APPLICATION FOR RENTAL

Rental Application for **685 First Ave**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Soldon	Mira		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	11/29/1999	(414) 412 - 6049 - Mobile

EMAIL
soldonmira@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
Scott Soldon	3934 N Harcourt Pl, Shorewood, 58 53211

PHONE	EMAIL ADDRESS	RELATIONSHIP
(414) 870 - 2177	scott@soldonmccoy.com	father

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
355 E Ohio St., Apt 2409	Chicago	IL	60611

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$3,080.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Associate Attorney	Allen Overy Shearman Sterling US LLP

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Trevor Mathews	(212) 848 - 5051	$225,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
599 Lexington Ave	New York	NY	10022

BACKGROUND INFORMATION

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

NEW YORK CITY TENANT FAIR CHANCE ACT

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

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

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

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

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

APPLICATION CONSENT

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **685 First Ave** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **685 First Ave** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **685 First Ave**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **685 First Ave** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **685 First Ave**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

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

☒ *Application consent was digitally accepted by Mira Soldon*

Signed by Mira Soldon
Sat May 10 2025 10:55:35 AM EDT
Key: E79ED0E9; IP Address: 206.171.36.17

Mira Soldon *(Applicant)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Mira Soldon	XXXXXXXXXXXX7828	15826959	$21.50

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

Rental Application for **685 First Ave**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Suna	Jonathan	R.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	2/26/2000	(216) 502 - 5939 - Mobile

EMAIL
jonathansuna@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
6113 S kimbark av APT 2N	Chicago	IL	60637

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$675.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Associate Attorney	Paul, Weiss, Rifkind, Wharton & Garrison LLP

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Gladys Trinidad	(212) 373 - 2874	$225,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1285 Avenue of the Americas	New York	NY	10019

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?	Have you ever willfully refused to pay rent when due?
NO	NO

Have you ever been evicted from a tenancy or left owing money?	Have you ever been convicted of a crime?
NO	NO

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☒ *Application consent was digitally accepted by Jonathan R. Suna*

Signed by Jonathan R. Suna
Sat May 10 2025 09:27:05 PM EDT
Key: 4A3583A8; IP Address: 73.74.32.31

Jonathan R. Suna *(Applicant)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Jonathan Suna	XXXXXXXXXXXX0532	15828560	$21.50

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

Rental Application for **685 First Ave**

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APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Bailit	Jennifer	L.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	2/10/1967	(216) 401 - 8711 - Mobile

EMAIL
jennifer.bailit@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
23475 Laureldale rd	Shaker Heights	OH	44122

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$3,363.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Physician	Cleveland Clinic

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Justin Lappen	(216) 217 - 5390	$560,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
9500 Euclid Ave	Cleveland	OH	44195

BACKGROUND INFORMATION

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

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☒ *Application consent was digitally accepted by Jennifer L. Bailit (Guarantor)*

Signed by Jennifer L. Bailit
Sat May 10 2025 12:06:10 PM EDT
Key: 0325A296; IP Address: 172.126.255.233

Jennifer L. Bailit *(Guarantor)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Jennifer Bailit	XXXXXXXXXXXX5248	15827049	$21.50

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

California Required Notices

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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.

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Rental Report for Mira Soldon

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

Score for Mira Soldon: No Credit			
		Importance	Result
AI Score		Not Considered	No Credit
No Credit		Pass/Conditional	👎
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍

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

NOTIFICATION(S)

APPLICANT: no matching name found
The name for the primary applicant does not match any records on file. Please check if you entered the name accurately and re-run the report if necessary. This warning means that the applicant fraudulently submitted incorrect information or that the record on file is incorrect. You should carefully verify the information on the application before proceeding.

Credit Quick Summary		
Total annual income (reported by Applicant)	$225,000.00	*This applicant has no credit accounts on file*
Total **verified** annual income	Pending	
Total **verified** combined annual income to rent ratio	Pending (based on rent of $7,320.00)	
Total number of accounts	0	
Accounts with no late payments	0 (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	$0.00 ($0.00 past due)	
Outstanding revolving debt	$0.00 (0% 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:	Mira Soldon	
SSN:	***-**-****	
Birth Date:	11/**/1999	

Addresses	From Application	From Equifax
	355 E Ohio St., Apt 2409 Chicago, IL 60611 - US	

Employment	From Application	From Equifax
Applicant:	Associate Attorney Allen Overy Shearman Sterling US LLP $225,000.00/Yr. Total annual income: $225,000.00	

Criminal and Other Public Records

Requested For	Location Searched	Period Searched	Requested	Returned
Mira Soldon	Multistate Search	5/15/2018 - 5/15/2025	5/15/2025	5/15/2025

Results
No Records Found

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Mira Soldon	5/15/2025	5/15/2025

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Mira Soldon	5/15/2025	5/15/2025

Results
No Records Found

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Rental Report for Jonathan R. Suna

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

Score for Jonathan R. Suna: 810			
		Importance	**Result**
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$225,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $7,320.00)
Total number of accounts	1
Accounts with no late payments	1 (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	$292.00 ($0.00 past due)
Outstanding revolving debt	$292.00 (20% 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:	Jonathan R. Suna	JONATHAN SUNA
SSN:	***-**-****	***-**-****
Birth Date:	2/**/2000	2/**/2000

Addresses	From Application	From Equifax
	6113 S kimbark av APT 2N Chicago, IL 60637 - US	6113 S KIMBARK AVE. 2N CHICAGO, IL 60637 (Applicant) Reported 4/2025 837 CLARENDON ST. DURHAM, NC 27705 (Applicant) Reported 9/2022

Employment	From Application	From Equifax
Applicant:	Associate Attorney Paul, Weiss, Rifkind, Wharton & Garrison LLP $225,000.00/Yr. Total annual Income: $225,000.00	

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Jonathan R. Suna	Multistate Search	5/15/2018 - 5/15/2025	5/15/2025	5/15/2025
Results				
No Records Found				

National Sex Offender Registry History		
Requested For	**Date Requested**	**Date Returned**
Jonathan R. Suna	5/15/2025	5/15/2025
Results		
No Records Found		

Restricted Person Search		
Requested For	**Requested**	**Returned**
Jonathan R. Suna	5/15/2025	5/15/2025
Results		
No Records Found		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	810	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description

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

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	761	You have too few credit accounts The date that you opened your oldest account is too recent Too few of your bankcard or other revolving accounts have high limits You have either very few loans or too many loans with delinquencies

Description

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

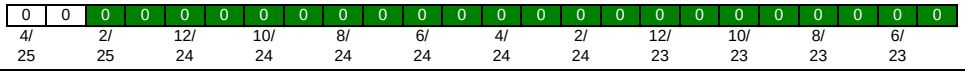
Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER BANK (Applicant)	1/2022	3/2025					$292.00

Monthly Payment	High Credit	Type	Comments
$35.00	$1,480.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History



California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Jennifer L. Bailit (Guarantor)

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

Score for Jennifer L. Bailit (Guarantor): 848			
		Importance	Result
AI Score		Pass/Fail	👍
Total annual income to rent ratio exceeds 80.0		Pass/Fail	PENDING
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍
Kidnapping	None ever	Pass/Fail	👍

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

NOTIFICATION(S)

APPLICANT: Equifax Credit File Frozen
There is a freeze on this credit file, meaning that it is inaccessible unless the applicant contacts the credit bureau to release the freeze. We recommend to release the freeze for at least five days. Once the applicant releases the file, contact us and we will attempt to process the screening report.

Credit Quick Summary	
Total annual income (reported by Applicant)	$560,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $6,100.00)
Total number of accounts	8
Accounts with no late payments	8 (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	$386,534.00 ($0.00 past due)
Outstanding revolving debt	$12,847.00 (2% of limit) ($0.00 past due)
Outstanding loan balance	$373,687.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From TransUnion
Name:	Jennifer L. Bailit (Guarantor)	JENNIFER L. BAILIT
SSN:	***-**-****	***-**-****
Birth Date:	2/**/1967	2/**/1967

Addresses	From Application	From TransUnion
	23475 Laureldale rd Shaker Heights, OH 44122 - US	23475 LAURELDALE SHAKER HEIGHTS, OH 44122 (Applicant) Reported 10/2020 2680 ROCKLYN SHAKER HEIGHTS, OH 44122 (Applicant) Reported 6/2002 BREWSTER, MA 00000 (Applicant) Reported 3/1988 2860 ROCKLYN SHAKER HTS, OH 44122 (Applicant)

Employment	From Application	From TransUnion
Applicant:	Physician Cleveland Clinic $560,000.00/Yr. Total annual Income: $560,000.00	FEMT RESCUE BREWSTER FIRE DEPT

Criminal and Other Public Records				
Requested For	**Location Searched**	**Period Searched**	**Requested**	**Returned**
Jennifer L. Bailit (Guarantor)	Multistate Search	5/15/2018 - 5/15/2025	5/15/2025	5/15/2025
Results *No Records Found*				

National Sex Offender Registry History		
Requested For	**Date Requested**	**Date Returned**
Jennifer L. Bailit (Guarantor)	5/15/2025	5/15/2025
Results *No Records Found*		

Restricted Person Search

Requested For	Requested	Returned
Jennifer L. Bailit	5/15/2025	5/15/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	848	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

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

From TransUnion

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	798	Total of all balances on bankcard or revolving accounts is too high Lack of sufficient credit history on bankcard or revolving accounts The balances on your accounts are too high compared to loan amounts Open real estate account balances are too high compared to their loan amounts

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

Credit Accounts

From TransUnion

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
1ST NATL BK (Applicant)	9/2020	4/2025	0	0	0	$0.00	$373,687.00

Monthly Payment	High Credit	Type	Comments
$6,083.00	$500,000.00	MORTGAGE	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD (Applicant)	1/2017	4/2025	0	0	0	$0.00	$9,448.00

Monthly Payment	High Credit	Type	Comments
	$26,687.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVERCARD (Applicant)	7/1989	4/2025	0	0	0	$0.00	$2,048.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$9,045.00	REVOLVING	Rate/Status 01: Paid or paying as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE (Applicant)	11/2010	4/2025	0	0	0	$0.00	$1,351.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$17,631.00	REVOLVING	Rate/Status 01: Paid or paying as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
1ST NATL BK (Applicant)	2/2012	11/2020	0	0	0	$0.00	$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$239,000.00	MORTGAGE	CLOSED Rate/Status 01: Paid or paying as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10/20	8/20	6/20	4/20	2/20	12/19	10/19	8/19	6/19	4/19	2/19	12/18												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BRCLYSBANKDE (Applicant)	10/2008	6/2018	0	0	0	$0.00	$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,569.00	REVOLVING	PURCHASED BY ANOTHER LENDER Rate/Status 01: Paid or paying as agreed			

Payment History

0	0	0
5/18	3/18	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CBNA (Applicant)	10/2008	10/2019	0	0	0	$0.00	$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,569.00	REVOLVING	INACTIVE ACCOUNT Rate/Status 01: Paid or paying as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12/21	10/21	8/21	6/21	4/21	2/21	12/20	10/20	8/20	6/20	4/20	2/20												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMEX (Applicant)	3/1988		0	0	0	$0.00	$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$644.00	OPEN ACCOUNT	Rate/Status 01: Paid or paying as agreed			

Payment History

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

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
https://www.freeze.equifax.com

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
https://www.experian.com/freeze/center.html

TransUnion LLC
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

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

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

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

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

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

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

U21 WISCONSIN USA

NOT FOR FEDERAL PURPOSES

DRIVER LICENSE REGULAR

9 CLASS D

9a END NONE

3 DOB 11/29/1999

4a ISS 06/10/2020 DUP

4b EXP 11/29/2026

15 SEX F 16 HGT 5'-05"

17 WGT 145 lb

18 EYES BLU

19 HAIR BRO

DONOR

1 SOLDON

2 MIRA JEAN

4d S435-5509-9929-05

8 3934 N HARCOURT PL
SHOREWOOD, WI 53211

UNDER 18 UNTIL
AGE ATTAINED

UNDER 21 UNTIL
11/29/2020

NOV 99

29 NOV 1999 MIRA SOLDON

5 DD OTJCF2020061014575333

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

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

Your first name and middle initial	Last name	Your social security number
MIRA	SOLDON	394-19-9838
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.
310 E 2ND ST	4D

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
New York	NY	10009

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

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

Filing Status Check only one box.

☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

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

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

Income

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

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	42,428
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	42,428
2a	Tax-exempt interest	2a	b Taxable interest	2b	2
3a	Qualified dividends	3a 41	b Ordinary dividends	3b	53
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	0
c	If you elect to use the lump-sum election method, check here (see instructions)				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	-1,655
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	40,828
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	40,828
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	26,228

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	2,909
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	2,909
	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	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	2,909
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	2,909
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 8,188		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	8,188
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	0
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	8,188
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	5,279
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	5,279
Direct deposit? See instructions.	b	Routing number 075900575 c Type: ☒ Checking ☐ Savings			
	d	Account number 2172807410			
	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	0
	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: SUSAN M BUCHWALD | Phone no.: (414) 581-0090 | Personal identification number (PIN): 29408

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

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

Phone no. (414) 771-8475 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SUSAN M BUCHWALD	SUSAN M BUCHWALD	4/13/2025	P00029408	☒ Self-employed

Firm's name BUCHWALD TAX SERVICE | Phone no. (414) 581-0090

Firm's address 6300 S 116TH ST, FRANKLIN, WI 53132 | Firm's EIN 93-3947753

SENT VIA EMAIL

Mira Soldon

Allen Overy Shearman Sterling US LLP
599 Lexington Avenue
New York, NY 10022

Tel +1.212.848.5051

Email: trevor.mathews@aoshearman.com

July 26, 2024

Dear Mira,

I am pleased to offer you the position of Entry-Level Associate with Allen Overy Shearman Sterling US LLP (A&O Shearman). This letter sets forth the terms of our offer to you:

Position:	You will join the New York office as a 2025 Entry-Level Associate.
Start Date:	Pending background, education and reference check results, your employment will begin on a mutually agreeable date.
Salary:	As an Entry-Level Associate, you will be compensated at an annualized salary of $225,000 less deductions and withholdings, to be paid on the 15th and 30th day of each month, or on the preceding business day if the date should fall on a weekend or holiday.
Bonus:	All Associates in good standing are eligible for an annual discretionary bonus. While bonuses are paid at the discretion of the Firm, our consistent practice has been to match the market of our peer firms. Bonuses for US law group associates are normally paid in January and prorated based on your start date with the Firm.
Employment Status:	Please note that you will be employed by A&O Shearman on an "at will" basis. This letter is not a guarantee of continued employment and should not be interpreted as a contractual agreement or obligation of A&O Shearman to you and should not be relied upon as a binding statement of terms of employment.
Bar Admission:	It is also expectation you will sit for the New York bar exam and that you will become a member of the New York bar within a reasonable time period of joining A&O Shearman. You will be eligible for reimbursement of any costs relating to expenses associated with the New York bar exam and admission including bar examination fees, prep courses, travel and accommodation to be sworn in, etc. The firm will expect repayment of this reimbursement should you resign from the firm prior to or within twelve months of your start date with the New York office. Upon your admission, you must provide a Certificate of Good Standing and any other relevant documentation pertaining to the New York bar. Please reference the Bar Membership Policy and the Reimbursement Acknowledge Form for additional details. Should you have questions about the bar admission process, please email Cassie Haykin, Senior Manager Professional Development (Cassie.Haykin@aoshearman.com).

401(k):	You are eligible to join the firm's 401(k) plan immediately. Subject to the rules imposed under the Internal Revenue Code, you may make tax deductible contributions up to the current limit of $23,000.00 per annum. If you are age 50 or over, you are eligible for an additional $7,500 in catch-up contributions, raising your employee contribution to $30,500 to your retirement account.
Holiday:	For calendar year 2025, U.S. and Toronto based associates will have the opportunity to take as much paid vacation time as they deem consistent with their seniority while considering the firm's needs and client demands.
Health Insurance:	Eligible employees may elect comprehensive medical coverage including health, dental and vision for themselves and/or their eligible dependents. Employees who elect medical coverage pay a portion of the premium on a pre-tax basis through payroll deductions. If you elect to join one of these plans, your coverage will begin on your start date. You will receive additional information about your coverage options on your start date.
Life and Accident Insurance:	Comprehensive life and disability insurance is provided by the Firm.
Citizenship:	Should you require work authorization for US employment, please be advised that this offer is contingent upon you obtaining and maintaining work authorization. Should you have any questions regarding work authorization, please contact a member of the recruitment team, as soon as possible and she will connect you with our Immigration Team.
Expiration:	We are pleased to hold your offer open until Tuesday, October 1, 2024. If you require additional time to make your decision, please email the Law School Recruiting team (us-lawstudentrecruitment@aoshearman.com). To accept our offer of employment, please return a signed copy of this letter via email to the Law School Recruiting team (us-lawstudentrecruitment@aoshearman.com).

If you have any questions regarding our offer, please contact a member of the Law School Recruitment team. If this offer meets your expectations, please sign and return the enclosed copy of this letter.

Kind regards,

Trevor Mathews
Director, Law School Recruitment
Allen Overy Shearman Sterling US LLP

Accepted and Agreed: *Mira Soldon*.....

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
ZHO	028536	000148		0000310106	1

Earnings Statement

ALLEN OVERY SHEARMAN STERLING US LLP
599 LEXINGTON AVENUE
NEW YORK, NY 10022
212-848-4000

Period Beginning: 07/16/2024
Period Ending: 08/01/2024
Pay Date: 08/01/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

MIRA SOLDON
310 E. 2ND ST.
APT 4D
NEW YORK NY 10009

Earnings	rate	salary/hours	this period	year to date
Regular	9375.00		6,490.39	34,615.39
Retro				7,812.50
Gross Pay			**$6,490.39**	42,427.89

Deductions	Statutory		
Federal Income Tax		-1,121.80	8,187.86
Social Security Tax		-402.40	2,630.53
Medicare Tax		-94.11	615.20
NY State Income Tax		-377.02	2,559.59
New York Cit Income Tax		-252.13	1,684.64
NY SDI Tax		-1.30	5.20
Net Pay		**$4,241.63**	
Checking		-4,241.63	
Net Check		**$0.00**	

Your federal taxable wages this period are $6,490.39

Important Notes

YOUR COMPANY PHONE NUMBER IS 212-848-4000

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 1
New York Cit: 1

ALLEN OVERY SHEARMAN STERLING US LLP
599 LEXINGTON AVENUE
NEW YORK, NY 10022
212-848-4000

Advice number: **00000310106**
Pay date: 08/01/2024

Deposited to the account of	account number	transit ABA	amount
MIRA SOLDON	xxxxxx8408	xxxx xxxx	$4,241.63

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
ZHO	028536	000148		0000280109	1

Earnings Statement

ALLEN OVERY SHEARMAN STERLING US LLP
599 LEXINGTON AVENUE
NEW YORK, NY 10022
212-848-4000

Period Beginning: 07/02/2024
Period Ending: 07/15/2024
Pay Date: 07/15/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

MIRA SOLDON
310 E. 2ND ST.
APT 4D
NEW YORK NY 10009

Earnings	rate	salary/hours	this period	year to date
Regular	9375.00		9,375.00	28,125.00
Retro				7,812.50
Gross Pay			**$9,375.00**	35,937.50

Deductions	Statutory		
Federal Income Tax		-1,875.65	7,066.06
Social Security Tax		-581.25	2,228.13
Medicare Tax		-135.93	521.09
NY State Income Tax		-571.60	2,182.57
New York Cit Income Tax		-374.73	1,432.51
NY SDI Tax		-1.30	3.90
Net Pay		**$5,834.54**	
Checking		-5,834.54	
Net Check		**$0.00**	

Your federal taxable wages this period are $9,375.00

Important Notes

YOUR COMPANY PHONE NUMBER IS 212-848-4000

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 1
New York Cit: 1

ALLEN OVERY SHEARMAN STERLING US LLP
599 LEXINGTON AVENUE
NEW YORK, NY 10022
212-848-4000

Advice number: **00000280109**
Pay date: 07/15/2024

Deposited to the account of	account number	transit ABA	amount
MIRA SOLDON	xxxxxx8408	xxxx xxxx	$5,834.54

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
ZHO	028536	000148		0000260111	1

Earnings Statement

ALLEN OVERY SHEARMAN STERLING US LLP
599 LEXINGTON AVENUE
NEW YORK, NY 10022
212-848-4000

Period Beginning: 06/16/2024
Period Ending: 07/01/2024
Pay Date: 07/01/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

MIRA SOLDON
310 E. 2ND ST.
APT 4D
NEW YORK NY 10009

Earnings	rate	salary/hours	this period	year to date
Regular	9375.00		9,375.00	18,750.00
Retro				7,812.50
Gross Pay			**$9,375.00**	26,562.50

Deductions	Statutory		
Federal Income Tax		-1,875.65	5,190.41
Social Security Tax		-581.25	1,646.88
Medicare Tax		-135.94	385.16
NY State Income Tax		-571.60	1,610.97
New York Cit Income Tax		-374.73	1,057.78
NY SDI Tax		-1.30	2.60
Net Pay		**$5,834.53**	
Checking		-5,834.53	
Net Check		**$0.00**	

Important Notes

YOUR COMPANY PHONE NUMBER IS 212-848-4000

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 1
New York Cit: 1

Your federal taxable wages this period are $9,375.00

ALLEN OVERY SHEARMAN STERLING US LLP
599 LEXINGTON AVENUE
NEW YORK, NY 10022
212-848-4000

Advice number: **00000260111**
Pay date: 07/01/2024

Deposited to the account of	account number	transit ABA	amount
MIRA SOLDON	xxxxxx8408	xxxx xxxx	$5,834.53

NON-NEGOTIABLE

Associated Bank N.A.
PO Box 19097
Green Bay WI 54307-9097
Midwest-based Customer Care: 1-800-236-8866

FINANCIAL STATEMENT OF ACCOUNTS
Primary Account: 2920068408

>002355 3026623 0001 092479 10Z

MIRA J SOLDON
3934 N HARCOURT PL
MILWAUKEE WI 53211-2444

Statement Activity Period
03/17/2025 to 04/16/2025

Bank: 001

Mail Code: 0S

IMPORTANT NOTICE AND CHANGE IN TERMS for Checking, Savings, and Money Market Accounts

Effective May 21, 2025, changes are being made to Section 11 of the Deposit Account Agreement. We modified the language to accommodate Regulation CC adjustments for cost of living, which **increases the availability of funds deposited**. The changes are as follows:

Section 11.2.3 – Increase in availability from $5,525 to $6,900 when we place a hold on an aggregate amount of deposits by one or more checks on any single banking day.

Section 11.3.2 – Increase in availability from $5,525 to $6,900 when the amount of funds deposited by certain checks into a new account are subject to next-day availability.

If you have any questions, please contact your banker or our Customer Care team at 800-236-8866.

FINANCIAL SUMMARY	ACCOUNT#	BALANCE
DEPOSIT ACCOUNTS		
Associated Balanced Checking	2920068408	$10,908.27

DEPOSIT ACCOUNTS

Associated Balanced Checking #2920068408

Beginning Balance	11,770.30
Plus: Deposits and Other Additions	964.78
Minus: Withdrawals and Other Deductions	1,826.81
ENDING BALANCE ON 04/16/2025	**$10,908.27**

Deposits and Other Additions

03/17/2025	DDA RET BLT*REVOLV *1850 CERRITOS CA 507201320818	954.78
04/09/2025	VENMO CASHOUT XXXXXXXXX7090 MIRA SOLDON	10.00
	TOTAL	**$964.78**

Withdrawals and Other Deductions

03/17/2025	DDA PUR ARITZIA MI *1850 CHICAGO IL 507201536249	420.05
03/17/2025	DDA PUR TST* LG'S *1850 CHICAGO IL 507500342925	64.64
03/17/2025	DDA PUR TST* LG'S *1850 CHICAGO IL 507500342926	12.11
03/17/2025	DDA PUR TST*FADO I *1850 CHICAGO IL 507400297188	113.74
03/17/2025	DDA PUR COLDSTONE *1850 CHICAGO IL 507400333216	10.91
03/17/2025	DDA PUR TST*EGG HA *1850 847-478-5100 IL 507600261331	41.17
03/17/2025	DDA PUR SP FRANKIE *1850 CHICAGO IL 507500336401	201.50
03/17/2025	DDA PUR FABULOUS A *1850 PARIS ID 507500324264	1.00

002355 3026623 0070643 0070643 0001/0003

* PLEASE USE THIS FORM TO BALANCE YOUR CHECKING ACCOUNT

CHECKS OUTSTANDING - NOT APPEARING ON THIS STATEMENT

NO.	$	
TOTAL		

BALANCE AS FROM CHECK BOOK $ ____________

SUBTRACT SERVICE CHARGES(S) LISTED ON STATEMENT $ ____________

ADD INTEREST LISTED ON STATEMENT +$ ____________

NEW CHECK BOOK
BALANCE $ ____________

MONTH ____________ ____________

CHECKING ACCOUNT BALANCE SHOWN ON THIS STATEMENT $ ____________

ADD +
CHECKING DEPOSITS IF ANY, NOT CREDITED $ ____________

____

____

$ ____________

SUBTRACT -
CHECKS OUTSTANDING $ ____________

BALANCE ____________

THE ABOVE RESULT SHOULD AGREE. IF THEY DO NOT PLEASE CONTACT OUR CUSTOMER CARE CENTER

*ADD LOAN ADVANCES TO YOUR CHECK REGISTER.
*SUBTRACT AUTOMATIC PAYMENTS FROM YOUR CHECK REGISTER.

ASSOCIATED CHECKING RESERVE LINE ACCOUNT INFORMATION

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR CHECKING RESERVE LINE.

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us (on a separate sheet) at the address located on the front of this 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 can telephone us, but doing so will NOT preserve your rights.

In your letter, give us the following information:

* Your name and account number.
* The dollar amount of the suspected error.
* Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, however you are still obligated to make the required payments which are due that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

IMPORTANT FINANCE CHARGE INFORMATION

We figure the finance charge on your account by applying the daily periodic rate to the "average daily balance" of your account (including current transactions). To get the "average daily balance" we take the beginning balance of your account each day, add any new advances/loans, and subtract any payments or credits. This gives us the daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance". Late payment fees, membership fee, annual fee and unpaid finance charges are not included in the calculation of the "average daily balance".

PREPAYMENT OF YOUR CHECKING RESERVE LINE

Your Associated Checking Reserve Line may be prepaid at any time without penalty.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at the Customer Care Center number or write us at the address shown on the front of this statement as soon as you can if you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appears.

* Tell us your name and account number (if any);
* Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information;
* Tell us the dollar amount of the suspected error;
* Tell us the date, time and location of the suspected error.

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

TO VERIFY YOUR DIRECT DEPOSIT: Please call the Customer Care Center number located on the front of this statement.

02355 3026623 0007064 0007064 00002/00003

Withdrawals and Other Deductions (continued)

03/17/2025	INTERNATL ATM/DEBIT CARD FEE	0.03
03/18/2025	DDA PUR Canva US I *1850 2140 S Dupont Highway C Kent DE 000000226856	15.00
03/19/2025	DDA PUR MCDONALD'S *1850 CHICAGO IL 507700384528	6.24
03/21/2025	DDA PUR WWW.LAUGHF *1850 CHICAGO IL 507900334302	114.96
03/24/2025	DDA PUR 365 MARKET *1850 TROY MI 507901597146	5.26
03/24/2025	DDA PUR CIRA CABRA *1850 CHICAGO IL 508000241152	56.81
03/24/2025	DDA PUR FEDERALES *1850 CHICAGO IL 508000310384	32.62
03/24/2025	DDA PUR TNF CHICAG *1850 CHICAGO IL 508100341906	363.83
03/24/2025	DDA PUR TST* SIENA *1850 CHICAGO IL 508200377609	330.30
04/07/2025	DDA PUR WHOLEFDS *1850 255 E GRAND AVE CHICAGO IL 000019200145	36.64
	TOTAL	**$1,826.81**

Total Overdraft Fees

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00

Balance Summary

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
03/17/2025	11,859.93	03/21/2025	11,723.73	04/09/2025	10,908.27
03/18/2025	11,844.93	03/24/2025	10,934.91		
03/19/2025	11,838.69	04/07/2025	10,898.27		

Current Service Fee Period Balances

Minimum Account Balance $10,898.00

Service Fees Disclosure

03/17/2025 - 04/16/2025

Service Chg $0.00

02355 3026623 007045 007045 0003/0003

Associated Bank N.A.
PO Box 19097
Green Bay WI 54307-9097
Midwest-based Customer Care: 1-800-236-8866

FINANCIAL STATEMENT OF ACCOUNTS
Primary Account: 2920068408

>002823 8523568 0001 092479 10Z

MIRA J SOLDON
3934 N HARCOURT PL
MILWAUKEE WI 53211-2444

Statement Activity Period
02/18/2025 to 03/16/2025

Bank: 001

Mail Code: 0S

Important information about your 2024 year-end tax documents:
If you earned $10 or more of interest in 2024, your year-end tax documents were mailed no later than January 31, 2025. They're also available through digital and telephone banking. If you didn't receive year-end tax statements and believe you should have, please call our Customer Care team at 800-236-8866.

FINANCIAL SUMMARY	ACCOUNT#	BALANCE
DEPOSIT ACCOUNTS		
Associated Balanced Checking	2920068408	$11,770.30

DEPOSIT ACCOUNTS

Associated Balanced Checking #2920068408

Beginning Balance	17,659.10
Plus: Deposits and Other Additions	3,790.76
Minus: Withdrawals and Other Deductions	9,679.56
ENDING BALANCE ON 03/16/2025	**$11,770.30**

Deposits and Other Additions

02/18/2025	VENMO CASHOUT XXXXXXXXX0157 MIRA SOLDON	750.00
02/20/2025	VENMO CASHOUT XXXXXXXXX9352 MIRA SOLDON	70.00
03/06/2025	VENMO CASHOUT XXXXXXXXX7186 MIRA SOLDON	1,675.00
03/11/2025	DDA RET REFORMATIO *1850 CHICAGO IL 506800280411	564.51
03/11/2025	DDA RET REFORMATIO *1850 VERNON CA 506800276731	185.21
03/11/2025	STUBHUB CONS PAYMENTS XXXXXXXXXXX6351 A069002765-MIRA SOLDON	160.20
03/11/2025	DDA RET ARITZIA MI *1850 CHICAGO IL 506800240518	38.59
03/12/2025	VENMO CASHOUT XXXXXXXXX6600 MIRA SOLDON	347.25
	TOTAL	**$3,790.76**

Withdrawals and Other Deductions

02/18/2025	DDA PUR UNITED 0 *1850 UNITED.COM TX 504500452626	597.96
02/18/2025	DDA PUR PHOTOPRINT *1850 NEWARK DE 504502795536	2.00
02/18/2025	DDA PUR TARGET T-3 *1850 401 E Illinois St Chicago IL 000000072184	114.59
02/18/2025	DDA PUR BOCKWINKEL *1850 CHICAGO IL 504600519216	110.24
02/18/2025	DDA PUR TST* BEAUT *1850 CHICAGO IL 504700315353	112.00
02/18/2025	DDA PUR Canva US I *1850 2140 S Dupont Highway C Kent DE 000000366032	15.00
02/19/2025	DDA PUR NORDSTROM *1850 CHICAGO IL 504500166721	51.82
02/19/2025	DDA PUR UNITED 0 *1850 UNITED.COM TX 504800272304	43.99

02823 8523568 011249 0001/0004

* PLEASE USE THIS FORM TO BALANCE YOUR CHECKING ACCOUNT

CHECKS OUTSTANDING - NOT APPEARING ON THIS STATEMENT

NO.	$	
TOTAL		

MONTH _____ _____

CHECKING ACCOUNT BALANCE SHOWN ON THIS STATEMENT $ _____

ADD +

CHECKING DEPOSITS IF ANY, NOT CREDITED $ _____

_____

_____

$ _____

SUBTRACT -

CHECKS OUTSTANDING $ _____

BALANCE AS FROM CHECK BOOK $ _____

SUBTRACT SERVICE CHARGES(S) LISTED ON STATEMENT $ _____

ADD INTEREST LISTED ON STATEMENT +$ _____

NEW CHECK BOOK BALANCE $ _____

BALANCE _____

THE ABOVE RESULT SHOULD AGREE. IF THEY DO NOT PLEASE CONTACT OUR CUSTOMER CARE CENTER

*ADD LOAN ADVANCES TO YOUR CHECK REGISTER.
*SUBTRACT AUTOMATIC PAYMENTS FROM YOUR CHECK REGISTER.

ASSOCIATED CHECKING RESERVE LINE ACCOUNT INFORMATION

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR CHECKING RESERVE LINE.

If you think your statement is wrong, or if you need more information about a transaction on your statement, write us (on a separate sheet) at the address located on the front of this 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 can telephone us, but doing so will NOT preserve your rights.

In your letter, give us the following information:

* Your name and account number.
* The dollar amount of the suspected error.
* Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, however you are still obligated to make the required payments which are due that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

IMPORTANT FINANCE CHARGE INFORMATION

We figure the finance charge on your account by applying the daily periodic rate to the "average daily balance" of your account (including current transactions). To get the "average daily balance" we take the beginning balance of your account each day, add any new advances/loans, and subtract any payments or credits. This gives us the daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance". Late payment fees, membership fee, annual fee and unpaid finance charges are not included in the calculation of the "average daily balance".

PREPAYMENT OF YOUR CHECKING RESERVE LINE

Your Associated Checking Reserve Line may be prepaid at any time without penalty.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at the Customer Care Center number or write us at the address shown on the front of this statement as soon as you can if you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appears.

* Tell us your name and account number (if any);
* Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information;
* Tell us the dollar amount of the suspected error;
* Tell us the date, time and location of the suspected error.

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

TO VERIFY YOUR DIRECT DEPOSIT: Please call the Customer Care Center number located on the front of this statement.

02023 4523568 011290 0000/0004

Withdrawals and Other Deductions (continued)

02/19/2025	DDA PUR UGG 545 N *1850 UGG 545 N MICHIGAN AVE CHICAGO IL 000000008499	121.28
02/20/2025	DDA PUR REFORMATIO *1850 CHICAGO IL 505000308943	650.52
02/20/2025	DDA PUR REFORMATIO *1850 VERNON CA 505000335949	185.21
02/20/2025	DDA PUR PHOTOPRINT *1850 NEWARK DE 505000327440	2.00
02/24/2025	DDA PUR REFORMATIO *1850 SAN FRANCISC CA 505201492673	73.87
02/24/2025	DDA PUR SQ *BURGER *1850 SAN FRANSISC CA 505400316596	5.71
02/25/2025	DDA PUR DSW. *1850 COLUMBUS OH 505500280320	88.16
02/26/2025	DDA PUR STUBHUB, I *1850 8667882482 CA 505600346068	232.94
03/03/2025	DDA PUR SWIFT & SO *1850 CHICAGO IL 505900645205	361.02
03/03/2025	DDA PUR BLT*REVOLV *1850 CERRITOS CA 506000649753	954.78
03/03/2025	DDA PUR 365 MARKET *1850 TROY MI 506100287631	5.84
03/06/2025	DDA PUR AMERICAN 0 *1850 PHOENIX AZ 506400404089	542.90
03/06/2025	DDA PUR AMERICAN 0 *1850 PHOENIX AZ 506400404090	542.90
03/07/2025	DDA PUR 2C2P*THAI *1850 BANGKOK 11 506500285533	396.46
03/07/2025	DDA PUR JETSTARI I *1850 MELBOURNE AU 506500089037	582.16
03/07/2025	DDA PUR QANTAS08 0 *1850 SYDNEY AU 506500089035	33.35
03/07/2025	DDA PUR QANTAS08 0 *1850 SYDNEY AU 506500089036	33.35
03/07/2025	DDA PUR QANTAS08 0 *1850 SYDNEY AU 506500089033	495.87
03/07/2025	DDA PUR QANTAS08 0 *1850 SYDNEY AU 506500089034	495.87
03/07/2025	DDA PUR AIRASIA-AA *1850 KUALA LUMPUR MY 506500285104	230.29
03/07/2025	INTERNATL ATM/DEBIT CARD FEE	1.00
03/07/2025	INTERNATL ATM/DEBIT CARD FEE	1.00
03/07/2025	INTERNATL ATM/DEBIT CARD FEE	6.91
03/07/2025	INTERNATL ATM/DEBIT CARD FEE	11.89
03/07/2025	INTERNATL ATM/DEBIT CARD FEE	14.88
03/07/2025	INTERNATL ATM/DEBIT CARD FEE	14.88
03/07/2025	INTERNATL ATM/DEBIT CARD FEE	17.46
03/10/2025	DDA PUR COPA 0 *1850 COPAAIR.COM FL 506500410857	1,138.01
03/10/2025	DDA PUR WWW.SECOND *1850 CHICAGO IL 506600532466	131.90
03/10/2025	DDA PUR STATE STRE *1850 CHICAGO IL 506800330102	154.36
03/10/2025	DDA PUR MADEWELL # *1850 CHICAGO IL 506800322158	82.69
03/10/2025	DDA PUR SP ALO-YOG *1850 COMMERCE CA 506800324707	246.96
03/10/2025	DDA PUR SEPHORA MI *1850 CHICAGO IL 506800296965	624.13
03/10/2025	DDA PUR BERLOOK *1850 HONG KONG HK 506800102626	147.00
03/10/2025	INTERNATL ATM/DEBIT CARD FEE	4.41
	TOTAL	**$9,679.56**

Total Overdraft Fees

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00

Balance Summary

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
02/18/2025	17,457.31	02/25/2025	16,304.75	03/07/2025	13,004.00
02/19/2025	17,240.22	02/26/2025	16,071.81	03/10/2025	10,474.54
02/20/2025	16,472.49	03/03/2025	14,750.17	03/11/2025	11,423.05
02/24/2025	16,392.91	03/06/2025	15,339.37	03/12/2025	11,770.30

Current Service Fee Period Balances

Minimum Account Balance $10,474.00

02023 4523568 0112791 0112791 0003/0004

Service Fees Disclosure

02/18/2025 - 03/16/2025

Service Chg	$0.00

02023 8523568 011292 011292 0004/0004

Associated Bank N.A.
PO Box 19097
Green Bay WI 54307-9097
Midwest-based Customer Care: 1-800-236-8866

FINANCIAL STATEMENT OF ACCOUNTS
Primary Account: 2920068408

>001391 8156213 0001 092479 10Z

MIRA J SOLDON
3934 N HARCOURT PL
MILWAUKEE WI 53211-2444

Statement Activity Period
01/17/2025 to 02/17/2025

Bank: 001

Mail Code: 0S

Important information about your 2024 year-end tax documents:
If you earned $10 or more of interest in 2024, your year-end tax documents were mailed no later than January 31, 2025. They're also available through digital and telephone banking. If you didn't receive year-end tax statements and believe you should have, please call our Customer Care team at 800-236-8866.

FINANCIAL SUMMARY	ACCOUNT#	BALANCE
DEPOSIT ACCOUNTS		
Associated Balanced Checking	2920068408	$17,659.10

DEPOSIT ACCOUNTS

Associated Balanced Checking #2920068408

Beginning Balance	17,534.72
Plus: Deposits and Other Additions	482.90
Minus: Withdrawals and Other Deductions	358.52
ENDING BALANCE ON 02/17/2025	**$17,659.10**

Deposits and Other Additions

01/30/2025	DDA RET BLT*REVOLV *1850 CERRITOS CA 502900319427	482.90
	TOTAL	**$482.90**

Withdrawals and Other Deductions

01/21/2025	DDA PUR SWEETGREEN *1850 CHICAGO IL 501900249143	16.95
01/21/2025	DDA PUR 7-ELEVEN *1850 600 N. McClurg Ct US Chicago IL 000000057495	4.75
01/21/2025	DDA PUR CANVA* 044 *1850 KENT DE 501801421895	15.00
01/27/2025	DDA PUR SP ALO-YOG *1850 COMMERCE CA 502401427993	315.33
01/31/2025	DDA PUR VENTRA ACC *1850 CHICAGO IL 503000311912	2.25
02/10/2025	DDA PUR PANERA BRE *1850 CHICAGO IL 503701403094	4.24
	TOTAL	**$358.52**

Total Overdraft Fees

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00

Balance Summary

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
01/21/2025	17,498.02	01/27/2025	17,182.69	01/30/2025	17,665.59

01391 8156213 004171 004171 0001/0003

* PLEASE USE THIS FORM TO BALANCE YOUR CHECKING ACCOUNT

CHECKS OUTSTANDING - NOT APPEARING ON THIS STATEMENT

NO.	$	
TOTAL		

MONTH _____ _____

CHECKING ACCOUNT BALANCE SHOWN ON THIS STATEMENT $ _____

ADD +

CHECKING DEPOSITS IF ANY, NOT CREDITED $ _____

_____

_____

$ _____

SUBTRACT -

CHECKS OUTSTANDING $ _____

BALANCE AS FROM CHECK BOOK $ _____

SUBTRACT SERVICE CHARGES(S) LISTED ON STATEMENT $ _____

ADD INTEREST LISTED ON STATEMENT +$ _____

NEW CHECK BOOK BALANCE $ _____

BALANCE _____

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* Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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TO VERIFY YOUR DIRECT DEPOSIT: Please call the Customer Care Center number located on the front of this statement.

01371 815213 004172 0002/0003

Balance Summary (continued)

DATE	BALANCE	DATE	BALANCE
01/31/2025	17,663.34	02/10/2025	17,659.10

Current Service Fee Period Balances

Minimum Account Balance	$17,182.00

Service Fees Disclosure

01/17/2025 - 02/17/2025

Service Chg	$0.00

01391 8156213 004173 004173 0003/0003

Ohio

USA

Mike DeWine, Governor

Charles L. Norman, Registrar

DRIVER LICENSE

4dNO UM601278

1,2 SUNA
JONATHAN RYAN

8 23475 LAURELDALE RD
SHAKER HEIGHTS, OH 44122

9 CLASS 4b EXP 9aEND
D 02-26-2029

12 REST
A

15 SEX 16 HGT 18 EYES
M 6-01 HAZ

4a ISS 12-27-2024

5 DD-REF D28012602

3 DOB 02-26-2000

UM601278
02-26-2000

30212

Form 1040 U.S. Individual Income Tax Return 2024

Department of the Treasury—Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this spa

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: JONATHAN	Last name: SUNA	Your social security numbe: [redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security numl

Home address (number and street). If you have a P.O box, see instructions.: 6113 S KIMBARK | Apt. no.: 2N | Presidential Election Campa: Check here if you, or your spouse if filing jointly, want to go to this fund. Checking box below will not change your tax or refund. ☐ You ☐ Spou

City, town, or post office. If you have a foreign address, also complete spaces below.: CHICAGO | State: IL | ZIP code: 60637

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

Filing Status Check only one box.
- [X] Single
- [ ] Married filing jointly (even if only one had income)
- [ ] Married filing separately (MFS)
- [ ] Head of household (HOH)
- [ ] Qualifying surviving spouse (QSS)

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

[ ] 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 [X] 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):

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

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	46,81
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	46,81
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a 746	b Ordinary dividends	3b	2,40
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Soc. sec. ben	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	18,17
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	67,391
10	Adjustments to income from Schedule 1, line 26			10	0
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	67,391
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	6
14	Add lines 12 and 13			14	14,606
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	52,785

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

If you did not get a Form W-2, see instructions.

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.

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

DAA

x and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	4,709
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	4,709
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	64
	21	Add lines 19 and 20		21	64
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	4,645
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	4,645
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 8,263		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	8,263
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	8,263
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	3,618
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	3,618
Direct deposit? See instructions.	b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings			
	d	Account number XXXXXXXXXXXXXXXXX			
	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 MARK LONDON Phone no. 216-591-1718 Personal identification number (PIN) 44122

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 TAXPAYER COPY Date Your occupation STUDENT If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

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

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

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MARK LONDON	MARK LONDON		P00758999	☐ Self-employed

Firm's name LONDON FINANCIAL GROUP LLC Phone no. 216-591-1718

Firm's address 3681 GREEN RD STE 300 BEACHWOOD OH 44122 Firm's EIN 88-2558845

L

LegalRecruitmentDepartment@PaulWeiss.com

To: Jonathan Suna

Reply | Reply all | Forward

Wed 7/17/2024 12:01 PM

Flagged

2024 Summary of Benefits - ...
112 KB

It is with great pleasure and enthusiasm that we invite you to join Paul, Weiss as an associate in the Fall of 2025 in our Litigation Department. We're confident you will make a unique and significant contribution in providing the best possible service to our clients and our community and we would be delighted to have you join us!

Our offer will remain open until October 1, 2024. You will be eligible to participate in the employee benefits plans made available by the Firm generally for its U.S. associates, subject to the terms and conditions of each applicable plan. A summary of our benefits is included for your reference.

Paul, Weiss conducts a background check on all prospective employees, and joining Paul, Weiss is contingent upon the successful completion of this background check and clearance of conflicts. You are required to sit for the next New York State bar exam for which you are eligible. Your offer is also contingent upon you providing evidence of your legal right to work in the United States. Your employment is subject to all of the terms and conditions of employment applicable to the Firm's U.S. associates. One of these terms is that your employment with the Firm is on an at-will basis, which means that either you or the Firm may terminate your employment for any reason and at any time, with or without cause. The Firm's policies and benefits are regularly reviewed and subject to change at the Firm's sole discretion.

When you have reached a decision or if you have any questions, please do not hesitate to contact our Legal Recruitment Department at legalrecruitmentdepartment@paulweiss.com.

Again, we would be delighted to have you join us.

Sincerely yours,

Pamela Davidson
Chief Legal Personnel and Recruitment Officer

(See attached file: 2024 Summary of Benefits - Associates (NY.DE.CA).pdf)

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	
NVA	109444	013201		0000301002	1

Earnings Statement

PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

Period Beginning: 07/16/2024
Period Ending: 07/31/2024
Pay Date: 07/31/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

JONATHAN SUNA
6113 S KIMBARK AVENUE
APT 2N
CHICAGO IL 60637

Earnings	rate	hours	this period	year to date
Regular	9375.00		2,853.26	39,632.06
Well-Being Stip				500.00
	Gross Pay		**$2,853.26**	40,132.06

Deductions	**Statutory**		
	Federal Income Tax	-287.78	7,719.60
	Social Security Tax	-176.90	2,488.19
	Medicare Tax	-41.37	581.91
	NY State Income Tax	-133.12	2,441.91
	New York Cit Income Tax	-99.33	1,595.94
	NY SDI Tax	-1.30	6.50
	Net Pay	**$2,113.46**	
	Am	-2,113.46	
	Net Check	**$0.00**	

Important Notes

YOUR COMPANY PHONE NUMBER IS 212 373-2690

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

Your federal taxable wages this period are $2,853.26

PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

Advice number: **00000301002**
Pay date: 07/31/2024

Deposited to the account of	**account number**	**transit ABA**	**amount**
JONATHAN SUNA	xxxxxx1889	xxxx xxxx	$2,113.46

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	
NVA	109444	013201		0000320999	1

Earnings Statement

PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

Period Beginning: 08/01/2024
Period Ending: 08/15/2024
Pay Date: 08/15/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

JONATHAN SUNA
6113 S KIMBARK AVENUE
APT 2N
CHICAGO IL 60637

Earnings	rate	hours	this period	year to date
Well-Being Stip			250.00	750.00
Regular				39,632.06
Gross Pay			**$250.00**	40,382.06

Deductions	**Statutory**		
Social Security Tax		-15.50	2,503.69
Medicare Tax		-3.63	585.54
New York Cit Income Tax		-0.85	1,596.79
NY SDI Tax		-1.25	7.75
Federal Income Tax			7,719.60
NY State Income Tax			2,441.91
Net Pay			**$228.77**
Am			-228.77
Net Check			**$0.00**

Your federal taxable wages this period are $250.00

Important Notes

YOUR COMPANY PHONE NUMBER IS 212 373-2690

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

Advice number: **00000320999**
Pay date: 08/15/2024

Deposited to the account of	**account number**	**transit ABA**	**amount**
JONATHAN SUNA	xxxxxx1889	xxxx xxxx	$228.77

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	
NVA	109444	013201		0000281007	1

Earnings Statement

PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

Period Beginning: 07/01/2024
Period Ending: 07/15/2024
Pay Date: 07/15/2024

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

JONATHAN SUNA
226 EAST 53RD STREET
APT 4A
NEW YORK NY 10022

Earnings	rate	hours	this period	year to date
Regular	9375.00	75.84	9,375.00	36,778.80
Well-Being Stip			250.00	500.00
Gross Pay			**$9,625.00**	37,278.80

Deductions	**Statutory**		
Federal Income Tax		-1,955.65	7,431.82
Social Security Tax		-596.75	2,311.29
Medicare Tax		-139.56	540.54
NY State Income Tax		-603.72	2,308.79
New York Cit Income Tax		-387.13	1,496.61
NY SDI Tax		-1.30	5.20
Net Pay		**$5,940.89**	
Am		-5,940.89	
Net Check		**$0.00**	

Your federal taxable wages this period are $9,625.00

Important Notes

YOUR COMPANY PHONE NUMBER IS 212 373-2690

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
New York Cit: Single
Exemptions/Allowances:
NY: 0
New York Cit: 0

PAUL, WEISS, RIFKIND, WHARTON
& GARRISON LLP
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

Advice number: **00000281007**
Pay date: 07/15/2024

Deposited to the account of	**account number**	**transit ABA**	**amount**
JONATHAN SUNA	xxxxxx1889	xxxx xxxx	$5,940.89

NON-NEGOTIABLE

Virtual Wallet Spend Statement

PNC Bank

PNC BANK
PO Box 609
Pittsburgh, PA 15230-9738

Primary account number: XX-XXXX-1889

Number of enclosures: 0

For the period 04/05/2025 to 05/06/2025

JONATHAN SUNA
JENNIFER BAILIT
23475 LAURELDALE RD
SHAKER HEIGHTS OH 44122-2106

For 24-hour banking, and transaction or interest rate information, sign-on to PNC Bank Online Banking at pnc.com

For customer service call 1-888-PNC-BANK
PNC accepts Telecommunications Relay Service (TRS) calls.
Para servicio en espanol, 1-866-HOLA-PNC

Moving? Please contact us at 1-888-PNC-BANK
Visit us at pnc.com

PNC accepts Telecommunications Relay Service (TRS) calls.

IMPORTANT ACCOUNT INFORMATION

Between May 1, 2025, and September 30, 2025, PNC will be removing the option to print mini statements at PNC ATMs. Please use other channels and options such as Online Banking, Mobile Banking, Voice Banking and Branch Banking to access your account information.

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Business Checking Accounts and Related Charges, our Consumer Schedule of Service Charges and Fees, and our Virtual Wallet Features and Fees ("Schedules"). All other information in our Schedules continues to apply to your account. Please read this information and retain it with your records.

PNC Express Funds provides an option for immediate availability on approved checks deposited through Branch Banking, PNC ATM, or Mobile Banking, subject to cut off times. Effective June 22, 2025, the cost of utilizing PNC Express Funds will increase from 2.00% of the check amount over $100 to 2.50% of the check amount over $100. The cost of utilizing PNC Express Funds for each check amount between $25 and $100 will remain at $2.00.

If you have any questions, please feel free to visit your local PNC Branch or Solution Center or call the PNC Customer Care Center at 1-888-762-2265.

IMPORTANT ACCOUNT INFORMATION

Effective June 16, 2025, we are changing the "Large Dollar Deposits" and "Special Rules for New Account Holders" sections of the Funds Availability Policy for Consumer Accounts. This change increases the amount of availability of a deposit from $125 to $400 on the first business day after the business day of your deposit for large dollar deposits and new account holders. All other information in your Agreement continues to apply to your account. Please read this information and keep it with your records.

Large Dollar Deposits

If your total deposits of checks, excluding the items listed in the "Items Excluded from Large Dollar Deposit Calculation" section later in this Policy, on any one business day, prior to our cut-off time, equal or exceed $50,000, then, $100 of any deposit will be available on the evening of your deposit to pay checks or items that are presented to us that evening for posting, an additional $400 will be available the first

Virtual Wallet Spend Statement

business day after the business day of your deposit for all purposes, and any remaining funds will be available the second business day after the business day of deposit for all purposes.

Special Rules for New Account Holders

For purposes of this Funds Availability Policy, a "new account holder" is defined as a customer who does not have a PNC Bank checking account that has been open for more than 30 calendar days. If you are a new account holder, the following rules will apply when a deposit is made during the first 30 calendar days your account is open. All deposits not discussed in this section will be available as described elsewhere in this Policy.

A. Funds from traveler's checks deposited with a special deposit ticket, funds from deposits outlined as items "f" through "j" in the "Items Excluded from Large Dollar Deposit Calculation" section above, and $400 from deposited checks or items will be available on the first business day after the business day of your deposit for all purposes.

B. Funds from checks will be available on the second business day after the business day of your deposit for all purposes.

After the new account period has ended, funds from your deposits will be available according to our general policy.

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Business Checking Accounts and Related Charges, our Consumer Schedule of Service Charges and Fees, and our Virtual Wallet Features and Fees ("Schedules"). All other information in our Schedules continues to apply to your account. Please read this information and retain it with your records.

Effective June 22, 2025, the cost of Non-Client Check Cashing will increase from 2.00% of the check amount over $100 to 2.50% of the check amount over $100. The cost of Non-Client Check Cashing for each check amount between $25 and $100 will remain at $2.00. This fee is charged when cashing a check for a payee who does not have a PNC Bank checking, savings, money market, certificate of deposit account (CD) or retirement money market or CD. Customers with a PNC consumer checking, savings, money market, certificate of deposit (CD) or retirement money market or CD account are not charged this fee.

If you have any questions, please feel free to visit your local PNC Branch or Solution Center or call the PNC Customer Care Center at 1-888-762-2265.

Virtual Wallet Spend Account Summary

JONATHAN SUNA
JENNIFER BAILIT

Account number: XX-XXXX-1889

Overdraft Protection Provided By: XXXXXX1897
XXXXXX1918

Overdraft Coverage
- Your account is currently Opted-Out.

Virtual Wallet Spend Statement

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
8,247.30	992.00	1,758.52	7,480.78
		Average monthly balance	Charges and fees
		8,657.97	.00

Transaction Summary

Checks paid/withdrawals	Debit Card POS signed transactions	Debit Card/Bankcard POS PIN transactions
0	16	1
Total ATM transactions	**PNC Bank ATM transactions**	**Other Bank ATM transactions**
0	0	0

Activity Detail

Deposits and Other Additions

There were 3 Deposits and Other Additions totaling $992.00.

Date	Amount	Description
04/10	879.00	Direct Deposit - Nysttaxrfd NY STATE XXXXX3395-58
04/18	100.00	Direct Deposit - Achdeposit UNIVERSITY OF CH XXXXXXXXXX8408
04/18	13.00	Direct Deposit - Ilsttaxrfd STATE OF ILL XXXXX3395

Banking/Debit Card Withdrawals and Purchases

There was 1 Debit Card/Bank card PIN POS purchase totaling $4.09.

There were 16 other Banking Machine/Debit Card deductions totaling $1,163.34.

Date	Amount	Description
04/08	10.00	3091 Debit Card Purchase Venmo *Mira Soldon
04/09	41.10	3091 Debit Card Purchase Venmo *Luke Bianco
04/10	56.70	3091 Debit Card Purchase Venmo *Henry Wineburg
04/10	2.25	3091 Debit Card Purchase Ctlp*Mark Vend Company
04/10	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
04/15	10.00	3091 Debit Card Purchase Ventra Mobile Chicago
04/16	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
04/17	93.00	3091 Debit Card Purchase Venmo *Grace Sweeten
04/17	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
04/21	148.00	3091 Debit Card Purchase Venmo *Ben Cawley
04/24	4.09	POS Purchase Wholefds Stv # Chicago Il
04/28	39.77	3091 Debit Card Purchase Lyft Lyft.Com Ca
05/02	675.00	3091 Debit Card Purchase Venmo *Tyler Partridg
05/05	52.71	3091 Debit Card Purchase Tst* Timothy O'Toole's

Banking/Debit Card Withdrawals and Purchases continued on next page

Virtual Wallet Spend Statement

Banking/Debit Card Withdrawals and Purchases *- continued*

Date	Amount	Description
05/05	2.86	3091 Debit Card Purchase 365 Market 888 432-329
05/05	11.40	3091 Debit Card Purchase Lyft Lyft.Com Ca
05/05	15.00	3091 Debit Card Purchase University Of Chicago

Online and Electronic Banking Deductions

There was 1 Online or Electronic Banking Deduction totaling $591.09.

Date	Amount	Description
05/05	591.09	Web Pmt- E-Payment Discover 7587

Daily Balance Detail

Date	Balance	Date	Balance	Date	Balance	Date	Balance
04/05	8,247.30	04/15	9,004.40	04/18	9,020.70	04/28	8,828.84
04/08	8,237.30	04/16	9,002.55	04/21	8,872.70	05/02	8,153.84
04/09	8,196.20	04/17	8,907.70	04/24	8,868.61	05/05	7,480.78
04/10	9,014.40						

Virtual Wallet Spend Statement

PNC Bank

PNC BANK
PO Box 609
Pittsburgh, PA 15230-9738

Primary account number: XX-XXXX-1889

Number of enclosures: 0

For the period 03/07/2025 to 04/04/2025

JONATHAN SUNA
JENNIFER BAILIT
23475 LAURELDALE RD
SHAKER HEIGHTS OH 44122-2106

For 24-hour banking, and transaction or interest rate information, sign-on to PNC Bank Online Banking at pnc.com

For customer service call 1-888-PNC-BANK
PNC accepts Telecommunications Relay Service (TRS) calls.
Para servicio en espanol, 1-866-HOLA-PNC

Moving? Please contact us at 1-888-PNC-BANK
Visit us at pnc.com

PNC accepts Telecommunications Relay Service (TRS) calls.

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Business Checking Accounts and Related Charges, our Consumer Schedule of Service Charges and Fees, and our Virtual Wallet Features and Fees ("Schedules"). All other information in our Schedules continues to apply to your account. Please read this information and retain it with your records.

PNC Express Funds provides an option for immediate availability on approved checks deposited through Branch Banking, PNC ATM, or Mobile Banking, subject to cut off times. Effective June 22, 2025, the cost of utilizing PNC Express Funds will increase from 2.00% of the check amount over $100 to 2.50% of the check amount over $100. The cost of utilizing PNC Express Funds for each check amount between $25 and $100 will remain at $2.00.

If you have any questions, please feel free to visit your local PNC Branch or Solution Center or call the PNC Customer Care Center at 1-888-762-2265.

Virtual Wallet Spend Account Summary

JONATHAN SUNA
JENNIFER BAILIT

Account number: XX-XXXX-1889

Overdraft Protection Provided By: XXXXXX1897
XXXXXX1918

Overdraft Coverage
- Your account is currently Opted-Out.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
5,004.17	4,645.01	1,401.88	8,247.30
		Average monthly balance	Charges and fees
		4,838.49	.00

Transaction Summary

Checks paid/withdrawals	Debit Card POS signed transactions	Debit Card/Bankcard POS PIN transactions
0	21	3
Total ATM transactions	PNC Bank ATM transactions	Other Bank ATM transactions
1	1	0

Virtual Wallet Spend Statement

Activity Detail

Deposits and Other Additions

There were 5 Deposits and Other Additions totaling $4,645.01.

Date	Amount	Description
03/07	12.11	Debit Card Credit Venmo *Uber 855-8124430 NY
03/10	.77	PNC Purchase Payback Award
03/31	764.13	Direct Deposit - Cashout Venmo XXXXXXXXX4259
03/31	250.00	Direct Deposit - Disburseme PAUL WEISS RIFKI B20250320JG
04/04	3,618.00	Direct Deposit - IRS Treas 310 XXXXXXXXXXX0909

Banking/Debit Card Withdrawals and Purchases

There was 1 Banking Machine Withdrawal totaling $20.00.

There were 3 Debit Card/Bank card PIN POS purchases totaling $31.97.

There were 20 other Banking Machine/Debit Card deductions totaling $1,349.91.

Date	Amount	Description
03/07	33.08	3091 Debit Card Purchase Venmo *Uber 855-81244
03/10	2.40	3091 Debit Card Purchase 365 Market K 888 432-3
03/10	1.78	3091 Debit Card Purchase 365 Market J 888 432-3
03/10	11.95	3091 Debit Card Purchase Venmo *Uber 855-81244
03/10	17.05	3091 Debit Card Purchase Venmo *Uber Eats
03/10	4.75	POS Purchase 7-Eleven Chicago Il
03/10	18.41	POS Purchase Wholefds Stv # Chicago Il
03/14	2.25	3091 Debit Card Purchase Ctlp*Mark Vend Company
03/20	250.00	3091 Debit Card Purchase NY State Bar Applic Fe
03/21	8.01	3091 Debit Card Purchase 365 Market J 888 432-3
03/21	8.81	POS Purchase Wholefds Stv # Chicago Il
03/24	78.27	3091 Debit Card Purchase Bat 17 Evanston Il
03/24	70.20	3091 Debit Card Purchase Tst* Over Under Sports
03/24	10.00	3091 Debit Card Purchase Ventra Mobile Chicago
03/24	1.78	3091 Debit Card Purchase 365 Market K 888 432-3
03/24	33.08	3091 Debit Card Purchase Barbaras Bookstore
03/24	32.05	3091 Debit Card Purchase Tst* Laugh Factory - C
03/25	70.00	3091 Debit Card Purchase Venmo *Claire O'Brien
03/27	1.00	3091 Debit Card Purchase Uchicago Gifts
03/31	675.00	3091 Debit Card Purchase Venmo *Tyler Partridg
03/31	40.00	3091 Debit Card Purchase Venmo *Josh Low
03/31	10.23	3091 Debit Card Purchase Chipotle Mex Gr Online

Banking/Debit Card Withdrawals and Purchases continued on next page

Virtual Wallet Spend Statement

Banking/Debit Card Withdrawals and Purchases *- continued*

Date	Amount	Description
03/31	1.78	3091 Debit Card Purchase 365 Market K 888 432-3
04/04	20.00	ATM Withdrawal 747 Fairfax St Stephens Cit VA

Daily Balance Detail

Date	Balance	Date	Balance	Date	Balance	Date	Balance
03/07	4,983.20	03/20	4,675.38	03/25	4,363.18	03/31	4,649.30
03/10	4,927.63	03/21	4,658.56	03/27	4,362.18	04/04	8,247.30
03/14	4,925.38	03/24	4,433.18				

Virtual Wallet Spend Statement

PNC Bank

PNC BANK
PO Box 609
Pittsburgh, PA 15230-9738

Primary account number: XX-XXXX-1889

Number of enclosures: 0

For the period 02/07/2025 to 03/06/2025

JONATHAN SUNA
JENNIFER BAILIT
23475 LAURELDALE RD
SHAKER HEIGHTS OH 44122-2106

For 24-hour banking, and transaction or interest rate information, sign-on to PNC Bank Online Banking at pnc.com

For customer service call 1-888-PNC-BANK
PNC accepts Telecommunications Relay Service (TRS) calls.
Para servicio en espanol, 1-866-HOLA-PNC

Moving? Please contact us at 1-888-PNC-BANK
Visit us at pnc.com

PNC accepts Telecommunications Relay Service (TRS) calls.

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Business Checking Accounts and Related Charges, our Consumer Schedule of Service Charges and Fees, and our Virtual Wallet Features and Fees ("Schedules"). All other information in our Schedules continues to apply to your account. Please read this information and retain it with your records.

PNC Express Funds provides an option for immediate availability on approved checks deposited through Branch Banking, PNC ATM, or Mobile Banking, subject to cut off times. Effective June 22, 2025, the cost of utilizing PNC Express Funds will increase from 2.00% of the check amount over $100 to 2.50% of the check amount over $100. The cost of utilizing PNC Express Funds for each check amount between $25 and $100 will remain at $2.00.

If you have any questions, please feel free to visit your local PNC Branch or Solution Center or call the PNC Customer Care Center at 1-888-762-2265.

Virtual Wallet Spend Account Summary

JONATHAN SUNA
JENNIFER BAILIT

Account number: XX-XXXX-1889

Overdraft Protection Provided By: XXXXXX1897
XXXXXX1918

Overdraft Coverage
- Your account is currently Opted-Out.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
7,110.06	1,566.04	3,671.93	5,004.17

Average monthly balance	Charges and fees
6,812.99	.00

Transaction Summary

Checks paid/withdrawals	Debit Card POS signed transactions	Debit Card/Bankcard POS PIN transactions
0	36	2

Total ATM transactions	PNC Bank ATM transactions	Other Bank ATM transactions
0	0	0

Virtual Wallet Spend Statement

Activity Detail

Deposits and Other Additions

There were 4 Deposits and Other Additions totaling $1,566.04.

Date	Amount	Description
02/18	606.04	Direct Deposit - Cashout Venmo XXXXXXXXX9814
02/24	160.00	Direct Deposit - Disburseme
		PAUL WEISS RIFKI B20250211JG
02/28	125.00	Direct Deposit - Cashout Venmo XXXXXXXXX0836
03/03	675.00	Direct Deposit - Cashout Venmo XXXXXXXXX4518

Banking/Debit Card Withdrawals and Purchases

There were 2 Debit Card/Bank card PIN POS purchases totaling $89.31.

There were 36 other Banking Machine/Debit Card deductions totaling $3,582.62.

Date	Amount	Description
02/10	20.37	3091 Debit Card Purchase Crumbl Michigan Ave
02/10	132.05	3091 Debit Card Purchase Tst* Leye - Ema Chica
02/10	10.00	3091 Debit Card Purchase Ventra Mobile Chicago
02/10	28.31	3091 Debit Card Purchase Sluggers Chicago Il
02/11	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/11	2.00	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/13	1.50	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/14	28.26	POS Purchase Target T-3219 Chicago Il
02/14	61.05	POS Purchase Wholefds Hdp#1 Chicago Il
02/18	75.09	3091 Debit Card Purchase Tst* D4 Irish Pub & Ca
02/18	17.93	3091 Debit Card Purchase Venmo 855-8124430 NY
02/18	2.50	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/18	23.41	3091 Debit Card Purchase Venmo 855-8124430 NY
02/18	60.00	3091 Debit Card Purchase Venmo Visa Direct NY
02/18	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/20	2.25	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/20	70.00	3091 Debit Card Purchase Venmo Visa Direct NY
02/24	49.80	3091 Debit Card Purchase Lyft Lyft.Com Ca
02/24	12.90	3091 Debit Card Purchase Venmo 855-8124430 NY
02/24	38.00	3091 Debit Card Purchase Sq *Dandelion Chocolat
02/24	62.57	3091 Debit Card Purchase Sq *Celeste San Franc

Banking/Debit Card Withdrawals and Purchases continued on next page

Virtual Wallet Spend Statement

Banking/Debit Card Withdrawals and Purchases *- continued*

Date	Amount	Description
02/24	9.92	3091 Debit Card Purchase Venmo 855-8124430 NY
02/24	91.20	3091 Debit Card Purchase Tst*Rick & Anns
02/25	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/25	274.76	3091 Debit Card Purchase Venmo Visa Direct NY
02/26	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/26	1.50	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/27	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/27	2.25	3091 Debit Card Purchase Ctlp*Mark Vend Company
02/28	675.00	3091 Debit Card Purchase Venmo Visa Direct NY
03/03	11.95	3091 Debit Card Purchase Lyft Lyft.Com Ca
03/03	76.10	3091 Debit Card Purchase Tst* Good Night John B
03/03	128.50	3091 Debit Card Purchase Restaurant* Au Cheval
03/04	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
03/04	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
03/06	12.96	3091 Debit Card Purchase Lyft Lyft.Com Ca
03/06	1.85	3091 Debit Card Purchase Ctlp*Mark Vend Company
03/06	1,675.00	3091 Debit Card Purchase Venmo *Mira Soldon

Daily Balance Detail

Date	Balance	Date	Balance	Date	Balance	Date	Balance
02/07	7,110.06	02/14	6,824.67	02/25	6,796.68	03/03	6,697.68
02/10	6,919.33	02/18	7,249.93	02/26	6,793.33	03/04	6,693.98
02/11	6,915.48	02/20	7,177.68	02/27	6,789.23	03/06	5,004.17
02/13	6,913.98	02/24	7,073.29	02/28	6,239.23		


Ohio
USA
DRIVER LICENSE
4d NO SP803551
1 2 BAILIT
JENNIFER LYNNE
8 23475 LAURELDALE RD
SHAKER HEIGHTS, OH 44122
9 CLASS 4b EXP 9a END 12 RESTR
D 02-10-2029 B
15 SEX 16 HGT 18 EYES
F 5-02 BRO
4d ISS 12-27-2024
5 DD REF D28012408
3 DOB 02-10-1967
SP803551
02-10-1967

Cleveland Clinic

9500 Euclid Ave
Cleveland , OH 44195

EMPLOYMENT & INCOME LETTER

Information current as of : 04/30/2025

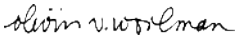
May 12, 2025

To whom it may concern,

Please see the details below provided by **Cleveland Clinic Foundation, The.**

Name: Jennifer Bailit
Employment Status: Active
Employment Status Type: Full-Time
Job Title: Staff
Most Recent Start Date: 02/26/2024
Total Time With Employer: 1 Years, 2 Months
Rate of Pay: $560,000.00 Annual
Gross Total Income (Year to Date): $186,666.64

Sincerely,



3021

Form 1040 U.S. Individual Income Tax Return 2024

Department of the Treasury—Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning ..... , 2024, ending ..... , 20 ..... | See separate instructions.

Your first name and middle initial	Last name	Your social security number
DOUGLAS A	SUNA	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
JENNIFER L	BAILIT	[redacted]

Home address (number and street). If you have a P.O box, see instructions. | Apt. no.
23475 LAURELDALE ROAD

City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code
SHAKER HEIGHTS | OH | 44122

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

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

Filing Status Check only one box.
- ☐ Single
- ☐ Head of household (HOH)
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Qualifying surviving spouse (QSS)

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

☐ 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):

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

Income

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

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	686,762
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	686,762
2a	Tax-exempt interest	2a	2,553	b Taxable interest	2b	27,253
3a	Qualified dividends	3a	79,850	b Ordinary dividends	3b	91,340
4a	IRA distributions	4a	15,000	b Taxable amount	4b	15,000
5a	Pensions and annuities	5a	963,531	b Taxable amount ROLLOVER	5b	0
6a	Soc. sec. ben.	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	10,808
8	Additional income from Schedule 1, line 10				8	900
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	832,063
10	Adjustments to income from Schedule 1, line 26				10	64
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	831,999
12	**Standard deduction or itemized deductions** (from Schedule A)				12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	767
14	Add lines 12 and 13				14	29,967
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	802,032

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.

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

DAA

DOUGLAS A SUNA & JENNIFER L [illegible]

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	209,483
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	209,483
19	Child tax credit or credit for other dependents from Schedule 8812			19	
20	Amount from Schedule 3, line 8			20	636
21	Add lines 19 and 20			21	636
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	208,847
23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	9,526
24	Add lines 22 and 23. This is your **total tax**			24	218,373
Payments 25	Federal income tax withheld from:				
a	Form(s) W-2	25a	175,213		
b	Form(s) 1099	25b	5,550		
c	Other forms (see instructions)	25c	2,832		
d	Add lines 25a through 25c			25d	183,595
26	2024 estimated tax payments and amount applied from 2023 return			26	107,509
If you have a qualifying child, attach Sch. EIC. 27	Earned income credit (EIC)	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	291,104
Refund 34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	72,731
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐			35a	58,577
Direct deposit? See instructions. b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings				
d	Account number XXXXXXXXXXXXXXXXX				
36	Amount of line 34 you want **applied to your 2025 estimated tax**	36	14,154		
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 MARK LONDON Phone no. 216-591-1718 Personal identification number (PIN) 44122

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

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

Your signature TAXPAYER COPY Date Your occupation BUSINESS EXECUTIVE If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

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

Paid Preparer Use Only

Phone no.	Email address				
Preparer's name MARK LONDON	Preparer's signature MARK LONDON	Date	PTIN P00758999	Check if: ☐ Self-employed	
Firm's name LONDON FINANCIAL GROUP LLC			Phone no. 216-591-1718		
Firm's address 3681 GREEN RD STE 300 BEACHWOOD OH 44122			Firm's EIN 88-2558845		

Go to *www.irs.gov/Form1040* for instructions and the latest information.

Form **1040** (2024)

DAA

The Cleveland Clinic Foundation 6801 Brecksville Road Mail Code RK1-85 Independence, OH 44131

Jennifer Bailit 23475 Laureldale Road Shaker Heights, OH 44122

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jennifer Bailit	The Cleveland Clinic Foundation	1010526	02/01/2025	02/15/2025	02/14/2025	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	23,333.33	2,998.54	8,514.99	1,633.34	10,186.46
YTD	69,999.99	8,995.62	25,544.96	4,900.02	30,559.39

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
GVUL	02/01/2025 - 02/15/2025	0	0	101.28	0	303.84
GTL	02/01/2025 - 02/15/2025	0	0	32.25	0	96.75
Regular	02/01/2025 - 02/15/2025	86.67	269.2204	23,333.33	260.01	69,999.99
Earnings				23,466.86		70,400.58

Employee Taxes

Description	Amount	YTD
OASDI	1,428.17	4,284.51
Medicare	334.01	1,002.02
Federal Withholding	5,676.66	17,029.98
State Tax - OH	730.63	2,191.89
City Tax - MYFLH	345.52	1,036.56
Employee Taxes	8,514.99	25,544.96

Pre-Tax Deductions

Description	Amount	YTD
SIP	2,566.67	7,700.01
DENTAL	54.54	163.62
MEDICAL	362.58	1,087.74
VISION	14.75	44.25
Pre-Tax Deductions	2,998.54	8,995.62

Post Tax Deductions

Description	Amount	YTD
SIP After Tax 403b	1,633.34	4,900.02
Post Tax Deductions	1,633.34	4,900.02

Employer Paid Benefits

Description	Amount	YTD
401(a)	1,633.34	4,900.02
SIP	700.00	2,100.00
DENTAL	8.92	26.76
HEALTH	600.79	1,802.37
GVUL	101.28	303.84
LTD	109.67	329.01
STD	210.00	630.00
CORELIFE	2.50	7.50
CORELIFE	5.00	15.00
Employer Paid Benefits	3,371.50	10,114.50

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	23,034.99	69,104.97
Medicare - Taxable Wages	23,034.99	69,104.97
Federal Withholding - Taxable Wages	20,468.32	61,404.96
State Tax Taxable Wages - OH	20,468.32	61,404.96
City Tax Taxable Wages - MYFLH	23,034.99	69,104.97

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	
Allowances	0	1
Additional Withholding	0	0

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
first national bank	first national bank ******4013	******4013		10,186.46	USD

The Cleveland Clinic Foundation 6801 Brecksville Road Mail Code RK1-85 Independence, OH 44131

Jennifer Bailit 23475 Laureldale Road Shaker Heights, OH 44122

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jennifer Bailit	The Cleveland Clinic Foundation	1010526	02/16/2025	02/28/2025	02/28/2025	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	23,333.33	2,998.54	8,514.99	1,633.34	10,186.46
YTD	93,333.32	11,994.16	34,059.95	6,533.36	40,745.85

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
GVUL	02/16/2025 - 02/28/2025	0	0	101.28	0	405.12
GTL	02/16/2025 - 02/28/2025	0	0	32.25	0	129.00
Regular	02/16/2025 - 02/28/2025	86.67	269.2204	23,333.33	346.68	93,333.32
Earnings				23,466.86		93,867.44

Employee Taxes

Description	Amount	YTD
OASDI	1,428.17	5,712.68
Medicare	334.01	1,336.03
Federal Withholding	5,676.66	22,706.64
State Tax - OH	730.63	2,922.52
City Tax - MYFLH	345.52	1,382.08
Employee Taxes	8,514.99	34,059.95

Pre-Tax Deductions

Description	Amount	YTD
SIP	2,566.67	10,266.68
DENTAL	54.54	218.16
MEDICAL	362.58	1,450.32
VISION	14.75	59.00
Pre-Tax Deductions	2,998.54	11,994.16

Post Tax Deductions

Description	Amount	YTD
SIP After Tax 403b	1,633.34	6,533.36
Post Tax Deductions	1,633.34	6,533.36

Employer Paid Benefits

Description	Amount	YTD
401(a)	1,633.34	6,533.36
SIP	700.00	2,800.00
DENTAL	8.92	35.68
HEALTH	600.79	2,403.16
GVUL	101.28	405.12
LTD	109.67	438.68
STD	210.00	840.00
CORELIFE	2.50	10.00
CORELIFE	5.00	20.00
Employer Paid Benefits	3,371.50	13,486.00

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	23,034.99	92,139.96
Medicare - Taxable Wages	23,034.99	92,139.96
Federal Withholding - Taxable Wages	20,468.32	81,873.28
State Tax Taxable Wages - OH	20,468.32	81,873.28
City Tax Taxable Wages - MYFLH	23,034.99	92,139.96

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	
Allowances	0	1
Additional Withholding	0	0

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
first national bank	first national bank ******4013	******4013		10,186.46	USD

The Cleveland Clinic Foundation 6801 Brecksville Road Mail Code RK1-85 Independence, OH 44131

Jennifer Bailit 23475 Laureldale Road Shaker Heights, OH 44122

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jennifer Bailit	The Cleveland Clinic Foundation	1010526	03/01/2025	03/15/2025	03/14/2025	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	23,333.33	2,998.54	8,514.99	1,633.34	10,186.46
YTD	116,666.65	14,992.70	42,574.94	8,166.70	50,932.31

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
GVUL	03/01/2025 - 03/15/2025	0	0	101.28	0	506.40
GTL	03/01/2025 - 03/15/2025	0	0	32.25	0	161.25
Regular	03/01/2025 - 03/15/2025	86.67	269.2204	23,333.33	433.35	116,666.65
Earnings				23,466.86		117,334.30

Employee Taxes

Description	Amount	YTD
OASDI	1,428.17	7,140.85
Medicare	334.01	1,670.04
Federal Withholding	5,676.66	28,383.30
State Tax - OH	730.63	3,653.15
City Tax - MYFLH	345.52	1,727.60
Employee Taxes	8,514.99	42,574.94

Pre-Tax Deductions

Description	Amount	YTD
SIP	2,566.67	12,833.35
DENTAL	54.54	272.70
MEDICAL	362.58	1,812.90
VISION	14.75	73.75
Pre-Tax Deductions	2,998.54	14,992.70

Post Tax Deductions

Description	Amount	YTD
SIP After Tax 403b	1,633.34	8,166.70
Post Tax Deductions	1,633.34	8,166.70

Employer Paid Benefits

Description	Amount	YTD
401(a)	1,633.34	8,166.70
SIP	700.00	3,500.00
DENTAL	8.92	44.60
HEALTH	600.79	3,003.95
GVUL	101.28	506.40
LTD	109.67	548.35
STD	210.00	1,050.00
CORELIFE	2.50	12.50
CORELIFE	5.00	25.00
Employer Paid Benefits	3,371.50	16,857.50

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	23,034.99	115,174.95
Medicare - Taxable Wages	23,034.99	115,174.95
Federal Withholding - Taxable Wages	20,468.32	102,341.60
State Tax Taxable Wages - OH	20,468.32	102,341.60
City Tax Taxable Wages - MYFLH	23,034.99	115,174.95

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	
Allowances	0	1
Additional Withholding	0	0

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
first national bank	first national bank ******4013	******4013		10,186.46	USD

The Cleveland Clinic Foundation 6801 Brecksville Road Mail Code RK1-85 Independence, OH 44131

Jennifer Bailit 23475 Laureldale Road Shaker Heights, OH 44122

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jennifer Bailit	The Cleveland Clinic Foundation	1010526	03/16/2025	03/31/2025	03/31/2025	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	23,333.33	2,998.54	8,514.98	1,633.34	10,186.47
YTD	139,999.98	17,991.24	51,089.92	9,800.04	61,118.78

Earnings						
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
GVUL	03/16/2025 - 03/31/2025	0	0	101.28	0	607.68
GTL	03/16/2025 - 03/31/2025	0	0	32.25	0	193.50
Regular	03/16/2025 - 03/31/2025	86.67	269.2204	23,333.33	520.02	139,999.98
Earnings				23,466.86		140,801.16

Employee Taxes		
Description	Amount	YTD
OASDI	1,428.17	8,569.02
Medicare	334.00	2,004.04
Federal Withholding	5,676.66	34,059.96
State Tax - OH	730.63	4,383.78
City Tax - MYFLH	345.52	2,073.12
Employee Taxes	8,514.98	51,089.92

Pre-Tax Deductions		
Description	Amount	YTD
SIP	2,566.67	15,400.02
DENTAL	54.54	327.24
MEDICAL	362.58	2,175.48
VISION	14.75	88.50
Pre-Tax Deductions	2,998.54	17,991.24

Post Tax Deductions		
Description	Amount	YTD
SIP After Tax 403b	1,633.34	9,800.04
Post Tax Deductions	1,633.34	9,800.04

Employer Paid Benefits		
Description	Amount	YTD
401(a)	1,633.34	9,800.04
SIP	700.00	4,200.00
DENTAL	8.92	53.52
HEALTH	600.79	3,604.74
GVUL	101.28	607.68
LTD	109.67	658.02
STD	210.00	1,260.00
CORELIFE	2.50	15.00
CORELIFE	5.00	30.00
Employer Paid Benefits	3,371.50	20,229.00

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	23,034.99	138,209.94
Medicare - Taxable Wages	23,034.99	138,209.94
Federal Withholding - Taxable Wages	20,468.32	122,809.92
State Tax Taxable Wages - OH	20,468.32	122,809.92
City Tax Taxable Wages - MYFLH	23,034.99	138,209.94

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	
Allowances	0	1
Additional Withholding	0	0

Payment Information					
Bank	Account Name	Account Number	USD Amount	Amount	
first national bank	first national bank ******4013	******4013		10,186.47	USD

The Cleveland Clinic Foundation 6801 Brecksville Road Mail Code RK1-85 Independence, OH 44131

Jennifer Bailit 23475 Laureldale Road Shaker Heights, OH 44122

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jennifer Bailit	The Cleveland Clinic Foundation	1010526	04/01/2025	04/15/2025	04/15/2025	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	23,333.33	2,998.54	8,521.86	1,633.34	10,179.59
YTD	163,333.31	20,989.78	59,611.78	11,433.38	71,298.37

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
GVUL	04/01/2025 - 04/15/2025	0	0	115.03	0	722.71
GTL	04/01/2025 - 04/15/2025	0	0	32.25	0	225.75
Regular	04/01/2025 - 04/15/2025	86.67	269.2204	23,333.33	606.69	163,333.31
Earnings				23,480.61		164,281.77

Employee Taxes

Description	Amount	YTD
OASDI	1,429.02	9,998.04
Medicare	334.21	2,338.25
Federal Withholding	5,681.75	39,741.71
State Tax - OH	731.15	5,114.93
City Tax - MYFLH	345.73	2,418.85
Employee Taxes	8,521.86	59,611.78

Pre-Tax Deductions

Description	Amount	YTD
SIP	2,566.67	17,966.69
DENTAL	54.54	381.78
MEDICAL	362.58	2,538.06
VISION	14.75	103.25
Pre-Tax Deductions	2,998.54	20,989.78

Post Tax Deductions

Description	Amount	YTD
SIP After Tax 403b	1,633.34	11,433.38
Post Tax Deductions	1,633.34	11,433.38

Employer Paid Benefits

Description	Amount	YTD
401(a)	1,633.34	11,433.38
SIP	700.00	4,900.00
DENTAL	8.92	62.44
HEALTH	600.79	4,205.53
GVUL	115.03	722.71
LTD	109.67	767.69
STD	210.00	1,470.00
CORELIFE	2.50	17.50
CORELIFE	5.00	35.00
Employer Paid Benefits	3,385.25	23,614.25

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	23,048.74	161,258.68
Medicare - Taxable Wages	23,048.74	161,258.68
Federal Withholding - Taxable Wages	20,482.07	143,291.99
State Tax Taxable Wages - OH	20,482.07	143,291.99
City Tax Taxable Wages - MYFLH	23,048.74	161,258.68

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	
Allowances	0	1
Additional Withholding	0	0

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
first national bank	first national bank ******4013	******4013		10,179.59	USD

The Cleveland Clinic Foundation 6801 Brecksville Road Mail Code RK1-85 Independence, OH 44131

Jennifer Bailit 23475 Laureldale Road Shaker Heights, OH 44122

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Jennifer Bailit	The Cleveland Clinic Foundation	1010526	04/16/2025	04/30/2025	04/30/2025	

	Gross Pay	Pre-Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	23,333.33	2,998.54	8,013.00	1,633.34	10,688.45
YTD	186,666.64	23,988.32	67,624.78	13,066.72	81,986.82

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
GVUL	04/16/2025 - 04/30/2025	0	0	115.03	0	837.74
GTL	04/16/2025 - 04/30/2025	0	0	32.25	0	258.00
Regular	04/16/2025 - 04/30/2025	86.67	269.2204	23,333.33	693.36	186,666.64
Earnings				23,480.61		187,762.38

Employee Taxes

Description	Amount	YTD
OASDI	920.16	10,918.20
Medicare	334.21	2,672.46
Federal Withholding	5,681.75	45,423.46
State Tax - OH	731.15	5,846.08
City Tax - MYFLH	345.73	2,764.58
Employee Taxes	8,013.00	67,624.78

Pre-Tax Deductions

Description	Amount	YTD
SIP	2,566.67	20,533.36
DENTAL	54.54	436.32
MEDICAL	362.58	2,900.64
VISION	14.75	118.00
Pre-Tax Deductions	2,998.54	23,988.32

Post Tax Deductions

Description	Amount	YTD
SIP After Tax 403b	1,633.34	13,066.72
Post Tax Deductions	1,633.34	13,066.72

Employer Paid Benefits

Description	Amount	YTD
401(a)	1,633.34	13,066.72
SIP	700.00	5,600.00
DENTAL	8.92	71.36
HEALTH	600.79	4,806.32
GVUL	115.03	837.74
LTD	109.67	877.36
STD	210.00	1,680.00
CORELIFE	2.50	20.00
CORELIFE	5.00	40.00
Employer Paid Benefits	3,385.25	26,999.50

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	14,841.32	176,100.00
Medicare - Taxable Wages	23,048.74	184,307.42
Federal Withholding - Taxable Wages	20,482.07	163,774.06
State Tax Taxable Wages - OH	20,482.07	163,774.06
City Tax Taxable Wages - MYFLH	23,048.74	184,307.42

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	
Allowances	0	1
Additional Withholding	0	0

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
first national bank	first national bank ******4013	******4013		10,688.45	USD

First National Bank

4140 E. State Street
Hermitage, PA 16148

ADDRESS SERVICE REQUESTED

DOUGLAS A SUNA
JENNIFER L BAILIT
23475 LAURELDALE RD
SHAKER HEIGHTS OH 44122-2106

Statement Ending 04/30/2025

DOUGLAS A SUNA

Primary Account Number: [redacted]

Managing Your Accounts

Online	www.fnb-online.com
By Phone	1 800-555-5455
By Mail	4140 E. State Street Hermitage, PA 16148

Summary of Accounts

Account Type	Account Number	Balance This Statement
PRIVATE BANKING SELECT MONEY MARKET	[redacted]	$135,308.01

PRIVATE BANKING SELECT MONEY MARKET - [redacted]

Account Summary

Date	Description	Amount
04/01/2025	**Balance Last Statement**	**$91,906.30**
	3 Credit(s) This Period	$56,401.71
	1 Debit(s) This Period	$13,000.00
04/30/2025	**Balance This Statement**	**$135,308.01**

Interest Summary

Description	Amount
Annual Percentage Yield Earned	2.73%
Interest Days	30
Interest Earned	$242.05
Interest Paid This Period	$242.05
Interest Paid Year-to-Date	$864.85
Average Available Balance	$109,139.78

FNB is updating its Foreign Currency fee. Effective May 1, 2025, all Foreign Currency orders under $1,000 will incur a charge of $7.00. Orders of $1,000 or more will incur no charge.

Account Activity

Post Date	Description	Debits	Credits	Balance
04/01/2025	**Balance Last Statement**			**$91,906.30**
04/14/2025	638814 INTERNET XFER TO PB SELECT PLUS CK XXXXXX4013 ON 4/14/25 AT 4:00	$13,000.00		$78,906.30
04/16/2025	612119 INTERNET XFER FR PB SELECT PLUS CK XXXXXX4013 ON 4/16/25 AT 10:44		$48,703.21	$127,609.51
04/30/2025	877983 INTERNET XFER FR PB SELECT PLUS CK XXXXXX4013 ON 4/30/25 AT 15:56		$7,456.45	$135,065.96
04/30/2025	INTEREST		$242.05	$135,308.01
04/30/2025	**Balance This Statement**			**$135,308.01**

Daily Balances

Date	Amount	Date	Amount	Date	Amount
04/14/2025	$78,906.30	04/16/2025	$127,609.51	04/30/2025	$135,308.01

To learn more about FNB's deposit account practices such as our posting order, what is an available balance, and how preauthorized point-of-sale debit card transactions affect your account, please visit the following websites:

- For consumer accounts, click on the Managing Your Checking Account video at www.fnb-online.com/learn
- For business accounts, click on https://www.fnb-online.com/business-overdrafts

First National Bank

4140 E. State Street
Hermitage, PA 16148

ADDRESS SERVICE REQUESTED

DOUGLAS A SUNA
JENNIFER L BAILIT
23475 LAURELDALE RD
SHAKER HEIGHTS OH 44122-2106

Statement Ending 03/31/2025

DOUGLAS A SUNA

Primary Account Number: [redacted]

Managing Your Accounts

Online	www.fnb-online.com
By Phone	1 800-555-5455
By Mail	4140 E. State Street Hermitage, PA 16148

Summary of Accounts

Account Type	Account Number	Balance This Statement
PRIVATE BANKING SELECT MONEY MARKET	[redacted]	$91,906.30

PRIVATE BANKING SELECT MONEY MARKET - [redacted]

Account Summary

Date	Description	Amount
03/01/2025	**Balance Last Statement**	**$87,236.30**
	2 Credit(s) This Period	$8,670.00
	1 Debit(s) This Period	$4,000.00
03/31/2025	**Balance This Statement**	**$91,906.30**

Interest Summary

Description	Amount
Annual Percentage Yield Earned	2.00%
Interest Days	31
Interest Earned	$144.48
Interest Paid This Period	$144.48
Interest Paid Year-to-Date	$622.80
Average Available Balance	$85,833.89

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Account Activity

Post Date	Description	Debits	Credits	Balance
03/01/2025	**Balance Last Statement**			**$87,236.30**
03/19/2025	926168 INTERNET XFER TO PB SELECT PLUS CK XXXXXX4013 ON 3/19/25 AT 11:47	$4,000.00		$83,236.30
03/31/2025	203740 INTERNET XFER FR PB SELECT PLUS CK XXXXXX4013 ON 3/31/25 AT 9:15		$8,525.52	$91,761.82
03/31/2025	INTEREST		$144.48	$91,906.30
03/31/2025	**Balance This Statement**			**$91,906.30**

Daily Balances

Date	Amount	Date	Amount
03/19/2025	$83,236.30	03/31/2025	$91,906.30

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Hermitage, PA 16148

ADDRESS SERVICE REQUESTED

DOUGLAS A SUNA
JENNIFER L BAILIT
23475 LAURELDALE RD
SHAKER HEIGHTS OH 44122-2106

Statement Ending 02/28/2025

DOUGLAS A SUNA

Primary Account Number [redacted]

Managing Your Accounts

Online	www.fnb-online.com
By Phone	1 800-555-5455
By Mail	4140 E. State Street Hermitage, PA 16148

Summary of Accounts

Account Type	Account Number	Balance This Statement
PRIVATE BANKING SELECT MONEY MARKET	[redacted]	$87,236.30

PRIVATE BANKING SELECT MONEY MARKET [redacted]

Account Summary

Date	Description	Amount
02/01/2025	**Balance Last Statement**	**$86,560.61**
	2 Credit(s) This Period	$9,375.69
	1 Debit(s) This Period	$8,700.00
02/28/2025	**Balance This Statement**	**$87,236.30**

Interest Summary

Description	Amount
Annual Percentage Yield Earned	2.00%
Interest Days	28
Interest Earned	$127.85
Interest Paid This Period	$127.85
Interest Paid Year-to-Date	$478.32
Average Available Balance	$84,094.46

Account Activity

Post Date	Description	Debits	Credits	Balance
02/01/2025	**Balance Last Statement**			**$86,560.61**
02/20/2025	675980 INTERNET XFER TO PB SELECT PLUS CK XXXXXX4013 ON 2/20/25 AT 9:15	$8,700.00		$77,860.61
02/28/2025	406743 INTERNET XFER FR PB SELECT PLUS CK XXXXXX4013 ON 2/28/25 AT 16:14		$9,247.84	$87,108.45
02/28/2025	INTEREST		$127.85	$87,236.30
02/28/2025	**Balance This Statement**			**$87,236.30**

Daily Balances

Date	Amount	Date	Amount
02/20/2025	$77,860.61	02/28/2025	$87,236.30

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