours** 86.667000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD

Taxes

Tax	Current	YTD
Federal Income Tax	$2,177.63	$8,057.50
Employee Medicare	$151.04	$573.00
Social Security Employee Tax	$645.83	$2,450.07
NY State Income Tax	$657.15	$2,493.98
New York R	$419.89	$1,588.21
NY Paid Family Leave Employee	$40.42	$153.33
NY Disability Employee	$1.30	$5.20

Paid Time Off

Plan	Current	Balance
No records found		

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx9899	Checking	$6,323.41
Total		$6,323.41

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$10,416.67	$10,416.67	$4,093.26	$0.00	**$6,323.41**
YTD	$39,517.29	$39,517.29	$15,321.29	$0.00	$24,196.00

Day Pitney LLP
225 Asylum Street
Hartford, CT 06103

Pay Statement

Period Start Date	02/01/2025
Period End Date	02/15/2025
Pay Date	02/14/2025
Document	165666637
Net Pay	**$6,323.40**

Pay Details

SHEENA CLAIRE ANN GIBSON
490 2ND AVE.
APT. 13D
NEW YORK, NY 10010
USA

Employee Number	104046	Pay Group	Semi-Monthly W2
SSN	XXX-XX-XXXX	Location	New York
Job	Counsel	Division	LGL - Legal
Pay Rate	$120.1918	Bus Unit	IP - Intellectual Property
Pay Frequency	Semi-Monthly	Department	LIT - Litigation Department
		Class	COUNS - Counsel

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Regular Pay	86.667000	$120.1918	$10,416.67	$28,525.62
Stipend	0.000000	$0.0000	$0.00	$575.00

Total Hours Worked 0.000000 **Total Hours** 86.667000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD

Taxes

Tax	Current	YTD
Federal Income Tax	$2,177.63	$5,879.87
Employee Medicare	$151.04	$421.96
Social Security Employee Tax	$645.84	$1,804.24
NY State Income Tax	$657.15	$1,836.83
New York R	$419.89	$1,168.32
NY Paid Family Leave Employee	$40.42	$112.91
NY Disability Employee	$1.30	$3.90

Paid Time Off

Plan	Current	Balance
No records found		

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx9899	Checking	$6,323.40
Total		$6,323.40

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$10,416.67	$10,416.67	$4,093.27	$0.00	**$6,323.40**
YTD	$29,100.62	$29,100.62	$11,228.03	$0.00	$17,872.59

Day Pitney LLP
225 Asylum Street
Hartford, CT 06103

Pay Statement

Period Start Date	01/16/2025
Period End Date	01/31/2025
Pay Date	01/31/2025
Document	164224541
Net Pay	**$6,323.42**

Pay Details

SHEENA CLAIRE ANN GIBSON
490 2ND AVE.
APT. 13D
NEW YORK, NY 10010
USA

Employee Number	104046	Pay Group	Semi-Monthly W2
SSN	XXX-XX-XXXX	Location	New York
Job	Counsel	Division	LGL - Legal
Pay Rate	$120.1918	Bus Unit	IP - Intellectual Property
Pay Frequency	Semi-Monthly	Department	LIT - Litigation Department
		Class	COUNS - Counsel

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Regular Pay	86.667000	$120.1918	$10,416.67	$18,108.95
Stipend	0.000000	$0.0000	$0.00	$575.00

Total Hours Worked 0.000000 **Total Hours** 86.667000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD

Taxes

Tax	Current	YTD
Federal Income Tax	$2,177.63	$3,702.24
Employee Medicare	$151.04	$270.92
Social Security Employee Tax	$645.83	$1,158.40
NY State Income Tax	$657.15	$1,179.68
New York R	$419.89	$748.43
NY Paid Family Leave Employee	$40.41	$72.49
NY Disability Employee	$1.30	$2.60

Paid Time Off

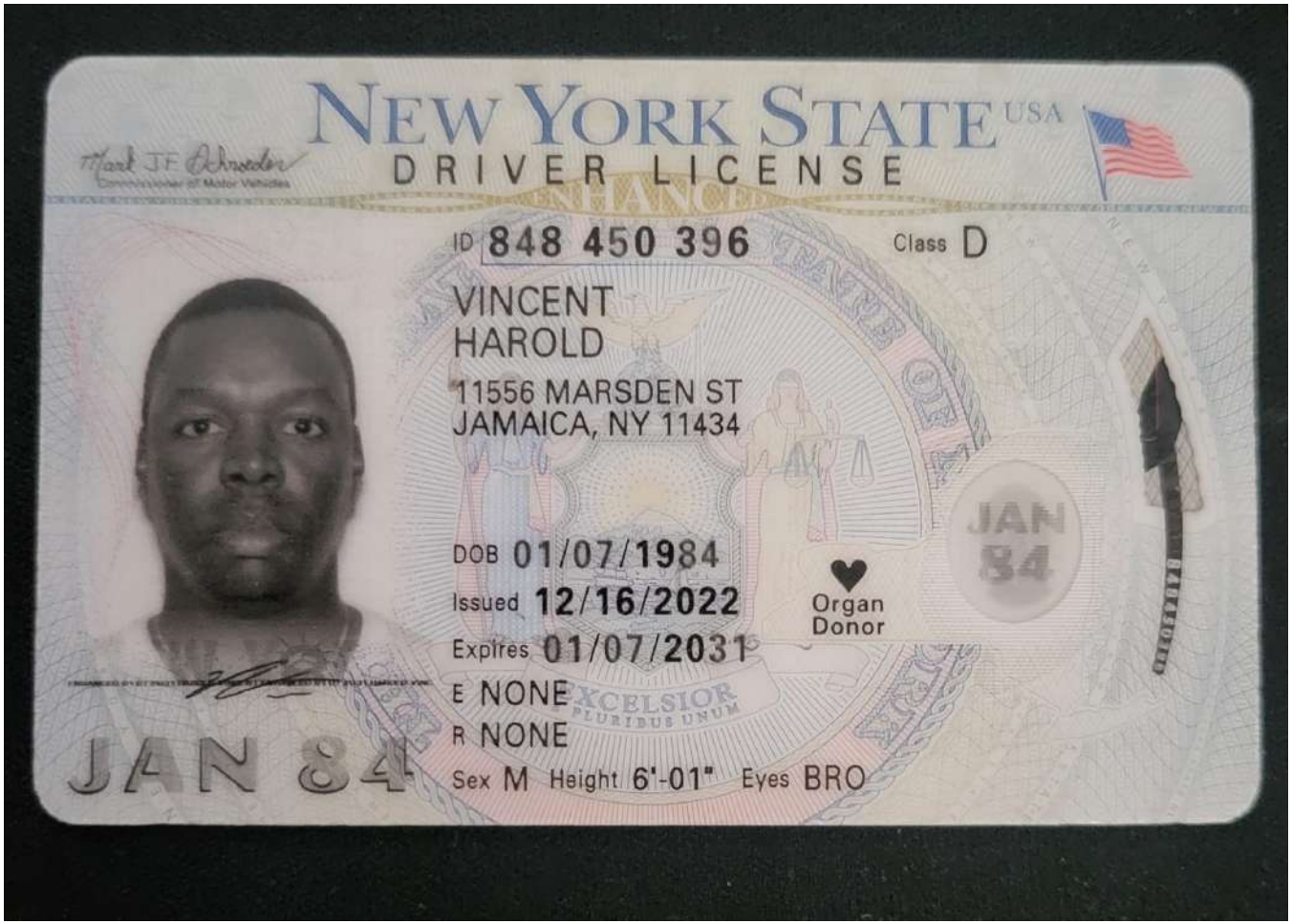
Plan	Current	Balance
No records found		

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx9899	Checking	$6,323.42
Total		$6,323.42

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	$10,416.67	$10,416.67	$4,093.25	$0.00	**$6,323.42**
YTD	$18,683.95	$18,683.95	$7,134.76	$0.00	$11,549.19


NEW YORK STATE USA
DRIVER LICENSE
ID 848 450 396
Class D
VINCENT
HAROLD
11556 MARSDEN ST
JAMAICA, NY 11434
DOB 01/07/1984
Issued 12/16/2022
Expires 01/07/2031
Organ Donor
E NONE
R NONE
Sex M Height 6'-01" Eyes BRO
JAN 84
JAN 84

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

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

Your first name and middle initial	Last name	Your social security number
Harold	Vincent	093 68 3247
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		216 35 5958

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2215 Aloha Dr 4J

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Honolulu HI 96815

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

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

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

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

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

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

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

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

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	73,417.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	73,417.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	-15,205.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	58,212.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	58,212.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	15,313.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	0.
14	Add lines 12 and 13				14	15,313.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	42,899.

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	4,925.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	4,925.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	4,925.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	4,925.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 6,078.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	6,078.
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	6,078.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	1,153.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	1,153.
Direct deposit? See instructions.	b	Routing number 314074269 **c** Type: ☒ Checking ☐ Savings			
	d	Account number 004186885 4			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

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

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

Sign Here

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

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

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

Phone no. (718)962-5809 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared Phone no.

Firm's address Firm's EIN

MARINE CORPS LEAVE AND EARNINGS STATEMENT

NAME (LAST, FIRST, MI)	EDIPI	COMPONENT	PERIOD COVERED	DATE PREPARED	Page
VINCENT, HAROLD	1262044145	ACTIVE	1-31 JAN 2025	20250123	1

SERVICE DATA		INCOME & TAXES	CURRENT	YR TO DATE	FEDERAL WITHHOLDING		STATE WITHHOLDING		LEAVE	
GRADE:	E8				STATUS:	M	STATE CODE	NY	BROUGHT FWD:	42.0
YOS:	22	TAXABLE INCOME:	$6,769.35	$6,769.35	EXEMPTION:	01	MARITAL STATUS:	M	EARNED:	2.5
DEAF:	20021010	FEDERAL TAX:	$558.57	$558.57			EXEMPTION:	01	USED:	0.0
AFADBD:	20030128	SOC SEC WAGES:	$6,769.35	$6,769.35	BOX 2C:		SPECIFIC AMOUNT:	0	BALANCE:	44.5
PEBD:	20030128	SOC SEC TAX:	$419.70	$419.70	CLAIM DEPENDENTS:				EXCESS:	0.0
CRA:	20030128	MEDICARE WAGES:	$6,769.35	$6,769.35	OTHER INCOME AMOUNT:				MAX ACR:	69.0
EAS:	20270515	MEDICARE TAX:	$98.16	$98.16	OTHER DEDUCTIONS:				LOST:	0.0
ECC:	20270515	STATE WAGES:	$6,769.35	$6,769.35					SOLD:	0.0
RECC:	00000000	STATE TAX:	$317.59	$317.59	EXTRA WITHHOLDING:	0			COMBAT:	0.0

FORECASTED PAY		UNIT INFORMATION		BAH INFORMATION		CAREER SEA PAY		TSP CONTRIBUTION YTD	
DATE:	20250214	PLATOON:	HQG4	ZIP CODE:	23551	DATE:	20171027	TAX DEFERRED:	$0.00
AMOUNT:	$4,268.83	MCC:	111	AVIATION INFORMATION		YEARS:	00	TAX EXEMPT:	$0.00
DATE:	20250228	RUC:	20001	ASED:	00000000	MONTHS:	00	ROTH:	$0.00
AMOUNT:	$4,268.79			DIFOP TOT:	00 YRS 00 MO	DAYS:	09	AGENCY CONTRIBUTIONS	

EFT INFORMATION	PAY STATUS INFORMATION		PRIOR DIFOP DATES		EDUCATION DEDUCTIONS			
USAA FEDERAL SAVINGS BANK	PAY STATUS:	00000	START:	00000000	TYPE:	MGIB	AUTO 1% CURR:	$0.00
9800 FREDERICKSBURG ROAD	PAY GROUP:	013	STOP:	00000000	MONTHLY AMOUNT:	$0.00	AUTO 1% YTD:	$0.00
SAN ANTONIO TX	DSSN:	6092	GATE 1:		TOTAL:	$1,200.00	MATCHING CURR:	$0.00
782880000	POE:	12011	GATE 2 LOW:				MATCHING YTD:	$0.00
		DIRECT DEPOSIT	GATE 2 HIGH:				RETIREMENT OPTION	
							HIGH THREE	

RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT. YOU HAVE THE RIGHT TO (1) INSPECT AND COPY RECORDS PERTAINING TO THE DEBT (2) QUESTION THE VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE (3) NEGOTIATE A REPAYMENT SCHEDULE (4) REQUEST A WAIVER OF INDEBTNESS.

MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.

Remarks

```
BROUGHT FWD                    .00
      ENTITLEMENTS
BASIC PAY                   704.07 START 20250128 AMOUNT 7,040.70
                                   TAXABLE FOR FITW, SITW & FICA
                          6,065.28 START 20250101 STOP 20250127
                                   AMT 6,739.20
                                   TAXABLE FOR FITW, SITW & FICA
BAS (MONTHLY)               465.77 START 20250101 AMOUNT 465.77
ANN CLOTH (SRA)             858.96 START 20240201 STOP 20250131
                                   AMT 71.58
BAH WITH DEPNS            2,544.00 START 20250101 AMOUNT 2,544.00
             TOTAL       10,638.08
      DEDUCTIONS
FITW  (FED TAX)             558.57
SOCIAL SECURITY             419.70
MEDICARE                     98.16
SITW (STATE TAX NY)         317.59
SGLI $500,000                30.00
SPOUSE SGLI                   7.00
TSGLI                         1.00
DENTAL INS ALLOTMENT         12.10 800 HIGHMARK INC (UCCI)
USN/MC RET HOME                .50
             TOTAL        1,444.62
      PAYMENTS                      DATE      DSSN     VOU       PSDO/PR
REGULAR PAYMENT           4,155.30  20250115    0777  0000030007   0000007
REGULAR PAYMENT           5,038.16  20250131    0777  0000030008   0000008
             TOTAL        9,193.46
CARRIED FWD                    .00
ANN/PARTIAL CRA PD 20250131. NET CRA PMT MAY REFLECT DED FOR NONPAY PRD DURING
ENT PRD OR PARTIAL PMT DUE TO CRA ENT DT CORR.
COMPLETED 22 YRS FOR PAY 20250128
YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT
TAKE THIS ACTION, CONTACT 1-888-332-7411 OR 317-212-0550.
"VERIFY YOU ARE RECEIVING THE CORRECT PAY AND ENTITLEMENTS. IF NOT, CONTACT
 YOUR IPAC TODAY!"
"SAVE AN AVERAGE OF 25% ON YOUR GROCERY BILL BY SHOPPING AT THE COMMISSARY,
IN-STORE AND ONLINE AT COMMISSARY CLICK2GO!VISIT HTTPS://CORP.COMMISSARIES.COM"
"NEW BENEFIT ALERT! HEALTH CARE FLEXIBLE SPENDING ACCOUNTS ALLOW ELIGIBLE
SERVICE MEMBERS TO SET ASIDE UP TO $3,300 IN PRE-TAX EARNINGS FOR HEALTH CARE
COSTS. ENROLL FROM MARCH 3 - MARCH 31 AT WWW.FSAFEDS.GOV/. LEARN MORE AT
HTTPS://FINRED.USALEARNING.GOV/BENEFITS/HCFSA"
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MARINE CORPS LEAVE AND EARNINGS STATEMENT

NAME (LAST, FIRST, MI)	EDIPI	COMPONENT	PERIOD COVERED	DATE PREPARED	Page
VINCENT, HAROLD	1262044145	ACTIVE	1-28 FEB 2025	20250220	1

SERVICE DATA

GRADE:	E8
YOS:	22
DEAF:	20021010
AFADBD:	20030128
PEBD:	20030128
CRA:	20030128
EAS:	20270515
ECC:	20270515
RECC:	00000000

INCOME & TAXES

	CURRENT	YR TO DATE
TAXABLE INCOME:	$7,040.70	$13,810.05
FEDERAL TAX:	$591.13	$1,149.70
SOC SEC WAGES:	$7,040.70	$13,810.05
SOC SEC TAX:	$436.52	$856.22
MEDICARE WAGES:	$7,040.70	$13,810.05
MEDICARE TAX:	$102.09	$200.25
STATE WAGES:	$7,040.70	$13,810.05
STATE TAX:	$332.51	$650.10

FEDERAL WITHHOLDING

STATUS:	M
EXEMPTION:	01
BOX 2C:	
CLAIM DEPENDENTS:	
OTHER INCOME AMOUNT:	
OTHER DEDUCTIONS:	
EXTRA WITHHOLDING:	0

STATE WITHHOLDING

STATE CODE	NY
MARITAL STATUS:	M
EXEMPTION:	01
SPECIFIC AMOUNT:	0

LEAVE

BROUGHT FWD:	44.5
EARNED:	2.5
USED:	7.0
BALANCE:	40.0
EXCESS:	0.0
MAX ACR:	66.5
LOST:	0.0
SOLD:	0.0
COMBAT:	0.0

FORECASTED PAY

DATE:	20250314
AMOUNT:	$4,269.12
DATE:	20250401
AMOUNT:	$4,269.06

UNIT INFORMATION

PLATOON:	HQG4
MCC:	111
RUC:	20001

BAH INFORMATION

ZIP CODE:	23551

AVIATION INFORMATION

ASED:	00000000
DIFOP TOT:	00 YRS 00 MO

CAREER SEA PAY

DATE:	20171027
YEARS:	00
MONTHS:	00
DAYS:	09

TSP CONTRIBUTION YTD

TAX DEFERRED:	$0.00
TAX EXEMPT:	$0.00
ROTH:	$0.00

AGENCY CONTRIBUTIONS

AUTO 1% CURR:	$0.00
AUTO 1% YTD:	$0.00
MATCHING CURR:	$0.00
MATCHING YTD:	$0.00

EFT INFORMATION

USAA FEDERAL SAVINGS BANK
9800 FREDERICKSBURG ROAD
SAN ANTONIO TX
782880000

PAY STATUS INFORMATION

PAY STATUS:	00000
PAY GROUP:	013
DSSN:	6092
POE:	12011
	DIRECT DEPOSIT

PRIOR DIFOP DATES

START:	00000000
STOP:	00000000
GATE 1:	
GATE 2 LOW:	
GATE 2 HIGH:	

EDUCATION DEDUCTIONS

TYPE:	MGIB
MONTHLY AMOUNT:	$0.00
TOTAL:	$1,200.00

RETIREMENT OPTION

HIGH THREE

RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT. YOU HAVE THE RIGHT TO (1) INSPECT AND COPY RECORDS PERTAINING TO THE DEBT (2) QUESTION THE VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE (3) NEGOTIATE A REPAYMENT SCHEDULE (4) REQUEST A WAIVER OF INDEBTNESS.

MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.

Remarks

```
BROUGHT FWD                    .00
       ENTITLEMENTS
BASIC PAY                7,040.70 TAXABLE FOR FITW, SITW & FICA
BAS (MONTHLY)              465.77
BAH WITH DEPNS           2,544.00
             TOTAL      10,050.47
       DEDUCTIONS
FITW  (FED TAX)            591.13
SOCIAL SECURITY            436.52
MEDICARE                   102.09
SITW (STATE TAX NY)        332.51
SGLI $500,000               30.00
SPOUSE SGLI                  7.00
TSGLI                        1.00
DENTAL INS ALLOTMENT        11.53 800 HIGHMARK INC (UCCI)
                                  START 20250201 AMOUNT 11.53
USN/MC RET HOME               .50
             TOTAL       1,512.28
       PAYMENTS                      DATE      DSSN     VOU       PSDO/PR
REGULAR PAYMENT          4,269.12  20250214    0777  0000030009   0000009
REGULAR PAYMENT          4,269.07  20250228    0777  0000030010   0000010
             TOTAL       8,538.19
CARRIED FWD                   .00
0001 20250204 TO 2359 20250210 FOR 7.0 DAYS ANNUAL LEAVE
YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT
TAKE THIS ACTION, CONTACT 1-888-332-7411 OR 317-212-0550.
"NEW BENEFIT ALERT! HEALTH CARE FLEXIBLE SPENDING ACCOUNTS ALLOW ELIGIBLE
SERVICE MEMBERS TO SET ASIDE UP TO $3,300 IN PRE-TAX EARNINGS FOR HEALTH CARE
COSTS. ENROLL FROM MARCH 3 - MARCH 31 AT WWW.FSAFEDS.GOV/. LEARN MORE AT
HTTPS://FINRED.USALEARNING.GOV/BENEFITS/HCFSA"
"TRICARE DENTAL PROGRAM RATES CHANGE EFFECTIVE FEB 2025. FOR PAYGRADE
E-4 & BELOW THE RATES ARE $8.65 PER MONTH FOR SINGLE & $22.48 FOR FAMILY
COVERAGE.  RATES FOR E-5 & ABOVE ARE $11.53 PER MONTH FOR SINGLE & $29.98
FOR FAMILY COVERAGE.  USE YOUR DENTAL BENEFITS! THE TRICARE DENTAL PROGRAM
COVERS TWO EXAMS & CLEANINGS PER YEAR, PLUS OTHER BENEFITS. FOR MORE
INFORMATION VISIT WWW.TRICARE.MIL/TDP"
"GET FREE TAX SUPPORT WITH MILTAX. MILTAX SERVICES INCLUDE TAX PREP, E-FILING
SOFTWARE AND PERSONALIZED SUPPORT. 100% FREE WITH NO HIDDEN SURPRISES, FROM
THE DEFENSE DEPARTMENT AND MILITARY ONESOURCE. LEARN MORE AND START FILING:
WWW.MILITARYONESOURCE.MIL/MILTAX "
```

MARINE CORPS LEAVE AND EARNINGS STATEMENT

NAME (LAST, FIRST, MI)	EDIPI	COMPONENT	PERIOD COVERED	DATE PREPARED	Page
VINCENT, HAROLD	1262044145	ACTIVE	1-31 MAR 2025	20250325	1

SERVICE DATA

GRADE:	E8
YOS:	22
DEAF:	20021010
AFADBD:	20030128
PEBD:	20030128
CRA:	20030128
EAS:	20270515
ECC:	20270515
RECC:	00000000

INCOME & TAXES

	CURRENT	YR TO DATE
TAXABLE INCOME:	$7,040.70	$20,850.75
FEDERAL TAX:	$591.13	$1,740.83
SOC SEC WAGES:	$7,040.70	$20,850.75
SOC SEC TAX:	$436.53	$1,292.75
MEDICARE WAGES:	$7,040.70	$20,850.75
MEDICARE TAX:	$102.09	$302.34
STATE WAGES:	$7,040.70	$20,850.75
STATE TAX:	$332.51	$982.61

FEDERAL WITHHOLDING

STATUS:	M
EXEMPTION:	01
BOX 2C:	
CLAIM DEPENDENTS:	
OTHER INCOME AMOUNT:	
OTHER DEDUCTIONS:	
EXTRA WITHHOLDING:	0

STATE WITHHOLDING

STATE CODE	NY
MARITAL STATUS:	M
EXEMPTION:	01
SPECIFIC AMOUNT:	0

LEAVE

BROUGHT FWD:	40.0
EARNED:	2.5
USED:	0.0
BALANCE:	42.5
EXCESS:	0.0
MAX ACR:	64.0
LOST:	0.0
SOLD:	0.0
COMBAT:	0.0

FORECASTED PAY

DATE:	20250415
AMOUNT:	$4,269.12
DATE:	20250501
AMOUNT:	$4,269.07

UNIT INFORMATION

PLATOON:	HQG4
MCC:	111
RUC:	20001

BAH INFORMATION

ZIP CODE:	23551

AVIATION INFORMATION

ASED:	00000000
DIFOP TOT:	00 YRS 00 MO

CAREER SEA PAY

DATE:	20171027
YEARS:	00
MONTHS:	00
DAYS:	09

TSP CONTRIBUTION YTD

TAX DEFERRED:	$0.00
TAX EXEMPT:	$0.00
ROTH:	$0.00

AGENCY CONTRIBUTIONS

AUTO 1% CURR:	$0.00
AUTO 1% YTD:	$0.00
MATCHING CURR:	$0.00
MATCHING YTD:	$0.00

EFT INFORMATION

USAA FEDERAL SAVINGS BANK
9800 FREDERICKSBURG ROAD
SAN ANTONIO TX
782880000

PAY STATUS INFORMATION

PAY STATUS:	00000
PAY GROUP:	013
DSSN:	6092
POE:	12011
	DIRECT DEPOSIT

PRIOR DIFOP DATES

START:	00000000
STOP:	00000000
GATE 1:	
GATE 2 LOW:	
GATE 2 HIGH:	

EDUCATION DEDUCTIONS

TYPE:	MGIB
MONTHLY AMOUNT:	$0.00
TOTAL:	$1,200.00

RETIREMENT OPTION

HIGH THREE

RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT. YOU HAVE THE RIGHT TO (1) INSPECT AND COPY RECORDS PERTAINING TO THE DEBT (2) QUESTION THE VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE (3) NEGOTIATE A REPAYMENT SCHEDULE (4) REQUEST A WAIVER OF INDEBTNESS.

MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.

Remarks

```
BROUGHT FWD                    .00
      ENTITLEMENTS
BASIC PAY                7,040.70 TAXABLE FOR FITW, SITW & FICA
BAS (MONTHLY)              465.77
BAH WITH DEPNS           2,544.00
         TOTAL          10,050.47
      DEDUCTIONS
FITW  (FED TAX)            591.13
SOCIAL SECURITY            436.53
MEDICARE                   102.09
SITW (STATE TAX NY)        332.51
SGLI $500,000               30.00
SPOUSE SGLI                  7.00
TSGLI                        1.00
DENTAL INS ALLOTMENT        11.53 800 HIGHMARK INC (UCCI)
USN/MC RET HOME               .50
         TOTAL           1,512.29
      PAYMENTS                      DATE      DSSN     VOU       PSDO/PR
REGULAR PAYMENT          4,269.12  20250314    0777  0000030011   0000011
REGULAR PAYMENT          4,269.06  20250401    0777  0000030012   0000012
         TOTAL           8,538.18
CARRIED FWD                    .00
YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT
TAKE THIS ACTION, CONTACT 1-888-332-7411 OR 317-212-0550.
"IF ELIGIBLE, YOU MAY HAVE BEEN AUTOMATICALLY ENROLLED IN THE AIRBORNE
HAZARDS AND OPEN BURN PIT REGISTRY. VISIT HEALTH.MIL/AHBURNPITREGISTRY TO
LEARN MORE."
"ENROLL NOW! HEALTH CARE FLEXIBLE SPENDING ACCOUNTS ALLOW ELIGIBLE SERVICE
MEMBERS TO SET ASIDE UP TO $3,300 IN PRE-TAX EARNINGS FOR HEALTH CARE COSTS.
ENROLL DURING MARCH 3-31 AT WWW.FSAFEDS.GOV/ENROLL. LEARN MORE AT
FINRED.USALEARNING.GOV/HCFSA."
"MAKE SURE YOU USE YOUR BENEFIT: YOU CAN SAVE AN AVERAGE OF 25% ON YOUR
GROCERY BILL BY SHOPPING AT THE COMMISSARY, IN-STORE AND ONLINE AT COMMISSARY
CLICK2GO! VISIT HTTPS://CORP.COMMISSARIES.COM"
```

MARINE CORPS LEAVE AND EARNINGS STATEMENT

NAME (LAST, FIRST, MI)	EDIPI	COMPONENT	PERIOD COVERED	DATE PREPARED	Page
VINCENT, HAROLD	1262044145	ACTIVE	1-31 JAN 2025	20250123	1

SERVICE DATA		INCOME & TAXES	CURRENT	YR TO DATE	FEDERAL WITHHOLDING		STATE WITHHOLDING		LEAVE	
GRADE:	E8				STATUS:	M	STATE CODE	NY	BROUGHT FWD:	42.0
YOS:	22	TAXABLE INCOME:	$6,769.35	$6,769.35	EXEMPTION:	01	MARITAL STATUS:	M	EARNED:	2.5
DEAF:	20021010	FEDERAL TAX:	$558.57	$558.57			EXEMPTION:	01	USED:	0.0
AFADBD:	20030128	SOC SEC WAGES:	$6,769.35	$6,769.35	BOX 2C:		SPECIFIC AMOUNT:	0	BALANCE:	44.5
PEBD:	20030128	SOC SEC TAX:	$419.70	$419.70	CLAIM DEPENDENTS:				EXCESS:	0.0
CRA:	20030128	MEDICARE WAGES:	$6,769.35	$6,769.35	OTHER INCOME AMOUNT:				MAX ACR:	69.0
EAS:	20270515	MEDICARE TAX:	$98.16	$98.16	OTHER DEDUCTIONS:				LOST:	0.0
ECC:	20270515	STATE WAGES:	$6,769.35	$6,769.35					SOLD:	0.0
RECC:	00000000	STATE TAX:	$317.59	$317.59	EXTRA WITHHOLDING:	0			COMBAT:	0.0

FORECASTED PAY		UNIT INFORMATION		BAH INFORMATION		CAREER SEA PAY		TSP CONTRIBUTION YTD	
DATE:	20250214	PLATOON:	HQG4	ZIP CODE:	23551	DATE:	20171027	TAX DEFERRED:	$0.00
AMOUNT:	$4,268.83	MCC:	111	AVIATION INFORMATION		YEARS:	00	TAX EXEMPT:	$0.00
DATE:	20250228	RUC:	20001	ASED:	00000000	MONTHS:	00	ROTH:	$0.00
AMOUNT:	$4,268.79			DIFOP TOT:	00 YRS 00 MO	DAYS:	09	AGENCY CONTRIBUTIONS	

EFT INFORMATION	PAY STATUS INFORMATION		PRIOR DIFOP DATES		EDUCATION DEDUCTIONS			
USAA FEDERAL SAVINGS BANK	PAY STATUS:	00000	START:	00000000	TYPE:	MGIB	AUTO 1% CURR:	$0.00
9800 FREDERICKSBURG ROAD	PAY GROUP:	013	STOP:	00000000	MONTHLY AMOUNT:	$0.00	AUTO 1% YTD:	$0.00
SAN ANTONIO TX	DSSN:	6092	GATE 1:		TOTAL:	$1,200.00	MATCHING CURR:	$0.00
782880000	POE:	12011	GATE 2 LOW:				MATCHING YTD:	$0.00
		DIRECT DEPOSIT	GATE 2 HIGH:				RETIREMENT OPTION	
							HIGH THREE	

RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT. YOU HAVE THE RIGHT TO (1) INSPECT AND COPY RECORDS PERTAINING TO THE DEBT (2) QUESTION THE VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE (3) NEGOTIATE A REPAYMENT SCHEDULE (4) REQUEST A WAIVER OF INDEBTNESS.

MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.

Remarks

```
BROUGHT FWD                    .00
      ENTITLEMENTS
BASIC PAY                   704.07 START 20250128 AMOUNT 7,040.70
                                   TAXABLE FOR FITW, SITW & FICA
                          6,065.28 START 20250101 STOP 20250127
                                   AMT 6,739.20
                                   TAXABLE FOR FITW, SITW & FICA
BAS (MONTHLY)               465.77 START 20250101 AMOUNT 465.77
ANN CLOTH (SRA)             858.96 START 20240201 STOP 20250131
                                   AMT 71.58
BAH WITH DEPNS            2,544.00 START 20250101 AMOUNT 2,544.00
             TOTAL       10,638.08
      DEDUCTIONS
FITW  (FED TAX)             558.57
SOCIAL SECURITY             419.70
MEDICARE                     98.16
SITW (STATE TAX NY)         317.59
SGLI $500,000                30.00
SPOUSE SGLI                   7.00
TSGLI                         1.00
DENTAL INS ALLOTMENT         12.10 800 HIGHMARK INC (UCCI)
USN/MC RET HOME                .50
             TOTAL        1,444.62
      PAYMENTS                      DATE      DSSN     VOU       PSDO/PR
REGULAR PAYMENT           4,155.30  20250115    0777  0000030007   0000007
REGULAR PAYMENT           5,038.16  20250131    0777  0000030008   0000008
             TOTAL        9,193.46
CARRIED FWD                    .00
ANN/PARTIAL CRA PD 20250131. NET CRA PMT MAY REFLECT DED FOR NONPAY PRD DURING
ENT PRD OR PARTIAL PMT DUE TO CRA ENT DT CORR.
COMPLETED 22 YRS FOR PAY 20250128
YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT
TAKE THIS ACTION, CONTACT 1-888-332-7411 OR 317-212-0550.
"VERIFY YOU ARE RECEIVING THE CORRECT PAY AND ENTITLEMENTS. IF NOT, CONTACT
 YOUR IPAC TODAY!"
"SAVE AN AVERAGE OF 25% ON YOUR GROCERY BILL BY SHOPPING AT THE COMMISSARY,
IN-STORE AND ONLINE AT COMMISSARY CLICK2GO!VISIT HTTPS://CORP.COMMISSARIES.COM"
"NEW BENEFIT ALERT! HEALTH CARE FLEXIBLE SPENDING ACCOUNTS ALLOW ELIGIBLE
SERVICE MEMBERS TO SET ASIDE UP TO $3,300 IN PRE-TAX EARNINGS FOR HEALTH CARE
COSTS. ENROLL FROM MARCH 3 - MARCH 31 AT WWW.FSAFEDS.GOV/. LEARN MORE AT
HTTPS://FINRED.USALEARNING.GOV/BENEFITS/HCFSA"
```

MARINE CORPS LEAVE AND EARNINGS STATEMENT

NAME (LAST, FIRST, MI)	EDIPI	COMPONENT	PERIOD COVERED	DATE PREPARED	Page
VINCENT, HAROLD	1262044145	ACTIVE	1-28 FEB 2025	20250220	1

SERVICE DATA

GRADE:	E8
YOS:	22
DEAF:	20021010
AFADBD:	20030128
PEBD:	20030128
CRA:	20030128
EAS:	20270515
ECC:	20270515
RECC:	00000000

INCOME & TAXES

	CURRENT	YR TO DATE
TAXABLE INCOME:	$7,040.70	$13,810.05
FEDERAL TAX:	$591.13	$1,149.70
SOC SEC WAGES:	$7,040.70	$13,810.05
SOC SEC TAX:	$436.52	$856.22
MEDICARE WAGES:	$7,040.70	$13,810.05
MEDICARE TAX:	$102.09	$200.25
STATE WAGES:	$7,040.70	$13,810.05
STATE TAX:	$332.51	$650.10

FEDERAL WITHHOLDING

STATUS:	M
EXEMPTION:	01
BOX 2C:	
CLAIM DEPENDENTS:	
OTHER INCOME AMOUNT:	
OTHER DEDUCTIONS:	
EXTRA WITHHOLDING:	0

STATE WITHHOLDING

STATE CODE	NY
MARITAL STATUS:	M
EXEMPTION:	01
SPECIFIC AMOUNT:	0

LEAVE

BROUGHT FWD:	44.5
EARNED:	2.5
USED:	7.0
BALANCE:	40.0
EXCESS:	0.0
MAX ACR:	66.5
LOST:	0.0
SOLD:	0.0
COMBAT:	0.0

FORECASTED PAY

DATE:	20250314
AMOUNT:	$4,269.12
DATE:	20250401
AMOUNT:	$4,269.06

UNIT INFORMATION

PLATOON:	HQG4
MCC:	111
RUC:	20001

BAH INFORMATION

ZIP CODE:	23551

AVIATION INFORMATION

ASED:	00000000
DIFOP TOT:	00 YRS 00 MO

CAREER SEA PAY

DATE:	20171027
YEARS:	00
MONTHS:	00
DAYS:	09

TSP CONTRIBUTION YTD

TAX DEFERRED:	$0.00
TAX EXEMPT:	$0.00
ROTH:	$0.00

AGENCY CONTRIBUTIONS

AUTO 1% CURR:	$0.00
AUTO 1% YTD:	$0.00
MATCHING CURR:	$0.00
MATCHING YTD:	$0.00

EFT INFORMATION

USAA FEDERAL SAVINGS BANK
9800 FREDERICKSBURG ROAD
SAN ANTONIO TX
782880000

PAY STATUS INFORMATION

PAY STATUS:	00000
PAY GROUP:	013
DSSN:	6092
POE:	12011
	DIRECT DEPOSIT

PRIOR DIFOP DATES

START:	00000000
STOP:	00000000
GATE 1:	
GATE 2 LOW:	
GATE 2 HIGH:	

EDUCATION DEDUCTIONS

TYPE:	MGIB
MONTHLY AMOUNT:	$0.00
TOTAL:	$1,200.00

RETIREMENT OPTION

HIGH THREE

RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT. YOU HAVE THE RIGHT TO (1) INSPECT AND COPY RECORDS PERTAINING TO THE DEBT (2) QUESTION THE VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE (3) NEGOTIATE A REPAYMENT SCHEDULE (4) REQUEST A WAIVER OF INDEBTNESS.

MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.

Remarks

```
BROUGHT FWD                    .00
       ENTITLEMENTS
BASIC PAY                7,040.70 TAXABLE FOR FITW, SITW & FICA
BAS (MONTHLY)              465.77
BAH WITH DEPNS           2,544.00
             TOTAL      10,050.47
       DEDUCTIONS
FITW  (FED TAX)            591.13
SOCIAL SECURITY            436.52
MEDICARE                   102.09
SITW (STATE TAX NY)        332.51
SGLI $500,000               30.00
SPOUSE SGLI                  7.00
TSGLI                        1.00
DENTAL INS ALLOTMENT        11.53 800 HIGHMARK INC (UCCI)
                                  START 20250201 AMOUNT 11.53
USN/MC RET HOME               .50
             TOTAL       1,512.28
       PAYMENTS                      DATE      DSSN     VOU       PSDO/PR
REGULAR PAYMENT          4,269.12  20250214    0777  0000030009   0000009
REGULAR PAYMENT          4,269.07  20250228    0777  0000030010   0000010
             TOTAL       8,538.19
CARRIED FWD                   .00
0001 20250204 TO 2359 20250210 FOR 7.0 DAYS ANNUAL LEAVE
YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT
TAKE THIS ACTION, CONTACT 1-888-332-7411 OR 317-212-0550.
"NEW BENEFIT ALERT! HEALTH CARE FLEXIBLE SPENDING ACCOUNTS ALLOW ELIGIBLE
SERVICE MEMBERS TO SET ASIDE UP TO $3,300 IN PRE-TAX EARNINGS FOR HEALTH CARE
COSTS. ENROLL FROM MARCH 3 - MARCH 31 AT WWW.FSAFEDS.GOV/. LEARN MORE AT
HTTPS://FINRED.USALEARNING.GOV/BENEFITS/HCFSA"
"TRICARE DENTAL PROGRAM RATES CHANGE EFFECTIVE FEB 2025. FOR PAYGRADE
E-4 & BELOW THE RATES ARE $8.65 PER MONTH FOR SINGLE & $22.48 FOR FAMILY
COVERAGE.  RATES FOR E-5 & ABOVE ARE $11.53 PER MONTH FOR SINGLE & $29.98
FOR FAMILY COVERAGE.  USE YOUR DENTAL BENEFITS! THE TRICARE DENTAL PROGRAM
COVERS TWO EXAMS & CLEANINGS PER YEAR, PLUS OTHER BENEFITS. FOR MORE
INFORMATION VISIT WWW.TRICARE.MIL/TDP"
"GET FREE TAX SUPPORT WITH MILTAX. MILTAX SERVICES INCLUDE TAX PREP, E-FILING
SOFTWARE AND PERSONALIZED SUPPORT. 100% FREE WITH NO HIDDEN SURPRISES, FROM
THE DEFENSE DEPARTMENT AND MILITARY ONESOURCE. LEARN MORE AND START FILING:
WWW.MILITARYONESOURCE.MIL/MILTAX "
```

MARINE CORPS LEAVE AND EARNINGS STATEMENT

NAME (LAST, FIRST, MI)	EDIPI	COMPONENT	PERIOD COVERED	DATE PREPARED	Page
VINCENT, HAROLD	1262044145	ACTIVE	1-31 MAR 2025	20250325	1

SERVICE DATA

GRADE:	E8
YOS:	22
DEAF:	20021010
AFADBD:	20030128
PEBD:	20030128
CRA:	20030128
EAS:	20270515
ECC:	20270515
RECC:	00000000

INCOME & TAXES

	CURRENT	YR TO DATE
TAXABLE INCOME:	$7,040.70	$20,850.75
FEDERAL TAX:	$591.13	$1,740.83
SOC SEC WAGES:	$7,040.70	$20,850.75
SOC SEC TAX:	$436.53	$1,292.75
MEDICARE WAGES:	$7,040.70	$20,850.75
MEDICARE TAX:	$102.09	$302.34
STATE WAGES:	$7,040.70	$20,850.75
STATE TAX:	$332.51	$982.61

FEDERAL WITHHOLDING

STATUS:	M
EXEMPTION:	01
BOX 2C:	
CLAIM DEPENDENTS:	
OTHER INCOME AMOUNT:	
OTHER DEDUCTIONS:	
EXTRA WITHHOLDING:	0

STATE WITHHOLDING

STATE CODE	NY
MARITAL STATUS:	M
EXEMPTION:	01
SPECIFIC AMOUNT:	0

LEAVE

BROUGHT FWD:	40.0
EARNED:	2.5
USED:	0.0
BALANCE:	42.5
EXCESS:	0.0
MAX ACR:	64.0
LOST:	0.0
SOLD:	0.0
COMBAT:	0.0

FORECASTED PAY

DATE:	20250415
AMOUNT:	$4,269.12
DATE:	20250501
AMOUNT:	$4,269.07

UNIT INFORMATION

PLATOON:	HQG4
MCC:	111
RUC:	20001

BAH INFORMATION

ZIP CODE:	23551

AVIATION INFORMATION

ASED:	00000000
DIFOP TOT:	00 YRS 00 MO

CAREER SEA PAY

DATE:	20171027
YEARS:	00
MONTHS:	00
DAYS:	09

TSP CONTRIBUTION YTD

TAX DEFERRED:	$0.00
TAX EXEMPT:	$0.00
ROTH:	$0.00

AGENCY CONTRIBUTIONS

AUTO 1% CURR:	$0.00
AUTO 1% YTD:	$0.00
MATCHING CURR:	$0.00
MATCHING YTD:	$0.00

EFT INFORMATION

USAA FEDERAL SAVINGS BANK
9800 FREDERICKSBURG ROAD
SAN ANTONIO TX
782880000

PAY STATUS INFORMATION

PAY STATUS:	00000
PAY GROUP:	013
DSSN:	6092
POE:	12011
	DIRECT DEPOSIT

PRIOR DIFOP DATES

START:	00000000
STOP:	00000000
GATE 1:	
GATE 2 LOW:	
GATE 2 HIGH:	

EDUCATION DEDUCTIONS

TYPE:	MGIB
MONTHLY AMOUNT:	$0.00
TOTAL:	$1,200.00

RETIREMENT OPTION

HIGH THREE

RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT. YOU HAVE THE RIGHT TO (1) INSPECT AND COPY RECORDS PERTAINING TO THE DEBT (2) QUESTION THE VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE (3) NEGOTIATE A REPAYMENT SCHEDULE (4) REQUEST A WAIVER OF INDEBTNESS.

MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.

Remarks

```
BROUGHT FWD                    .00
      ENTITLEMENTS
BASIC PAY                7,040.70 TAXABLE FOR FITW, SITW & FICA
BAS (MONTHLY)              465.77
BAH WITH DEPNS           2,544.00
         TOTAL          10,050.47
      DEDUCTIONS
FITW  (FED TAX)            591.13
SOCIAL SECURITY            436.53
MEDICARE                   102.09
SITW (STATE TAX NY)        332.51
SGLI $500,000               30.00
SPOUSE SGLI                  7.00
TSGLI                        1.00
DENTAL INS ALLOTMENT        11.53 800 HIGHMARK INC (UCCI)
USN/MC RET HOME               .50
         TOTAL           1,512.29
      PAYMENTS                      DATE      DSSN     VOU       PSDO/PR
REGULAR PAYMENT          4,269.12  20250314    0777  0000030011   0000011
REGULAR PAYMENT          4,269.06  20250401    0777  0000030012   0000012
         TOTAL           8,538.18
CARRIED FWD                    .00
YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT
TAKE THIS ACTION, CONTACT 1-888-332-7411 OR 317-212-0550.
"IF ELIGIBLE, YOU MAY HAVE BEEN AUTOMATICALLY ENROLLED IN THE AIRBORNE
HAZARDS AND OPEN BURN PIT REGISTRY. VISIT HEALTH.MIL/AHBURNPITREGISTRY TO
LEARN MORE."
"ENROLL NOW! HEALTH CARE FLEXIBLE SPENDING ACCOUNTS ALLOW ELIGIBLE SERVICE
MEMBERS TO SET ASIDE UP TO $3,300 IN PRE-TAX EARNINGS FOR HEALTH CARE COSTS.
ENROLL DURING MARCH 3-31 AT WWW.FSAFEDS.GOV/ENROLL. LEARN MORE AT
FINRED.USALEARNING.GOV/HCFSA."
"MAKE SURE YOU USE YOUR BENEFIT: YOU CAN SAVE AN AVERAGE OF 25% ON YOUR
GROCERY BILL BY SHOPPING AT THE COMMISSARY, IN-STORE AND ONLINE AT COMMISSARY
CLICK2GO! VISIT HTTPS://CORP.COMMISSARIES.COM"
```

a. Employee's Social Security Number	OMB No. 1545-0008		
*****3247			
b. Employer's Identification Number (EIN)	d. Control number	1 Wages, Tips, and other compensation	2 Federal Income Tax withheld
53-9990000		77389.20	6350.76
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE AND ACCOUNTING DFAS (USMC) 1240 EAST NINTH STREET CLEVELAND, OH 44199-2055		77389.20	4798.13
		5 Medicare Wages and Tips	6 Medicare Tax withheld
		77389.20	1122.14
		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
HAROLD VINCENT 6175 EDWARD ST #202 NORFOLK VA 23513-0000		12 See instructions for box 12	14 See instructions for box 14
		13 ☐ Statutory Employee ☒ Retirement Plan ☐ Third-party sick pay	

15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
NY	539990000	77389.20	3599.64			
15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name

Form W-2 Wage and Tax Statement 2024

Department of the Treasury - Internal Revenue Service
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number	**OMB No. 1545-0008** 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.		
*****3247			
b. Employer's Identification Number (EIN)	d. Control Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
53-9990000		77389.20	6350.76
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE AND ACCOUNTING DFAS (USMC) 1240 EAST NINTH STREET CLEVELAND, OH 44199-2055		77389.20	4798.13
		5 Medicare Wages and Tips	6 Medicare Tax withheld
		77389.20	1122.14
		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
HAROLD VINCENT 6175 EDWARD ST #202 NORFOLK VA 23513-0000		12 See instructions for box 12	14 See instructions for box 14
		13 ☐ Statutory Employee ☒ Retirement Plan ☐ Third-party sick pay	

15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
NY	539990000	77389.20	3599.64			
15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2024

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number	OMB No. 1545-0008		
*****3247			
b. Employer's Identification Number (EIN)	d. Control number	1 Wages, Tips, and other compensation	2 Federal Income Tax withheld
53-9990000		77389.20	6350.76
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE AND ACCOUNTING DFAS (USMC) 1240 EAST NINTH STREET CLEVELAND, OH 44199-2055		77389.20	4798.13
		5 Medicare Wages and Tips	6 Medicare Tax withheld
		77389.20	1122.14
		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
HAROLD VINCENT 6175 EDWARD ST #202 NORFOLK VA 23513-0000		12 See instructions for box 12	14 See instructions for box 14
		13 ☐ Statutory Employee ☒ Retirement Plan ☐ Third-party sick pay	

15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
NY	539990000	77389.20	3599.64			
15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name

Form W-2 Wage and Tax Statement 2024

Department of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number	OMB No. 1545-0008		
*****3247			
b. Employer's Identification Number (EIN)	d. Control Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
53-9990000		77389.20	6350.76
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE AND ACCOUNTING DFAS (USMC) 1240 EAST NINTH STREET CLEVELAND, OH 44199-2055		77389.20	4798.13
		5 Medicare Wages and Tips	6 Medicare Tax withheld
		77389.20	1122.14
		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
HAROLD VINCENT 6175 EDWARD ST #202 NORFOLK VA 23513-0000		12 See instructions for box 12	14 See instructions for box 14
		13 ☐ Statutory Employee ☒ Retirement Plan ☐ Third-party sick pay	

15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
NY	539990000	77389.20	3599.64			
15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name

Form W-2 Wage and Tax Statement 2024

Department of the Treasury - Internal Revenue Service

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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 do not 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 cannot 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. Also see 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 only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and Social Security Administration (SSA).

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 are not 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 1-800-772-1213. You also may visit the SSA 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 also may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see *Instructions for Employee* on the back of Copy C.)

Instructions for Employee (Also see *Notice to Employee* on the back of Copy B.)

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 boxes 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. 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 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). 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. 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. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

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 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.

J - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

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 member of Armed Forces (not included in boxes 1, 3, or 5).

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

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

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

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

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.

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.

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. Amounts are coded as follows:

ALX-Total amount of exempt overtime paid, Alabama (Excl. from Box 16).

C - Taxable reimb for Permanent Change of Station (Incl in Box 1)

E - Military TSP Contribution (Tax Exempt)

F - TIAA/CREF and Fidelity Retirement Contributions

G - Pre-Tax Transportation Equity Act Benefits

H - Taxable Home to Work and/or MILAIR Benefits (Incl in Box 1)

K - Pretax Vision and Dental Deduction

P - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

R - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

S - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

STT – Oregon Transit Tax

T - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

U - Non-Cash Fringe Benefits (Incl in Box 1)

V - Pretax FEHB Incentive

X - Occupational FEHB Incentive Tax/Local Services Tax (CIVILIAN)

Y - Pretax Flexible Spending Account Employee Contributions (Dependent Care FSA and Health Care FSA)

Z - Retirement Deductions for Massachusetts Residents Only

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.

Form **1099-MISC** ☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no.	1 Rents	OMB No. 1545-0115	**Miscellaneous Information**
WINDWARD PROPERTIES 150 HAMAKUA DR., #336 KAILUA HI 96734 (808) 348-1086	$ 22500.00	Form **1099-MISC**	
	2 Royalties $	(Rev. January 2024)	Department of the Treasury - IRS
	3 Other income $	4 Federal income tax withheld $	For calendar year 2024
PAYER'S TIN: 26-1550981 / RECIPIENT'S TIN: XXX-XX-3247	5 Fishing boat proceeds $	6 Medical and health care payments $	**Copy 2** **To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name, address, ZIP/postal code & country HAROLD VINCENT 490 2ND AVENUE 13D NEW YORK NY 10016	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest $	
	9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	11 Fish purchased for resale $
	12 Section 409A deferrals $	13 FATCA filing requirement ☐	14 Excess golden parachute payments $
	16 State tax withheld $	17 State/Payer's state no.	18 State income $
Account number (see instructions) 206596135542910789	15 Nonqualified deferred compensation $	$	$

Form **1099-MISC** ☐ CORRECTED (if checked) (keep for your records)

PAYER'S name, address, ZIP/postal code, country & phone no.	1 Rents	OMB No. 1545-0115	**Miscellaneous Information**
WINDWARD PROPERTIES 150 HAMAKUA DR., #336 KAILUA HI 96734 (808) 348-1086	$ 22500.00	Form **1099-MISC**	
	2 Royalties $	(Rev. January 2024)	Department of the Treasury - IRS
	3 Other income $	**4 Federal income tax withheld** **$**	For calendar year 2024
PAYER'S TIN: 26-1550981 / RECIPIENT'S TIN: XXX-XX-3247	5 Fishing boat proceeds $	6 Medical and health care payments $	**Copy B** **For Recipient**
RECIPIENT'S name, address, ZIP/postal code & country HAROLD VINCENT 490 2ND AVENUE 13D NEW YORK NY 10016	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
	9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	11 Fish purchased for resale $
	12 Section 409A deferrals $	13 FATCA filing requirement ☐	14 Excess golden parachute payments $
	16 State tax withheld $	17 State/Payer's state no.	18 State income $
Account number (see instructions) 206596135542910789	15 Nonqualified deferred compensation $	$	$

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the Instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040).

Box 10. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 11. Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 13. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Box 14. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 15. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

Boxes 16-18. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099MISC*.

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

American Express Personal Savings

American Express National Bank
115 W Towne Ridge Parkway
Sandy, UT 84130-0384

Account Statement For:
Sheena Claire Ann Gibson Esq
Statement Period: March 6, 2025 - April 5, 2025
Number of Days in Statement Period: 31

00002325 TAMXDS040625012120 05 000000000 004
Sheena Claire Ann Gibson Esq
490 2nd Ave Apt 13D
New York NY 10016

Summary of My Accounts

Product Name	Number	Ending Balance
High Yield Savings Account	xxxxxxxx8661	$2,007.22
High Yield Savings Account	xxxxxxxx3187	$8,053.31
Total		$10,060.53

Customer Service Information

Customer Care:
Contact us at 1-800-446-6307

Visit Us Online:
personalsavings.americanexpress.com

Written Inquiries:
American Express National Bank
115 W Towne Ridge Parkway
Sandy, UT 84130-0384

Account Owner(s): Ms Sheena Claire Ann Gibson Esq and Mr Harold Vincent
High Yield Savings Account: xxxxxxxx8661

Account Summary

Date	Transactions	Amount
03/06/2025	**Balance Last Statement**	**$2,048.03**
	Total Debits This Period	**$3,048.03**
	Total Credits This Period	**$3,007.22**
04/05/2025	**Ending Balance**	**$2,007.22**
	Interest Credited This Period	**$7.22**
	Interest Credited Year-to-Date	**$37.96**
	Interest Earned 3/6/2025 to 4/5/2025	**31 Days**
	Annual Interest Rate*	**3.63337%**
	Annual Percentage Yield (APY)*	**3.70%**
	Annual Percentage Yield Earned This Period	**3.70%**

* Please note that the Interest Rate and the Annual Percentage Yield (APY) noted above reflect the rates in effect as of the last day of this statement period. If rates were adjusted during the statement period, the rates reflected above may not have been the rate applied throughout the entire statement period.

In Case of Errors or Questions About Your Electronic Transfers (EFTs).

If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, please contact us as soon as you can.
Direct Inquiries To:
Customer Care Telephone Number:
1-800-446-6307
Written Inquiries:
P.O. Box 30384, Sandy, UT 84130-0384

We must hear from you no later than 60 calendar days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.
(2) 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.
(3) Tell us the dollar amount of the suspected error.

If you notify us orally, we may require that you send us your complaint or question in writing within 10 business days.

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.

Account Owner(s): Ms Sheena Claire Ann Gibson Esq and Mr Harold Vincent
High Yield Savings Account: xxxxxxxx8661 (continued)

Account Activity

Date	Transactions	Debits	Credits	Balance
03/06/2025	**Beginning Balance**			**$2,048.03**
04/01/2025	ACH Deposit NFCU ACH P2P Sender: SHEENA C GIBSON		$3,000.00	$5,048.03
04/04/2025	Internal Transfer Requested transfer to AMEX checking account	$3,048.03		$2,000.00
04/05/2025	Interest Payment		$7.22	$2,007.22
04/05/2025	**Ending Balance**			**$2,007.22**

Account Owner(s): Ms Sheena Claire Ann Gibson Esq
High Yield Savings Account: xxxxxxxx3187

Account Summary

Date	Transactions	Amount
03/06/2025	**Balance Last Statement**	**$8,024.52**
	Total Debits This Period	**$2,000.00**
	Total Credits This Period	**$2,028.79**
04/05/2025	**Ending Balance**	**$8,053.31**
	Interest Credited This Period	**$28.79**
	Interest Credited Year-to-Date	**$53.31**
	Interest Earned 3/6/2025 to 4/5/2025	**31 Days**
	Annual Interest Rate*	**3.63337%**
	Annual Percentage Yield (APY)*	**3.70%**
	Annual Percentage Yield Earned This Period	**3.70%**

* Please note that the Interest Rate and the Annual Percentage Yield (APY) noted above reflect the rates in effect as of the last day of this statement period. If rates were adjusted during the statement period, the rates reflected above may not have been the rate applied throughout the entire statement period.

Account Activity

Date	Transactions	Debits	Credits	Balance
03/06/2025	**Beginning Balance**			**$8,024.52**
03/15/2025	Internal Transfer Requested transfer from AMEX checking account		$2,000.00	$10,024.52
04/04/2025	Internal Transfer Requested transfer to AMEX checking account	$2,000.00		$8,024.52

Account Owner(s): Ms Sheena Claire Ann Gibson Esq
High Yield Savings Account: xxxxxxxx3187 (continued)

Account Activity (continued)

Date	Transactions	Debits	Credits	Balance
04/05/2025	Interest Payment		$28.79	$8,053.31
04/05/2025	**Ending Balance**			**$8,053.31**

American Express Personal Savings

American Express National Bank
115 W Towne Ridge Parkway
Sandy, UT 84130-0384

Account Statement For:
Sheena Claire Ann Gibson Esq
Statement Period: February 6, 2025 - March 5, 2025
Number of Days in Statement Period: 28

00002334 TAMXDS030625012246 05 000000000 003
Sheena Claire Ann Gibson Esq
490 2nd Ave Apt 13D
New York NY 10016

Summary of My Accounts

Product Name	Number	Ending Balance
High Yield Savings Account	xxxxxxxx8661	$2,048.03
High Yield Savings Account	xxxxxxxx3187	$8,024.52
Total		$10,072.55

Customer Service Information

Customer Care:
Contact us at 1-800-446-6307

Visit Us Online:
personalsavings.americanexpress.com

Written Inquiries:
American Express National Bank
115 W Towne Ridge Parkway
Sandy, UT 84130-0384

Account Owner(s): Ms Sheena Claire Ann Gibson Esq and Mr Harold Vincent
High Yield Savings Account: xxxxxxxx8661

Account Summary

Date	Transactions	Amount
02/06/2025	**Balance Last Statement**	**$2,642.00**
	Total Debits This Period	**$600.00**
	Total Credits This Period	**$6.03**
03/05/2025	**Ending Balance**	**$2,048.03**
	Interest Credited This Period	**$6.03**
	Interest Credited Year-to-Date	**$30.74**
	Interest Earned 2/6/2025 to 3/5/2025	**28 Days**
	Annual Interest Rate*	**3.63337%**
	Annual Percentage Yield (APY)*	**3.70%**
	Annual Percentage Yield Earned This Period	**3.76%**

* Please note that the Interest Rate and the Annual Percentage Yield (APY) noted above reflect the rates in effect as of the last day of this statement period. If rates were adjusted during the statement period, the rates reflected above may not have been the rate applied throughout the entire statement period.

In Case of Errors or Questions About Your Electronic Transfers (EFTs).

If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, please contact us as soon as you can.
Direct Inquiries To:
Customer Care Telephone Number:
1-800-446-6307
Written Inquiries:
P.O. Box 30384, Sandy, UT 84130-0384

We must hear from you no later than 60 calendar days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.
(2) 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.
(3) Tell us the dollar amount of the suspected error.

If you notify us orally, we may require that you send us your complaint or question in writing within 10 business days.

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.

Account Owner(s): Ms Sheena Claire Ann Gibson Esq and Mr Harold Vincent
High Yield Savings Account: xxxxxxxx8661 (continued)

Account Activity

Date	Transactions	Debits	Credits	Balance
02/06/2025	**Beginning Balance**			**$2,642.00**
02/10/2025	ACH Withdrawal USAA CHK-INTRNT TRANSFER	$600.00		$2,042.00
03/05/2025	Interest Payment		$6.03	$2,048.03
03/05/2025	**Ending Balance**			**$2,048.03**

Account Owner(s): Ms Sheena Claire Ann Gibson Esq
High Yield Savings Account: xxxxxxxx3187

Account Summary

Date	Transactions	Amount
02/06/2025	**Balance Last Statement**	**$5,001.53**
	Total Debits This Period	**$2,000.00**
	Total Credits This Period	**$5,022.99**
03/05/2025	**Ending Balance**	**$8,024.52**
	Interest Credited This Period	**$22.99**
	Interest Credited Year-to-Date	**$24.52**
	Interest Earned 2/6/2025 to 3/5/2025	**28 Days**
	Annual Interest Rate*	**3.63337%**
	Annual Percentage Yield (APY)*	**3.70%**
	Annual Percentage Yield Earned This Period	**3.74%**

* Please note that the Interest Rate and the Annual Percentage Yield (APY) noted above reflect the rates in effect as of the last day of this statement period. If rates were adjusted during the statement period, the rates reflected above may not have been the rate applied throughout the entire statement period.

Account Activity

Date	Transactions	Debits	Credits	Balance
02/06/2025	**Beginning Balance**			**$5,001.53**
02/16/2025	Internal Transfer Requested transfer from AMEX checking account		$5,000.00	$10,001.53
03/05/2025	Internal Transfer Requested transfer to AMEX checking account	$2,000.00		$8,001.53
03/05/2025	Interest Payment		$22.99	$8,024.52
03/05/2025	**Ending Balance**			**$8,024.52**

American Express Personal Savings

American Express National Bank
115 W Towne Ridge Parkway
Sandy, UT 84130-0384

Account Statement For:
Sheena Claire Ann Gibson Esq
Statement Period: January 6, 2025 - February 5, 2025
Number of Days in Statement Period: 31

00002393 TAMXDS020625011052 05 000000000 004
Sheena Claire Ann Gibson Esq
490 2nd Ave Apt 13D
New York NY 10016

Summary of My Accounts

Product Name	Number	Ending Balance
High Yield Savings Account	xxxxxxxx8661	$2,642.00
High Yield Savings Account	xxxxxxxx3187	$5,001.53
Total		$7,643.53

Customer Service Information

Customer Care:
Contact us at 1-800-446-6307

Visit Us Online:
personalsavings.americanexpress.com

Written Inquiries:
American Express National Bank
115 W Towne Ridge Parkway
Sandy, UT 84130-0384

Account Owner(s): Ms Sheena Claire Ann Gibson Esq and Mr Harold Vincent
High Yield Savings Account: xxxxxxxx8661

Account Summary

Date	Transactions	Amount
01/06/2025	**Balance Last Statement**	**$6,231.03**
	Total Debits This Period	**$4,000.00**
	Total Credits This Period	**$410.97**
02/05/2025	**Ending Balance**	**$2,642.00**
	Interest Credited This Period	**$10.97**
	Interest Credited Year-to-Date	**$24.71**
	Interest Earned 1/6/2025 to 2/5/2025	**31 Days**
	Annual Interest Rate*	**3.72977%**
	Annual Percentage Yield (APY)*	**3.80%**
	Annual Percentage Yield Earned This Period	**3.80%**

* Please note that the Interest Rate and the Annual Percentage Yield (APY) noted above reflect the rates in effect as of the last day of this statement period. If rates were adjusted during the statement period, the rates reflected above may not have been the rate applied throughout the entire statement period.

In Case of Errors or Questions About Your Electronic Transfers (EFTs).

If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, please contact us as soon as you can.
Direct Inquiries To:
Customer Care Telephone Number:
1-800-446-6307
Written Inquiries:
P.O. Box 30384, Sandy, UT 84130-0384

We must hear from you no later than 60 calendar days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.
(2) 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.
(3) Tell us the dollar amount of the suspected error.

If you notify us orally, we may require that you send us your complaint or question in writing within 10 business days.

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.

Account Owner(s): Ms Sheena Claire Ann Gibson Esq and Mr Harold Vincent
High Yield Savings Account: xxxxxxxx8661 (continued)

Account Activity

Date	Transactions	Debits	Credits	Balance
01/06/2025	**Beginning Balance**			**$6,231.03**
01/06/2025	ACH Withdrawal AMEX EPAYMENT ACH PMT	$1,000.00		$5,231.03
01/15/2025	ACH Deposit USAA CHK-INTRNT TRANSFER Sender: H VINCENT		$200.00	$5,431.03
01/17/2025	ACH Withdrawal AMEX EPAYMENT ACH PMT	$3,000.00		$2,431.03
02/03/2025	ACH Deposit USAA CHK-INTRNT TRANSFER Sender: H VINCENT		$200.00	$2,631.03
02/05/2025	Interest Payment		$10.97	$2,642.00
02/05/2025	**Ending Balance**			**$2,642.00**

Account Owner(s): Ms Sheena Claire Ann Gibson Esq
High Yield Savings Account: xxxxxxxx3187

Account Summary

Date	Transactions	Amount
02/03/2025	**Balance Last Statement**	**$0.00**
	Total Debits This Period	**$0.00**
	Total Credits This Period	**$5,001.53**
02/05/2025	**Ending Balance**	**$5,001.53**
	Interest Credited This Period	**$1.53**
	Interest Credited Year-to-Date	**$1.53**
	Interest Earned 2/3/2025 to 2/5/2025	**3 Days**
	Annual Interest Rate*	**3.72977%**
	Annual Percentage Yield (APY)*	**3.80%**
	Annual Percentage Yield Earned This Period	**3.79%**

* Please note that the Interest Rate and the Annual Percentage Yield (APY) noted above reflect the rates in effect as of the last day of this statement period. If rates were adjusted during the statement period, the rates reflected above may not have been the rate applied throughout the entire statement period.

Account Owner(s): Ms Sheena Claire Ann Gibson Esq
High Yield Savings Account: xxxxxxxx3187 (continued)

Account Activity

Date	Transactions	Debits	Credits	Balance
02/03/2025	**Beginning Balance**			**$0.00**
02/03/2025	Internal Transfer Requested transfer from AMEX checking account		$5,000.00	$5,000.00
02/05/2025	Interest Payment		$1.53	$5,001.53
02/05/2025	**Ending Balance**			**$5,001.53**

American Express® Rewards Checking Statement

SHEENA GIBSON

Statement Date: 03/31/2025 **Account Ending:** *9899 **Account Name:** Rewards Checking

Statement Summary

Beginning Balance as of 03/01/2025	**$9,012.95**
Total Credits This Period	$18,411.08
Total Debits This Period	($19,307.57)
Ending Balance as of 03/31/2025	**$8,116.46**

Interest Summary

Earned Period	**03/01/2025 - 03/31/2025**
Days in Statement Period	31
Interest Rate	1.00%
Annual Percentage Yield Earned	1.00%
Interest Earned This Period	**$4.20**
Interest Paid This Year	$10.87

Account Activity

Date	Description	Credits	Debits	Balance
03/01/2025	**Beginning Balance**			**$9,012.95**
03/03/2025	Online Transfer / Payment: Debit ClickPay PROPRTYPAY *****3334 53874018 Claire Gibson S External - AMERICAN EXPRESS NATIONAL BANK ID 009002238484037		($4,079.32)	$4,933.63
03/03/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M7494 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002239365178		($2,500.00)	$2,433.63
03/05/2025	Internal Transfer Credit: Savings -3187 ID 009002254576343	$2,000.00		$4,433.63
03/06/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M4970 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002242922420		($2,000.00)	$2,433.63
03/14/2025	Online Transfer / Payment: Credit CHROME RIVER CORP PMT *****0025 31367369-33 SHEENA CLAIRE GIBSON External - BANK OF AMERICA,N.A. ID 009002268313824	$1,389.13		$3,822.76

Continued on reverse

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NEW YORK NY 10016

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Account Activity continued

Date	Description	Credits	Debits	Balance
03/14/2025	Online Transfer / Payment: Credit DAY PITNEY LLP PAYROLL *****0019 104046 GIBSON SHEENA External - WELLS FARGO BANK NA (MINNESOTA) ID 009002268331049	$5,981.75		$9,804.51
03/15/2025	Internal Transfer Debit: Savings -3187 ID 009002274604889		($2,000.00)	$7,804.51
03/17/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M5354 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002275811720		($600.00)	$7,204.51
03/17/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M4272 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002279654563		($1,500.00)	$5,704.51
03/19/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M2120 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002276246070		($1,000.00)	$4,704.51
03/20/2025	Online Transfer / Payment: Credit CHROME RIVER CORP PMT *****0025 31520591-25 SHEENA CLAIRE GIBSON External - BANK OF AMERICA,N.A. ID 009002283624724	$2,773.86		$7,478.37
03/21/2025	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 *****8410* SHEENA C GIBSON External - JPMORGAN CHASE ID 009002284614051		($900.00)	$6,578.37
03/23/2025	Debit Card Purchase 0144208 CVS/PHARMACY #11226 00001 387 PARK AVE S NEW YORK NYUS ID 009002288612260		($0.64)	$6,577.73
03/23/2025	Debit Card Purchase 2526245 FEDEX Office 4480 8 E 23RD ST NEW YORK NYUS ID 009002288613167		($7.61)	$6,570.12
03/25/2025	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 *****1975* SHEENA C GIBSON External - JPMORGAN CHASE ID 009002291624609		($1,500.00)	$5,070.12
03/25/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M8598 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002285175463		($1,220.00)	$3,850.12
03/28/2025	Online Transfer / Payment: Credit CHROME RIVER CORP PMT *****0025 31658916-86 SHEENA CLAIRE GIBSON External - BANK OF AMERICA,N.A. ID 009002294711943	$280.39		$4,130.51
03/31/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M7182 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002298735334		($2,000.00)	$2,130.51

Continued on next page

American Express® Rewards Checking Statement

SHEENA GIBSON

Statement Date: 03/31/2025 **Account Ending:** *9899 **Account Name:** Rewards Checking

Account Activity continued

Date	Description	Credits	Debits	Balance
03/31/2025	Online Transfer / Payment: Credit DAY PITNEY LLP PAYROLL *****0019 104046 GIBSON SHEENA External - WELLS FARGO BANK NA (MINNESOTA) ID 009002297847919	$5,981.75		$8,112.26
03/31/2025	Interest Deposit ID 009002299080519	$4.20		$8,116.46
03/31/2025	**Ending Balance**			**$8,116.46**

Important Notice

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Direct inquiries to 1-877-221-2639 or write us at P.O. Box 31492 Salt Lake City, UT 84131 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.

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American Express® Rewards Checking Statement

SHEENA GIBSON

Statement Date: 02/28/2025 **Account Ending:** *9899 **Account Name:** Rewards Checking

Statement Summary

Beginning Balance as of 02/01/2025	**$11,883.90**
Total Credits This Period	$13,984.12
Total Debits This Period	($16,855.07)
Ending Balance as of 02/28/2025	**$9,012.95**

Interest Summary

Earned Period	**02/01/2025 - 02/28/2025**
Days in Statement Period	28
Interest Rate	1.00%
Annual Percentage Yield Earned	1.00%
Interest Earned This Period	**$4.60**
Interest Paid This Year	$6.67

Account Activity

Date	Description	Credits	Debits	Balance
02/01/2025	**Beginning Balance**			**$11,883.90**
02/03/2025	Internal Transfer Debit: Savings -3187 ID 009002145557009		($5,000.00)	$6,883.90
02/04/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M6930 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002147667361		($1,800.00)	$5,083.90
02/05/2025	Customer Incentive Payment ID 009002153584267	$250.00		$5,333.90
02/07/2025	Online Transfer / Payment: Credit CHROME RIVER CORP PMT *****0025 30650218-8 SHEENA CLAIRE GIBSON External - BANK OF AMERICA,N.A. ID 009002161637261	$687.31		$6,021.21
02/10/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M4290 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002176645710		($1,000.00)	$5,021.21

Continued on reverse

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Account Activity continued

Date	Description	Credits	Debits	Balance
02/14/2025	Online Transfer / Payment: Credit DAY PITNEY LLP PAYROLL *****0019 104046 GIBSON SHEENA External - WELLS FARGO BANK NA (MINNESOTA) ID 009002187967046	$6,323.40		$11,344.61
02/16/2025	Internal Transfer Debit: Savings -3187 ID 009002201609292		($5,000.00)	$6,344.61
02/18/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M4850 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002204833332		($2,000.00)	$4,344.61
02/21/2025	Online Transfer / Payment: Credit CHROME RIVER CORP PMT *****0025 30927236-44 SHEENA CLAIRE GIBSON External - BANK OF AMERICA,N.A. ID 009002205460557	$395.40		$4,740.01
02/21/2025	Debit Card Purchase 510000 TARGET 033217 0910 512 2ND AVENUE NEW YORK NYUS ID 009002220569490		($20.22)	$4,719.79
02/23/2025	Debit Card Purchase 0147652 CVS/PHARMACY #11226 00001 387 PARK AVE S NEW YORK NYUS ID 009002231595529		($34.85)	$4,684.94
02/25/2025	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 M6486 SHEENA GIBSON External - WELLS FARGO BANK NA (MINNESOTA) ID 009002236834058		($2,000.00)	$2,684.94
02/28/2025	Online Transfer / Payment: Credit DAY PITNEY LLP PAYROLL *****0019 104046 GIBSON SHEENA External - WELLS FARGO BANK NA (MINNESOTA) ID 009002237403968	$6,323.41		$9,008.35
02/28/2025	Interest Deposit ID 009002237763051	$4.60		$9,012.95
02/28/2025	**Ending Balance**			**$9,012.95**

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American Express® Rewards Checking Statement

SHEENA GIBSON

Statement Date: 01/31/2025 **Account Ending:** *9899 **Account Name:** Rewards Checking

Statement Summary

Beginning Balance as of 01/01/2025	**$0.00**
Total Credits This Period	$11,975.49
Total Debits This Period	($91.59)
Ending Balance as of 01/31/2025	**$11,883.90**

Interest Summary

Earned Period	**01/01/2025 - 01/31/2025**
Days in Statement Period	31
Interest Rate	1.00%
Annual Percentage Yield Earned	1.00%
Interest Earned This Period	**$2.07**
Interest Paid This Year	$2.07

Account Activity

Date	Description	Credits	Debits	Balance
01/01/2025	**Beginning Balance**			**$0.00**
01/01/2025	Internal Transfer Credit: Savings -8661 ID 009002071914955	$450.00		$450.00
01/08/2025	Debit Card Purchase 510000 TARGET 033217 0910 512 2ND AVENUE NEW YORK NYUS ID 009002074235722		($4.99)	$445.01
01/09/2025	Debit Card Purchase 026 DD/BR #340313 3403 476 SECOND AVENUE NEW YORK NYUS ID 009002074169098		($8.18)	$436.83
01/14/2025	Debit Card Purchase 510000 TARGET 033217 0910 512 2ND AVENUE NEW YORK NYUS ID 009002075187760		($74.92)	$361.91
01/21/2025	Online Transfer: Credit American Express TRANSFER *****3243 HAROLD VINCENT Checking *****8525*** JPMORGAN CHASE ID 009002087585849	$5,200.00		$5,561.91

Continued on reverse

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Account Activity continued

Date	Description	Credits	Debits	Balance
01/22/2025	Debit Card Purchase 510000 AMTRAK ACELA CAFE Q12 00 1 MASSACHUSETTS AVE NW WASHINGTON DCUS ID 009002099710232		($3.50)	$5,558.41
01/31/2025	Online Transfer / Payment: Credit DAY PITNEY LLP PAYROLL *****0019 104046 GIBSON SHEENA External - WELLS FARGO BANK NA (MINNESOTA) ID 009002124684614	$6,323.42		$11,881.83
01/31/2025	Interest Deposit ID 009002129661919	$2.07		$11,883.90
01/31/2025	**Ending Balance**			**$11,883.90**

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NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement of Account

Statement Period
03/01/25 - 03/31/25

Access No. 17264095

#BWNLLSV
#000000Q7R6TPY5A7#000MQA90F
GIBSON VINCENT ENTERPRISES LLC
2215 ALOHA DR APT 4J
HONOLULU HI 96815-2801

Routing Number: 2560-7497-4

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas, visit **navyfederal.org/overseas/**
Collect internationally 1-703-255-8837

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Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
Business Checking 7138030940	$13,742.58	$5,181.74	$9,510.00	$9,414.32	$0.24
Mbr Business Savings 3164538229	$3,507.45	$2,582.00	$1,500.00	$4,589.45	$2.14
Totals	**$17,250.03**	**$7,763.74**	**$11,010.00**	**$14,003.77**	**$2.38**

Checking

Business Checking - 7138030940

Date	Transaction Detail	Amount($)	Balance($)
03-01	Beginning Balance		13,742.58

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

GIBSON VINCENT ENTERPRISES LLC

17264095

MARK "X" TO CHANGE ADDRESS/ORDER ITEMS ON REVERSE ☐

NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100

DEPOSIT VOUCHER
(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
7138030940	Checking		
3164538229	Savings		
	TOTAL		

4057138030940316453822900000000000000000000000000000000

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
03/01/25 - 03/31/25

Access No. 17264095

Statement of Account
For GIBSON VINCENT ENTERPRISES LLC

Business Checking - 7138030940

(Continued from previous page)

Date	Transaction Detail	Amount($)	Balance($)
03-04	Deposit - ACH Paid From Airbnb Payments 3Oreyv6Ouc 01Afd3	2,946.37	16,688.95
03-07	Check 5002	6,510.00-	10,178.95
03-12	Transfer To Checking Sheena C Gibson	1,500.00-	8,678.95
03-17	Deposit - ACH Paid From Airbnb Payments Mj4Pguhdvp 01Afd3	2,235.27	10,914.22
03-31	Transfer To Checking Sheena C Gibson	1,500.00-	9,414.22
03-31	Dividend	0.10	9,414.32
03-31	**Ending Balance**		**9,414.32**

Average Daily Balance - Current Cycle: $11,219.27

Items Paid

Date	Item	Amount($)
03-07	005002 - Check	6,510.00

Savings

Mbr Business Savings - 3164538229

Date	Transaction Detail	Amount($)	Balance($)
03-01	Beginning Balance		3,507.45
03-05	Deposit - ACH Paid From Airbnb Payments Prhfnbz45F 01Afd3	1,323.78	4,831.23
03-18	Deposit - ACH Paid From Airbnb Payments Xhldpq3Mm2 01Afd3	1,257.12	6,088.35
03-31	Transfer To Checking Sheena C Gibson	1,500.00-	4,588.35
03-31	Dividend	1.10	4,589.45
03-31	**Ending Balance**		**4,589.45**

CHANGE OF ADDRESS

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RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY		STATE	ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER ( ) -			DAYTIME TELEPHONE NUMBER ( ) -

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
03/01/25 - 03/31/25

Access No. 17264095

Statement of Account
For GIBSON VINCENT ENTERPRISES LLC

2024 Year to Date Federal Income Tax Information

SAVINGS DIVIDENDS	0.34		
CHECKING DIVIDENDS	0.52	FINANCE CHARGE CHECKING LOC	0.00

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:
Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.
You may also contact us on the Web: **navyfederal.org.**
In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.
You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.
While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- 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.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally 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.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement of Account

Statement Period
02/01/25 - 02/28/25

Access No. 17264095

Routing Number: 2560-7497-4

#BWNLLSV
#000000Q7R6TPY5A7#000FME90F
GIBSON VINCENT ENTERPRISES LLC
2215 ALOHA DR APT 4J
HONOLULU HI 96815-2801

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit **navyfederal.org/overseas/**
Collect internationally 1-703-255-8837

Say "Yes" to Paperless! View your digital statements via Mobile or Navy Federal Online Banking.

Say "Yes" to Paperless Statements
If you haven't already, go paperless! You can access up to 36 months of statements anytime, anywhere.
To get started, select "Statements" in digital banking.*
It's an easy way to reduce the risk of identity theft and cut down on paper clutter.
Insured by NCUA. *Message and data rates may apply. Visit **navyfederal.org** for more information.

Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
Business Checking 7138030940	$11,437.88	$7,638.00	$5,333.30	$13,742.58	$0.14
Mbr Business Savings 3164538229	$1,673.49	$1,833.96	$0.00	$3,507.45	$1.04
Totals	**$13,111.37**	**$9,471.96**	**$5,333.30**	**$17,250.03**	**$1.18**

Checking

Business Checking - 7138030940

Date	Transaction Detail	Amount($)	Balance($)
02-01	Beginning Balance		11,437.88

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

GIBSON VINCENT ENTERPRISES LLC

17264095

MARK "X" TO CHANGE ADDRESS/ORDER ITEMS ON REVERSE ☐

NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100

DEPOSIT VOUCHER
(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
7138030940	Checking		
3164538229	Savings		
	TOTAL		

405713803094031645382290000000000000000000000000000000000

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
02/01/25 - 02/28/25

Access No. 17264095

Statement of Account
For GIBSON VINCENT ENTERPRISES LLC

Business Checking - 7138030940

(Continued from previous page)

Date	Transaction Detail	Amount($)	Balance($)
02-03	Transfer To Shares	1,833.30-	9,604.58
02-03	Transfer To Checking Sheena C Gibson	2,000.00-	7,604.58
02-10	Transfer To Checking Sheena C Gibson	1,500.00-	6,104.58
02-11	Deposit - ACH Paid From Airbnb Payments Jozgxy46Ql 01Afd3	2,021.62	8,126.20
02-19	Deposit - ACH Paid From Airbnb Payments Aw7C7X65V3 01Afd3	3,142.80	11,269.00
02-20	Deposit - ACH Paid From Airbnb Payments Akbtujr5Lr 01Afd3	2,473.50	13,742.50
02-28	Dividend	0.08	13,742.58
02-28	**Ending Balance**		**13,742.58**

Average Daily Balance - Current Cycle: $10,077.62

Savings

Mbr Business Savings - 3164538229

Date	Transaction Detail	Amount($)	Balance($)
02-01	Beginning Balance		1,673.49
02-03	Transfer From Checking	1,833.30	3,506.79
02-04	Deposit - ACH Paid From Airbnb Payments Rlu2K37G6R 01Afd3	0.01	3,506.80
02-28	Dividend	0.65	3,507.45
02-28	**Ending Balance**		**3,507.45**

2024 Year to Date Federal Income Tax Information

SAVINGS DIVIDENDS	0.34		
CHECKING DIVIDENDS	0.52	FINANCE CHARGE CHECKING LOC	0.00

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY		STATE	ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER ( ) -			DAYTIME TELEPHONE NUMBER ( ) -

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
02/01/25 - 02/28/25

Access No. 17264095

Statement of Account
For GIBSON VINCENT ENTERPRISES LLC

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
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- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:
Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.
You may also contact us on the Web: **navyfederal.org.**
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- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

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You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.
While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- 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.
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We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally 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.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement of Account

Statement Period
01/01/25 - 01/31/25

Access No. 17264095

#BWNLLSV
#000000Q7R6TPY5A7#000JMA90F
GIBSON VINCENT ENTERPRISES LLC
2215 ALOHA DR APT 4J
HONOLULU HI 96815-2801

Routing Number: 2560-7497-4

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit **navyfederal.org/overseas/**
Collect internationally 1-703-255-8837

Say "Yes" to Paperless! View your digital statements via Mobile or Navy Federal Online Banking.

Say "Yes" to Paperless Statements
If you haven't already, go paperless! You can access up to 36 months of statements anytime, anywhere.
To get started, select "Statements" in digital banking.*
It's an easy way to reduce the risk of identity theft and cut down on paper clutter.
Insured by NCUA. *Message and data rates may apply. Visit **navyfederal.org** for more information.

Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
Business Checking 7138030940	$5,047.53	$8,390.35	$2,000.00	$11,437.88	$0.06
Mbr Business Savings 3164538229	$6,673.10	$0.39	$5,000.00	$1,673.49	$0.39
Totals	**$11,720.63**	**$8,390.74**	**$7,000.00**	**$13,111.37**	**$0.45**

Checking

Business Checking - 7138030940

Date	Transaction Detail	Amount($)	Balance($)
01-01	Beginning Balance		5,047.53

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

GIBSON VINCENT ENTERPRISES LLC

17264095

MARK "X" TO CHANGE ADDRESS/ORDER ITEMS ON REVERSE ☐

NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100

DEPOSIT VOUCHER
(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
7138030940	Checking		
3164538229	Savings		
	TOTAL		

4057138030940316453822900000000000000000000000000000000

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
01/01/25 - 01/31/25

Access No. 17264095

Statement of Account
For GIBSON VINCENT ENTERPRISES LLC

Business Checking - 7138030940

(Continued from previous page)

Date	Transaction Detail	Amount($)	Balance($)
01-14	Deposit - ACH Paid From Airbnb Payments Sv7Vpjrp6C 01Afd3	991.62	6,039.15
01-22	Deposit - ACH Paid From Airbnb Payments Mqjmmoty4U 01Afd3	5,565.37	11,604.52
01-27	Transfer To Checking Sheena C Gibson	2,000.00-	9,604.52
01-29	Deposit - ACH Paid From Airbnb Payments Ohz65Yvdvl 01Afd3	1,833.30	11,437.82
01-31	Dividend	0.06	11,437.88
01-31	**Ending Balance**		**11,437.88**

Average Daily Balance - Current Cycle: $7,273.42

Savings

Mbr Business Savings - 3164538229

Date	Transaction Detail	Amount($)	Balance($)
01-01	Beginning Balance		6,673.10
01-02	Transfer To Checking Sheena C Gibson	5,000.00-	1,673.10
01-31	Dividend	0.39	1,673.49
01-31	**Ending Balance**		**1,673.49**

2024 Year to Date Federal Income Tax Information

SAVINGS DIVIDENDS	0.34		
CHECKING DIVIDENDS	0.52	FINANCE CHARGE CHECKING LOC	0.00

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY		STATE	ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER ( ) -			DAYTIME TELEPHONE NUMBER ( ) -

NAVY FEDERAL Credit Union
PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
01/01/25 - 01/31/25

Access No. 17264095

Statement of Account
For GIBSON VINCENT ENTERPRISES LLC

Disclosure Information

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Gibson, S. Claire

From: Robert Mays <rmays@dbllawyers.com>
Sent: Tuesday, April 22, 2025 10:20 AM
To: Gibson, S. Claire
Cc: Abdul Khan
Subject: RE: [EXT] FW: 2024 1099
Attachments: DBL 2025 W9.pdf

Hi Claire,

I sent a request to our CPA firm that prepared these to provide a copy. Below is the information we gave them. I'll send them a follow up today. Attached is our W9, so you have our info in the meantime.

Recipient's Name	EIN or SSN	Street Address	Non-employee Compensation	Form
The Gibson Law Group PLLC	81-4213604	11556 Marsden St Jamaica, NY 11434	$ 66,755.85	1099-NEC

Best regards,

Robert Mays
Controller
DUNLAP BENNETT & LUDWIG
211 Church Street SE, Leesburg, VA 20175
D: 571.252.8520 EXT: 0135

From: Gibson, S. Claire <cgibson@daypitney.com>
Sent: Tuesday, April 22, 2025 10:15 AM
To: Robert Mays <rmays@dbllawyers.com>
Cc: Abdul Khan <akhan@dbllawyers.com>
Subject: [EXT] FW: 2024 1099

Hi Robert,

Following up on the request below. I never received a 1099 for 2024.

Cheers,
Claire

S. Claire Gibson
Attorney at Law | Attorney Bio
605 Third Avenue, 31st Floor
New York, NY 10158-1803
E: cgibson@daypitney.com
D: 212.297.2493 | M: 917.697.4517 | F: 212.672.7935

AIRBNB, INC
888 BRANNAN STREET
ATTN: TAX DEPARTMENT
SAN FRANCISCO, CA 94103

IF YOU HAVE QUESTIONS CONTACT:
AIRBNB CUSTOMER SERVICE
PHONE: 855-424-7262

BABB ELLIS CLARKE INC
BABB ELLIS CLARKE INC
115-56 MARSDEN STREET
QUEENS, NY 11434

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see *www.IRS.gov/GigEconomy*.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099K*.

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
AIRBNB, INC
888 BRANNAN STREET
ATTN: TAX DEPARTMENT
SAN FRANCISCO, CA 94103

FILER'S TIN: 26-3051428

PAYEE'S TIN: 84-5064488

OMB No. 1545-2205

2024

Form **1099-K**

Payment Card and Third Party Network Transactions

1a Gross amount of payment card/third party network transactions: $ 56,124.80

1b Card Not Present transactions: $ 0.00

2 Merchant category code:

Check to indicate if FILER is a (an):
Payment settlement entity (PSE) [X]
Electronic Payment Facilitator (EPF)/Other third party [ ]

Check to indicate transactions reported are:
Payment card [ ]
Third party network [X]

3 Number of payment transactions: 19

4 Federal income tax withheld: $

PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
BABB ELLIS CLARKE INC
BABB ELLIS CLARKE INC
115-56 MARSDEN STREET
QUEENS, NY 11434

5a January: $ 7,931.25	**5b** February: $ 9,412.50
5c March: $ 11,382.29	**5d** April: $ 2,700.00
5e May: $	**5f** June: $ 2,362.50
5g July: $	**5h** August: $
5i September: $	**5j** October: $
5k November: $ 6,300.00	**5l** December: $ 16,036.26

PSE'S name and telephone number

Account number (see instructions) 335971652

6 State: NY

7 State identification no.

8 State income tax withheld: $

Copy B
For Payee

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.