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
Garcia	Julian	E.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	12/18/1994	(239) 692 - 6218 - Mobile

EMAIL
julianegarciac1218@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Nestor Garcia, Jr.	112 E 13th St Apartment 5, Cincinnati, 41 45202

PHONE	EMAIL ADDRESS	RELATIONSHIP
(239) 919 - 6875	garciane138@gmail.com	brother

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
331 Chelsea St. Apartment 4	Boston	MA	02128

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$1,900.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Medical Science Liaison - Rare Disease	Amgen

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Michael Sonnleitner	(920) 850 - 7244	$180,950.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1 Amgen Center Dr	Thousand Oaks	CA	91320

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

VEHICLE INFORMATION

1. MAKE	MODEL	YEAR
Volvo	XC60	2023

COLOR	PLATE	STATE
Black	5ZVE98	MA

SUPPLEMENTAL QUESTIONS

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

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

Were you referred by a broker?
NO

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

Preferred Mailing Address:
331 Chelsea St. Apartment 4, Boston, MA 02128 - US

Initials: J.G. 969F69CC

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 Julian E. Garcia*

Signed by Julian E. Garcia
Sat Mar 22 2025 03:06:06 PM EDT
Key: 969F69CC; IP Address: 64.20.177.245

Julian E. Garcia *(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
Julian Garcia	XXXXXXXXXXXX3760	15657014	$21.50

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

Initials: J.G. 969F69CC

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
Sen	Sidhartha		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	1/11/1995	(954) 608 - 9168 - Mobile

EMAIL
sidddsen@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
420 7th St NW	Washington	DC	20004

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$3,000.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Engineering Program Manager	Meta Platforms Inc

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Robbie Cline	(828) 305 - 4138	$275,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1 Hacker Way	Menlo Park	CA	94025

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

VEHICLE INFORMATION

1. MAKE	MODEL	YEAR
Volvo	XC60	2023

COLOR	PLATE	STATE
Black	5ZVE98	MA

SUPPLEMENTAL QUESTIONS

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Preferred Mailing Address:
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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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☒ *Application consent was digitally accepted by Sidhartha Sen*

Signed by Sidhartha Sen
Sat Mar 22 2025 03:03:46 PM EDT
Key: D0A5042F; IP Address: 163.114.132.5

Sidhartha Sen *(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
Sidhartha Sen	XXXXXXXXXXXX3484	15657012	$21.50

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

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Julian E. Garcia

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 Julian E. Garcia: 821			
		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)	$180,950.00
Total **verified** annual income	$210,084.72
Total **verified** combined annual income to rent ratio	21.22 (based on rent of $9,900.00)
Total number of accounts	26
Accounts with no late payments	26 (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	$199,592.00 ($0.00 past due)
Outstanding revolving debt	$2,002.00 (1% of limit) ($0.00 past due)
Outstanding loan balance	$197,590.00 ($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:	Julian E. Garcia	JULIAN E. GARCIA
SSN:	***-**-****	***-**-****
Birth Date:	12/**/1994	12/**/1994

Addresses	From Application	From Equifax
	331 Chelsea St. Apartment 4 Boston, MA 02128 - US	331 CHELSEA ST. 4 EAST BOSTON, MA 02128 (Applicant) Reported 3/2025 5258 HICKORY WOOD DR. NAPLES, FL 34119 (Applicant) Reported 3/2025 103 ELIZABETH ST. 210 CHAPEL HILL, NC 27514 (Applicant) Reported 3/2025 18 NEWBRIDGE PKWY 205 ASHEVILLE, NC 28804 (Applicant) Reported 6/2023 210 SOUTHLAND STATION DR. 164 WARNER ROBINS, GA 31088 (Applicant) Reported 1/2020 207 NW 17TH ST. 504 GAINESVILLE, FL 32603 (Applicant) Reported 7/2018

Employment	From Application	From Equifax
Applicant:	Medical Science Liaison - Rare Disease Amgen $180,950.00/Yr. Total annual Income: $180,950.00	

Income Verifications

Requested For			Requested Date	
Julian E Garcia			3/22/2025	
Date	**Consumer Provided Income Source**		**Verified Annual Income**	
3/22/2025	Document		$210,084.72 *Income amount used in scoring	
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
02/10/25 to 02/23/25	PAYSTUB	JULIAN GARCIA	HORIZON THERAPEUTICS SERVICES LLC	$6,730.77
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
02/24/25 to 03/09/25	PAYSTUB	JULIAN GARCIA	HORIZON THERAPEUTICS SERVICES LLC	$9,429.59

From RealPage

Requested For Julian E. Garcia Requested Date 3/25/2025	**Employer** Amgen	**Position Held** Medical Science Liaison - Rare Disease	**Annual Salary** $180,950.00	**Supervisor** Michael Sonnleitner (920) 850 - 7244
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Julian E. Garcia	Multistate Search	3/25/2018 - 3/25/2025	3/25/2025	3/25/2025

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Julian E. Garcia	3/25/2025	3/25/2025

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Julian E. Garcia	3/25/2025	3/25/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	821	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)	772	The date that you opened your oldest account is too recent Lack of sufficient relevant real estate account information Total of all balances on bankcard or revolving accounts is too high The balances on your accounts are too high compared to loan amounts

Description

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2019	1/2025				$0.00	$36,398.00

Monthly Payment	High Credit	Type	Comments
	$35,175.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23		4/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2019	1/2025				$0.00	$33,987.00

Monthly Payment	High Credit	Type	Comments
	$33,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23		4/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2020	1/2025				$0.00	$33,137.00

Monthly Payment	High Credit	Type	Comments
	$33,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23		4/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2020	1/2025				$0.00	$16,595.00

Monthly Payment	High Credit	Type	Comments
	$16,512.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
2/25		12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23		8/23		6/23		4/23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	7/2022	1/2025				$0.00	$15,092.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$15,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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							
2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23							

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2021	1/2025				$0.00	$12,060.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$12,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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							
2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23							

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2022	1/2025				$0.00	$10,746.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$10,680.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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							
2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23							

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	2/2022	1/2025				$0.00	$8,084.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$8,037.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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							
2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23							

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2022	1/2025				$0.00	$6,037.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$6,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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							
2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23							

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2021	1/2025				$0.00	$5,025.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$5,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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							
2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23							

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2021	1/2025				$0.00	$5,025.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	5/2022	1/2025				$0.00	$4,020.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$4,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	11/2021	1/2025				$0.00	$4,020.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$4,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	4/2023	1/2025				$0.00	$3,021.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 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
ED FINANCIAL/ESA (Applicant)	10/2021	1/2025				$0.00	$3,015.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	10/2024	2/2025					$1,566.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$1,566.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 3/25 1/25 11/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	1/2023	1/2025				$0.00	$1,328.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,320.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO CONSUMER (Applicant)	5/2024	2/2025					$374.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$3,942.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 3/25 1/25 11/24 9/24 7/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO CARD SER (Joint)	8/2017	2/2025					$40.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$1,974.00	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
APPLE CARD - GS BANK (Applicant)	9/2021	1/2025					$22.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$552.00	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 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TRUIST BANK (Applicant)	5/2018	4/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$17,497.00	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 5/24 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/HAVERTYS (Applicant)	7/2018	10/2020					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,534.00	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 3/24 1/24 11/23 9/23 7/23 5/23 3/23 1/23 11/22 9/22 7/22 5/22						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BARCLAYS BANK DELAWA (Applicant)	2/2019	12/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,479.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History						

0	0	0	0	0	0	0	0	0	0	0
1/ 20	11/ 19	9/ 19	7/ 19	5/ 19	3/ 19					

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	6/2023	2/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,105.00	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
3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23									

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/ROOMS TO GO (Applicant)	8/2018	8/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$818.00	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
5/ 23	3/ 23	1/ 23	11/ 22	9/ 22	7/ 22	5/ 22	3/ 22	1/ 22	11/ 21	9/ 21	7/ 21											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	4/2020	10/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$696.00	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
2/ 25	12/ 24	10/ 24	8/ 24	6/ 24	4/ 24	2/ 24	12/ 23	10/ 23	8/ 23	6/ 23	4/ 23											

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 Sidhartha Sen

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 Sidhartha Sen: 703			
		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	👍

NOTIFICATION(S)

APPLICANT: Address is a Hotel/Motel (Equifax)
The address listed on the application is a hotel or motel. You should verify the information entered thoroughly before proceeding.

Credit Quick Summary	
Total annual income (reported by Applicant)	$275,000.00
Total **verified** annual income	$0.00
Total **verified** combined annual income to rent ratio	21.22 (based on rent of $9,900.00)
Total number of accounts	15
Accounts with no late payments	15 (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	$53,148.00 ($0.00 past due)
Outstanding revolving debt	$39,971.00 (26% of limit) ($0.00 past due)
Outstanding loan balance	$13,177.00 ($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:	Sidhartha Sen	SIDHARTHA SEN
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1995	1/**/1995

Addresses	From Application	From Equifax
	420 7th St NW Washington, DC 20004 - US	311 BOWIE ST. 2614 AUSTIN, TX 78703 (Applicant) Reported 3/2025 514 THAT WAY ST. 1914 LAKE JACKSON, TX 77566 (Applicant) Reported 3/2025 8427 NW 34TH MNR. SUNRISE, FL 33351 (Applicant) Reported 4/2024 5927 ALMEDA RD. 21003 HOUSTON, TX 77004 (Applicant) Reported 2/2024 1073 SW 11TH AVE. GAINESVILLE, FL 32601 (Applicant) Reported 11/2019 221 NW 12TH TER. GAINESVILLE, FL 32601 (Applicant) Reported 2/2019 1221 SW 2ND AVE. 455C GAINESVILLE, FL 32601 (Applicant) Reported 1/2015

Employment	From Application	From Equifax
Applicant:	Engineering Program Manager Meta Platforms Inc $275,000.00/Yr. Total annual Income: $275,000.00	

Income Verifications

Requested For			Requested Date	
Sidhartha Sen			3/22/2025	
Date	**Consumer Provided Income Source**		**Verified Annual Income**	
3/22/2025	Document		$0.00 *Income amount used in scoring	
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
03/09/25 to 03/09/25	PAYSTUB	SIDHARTHA SEN	META PLATFORMS, INC.	$17,669.00
Pay Period	**Document Type**	**Employee Name**	**Employer Name**	**Pay Amount**
02/24/25 to 03/09/25	PAYSTUB	SIDHARTHA SEN	META PLATFORMS, INC.	$6,983.87

From RealPage

Requested For	**Employer**	**Position Held**	**Annual Salary**	**Supervisor**
Sidhartha Sen Requested Date 3/25/2025	Meta Platforms Inc	Engineering Program Manager	$275,000.00	Robbie Cline (828) 305 - 4138
	Results Pending			

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Sidhartha Sen	Multistate Search	3/25/2018 - 3/25/2025	3/25/2025	3/25/2025

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Sidhartha Sen	3/25/2025	3/25/2025

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Sidhartha Sen	3/25/2025	3/25/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	703	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)	660	Total of all balances on bankcard or revolving accounts is too high The date that you opened your oldest account is too recent The total of all balances on your open accounts is too high 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
JPMCB CARD SERVICES (Applicant)	2/2019	1/2025					$18,818.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$488.00	$22,845.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23
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 (Applicant)	1/2017	2/2025					$12,643.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$352.00	$14,446.00	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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	12/2019	2/2025					$7,562.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$152.00	$7,980.00	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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	2/2015	1/2025					$4,277.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$60.00	$5,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23
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
DEPT OF ED (Applicant)	5/2014	1/2025					$3,921.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$54.00	$5,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23
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
DEPT OF ED (Applicant)	5/2016	1/2025					$3,684.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$51.00	$4,761.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23
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
DEPT OF ED (Applicant)	4/2015	1/2025					$1,295.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$23.00	$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23
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
WELLS FARGO CARD SER (Applicant)	7/2007	2/2025					$948.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$7,160.00	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
AMERICAN HONDA FINAN (Applicant)	5/2017	4/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$22,474.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

8/22	6/22	4/22	2/22	12/21	10/21	8/21	6/21	4/21	2/21	12/20	10/20
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
WELLS FARGO CARD SER (Joint)	8/2014	2/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$19,930.00	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
NELNET LOAN SERVICIN (Applicant)	5/2014	12/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$17,261.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

2/23	12/22	10/22	8/22	6/22	4/22	2/22	12/21	10/21	8/21	6/21	4/21
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
WELLS FARGO BANK, N. (Joint)	8/2018	4/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$12,042.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

5/22	3/22	1/22	11/21	9/21	7/21	5/21	3/21	1/21	11/20	9/20	7/20
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
WELLS FARGO CARD SER (Joint)	2/2015	2/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,012.00	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
WELLS FARGO BANK, N. (Joint)	5/2017	4/2018					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,010.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/AMERICAN EAGLE (Applicant)	11/2014						$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$0.00	REVOLVING	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

On-Site

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.


SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT / PASAPORTE
THE UNITED STATES OF AMERICA
Type/Type/Tipo
P
Code/Code/Código
USA
Passport No./No. du Passeport/No. de Pasaporte
A50665281
USA
Surname/Nom/Apellidos
GARCIA
Given names/Prénoms/Nombres
JULIAN ESTEBAN
Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA
Date of birth/Date de naissance/Fecha de nacimiento
18 DEC 1994
Sex/Sexe/Sexo
M
Place of birth/Lieu de naissance/Lugar de nacimiento
OKLAHOMA, U.S.A.
Date of issue/Date de délivrance/Fecha de expedición
29 JAN 2025
Date of expiration/Date d'expiration/Fecha de caducidad
28 JAN 2035
Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE
A50665281
P<USAGARCIA<<JULIAN<ESTEBAN<<<<<<<<<<<<<<<<<<<<
A506652819USA9412181M3501287961038669<392848

Form **1040** Department of the Treasury--Internal Revenue Service **U.S. Individual Income Tax Return** 2024 OMB No. 1545-0074 IRS Use Only--Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20 ___ See separate instructions.

Your first name and middle initial	Last name	Your social security number
JULIAN E	GARCIA	444-06-0835
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
331 Chelsea St 4

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
East Boston MA 02128

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 ☐ Married filing separately (MFS) ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income) ☐ 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:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, 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, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐			☐	☐

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	103,362
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	103,362
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	15 b Ordinary dividends	3b	15
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	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	103,377
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	103,377
12	**Standard deduction or itemized deductions** (from Schedule A)			12	14,600
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	14,600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	88,777

Attach Sch. B if required.

Standard Deduction for-
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under Standard Ded., see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	14,584
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	14,584
	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	14,584
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	14,584
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 15,596		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	15,596
	26	2024 estimated tax payments and amount applied from 2023 return	26	
If you have a qualifying child, attach Sch. EIC.	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	15,596
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1,012
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	1,012
Direct deposit? See instructions.	b	Routing number 096017418 c Type: ☒ Checking ☐ Savings		
	d	Account number 111522038527 89		
	36	Amount of line 34 you want **applied to your 2025 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.

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

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

Phone no. 2396926218 Email address julianegarciac1218@gmail.com

Paid Preparer Use Only

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

Firm's name | Phone no.

Firm's address | Firm's EIN

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Amgen
One Amgen Center Drive
Thousand Oaks, CA 91320-1799
805.447.1000

06/21/2024

Julian Garcia
331 Chelsea St., Unit 4
Boston, MA 02128

Dear Julian:

Congratulations! You have made an excellent impression on Amgen and I am excited to present you with the attached offer package. As an organization dedicated to improving the lives of patients around the world, Amgen welcomes you to join the environment of diverse, ethical, committed and highly accomplished people who respect each other while competing intensely to win. Together, we live the Amgen values as we continue advancing science to serve patients. If you accept our offer, your official start date with Amgen will be **07/15/2024**.

On behalf of Amgen, I am pleased to offer you the position of Medical Science Liaison, Level 05. Your annual salary will be $175,000.00 paid out bi-weekly and over 26 pay periods in one year.

Provided that you sign a “Sign-On/Retention Bonus Agreement for New Hire Staff Members” in the form provided by Amgen, you will be eligible to earn a bonus of $5,000.00, less federal and state tax deductions and other applicable deductions and withholdings, subject to the terms of that Agreement. Please review that Agreement for information regarding timing and other payment details.

If your start date is on or before December 31, 2024, beginning in 2025 you may be eligible for grants as part of Amgen’s Long Term Incentive (LTI) program. If your start date is after January 1, 2025 you will not be eligible for additional grants as part of Amgen’s Long Term Incentive (LTI) program until beginning of 2026 . Grants under the LTI program are discretionary as approved by the Committee.

You will be eligible to participate in Amgen's Global Performance Incentive Plan (the “GPIP”). The GPIP is a discretionary cash award program tied to Amgen's and your performance, as well as other criteria selected by the Company. The program is reviewed on an annual basis and the pay out, if any, will be made no later than March 15 following the close of the calendar year. You must be actively employed through the last regularly scheduled Amgen business day of the calendar year to be eligible for that year’s GPIP payout.

You will also have the opportunity to participate in our comprehensive benefits program. Amgen’s excellent health care plan currently includes medical, dental, and vision coverage for you and your eligible dependents. Amgen covers the majority of the health care plan’s cost while staff members contribute toward the balance through payroll deductions. Please be advised that in order for you and your dependents to be eligible for Amgen’s benefits program you must:

- Report to work at Amgen or another location to which you are required to travel and perform the regular duties of your employment.
- Contact the Amgen Benefits Center at 1-800-97AMGEN, to enroll in the plan within 31 days of your hire date.
- Meet all other eligibility requirements under the plan.

The Amgen Retirement and Savings Plan, our 401(k) plan, provides an opportunity for you to save a percentage of your pay on a tax-deferred basis, within Internal Revenue Service limits. Amgen will also contribute to your 401(k) account to help you save for your future financial goals. These benefits, services and programs are summarized in the enclosed brochure called “Total Rewards Guide".

Amgen is a Military Friendly Employer and proudly offers a generous military leave policy for Military Active Duty and Reservists.

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This offer of employment is contingent upon confirmation by Amgen of information listed on your employment application, and the receipt by Amgen of satisfactory results from a background verification and pre-employment drug test. Drug test will be initiated on the day Amgen receives acceptance of this offer and must be taken within 72 hours.

If your start date is between October 1 and December 31, 2024, you will not be eligible for a base increase at Amgen's next compensation cycle in March of 2025. You will be eligible for a base increase in March 2026, under Amgen's regular and customary performance and compensation cycle.

Enclosed and included as part of this offer (Attachment 1) is information regarding Amgen's Proprietary Information and Inventions Agreement, and a packet of materials entitled "Arbitration of Disputes" which includes a Mutual Agreement to Arbitrate Claims. Also enclosed and included as part of this offer in Attachment 1 is information regarding Amgen's New Staff Member Letter and Certification. This offer is contingent upon you truthfully and accurately completing the Certification, and returning it to the Company before your first day of employment.

This offer of employment is contingent upon your completing the items described in Attachment 1, and upon your ability to perform for Amgen all of the duties of your position without restriction from, or violation of, any enforceable contractual obligations owed to any former employer or entity for whom you worked or provided service(s).

By signing this letter, you understand and agree that your employment with Amgen is at-will. This means that your employment can terminate, with or without cause, and with or without notice, at any time, at your option or Amgen's option, and Amgen can terminate or change all other terms and conditions of your employment, with or without cause, and with or without notice, at any time. This at-will relationship will remain in effect throughout your employment with either Amgen Inc. or any of its subsidiaries or affiliates. This letter, and its enclosures, constitutes the entire agreement, arrangement and understanding between you and Amgen on the nature and terms of your employment with Amgen, including, but not limited to, the kind, character and existence of your proposed job duties, the length of time your employment will last, and the compensation you will receive. This letter, its enclosures, supersedes any prior or contemporaneous agreement, arrangement or understanding on this subject matter. By executing this letter as provided below, you expressly acknowledge the termination of any such prior agreement, arrangement or understanding, except as referenced in this letter and/or its enclosures. Also, by your execution of this letter, you affirm that no one has made any written or oral statement that contradicts the provisions of this letter or its enclosures. The at-will nature of your employment, as set forth in this paragraph, can be modified only by a written agreement signed by both Amgen's Senior Vice President of Human Resources and you which expressly alters it. This at-will relationship may not be modified by any oral or implied agreement or by any Company policies, practices or patterns of conduct.

The complete terms of the plans, programs and policies referenced to in this letter are set forth in their respective documents, which are maintained by the Company. The Company reserves the right to amend or terminate any of these plans, programs or policies at any time, in its sole discretion. In the event of any difference between this offer letter and the provisions of the respective plan, program or policy document, the respective document will govern.

You have made an excellent impression on the staff at Amgen. We are enthusiastic about the contribution you can make, and we believe that Amgen can provide you with attractive opportunities for personal achievement and growth. I look forward to your favorable reply by **06/28/2024.** If you accept our offer, please sign the offer letter, and submit all associated contracts back to our Talent Acquisition department. If you have any questions regarding this offer, please contact your recruiter, Donovan Wagner at (847) 373-8774.

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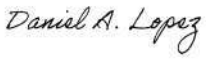
Sincerely,



Daniel A. Lopez
Executive Director Talent Acquisition

DW:mm
Enclosures

DocuSigned by:
Julian Garcia
1766E6522C12487...

Signature of Acceptance

21-Jun-2024

Date

(Job Requisition Number R-185497)
(Candidate ID 3123607)

DocuSign Envelope ID: 09F9BD8E-956A-4A02-A9BD-92C030CCD691

ATTACHMENT 1

In order to accept our offer you will be required to:

A) Complete, date and sign the Amgen New Staff Member Letter and Certification and return it with your signed offer letter.

B) Complete, date and sign the Amgen Proprietary Information and Inventions Agreement and return it with your signed offer letter.

C) Date and sign the enclosed Mutual Agreement to Arbitrate Claims and return it with your signed offer letter.

D) You will be required to provide Amgen with proof of your identity and eligibility for employment per requirements of the Immigration Reform and Control Act of 1986 within 3 (three) days of hire.

E) For California non-exempt staff only, sign and date the Notice To Employee, Labor Code 2810.5

DocuSign Envelope ID: 09F9BD8E-956A-4A02-A9BD-92C030CCD691

AMGEN SIGN-ON/RETENTION BONUS AGREEMENT FOR NEW HIRE STAFF MEMBERS

I, Julian Garcia, agree to accept my sign-on/retention bonus payment ("Bonus") from Amgen on the following terms.

- The amount of the Bonus is described in the offer letter (as may be amended) that was provided separately to me.

- The Bonus will generally be paid to me as an advance after thirty (30) days following my start date with Amgen, and will be earned only after I complete one year of employment with Amgen. I understand that Bonus is intended to facilitate my acceptance of employment with Amgen and my continued employment with Amgen for a period of at least one year, and that Amgen is providing me the Bonus with the expectation that I will not resign my employment during this one-year period.

- I understand and agree that I am an at-will employee and that I am free to resign at any time and Amgen is free to terminate my employment, with or without cause, at any time. Nevertheless, I understand that if I resign my employment with Amgen or are terminated for cause before I complete one year of employment, I have not earned any portion of the Bonus amount. Therefore, I agree to repay Amgen for the gross amount of my Bonus if I resign my employment for any reason or are terminated for cause within 12 months from my hire date at Amgen. I also agree that in the event of such a resignation, the amount to be reimbursed shall be due in full and payable by me immediately in cash (i.e., by check, wire transfer, or similar immediate payment) without further notice or demand by Amgen.

- Generally, a sign-on/retention bonus is considered ordinary wage income to the recipient. I understand that Amgen will report to appropriate federal and state taxing authorities all income that Amgen considers to be subject to taxation and will withhold appropriate taxes in accordance with federal and state regulations. I understand that it is my obligation to declare all income and pay all taxes owed on such income, if any.

- I understand that this agreement shall be governed by the law of the State of California.

- Nothing in this Agreement will be construed as an employment contract or to guarantee me employment at Amgen for any fixed term. I understand that my employment at Amgen is at will.

- The provisions of this agreement are severable. If any part is found to be unenforceable, all other provisions shall remain fully valid and enforceable.

DocuSign Envelope ID: 09F9BD8E-956A-4A02-A9BD-92C030CCD691

Amgen Inc:

Daniel A. Lopez

Signature of Authorized Representative

Executive Director, Talent Acquisition

Title of Representative

21-Jun-2024

Date

I agree:

DocuSigned by:
Julian Garcia
1766E6522C12487...

Signature of Staff Member

Julian Garcia

Print Name of Staff Member

21-Jun-2024

Date

Julian Garcia

He/Him

Medical Science Liaison

Actions

Phone Email Team

Contact Information - Public

Phone

+1 (617) 9977843 (Landline)

Email

jgarci37@amgen.com

Work Address

Virtual Site in United States of America Virtual Site in United States of America, MA 02133 United States of America

331 Chelsea St., Unit 4 Boston,, MA 02128 United States of America

Julian Garcia
331 Chelsea St, Unit 4
East Boston, MA 02128

STATEMENT PERIOD
Feb. 17, 2025 to Mar. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

ACCOUNT SUMMARY [1]

Beginning Balance on Feb. 17, 2025	$27,151.16
Credits	+ $19,846.53
Debits	- $6,599.67
Ending Balance on Mar. 16, 2025	**$40,775.89**

CONTACT US

To dispute a transaction
Call 1-833-466-1236

For all other support
Email: support@wealthfront.com
Mail: P.O. Box 1070, West Chester, OH 45071

TRANSACTIONS

DATE	DESCRIPTION	AMOUNT
02/18/2025	VENMO-CASHOUT Deposit	+ $63.67
02/18/2025	VENMO-PAYMENT-1040312072148 Debit	- $56.00
02/18/2025	CHASE CREDIT CRD-AUTOPAY Debit	- $157.41
02/18/2025	VENMO-PAYMENT-1040331454056 Debit	- $45.00
02/21/2025	EVERSOURCE-WEB_PAY-77298744013125 Debit	- $110.28
02/21/2025	AMEX EPAYMENT-ACH PMT-M3636 Debit	- $939.06
02/21/2025	WELLS FARGO CARD-BPPYMT- Debit	- $406.81
02/26/2025	COMCAST 8773103-101355550 Debit	- $60.00
02/26/2025	HORIZON THERAPEU-PAYROLL Deposit	+ $4,045.60
03/03/2025	WHEELS INC-WHEELS INC Debit	- $392.99
03/03/2025	VENMO-CASHOUT Deposit	+ $1,850.00
03/03/2025	BILTPYMTS-RENT PMT-90803029390900 Debit	- $1,900.00
03/04/2025	VENMO-PAYMENT-1040657385327 Debit	- $50.00

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2. Sweep Transactions are the aggregate amount of funds transferred between your Wealthfront Cash Account and Green Dot Account for the purpose of settling transactions that occur in your Green Dot Account.

DATE	DESCRIPTION	AMOUNT
03/04/2025	EDUCATIONAL COMP-ACH LNPYMT-316707788 Debit	- $251.90
03/05/2025	WF CREDIT CARD-AUTO PAY Debit	- $38.00
03/06/2025	AMGEN INC-DIRECT-PAY Deposit	+ $130.00
03/10/2025	VENMO-PAYMENT-1040743351804 Debit	- $50.00
03/10/2025	VENMO-PAYMENT-1040762967454 Debit	- $50.00
03/11/2025	AMGEN INC-DIRECT-PAY Deposit	+ $80.00
03/11/2025	ASSURANT-INS.PREM Debit	- $6.84
03/11/2025	WELLS FARGO CARD-BPPYMT- Debit	- $561.11
03/12/2025	APPLECARD GSBANK-PAYMENT-20717751 Debit	- $22.32
03/12/2025	HORIZON THERAPEU-PAYROLL Deposit	+ $8,614.81
03/12/2025	HORIZON THERAPEU-PAYROLL Deposit	+ $5,062.45
03/14/2025	EDUCATIONAL COMP-EPAYMENT-0130621711911 Debit	- $1,501.95

SWEEP TRANSACTIONS [2]

DATE	DESCRIPTION	AMOUNT
02/18/2025	End of Day Settlement	+ $194.74
02/21/2025	End of Day Settlement	+ $1,456.15
02/26/2025	End of Day Settlement	+ $60.00
02/27/2025	End of Day Settlement	- $4,045.60

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Julian Garcia
331 Chelsea St, Unit 4
East Boston, MA 02128

STATEMENT PERIOD
Feb. 17, 2025 to Mar. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

DATE	DESCRIPTION	AMOUNT
03/04/2025	End of Day Settlement	+ $744.89
03/05/2025	End of Day Settlement	+ $38.00
03/06/2025	End of Day Settlement	- $130.00
03/10/2025	End of Day Settlement	+ $100.00
03/11/2025	End of Day Settlement	- $73.16
03/12/2025	End of Day Settlement	+ $583.43
03/13/2025	End of Day Settlement	- $13,677.26
03/14/2025	End of Day Settlement	+ $1,501.95

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In Case of Errors or Questions About Your Electronic Transfers Related to Your Green Dot Account.

Telephone us at (833) 466-1236 or Write us at Customer Care, P.O. Box 9, West Chester, OH 45071 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number (if any).
(2) Describe the error or 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.

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

If you believe there have been unauthorized transactions or errors involving your Wealthfront Cash Account, please follow the notification procedures stated in your agreements with Wealthfront for your Wealthfront Cash Account.

If you have told us in advance to make regular payments out of your account, you can stop any of these payments by writing to us at Customer Care, P.O. Box 1070, West Chester, OH 45071-1070, or by calling us at 1-833-466-1236.

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Julian Garcia
331 Chelsea St, Unit 4
East Boston, MA 02128

STATEMENT PERIOD
Jan. 17, 2025 to Feb. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

ACCOUNT SUMMARY [1]

Beginning Balance on Jan. 17, 2025	$23,255.64
Credits	+ $8,873.16
Debits	- $5,159.88
Ending Balance on Feb. 16, 2025	**$27,151.16**

CONTACT US

To dispute a transaction
Call 1-833-466-1236

For all other support
Email: support@wealthfront.com
Mail: P.O. Box 1070, West Chester, OH 45071

TRANSACTIONS

DATE	DESCRIPTION	AMOUNT
01/17/2025	VENMO-PAYMENT-1039675530920 Debit	- $25.00
01/19/2025	AMAZON MKTPL*ZG1UF8CL0 Purchase Amzn.com/bill WA	- $7.44 Card Number:**********1165
01/21/2025	AMEX EPAYMENT-ACH PMT-M6084 Debit	- $565.73
01/21/2025	VENMO-PAYMENT-1039718470318 Debit	- $38.00
01/21/2025	EVERSOURCE-WEB_PAY-73520416010125 Debit	- $75.69
01/23/2025	VENMO-PAYMENT-1039800001181 Debit	- $58.94
01/27/2025	COMCAST 8773103-101355550 Debit	- $60.00
01/27/2025	APPLECARD GSBANK-PAYMENT-20717751 Debit	- $45.64
01/28/2025	AMGEN INC-DIRECT-PAY Deposit	+ $12.00
01/28/2025	VENMO-PAYMENT-1039898028130 Debit	- $57.29
01/29/2025	HORIZON THERAPEU-PAYROLL Deposit	+ $4,069.33
02/03/2025	VENMO-PAYMENT-1040016164108 Debit	- $113.00

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STATEMENT PERIOD
Jan. 17, 2025 to Feb. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

DATE	DESCRIPTION	AMOUNT
02/03/2025	AMEX EPAYMENT-ACH PMT-M5966 Debit	- $500.00
02/04/2025	EDUCATIONAL COMP-ACH LNPYMT-316545792 Debit	- $251.90
02/04/2025	BILTPYMTS-RENT PMT-90803029390900 Debit	- $1,900.00
02/05/2025	WF CREDIT CARD-AUTO PAY Debit	- $34.03
02/07/2025	AMGEN INC-DIRECT-PAY Deposit	+ $60.00
02/07/2025	VENMO-CASHOUT Deposit	+ $378.38
02/10/2025	VENMO-CASHOUT Deposit	+ $123.00
02/10/2025	WELLS FARGO CARD-BPPYMT- Debit	- $320.38
02/10/2025	AMEX EPAYMENT-ACH PMT-M5696 Debit	- $1,000.00
02/11/2025	ASSURANT-INS.PREM Debit	- $6.84
02/12/2025	VENMO-PAYMENT-1040230786462 Debit	- $100.00
02/12/2025	HORIZON THERAPEU-PAYROLL Deposit	+ $4,230.45

SWEEP TRANSACTIONS [2]

DATE	DESCRIPTION	AMOUNT
01/17/2025	End of Day Settlement	+ $25.00
01/21/2025	End of Day Settlement	+ $686.86
01/23/2025	End of Day Settlement	+ $58.94
01/27/2025	End of Day Settlement	+ $105.64

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Julian Garcia
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East Boston, MA 02128

STATEMENT PERIOD
Jan. 17, 2025 to Feb. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

DATE	DESCRIPTION	AMOUNT
01/28/2025	End of Day Settlement	+ $45.29
01/30/2025	End of Day Settlement	- $4,069.33
02/03/2025	End of Day Settlement	+ $613.00
02/04/2025	End of Day Settlement	+ $2,151.90
02/05/2025	End of Day Settlement	+ $34.03
02/07/2025	End of Day Settlement	- $438.38
02/10/2025	End of Day Settlement	+ $1,197.38
02/11/2025	End of Day Settlement	+ $6.84
02/12/2025	End of Day Settlement	+ $100.00
02/13/2025	End of Day Settlement	- $4,230.45

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

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Julian Garcia
331 Chelsea St, Unit 4
East Boston, MA 02128

STATEMENT PERIOD
Dec. 17, 2024 to Jan. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

ACCOUNT SUMMARY [1]

Beginning Balance on Dec. 17, 2024	$36,719.16
Credits	+ $13,173.97
Debits	- $12,768.76
Ending Balance on Jan. 16, 2025	**$23,255.64**

CONTACT US

To dispute a transaction
Call 1-833-466-1236

For all other support
Email: support@wealthfront.com
Mail: P.O. Box 1070, West Chester, OH 45071

TRANSACTIONS

DATE	DESCRIPTION	AMOUNT
12/18/2024	HORIZON THERAPEU-PAYROLL Deposit	+ $4,218.90
12/19/2024	WELLS FARGO CARD-BPPYMT- Debit	- $322.11
12/20/2024	AMEX EPAYMENT-ACH PMT-M2246 Debit	- $1,289.51
12/23/2024	VENMO-CASHOUT Deposit	+ $55.00
12/23/2024	VENMO-PAYMENT-1039140295501 Debit	- $90.00
12/24/2024	EVERSOURCE-WEB_PAY-70225140120424 Debit	- $110.66
12/26/2024	COMCAST 8773103-101355550 Debit	- $60.00
12/27/2024	VENMO-PAYMENT-1039217528237 Debit	- $55.70
12/31/2024	HORIZON THERAPEU-PAYROLL Deposit	+ $4,347.57
01/02/2025	VENMO-CASHOUT Deposit	+ $55.33
01/02/2025	EDUCATIONAL COMP-EPAYMENT-0130621451718 Debit	- $3,001.95
01/02/2025	VENMO-PAYMENT-1039346649993 Debit	- $188.00
01/03/2025	EDUCATIONAL COMP-ACH LNPYMT-316374504 Debit	- $251.90

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STATEMENT PERIOD
Dec. 17, 2024 to Jan. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

DATE	DESCRIPTION	AMOUNT
01/03/2025	BILTPYMTS-RENT PMT-90803029390900 Debit	- $1,900.00
01/06/2025	MERRILL LYNCH-ACCTVERIFY-03103213 000000 Deposit	+ $0.40
01/06/2025	MERRILL LYNCH-ACCTVERIFY-03103213 000000 Deposit	+ $0.33
01/06/2025	MERRILL LYNCH-ACCTVERIFY-03103213 000000 Debit	- $0.73
01/06/2025	WF CREDIT CARD-AUTO PAY Debit	- $54.92
01/07/2025	BANK OF AMERICA-ACCTVERIFY Deposit	+ $0.92
01/07/2025	MERRILL LYNCH-ACCTVERIFY-03103213 000000 Deposit	+ $0.22
01/07/2025	MERRILL LYNCH-ACCTVERIFY-03103213 000000 Deposit	+ $0.72
01/07/2025	BANK OF AMERICA-ACCTVERIFY Debit	- $0.92
01/07/2025	MERRILL LYNCH-ACCTVERIFY-03103213 000000 Debit	- $0.94
01/07/2025	AMEX EPAYMENT-ACH PMT-M2016 Debit	- $1,134.59
01/08/2025	BANK OF AMERICA-PLAN CONTR-AMGEN0003005787 Debit	- $4,150.00
01/13/2025	AMGEN INC-DIRECT-PAY Deposit	+ $146.99
01/13/2025	ASSURANT-INS.PREM Debit	- $6.84
01/13/2025	VENMO-PAYMENT-1039582873748 Debit	- $130.00
01/15/2025	CHASE CREDIT CRD-AUTOPAY Debit	- $19.99
01/15/2025	HORIZON THERAPEU-PAYROLL Deposit	+ $4,347.59

SWEEP TRANSACTIONS [2]

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STATEMENT PERIOD
Dec. 17, 2024 to Jan. 16, 2025

ACCOUNT NUMBER
1115-2203-8527-89

DATE	DESCRIPTION	AMOUNT
01/02/2025	End of Day Settlement	- $1,212.95
01/03/2025	End of Day Settlement	+ $2,151.90
01/06/2025	End of Day Settlement	+ $54.92
01/07/2025	End of Day Settlement	+ $1,134.59
01/08/2025	End of Day Settlement	+ $4,150.00
01/13/2025	End of Day Settlement	- $10.15
01/15/2025	End of Day Settlement	+ $19.99
01/16/2025	End of Day Settlement	- $4,347.59
12/19/2024	End of Day Settlement	- $4,218.90
12/20/2024	End of Day Settlement	+ $1,611.62
12/23/2024	End of Day Settlement	+ $35.00
12/24/2024	End of Day Settlement	+ $110.66
12/26/2024	End of Day Settlement	+ $60.00
12/27/2024	End of Day Settlement	+ $55.70

1. Statement for the banking services provided by Green Dot Bank, Member FDIC. This statement includes balance and transaction information for your Green Dot Account. It does not include balance and transaction information for your Wealthfront Cash Account. Therefore, this statement does not reflect the combined balance for your Green Dot Account and your Wealthfront Cash Account. For balance and transaction information for your Wealthfront Cash Account, refer to your Cash Account statement from Wealthfront. Due to transaction settlement timing and the transfer of available funds in your Green Dot Account to your Wealthfront Cash Account each business day, the beginning and ending balances in this statement may be $0.00 or negative, even though the combined balance for your Green Dot Account and your Wealthfront Cash Account is positive. At any time, you can obtain information regarding the current combined balance for your Green Dot Account and your Wealthfront Cash Account in the Wealthfront app and at www.wealthfront.com.

2. Sweep Transactions are the aggregate amount of funds transferred between your Wealthfront Cash Account and Green Dot Account for the purpose of settling transactions that occur in your Green Dot Account.

In Case of Errors or Questions About Your Electronic Transfers Related to Your Green Dot Account.

Telephone us at (833) 466-1236 or Write us at Customer Care, P.O. Box 9, West Chester, OH 45071 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number (if any).
(2) Describe the error or 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.

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

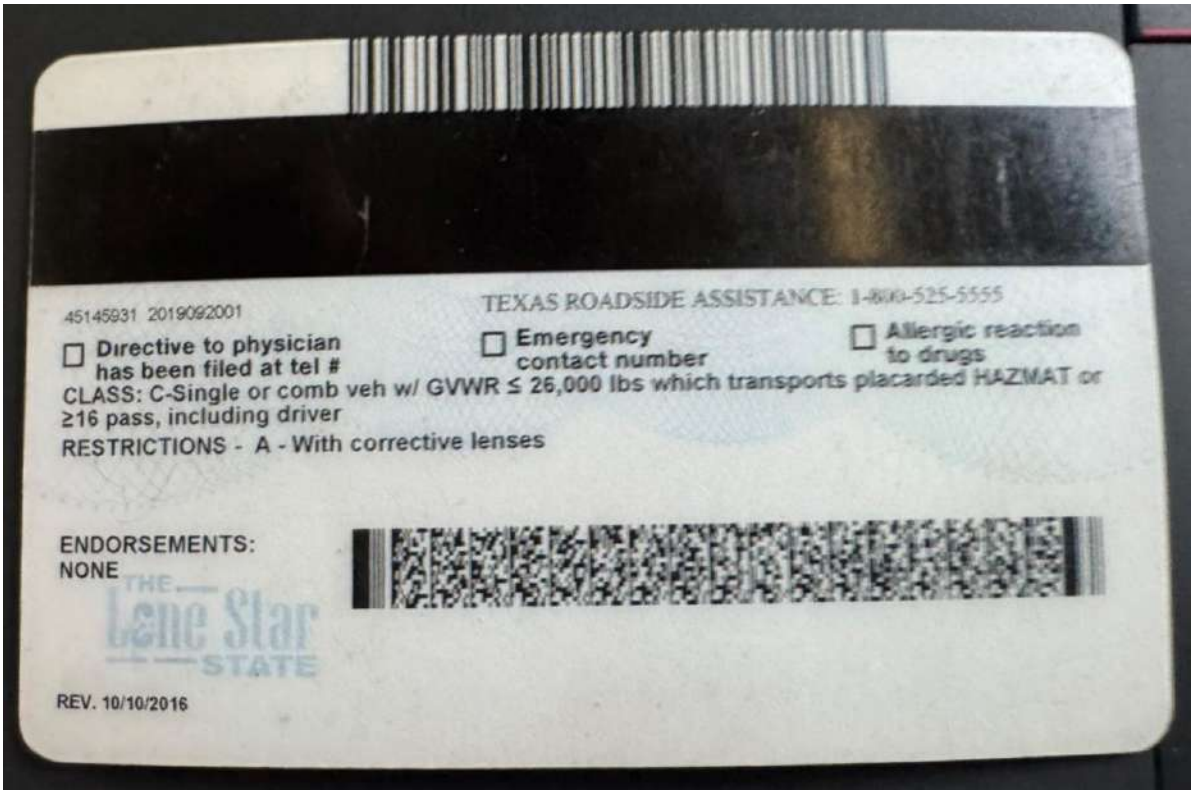
If you believe there have been unauthorized transactions or errors involving your Wealthfront Cash Account, please follow the notification procedures stated in your agreements with Wealthfront for your Wealthfront Cash Account.

If you have told us in advance to make regular payments out of your account, you can stop any of these payments by writing to us at Customer Care, P.O. Box 1070, West Chester, OH 45071-1070, or by calling us at 1-833-466-1236.

1. Statement for the banking services provided by Green Dot Bank, Member FDIC. This statement includes balance and transaction information for your Green Dot Account. It does not include balance and transaction information for your Wealthfront Cash Account. Therefore, this statement does not reflect the combined balance for your Green Dot Account and your Wealthfront Cash Account. For balance and transaction information for your Wealthfront Cash Account, refer to your Cash Account statement from Wealthfront. Due to transaction settlement timing and the transfer of available funds in your Green Dot Account to your Wealthfront Cash Account each business day, the beginning and ending balances in this statement may be $0.00 or negative, even though the combined balance for your Green Dot Account and your Wealthfront Cash Account is positive. At any time, you can obtain information regarding the current combined balance for your Green Dot Account and your Wealthfront Cash Account in the Wealthfront app and at www.wealthfront.com.

2. Sweep Transactions are the aggregate amount of funds transferred between your Wealthfront Cash Account and Green Dot Account for the purpose of settling transactions that occur in your Green Dot Account.


Texas
USA
TX
DRIVER LICENSE
DIRECTOR
4d DL 45145931
9 Class C
4a Iss 09/19/2019
4b Exp 01/11/2026
3 DOB 01/11/1995
1 SEN
2 SIDHARTHA
8 514 THAT WAY ST APT 1914
LAKE JACKSON TX 77566
12 Restrictions A
9a End NONE
16 Hgt 5'-08"
15 Sex M
18 Eyes BRO
5 DD 03210920190109587598


45145931 2019092001
TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555
Directive to physician has been filed at tel #
Emergency contact number
Allergic reaction to drugs
CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or ≥16 pass, including driver
RESTRICTIONS - A - With corrective lenses
ENDORSEMENTS:
NONE
THE Lone Star STATE
REV. 10/10/2016

Outlook

Your Location Transfer Request has been approved

From Movement Center <movement-election@meta.com>
Date Wed 1/8/2025 1:52 PM
To Sid Sen <sidsen@meta.com>

Meta People Portal

Your Location Transfer Request has been approved

Hi Sid Sen,

Congrats! Your Location Transfer Request has been approved.

Your effective date

Your transfer to New York, New York, USA will go into effect on the date you selected in the Movement Center, which is April 7, 2025.

Next steps

- **IMPORTANT: Sign your acknowledgement letter:** Your acknowledgement letter (if applicable) should be generated in the next few days. You will be notified via email once the letter is available for you to sign. The letter will be available for you to sign on the Movement Portal home page.
    - **NOTE: If you do not sign your acknowledgement letter by April 2, 2025, your request will be canceled and you'll need to start the location transfer process again. You are still required to sign your acknowledgement letter by April 2, 2025 deadline even if you are on PTO or leave.**
- **Transferring locations while on leave:** If you are considering transferring in the middle of a leave of absence, you should contact the People Team via Ask the People Team, so that you understand any impact the transfer may have on your leave and benefits eligibility.
- If this is a transfer to a remote location, provide your remote address before your effective date. On the Movement Center home page, use the **Edit Home Address** button to ensure your address reflects your place of residence as of your effective date. You'll be able to see any compensation impacts before anything is finalized. It's

important that your address is current for tax and payroll purposes so if you move at any point, come back to the tool to make updates.
- Please visit Ask the People Team to create a case if you have additional questions.

Immigration required?

If immigration support is required, your effective date will be the next available payroll date after immigration is finalized and you're authorized to work in the new location. Meta's immigration law firm partners will reach out to you soon with more information. In the meantime, visit People Portal to learn about immigration support if you are based in the US or outside of the US. You should not take steps to relocate to your new work location until Meta's immigration law firm partners have confirmed that you have the right to work in that location.

Please note that all work permit applications are managed by our global vendor. Employees should not initiate work permits for their new country independent of this process. If you believe you have a unique situation, please submit a ticket with Ask the People Team.

What does the effective date impact?

The effective date is when official changes to work location, compensation, tax withholding and benefits take place. Tax withholdings primarily depend on your new work location, but certain withholdings, such as your RSU income, are calculated according to the specific rules that apply to your work location(s) over time. You can find more information on Equity Programs > Taxes.

As always, you should consult a personal tax preparer and/or financial planner to fully understand the tax liabilities and financial impact of being in a new work location. Please note that Meta is unable to provide personal tax advice and is not responsible for any liabilities resulting from your decision to change location.

Please visit People Portal for other impacts related to your location transfer.

Resources

For Transfer into an office

- Learn more about office amenities and shuttle schedules in Office Guide. Take a 360 virtual tour of the office.
- If you need help adjusting your desk, chair or anything else so you can be more comfortable working, the Ergonomics team, which is part of Workplace Design, can provide suggestions and solutions, as well as conduct an ergonomic assessment. For special accommodations requests (new or existent), follow the steps in the Accommodations page.
- You may also be interested in the Meta Ergonomics Workplace group.

For Transfer into Remote location

- You can find information on the Transitioning to Remote Work after Approval page to help you:
  - Change your requested remote location
  - Ensure that you have the home office equipment you need
  - Review resources to set yourself up for success working remotely
  - Reclaim or discard any belongings that you left in the office
- Remote Social@ is a community to seek & share stories, resources and information about being a remote worker.
- Join Remote FYI to stay on top of important announcements around being a remote employee at Meta.
- If you have additional questions, submit a case with Ask the People Team

Meta

April 23, 2024

Sidhartha Sen

Dear Sidhartha,

On behalf of Meta Platforms, Inc. (the "**Company**" or "**Meta**"), I am pleased to offer you full-time employment in the position of Program Manager, Center of Excellence at Meta. You will be based in our Reston office where you will be expected to perform your job under the guidance of Adam Drover.

At Meta, you'll have the opportunity to do the most important work of your career. The decisions you'll make and the things you'll build here have the potential to impact billions of people around the globe. We look forward to welcoming you to our team, hearing your ideas, and collaborating to help give people the power to build community and bring the world closer together. Meta builds technologies that help people connect, find communities and grow businesses. When Facebook launched in 2004, it changed the way people connect. Apps like Messenger, Instagram and WhatsApp further empowered billions around the world. Now, Meta is moving beyond 2D screens toward immersive experiences like augmented and virtual reality to help build the next evolution in social technology.

1. **Compensation**

a. **Base Pay**. In this position and subject to paragraph 1 e. below, you will earn a starting base pay of $175,000.00 per year. Your base pay will be payable pursuant to the Company's regular payroll policy. Your base pay will be periodically reviewed as a part of the Company's regular reviews of compensation.

b. **Bonus**. You may be eligible to receive a discretionary bonus of up to a target of 15.00% of your Base Eligible Earnings as defined in the Company's bonus plan. Based on your performance, you can over-achieve your bonus target pursuant to the Company's bonus plan.

c. **Relocation**. The Company will provide you with relocation assistance to your assigned work location as stipulated in this offer letter, consistent with the Company's policies. Assistance will be facilitated through a third party service provider, as amended from time to time. The relocation provider will contact you directly after you accept the offer. You will be expected to be in your assigned work location, as stipulated in this offer letter, by your start date. Subject to the applicable policy terms, assistance will be paid for by the Company directly to any third party service suppliers, paid to you directly, or reimbursed to you directly on a receipts basis. The relocation assistance you receive should not affect your Meta net pay. Subject to applicable law, any taxable reportable compensation resulting from relocation assistance reimbursed to you or paid on your behalf will be grossed up for income tax withholding purposes so that you do not bear the payroll tax withholding burden on this compensation. This may be more or less than what you actually owe on your income tax returns. The income tax gross ups processed are final and Meta will not reconcile them against actual tax return obligations.

Meta

You will not actually earn any relocation benefits paid to you or the third party supplier(s) pursuant to this section unless all of the following conditions are met:

- You commence employment with Meta and/or assume your role as mentioned in this offer letter.
- You remain a full time employee in active service with the Company (and have not resigned or been given notice of termination by the Company for cause or otherwise) through the one-year anniversary of your Start Date as indicated in this offer letter.
- You have physically relocated and obtained long-term housing (unless otherwise qualified according to your specialized program terms) in your assigned work location as stipulated in this offer letter.

In the event that the above conditions are not met, you will be required to immediately repay all or a portion of the relocation sum (including any amounts paid to a third party supplier, any payments and/or reimbursements to you, and payroll withholding taxes funded by Meta) to the Company based on the relocation policy guidelines. The Company reserves the right, subject to applicable law, to deduct this amount or any part of it from your wages, and you hereby consent to such deduction.

You will not be eligible to receive any cash payments as a part of your relocation assistance until after your Start Date as indicated in this offer letter. Any payments and/or reimbursements will be issued to your destination country bank account once established.

d. **One-Time Sign-On Payment.** Subject to paragraph 1 e. below, the Company will pay you a one-time, non-recurring sign-on payment of $10,000.00 to be paid within two pay cycles after your Start Date, subject to applicable withholdings. You will not actually earn the one-time sign-on payment unless you remain a full-time employee with the Company through and until the one-year anniversary of your Start Date. In the event you resign or your employment with the Company terminates for cause prior to the one-year anniversary of your Start Date, you will immediately repay a prorated portion of the one-time sign-on payment to the Company.

e. Compensation values set out in this Offer Letter are subject to you starting employment in 2024. In the event that your Start Date is modified for any reason, the Company reserves the right to unilaterally amend the compensation terms, which may include a reduction in any of the standard values. You will be notified of any such modifications.

f. You hereby represent and warrant that as of your Start Date, your assigned work location is in Reston and you acknowledge that your compensation values (including base pay and RSUs) is solely applicable to such Reston. For the avoidance of doubt, if you do not reside in Reston as at the Start Date and /or it is determined that Reston is not your primary work location during the course of your employment, this will amount to a breach of this Offer Letter and Company may unilaterally amend you compensation values (including base pay and RSUs) accordingly to correspond to the city and state that is your primary work location. This may include a reduction in any of the values provided in this offer letter.

2. **Employee Benefits**

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a. **Paid Time Off**. Subject to the Company's PTO policy, you will be eligible to accrue up to twenty-one (21) days of PTO per calendar year, pro-rated for the remainder of this calendar year.

b. **Group Plans**. The Company will provide you with the opportunity to participate in the standard benefits plans currently available to other similarly situated employees, including medical, dental, and vision, subject to any eligibility requirements imposed by such plans.

3. **Restricted Stock Units**

Subject to the approval of Meta Platforms, Inc.'s Board of Directors or its designee and paragraph 1 e. above, you will be granted a number of restricted stock units ("RSUs") under the Company's 2012 Equity Incentive Plan (the "2012 EIP") with an "Initial Value" of $145,000 USD. The exact number of RSUs will be determined at the time your grant is approved by dividing the Initial Value by a "Share Value." The Share Value will be determined by reference to a trailing average closing stock price. The RSUs will be submitted for approval following your Start Date. Each RSU entitles you to receive one share of Meta Platforms, Inc. Class A common stock following vesting. Unlike traditional stock options, you do not need to pay any exercise price for the shares of Meta Platforms, Inc.'s stock subject to the RSUs (the "Shares"); they are simply delivered to you as a component of your compensation if and when they vest.

The RSUs are subject to a four-year quarterly vesting schedule. Meta Platforms, Inc. has four Quarterly Vesting Dates each year: February 15th, May 15th, August 15th and November 15th. The first Quarterly Vesting Date following the date you begin your employment is considered your "RSU Start Date." For example, if you begin working on April 21st, your RSU Start Date will be May 15th and your first vesting event will be on August 15th. On each Quarterly Vest Date after your RSU Start Date, generally 6.25% of the RSUs will vest, provided that you have been continuously employed by the Company through such date. Your Restricted Stock Unit Award Agreement and Notice of Restricted Stock Unit Award will outline the actual vesting schedule of your Shares.

Before any Shares are delivered to you following vesting, the Company must satisfy its tax withholding obligations in a manner satisfactory to the Company, which may include withholding or selling a number of Shares with a fair market value equal to the amount the Company is then required to withhold for taxes. The RSUs and the Share Value shall be subject to the terms and conditions set forth in the 2012 EIP, your Restricted Stock Unit Award Agreement and Notice of Restricted Stock Unit Award, and the Company's policies in effect from time to time. In the event that the Company changes its 2012 EIP prior to granting your RSUs, including changes to the type or structure of equity instruments offered, you will be entitled to receive an equity grant of substantially equivalent value as determined by the Company. Capitalized terms set forth above will have the meanings set forth in the 2012 EIP.

4. **Pre-employment Conditions**.

a. **Confidentiality Agreement**. By signing and agreeing to this Offer Letter, you also agree to be bound by the terms and conditions of the enclosed Confidential Information and Invention Assignment Agreement (the "**Confidentiality Agreement**"). We require that you sign the Confidentiality Agreement and return it to us with this Offer Letter prior to or on your Start Date.

b. **Mutual Arbitration Agreement**. Meta values all of its employees and fosters good relations with, and among, its employees, but we recognize that disagreements occasionally occur. We believe

that the resolution of such disagreements is best accomplished by internal dispute resolution and, where that fails, by external arbitration. For these reasons, Meta has adopted an arbitration agreement ("**the Arbitration Agreement**"), a copy of which is attached. Please review and sign the Arbitration Agreement.

c. **Right to Work**. For purposes of federal immigration law, you will be required to provide to the Company documentary evidence of your identity and eligibility for employment in the United States. Such documentation must be provided to us within three (3) business days of your Start Date, or our employment relationship with you may be terminated.

This offer is also contingent upon receipt of any export license or other approval that may be required under United States export control laws and regulations. The Company is not obligated to apply for any export license or other approval that may be required, nor can we guarantee that the United States Government will issue an export license or other approval, in the event that we do file an application.

d. **Verification of Information**. This offer of employment is also contingent upon the successful verification of the information you provided to the Company during your application process, as well as a general background check performed by the Company to confirm your suitability for employment. By accepting this offer of employment, you warrant that all information provided by you is true and correct to the best of your knowledge, and you expressly release the Company from any claim or cause of action arising out of the Company's verification of such information. By signing this letter, you hereby agree to authorize such a verification and background check and agree to sign any and all documents necessary to enable the Company to conduct this verification and background check.

5. **No Conflicting Obligations**. You understand and agree that by accepting this offer of employment, you represent to the Company that your performance will not breach any other agreement to which you are a party and that you have not, and will not during the term of your employment with the Company, enter into any oral or written agreement in conflict with any of the provisions of this letter or the Company's policies. You are not to bring with you to the Company, or use or disclose to any person associated with the Company, any confidential or proprietary information belonging to any former employer or other person or entity with respect to which you owe an obligation of confidentiality under any agreement or otherwise. The Company does not need and will not use such information and we will assist you in any way possible to preserve and protect the confidentiality of proprietary information belonging to third parties. Also, we expect you to abide by any obligations to refrain from soliciting any person employed by or otherwise associated with any former employer and suggest that you refrain from having any contact with such persons until such time as any non-solicitation obligation expires.

6. **Outside Activities**. While you render services to the Company, you agree that you will not engage in any other employment, consulting or other business activity without the written consent of the Company. In addition, while you render services to the Company, you will not assist any person or entity in competing with the Company, in preparing to compete with the Company or in hiring any employees or consultants of the Company. Upon commencing employment with Meta, you must disclose all actual or potential conflicts of interest that you have. Such disclosure is required under Company's Code of Conduct and Conflicts of Interest Policy. These policies define what constitutes an

actual or potential conflict and how to properly disclose them to the company. For the avoidance of doubt, even if you have disclosed a conflict during the recruiting or hiring process or here, Meta policy requires you to re-disclose the conflict(s) after beginning your employment in the manner prescribed by the Conflicts of Interest Policy.

7. **General Obligations**. As an employee, you will be expected to adhere to the Company's standards of professionalism, loyalty, integrity, honesty, reliability and respect for all, as set forth in the Company's Code of Conduct. You will also be expected to comply with the Company's policies and procedures. The Company is an equal opportunity employer.

8. **At-Will Employment**. Employment with the Company is for no specific period of time. Your employment with the Company will be on an "at will" basis, meaning that either you or the Company may terminate your employment at any time, with or without advance notice, and for any reason or no particular reason or cause. The Company also reserves the right to modify or amend the terms of your employment at any time, with or without notice, and for any reason in its sole discretion. Any contrary representations which may have been made to you are superseded by this offer. This is the full and complete agreement between you and the Company on this term. Although your job duties, title, compensation and benefits, as well as the Company's personnel policies and procedures, may change from time to time, the "at will" nature of your employment may only be changed in an express written agreement signed by an authorized representative of the Company.

9. **Withholdings**. All forms of compensation paid to you as an employee of the Company shall be less all applicable withholdings.

10. **Definitions**. All references in this Offer Letter to the "**Company**" or "Meta" shall refer to Meta Platforms, Inc. and/or any of its direct or indirect subsidiaries or affiliates, as appropriate.

[THIS SPACE INTENTIONALLY LEFT BLANK]

Meta

We are all delighted to be able to extend you this offer and look forward to working with you. To indicate your acceptance of the Company's offer, please sign and date this letter in the space provided below and return it to me, along with a signed and dated original copy of the Confidentiality Agreement and Arbitration Agreement, on or before April 26, 2024. The Company requests that you begin work in this new position on or before June 03, 2024 (the "**Start Date**"). This letter, and the attachments thereto, supersede and replace any prior understandings or agreements, whether oral, written or implied, between you and the Company regarding the matters described in this letter and the attachments thereto. This letter will be governed by the laws of the state in which you are employed, without regard to its conflict of laws provisions.

Very truly yours,

Meta Platforms, Inc.

By: Ruta Singh, VP, Global Recruiting

ACCEPTED AND AGREED:

Sidhartha Sen

Sidhartha Sen

Sidhartha Sen (Apr 24, 2024 08:38 CDT)

Signature

Date: Apr 24, 2024

Attachment A: Confidential Information and Invention Assignment Agreement

Attachment B: Mutual Arbitration Agreement

Meta

Attachment A

Confidential Information and Invention Assignment Agreement

Meta

CONFIDENTIAL INFORMATION AND INVENTION ASSIGNMENT AGREEMENT

FOR U.S. EMPLOYEES (NON-CALIFORNIA)

As a condition of my becoming employed (or my employment being continued) by Meta Platforms, Inc.., a Delaware corporation or any of its current or future parent companies, subsidiaries, affiliates, successors or assigns (collectively, the "**Company**" or "**Meta**"), and in consideration of my employment with the Company and my receipt of the compensation now and hereafter paid to me by the Company, I agree to the following:

1. **Employment**. I understand and acknowledge that this Agreement does not alter, amend or expand upon any rights I may have to continue in the employ of, or the duration of my employment with, the Company under any existing agreements between the Company and me or under applicable law. Any employment between the Company and me, whether commenced prior to or upon or after the date of this Agreement, shall be referred to herein as the "Relationship."

2. **Duties**. I will perform for the Company such duties as may be designated by the Company from time to time. During the Relationship, I will devote my best efforts to the interests of the Company and will not engage in other employment without the prior written consent of the Company.

3. **At-Will Relationship.** I understand and acknowledge that my Relationship with the Company is and shall continue to be at-will, as defined under applicable law, meaning that either I or the Company may terminate the Relationship at any time, with or without advance notice, and for any reason or no particular reason, with or without cause, without further obligation or liability except for those obligations expressly set forth herein or expressly stated in another written agreement signed by an authorized officer of the Company.

4. **Confidential Information.**

(a) **Company Information.** Company Information. Subject to Section 4(d) below, I agree at all times during the term of my Relationship with the Company and thereafter, to hold in strictest confidence, and not to use, except for the benefit of the Company solely to the extent necessary to perform my obligations to the Company under the Relationship, or to disclose to any person, firm, corporation or other entity any Confidential Information that I create, receive or otherwise learn about in the course of the Relationship. Subject to section 4(d) below, the only exceptions to this prohibition are that I may use and disclose Confidential Information (1) for the sole benefit of the Company and only to the extent absolutely necessary for me to provide services to the Company under and during the Relationship; or (2) only to the extent I have received express written pre-authorization from the Company via an agreement to permit a specific disclosure/use signed by a Vice President in the Company's legal organization. I further agree that I shall not remove any Confidential Information from Company premises, nor shall I make copies, excerpts or summaries of Confidential Information except as necessary to perform services under the Relationship. This does not apply, however, to copies that I have provided to any Regulator or any other regulatory or enforcement authority, as described in

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Section 4(d) below. I also agree that during and after the Relationship, I shall take all reasonable and necessary precautions to avoid inadvertent disclosure and use of Confidential Information not otherwise permitted by this Agreement. I understand that "Confidential Information" means any Company proprietary information, technical data, trade secrets or know how, including, but not limited to, research, product plans, products, services, suppliers, employees, customer lists and customers (including, but not limited to, customers of the Company on whom I called or with whom I became acquainted during the Relationship), prices and costs, markets, software, developments, inventions, laboratory notebooks, processes, formulas, technology, designs, drawings, engineering, hardware configuration information, marketing, licenses, non-public information relating to the Company's financial position or budgets disclosed to me by the Company either directly or indirectly in writing, orally or by drawings or observation of parts or equipment or created by me during the period of the Relationship whether or not during working hours and including Inventions (as defined below). I understand that Confidential Information includes, but is not limited to, information described above in this Paragraph pertaining to any aspect of the Company's business, which is either information not known by actual or potential competitors of the Company or other third parties not under confidentiality obligations to the Company, or is otherwise proprietary information of the Company or its customers or suppliers whether of a technical nature or otherwise. I further understand that Confidential Information does not include any of the foregoing items which has become publicly and widely known and which has been made generally available through no wrongful act of mine or of others who were under confidentiality obligations as to the item or items involved.

(b) **Prior Obligations.** I represent that my performance of all terms of this Agreement has not breached and will not breach any agreement to keep in confidence proprietary information, knowledge or data acquired by me prior or subsequent to the commencement of the Relationship. I agree that I will not disclose to the Company, use in connection with my services to the Company or induce the Company to use, any inventions, confidential or nonpublic proprietary information or material belonging to any other person or entity. I acknowledge and agree that I have listed on Exhibit A all agreements (e.g., non-competition agreements, non-solicitation of customers agreements, non-solicitation of employees agreements, confidentiality agreements, inventions agreements, etc.) I have with any other person or entity that may restrict my ability to provide services to the Company, or to recruit or engage customers or other service providers on behalf of the Company, or that otherwise relates to or may restrict my ability to perform my obligations under this Agreement.

(c) **Third Party Information.** I recognize that the Company has received and in the future will receive confidential or proprietary information from non-employee third parties subject to a duty on the Company's part to maintain the confidentiality of such information and to use it only for certain limited purposes consistent with the Company's agreement with such third party ("Third Party Information"). I agree to hold all such Third Party Information in the strictest confidence and to treat it the same as Confidential Information.

(d) I understand that this policy is not intended to restrict my legal right to discuss the terms and conditions of my employment. Nothing in this policy restricts or prohibits me from initiating communications directly with, responding to any inquiries from, providing testimony before, or reporting possible violations of law or regulation to any governmental agency or entity, or self-

regulatory authority, including but not limited to the Department of Justice, the Securities and Exchange Commission, the Congress, and any agency Inspector General (collectively, the "Regulators"), or from making other disclosures that are protected under the whistleblower provisions of state or federal law or regulation. I do not need the prior authorization of the Company to engage in such communications, respond to such inquiries, or make any such reports or disclosures. I am not required to notify the Company that I have engaged in such communications, responded to such inquiries or made such reports or disclosures. Further, nothing in this policy prohibits or restricts me from filing a charge, responding to an inquiry, participating in an investigation, or providing testimony about the Company by, with, or before any Regulator.

(e) **Notice of Defend Trade Secrets Act Immunity Provisions.** I acknowledge that I have been hereby provided notice that federal law provides that an individual shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret where: (a) the disclosure is made (i) in confidence to a Federal, State, or local government official, either directly or indirectly, or to an attorney; and (ii) solely for the purpose of reporting or investigating a suspected violation of law; or (b) the disclosure is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal. Federal law also provides that an individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual (x) files any document containing the trade secret under seal; and (y) does not disclose the trade secret, except pursuant to court order.

5. **Inventions**.

(a) **Retained and Licensed.** I have listed with particularity in the attached Exhibit B all inventions, original works of authorship, developments, concepts, discoveries, processes, computer programs, know-how, ideas, methodologies, improvements, and trade secrets which were made by me prior to the commencement of the Relationship (collectively referred to as "Prior Inventions"), which belong solely to me or belong to me jointly with another person or entity, which relate in any way to any of the Company's businesses, products or research and development, and which are not assigned to the Company hereunder. If no such list is attached, I represent that there are no such Prior Inventions. If, in the course of the Relationship, I incorporate into a Company product, process or machine a Prior Invention or any other Invention that is owned by me or in which I have an interest (including without limitation any Approved Open Source Contribution), I will promptly so inform the Company. Whether or not I give such notice, the Company is hereby granted and shall have a non-exclusive, royalty-free, irrevocable, perpetual, worldwide license (with the right to sublicense) to make, have made, copy, modify, reproduce, make derivative works of, use, sell, offer to sell, import, display, perform, distribute and otherwise exploit such Prior Invention or Invention as part of or in connection with such Company product, process or machine.

(b) **Assignment of Inventions**. I agree that I will promptly make full written disclosure to Meta, will hold in trust for the sole right and benefit of Meta, and hereby assign to Meta, or its designee, all my right, title and interest throughout the world in and to any and all inventions, original works of authorship, developments, concepts, know-how, designs, improvements or trade secrets,

including but not limited to those inventions that may be patentable, copyrightable or protectable under any other intellectual property laws, which I may solely or jointly create or conceive or develop or reduce to practice, or cause to be created or conceived or developed or reduced to practice, during the period of the Relationship (collectively referred to as "Inventions"), except as provided in Section 5(c) below. I further acknowledge and agree that all Inventions which are made by me (solely or jointly with others) within the scope of the Relationship are "works made for hire" (to the greatest extent permitted by applicable law) and, as works made for hire, are from conception and/or creation owned exclusively by the Company without any remuneration beyond that provided to me for services I provide to the Company due to the Relationship; and, further, to the extent any Inventions are not "works made for hire", then I hereby grant and assign to the Company all right, title and interest I may have in such Invention without any additional remuneration beyond that provided to me for services I provide to the Company due to the Relationship. I understand this means that such Inventions shall be owned exclusively by the Company. To the maximum extent permitted by applicable law, I hereby waive and agree not to enforce any moral rights I may have on or to any such Inventions.

(c) **Exception to Assignment.**

(1) **Non-Assignable Inventions.** I understand that the assignment provisions of Section 5(b) shall not require assignment of any Invention that, pursuant to applicable law, is not subject to compelled assignment ("Specific Inventions Law"). I understand that Inventions, whether or not patentable or protectable by copyright or trade secret, made or conceived, reduced to practice, or learned by me even during the period of the Relationship, not subject to compelled assignment include those that meet each of the following criteria: (a) are developed entirely on my own time; (b) are developed without use of any equipment, supplies, facility or Confidential Information of the Company or Third Party Information; and (c) (i) do not relate, at the time conceived or reduced to practice, to the Company's business or its actual or demonstrably anticipated research or development, or (ii) do not result from any service provided or work performed by me for the Company during the period of the Relationship. Notwithstanding an applicable Specific Inventions Law, during the Relationship and for the period of one (1) year after termination of the Relationship, I will promptly disclose to the Company in writing any Inventions authored, conceived or reduced to practice by me, either alone or jointly with others, not already disclosed on Exhibit B hereto. At the time of each such disclosure, I will advise the Company in writing which of such Inventions I believe fully qualifies for protection under a Specific Inventions Law and provide to the Company in writing all evidence to substantiate that belief.

(2) **Open Source Code.** Notwithstanding the intellectual property assignment or ownership provision in Section 5(b) of this Agreement, the Company acknowledges that I retain all rights in any Approved Open Source Contributions. "Open Source" shall mean any software or source code licensed under an open source license as defined by the Open Source Initiative (http://www.opensource.org). Prior to contributing to an Open Source project any source code that was created on my own time, I will complete and submit to the Company a Company-designated open source form that confirms that the source code does not contain information that falls outside an applicable Specific Inventions Law that the Company would own under this Agreement. Only source code for which such a form has been submitted, and that has subsequently been duly approved by the Company in writing as source code that I may contribute to an Open Source Project on my own time,

will be an "Approved Open Source Contribution." When contributing, releasing, or making publicly available any Approved Open Source Contributions, I will use my own copyright notice, and not any notice of the Company, and I will not name the Company as the source or origin of the Approved Open Source Contributions. When contributing any Approved Open Source Contributions to an Open Source project, any contribution agreement will be executed only in my name and not in the Company's name. I will ensure that any Approved Open Source Contribution does not contain or disclose any Company trade secrets. I will ensure that any Approved Open Source Contribution does not contain any patentable inventions claimed by the Company. I have attached hereto, as Exhibit D, a list describing all of the Open Source projects that I am currently a member of or contribute any information, source code, ideas, or documentation to. I acknowledge that I have no authority to contribute, release, or make publicly available any Open Source software on behalf of the Company without prior written authorization of the Company. The foregoing will not apply to contributions the Company elects to make directly to Open Source projects, even where such contributions are authored or facilitated by me.

(d) **Standards Organizations**. I agree that I will not join, participate in, execute any agreement for, communicate with, or contribute to any standards organization or standards setting organization (for example, W3C, IETF, OASIS) ("SSO"), without the written permission of the Company. I acknowledge that I have no authority to contribute, release, or make publicly available any information, source code, ideas, specifications, inventions, or documentation to an SSO on behalf of the Company unless I receive prior written permission from the Company to do so. I agree that if I have been given written permission to contribute to an SSO, I will only make contributions that are within the scope of the Company's approval. I have attached hereto, as part of Exhibit D, a list describing all of the SSOs that I am currently a member of or contribute any information, source code, ideas, specifications, inventions, or documentation to, prior to the commencement of the Relationship.

(e) **Patent and Copyright and Other Intellectual Property Rights.** I agree to assist Meta, or its designee, at its expense, in every proper way to secure Meta's, or its designee's, rights in the Inventions and Confidential Information and any copyrights, patents, trademarks, mask work rights, moral rights, domain name rights or other intellectual property rights relating thereto in any and all countries, including (i) the disclosure to Meta or its designee of all pertinent information and data with respect thereto, and (ii) the execution of all applications, specifications, oaths, assignments, recordations, and all other instruments which Meta or its designee shall deem necessary (a) in order to apply for, obtain, maintain and transfer such rights, or if not transferable, for me to waive such rights, and (b) in order to assign and convey to Meta or its designee, and any successors, assigns and nominees the sole and exclusive rights, title and interest in and to such Inventions, Confidential Information and any copyrights, patents, trademarks, mask works, domain name rights or other intellectual property rights relating thereto. I further agree that my obligation to execute or cause to be executed, when it is in my power to do so, any such instrument or papers shall continue after the termination of the Relationship until the expiration of the last such intellectual property right to expire in any country of the world. If Meta or its designee is unable because of my mental or physical incapacity or unavailability or for any other reason to secure my signature to apply for or to pursue any application for any United States or foreign patents, copyright, mask works, domain names or other registrations covering Inventions or original works of authorship assigned to Meta or its designee as above, then I hereby irrevocably

designate and appoint Meta and its duly authorized officers and agents as my agent and attorney in fact, to act for and in my behalf and stead to execute and file any such applications and to do all other lawfully permitted acts to further the application for, prosecution, issuance, maintenance or transfer of letters patent, copyright, trademark, mask work, domain name or other registrations thereon with the same legal force and effect as if originally executed by me. I hereby waive and irrevocably quitclaim to Meta or its designee any and all claims, of any nature whatsoever, which I now or hereafter have for infringement of any and all proprietary rights assigned to Meta or such designee.

6. **Use & Return of Company Property and Documents.**

(a) **No Privacy in Use**. I acknowledge and agree that I have no expectation of privacy with respect to my use of the Company's telecommunications, networking or information processing systems (including, without limitation, stored company files, e-mail messages, voice messages and text messages), even if I am allowed to secure any of them by way of personally-selected passwords, and that my activity and any files or messages on or using any of those systems may be monitored at any time by the Company without notice. I further agree that the Company's premises, any property situated on the Company's premises including, but not limited to, disks and other storage media, filing cabinets, closets, desks and other work areas, and any items of personal property I may bring onto Company premises, even if I am allowed to secure them by a personally provided lock or personally selected code, are subject to search and inspection by Company personnel at any time without advance notice, and I shall not have any expectation of privacy in my use of Company premises or any Company property.

(b) **Return of Company Property and Documents.** I agree that, at any time during the Relationship as may be requested by the Company and at the time the Relationship terminates, I will deliver to the Company (and will not keep in my possession, recreate or deliver to anyone else) any and all devices, records, data, notes, reports, proposals, lists, correspondence, specifications, drawings, blueprints, sketches, laboratory notebooks, materials, flow charts, equipment, other documents or items of property, or reproductions of any of the aforementioned items developed by me pursuant to the Relationship, or otherwise belonging to the Company, its successors or assigns. In addition, at the time the Relationship terminates, I agree I shall sign and deliver the Termination Certification attached hereto as Exhibit C attesting to my compliance with this Agreement; however, my failure to sign and deliver the Termination Certificate shall in no way diminish my continuing obligations under this Agreement. This provision does not apply, however, to such items that I have provided to any Regulator or any other regulatory or enforcement authority.

7. **Cooperation**. I agree that, at any time after the Relationship terminates as may be requested by the Company, I will make myself reasonably available to the Company to: (1) respond to requests by the Company for information pertaining to or relating to the Company and/or its current or future parent companies, subsidiaries, affiliates, partners, directors, officers, agents or employees that may be within my knowledge; and (2) cooperate fully and truthfully with the Company in connection with any and all existing or future litigation, claims or investigations brought by or against the Company or any of its current or future parent companies, subsidiaries, affiliates, partners, directors, officers, agents or employees, whether administrative, civil or criminal in nature, in which and to the extent the Company

deems my cooperation necessary.

8. **Notification to Other Parties**. In the event that I leave the employ of the Company, I hereby consent to notification by the Company to my new employer about my rights and obligations under this Agreement.

9. **Non-Solicitation of Company Employees & Consultants, Clients & Customers.**

(a) **Company Employees & Consultants.** I agree that during the period of the Relationship, and for twenty-four (24) months immediately following the termination of the Relationship, I shall not, directly or indirectly, on behalf of myself or any other person or entity, solicit, induce, recruit or encourage, or attempt to solicit, induce, recruit, encourage, any of the Company's employees or consultants to terminate or reduce their relationship with the Company, and I shall not otherwise directly or indirectly interfere or attempt to interfere with the Company's relationship with its employees or consultants.

(b) **Company Clients & Customers.** Subject to Section 4(d) above, I agree that during the period of the Relationship and at all times following the termination of the Relationship, I shall not use or disclose any Confidential Information or Third Party Information (i) to encourage or attempt to encourage any of the Company's clients or customers to terminate or reduce their business relationship with the Company, (ii) to discourage or attempt to discourage such clients or customer from purchasing Company products or services, or (iii) to otherwise interfere with or negatively impact the business relationship the Company has with any of its clients or customers.

10. **Likeness Use and Consent.** I consent and give Meta and its licensees, legal agents, and representatives (collectively, "**Meta Agents**") the absolute, irrevocable and perpetual right and permission throughout the universe to photograph, film, record, edit, mix, use, print, reproduce, exhibit, display, publish, perform, transmit, disseminate, market, lease, license, transfer, modify, sell, make derivative works of and/or otherwise exploit (collectively, "Use") my name, user name, likeness, appearance picture, portrait, photograph, image, voice, sounds, performance and personal attributes, which are taken, captured or recorded during the term of my employment with Meta (collectively, "Likeness"), in whole or in part, and to use my name, user name, age, and/or city and state of residence to attribute such Likeness to me, in all forms of media, broadcast, exhibition, display, performance or distribution, whether alone or with other productions, whether now known or later developed, and in all manners, including written extractions, composite or distorted representations.

I am fully aware of and consent to the Use of my Likeness for the production of or use in a television show, documentary, commercial, promotional video, Internet production, screenshot, image or any other type of visual and/or audio advertising, promotion material or production (a "**Production**"). I acknowledge that Meta Agents shall exclusively own all such Productions, derivative works and proceeds, and I have no ownership rights therein. I am fully aware that such Productions will be used, in whole or in part, for advertising, promotions, marketing, and any other lawful purpose whatsoever.

I waive any right to inspect or approve drafts or the final version(s) of any Production, including any written copy produced in connection with any Production, and any right that I may have to control the use of any Production. I hereby release Meta Agents from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, displaying or distribution of the Productions.

To the fullest extent allowed by law, I hereby release, discharge and agree to defend, indemnify and hold harmless Meta Agents from all claims, causes of action, damages, losses and liability of any kind, now known or unknown, in law or in equity, based upon, arising out of or resulting from my participation in any Production, including without limitation, personal injury, property damage, death, defamation, unauthorized use of name or likeness, privacy right, right of publicity, trademark, copyright or any other intellectual property, or moral right (including "droits morale"). I represent and warrant that I have full, unrestricted right to agree to this provision, participate in the Productions and Use any materials that I present or include in the Productions. I further represent that participation and Use of such materials will not infringe or conflict with the rights of any third party; and that no other authorization to Use my Likeness or such materials is necessary. I hereby grant Meta Agents full, unrestricted right to Use such materials in its Productions, and agree to defend, indemnify and hold harmless Meta Agents from and against any liability for the use and distribution of such materials.

11. **Representations and Covenants General Provisions.**

(a) **Facilitation of Agreement.** I agree during the term of the Relationship and for a reasonable amount of time thereafter to execute promptly any proper oath or verify any proper document required to carry out the terms of this Agreement upon the Company's written request to do so.

(b) **No Conflicts.** I represent that neither my employment with the Company nor the performance of my obligations under this Agreement breaches any pre-existing agreement, or any agreement I will enter into with any third party including, without limitation, any agreement to keep in confidence proprietary information or materials acquired by me in confidence or in trust prior to the Relationship. I agree not to enter into any written or oral agreement that conflicts with the provisions of this Agreement.

(c) **Governing Law.** The validity, interpretation, construction and performance of this Agreement shall be governed by the laws of the state in which you are employed, without giving effect to the principles of conflict of laws.

(d) **Severability**. If one or more of the provisions in this Agreement are deemed void by law, then the remaining provisions will continue in full force and effect.

(e) **Successors and Assigns.** This Agreement will be binding upon my heirs, executors, administrators and other legal representatives, and my successors and assigns, and will be for the benefit of the Company, its successors, and its assigns.

(f) **Survival**. The provisions of this Agreement shall survive termination of the Relationship, and any assignment of this Agreement by the Company to any successor in interest or other assignee.

(g) **Remedies**. I acknowledge and agree that violation of this Agreement by me may cause the Company irreparable harm, and therefore agree that the Company will be entitled to seek extraordinary relief in court, including but not limited to temporary restraining orders, preliminary injunctions and permanent injunctions without the necessity of posting a bond or other security and in addition to and without prejudice to any other rights or remedies that the Company may have for a breach of this Agreement.

(h) **Knowing & Voluntary Execution.** I certify and acknowledge that I have carefully read all of the provisions of this Agreement, that I understand them, that I am agreeing to voluntarily accept such provisions, and that I will fully and faithfully comply with such provisions. I ALSO ACKNOWLEDGE THAT, PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO SEEK THE ADVICE OF INDEPENDENT LEGAL COUNSEL ABOUT THIS AGREEMENT. THIS AGREEMENT SHALL NOT BE CONSTRUED AGAINST ANY PARTY BY REASON OF THE DRAFTING OR PREPARATION HEREOF.

(i) **Entire Agreement.** This Agreement sets forth the entire agreement and understanding between the Company and me relating to the subject matters hereof. No representation or promise regarding any of the subject matters of this Agreement has been made to me by the Company or any apparent representative of the Company, that (i) is contrary to any provision of this Agreement, or (ii) is not expressly written in this Agreement. No modification or amendment to this Agreement, nor any waiver of any rights under this Agreement, will be effective unless in writing signed by me and a corporate officer of the Company.

[Signature Page Follows]

Meta

The parties have executed this Agreement on the respective dates set forth below:

COMPANY:	EMPLOYEE:
Meta Platforms, Inc.	Sidhartha Sen, an Individual:
By: 	Sidhartha Sen Sidhartha Sen (Apr 24, 2024 08:38 CDT) Signature
Name: Ruta Singh	Sidhartha Sen
Title: VP, Global Recruiting	
Date: April 23, 2024	Date: Apr 24, 2024
Address: **1 HACKER WAY** **MENLO PARK, CA 94025**	Address: 311 Bowie Street, Apt. 2614 Austin, TX 78703

Meta

EXHIBIT A

LIST OF PRIOR OBLIGATIONS UNDER SECTION 4(b)

Title	Date	Identifying Number or Brief Description

Meta

EXHIBIT B

LIST OF PRIOR INVENTIONS AND ORIGINAL WORKS OF AUTHORSHIP EXCLUDED UNDER SECTION 5

Title	Date	Identifying Number or Brief Description

Meta

EXHIBIT C

TERMINATION CERTIFICATION

This is to certify that I do not have in my possession, nor have I failed to return, any devices, records, data, notes, reports, proposals, lists, correspondence, specifications, drawings, blueprints, sketches, laboratory notebooks, flow charts, materials, equipment, other documents or property, or copies or reproductions of any aforementioned items belonging to Meta Platforms, Inc., its subsidiaries, affiliates, successors or assigns (together the "Company"). This certification does not apply, however, to items that I have provided to any Regulator or any other regulatory or enforcement authority.

I further certify that I have complied with all the terms of the Company's Confidential Information and Invention Assignment Agreement signed by me, including the reporting of any inventions and original works of authorship (as defined therein), conceived or made by me (solely or jointly with others) covered by that agreement.

Subject to Section 4(d) of the Company's Confidential Information and Invention Assignment Agreement, I further agree that, in compliance with the Confidential Information and Invention Assignment Agreement, I will preserve as confidential all trade secrets, confidential knowledge, data or other proprietary information relating to products, processes, know-how, designs, formulas, developmental or experimental work, computer programs, data bases, other original works of authorship, customer lists, business plans, or non-public information relating to the Company's financial position.

I further agree that for twenty-four (24) months from the date of this Certificate, I shall not either directly or indirectly solicit, induce, recruit or encourage any of the Company's employees or consultants to terminate their relationship with the Company, or attempt to solicit, induce, recruit, encourage or take away employees or consultants of the Company, either for myself or for any other person or entity. Further, I shall not at any time use any Confidential Information of the Company to negatively influence any of the Company's clients or customers from purchasing Company products or services or use Confidential Information to solicit or influence or attempt to influence any client, customer or other person either directly or indirectly, to direct his or its purchase of products and/or services to any person, firm, corporation, institution or other entity in competition with the business of the Company.

Date:_____

_____
(Employee's Signature)

_____
(Type/Print Employee's Name)

Meta

EXHIBIT D

LIST OF ALL OPEN SOURCE PROJECTS THAT YOU CONTRIBUTE TO
(PER SECTION 5(c)(2))

Name Of Project	Website

LIST OF ALL STANDARDS ORGANIZATIONS THAT YOU ARE A MEMBER OF OR CONTIBUTE TO

Name Of Project	Website

Meta

Attachment B

Mutual Arbitration Agreement

This Mutual Arbitration Agreement ("**Agreement**") is entered into between Meta Platforms, Inc. and its current or future parents, subsidiaries, affiliates, successors and assigns (collectively, "**Employer**" or "**Company**") and the employee named below ("**Employee**"). Employer and Employee may be collectively referred to herein as "Parties" or "we," and each may be referred to individually as a "Party."

Claims Covered by the Agreement

Employer and Employee agree to arbitrate before a neutral arbitrator any and all existing or future disputes or claims between Employee and Employer, that arise out of or relate to Employee's recruitment, employment or separation from employment with Employer, including claims involving any current or former officer, director, shareholder, agent or employee of Employer, whether the disputes or claims arise under common law, or in tort, contract, or pursuant to a statute, regulation, or ordinance now in existence or which may in the future be enacted or recognized, including, but not limited to, the following claims ("**Covered Claims**"):

- claims for fraud, promissory estoppel, fraudulent inducement of contract or breach of contract or contractual obligation;
- claims for wrongful termination of employment, violation of public policy, constructive discharge, infliction of emotional distress, misrepresentation, conversion, embezzlement, interference with contract or prospective economic advantage, defamation, unfair business practices, and any other tort or tort-like causes of action relating to or arising from the employment relationship or termination thereof;
- claims for discrimination, harassment or retaliation, whether on the basis of age, sex (but excluding sexual harassment), race, national origin, religion, disability or any other unlawful basis, under any and all federal, state, or municipal statutes, regulations, ordinances or common law, including but not limited to Title VII of the Civil Rights Act of 1964, the Civil Rights Acts of 1866 and 1991, the Age Discrimination in Employment Act of 1967, the Older Workers Benefit Protection Act of 1990, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Family and Medical Leave Act of 1993, and including claims under the Fair Labor Standards Act of 1938, the Equal Pay Act of 1963, Section 1981 of the Civil Rights Act, and the Worker Adjustment and Retraining Notification Act.
- claims for non-payment, incorrect payment, or overpayment of wages, commissions, bonuses, severance, and employee fringe benefits, stock options, stock grants and the like, whether such claims be pursuant to alleged express or implied contract or obligation, equity, or any federal, state, or municipal laws concerning wages, compensation or employee benefits, claims of failure to pay wages for all hours worked, failure to pay overtime, failure to pay wages due on termination, failure to provide accurate, itemized wage statements, entitlement to waiting time penalties and/or any other claims involving employee compensation issues.

- claims arising out of or relating to the grant, exercise, vesting and/or issuance of equity in the Company or options to purchase equity in the Company.

Claims Not Covered by the Agreement

Notwithstanding the above, we agree that the following disputes and claims are not covered by this Agreement and shall therefore be resolved in any appropriate forum as required by the laws then in effect:

- claims for workers' compensation benefits, unemployment insurance, or state or federal disability insurance;
- claims for temporary or preliminary injunctive relief (including a temporary restraining order) in aid of arbitration or to maintain the status quo pending arbitration, in a court of competent jurisdiction in accordance with applicable law;
- claims relating to Employer's or Employee's intellectual property;
- claims for sexual harassment;
- any other dispute or claim that has been expressly excluded from arbitration by statute.

Nothing in this Agreement should be interpreted as restricting or prohibiting the Employee from filing a charge or complaint with the U.S. Equal Employment Opportunity Commission, the National Labor Relations Board, the Department of Labor, the Occupational Safety and Health Commission, or any other federal, state, or local administrative agency charged with investigating and/or prosecuting complaints under any applicable federal, state or municipal law or regulation (except that the parties acknowledge that the Employee may not recover any monetary benefits in connection with any such claim, charge or proceeding). A federal, state, or local agency would also be entitled to investigate the charge in accordance with applicable law. However, any dispute or claim that is covered by this Agreement but not resolved through the federal, state, or local agency proceedings must be submitted to arbitration in accordance with this Agreement.

Time To File Claims

We understand and agree that any demand for arbitration by either the Employee or Employer shall be filed within the statute of limitation that is applicable to the claim(s) upon which arbitration is sought or required. Any failure to demand arbitration within this time frame and according to these rules shall constitute a waiver of all rights to raise any claims in any forum arising out of any dispute that was subject to arbitration.

Class, Collective or Representative Action Waiver

To the extent permitted by law, no claims may be brought or maintained on a class, collective or representative basis either in a court of law or arbitration, notwithstanding the rules of the arbitral body. The Parties expressly waive any right with respect to any Covered Claims to submit, initiate, or participate as a plaintiff, claimant or member in a class action or collective action, regardless of whether the action is filed in arbitration or in a court of law.

Any issue concerning the validity of the class action, collective action or representative action waiver in this Agreement, and whether an action may proceed as a class, collective or representative action, must be decided by a court of law, and an arbitrator shall not have authority to consider the issue of the validity of this waiver or whether the action may proceed as a class, collective or representative action. If for any reason this class action, collective action or representative action waiver is found to be unenforceable, the class action, collective action or representative action claim may only be heard in a court of law and may not be arbitrated. No arbitration award or decision will have any preclusive effect as to issues or claims in any dispute with anyone who is not a named party to the arbitration.

Final and Binding Arbitration

WE UNDERSTAND AND AGREE THAT THE ARBITRATION OF DISPUTES AND CLAIMS UNDER THIS AGREEMENT SHALL BE INSTEAD OF A COURT TRIAL BEFORE A JUDGE AND/OR A JURY. We understand and agree that, by signing this Agreement, we are expressly waiving any and all rights to a trial before a judge and/or a jury regarding any disputes and claims which we now have or which we may in the future have that are subject to arbitration under this Agreement. We also understand and agree that the arbitrator's decision will be final and binding on both Employer and Employee, subject to review on the grounds set forth in the Federal Arbitration Act ("FAA").

Arbitration Procedures

We understand and agree that the arbitration shall be conducted in accordance with the Employment Arbitration Rules and Mediation Procedures of the American Arbitration Association ("AAA"), including its Optional Rules for Emergency Measures of Protection, to the extent not inconsistent with the terms of this Agreement. The Parties agree that those rules shall not be construed to allow class, collective or representative arbitration, and that a court, rather than the arbitrator, shall decide class, collective and representative action related issues; provided, however, that the arbitrator shall allow the discovery authorized under the Federal Rules of Civil Procedure or any other discovery required by state law in arbitration proceedings. Also, to the extent that any of the Employment Arbitration Rules and Mediation Procedures of the AAA or anything in this Agreement conflicts with any arbitration procedures required by law, the arbitration procedures required by law shall govern. Employee and Employer also agree that nothing in this Agreement relieves either of them from any obligation they may have to exhaust certain administrative remedies before arbitrating any claims or disputes under this Agreement.

The Arbitrator shall have jurisdiction to hear and rule on pre-hearing disputes and is authorized to hold pre-hearing conferences by telephone or in person, as the Arbitrator deems necessary. The Arbitrator shall have the authority to entertain a motion to dismiss and/or a motion for summary judgment by any party.

Either party, upon request at the close of hearing, shall be given leave to file a post-hearing brief. The time for filing such a brief shall be set by the Arbitrator.

The Arbitrator shall render a written award and opinion. The written award and opinion shall be confidential and not available to the public.

Either party shall have the right, within 20 days of issuance of the Arbitrator's opinion, to file with the Arbitrator a motion to reconsider (accompanied by a supporting brief), and the other party shall have 20 days from the date of the motion to respond. The Arbitrator thereupon shall reconsider the issues raised by the motion and, promptly, either confirm or change the decision, which (except as provided by this Agreement) shall then be final and conclusive upon the parties.

The Arbitration Rules and Mediation Procedures of the AAA may be found on the Internet at www.adr.org/employment. A printed copy of these rules is also available upon request.

Place of Arbitration

We understand and agree that the arbitration shall take place in the county in which the Employee worked at the time the arbitrable dispute or claim arose, unless the parties agree to another mutually convenient location.

Governing Law

We understand and agree that the Employer is engaged in transactions involving interstate commerce and that this is an agreement governed by the FAA. To the extent not inconsistent with the FAA, this Agreement and its interpretation, validity, construction, enforcement and performance, as well as disputes and/or claims arising under this Agreement, shall be governed by the law of the state where Employee works or worked at the time the arbitrable dispute or claim arose.

Costs of Arbitration

We understand and agree that to the extent required by law, the Employer will bear the arbitrator's fee and any other type of expense or cost that Employee would not be required to bear if the dispute or claim was brought in a court of law, as well as any other expense or cost that is unique to arbitration. If Employee is the party initiating the claim, Employee is responsible for contributing an amount equal to the filing fee to initiate a claim in the court of general jurisdiction in the state in which Employee is (or was last) employed by Employer. Employer and Employee shall each pay their own attorneys' fees incurred in connection with the arbitration, and the arbitrator will not have authority to award attorneys' fees unless a statute or contract at issue in the dispute authorizes the award of attorneys' fees to the prevailing party, in which case the arbitrator shall have the authority to make an award of attorneys' fees as required or permitted by applicable law. If there is a dispute as to whether Employer or Employee is the prevailing party in the arbitration, the arbitrator will decide this issue.

Severability

We understand and agree that if any term or portion of this Agreement shall, for any reason, be declared by a Court of competent jurisdiction to be invalid or unenforceable or to be contrary to public policy or any law, such a decision shall only be binding in the jurisdiction in which the decision was

made. In addition, the remainder of this Agreement shall not be affected by such invalidity or unenforceability but shall remain in full force and effect, as if the invalid or unenforceable term or portion thereof had not existed within this Agreement.

Complete Agreement

We understand and agree that this Agreement contains the complete agreement between Employer and Employee regarding the subject of arbitration of disputes, except for any arbitration agreement in connection with any benefit plan; that it supersedes any and all prior representations and agreements between us, if any; and that it may be modified only in a writing, expressly referencing this Agreement and Employee by full name, and signed by the Employee and the Employer's General Counsel.

Not A Contract of Employment

This Agreement is not, and shall not be construed to create, any contract of employment, express or implied. Nor does this Agreement in any way alter the "at-will" status of Employee's employment.

[THIS SPACE INTENTIONALLY LEFT BLANK]

CONSIDERATION

We understand that arbitration is a speedy, cost-effective procedure for resolving disputes and have entered into this Agreement in the anticipation of gaining the benefit of this dispute resolution procedure. This Agreement is supported by the parties' mutual promises to submit any claims they may have against the other that are covered by this Agreement to final and binding arbitration, rather than to have them decided in court before a judge or jury.

Knowing and Voluntary Agreement

WE UNDERSTAND AND AGREE THAT WE HAVE BEEN ADVISED TO CONSULT WITH AN ATTORNEY OF OUR OWN CHOOSING BEFORE SIGNING THIS AGREEMENT, AND WE HAVE HAD AN OPPORTUNITY TO DO SO. WE AGREE THAT WE HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT BY SIGNING IT, WE ARE WAIVING ALL RIGHTS TO A TRIAL OR HEARING BEFORE A JUDGE OR JURY OF ANY AND ALL DISPUTES AND CLAIMS SUBJECT TO ARBITRATION UNDER THIS AGREEMENT.

Date: Apr 24, 2024

Sidhartha Sen

Sidhartha Sen (Apr 24, 2024 08:38 CDT)

Employee Signature

Sidhartha Sen
Employee Name (Please Print)

Meta Platforms, Inc.

Date: April 23, 2024

By: Ruta Singh

Title: VP, Global Recruiting

March 6, 2025

Sidhartha Sen
Employee ID: 539065

Dear Sidhartha,

ACKNOWLEDGEMENT OF CHANGE IN WORK LOCATION

This letter confirms changes to terms and conditions to your employment with Meta Platforms, Inc. ("**Meta**" or "**the Company**") to reflect your new working arrangement. The changes below will apply from April 07, 2025 ("**Effective Date**"). Other than the changes set out below, all other terms and conditions of your employment with the Company remain unchanged.

You acknowledge and accept that as a result of your new working arrangement there will be the following changes to your employment:

1. Your gross base pay is now 190,120 USD**,** which will take effect from your first paycheck following the Effective Date, less deductions and applicable taxes required by law.[1] Your base pay will be payable pursuant to the Company's regular payroll policy. Your base pay will be periodically reviewed as part of the Company's regular reviews of compensation.

2. You will work from US - NY - New York ("**Office Location**") and you acknowledge that your compensation values (including base pay and RSUs) is solely applicable to such Office Location.

3. You will continue to be enrolled in the Meta benefit and insurance plans available in United States, subject to the terms in place with relevant providers. However, because some benefits differ from area to area, your benefit offerings, options and cost may change. In addition, your ability to access and use these benefits may differ as a result of your chosen Office Location.

4. Your PTO, leave entitlement and public holidays will align with your Office Location as of your effective date. Please note that the Public Holidays that apply to your new Work Location can be reviewed in Workday and the Calendar Status tool from the Effective Date.

In addition to the above changes to the terms and conditions of employment, you also acknowledge and accept the following conditions:

5. You will comply with any and all terms set out in the Meta In-Person Time Policy available on the People Portal, as amended from time to time.

6. You are required to continue to comply with the terms of the Confidential Information and Invention Assignment Agreement that you signed prior to commencing your employment with Meta.

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[1] If you are an existing remote worker and you are receiving this letter as a result of a change in work location, please be aware that changes to your gross salary, less deductions and applicable taxes, will typically take effect within 1-2 payroll cycles of your Office Location change. In addition, any remote work related stipends or benefits you may have previously been entitled to will end on your transfer effective date.

Any changes to your benefits entitlements as a result of your new Office Location are detailed in the Benefit Page. It's important that your address is current for tax and payroll purposes so if you move at any point, go to Workday to update your address.

Intake Exemption: XINT42.1

7. Your wages reporting and tax withholding will be updated, as applicable, to reflect your Office Location. The Company will continue reporting your wages and withhold applicable taxes based on your current assigned work location and address in Workday until the first paycheck following the Effective Date.[3] Please note that the Company is not responsible for any additional taxes due prior to your work location change before the Effective Date. Please consult with your own tax advisor.

8. If you do not sign your acknowledgement letter by April 02, 2025, your transfer request will be canceled and you'll need to reapply and go through the entire cycle again.

Except as outlined in this letter, the terms and conditions of your employment with Meta remain unchanged.

I, Sidhartha Sen, acknowledge and accept the contents of this document:

Signature: Sid Sen
Sid Sen (Mar 6, 2025 15:11 EST)

Date: Mar 6, 2025

Intake Exemption: XINT42.1

NOTICE AND ACKNOWLEDGMENT OF PAY RATE AND PAYDAY PURSUANT TO NEW YORK LABOR LAW

Prepared For: Sidhartha Sen

1. Employer Information

Employer Name: **Meta Platforms, Inc.**

Doing Business As ("DBA") Name:
N/A

Principal Street and Mailing Address:

770 Broadway, 8th Floor, New York, NY 10003

Phone: 646-214-2203

2. Regular Payday: Employees are paid bi-weekly on every other Friday. If a pay day falls on a holiday or weekend, paychecks will be distributed on the last business day preceding the holiday or weekend.

3. Your rate(s) of pay: $190,120/year

4. Basis for your rate(s) of pay (hourly, shift, day, week, salary, piece, commission, other):

You will be paid a salary, and you also may be entitled to receive ~~[~~variable compensation and~~]~~ discretionary bonus compensation as explained more fully in, and calculated in accordance with, any applicable plan or agreement to which you may be a party.

5. Allowances Taken:
X None
Tips _____ per hour
Meals _____ per meal
Lodging _____
Other _____

6. Employee Acknowledgment:

I affirm that I received and understand all of the terms and conditions contained in this Notice and that I accurately informed my employer, as required by New York law, of my primary language. I affirm and understand that this notice was provided to me in English because (check one):

My primary language is:

English ☑

Other ☐ but the New York Department of Labor does not offer this form in my primary language.

Intake Exemption: XINT42.1

Sid Sen

Sid Sen (Mar 6, 2025 15:11 EST)

Employee Signature

Mar 6, 2025

Date

Ruta Singh, VP, Global Recruiting

Preparer Name and Title

Intake Exemption: XINT42.1

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008

a Employee's soc. sec. no. 073-84-0723	1 Wages, tips, other comp. 153041.75	2 Federal income tax withheld 33826.81
	3 Social security wages 162801.44	4 Social security tax withheld 10093.69
b Employer ID number (EIN) 20-1665019	5 Medicare wages and tips 162801.44	6 Medicare tax withheld 2360.62

c Employer's name, address, and ZIP code
Meta Platforms, Inc.
1 Meta Way
Attn: Payroll Department
Menlo Park, CA 94025

d Control number

e Employee's name, address, and ZIP code
Sidhartha Sen
420 7th St NW
Apt. 406
Washington, DC 20004

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 170.95
13 Statutory employee	14 Other RSU 18469.12	12b Code D 9759.69
Retirement plan X		12c Code W 4149.96
Third-party sick pay		12d Code DD 5245.98

DC	300000085501	88139.58	5170.11
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 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

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

OMB No. 1545-0008

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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS
This information is being furnished to the IRS. 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.

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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

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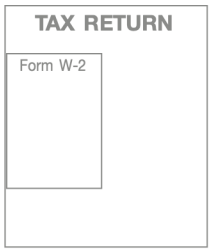


NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

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

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

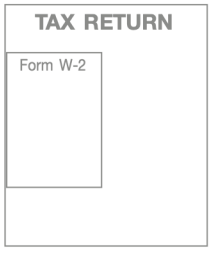
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000.

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

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

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

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

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

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

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

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

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VA 30201665019F001	153041.75	8388.21
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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS
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Form W-2 Wage and Tax Statement 2024 Dept. of the Treasury - IRS

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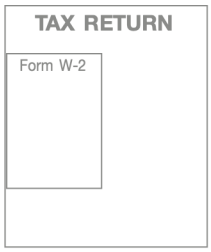

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Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2.*

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than $10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

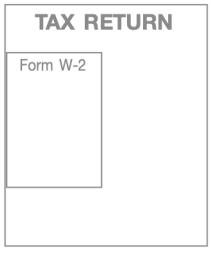
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,000 ($16,000 if you only have SIMPLE plans; $26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,000. Deferrals under code H are limited to $7,000.

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

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

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

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

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

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

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

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Your 2023 forms W-2 are enclosed

Happy new year! Gusto's here to make sure you have what you need for the upcoming tax season. Attached are your 2023 W-2 forms.

What you should do with Forms W-2

This package includes three copies of the W-2. Here's how to use each of them:

Copy B:	File this copy with your federal tax return by April 15th, 2024.
Copy 2:	File this copy with your state tax return by April 15th, 2024.
Copy C:	Keep this copy safe for your personal records.

How to read Form W-2

The W-2 can be a bit confusing. Here's some information to help clarify:

Box a:	Please ensure that your employee's SSN is accurate.
Box 1:	Shows total wages that are subject to federal income tax. This amount does not include contributions to Medical, Dental, and Vision insurance under Section 125 plans, or contributions to retirement plans such as 401(k).
Box 3:	Shows total wages subject to Social Security. It has a maximum of $160,200 in 2023. This amount does not include contributions to Medical, Dental, and Vision insurance under Section 125 plans.
Box 5:	Shows total wages subject to Medicare. This amount does not include contributions to Medical, Dental, and Vision insurance under Section 125 plans.

We hope this helps make tax season easier. If you have any questions about your W-2, please reach out to your employer.

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	a Employee's social security number 073-84-0723	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file	Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 47-3413630		**1** Wages, tips, other compensation 146420.50		**2** Federal income tax withheld 25216.96
c Employer's name, address, and ZIP code Avicado Construction Technology 3613 Royal Palm Ave Miami FL 33133		**3** Social security wages 146420.50		**4** Social security tax withheld 9078.07
		5 Medicare wages and tips 146420.50		**6** Medicare tax withheld 2123.10
		7 Social security tips		**8** Allocated tips
d Control number		**9**		**10** Dependent care benefits
e Employee's first name and initial: Sidhartha; Last name: Sen; Suff. 311 Bowie St Apt 2614 Austin TX 78703 **f** Employee's address and ZIP code		**11** Nonqualified plans		**12a** See instructions for box 12 Code AA 16725.83
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		**12b** Code DD 6882.37
		14 Other		**12c** Code
				12d Code

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 2023

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.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit *www.irs.gov/EITC.* See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov.*

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 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 $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee* on the back of Copy C.)

	a Employee's social security number 073-84-0723	OMB No. 1545-0008

b Employer identification number (EIN) 47-3413630	**1** Wages, tips, other compensation 146420.50	**2** Federal income tax withheld 25216.96
c Employer's name, address, and ZIP code Avicado Construction Technology 3613 Royal Palm Ave Miami FL 33133	**3** Social security wages 146420.50	**4** Social security tax withheld 9078.07
	5 Medicare wages and tips 146420.50	**6** Medicare tax withheld 2123.10
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial: Sidhartha — Last name: Sen — Suff. 311 Bowie St Apt 2614 Austin TX 78703 **f** Employee's address and ZIP code	**11** Nonqualified plans	**12a** Code AA 16725.83
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code DD 6882.37
	14 Other	**12c** Code
		12d Code

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 2023

Department of the Treasury—Internal Revenue Service

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

Instructions for Employee *(continued from back of Copy C)*

Box 12 *(continued)*

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

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

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

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

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

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

	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.
	073-84-0723		

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
47-3413630	146420.50	25216.96
c Employer's name, address, and ZIP code Avicado Construction Technology 3613 Royal Palm Ave Miami FL 33133	**3** Social security wages 146420.50	**4** Social security tax withheld 9078.07
	5 Medicare wages and tips 146420.50	**6** Medicare tax withheld 2123.10
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial / Last name / Suff. Sidhartha Sen 311 Bowie St Apt 2614 Austin TX 78703 **f** Employee's address and ZIP code	**11** Nonqualified plans	**12a** See instructions for box 12 Code AA 16725.83
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code DD 6882.37
	14 Other	**12c** Code
		12d Code

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 2023

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS
(See *Notice to Employee* on the back of Copy B.)

Safe, accurate, FAST! Use IRS e-file

Instructions for Employee

(See also *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 box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

(continued on back of Copy 2)

Meta

Meta Platforms, Inc. 1 Meta Way Attn: Payroll Department Menlo Park, CA 94025 +1 (650) 5434800 Federal Employer ID: 20-1665019

Sidhartha Sen 420 7th St NW Apt. 406 Washington, DC 20004

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Sidhartha Sen	Meta Platforms, Inc.	539065	03/09/2025	03/09/2025	03/21/2025	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	0.00	17,669.00	0.00	7,881.86	0.00	9,787.14
YTD	480.00	58,775.05	6,318.23	26,194.13	-5,156.69	31,419.38

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Dividend Equivalent			0		0	19.00
*Imp GTL			0		0	106.31
Life@ Choice			0		0	332.62
Performance Bonus	03/09/2025 - 03/09/2025	0	0	17,669.00	0	17,669.00
Restricted Stock Un			0		0	13,996.73
Salary			0		480	40,754.43
Earnings				17,669.00		72,878.09

Employee Taxes

Description	Amount	YTD
OASDI	1,095.48	4,459.50
Medicare	256.20	1,042.95
Federal Withholding	3,887.18	12,828.06
State Tax - DC	1,627.03	4,214.76
State Tax - VA	1,015.97	3,648.86
Employee Taxes	7,881.86	26,194.13

Pre Tax Deductions

Description	Amount	YTD
401k Salary		5,367.59
Pretax Dental		8.28
Health Savings Account		819.18
Pretax Medical		83.10
Pretax Vision		40.08
Pre Tax Deductions	0.00	6,318.23

Post Tax Deductions

Description	Amount	YTD
RSU Excess Refund		-201.85
RSU Tax Offset		-4,954.84
Post Tax Deductions	0.00	-5,156.69

Employer Paid Benefits

Description	Amount	YTD
401k Employer Match	0.00	5,367.59
Health Savings Account Employer		750.00
Employer Paid Benefits	0.00	6,117.59

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	17,669.00	71,927.45
Medicare - Taxable Wages	17,669.00	71,927.45
Federal Withholding - Taxable Wages	17,669.00	66,559.86
State Tax Taxable Wages - DC	17,669.00	66,559.86
State Tax Taxable Wages - VA	17,669.00	66,559.86

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Paid Time Off Plan (USA)	6.47	0	41.4

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Wells Fargo	Wells Fargo ******5370	******5370		9,787.14	USD

Meta

Meta Platforms, Inc. 1 Meta Way Attn: Payroll Department Menlo Park, CA 94025 +1 (650) 5434800 Federal Employer ID: 20-1665019

Sidhartha Sen 420 7th St NW Apt. 406 Washington, DC 20004

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Sidhartha Sen	Meta Platforms, Inc.	539065	02/24/2025	03/09/2025	03/14/2025	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	6,965.70	1,130.98	2,249.77	0.00	3,584.95
YTD	480.00	41,106.05	6,318.23	18,312.27	-5,156.69	21,632.24

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Dividend Equivalent	02/24/2025 - 03/09/2025	0	0	19.00	0	19.00
*Imp GTL	02/24/2025 - 03/09/2025	0	0	18.17	0	106.31
Life@ Choice			0		0	332.62
Restricted Stock Un			0		0	13,996.73
Salary	02/24/2025 - 03/09/2025	80	86.8337	6,946.70	480	40,754.43
TotalHrsWrkd	02/24/2025 - 03/09/2025	80	0	0.00		0.00
Earnings				6,983.87		55,209.09

Employee Taxes

Description	Amount	YTD
OASDI	423.17	3,364.02
Medicare	98.97	786.75
Federal Withholding	986.43	8,940.88
State Tax - DC	434.41	2,587.73
State Tax - VA	306.79	2,632.89
Employee Taxes	2,249.77	18,312.27

Pre Tax Deductions

Description	Amount	YTD
401k Salary	972.54	5,367.59
Pretax Dental	1.38	8.28
Health Savings Account	136.53	819.18
Pretax Medical	13.85	83.10
Pretax Vision	6.68	40.08
Pre Tax Deductions	1,130.98	6,318.23

Post Tax Deductions

Description	Amount	YTD
RSU Excess Refund		-201.85
RSU Tax Offset		-4,954.84
Post Tax Deductions	0.00	-5,156.69

Employer Paid Benefits

Description	Amount	YTD
401k Employer Match	972.54	5,367.59
Health Savings Account Employer		750.00
Employer Paid Benefits	972.54	6,117.59

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	6,825.43	54,258.45
Medicare - Taxable Wages	6,825.43	54,258.45
Federal Withholding - Taxable Wages	5,852.89	48,890.86
State Tax Taxable Wages - DC	5,852.89	48,890.86
State Tax Taxable Wages - VA	5,852.89	48,890.86

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Paid Time Off Plan (USA)	6.47	0	41.4

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount
Wells Fargo	Wells Fargo ******5370	******5370		3,584.95 USD

Meta

Meta Platforms, Inc. 1 Meta Way Attn: Payroll Department Menlo Park, CA 94025 +1 (650) 5434800 Federal Employer ID: 20-1665019

Sidhartha Sen 420 7th St NW Apt. 406 Washington, DC 20004

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Sidhartha Sen	Meta Platforms, Inc.	539065	02/10/2025	02/23/2025	02/28/2025	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	80.00	6,769.24	1,038.45	2,195.29	-201.85	3,737.35
YTD	400.00	34,140.35	5,187.25	16,062.50	-5,156.69	18,047.29

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
*Imp GTL	02/10/2025 - 02/23/2025	0	0	17.65	0	88.14
Life@ Choice			0		0	332.62
Restricted Stock Un			0		0	13,996.73
Salary	02/10/2025 - 02/23/2025	80	84.6154	6,769.24	400	33,807.73
TotalHrsWrkd	02/10/2025 - 02/23/2025	80	0	0.00		0.00
Earnings				6,786.89		48,225.22

Employee Taxes

Description	Amount	YTD
OASDI	410.96	2,940.85
Medicare	96.12	687.78
Federal Withholding	961.81	7,954.45
State Tax - DC	425.58	2,153.32
State Tax - VA	300.82	2,326.10
Employee Taxes	2,195.29	16,062.50

Pre Tax Deductions

Description	Amount	YTD
401k Salary	880.01	4,395.05
Pretax Dental	1.38	6.90
Health Savings Account	136.53	682.65
Pretax Medical	13.85	69.25
Pretax Vision	6.68	33.40
Pre Tax Deductions	1,038.45	5,187.25

Post Tax Deductions

Description	Amount	YTD
RSU Excess Refund	-201.85	-201.85
RSU Tax Offset		-4,954.84
Post Tax Deductions	-201.85	-5,156.69

Employer Paid Benefits

Description	Amount	YTD
401k Employer Match	880.01	4,395.05
Health Savings Account Employer		750.00
Employer Paid Benefits	880.01	5,145.05

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	6,628.45	47,433.02
Medicare - Taxable Wages	6,628.45	47,433.02
Federal Withholding - Taxable Wages	5,748.44	43,037.97
State Tax Taxable Wages - DC	5,748.44	43,037.97
State Tax Taxable Wages - VA	5,748.44	43,037.97

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Paid Time Off Plan (USA)	6.47	0	34.93

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Wells Fargo	Wells Fargo ******5370	******5370		3,737.35	USD

Wells Fargo Combined Statement of Accounts

SIDHARTHA SEN
8427 NW 34TH MNR
SUNRISE FL 33351-6605

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-742-4932

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (287)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

File your taxes early to help prevent identity theft

Early filing helps prevent someone else from filing taxes in your name.
Find other tips at wellsfargo.com/spottaxscams

A new twist on romance scams

Scammers make friends with you on social media, then offer to show you how to invest in crypto.
Watch for: Promises of big returns, help with downloading a crypto app, or requests to wire money.

Summary of accounts

Checking and Savings

Account	*Page*	*Account number*	*Ending balance last statement*	*Ending balance this statement*
WELLS FARGO EVERYDAY CHECKING **(Your primary account)**	2	8788695370	10,468.67	1,711.94
WELLS FARGO WAY2SAVE® SAVINGS	3	3651087029	1,000.05	1,000.05
	Total deposit accounts		**$11,468.72**	**$2,711.99**

Wells Fargo Everyday Checking

Statement period activity summary

Beginning balance on 1/9	$10,468.67
Deposits/Additions	7,256.64
Withdrawals/Subtractions	- 16,013.37
Ending balance on 2/7	**$1,711.94**

Account number: **8788695370 (primary account)**

SIDHARTHA SEN

Florida account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 063107513

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000003651087029

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
1/16		Online Transfer Ref #Ib0Qycw7Gd to Wells Fargo Cash Back VISA Signature Car Xxxxxxxxxxx6222 on 01/16/25		127.00	10,341.67
1/17		Meta Direct Dep 250117 935134389799Lzx Sen,Sidhartha	3,721.14		
1/17		Tle at Sunrise Payment 0 202270094544 Sen,Sidhar202270094544		610.00	13,452.81
1/21		Venmo Payment 250118 1039714347558 Sid Sen		50.00	
1/21		Chase Credit Crd Epay 250119 8116991575 Sidhartha Sen		152.00	
1/21		Chase Credit Crd Epay 250119 8116991340 Sidhartha Sen		10,000.00	
1/21		Discover E-Payment 250120 2738 Sen Sidhartha		158.00	3,092.81
1/24		Dept Education Student Ln 250123 0000 Sen, Sidhartha		189.89	2,902.92
1/27		Starpower Telecomm 250125 4227112 Sidhartha *Sen		61.93	2,840.99
1/30		ATM Withdrawal authorized on 01/30 1300 I St NW Ste 105W Washington DC 0009994 ATM ID 0357I Card 3937		200.00	
1/30		Venmo Payment 250130 1039955990440 Sid Sen		80.00	2,560.99
1/31		Meta Direct Dep 250131 285098931887Lzx Sen,Sidhartha	3,535.50		6,096.49
2/3		Venmo Payment 250202 1040016146524 Sid Sen		113.00	5,983.49
2/4		Chase Credit Crd Epay 250203 8149830084 Sidhartha Sen		214.06	
2/4		Tle at Sunrise Payment 0 202308192442 Sen,Sidhar202308192442		610.00	
2/4		Horning-301Hing Web Pmts 020425 4Cckxh Sidharthasen		3,000.00	
2/4		Venmo Payment 250204 1040071436658 Sid Sen		80.00	2,079.43
2/5		Venmo Payment 250205 1040102632432 Sid Sen		49.96	
2/5		Venmo Payment 250205 1040083139151 Sid Sen		317.53	1,711.94
Totals			**$7,256.64**	**$16,013.37**	

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/09/2025 - 02/07/2025	Standard monthly service fee $10.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$500.00	$1,711.94 ÷
• Total amount of qualifying electronic deposits	$500.00	$7,256.64 ÷
• Age of primary account owner	17 - 24	
• Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0

RC/RC

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Wells Fargo Way2Save® Savings

Statement period activity summary

Beginning balance on 1/9	$1,000.05
Deposits/Additions	0.00
Withdrawals/Subtractions	- 0.00
Ending balance on 2/7	**$1,000.05**

Account number: **3651087029**
SIDHARTHA SEN
Florida account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 063107513

Interest summary

Interest paid this statement	$0.00
Average collected balance	$1,000.05
Annual percentage yield earned	0.00%
Interest earned this statement period	$0.00
Interest paid this year	$0.01
Total interest paid in 2024	$1.60

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

WELLS FARGO

Monthly service fee summary (continued)

Fee period 01/09/2025 - 02/07/2025	Standard monthly service fee $5.00	You paid $0.00

The bank has waived the fee for this fee period.

How to avoid the monthly service fee Have any **ONE** of the following each fee period	Minimum required	This fee period	
• Minimum daily balance	$300.00	$1,000.05	÷
• A daily automatic transfer from a linked Wells Fargo checking account	$1.00	$0.00	
• Save As You Go® transfer from a linked Wells Fargo checking account	$1.00	$0.00	
• A monthly automatic transfer from a linked Wells Fargo checking account	$25.00	$0.00	
• Age of primary account owner	0 - 24		
•			

AM/AM

Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts**

  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

- **If your account has a negative balance:**

  Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

- **In case of errors or questions about your electronic transfers:**

  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

  1. Tell us your name and account number (if any).
  2. Describe the error or 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.

  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.

- **In case of errors or questions about other transactions (that are not electronic transfers):**

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

- **Early Pay Day information**

  With Early Pay Day, we may make funds from certain eligible direct deposits available for your use up to two days before we receive the funds from your payor. The Bank does not guarantee that any direct deposits will be made available before the date scheduled by the payor, and early availability of funds may vary between direct deposits from the same payor. When funds are made available early, this will be reflected in your account's available balance. Direct deposits made available early with Early Pay Day will not increase your account's ending daily balance, and will not count towards applicable options to avoid your account's monthly service fee, until the deposit posts to your account and is no longer pending (e.g., the pay date scheduled by your payor). Determinations about whether we will authorize and pay transactions and assess overdraft fees are based on an account's available balance. For example, using funds added to your available balance by Early Pay Day may lead to a negative ending daily balance showing on your account and statement while your available balance remains positive and no overdraft fees or returned items result. For interest-bearing accounts, interest on your incoming direct deposit will begin accruing on the business day we receive credit for the deposit from your payor's bank. For additional information about Early Pay Day, please refer to your Deposit Account Agreement.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement. . . . . $ _____

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.

$ _____
$ _____
$ _____
+ $ _____
. . . . . TOTAL $ _____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $ _____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $ _____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $ _____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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Wells Fargo Combined Statement of Accounts

SIDHARTHA SEN
8427 NW 34TH MNR
SUNRISE FL 33351-6605

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-742-4932

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (287)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

This tax season, don't get scammed by an IRS impersonator.

Scammers are impersonating the Internal Revenue Service to steal your identity and convince you to send them money.

Know that the IRS will not:
- Initiate contact with you or request sensitive information by email, text, or social media.
- Demand immediate payment or offer to assist you with receiving a payment.
- Threaten to immediately have you arrested, deported, or revoke your driver's license for not paying.
- Ask you to pay your taxes using a gift or prepaid card, cryptocurrency, or wire transfer.

If you do get an unexpected call from the IRS, hang up right away, and do not provide any additional information, even if the caller already has the last four digits of your Social Security number.

Remember, if you do owe taxes, the IRS will contact you by mail before attempting to call you.

Learn more at wellsfargo.com/spottaxscams

Summary of accounts

Checking and Savings

Account	*Page*	*Account number*	*Ending balance last statement*	*Ending balance this statement*
WELLS FARGO EVERYDAY CHECKING **(Your primary account)**	2	8788695370	1,711.94	6,014.76
WELLS FARGO WAY2SAVE® SAVINGS	5	3651087029	1,000.05	1,000.06
	Total deposit accounts		**$2,711.99**	**$7,014.82**

Wells Fargo Everyday Checking

Statement period activity summary

Beginning balance on 2/8	$1,711.94
Deposits/Additions	12,020.07
Withdrawals/Subtractions	- 7,717.25
Ending balance on 3/7	**$6,014.76**

Account number: **8788695370 (primary account)**

SIDHARTHA SEN

Florida account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 063107513

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000003651087029

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
2/10		Recurring Payment authorized on 02/07 Tmobile*Auto Pay 800-937-8997 WA S465039016791106 Card 3937		244.01	1,467.93
2/11		Meta Platforms I Bd6U3Wac4T Beqmozwmfe Nt Sidha~Rmr|Ik|Rtha Sen~SE|33|0189~GE|0001|25975	878.09		
2/11		Meta Platforms I B9Tdr7Pmip Beqcterqqr Cont Sidha~Rmr|Ik|Rtha Sen~SE|33|0133~GE|0001|259	1,136.03		
2/11		Meta Platforms I B498103B30 Bequlp10NW Ont Sidha~Rmr|Ik|Rtha Sen~SE|33|0185~GE|0001|2597	1,153.73		4,635.78
2/13		Venmo Payment 250212 1040250913054 Sid Sen		51.84	4,583.94
2/14		Meta Direct Dep 250214 939833327913Lzx Sen,Sidhartha	3,535.50		8,119.44
2/18		Online Transfer Ref #Ib0Rbqn23K to Wells Fargo Cash Back VISA Signature Car Xxxxxxxxxxx6222 on 02/15/25		138.08	
2/18		Venmo Payment 250215 1040313150195 Sid Sen		20.00	7,961.36
2/19		Tle at Sunrise Payment 0 202151637917 Sen,Sidhar202151637917		610.00	7,351.36
2/24		Chase Credit Crd Epay 250222 8198516747 Sidhartha Sen		153.00	
2/24		Discover E-Payment 250222 2738 Sen Sidhartha		155.00	
2/24		Chase Credit Crd Epay 250222 8198516057 Sidhartha Sen		2,000.00	5,043.36
2/25		Dept Education Student Ln 250224 0000 Sen, Sidhartha		189.89	4,853.47
2/26		Starpower Telecomm 250225 5972529 Sidhartha *Sen		61.93	4,791.54
2/28		Meta Direct Dep 250228 693078360670Lzx Sen,Sidhartha	3,737.35		8,528.89
3/3		Venmo Cashout 250302 1040624806292 Sid Sen	408.96		
3/3		ATM Withdrawal authorized on 03/02 801 Pennsylvania Ave NW Washington DC 0007580 ATM ID 6601B Card 3937		100.00	
3/3		Venmo Payment 250302 1040624950635 Sid Sen		30.00	8,807.85
3/4		Tle at Sunrise Payment 0 202356402780 Sen,Sidhar202356402780		830.00	7,977.85

Transaction History (continued)

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
3/5		Non-WF ATM Withdrawal authorized on 03/05 201 E 30th St NEW York NY 585065051599723 ATM ID AZ003929 Card 3937		13.50	
3/5		Non-Wells Fargo ATM Transaction Fee		3.00	
3/5		Horning-301Hing Web Pmts 030525 6Qd34J Sidharthasen		3,000.00	
3/5		Venmo Payment 250305 1040700133408 Sid Sen		37.00	4,924.35
3/7		Meta Platforms I Bbz9luyrfc Beqkqg8Afx Ont Sidha~Rmr|Ik|Rtha Sen~SE|33|0184~GE|0001|2637	1,170.41		
3/7		ATM Withdrawal authorized on 03/07 2555 Ponce DE Leon Blvd Coral Gables FL 0006364 ATM ID 0836T Card 3937		80.00	6,014.76
Totals			**$12,020.07**	**$7,717.25**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/08/2025 - 03/07/2025	Standard monthly service fee $10.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$500.00	$1,467.93 ÷
• Total amount of qualifying electronic deposits	$500.00	$12,020.07 ÷
• Age of primary account owner	17 - 24	
• Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0

RC/RC

IMPORTANT ACCOUNT INFORMATION

Effective June 4, 2025, we are updating the following sections of the "Availability of Funds Policy" in our Deposit Account Agreement:
The "Longer delays may apply" section is deleted and replaced with the following:
In some cases, we will not make the first $400 of a business day's check deposits available to you on the day we receive the deposits. Further, in some cases, we will not make all the funds that you deposit by check available to you on the first business day after the day of your deposit.
Depending on the type of check that you deposit, funds may not be available until the second business day after the day of your deposit. The first $275 of your deposit, however, may be available on the first business day after the day of your deposit.
Except as otherwise explained in this paragraph, if we are not going to make all funds from your deposit available on the business day of deposit or the first business day after the day of deposit, we will notify you at the time you make your deposit. We will also tell you when the funds will be available. If your deposit is not made directly to a Wells Fargo employee, or if we decide to take this action after you have left the premises, we will mail you the notice by the first business day after we receive your deposit.
If you need the funds from a deposit right away, you should ask us when the funds will be available.
In addition, funds you deposit by check may be delayed for a longer period under the following circumstances:
- We believe a check you deposit will not be paid
- You deposit checks totaling more than $6,725 on any one day
- You redeposit a check that has been returned unpaid
- You have overdrawn your account repeatedly in the last six months

- There is an emergency, such as failure of computer or communications equipment

We will notify you if we delay your ability to withdraw funds for any of these reasons, and we will tell you when the funds will be available. The funds will generally be available no later than the seventh business day after the day of your deposit.

The "Special rules for new accounts" section is deleted and replaced with the following:

If you are a new customer, the following special rules apply during the first 30 days your account is open. Incoming wire transfers, electronic direct deposits, and cash deposited at a teller window and at a Wells Fargo ATM will be available on the day we receive the deposit. Funds from your check deposits will be available on the business day after the day we receive the deposits; no funds from a business day's check deposits are available on the day we receive the deposits.

If we delay the availability of your deposit the following special rules may apply:

- The first $6,725 of a day's total deposits of cashier's, certified, teller's, traveler's, and federal, state, and local government checks, and U.S. Postal Service money orders made payable to you will be available on the first business day after the day of your deposit, if your deposit meets certain conditions. For example, the checks must be payable to you. If your deposit of these checks (other than U.S. Treasury checks) is not made in person to one of our employees, the first $6,725 may not be available until the second business day after the day of your deposit.

- The excess over $6,725 and funds from all other check deposits will be available no later than the seventh business day after the day of your deposit. The first $275 of a day's total deposit of funds from all other check deposits, however, may be available on the first business day after the day of your deposit.

We will notify you if we delay your ability to withdraw funds and we will tell you when the funds will be available.

Effective May 15, 2025, the section of the Deposit Account Agreement titled "Availability of Funds Policy," subsection "Your ability to withdraw funds," is deleted and replaced with the following:

Our policy is to make funds from your check deposits to your checking or savings account (in this policy, each account) available to you on the first business day after the day we receive your deposits. Incoming wire transfers, electronic direct deposits, cash deposited at a teller window and at a Wells Fargo ATM, and the first $400 of a day's check deposits at a teller window, at a Wells Fargo ATM, and with the Wells Fargo Mobile Banking app will be available on the day we receive the deposits. Certain electronic credit transfers, such as those through card networks or funds transfer systems, will generally be available on the day we receive the transfer. Once they are available, you can withdraw the funds in cash and we will use the funds to pay checks and other items presented for payment and applicable fees that you have incurred.

Effective May 15, 2025, the section of the Deposit Account Agreement titled "Fund Transfer Disclosures-General," subsection "ACH transactions," is deleted and replaced with the following:

These additional terms apply to payments to or from your account that you transmit through an ACH:

- Your rights as to payments to or from your account will be based on the laws governing your account.
- When we credit your account for an ACH payment, the payment is provisional until we receive final settlement through a Federal Reserve Bank or otherwise receive payment.
- If we don't receive final settlement or payment, we're entitled to a refund from you for the amount credited to your account and the sender of the payment will not be considered to have made the payment to you.
- For ACH debit entries that debit your non-Wells Fargo account and credit your Wells Fargo account, Wells Fargo Bank generally holds those funds for 3-4 business days to make sure that the funds will not be returned unpaid before we credit your Wells Fargo account. Longer holds may apply, or we may return the funds to the sending bank and not make the funds available to your Wells Fargo Account, if we - in our sole discretion - believe the transfer is irregular or suspicious.
- Any Originating Depository Financial Institution (ODFI) may initiate, pursuant to ACH Operating Rules, ACH debit entries to your account for presentment or re-presentment of items you write or authorize.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.

Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Wells Fargo Way2Save® Savings

Statement period activity summary

Beginning balance on 2/8	$1,000.05
Deposits/Additions	0.01
Withdrawals/Subtractions	- 0.00
Ending balance on 3/7	**$1,000.06**

Account number: **3651087029**

SIDHARTHA SEN

Florida account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 063107513

Interest summary

Interest paid this statement	$0.01
Average collected balance	$1,000.05
Annual percentage yield earned	0.01%
Interest earned this statement period	$0.01
Interest paid this year	$0.02
Total interest paid in 2024	$1.60

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/Subtractions*	*Ending daily balance*
3/7	Interest Payment	0.01		1,000.06
Totals		**$0.01**	**$0.00**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/08/2025 - 03/07/2025 | Standard monthly service fee $5.00 | You paid $0.00

The bank has waived the fee for this fee period.

How to avoid the monthly service fee Have any **ONE** of the following each fee period	Minimum required	This fee period	
• Minimum daily balance	$300.00	$1,000.05	÷
• A daily automatic transfer from a linked Wells Fargo checking account	$1.00	$0.00	
• Save As You Go® transfer from a linked Wells Fargo checking account	$1.00	$0.00	
• A monthly automatic transfer from a linked Wells Fargo checking account	$25.00	$0.00	
• Age of primary account owner	0 - 24		
•			

AM/AM

Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts**

  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

- **If your account has a negative balance:**

  Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

- **In case of errors or questions about your electronic transfers:**

  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

  1. Tell us your name and account number (if any).
  2. Describe the error or 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.

  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.

- **In case of errors or questions about other transactions (that are not electronic transfers):**

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

- **Early Pay Day information**

  With Early Pay Day, we may make funds from certain eligible direct deposits available for your use up to two days before we receive the funds from your payor. The Bank does not guarantee that any direct deposits will be made available before the date scheduled by the payor, and early availability of funds may vary between direct deposits from the same payor. When funds are made available early, this will be reflected in your account's available balance. Direct deposits made available early with Early Pay Day will not increase your account's ending daily balance, and will not count towards applicable options to avoid your account's monthly service fee, until the deposit posts to your account and is no longer pending (e.g., the pay date scheduled by your payor). Determinations about whether we will authorize and pay transactions and assess overdraft fees are based on an account's available balance. For example, using funds added to your available balance by Early Pay Day may lead to a negative ending daily balance showing on your account and statement while your available balance remains positive and no overdraft fees or returned items result. For interest-bearing accounts, interest on your incoming direct deposit will begin accruing on the business day we receive credit for the deposit from your payor's bank. For additional information about Early Pay Day, please refer to your Deposit Account Agreement.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement. . . . . $_____

ADD

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.

$_____
$_____
$_____
+ $_____
. . . . . TOTAL $_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $_____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $_____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $_____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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Wells Fargo Combined Statement of Accounts

SIDHARTHA SEN
8427 NW 34TH MNR
SUNRISE FL 33351-6605

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-742-4932

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (287)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	÷	Direct Deposit	÷
Online Bill Pay		Auto Transfer/Payment	
Online Statements	÷	Overdraft Protection	÷
Mobile Banking	÷	Debit Card	
My Spending Report	÷	Overdraft Service	

Other Wells Fargo Benefits

Update your account security settings

The new year is a great time to make sure your security settings are up to date. Take a few minutes now to update your passwords, ensure we have your current contact information (mobile phone number, email), set up or fine tune account alerts*, and enable biometric sign on for the Wells Fargo Mobile® app, if you haven't done so yet. Learn more at www.wellsfargo.com/securitytools.

*Sign-up may be required. Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Summary of accounts

Checking and Savings

Account	*Page*	*Account number*	*Ending balance last statement*	*Ending balance this statement*
Wells Fargo Everyday Checking	2	8788695370	7,077.33	10,468.67
Wells Fargo Way2Save® Savings	4	3651087029	1,000.04	1,000.05
	Total deposit accounts		**$8,077.37**	**$11,468.72**

Wells Fargo Everyday Checking

Statement period activity summary

Beginning balance on 12/7	$7,077.33
Deposits/Additions	18,036.61
Withdrawals/Subtractions	- 14,645.27
Ending balance on 1/8	**$10,468.67**

Account number: **8788695370**
SIDHARTHA SEN
Florida account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 063107513

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000003651087029

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
12/9		Recurring Payment authorized on 12/07 Tmobile*Auto Pay 800-937-8997 WA S464342657396627 Card 3937		244.01	6,833.32
12/12		Venmo Payment 241212 1038907999732 Sid Sen		54.00	6,779.32
12/13		Zelle to Cuts By Hugo LLC on 12/13 Ref #Rp0Ybnh9Cg		58.00	6,721.32
12/16		ATM Withdrawal authorized on 12/15 801 Pennsylvania Ave NW Washington DC 0008003 ATM ID 6601Z Card 3937		80.00	
12/16		Online Transfer Ref #Ib0QM947Bp to Wells Fargo Cash Back VISA Signature Car Xxxxxxxxxxx6222 on 12/16/24		460.29	
12/16		Online Transfer Ref #Ib0QM949Dp to Wells Fargo Autograph VISA Card Xxxxxxxxxxx8449 on 12/16/24		149.56	
12/16		Venmo Payment 241214 1038947427492 Sid Sen		15.00	
12/16		Venmo Payment 241214 1038964146531 Sid Sen		35.00	5,981.47
12/19		Tle at Sunrise Payment 0 202205883712 Sen,Sidhar202205883712		610.00	5,371.47
12/20		Meta Direct Dep 241220 719097245118Lzx Sen,Sidhartha	3,428.25		8,799.72
12/23		Venmo Payment 241222 1039128639318 Sid Sen		32.00	
12/23		Chase Credit Crd Epay 241222 8048517698 Sidhartha Sen		386.00	8,381.72
12/24		Meta Platforms I B5J7Eepotj Beqomj4Dj2 Cont Sidha~Rmr|Ik|Rtha Sen~SE|33|0189~GE|0001|252	1,713.28		
12/24		Meta Platforms I Bd3NML4Dcp Beqipiv0Gm Ont Sidha~Rmr|Ik|Rtha Sen~SE|33|0188~GE|0001|2527	2,427.28		
12/24		Dept Education Student Ln 241223 0000 Sen, Sidhartha		189.89	12,332.39
12/26		National General Payment Dec 24 2020200123-02 Sidharthasen		151.58	
12/26		Venmo Payment 241226 1039225512639 Sid Sen		93.00	12,087.81
12/27		Starpower Telecomm 241226 3358502 Sidhartha *Sen		61.93	12,025.88

Transaction history(continued)

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
12/30		WT Seq210202 WF Return Wires IN Proc /Org= Srf# 2024123000206683 Trn#241230210202 Rfb#	6,950.00		
12/30		Wire Trans Svc Charge - Sequence: 241230106097 Srf# Ow00005253585704 Trn#241230106097 Rfb# Ow00005253585704		25.00	
12/30		WT Fed#01153 Jpmorgan Chase Ban /Ftr/Bnf=Sidhartha Sen Srf# Ow00005253585704 Trn#241230106097 Rfb# Ow00005253585704		7,000.00	
12/30		Chase Credit Crd Epay 241227 8059299428 Sidhartha Sen		153.00	11,797.88
12/31		ATM Withdrawal authorized on 12/31 1395 Brickell Ave Ste 70 Miami FL 0001290 ATM ID 0233D Card 3937		150.00	
12/31		Venmo Payment 241231 1039313860850 Sid Sen		188.00	11,459.88
1/3		Meta Direct Dep 250103 727095583228Lzx Sen,Sidhartha	3,517.80		14,977.68
1/6		Horning-301Hing Web Pmts 010625 W07Rrh Sidharthasen		700.00	
1/6		Horning-301Hing Web Pmts 010625 Hlt5Rh Sidharthasen		2,900.00	11,377.68
1/7		Tle at Sunrise Payment 0 202249928860 Sen,Sidhar202249928860		610.00	10,767.68
1/8		Recurring Payment authorized on 01/07 Tmobile*Auto Pay 800-937-8997 WA S585007692012035 Card 3937		244.01	
1/8		Zelle to Jaret Zachary on 01/08 Ref #Rp0Yf32Kmg		55.00	10,468.67
Ending balance on 1/8					**10,468.67**
Totals			**$18,036.61**	**$14,645.27**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 12/07/2024 - 01/08/2025	Standard monthly service fee $10.00	You paid $0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any **ONE** of the following each fee period		
• Minimum daily balance	$500.00	$5,371.47 ÷
• Total amount of qualifying electronic deposits	$500.00	$11,086.61 ÷
• Age of primary account owner	17 - 24	☐
• Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0 ☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

Wells Fargo Deposit Account Agreement: Changes To Consumer Arbitration Agreement And Other Dispute Resolution Provisions

Effective November 6, 2024, we are updating the Wells Fargo Deposit Account Agreement. This includes changes to the dispute resolution provisions. Wells Fargo greatly values and appreciates its relationships with its customers. These changes are designed to ensure that in the unlikely event that a dispute arises between us, that there are streamlined procedures in place to ensure a fair and efficient process in arbitration.

The changes to the arbitration agreement applicable to Consumer Accounts ("Arbitration Agreement" or "Agreement") can be found at pp. 38-39 of the Wells Fargo Deposit Account Agreement, including: (a) the party initiating arbitration must sign the arbitration demand and include certain information in its demand; (b) any party may request to have the arbitration conducted by a video or in-person hearing or through written submissions, with certain exceptions; (c) like in federal court, the arbitrator may issue sanctions or order cost shifting under certain circumstances consistent with the Federal Rules of Civil Procedure; (d) all issues are for the arbitrator to decide, except that issues relating to whether an arbitration agreement exists or whether a dispute falls within that agreement, or whether the agreement is enforceable, are for a court to decide; and (e) a small claims court will determine whether a dispute falls within its jurisdiction if a party chooses to have a claim brought to such a court.

The updates also include changes to the Additional Terms and Services, located at pp. 42-43 of the Wells Fargo Deposit Account Agreement, including: (a) modifications to the class action waiver applicable in arbitration and litigation; and (b) the addition of a venue provision noting that if the Arbitration Agreement is ever deemed not applicable, then, except for disputes brought in small claims court, the parties consent to the jurisdiction of the state or federal courts in the state whose laws govern the consumer's account.

The revised Deposit Account Agreement, effective November 6, 2024, is available at www.wellsfargo.com/online-banking/consumer-account-fees/, by calling the Bank at the number listed on your account statement, or by visiting a branch.

Provision of Emergency Services to Wells Fargo Visa Debit Card Holders

We provide certain emergency services to our Wells Fargo Visa debit card holders, including a Cardholder Inquiry Service, Emergency Card Replacement, and Lost/Stolen Card Reporting. To obtain emergency services related to your Wells Fargo Visa Debit Card, please call the toll-free or international collect-call telephone number on the back of your card.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Wells Fargo Way2Save® Savings

Statement period activity summary

Beginning balance on 12/7	$1,000.04
Deposits/Additions	0.01
Withdrawals/Subtractions	- 0.00
Ending balance on 1/8	**$1,000.05**

Account number: **3651087029**
SIDHARTHA SEN
Florida account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 063107513

Interest summary

Interest paid this statement	$0.01
Average collected balance	$1,000.04
Annual percentage yield earned	0.01%
Interest earned this statement period	$0.01
Interest paid this year	$0.01
Total interest paid in 2024	$1.60

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
1/8	Interest Payment	0.01		1,000.05
Ending balance on 1/8				**1,000.05**
Totals		**$0.01**	**$0.00**	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 12/07/2024 - 01/08/2025 | Standard monthly service fee $5.00 | You paid $0.00

The bank has waived the fee for this fee period.

How to avoid the monthly service fee	Minimum required	This fee period	
Have any **ONE** of the following each fee period			
• Minimum daily balance	$300.00	$1,000.04	÷
• A daily automatic transfer from a linked Wells Fargo checking account	$1.00	$0.00	
• Save As You Go® transfer from a linked Wells Fargo checking account	$1.00	$0.00	
• A monthly automatic transfer from a linked Wells Fargo checking account	$25.00	$0.00	
• Age of primary account owner	0 - 24		
•			

AM/AM

Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A **Enter the ending balance** on this statement. $

B **List outstanding deposits and other credits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Description	Amount
Total	$

+ $

C **Add A and B** to calculate the subtotal. = $

D **List outstanding checks, withdrawals, other debits** to your account that do not appear on this statement. **Enter the total** in the column to the right.

Number/Description	Amount
Total	$

- $

E **Subtract D from C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = $

Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **If your account has a negative balance:** Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- **In case of errors or questions about your electronic transfers:** Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
  1. Tell us your name and account number (if any).
  2. Describe the error or 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.

  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.
- **In case of errors or questions about other transactions (that are not electronic transfers):**

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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Schwab One® Account of

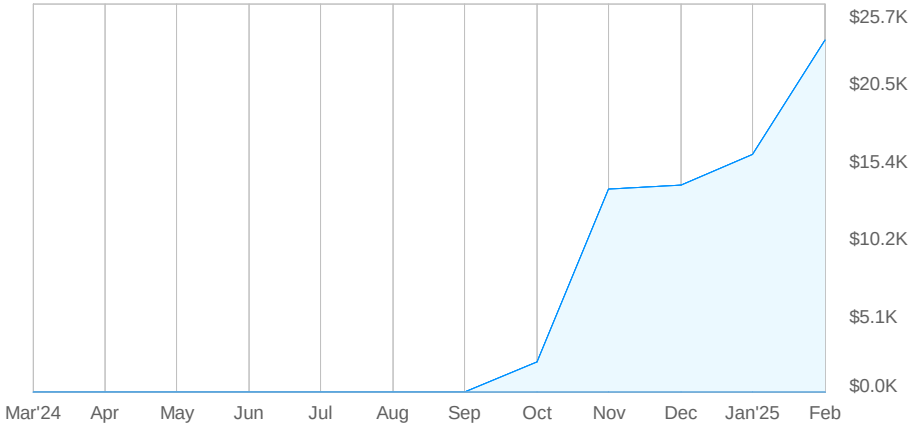
SIDHARTHA SEN

Account Number
3306-2169

Statement Period
February 1-28, 2025

Account Summary

Ending Account Value as of 02/28	Beginning Account Value as of 02/01
$23,392.97	$15,794.08



	This Statement	YTD
Beginning Account Value	**$15,794.08**	$13,720.59
Deposits	**0.00**	0.00
Withdrawals	**0.00**	0.00
Dividends and Interest	**0.09**	0.18
Transfer of Securities	**8,445.24**	8,445.24
Market Appreciation/(Depreciation)	**(846.44)**	1,226.96
Expenses	**0.00**	0.00
Ending Account Value	**$23,392.97**	**$23,392.97**

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

Manage Your Account

Customer Service and Trading:
Call your Schwab Representative
1-800-435-4000
24/7 Customer Service

For the most current records on your account visit schwab.com/login. Statements are archived up to 10 years online.

Commitment to Transparency

Client Relationship Summaries and Best Interest disclosures are at schwab.com/transparency.
Charles Schwab & Co., Inc. Member SIPC.

Online Assistance

Visit us online at schwab.com

Visit schwab.com/stmt to explore the features and benefits of this statement.

SIDHARTHA SEN
420 7TH ST NW
APT. 406
WASHINGTON DC
20004-2222

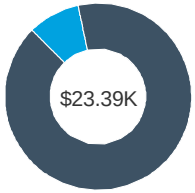
Schwab One® Account of

SIDHARTHA SEN

Statement Period

February 1-28, 2025

Asset Allocation



	This Period	Current Allocation
Cash and Cash Investments	2,010.57	9%
Equities	21,382.40	91%
Total	**$23,392.97**	100%

Income Summary

	This Period		YTD	
Federal Tax Status	Tax-Exempt	Taxable	Tax-Exempt	Taxable
Bank Sweep Interest	0.00	0.09	0.00	0.18
Total Income	**$0.00**	**$0.09**	**$0.00**	**$0.18**

Top Account Holdings This Period

SYMBOL CUSIP	Description	Market Value	% of Accounts
META	META PLATFORMS INC	21,382.40	91%
	CHARLES SCHWAB BANK	2,010.57	9%

Gain or (Loss) Summary

	Short-Term (ST)			Long-Term (LT)		
	Gain	(Loss)	Net	Gain	(Loss)	Net
This Period	0.00	0.00	0.00	0.00	0.00	0.00
YTD			0.00			0.00
Unrealized						**$999.16**

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

A Message About Your Account

Industry Fee Announcement

Effective January 1, 2025, the Exchange Process Fee will be renamed the Industry Fee. For more information, please refer to the Charles Schwab Pricing Guide. (0125-9AU7)

Schwab One® Account of

SIDHARTHA SEN

Statement Period
February 1-28, 2025

Positions - Summary

Beginning Value as of 02/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	**Ending Value as of 02/28**
$15,794.08		$8,445.24		$0.00		$0.09		($846.44)		**$23,392.97**

Cost Basis	Unrealized Gain/(Loss)
$20,383.24	$999.16

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Cash and Cash Investments

Type	Symbol	Description	Quantity	Price($)	Beginning Balance($)	Ending Balance($)	Change in Period Balance($)	Pending/Unsettled Cash($)	Interest/ Yield Rate	% of Acct
Bank Sweep		CHARLES SCHWAB BANK [X,Z]			2,010.48	2,010.57	0.09		0.05%	9%
Total Cash and Cash Investments					**$2,010.48**	**$2,010.57**	**$0.09**			**9%**

Positions - Equities

Symbol	Description	Quantity	Price($)	Market Value($)	Cost Basis($)	Unrealized Gain/(Loss)($)	Est. Yield	Est. Annual Income($)	% of Acct
META	META PLATFORMS INC	32.0000	668.20000	21,382.40	20,383.24	999.16	0.29%	64.00	91%
Total Equities				**$21,382.40**	**$20,383.24**	**$999.16**		**$64.00**	**91%**

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

Transactions - Summary

Beginning Cash* as of 02/01	+	Deposits	+	Withdrawals	+	Purchases	+	Sales/Redemptions	+	Dividends/Interest	+	Expenses	=	Ending Cash* as of 02/28
$2,010.48		$0.00		$0.00		$0.00		$0.00		$0.09		$0.00		$2,010.57

Other Activity **$8,445.24** Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.

*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share($)	Charges/ Interest($)	Amount($)	Realized Gain/(Loss)($)
02/18	Interest	Bank Interest X,Z		BANK INT 011625-021525				0.09	
02/19	Other Activity	StockPlanActivity	META	META PLATFORMS INC CLASS A	12.0000			8,445.24	
Total Transactions								**$8,445.33**	**$0.00**

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

Bank Sweep Activity

Date	Description	Amount
02/01	**Beginning Balance X,Z**	**$2,010.48**
02/15	BANK INTEREST - CHARLES SCHWAB BANK X,Z	0.09

Date	Description	Amount
02/28	**Ending Balance X,Z**	**$2,010.57**
02/28	**Interest Rate * Z**	**0.05%**

* Your interest period was 01/16/25 - 02/15/25. Z

Endnotes For Your Account

X Bank Sweep deposits are held at one or more FDIC-insured Program Banks. Charles Schwab & Co., Inc. is not an FDIC-insured bank and deposit insurance covers the failure of an insured bank. Certain conditions must be satisfied for FDIC insurance coverage to apply. Please review the Cash Features Program Disclosure Statement for a list of the Program Banks at schwab.com/cashfeaturesdisclosure.

Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

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Terms and Conditions (continued)

request of your Advisor, if applicable. This information is not a solicitation or a recommendation to buy or sell. **Schwab does not provide tax advice and encourages you to consult with your tax professional. Please view the Cost Basis Disclosure Statement for additional information on how gain (or loss) is calculated and how Schwab reports adjusted cost basis information to the IRS. Interest**: For the Schwab One Interest, Bank Sweep, and Bank Sweep for Benefit Plans features, interest is paid for a period that may differ from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period. For the Schwab One Interest feature, interest accrues daily from the second-to-last business day of the prior month and is posted on the second-to-last business day of the current month. For the Bank Sweep and Bank Sweep for Benefit Plans features, interest accrues daily from the 16th day of the prior month and is credited/posted on the first business day after the 15th of the current month. If, on any given day, the interest that Schwab calculates for the Free Credit Balances in the Schwab One Interest feature in your brokerage Account is less than $.005, you will not accrue any interest on that day. 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Assets Not Held at Schwab are not held in your Account or covered by the Account's SIPC account protection and are not otherwise in Schwab's custody and are being provided as a courtesy to you. Information on Assets Not Held at Schwab, including but not limited to valuations, is reported solely based on information you provide to Schwab. Schwab can neither validate nor certify the existence of Assets Not Held at Schwab or the accuracy, completeness or timeliness of the information about Assets Not Held at Schwab, whether provided by you or otherwise. Descriptions of Assets Not Held at Schwab may be abbreviated or truncated. Some securities, especially thinly traded equities in the OTC market or foreign markets, may not report the most current price and are indicated as Stale Priced. Certain Limited Partnerships (direct participation programs) and unlisted Real Estate Investment Trust (REIT) securities, for which you may see a value on your monthly Account statement that reflects the issuer's appraised estimated value, are not listed on a national securities exchange, and are generally illiquid. Even if you are able to sell such securities, the price received may be less than the per share appraised estimated value provided in the account statement. **Market Value:** The Market Value is computed by multiplying the Market Price by the Quantity of Shares. This is the dollar value of your present holdings in your specified Schwab Account or a summary of the Market Value summed over multiple accounts. **Non-Publicly Traded Securities:** All assets shown on this statement, other than certain direct investments which may be held by a third party, are held in your Account. 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If on any given day, the accrued daily dividend for your selected sweep money fund as calculated for your account is less than ½ of 1 cent ($0.005), your account will not earn a dividend for that day. In addition, if you do not accrue at least 1 daily dividend of $0.01 during a pay period, you will not receive a money market dividend for that period. Schwab and the Schwab Sweep Money Funds investment advisor may be voluntarily reducing a portion of a Schwab Sweep Money Fund's expenses. Without these reductions, yields would have been lower. **Securities Products and Services:** Securities products and services are offered by Charles Schwab & Co., Inc., **Member SIPC. Securities products and services, including unswept intraday funds and net credit balances held in brokerage accounts are not deposits or other obligations of, or guaranteed by, any bank, are not FDIC insured, and are subject to investment risk and may lose value. SIPC does not cover balances held at Program Banks in the Bank Sweep and Bank Sweep for Benefit Plans features**. Please see your Cash Feature Disclosure Statement for more information on insurance coverage. **Yield to Maturity:** This is the actual average annual return on a note if held to maturity. **IN CASE OF ERRORS OR DISCREPANCIES: If you find an error or discrepancy relating to your brokerage activity (other than an electronic fund transfer) you must notify us promptly, but no later than 10 days after this statement is sent or made available to you. If this statement shows that we have mailed or delivered security certificate(s) that you have not received, notify Schwab immediately. You may call us at 800-435-4000. (Outside the U.S., call +1-415-667-8400.) If you're a client of an independent investment advisor, call us at 800-515-2157. Any oral communications should be re-confirmed in writing to further protect your rights, including rights under the Securities Investor Protection Act (SIPA). If you do not so notify us, you agree that the statement activity and Account balance are correct for all purposes with respect to those brokerage transactions. IN CASE OF COMPLAINTS:** If you have a complaint regarding your Schwab statement, products or services, please write to Client Service & Support at Charles Schwab & Co., Inc., P.O. Box 982603 El Paso, TX 79998-2603, or call customer service at **800-435-4000**. (Outside the U.S., call **+1-415-667-8400**.) 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Schwab One® Account of

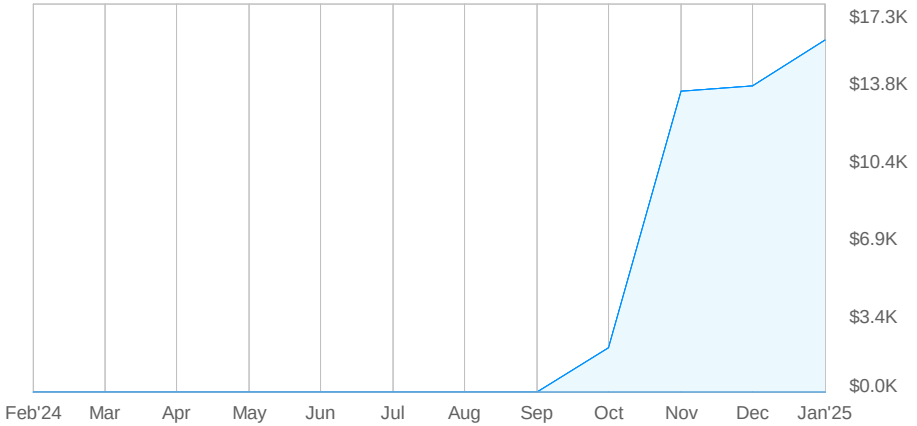
SIDHARTHA SEN

Account Number
3306-2169

Statement Period
January 1-31, 2025

Account Summary

Ending Account Value as of 01/31	Beginning Account Value as of 01/01
$15,794.08	$13,720.59



	This Statement	YTD
Beginning Account Value	**$13,720.59**	$13,720.59
Deposits	**0.00**	0.00
Withdrawals	**0.00**	0.00
Dividends and Interest	**0.09**	0.09
Transfer of Securities	**0.00**	0.00
Market Appreciation/(Depreciation)	**2,073.40**	2,073.40
Expenses	**0.00**	0.00
Ending Account Value	**$15,794.08**	**$15,794.08**

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

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

For the most current records on your account visit schwab.com/login. Statements are archived up to 10 years online.

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Client Relationship Summaries and Best Interest disclosures are at schwab.com/transparency.
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SIDHARTHA SEN
420 7TH ST NW
APT. 406
WASHINGTON DC
20004-2222

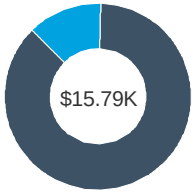
Schwab One® Account of

SIDHARTHA SEN

Statement Period

January 1-31, 2025

Asset Allocation



	This Period	Current Allocation
Cash and Cash Investments	2,010.48	13%
Equities	13,783.60	87%
Total	**$15,794.08**	100%

Income Summary

	This Period		YTD	
Federal Tax Status	Tax-Exempt	Taxable	Tax-Exempt	Taxable
Bank Sweep Interest	0.00	0.09	0.00	0.09
Total Income	**$0.00**	**$0.09**	**$0.00**	**$0.09**

Top Account Holdings This Period

SYMBOL CUSIP	Description	Market Value	% of Accounts
META	META PLATFORMS INC	13,783.60	87%
	CHARLES SCHWAB BANK	2,010.48	13%

Gain or (Loss) Summary

	Short-Term (ST)			Long-Term (LT)		
	Gain	(Loss)	Net	Gain	(Loss)	Net
This Period	0.00	0.00	0.00	0.00	0.00	0.00
YTD	0.00	0.00	0.00	0.00	0.00	0.00
Unrealized						**$2,240.40**

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Positions - Summary

Beginning Value as of 01/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	**Ending Value as of 01/31**	Cost Basis	Unrealized Gain/(Loss)
$13,720.59		$0.00		$0.00		$0.09		$2,073.40		**$15,794.08**	$11,543.20	$2,240.40

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Cash and Cash Investments

Type	Symbol	Description	Quantity	Price($)	Beginning Balance($)	Ending Balance($)	Change in Period Balance($)	Pending/Unsettled Cash($)	Interest/ Yield Rate	% of Acct
Bank Sweep		CHARLES SCHWAB BANK [X,Z]			2,010.39	2,010.48	0.09		0.05%	13%
Total Cash and Cash Investments					**$2,010.39**	**$2,010.48**	**$0.09**			**13%**

Positions - Equities

Symbol	Description	Quantity	Price($)	Market Value($)	Cost Basis($)	Unrealized Gain/(Loss)($)	Est. Yield	Est. Annual Income($)	% of Acct
META	META PLATFORMS INC	20.0000	689.18000	13,783.60	11,543.20	2,240.40	0.29%	40.00	87%
Total Equities				**$13,783.60**	**$11,543.20**	**$2,240.40**		**$40.00**	**87%**

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

Transactions - Summary

Beginning Cash* as of 01/01	+	Deposits	+	Withdrawals	+	Purchases	+	Sales/Redemptions	+	Dividends/Interest	+	Expenses	=	Ending Cash* as of 01/31
$2,010.39		$0.00		$0.00		$0.00		$0.00		$0.09		$0.00		$2,010.48

Other Activity **$0.00**

Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.

*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share($)	Charges/ Interest($)	Amount($)	Realized Gain/(Loss)($)
01/16	Interest	Bank Interest X,Z		BANK INT 121624-011525				0.09	
Total Transactions								**$0.09**	**$0.00**

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

Bank Sweep Activity

Date	Description	Amount
01/01	**Beginning Balance** X,Z	**$2,010.39**
01/15	BANK INTEREST - CHARLES SCHWAB BANK X,Z	0.09

Date	Description	Amount
01/31	**Ending Balance** X,Z	**$2,010.48**
01/31	**Interest Rate** * Z	**0.05%**

* Your interest period was 12/16/24 - 01/15/25. Z

Endnotes For Your Account

X Bank Sweep deposits are held at one or more FDIC-insured Program Banks. Charles Schwab & Co., Inc. is not an FDIC-insured bank and deposit insurance covers the failure of an insured bank. Certain conditions must be satisfied for FDIC insurance coverage to apply. Please review the Cash Features Program Disclosure Statement for a list of the Program Banks at schwab.com/cashfeaturesdisclosure.

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Terms and Conditions (continued)

Interest: For the Schwab One Interest, Bank Sweep, and Bank Sweep for Benefit Plans features, interest is paid for a period that may differ from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period. For the Schwab One Interest feature, interest accrues daily from the second-to-last business day of the prior month and is posted on the second-to-last business day of the current month. For the Bank Sweep and Bank Sweep for Benefit Plans features, interest accrues daily from the 16th day of the prior month and is credited/posted on the first business day after the 15th of the current month. If, on any given day, the interest that Schwab calculates for the Free Credit Balances in the Schwab One Interest feature in your brokerage Account is less than $.005, you will not accrue any interest on that day. For balances held at banks affiliated with Schwab in the Bank Sweep and Bank Sweep for Benefit Plans features, interest will accrue even if the amount is less than $.005. **Margin Account Customers:** This is a combined statement of your margin account and special memorandum account maintained for you under Section 220.5 of Regulation T issued by the Board of Governors of the Federal Reserve System. The permanent record of the separate account as required by Regulation T is available for your inspection. Securities purchased on margin are Schwab's collateral for the loan to you. It is important that you fully understand the risks involved in trading securities on margin. 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Schwab One® Account of

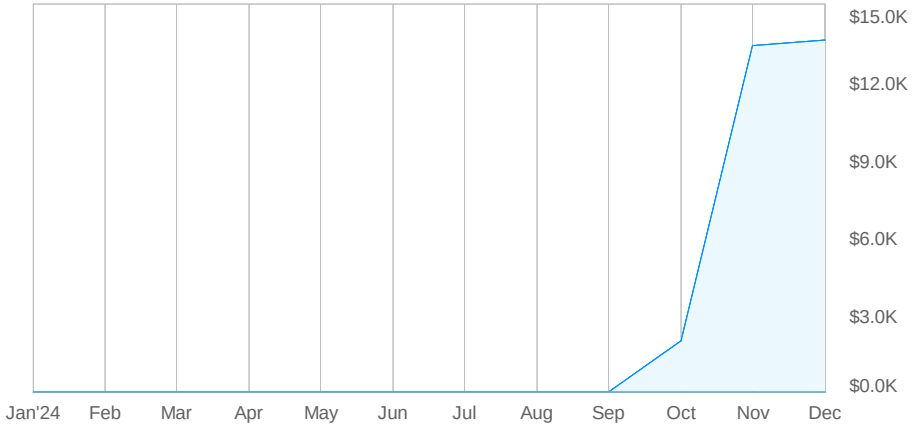
SIDHARTHA SEN

Account Number
3306-2169

Statement Period
December 1-31, 2024

Account Summary

Ending Account Value as of 12/31	Beginning Account Value as of 12/01
$13,720.59	$13,486.63



	This Statement	YTD
Beginning Value	**$13,486.63**	$0.00
Deposits	**0.00**	2,000.00
Withdrawals	**0.00**	0.00
Dividends and Interest	**10.16**	10.39
Transfer of Securities	**0.00**	11,088.00
Market Appreciation/(Depreciation)	**223.80**	622.20
Expenses	**0.00**	0.00
Ending Value	**$13,720.59**	**$13,720.59**

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

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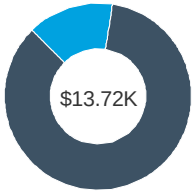
Schwab One® Account of

SIDHARTHA SEN

Statement Period

December 1-31, 2024

Asset Allocation



	This Period	Current Allocation
Cash and Cash Investments	2,010.39	15%
Equities	11,710.20	85%
Total	**$13,720.59**	100%

Income Summary

	This Period		YTD	
Federal Tax Status	Tax-Exempt	Taxable	Tax-Exempt	Taxable
Bank Sweep Interest	0.00	0.16	0.00	0.39
Cash Dividends	0.00	10.00	0.00	10.00
Total Income	**$0.00**	**$10.16**	**$0.00**	**$10.39**

Top Account Holdings This Period

SYMBOL CUSIP	Description	Market Value	% of Accounts
META	META PLATFORMS INC	11,710.20	85%
	CHARLES SCHWAB BANK	2,010.39	15%

Gain or (Loss) Summary

	Short-Term (ST)			Long-Term (LT)		
	Gain	(Loss)	Net	Gain	(Loss)	Net
This Period	0.00	0.00	0.00	0.00	0.00	0.00
YTD	0.00	0.00	0.00	0.00	0.00	0.00
Unrealized						**$167.00**

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

A Message About Your Account

CALIFORNIA RESIDENTS

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

Schwab One® Account of

SIDHARTHA SEN

Statement Period
December 1-31, 2024

Positions - Summary

Beginning Value as of 12/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	**Ending Value as of 12/31**
$13,486.63		$0.00		$0.00		$10.16		$223.80		**$13,720.59**

Cost Basis	Unrealized Gain/(Loss)
$11,543.20	$167.00

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

Cash and Cash Investments

Type	Symbol	Description	Quantity	Price($)	Beginning Balance($)	Ending Balance($)	Change in Period Balance($)	Pending/Unsettled Cash($)	Interest/ Yield Rate	% of Acct
Bank Sweep		CHARLES SCHWAB BANK [X,Z]			2,000.23	2,010.39	10.16		0.05%	15%
Total Cash and Cash Investments					**$2,000.23**	**$2,010.39**	**$10.16**			**15%**

Positions - Equities

Symbol	Description	Quantity	Price($)	Market Value($)	Cost Basis($)	Unrealized Gain/(Loss)($)	Est. Yield	Est. Annual Income($)	% of Acct
META	META PLATFORMS INC	20.0000	585.51000	11,710.20	11,543.20	167.00	0.34%	40.00	85%
Total Equities				**$11,710.20**	**$11,543.20**	**$167.00**		**$40.00**	**85%**

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

Transactions - Summary

Beginning Cash* as of 12/01	+	Deposits	+	Withdrawals	+	Purchases	+	Sales/Redemptions	+	Dividends/Interest	+	Expenses	=	Ending Cash* as of 12/31
$2,000.23		$0.00		$0.00		$0.00		$0.00		$10.16		$0.00		$2,010.39

Other Activity **$0.00**

Other activity includes transactions which don't affect the cash balance such as stock transfers, splits, etc.

*Cash (includes any cash debit balance) held in your account plus the value of any cash invested in a sweep money fund.

Transaction Details

Date	Category	Action	Symbol/ CUSIP	Description	Quantity	Price/Rate per Share($)	Charges/ Interest($)	Amount($)	Realized Gain/(Loss)($)
12/16	Interest	Bank Interest X,Z		BANK INT 111624-121524				0.16	
12/27	Dividend	Qual. Dividend	META	META PLATFORMS INC				10.00	
Total Transactions								**$10.16**	**$0.00**

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

Bank Sweep Activity

Date	Description	Amount
12/01	**Beginning Balance X,Z**	**$2,000.23**
12/15	BANK INTEREST - CHARLES SCHWAB BANK X,Z	0.16
12/27	BANK CREDIT FROM BROKERAGE X	10.00

Date	Description	Amount
12/31	**Ending Balance X,Z**	**$2,010.39**
12/31	**Interest Rate * Z**	**0.05%**

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

Endnotes For Your Account

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

Z For the Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its Program Banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

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