

1328 Fulton

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **1328 Fulton**.

APPLICANT INFORMATION								
LAST NAME Rooney		FIRST NAME Kyle		M.I. P.	SSN ***_**_****	DRIVER'S LICENSE #		
BIRTH DATE 7/28/1996		PHONE #1 (631) 793-6343		ALTERNATE PHONE		EMAIL krooney728@gmail.com		
RELATIONSHIP TO TENANT								
CURRENT ADDRESS								
STREET ADDRESS 424 Bedford Avenue				CITY Brooklyn		STATE NY		ZIP 11249
DATE IN 5/15/2023		DATE OUT current		LANDLORD NAME Greystar			LANDLORD PHONE (212) 388-6101	
REASON FOR LEAVING High rent, want to reduce my rent expenses				OWN OR RENT Rent		APARTMENT # 5B		MONTHLY RENT \$4,518.69 / Mo.
PREVIOUS ADDRESS								
STREET ADDRESS 145 Prospect Park West				CITY Brooklyn		STATE NY		ZIP 11215
DATE IN 6/15/2020		DATE OUT 6/30/2023		LANDLORD NAME Brendan Shanahan			LANDLORD PHONE (703) 485-5449	
REASON FOR LEAVING Wanted more space and new neighborhood				OWN OR RENT Rent		APARTMENT # 3G		MONTHLY RENT \$2,025.00 / Mo.
EMPLOYMENT & INCOME INFORMATION								
OCCUPATION Operations Specialist				EMPLOYER/COMPANY Jane Street LLC			SALARY \$160,000.00/Yr.	
SUPERVISOR Holly Loudenslager				SUPERVISOR PHONE		START DATE 10/12/2021	END DATE current	
EMPLOYER ADDRESS 250 Vesey Street 3rd Floor				CITY New York		STATE NY	ZIP 10080	
EMERGENCY CONTACT								
NAME Ison Ra Santana				ADDRESS 486 Brooklyn Avenue #D2, Brooklyn, 40 11225				
PHONE (347) 404-8521#		RELATIONSHIP Partner				E-MAIL isonrasantana@gmail.com		
BUSINESS/PROFESSIONAL REFERENCE								
NAME Holly Loudenslager				ADDRESS				
PHONE		RELATIONSHIP Manager				E-MAIL hloudenslager@janestreet.com		
IN THE EVENT OF DEATH - CONTACT								
NAME Ison Ra Santana				RELATIONSHIP Partner			PHONE (347) 404-8521#	
BACKGROUND INFORMATION								
Have you ever filed for bankruptcy? NO								
Have you ever willfully or intentionally refused to pay rent when due? NO								
Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. NO								
ADDITIONAL INFORMATION								
AQUARIUM? NO	WATERBED? NO	BOAT? NO	MOTORHOME? NO	MOTORCYCLE? NO	OTHER? NO			
OTHER INFORMATION								
HOW DID YOU HEAR ABOUT THIS PROPERTY? Streeteasy.com								
IF THE APARTMENT YOU'RE APPLYING FOR IS NO LONGER AVAILABLE, ARE THERE ANY OTHER APARTMENTS IN THE BUILDING OR OTHER BUILDINGS THAT YOU'RE INTERESTED IN?								
UNIT APPLYING FOR: PH103		PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION						
DESIRED MOVE IN DATE: 4/15/2025								
I (WE) HAVE SEEN THE ACTUAL APARTMENT FOR WHICH I (WE) ARE APPLYING?: YES								

I hereby apply to lease an Apartment and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements above set forth are true.

I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and /or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

By submitting this application, I hereby consent to the delivery of all notices or disclosures required by law via any medium so chosen by the community or On-Site Manager, Inc. DBA On-Site, including but not limited to email or other electronic transmission. Notices shall be deemed received upon being sent.

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 FOR KYLE P. ROONEY SUBMITTED ONLINE on April 2, 2025



Signed by Kyle P. Rooney

Wed Apr 2 2025 11:23:09 PM EDT

Key: E6410B29; IP Address: 10.33.14.19

Kyle P. Rooney (Applicant)Date

The following charge(s) will appear on your card statement as "1328 Fulton"

Application Fee for Kyle P. Rooney - Charge Details			
Name on Card	Account Number	Reference Number	Authorized
Kyle P. Rooney	XXXXXXXXXXXX1009	15697380	\$20.70
This card has been authorized for the amount above and will be charged when the application is processed.			



NYC Fair Chance Housing Notice: Criminal Records

As of January 1, 2025, in NYC, it is illegal for most housing providers to discriminate on the basis of a conviction history in rentals or sales, including co-ops and condos.

The protections of the NYC Fair Chance Housing Law apply to current tenants as well as applicants.

It is a violation of the Law for covered housing providers to:	
Make statements about criminal background checks or criminal records or express limitations on this basis in ads and applications	Treat applicants or tenants differently because of a conviction history except as allowed by the Fair Chance Housing Law.

Covered housing providers **may NEVER** change the terms of a sale or lease because of a conviction history. Covered housing providers **may** revoke a housing offer or decline to renew a lease **ONLY** based on limited kinds of convictions and **ONLY** when they follow the requirements of the Fair Chance Housing Law.

The NYC Fair Chance Housing Law does not require housing providers to run criminal background checks. Any housing provider can accept a renter or buyer without following the steps below. The steps below are only for covered housing providers that choose to run a background check.



If a Covered Housing Provider Chooses to Run a Criminal Background Check: You Have Rights.

Covered housing providers **must first** consider your general housing eligibility (ability to meet lease terms) AND make a conditional offer of housing. **Only after** this conditional offer is it lawful for a covered housing provider to run a criminal background check.

Before conducting a criminal background check, covered housing providers must:

- Make you a conditional offer of housing AND
- Give you a copy of this notice explaining your rights

Housing providers are also responsible for compliance with laws governing the collection and use of personal information, such as Federal and State Fair Credit Reporting Acts.

Conditional Offer of Housing

A conditional offer of housing is a **written lease, rental agreement, or agreement for a sale** that conditionally commits a unit(s) to a renter or buyer and can only be revoked in limited circumstances. Next a covered housing provider chooses either:

NOT to conduct a criminal background check	TO conduct a criminal background check
At this time, the housing provider can either finalize the offer or revoke it for a lawful, non-discriminatory purpose that is unrelated to conviction history.	It is illegal for the housing provider to seek or review your conviction history before you have a conditional offer.



Criminal Background Check

If a covered housing provider chooses to run a criminal background check after making you a conditional offer, they may only consider **very limited** categories of convictions:

- convictions that require registration on a sex offense registry at the time of the background check
- felony convictions from the last 5 years, except those below
- misdemeanor convictions from the last 3 years, except those below

The 3 or 5 years are measured from the **actual date of release OR the sentencing date** (if the sentence does not include jail or prison time), regardless of probation or parole status.

A covered housing provider can **NEVER** consider arrests or pending cases, or:

- convictions that were sealed, expunged, are under an executive pardon or certificate of relief from disabilities, or legally nullified or vacated
- convictions for violations, which are non-criminal offenses such as disorderly conduct
- convictions under federal law or another state's law for conduct related to reproductive or gender affirming care that is lawful in New York State
- convictions under federal law or another state's law for cannabis possession that does not constitute a felony in New York State
- Adjourments in Contemplation of Dismissal (ACDs)
- adjudications as a youthful offender or for juvenile delinquency
- terminations in favor of an individual, including but not limited to, acquittals, reversals upon appeal, and exonerations)
- Dispositions of criminal matters under federal law or another state's law that are comparable to those listed here.

It is illegal for a covered housing provider to consider information in these categories. In addition, tenant screening companies may be held liable under federal fair housing laws for discriminatory decisions by housing providers.



Right to Provide Support for Your Application

After considering only reviewable convictions, a covered housing provider that wants to revoke a housing offer must **FOLLOW THE FAIR CHANCE HOUSING PROCESS** while holding a unit open. They must:

1. Give you a copy of all criminal history information they received and/or reviewed
2. Allow you 5 business days to respond by:
 - pointing out errors in the conviction history
 - identifying any information that should not have been considered (any information outside the lawfully reviewable convictions)
 - sharing information on your background, personal and professional references, and/or any information that supports your application.

You are not required to provide information to support your application at this stage. A housing provider must complete an individualized assessment even if you do not provide supporting information.



Right to an Individualized Assessment of Your Application

A covered housing provider must conduct an individualized assessment of the reviewable convictions, together with any other information that you have timely submitted.



A covered housing provider CANNOT revoke a conditional offer of housing after running a criminal background check except in two limited circumstances :	
After conducting an individualized assessment if they show in writing BOTH: • a legitimate business interest AND • how the legitimate business interest is linked to your individual history.	If they show <i>new information, unrelated to criminal history</i> , that impacts your qualifications for tenancy and that they did not know at the time of your conditional offer.

Legitimate Business Interest

A covered housing provider's legitimate business interest must be specific and objective. Compliance with a particular lease term is a permissible legitimate business interest. Purely discriminatory motives, stigma, stereotypes, or assumptions never constitute a legitimate business interest.

A covered housing provider that shows a legitimate business interest must also **explain** the link between that interest and your particular individual history in light of the individual information you shared to justify a decision to revoke your conditional offer of housing. **The existence of a conviction alone never creates that link.**

The following are not legitimate business interests and do not establish a sufficient link to justify a housing provider's decision to revoke an offer:

- | | |
|---|---|
| • "I don't want a hot spot for law enforcement" | • "We don't want bad guys hanging around" |
| • "The applicant seems likely to commit another crime and I want tenant safety" | • "My tenants don't want criminals" |
| • "This is a family building" | • "My insurance rates will go up" |
| | • "This will impact my property value" |

Revoking a Conditional Offer of Housing

Before a covered housing provider can revoke a conditional offer because of your criminal history, the housing provider **MUST** take the following steps:

1. Do an individualized assessment of your reviewable convictions **AND** the information you provided
2. Give you copies of all documents that it received and/or reviewed
3. Give you a written statement that explains:
 - the decision to revoke based on your conviction history **AND** the link to a legitimate business interest
 - how your individual information and circumstances were taken into account

Exemptions for Housing Providers

- Housing provider-occupied properties with 2 or fewer rooms or units are not covered by the NYC Fair Chance Housing Law .
- State or federally funded housing providers, including public housing authorities that are required or authorized to take specific actions related to criminal history **CAN** take such specific actions without violating the NYC Fair Chance Housing Law .

For additional information about tenants' and buyers' rights & housing providers' responsibilities under the NYC Fair Chance Housing Law, and to see this notice in multiple languages, visit [NYC.gov/FairChanceHousing](https://www.nyc.gov/FairChanceHousing).

REMINDER: All New Yorkers have a right to be free from retaliation in housing. It is illegal for housing providers in NYC to punish you or treat you negatively for telling them about your rights or for reporting discrimination or harassment.

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 Kyle P. Rooney**The property's screening criteria result****APPROVE**

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

Score for Kyle P. Rooney: 854

	Importance	Result
AI Score	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	



Rental Report for Kyle P. Rooney, 4/3/2025 for PH103 at 1328 Fulton

Credit Quick Summary		
Total annual income (reported by Applicant)	\$160,000.00	
Total combined annual income to rent ratio	44.08 (based on rent of \$3,630.00)	
Total number of accounts	5	
Accounts with no late payments	5 (0 unpaid past due)	
Accounts paid 30-59 days past due	0 (0 unpaid past due)	
Accounts paid 60-89 days past due	0 (0 unpaid past due)	
Accounts paid more than 90 days past due	0 (0 unpaid past due)	
Total outstanding balance	\$7,453.00 (\$0.00 past due)	
Outstanding revolving debt	\$7,453.00 (13% of limit) (\$0.00 past due)	
Outstanding loan balance	\$0.00 (\$0.00 past due)	
Bankruptcies, foreclosures, and legal items	0	
Collection total balance (includes past due)	\$0.00	
Rental History records found	0	

Identity	From Application	From Equifax
Name:	Kyle P. Rooney	KYLE ROONEY
SSN:	***_**_****	***_**_****
Birth Date:	7/**/1996	7/**/1996

Addresses	From Application	From Equifax
	424 Bedford Avenue Brooklyn, NY 11249 - US	4 BEACH DR. LLOYD HARBOR, NY 11743 (Applicant) Reported 4/2025 424 BEDFORD AVE. 5B BROOKLYN, NY 11249 (Applicant) Reported 3/2025 145 PROSPECT PARK W 3G BROOKLYN, NY 11215 (Applicant) Reported 5/2023 6 SAINT NICHOLAS TER. 4B NEW YORK, NY 10027 (Applicant) Reported 5/2020 1660 MADISON AVE. 6F NEW YORK, NY 10029 (Applicant) Reported 6/2019

Employment	From Application	From Equifax
Applicant:	Operations Specialist Jane Street LLC \$160,000.00/Yr. Total annual Income: \$160,000.00	

Restricted Person Search		
Requested For Kyle P. Rooney	Requested 4/3/2025	Returned 4/3/2025
Results No Records Found		

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	Score 854	Score Factors 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 Credit Score (Applicant)	Score 803	Score Factors Lack of sufficient credit history on bankcard or revolving accounts Lack of sufficient relevant first mortgage account information You have either very few loans or too many loans with recent delinquencies Total of all balances on bankcard or revolving accounts is too high
	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 AMERICAN EXPRESS (Applicant)	Opened 9/2013		Last Active 2/2025		30-59		60-89		90+		Past Due		Balance \$6,450.00																																																				
	Monthly Payment		High Credit \$34,569.00		Type OPEN ACCOUNT		Comments Rate/Status 1: Pays account as agreed																																																										
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Account Name CITICARDS CBNA (Applicant)	Opened 8/2014		Last Active 2/2025		30-59		60-89		90+		Past Due		Balance \$197.00																																																				
	Monthly Payment \$41.00		High Credit \$3,698.00		Type REVOLVING		Comments Rate/Status 1: Pays account as agreed																																																										
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Rental Report for Kyle P. Rooney, 4/3/2025 for PH103 at 1328 Fulton

Account Name WELLS FARGO CONSUMER (Applicant)	Opened 5/2024	Last Active 2/2025	30-59	60-89	90+	Past Due	Balance \$91.00
	Monthly Payment \$25.00	High Credit \$5,922.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 000000000000 3/1/11/9/7/ 2525242424						

Account Name AMERICAN EXPRESS (Applicant)	Opened 2/2012	Last Active	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$10,685.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 00000000000000000000000000 3/1/11/9/7/5/3/1/11/9/7/5/ 252524242424242423232323						

NOTICE OF ADVERSE ACTION

April 4, 2025

Dear Kyle P. Rooney:

Thank you for submitting your application for rental housing to: 1328 Fulton; 1328 Fulton Street, Brooklyn, NY 11216.

1. We are unable to offer you a lease on the terms that you requested.

Our decision about your application was based in whole or in part on information contained in a consumer report from a consumer reporting agency, RP On-Site, LLC ("On-Site"), 2201 Lakeside Blvd, Richardson, TX 75082; (877) 222-0384; www.renterrelations.com. The report includes information provided by On-Site and the following other consumer reporting agency(ies):

Credit Information Provider(s):

Equifax
P.O. Box 740241
Atlanta, GA 30374
800-685-1111
www.equifax.com

Neither On-Site nor any other consumer reporting agency listed in this notice made the decision to take the adverse action and they are unable to provide the specific reasons why we chose to take the adverse action.

2. You have the right, under the Fair Credit Reporting Act ("FCRA"), to know the information contained in your file at each consumer reporting agency and to dispute any information that you believe is inaccurate or incomplete. If any person takes adverse action against you based in whole or in part on any information contained in a consumer report, you also have the right to a free copy of the report if you request it no later than 60 days after your receipt of the adverse action notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute it with the relevant consumer reporting agency.
3. If you would like to review the consumer report that we used to evaluate your application, you can do so by visiting On-Site's applicant help center at www.renterrelations.com and requesting a free copy of your rental report. You can also reach On-Site at the address or phone number listed above.
4. After you receive your rental report, you may submit a dispute to the relevant consumer reporting agency (listed above) about any information in the report that you believe is inaccurate or incomplete. You may also submit your dispute of any information in the report that was provided by another consumer reporting agency to On-Site and they will forward your dispute to the relevant provider. Both you and 1328 Fulton will be notified by On-Site via email of any updates made to the information.
5. We obtained your AI Score from our screening services provider, On-Site, and used it as a factor in our decision.

Your AI Score is: **854** Date: **April 3, 2025**

Scores range from a low of 0 to a high of 1000.

Key factors that adversely affected your AI score are:

- Tradeline scoring
- Debt-to-income ratio
- Credit Score
- Rental Payment History

6. We also obtained your credit score(s) and used it as a factor in our decision. Your credit score is a number that reflects the information in your credit report and can change, depending on how the information in your credit report changes.

Your **Equifax** Credit Score: **803** Date: **April 3, 2025**

Scores range from a low of 300 to a high of 850

Key factors that adversely affected your credit score:

- Lack of sufficient credit history on bankcard or revolving accounts
- Lack of sufficient relevant first mortgage account information
- You have either very few loans or too many loans with recent delinquencies
- Total of all balances on bankcard or revolving accounts is too high

Please contact us if you have any questions about this notice or our rental criteria.

Sincerely,

Fulton Street Development LLC

A Summary of Your Rights Under the Fair Credit Reporting Act

<https://www.realtor.com/your-rights-under-fair-credit-reporting-act/>

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 from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

Equifax Security Freeze

P.O. Box 105788

Atlanta, GA 30348

(800) 685-1111

<https://www.freeze.equifax.com>

Experian Security Freeze

P.O. Box 9554

Allen, TX 75013

(888) 397-3742

<https://www.experian.com/freeze/center.html>

TransUnion LLC

P.O. Box 2000

Chester, PA 19022-2000

(888) 909-8872

www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

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

1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

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

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

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

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

NEW YORK STATE
USA
Department of Transportation
Division of Motor Vehicles
DRIVER LICENSE

ID **159 408 297** Class **D**

ROONEY
KYLE PATRICK
4 BEACH DR
LLOYD HARBOR, NY 11743

Sex **M** Height **5'-05"** Eyes **BRO**
DOB **07/28/1996**
Expires **07/28/2025**
E **NONE**
R **NONE**
Issued **06/20/2017**

KYLE ROONEY
EXCELSIOR

JOHN A. BOGGS
JUL 96

Organ Donor



February 1 - February 28, 2025
Citigold Account 4986962983

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**KYLE P ROONEY
 VINCENZA ROONEY
 424 BEDFORD AVE APT 5B
 BROOKLYN NY 11249-6591**

CITIGOLD SERVICES
PO Box 6201
Sioux Falls, SD 57117-6201

Citigold Dedicated Servicing: 888-248-4465
 For banking, call your Relationship Manager:
Dustin Triesch, 516-466-8409*
 For investments, call your Financial Advisor:
Jimmy Torres, 516-767-4786*
 For TTY: We accept 711 or other Relay Service.
 Website: www.citibank.com

Effective April 30, 2025, Emergency Cash is no longer available.
 Effective April 21, 2025, Citibank Retail branches will not accept bearer
 bond coupons for redemption.

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

Value of Accounts	Last Period	This Period
Citibank Accounts		
Checking		
Checking	37,483.15	34,961.42
Savings		
Insured Money Market Accounts	49,752.31	49,454.58
Citigold Relationship Total	\$87,235.46	\$84,416.00

Earnings Summary	This Period	This Year
Citibank Accounts		
Checking		
Checking	0.00	0.00
Savings		
Insured Money Market Accounts	2.27	4.86
Citigold Relationship Total	\$2.27	\$4.86

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

Messages From Citigold

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4465(TTY: We accept 711 or other Relay Service).

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KYLE P ROONEY, VINCENZA ROONEY
Citigold Account 4986962983

You are Citigold for February 2025

When customers own accounts as Joint account owners, the Combined Average Monthly Balance shown on their Joint Account Statement will show the highest Combined Average Monthly Balance range among account owners. The Relationship Tier associated with the account will be determined by the highest Relationship Tier among joint owners. Different processes -New to Relationship customer status, Re-Tiering, Tier Acceleration, and Tier Exclusions- determine whether an individual owner is eligible for Relationship Tiers.

Calendar Month ¹	Combined Average Monthly Balance Range ²	Relationship Tier ³
December 2024	\$200,000 - \$499,999	Citigold
January 2025	\$500,000 - \$799,999	Citigold
February 2025	\$500,000 - \$799,999	Citigold

Account Fees and Charges⁴

Account Type	Account	Monthly Service Fee	Rebate of Surcharges from Non- Citi ATM Transactions	Average Monthly Balance	Waiver Applied
Regular Checking	4986962983	None	None	N/A	No Fee - Citigold Waiver
Citibank® Savings Plus	4986962991	None	None	N/A	No Fee - Citigold Waiver
Total		None	None		

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

Checking

Checking
Activity

Regular Checking 4986962983

Date	Description	Amount Subtracted	Amount Added	Balance
02/01/25	Opening Balance			37,483.15
02/03/25	Cash Withdrawal 02/01 01:56p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	100.00		37,383.15
02/10/25	Transfer to Money Market 05:03a #5501 ONLINE Reference # 010142	600.00		36,783.15

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 KYLE P ROONEY, VINCENZA ROONEY
 Citigold Account 4986962983

Checking Continued

Checking
Activity
Continued

Regular Checking 4986962983

Date	Description	Amount Subtracted	Amount Added	Balance
02/10/25	Cash Withdrawal 05:56p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	60.00		36,723.15
02/13/25	ACH Electronic Debit AMERICAN EXPR ACH PMT W8746 1	2,367.72		34,355.43
02/14/25	ACH Electronic Credit JANE STREET GROU DIRECT DEP		3,675.42	38,030.85
02/14/25	ACH Electronic Debit WELLS FARGO CARD BPPYMT	5,207.10		32,823.75
02/14/25	Cash Withdrawal 08:28a #5505 Citibank ATM 322 WEST 23RD STREET, NY, NY	200.00		32,623.75
02/18/25	ACH Electronic Debit VERIZON PAYMENTREC 3571829230001	49.99		32,573.76
02/18/25	ACH Electronic Debit CITI AUTOPAY PAYMENT 251619978160436 1	187.77		32,385.99
02/18/25	Cash Withdrawal 02/17 06:33p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	120.00		32,265.99
02/24/25	Transfer to Money Market 05:03a #5501 ONLINE Reference # 010143	600.00		31,665.99
02/24/25	Cash Withdrawal 02/23 04:52p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	100.00		31,565.99
02/25/25	ACH Electronic Debit VENMO PAYMENT 1040495336001	220.00		31,345.99
02/28/25	ACH Electronic Credit JANE STREET GROU DIRECT DEP		3,675.43	35,021.42
02/28/25	Cash Withdrawal 06:01p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	60.00		34,961.42
	Total Subtracted/Added	9,872.58	7,350.85	
02/28/25	Closing Balance			34,961.42

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

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

Savings

Citibank®
Savings Plus
Account Activity

Citibank® Savings Plus 4986962991

Date	Description	Amount Subtracted	Amount Added	Balance
02/01/25	Opening Balance			49,752.31
02/03/25	Cash Withdrawal 02/01 01:55p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	300.00		49,452.31
02/06/25	Cash Withdrawal 07:17p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	300.00		49,152.31
02/10/25	Transfer From Checking 05:03a #5501 ONLINE Reference # 010142		600.00	49,752.31
02/10/25	Cash Withdrawal 05:55p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	300.00		49,452.31
02/20/25	Cash Withdrawal 06:47p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	200.00		49,252.31
02/20/25	Cash Withdrawal 06:47p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	200.00		49,052.31
02/24/25	Transfer From Checking 05:03a #5501 ONLINE Reference # 010143		600.00	49,652.31

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 KYLE P ROONEY, VINCENZA ROONEY
 Citigold Account 4986962983

Savings Continued

Citibank®
 Savings Plus
 Account Activity
 Continued

Citibank® Savings Plus 4986962991

Date	Description	Amount Subtracted	Amount Added	Balance
02/28/25	Cash Withdrawal 06:01p #5505 ATM 285 BROADWAY BROOKLYN NYUS051	200.00		49,452.31
02/28/25	Interest paid for 28 days, Annual Percentage Yield Earned 0.06%		2.27	49,454.58
	Total Subtracted/Added	1,500.00	1,202.27	
02/28/25	Closing Balance			49,454.58

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

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

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

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 KYLE P ROONEY, VINCENZA ROONEY
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Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

CITIBANK ACCOUNTS

The products reported on this statement have been combined onto one monthly statement at your request. Opening and closing dates of the statement period are disclosed with the opening and closing balance for each bank product in the applicable transaction activity section. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

CERTIFICATES OF DEPOSIT

Certificates of Deposit (CD) information may show dashes in certain fields if on the date of your statement your new CD was not yet funded or your existing CD renewed but is still in its grace period.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions about Your Electronic Fund Transfers:

If you think your statement or record is wrong, or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown on the first page of your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic funds transfer in accordance with the Electronic Funds Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number; (2) the dollar amount of the suspected error; (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country:

Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

IRAs AND KEOGH Plans Citibank, N.A. is custodian of your Citibank IRA and trustee of your Citibank Keogh Plan.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Payment Instructions: You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: **Citibank, N.A., PO Box 78003, Phoenix, AZ 85062-8003**. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Other Information: Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown on the first page of your statement.

You are entitled to remedies for error resolution for an electronic funds transfer in accordance with the Electronic Funds Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Billing Rights Summary - What To Do If You Think You Find A Mistake On Your Statement.

If you think there is an error on your statement, write to us at the address shown on the first page of your statement (Attn: Checking Plus).

In your letter, give us the following information:

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

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

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

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KYLE P ROONEY, VINCENZA ROONEY
Citigold Account 4986962983

CREDIT CARDS

Information about your Citibank credit card account(s) on this statement is summary information as of your last credit card statement. You will continue to receive your regular monthly credit card statement(s).
Citibank credit cards are issued by Citibank, N.A. AAdvantage® is a registered trademark of American Airlines, Inc.
Citi, Citi and Arc Design and other marks used herein are service marks of Citigroup Inc. or its affiliates, used and registered throughout the world.

Citibank is an Equal Housing Lender.



Citibank, N.A. Member FDIC

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB.

Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. CAMB Balance Range Chart

	Citi Priority	Citigold	Citigold Private Client
To attain Relationship Tier	\$30,000-199,999.99	\$200,000-999,999.99	\$1,000,000 or more
To remain in Relationship Tier	\$30,000-199,999.99	\$180,000-999,999.99	\$800,000 or more

February 1 - February 28, 2025 Page 8 of 8
 KYLE P ROONEY, VINCENZA ROONEY
 Citigold Account 4986962983

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility					
	Account Fees		Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply		
Description	Monthly Service Fee	Non-Citi ATM Fee	Activity	Citigold Private Client, Citigold or Citi Priority Relationship Tiers	Month of account opening and for the first 3 full calendar months after account opening.
Regular Checking	\$15	\$2.50	Enhanced Direct Deposit* of \$250 or more	Yes	Yes
Access Checking	\$5	\$2.50	Enhanced Direct Deposit* of \$250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	\$4.50	\$2.50	Balance of \$500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	\$4.50	\$2.50	Average Monthly Balance of \$500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	\$0	\$0	N/A	N/A	N/A
COMMA Savings accounts	\$0	\$0	N/A	N/A	N/A
* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least \$250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.					



Jane Street Group, LLC 250 Vesey Street 3rd Floor New York, NY 10281
Kyle Rooney 424 Bedford Avenue 5B Brooklyn, NY 11249

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Kyle Rooney	Jane Street Group, LLC	002880	02/16/2025	02/28/2025	02/28/2025	

	Hours Worked	Gross Pay	Pre-Tax Deductions	Employee Taxes Withheld	Post-Tax Deductions	Net Pay
Current	86.67	6,680.17	1,000.01	1,991.23	13.50	3,675.43
YTD	346.68	26,720.68	4,240.04	7,860.43	54.00	14,566.21

Earnings							Employee Taxes Withheld		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Imputed Income - LI	02/16/2025 - 02/28/2025	0	0	13.50	0	54.00	Social Security Tax (OASDI)	414.17	1,641.80
Salary Pay	02/16/2025 - 02/28/2025	86.67	0	6,666.67	346.68	26,666.68	Medicare	96.86	383.97
							Federal Withholding	915.20	3,603.20
							State Tax - NY	318.31	1,254.90
							City Tax - NY	219.47	867.68
							NY SDI - NYSDI	1.30	5.20
							New York Paid Family Leave - NYPL	25.92	103.68
Earnings				6,680.17		26,720.68	Employee Taxes Withheld	1,991.23	7,860.43

Pre-Tax Deductions				Post-Tax Deductions			
Description	Amount	YTD		Description	Amount	YTD	
401(k)	1,000.01	4,000.04		Imputed Income Offset Life	13.50	54.00	
FSA Transit		240.00					
Pre-Tax Deductions	1,000.01	4,240.04		Post-Tax Deductions	13.50	54.00	

Employer Paid Benefits / Add to Net Payments				Subject Wages			
Description	Amount	YTD		Description	Amount	YTD	
401(k) Match	400.00	1,600.00		OASDI - Taxable Wages	6,680.17	26,480.68	
FSA Transit and Parking Memo		240.00		Medicare - Taxable Wages	6,680.17	26,480.68	
				Federal Withholding - Taxable Wages	5,680.16	22,480.64	
				State Tax Taxable Wages - NY	5,680.16	22,480.64	
Employer Paid Benefits / Add to Net Payments	400.00	1,840.00		City Tax Taxable Wages - NY	5,680.16	22,480.64	

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

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Citibank	Citibank	*****2983	3,675.43	USD

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
Kyle P	Rooney	069 86 4690
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.
424 Bedford Ave		5B
City, town, or post office. If you have a foreign address, also complete spaces below.		ZIP code
Brooklyn		112496591
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

☒ Single ☐ Head of household (HOH)

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ 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 instructions):
				Child tax credit
				Credit for other dependents
				☐
				☐
				☐
				☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 201,934.

1b Household employee wages not reported on Form(s) W-2 1b

1c Tip income not reported on line 1a (see instructions) 1c

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d

1e Taxable dependent care benefits from Form 2441, line 26 1e

1f Employer-provided adoption benefits from Form 8839, line 29 1f

1g Wages from Form 8919, line 6 1g

1h Other earned income (see instructions) 1h 0.

1i Nontaxable combat pay election (see instructions) 1i

1z Add lines 1a through 1h 1z 201,934.

2a Tax-exempt interest 2a

3a Qualified dividends 3a 57.

4a IRA distributions 4a

5a Pensions and annuities 5a

6a Social security benefits 6a

2b Taxable interest 2b 38.

3b Ordinary dividends 3b 57.

4b Taxable amount 4b

5b Taxable amount 5b

6b Taxable amount 6b

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000.

8 Additional income from Schedule 1, line 10 8 0.

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 199,029.

10 Adjustments to income from Schedule 1, line 26 10

11 Subtract line 10 from line 9. This is your adjusted gross income 11 199,029.

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 15 184,429.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

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 Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	37,301.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	37,301.
	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	37,301.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	206.
24	Add lines 22 and 23. This is your total tax	24	37,507.	

Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	46,271.	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c	207.	
	d	Add lines 25a through 25c	25d	46,478.	
	26	2024 estimated tax payments and amount applied from 2023 return	26		
	27	Earned income credit (EIC) No	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	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	46,478.		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,971.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	8,971.
	b	Routing number 0210000089 c Type: ☒ Checking ☐ Savings		
	d	Account number 4986962983		
	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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Operations Specialist	
	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. (631)793-6343	Email address		

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

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

Kyle P Rooney

Your social security number

069-86-4690

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d** Recapture of net EPE from Form 4255, line 2a, column (l)
- e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.
(i) ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n)
(iii) ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n)
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o)
(iii) ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o)
- y** Other additions to tax (see instructions): _____

1a

1b

1c

1d

1e

1f

1y

z Add lines 1a through 1y

1z

2 Alternative minimum tax. Attach Form 6251

2

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE

4

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

5

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

6

7 Total additional social security and Medicare tax. Add lines 5 and 6

7

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.
If not required, check here ☐

8

9 Household employment taxes. Attach Schedule H

9

10 Repayment of first-time homebuyer credit. Attach Form 5405 if required

10

11 Additional Medicare Tax. Attach Form 8959

11

206.

12 Net investment income tax. Attach Form 8960

12

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

13

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

14

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

15

16 Recapture of low-income housing credit. Attach Form 8611

16

(continued on page 2)

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy, if you sold your home see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**17f****g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property**17g****h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A**17h****i** Compensation you received from a nonqualified deferred compensation plan described in section 457A**17i****j** Section 72(m)(5) excess benefits tax**17j****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation .**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .**17n****o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund**17p****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount: _____**17z****18** Total additional taxes. Add lines 17a through 17z**18****19** Recapture of net EPE from Form 4255, line 1d, column (l)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b**21****206.**

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

Kyle P Rooney

Your social security number

069-86-4690

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	195.	3,222.		-3,027.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (481.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -3,508.

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

Schedule D (Form 1040) 2024

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-3,508.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Social security number or taxpayer identification number

Kyle P Rooney

069-86-4690

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TILRAY BRANDS INC COMMON STOCK 30	05/27/20	12/27/24	43.	327.			-284.
	AURORA CANNABIS INC COM NPV (POS 4.3	06/01/20	12/27/24	18.	602.			-584.
	AURORA CANNABIS INC COM NPV (POS 9	11/02/20	12/27/24	38.	432.			-394.
	AURORA CANNABIS INC COM NPV (POS 2.5	01/14/21	12/27/24	11.	292.			-281.
	AURORA CANNABIS INC COM NPV (POS 3.2	02/04/21	12/27/24	14.	419.			-405.
	TILRAY BRANDS INC COMMON STOCK 30	02/04/21	12/27/24	43.	767.			-724.
	TILRAY BRANDS INC COMMON STOCK 20	06/14/21	12/27/24	28.	383.			-355.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				195.	3,222.			-3,027.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **71**

Name(s) shown on return

Kyle P Rooney

Your social security number

069-86-4690

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	222,924.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	222,924.		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		22,924.	
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		206.	

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8			
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0-	11			
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		206.	
----	--	----	--	------	--

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,439.		
20	Enter the amount from line 1	20	222,924.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,232.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		207.	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		207.	



Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2024, through December 31, 2024, or fiscal year beginning ... **24**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
KYLE	P	ROONEY	07281996	069864690
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
424 BEDFORD AVE			5B	KINGS
City, village, or post office		State	ZIP code	Country
BROOKLYN		NY	112496591	UNITED STATES
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district code number
				071
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

A Filing status

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return (enter spouse's Social Security number above)
- ③ ☐ Married filing separate return (enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying surviving spouse

B Did you itemize your deductions on your 2024 federal income tax return? Yes ☐ No ☒

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒



D1 Did you have a financial account located in a foreign country? Yes ☐ No ☒

D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2024? ... Yes ☐ No ☒
If Yes:

(2) Number of months you lived in Yonkers in 2024

(3) Number of months your spouse lived in Yonkers in 2024

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2024 ... Yes ☐ No ☒

E (1) Did you or your spouse maintain living quarters in NYC (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2024? ... Yes ☐ No ☐

(2) Enter the number of days spent in NYC in 2024 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only:
(1) Number of months you lived in NYC in 2024 12

(2) Number of months your spouse lived in NYC in 2024

G Enter your 2-character special condition code(s) if applicable

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐



201001244555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
069864690

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	201934.00
2	Taxable interest income	2	38.00
3	Ordinary dividends	3	57.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-3000.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	199029.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	199029.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	199029.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	199029.00



Standard deduction or itemized deduction

34	Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: ☒ Standard - or - ☐ Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	191029.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	191029.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
KYLE P ROONEY

Your Social Security number
069864690

Tax calculation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	191029.00
39	NYS tax on line 38 amount	39	11462.00
40	NYS household credit	40	.00
41	Resident credit	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	11462.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	11462.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC taxable income	47	191029.00
47a	NYC resident tax on line 47 amount	47a	7279.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	7279.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	7279.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	7279.00
54a	MCTMT net earnings base for Zone 1	54a	.00
54b	MCTMT net earnings base for Zone 2	54b	.00
54c	MCTMT for Zone 1	54c	.00
54d	MCTMT for Zone 2	54d	.00
54e	Total MCTMT (add lines 54c and 54d)	54e	.00
55	Yonkers resident income tax surcharge	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57)	58	7279.00
59	Sales or use tax (do not leave blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	18741.00

See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.



See instructions to calculate the MCTMT for each zone.

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Your Social Security number

069864690

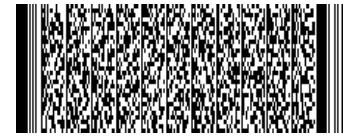
62 Enter amount from line 61

62

18741.00

Payments and refundable credits

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	63.00
69a	NYC school tax credit (rate reduction amount)	69a	429.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	14854.00
73	Total New York City tax withheld	73	8056.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	23402.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return.

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	4661.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	4661.00
TIP: Use this amount to check your refund status online.			
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	4661.00

Mark one refund choice:

☒ **direct deposit** to checking or savings account (fill in line 83) - or - ☐ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

79	Amount of line 77 that you want applied to your 2025 estimated tax (see instructions)	79	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)	81	.00
82	Other penalties and interest	82	.00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box..... ☐

83a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000089

83c Account number 4986962983

84 Electronic funds withdrawal Date Amount .00

Third-party designee? (see instr.) Yes ☐ No ☐	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature SELF - PREPARED		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
Email:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation OPERATIONS SPECIALIST	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (631) 793 6343
Email: KROONEY728@GMAIL.COM	

201004244555

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on page 2.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

069864690

Box b Employer identification number (EIN)

901010033

Box c Employer's information

Employer's name
JANE STREET GROUP, LLC
Employer's address (number and street)
250 VESEY STREET
City
NEW YORK
State
NY
ZIP code
10281
Country

Box 1 Wages, tips, other compensation

201934.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

324.00

Code

C

Box 12b Amount

20990.00

Code

D

Box 12c Amount

14235.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

333.00

Description

NYPFL

Box 14b Amount

31.00

Description

NYSDI

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐

Corrected (W-2c) ☐

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

201934.00

Box 17a NYS income tax withheld

14854.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 201934.00

Locality b .00

Box 19 Local income tax withheld

Locality a 8056.00

Locality b .00

Box 20 Locality name

Locality a NYC

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name
Employer's address (number and street)
City
State
ZIP code
Country

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c) ☐

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001244555



SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

Kyle P Rooney

Your social security number

069-86-4690

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	195.	3,222.		-3,027.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (481.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -3,508.

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

Schedule D (Form 1040) 2024

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-3,508.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Social security number or taxpayer identification number

Kyle P Rooney

069-86-4690

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TILRAY BRANDS INC COMMON STOCK 30	05/27/20	12/27/24	43.	327.			-284.
	AURORA CANNABIS INC COM NPV (POS 4.3	06/01/20	12/27/24	18.	602.			-584.
	AURORA CANNABIS INC COM NPV (POS 9	11/02/20	12/27/24	38.	432.			-394.
	AURORA CANNABIS INC COM NPV (POS 2.5	01/14/21	12/27/24	11.	292.			-281.
	AURORA CANNABIS INC COM NPV (POS 3.2	02/04/21	12/27/24	14.	419.			-405.
	TILRAY BRANDS INC COMMON STOCK 30	02/04/21	12/27/24	43.	767.			-724.
	TILRAY BRANDS INC COMMON STOCK 20	06/14/21	12/27/24	28.	383.			-355.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)				195.	3,222.			-3,027.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Jane Street Group, LLC 250 Vesey Street 3rd Floor New York, NY 10281
Kyle Rooney 424 Bedford Avenue 5B Brooklyn, NY 11249

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Kyle Rooney	Jane Street Group, LLC	002880	03/16/2025	03/31/2025	03/31/2025	

	Hours Worked	Gross Pay	Pre-Tax Deductions	Employee Taxes Withheld	Post-Tax Deductions	Net Pay
Current	86.67	6,680.17	1,000.01	1,991.23	13.50	3,675.43
YTD	520.02	40,081.02	6,240.06	11,842.89	81.00	21,917.07

Earnings							Employee Taxes Withheld		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Imputed Income - L	03/16/2025 - 03/31/2025	0	0	13.50	0	81.00	Social Security Tax (OASDI)	414.17	2,470.14
Salary Pay	03/16/2025 - 03/31/2025	86.67	0	6,666.67	520.02	40,000.02	Medicare	96.86	577.69
							Federal Withholding	915.20	5,433.60
							State Tax - NY	318.31	1,891.52
							City Tax - NY	219.47	1,306.62
							NY SDI - NYSDI	1.30	7.80
							New York Paid Family Leave - NYPL	25.92	155.52
Earnings				6,680.17		40,081.02	Employee Taxes Withheld	1,991.23	11,842.89

Pre-Tax Deductions				Post-Tax Deductions			
Description	Amount	YTD		Description	Amount	YTD	
401(k)	1,000.01	6,000.06		Imputed Income Offset Life	13.50	81.00	
FSA Transit		240.00					
Pre-Tax Deductions	1,000.01	6,240.06		Post-Tax Deductions	13.50	81.00	

Employer Paid Benefits / Add to Net Payments			Subject Wages		
Description	Amount	YTD	Description	Amount	YTD
401(k) Match	400.00	2,400.00	OASDI - Taxable Wages	6,680.17	39,841.02
FSA Transit and Parking Memo		240.00	Medicare - Taxable Wages	6,680.17	39,841.02
			Federal Withholding - Taxable Wages	5,680.16	33,840.96
			State Tax Taxable Wages - NY	5,680.16	33,840.96
Employer Paid Benefits / Add to Net Payments	400.00	2,640.00	City Tax Taxable Wages - NY	5,680.16	33,840.96

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

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Citibank	Citibank	*****2983		3,675.43 USD



Jane Street Group, LLC 250 Vesey Street 3rd Floor New York, NY 10281
Kyle Rooney 424 Bedford Avenue 5B Brooklyn, NY 11249

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Kyle Rooney	Jane Street Group, LLC	002880	03/01/2025	03/15/2025	03/14/2025	

	Hours Worked	Gross Pay	Pre-Tax Deductions	Employee Taxes Withheld	Post-Tax Deductions	Net Pay
Current	86.67	6,680.17	1,000.01	1,991.23	13.50	3,675.43
YTD	433.35	33,400.85	5,240.05	9,851.66	67.50	18,241.64

Earnings							Employee Taxes Withheld		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
Imputed Income - LI	03/01/2025 - 03/15/2025	0	0	13.50	0	67.50	Social Security Tax (OASDI)	414.17	2,055.97
Salary Pay	03/01/2025 - 03/15/2025	86.67	0	6,666.67	433.35	33,333.35	Medicare	96.86	480.83
							Federal Withholding	915.20	4,518.40
							State Tax - NY	318.31	1,573.21
							City Tax - NY	219.47	1,087.15
							NY SDI - NYSDI	1.30	6.50
							New York Paid Family Leave - NYPL	25.92	129.60
Earnings				6,680.17		33,400.85	Employee Taxes Withheld	1,991.23	9,851.66

Pre-Tax Deductions				Post-Tax Deductions			
Description	Amount	YTD		Description	Amount	YTD	
401(k)	1,000.01	5,000.05		Imputed Income Offset Life	13.50	67.50	
FSA Transit		240.00					
Pre-Tax Deductions	1,000.01	5,240.05		Post-Tax Deductions	13.50	67.50	

Employer Paid Benefits / Add to Net Payments			Subject Wages		
Description	Amount	YTD	Description	Amount	YTD
401(k) Match	400.00	2,000.00	OASDI - Taxable Wages	6,680.17	33,160.85
FSA Transit and Parking Memo		240.00	Medicare - Taxable Wages	6,680.17	33,160.85
			Federal Withholding - Taxable Wages	5,680.16	28,160.80
			State Tax Taxable Wages - NY	5,680.16	28,160.80
Employer Paid Benefits / Add to Net Payments	400.00	2,240.00	City Tax Taxable Wages - NY	5,680.16	28,160.80

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

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
Citibank	Citibank	*****2983		3,675.43 USD

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Citigold Account 4986962983

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KYLE P ROONEY
VINCENZA ROONEY
424 BEDFORD AVE APT 5B
BROOKLYN NY 11249-6591

CITIGOLD SERVICES
PO Box 6201
Sioux Falls, SD 57117-6201

Citigold Dedicated Servicing: 888-248-4465
For banking, call your Relationship Manager:
Dustin Triesch, 516-466-8409*
For investments, call your Financial Advisor:
Jimmy Torres, 516-767-4786*
For TTY: We accept 711 or other Relay Service.
Website: www.citibank.com

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

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

Value of Accounts	Last Period	This Period
Citibank Accounts		
Checking		
Checking	34,961.42	33,088.86
Savings		
Insured Money Market Accounts	49,454.58	49,877.10
Citigold Relationship Total	\$84,416.00	\$82,965.96

Earnings Summary	This Period	This Year
Citibank Accounts		
Checking		
Checking	0.00	0.00
Savings		
Insured Money Market Accounts	2.52	7.38
Citigold Relationship Total	\$2.52	\$7.38

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

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KYLE P ROONEY, VINCENZA ROONEY
Citigold Account 4986962983

Messages From Citigold

Effective 2/20/2025- For clarification of existing practices, you agree your "Residential Address" is where you physically reside. We can use your Residential Address to manage your account. Your "Mailing Address" is where you would like to receive notices and Account Statements. Changing your Residential Address or Mailing Address will not change the Governing Law or Rate Region of any of your existing accounts. We reserve the right, at our discretion, to mail certain correspondence to your Residential Address.

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4465(TTY: We accept 711 or other Relay Service).

You are Citigold for March 2025

When customers own accounts as Joint account owners, the Combined Average Monthly Balance shown on their Joint Account Statement will show the highest Combined Average Monthly Balance range among account owners. The Relationship Tier associated with the account will be determined by the highest Relationship Tier among joint owners. Different processes -New to Relationship customer status, Re-Tiering, Tier Acceleration, and Tier Exclusions- determine whether an individual owner is eligible for Relationship Tiers.

Calendar Month ¹	Combined Average Monthly Balance Range ²	Relationship Tier ³
January 2025	\$500,000 - \$799,999	Citigold
February 2025	\$500,000 - \$799,999	Citigold
March 2025	\$500,000 - \$799,999	Citigold

Account Fees and Charges⁴

Account Type	Account	Monthly Service Fee	Rebate of Surcharges from Non- Citi ATM Transactions	Average Monthly Balance	Waiver Applied
Regular Checking	4986962983	None	None	N/A	No Fee - Citigold Waiver
Citibank® Savings Plus	4986962991	None	None	N/A	No Fee - Citigold Waiver

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 KYLE P ROONEY, VINCENZA ROONEY
 Citigold Account 4986962983

Account Fees and Charges ⁴ Continued					
Account Type	Account	Monthly Service Fee	Rebate of Surcharges from Non- Citi ATM Transactions	Average Monthly Balance	Waiver Applied
Total		None	None		
Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.					

Checking

Checking
Activity

Regular Checking 4986962983

Date	Description	Amount Subtracted	Amount Added	Balance
03/01/25	Opening Balance			34,961.42
03/07/25	ACH Electronic Credit VENMO CASHOUT		174.00	35,135.42
03/10/25	Transfer to Money Market 05:03a #5501 ONLINE Reference # 010144	600.00		34,535.42
03/12/25	ACH Electronic Debit WELLS FARGO CARD BPPYMT	5,752.48		28,782.94
03/12/25	ACH Electronic Debit AMERICAN EXPR ACH PMT W0476	1,943.85		26,839.09
03/14/25	ACH Electronic Credit JANE STREET GROU DIRECT DEP		3,675.43	30,514.52
03/17/25	ACH Electronic Credit VENMO CASHOUT		25.00	30,539.52
03/17/25	ACH Electronic Debit CITI AUTOPAY PAYMENT 251644135070089 1	216.10		30,323.42
03/18/25	ACH Electronic Debit VERIZON PAYMENTREC 3571829230001	49.99		30,273.43
03/24/25	Transfer to Money Market 05:02a #5501 ONLINE Reference # 010145	600.00		29,673.43
03/24/25	Cash Withdrawal 03/22 08:29p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	120.00		29,553.43
03/25/25	Cash Withdrawal 06:42p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	40.00		29,513.43
03/31/25	ACH Electronic Credit JANE STREET GROU DIRECT DEP		3,675.43	33,188.86
03/31/25	Cash Withdrawal 03/29 11:28a #5505 ATM 285 BROADWAY BROOKLYN NYUS071	100.00		33,088.86
	Total Subtracted/Added	9,422.42	7,549.86	
03/31/25	Closing Balance			33,088.86

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

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

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KYLE P ROONEY, VINCENZA ROONEY
Citigold Account 4986962983

Savings

Citibank®
Savings Plus
Account Activity

Citibank® Savings Plus 4986962991

Date	Description	Amount Subtracted	Amount Added	Balance
03/01/25	Opening Balance			49,454.58
03/06/25	Cash Withdrawal 06:01p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	140.00		49,314.58
03/06/25	Cash Withdrawal 06:00p #5505 ATM 285 BROADWAY BROOKLYN NYUS071	200.00		49,114.58
03/10/25	Transfer From Checking 05:03a #5501 ONLINE Reference # 010144		600.00	49,714.58
03/13/25	Cash Withdrawal 06:04p #5505 Citibank ATM 250 BROADWAY, NY, NY	440.00		49,274.58
03/24/25	Transfer From Checking 05:02a #5501 ONLINE Reference # 010145		600.00	49,874.58
03/31/25	Interest paid for 31 days, Annual Percentage Yield Earned 0.06%		2.52	49,877.10
	Total Subtracted/Added	780.00	1,202.52	
03/31/25	Closing Balance			49,877.10

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

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

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 KYLE P ROONEY, VINCENZA ROONEY
 Citigold Account 4986962983

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

CITIBANK ACCOUNTS

The products reported on this statement have been combined onto one monthly statement at your request. Opening and closing dates of the statement period are disclosed with the opening and closing balance for each bank product in the applicable transaction activity section. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

CERTIFICATES OF DEPOSIT

Certificates of Deposit (CD) information may show dashes in certain fields if on the date of your statement your new CD was not yet funded or your existing CD renewed but is still in its grace period.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions about Your Electronic Fund Transfers:

If you think your statement or record is wrong, or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown on the first page of your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic funds transfer in accordance with the Electronic Funds Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number; (2) the dollar amount of the suspected error; (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country:

Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

IRAs AND KEOGH Plans Citibank, N.A. is custodian of your Citibank IRA and trustee of your Citibank Keogh Plan.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Payment Instructions: You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: **Citibank, N.A., PO Box 78003, Phoenix, AZ 85062-8003**. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Other Information: Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown on the first page of your statement.

You are entitled to remedies for error resolution for an electronic funds transfer in accordance with the Electronic Funds Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Billing Rights Summary - What To Do If You Think You Find A Mistake On Your Statement.

If you think there is an error on your statement, write to us at the address shown on the first page of your statement (Attn: Checking Plus).

In your letter, give us the following information:

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

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

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

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KYLE P ROONEY, VINCENZA ROONEY
Citigold Account 4986962983

CREDIT CARDS

Information about your Citibank credit card account(s) on this statement is summary information as of your last credit card statement. You will continue to receive your regular monthly credit card statement(s).
Citibank credit cards are issued by Citibank, N.A. AAdvantage® is a registered trademark of American Airlines, Inc.
Citi, Citi and Arc Design and other marks used herein are service marks of Citigroup Inc. or its affiliates, used and registered throughout the world.

Citibank is an Equal Housing Lender.



Citibank, N.A. Member FDIC

March 1 - March 31, 2025

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KYLE P ROONEY, VINCENZA ROONEY
Citigold Account 4986962983

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB.

Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. CAMB Balance Range Chart

	Citi Priority	Citigold	Citigold Private Client
To attain Relationship Tier	\$30,000-199,999.99	\$200,000-999,999.99	\$1,000,000 or more
To remain in Relationship Tier	\$30,000-199,999.99	\$180,000-999,999.99	\$800,000 or more

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 KYLE P ROONEY, VINCENZA ROONEY
 Citigold Account 4986962983

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility					
	Account Fees		Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply		
Description	Monthly Service Fee	Non-Citi ATM Fee	Activity	Citigold Private Client, Citigold or Citi Priority Relationship Tiers	Month of account opening and for the first 3 full calendar months after account opening.
Regular Checking	\$15	\$2.50	Enhanced Direct Deposit* of \$250 or more	Yes	Yes
Access Checking	\$5	\$2.50	Enhanced Direct Deposit* of \$250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	\$4.50	\$2.50	Balance of \$500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	\$4.50	\$2.50	Average Monthly Balance of \$500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	\$0	\$0	N/A	N/A	N/A
COMMA Savings accounts	\$0	\$0	N/A	N/A	N/A
* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least \$250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.					



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April 3, 2025

Re: Kyle Rooney

To Whom It May Concern:

I am writing to confirm the employment and base pay of Kyle Rooney.

Kyle Rooney has been employed with Jane Street Group, LLC since October 11, 2021. They currently work in our Infrastructure group as a Operations Specialist. Kyle Rooney's annual base salary is \$160,000.00. They are eligible for a discretionary year-end bonus, paid in December.

If you have any questions, please contact me at (646) 759-6000.

Sincerely,

Libby Edwards
Human Resources