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
Thomas	Alexandra	A.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	10/19/1991	(858) 337 - 6867 - Mobile

EMAIL
alexandrat1019@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
PATRICIA THOMAS	P.O. BOX 2173, RANCHO SANTA FE, 6 92067

PHONE	EMAIL ADDRESS	RELATIONSHIP
(858) 354 - 2824	TRISHT77@HOTMAIL.COM	mother

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
900 Bartholomew Street, Unit 509	New Orleans	LA	70117

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$3,150.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
OB/GYN Resident	LSUHSC-NEW ORLEANS

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
STACEY HOLMAN	(504) 450 - 3530	$59,481.10/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
433 BOLIVAR ST.	NEW ORLEANS	LA	70112

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 Alexandra A. Thomas*

Signed by Alexandra A. Thomas
Fri May 30 2025 04:15:25 PM EDT
Key: 34461094; IP Address: 12.156.26.183

Alexandra A. Thomas *(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
Alexandra Thomas	XXXXXXXXXXXX2133	15880795	$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
Thomas	Patricia	A.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	1/10/1957	(858) 354 - 2824 - Mobile

EMAIL
trisht77@hotmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
PO Box 2173	Rancho Santa Fe	CA	92067

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$2,467.63 / Mo.

EMPLOYMENT & INCOME INFORMATION

OTHER INCOME DESCRIPTION	MONTHLY INCOME
Investment prop, RE partnerships & brok accounts	$478,690.00/Yr.

BACKGROUND INFORMATION

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

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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/.

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APPLICATION CONSENT

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

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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 Patricia A. Thomas (Guarantor)*

Signed by Patricia A. Thomas
Fri May 30 2025 04:42:18 PM EDT
Key: BF30639B; IP Address: 75.25.160.56

Patricia A. Thomas *(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
Patricia Thomas	XXXXXXXXXXXX7690	15880932	$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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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.

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Rental Report for Alexandra A. Thomas

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 Alexandra A. Thomas: 721			
		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	👍

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)	$59,481.10
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $6,000.00)
Total number of accounts	2
Accounts with no late payments	2 (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	$18,279.00 ($0.00 past due)
Outstanding revolving debt	$18,279.00 (37% 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 TransUnion
Name:	Alexandra A. Thomas	ALEXANDRA A. THOMAS
SSN:	***-**-****	***-**-****
Birth Date:	10/**/1991	10/**/1991

Addresses	From Application	From TransUnion
	900 Bartholomew Street, Unit 509 New Orleans, LA 70117 - US	900 BARTHOLOMEW 509 NEW ORLEANS, LA 70117 (Applicant) Reported 7/2022 2173 PO BOX 2173 RANCHO SANTA FE, CA 92067 (Applicant) Reported 4/2007 1574 JEFFERSON D NEW ORLEANS, LA 70115 (Applicant)

Employment	From Application	From TransUnion
Applicant:	OB/GYN Resident LSUHSC-NEW ORLEANS $59,481.10/Yr. Total annual Income: $59,481.10	

Criminal and Other Public Records			
Requested For Alexandra A. Thomas	**Period Searched** 5/30/2018 - 5/30/2025	**Requested** 5/30/2025	**Returned** 5/30/2025
Results *No Records Found*			

National Sex Offender Registry History		
Requested For Alexandra A. Thomas	**Date Requested** 5/30/2025	**Date Returned** 5/30/2025
Results *No Records Found*		

Restricted Person Search		
Requested For Alexandra A. Thomas	**Requested** 5/30/2025	**Returned** 5/30/2025
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	721	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)	690	You have too few credit accounts The balances on your accounts are too high compared to loan amounts Too many of your open bankcard or revolving accounts have a balance The date that you opened your oldest account is too recent

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

Credit Accounts

From TransUnion

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD (Applicant)	1/2016	5/2025	0	0	0	$0.00	$18,279.00

Monthly Payment	High Credit	Type	Comments
	$18,279.00	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
CITI (Applicant)	9/1995	7/2019	0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$31,349.00	REVOLVING	DISPUTE OF ACCOUNT INFORMATION/CLOSED BY CONSUMER 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
2/ 20	12/ 19	10/ 19	8/ 19	6/ 19	4/ 19	2/ 19	12/ 18	10/ 18	8/ 18	6/ 18	4/ 18												

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Rental Report for Patricia A. Thomas (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 Patricia A. Thomas (Guarantor): 702			
		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	👍
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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)	$478,690.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $6,000.00)
Total number of accounts	12
Accounts with no late payments	12 (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	$2,230,205.00 ($0.00 past due)
Outstanding revolving debt	$0.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$2,230,205.00 ($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:	Patricia A. Thomas (Guarantor)	PATRICIA A. THOMAS PATRICIA TRUSTEE MUSTO PATRICIA A. TARTARO
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1957	1/**/1957

Addresses	From Application	From Equifax
	PO Box 2173 Rancho Santa Fe, CA 92067 - US	6392 CAMINO DE LA COSTA LA JOLLA, CA 92037 (Applicant) Reported 5/2025 PO BOX 2173 RANCHO SANTA FE, CA 92067 (Applicant) Reported 5/2025 PO BOX 1705 SANDPOINT, ID 83864 (Applicant) Reported 5/2025 1596 S IMPERIAL AVE. EL CENTRO, CA 92243 (Applicant) Reported 5/2025 PO BOX 2725 LA JOLLA, CA 92038 (Applicant) Reported 5/2025

Employment	From Application	From Equifax
Applicant:	N/A (Auto-generated placeholder) N/A $0.00/Mo. Total annual Income: $478,690.00	

Criminal and Other Public Records			
Requested For Patricia A. Thomas (Guarantor)	**Period Searched** 5/30/2018 - 5/30/2025	**Requested** 5/30/2025	**Returned** 5/30/2025
Results *No Records Found*			

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Patricia A. Thomas (Guarantor)	5/30/2025	5/30/2025

Results
No Records Found

Restricted Person Search

Requested For	Requested	Returned
Patricia A. Thomas	5/30/2025	5/30/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	702	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)	727	The balances on your accounts are too high compared to loan amounts Lack of sufficient credit history Open real estate account balances are too high compared to their loan amounts No open bankcard or revolving accounts in your credit file

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
SERVBANK (Applicant)	8/2022	4/2025					$1,927,731.00

Monthly Payment	High Credit	Type	Comments
$13,349.00	$2,000,000.00	MORTGAGE	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed

Payment History

5/25	3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23
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
BANK OF AMERICA (Applicant)	12/2013	4/2025					$302,474.00

Monthly Payment	High Credit	Type	Comments
$2,467.00	$311,500.00	MORTGAGE	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed

Payment History

5/25	3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23	7/23
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
DOVENMUEHL MORTGAGE (Applicant)	8/2022	12/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000,000.00	MORTGAGE	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23 6/23 4/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MORTGAGE SERVICE CEN (Applicant)	9/2014	9/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,876,500.00	MORTGAGE	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	9/2014	10/2020					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,876,500.00	MORTGAGE	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 11/20 9/20 7/20 5/20 3/20 1/20 11/19 9/19 7/19 5/19 3/19 1/19						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MORTGAGE SERVICE CEN (Applicant)	1/2014	9/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$460,000.00	MORTGAGE	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	1/2014	3/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$460,000.00	MORTGAGE	REFINANCED Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 5/19 3/19 1/19 11/18 9/18 7/18 5/18 3/18 1/18 11/17 9/17 7/17						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MORTGAGE SERVICE CEN (Applicant)	12/2013	9/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$311,500.00	MORTGAGE	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	9/1995	6/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$31,349.00	REVOLVING	CONSUMER DISPUTES THIS ACCOUNT INFORMATION ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 3/20 1/20 11/19 9/19 7/19 5/19 3/19 1/19 11/18 9/18 7/18 5/18						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE (Applicant)	11/2014	4/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$12,404.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	3/2014	5/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,379.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE (Applicant)	12/1986	8/2012					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$295.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5/ 19		3/ 19		1/ 19		11/ 18		9/ 18		7/ 18		5/ 18		3/ 18		1/ 18		11/ 17		9/ 17		7/ 17	

Previous Credit Inquiries	
From Equifax	
12/2023	FIRST INTERNET BANK (Applicant)

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:

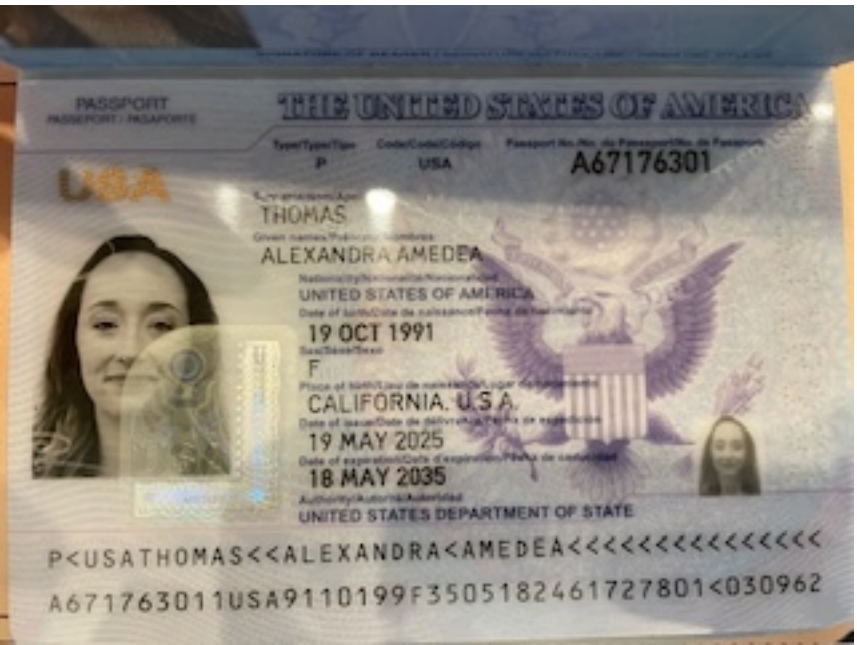
1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment 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.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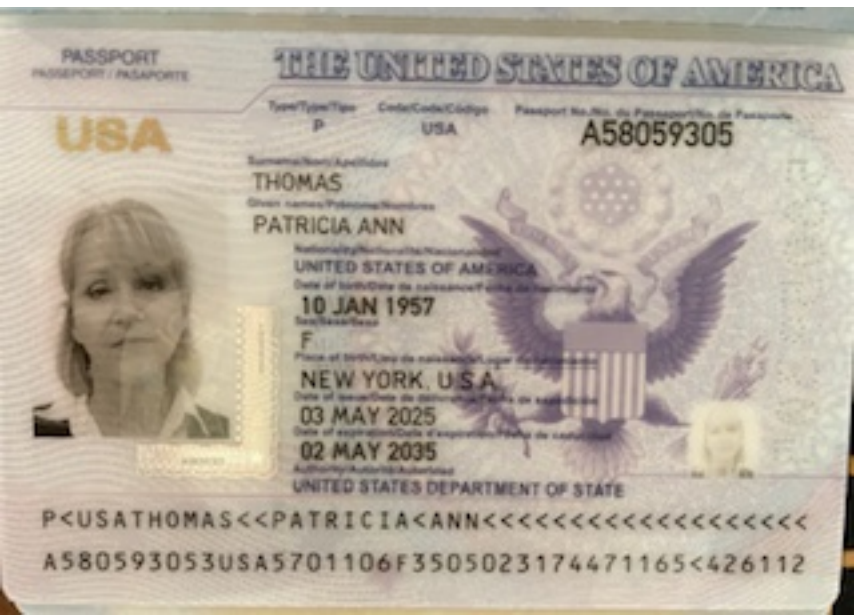
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Form **1040-SR** Department of the Treasury-Internal Revenue Service **U.S. Tax Return for Seniors** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
THOMAS J	TARTARO	092-38-8874
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
PATRICIA	THOMAS	131-50-7579

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
PO BOX 2725

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
LA JOLLA CA 92038

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

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

Filing Status
Check only one box.

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

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

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

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

Dependents (see instructions):

(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
If more than four dependents, see instructions and check here ☐			☐	☐
			☐	☐
			☐	☐
			☐	☐

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)					1a	
b	Household employee wages not reported on Form(s) W-2					1b	
c	Tip income not reported on line 1a (see instructions)					1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					1d	
e	Taxable dependent care benefits from Form 2441, line 26					1e	
f	Employer-provided adoption benefits from Form 8839, line 29					1f	
g	Wages from Form 8919, line 6					1g	
h	Other earned income (see instructions)					1h	
i	Nontaxable combat pay election (see instructions)	1i					
z	Add lines 1a through 1h					1z	
2a	Tax-exempt interest	2a	1,104	b	Taxable interest	2b	57,305
3a	Qualified dividends	3a	55,428	b	Ordinary dividends	3b	155,484
4a	IRA distributions	4a	45,466	b	Taxable amount	4b	45,466
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a	22,328	b	Taxable amount	6b	18,979
c	If you elect to use the lump-sum election method, check here (see instructions) ☐						

Attach Schedule B if required.

	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	(3,000)
	8	Additional income from Schedule 1, line 10	8	204,638
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	478,872
	10	Adjustments to income from Schedule 1, line 26	10	182
	11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	478,690
Standard Deduction See *Standard Deduction Chart* on the last page of this form.	12	**Standard deduction or itemized deductions** (from Schedule A)	12	217,944
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	41,064
	14	Add lines 12 and 13	14	259,008
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	219,682
Tax and Credits	16	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	16	35,065
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	35,065
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	443
	21	Add lines 19 and 20	21	443
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	34,622
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	9,054
	24	Add lines 22 and 23. This is your **total tax**	24	43,676
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b	8,115	
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	8,115
	26	2023 estimated tax payments and amount applied from 2022 return	26	84,600
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	0
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	92,715

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** 34 49,039

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . . ☐ 35a 49,039

Direct deposit? See instructions.

b Routing number 121000358 c Type: ☒ Checking ☐ Savings

d Account number 002187567345

36 Amount of line 34 you want **applied to your 2024 estimated tax** 36

Amount You Owe

37 Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions 37 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 **Timothy S Dodd CPA** Phone no. **415-883-3803** Personal identification number (PIN) **68027**

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
36480	**10-09-2024**	**RETIRED**	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
27459	**10-09-2024**	**INVESTOR**	
Phone no. **858-354-2824**	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Timothy S Dodd CPA	**10-13-2024**	**P01368027**	☒ Self-employed

Preparer's name **Timothy S Dodd CPA** Phone no. **415-883-3803**

Firm's name **Timothy S Dodd CPA** Firm's EIN **43-2000497**

Firm's address **PO Box 477** **Middleburg, FL 32050**

2024 Form 4868 Extension Voucher and Filing Instructions
THOMAS J TARTARO & PATRICIA THOMAS

Filing method:
Your extension will be e-filed.

Due date:
04-15-2025

Balance due:
$13,662

Transaction method:
To pay by check or money order, write "2024 Form 4868," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 4868 to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Other information:
An extension to file does not extend the time to pay your tax.

Mail-to address:
Internal Revenue Service
P.O. Box 802503
Cincinnati, OH 45280-2503

Taxpayer records:

Amount paid	$ 13,662
Check number	ACH
Date mailed	4/15/25

NOTE

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

NOTE

DETACH HERE

Form **4868**

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2024, or other tax year beginning , 2024, and ending ,

OMB No. 1545-0074

2024

Part I Identification

THOMAS J TARTARO & PATRICIA THOMAS
PO BOX 2725
LA JOLLA CA 92038

2 Your social security number: 092-38-8874

3 Spouse's social security number: 131-50-7579

Part II Individual Income Tax

4	Estimate of total tax liability for 2024	$ 103,741
5	Total 2024 payments	90,079
6	**Balance due.** Subtract line 5 from line 4. See instructions	13,662
7	Amount you're paying (see instructions)	13,662
8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
EEA

Form **4868** (2024)

092388874 XQ TART 30 0 202412 670

ROSHAN OB/GYN PLLC
110 E 40th Street
NEW YORK, NY 10016

April, 26, 2025

Alexandra Thomas MD

Dear Dr. Thomas:

This letter sets forth the terms upon which you agree to render professional services in the specialty of Obstetrics and Gynecology as a full-time employee of ROSHAN OB/GYN PLLC (the "PLLC").

1. EMPLOYMENT

The PLLC agrees to employ you and you agree to serve the PLLC as a licensed physician in the specialty of Obstetrics and Gynecology upon the terms and conditions hereinafter set forth.

2. TERM

This agreement shall commence on September, 2, 2025 and upon signature by both parties and shall continue thereafter until August 31st 2028 and could renew upon agreement of both parties thereafter.

3. COMPENSATION

(a) During the term of your employment hereunder, the PLLC agrees to pay you an annual salary of Two Hundred and eighty thousand dollars ($280,000), or the pro-rated portion thereof for the portion of the contract year that you are employed by the PLLC.

(b) In addition to your annual salary above, the PLLC may in its sole discretion provide a bonus to you, which bonus potential is generally predicated in part upon first covering expenses attributable or otherwise reimbursed to you and receipt of collections from services personally rendered by you in excess of expenses in a contract year. You acknowledge that you are not relying upon this provision or any expectation of a bonus upon entering into this Agreement.

(c) Your compensation hereunder shall be payable in accordance with the general practice of the PLLC for full-time professional employees and shall be subject to all applicable withholding taxes.

4. DUTIES

(a) You agree to: (i) serve the PLLC faithfully and to the best of your ability; (ii) provide such professional services as are reasonably required by the PLLC, including, but not limited to, those duties set forth on Exhibit "A" annexed hereto; (iii) Monday Through Fridays, office hours 9 am to 5.30 pm. Hospital, Night calls and weekend coverage as requested By PLLC, however usually not more than 1 in 4th night and weekends.

(b) During your term of employment hereunder, you shall not, without the prior written consent of the PLLC, engage in any other business or professional activity (other than as a passive investor), whether or not such business or professional activity is pursued for gain, profit or other pecuniary advantage. Please note your malpractice insurance is paid by the PLLC, you are not allowed to work outside the PLLC coverage. You can seek approval to work outside as needed from the PLLC.

(c) You shall perform the services required of you under this Agreement at the office(s) of the PLLC at the above address or at such other addresses in New York, the 5 Boroughs and at such hospitals at which the PLLC provides or may hereafter provide services.

(d) You agree to perform your employment services according to the highest professional and ethical standards and to fulfill the basic requirements of continuing medical education requisite with your professional license.

(e) Notwithstanding anything to the contrary contained herein: (i) you shall make all clinical decisions pertaining to your practice of medicine; and (ii) nothing herein shall be deemed to impair your independent medical judgment.

5. PATIENT RECEIPTS

(a) You agree that any checks or funds made payable or received by you for professional services rendered during the term of your employment hereunder shall be the exclusive property of the PLLC and shall be promptly paid over or endorsed to the PLLC for deposit in its account.

(b) You further agree that the PLLC, or its designee, shall have the exclusive right to bill patients for the professional services rendered by you during the term of this Agreement and to collect all such fees for its own account. You agree to execute such other documents which may be necessary to effectuate the foregoing.

(c) You hereby authorize the PLLC to endorse and deposit to its account any checks made payable to you on account of professional services rendered during the term of this Agreement and grant the PLLC a limited power of attorney to effectuate the foregoing.

6. FRINGE BENEFIT

(a) You shall be entitled to a combined total of twenty (20) work days of paid leave per calendar year, or the pro-rated portion thereof, for purposes of vacation, illness, injury, and personal need. All such leave shall be in

according to the policies adopted by the PLLC. Vacation leave shall be taken at times mutually agreeable with the PLLC. Any unused leave may not be carried over to succeeding years. Notwithstanding the foregoing, you shall not be entitled to any paid leave during the initial six (6) months of your employment with the PLLC **except** for entitlement pursuant to the New York State Sick/Safe Leave Act

(b) You shall be entitled to individual health insurance coverage for which you will follow PLLC rules and regulations, and New York State affordability guidelines. Any excess premium amount over the individual health insurance coverage shall be your sole responsibility.

7. EMPLOYER'S AUTHORITY

(a) You agree to observe and comply with the rules, regulations, policies and procedures of the PLLC, as adopted from time to time, whether orally or in writing.

(b) You acknowledge that the PLLC shall have final authority over its acceptance or refusal to treat any patient and over the amount of the fees to be charged patients for professional services.

(c) All files and records of every type pertaining to patients of the PLLC for whom you shall render services hereunder shall belong to the PLLC and you shall not, without the express written consent of the PLLC and the patient, remove them from the PLLC's office, copy them, allow them to be removed from the PLLC's office, or allow them to be copied, except as reasonably required in the ordinary course of patient care provided by you as an employee of the PLLC Upon the expiration or earlier termination of your employment with the PLLC and in order to ensure continuity of care for the PLLC's patients, the PLLC shall promptly provide you with copies of all patient records pertaining to any patient who requests in writing that such records be provided to you. The cost of photocopying such patient records, however, shall be your responsibility. You can use your patients list for your oral board exam.

(d) You acknowledge that all contracts which the PLLC has with hospitals, health facilities, PPOs, HMOs, IPAs, and the like are the property of the PLLC and that upon the expiration or earlier termination of this Agreement, you shall not have any interest in any of such contracts.

8. TERMINATION

(a) This Agreement may be terminated upon the happening of any of the following events:

(i) Your license to practice medicine in New York or your Federal DEA registration or Board certifications in Obstetrics and Gynecology are suspended, revoked, or otherwise restricted or terminated;

(ii) You are convicted of a misdemeanor or felony which may, in the PLLC's sole discretion, cause harm or damage to the PLLC's business reputation;

(iii) You are suspended or terminated from or otherwise not permitted to

continue as a provider in the Medicare and/or Medicaid programs, or any other state or federally funded program;

(iv) Your medical staff privileges at any hospital at which the PLLC provides services are suspended (except if such suspension is imposed temporarily in order to complete medical records), terminated, or not renewed so that you lose the right to practice medicine at such hospital;

(v) You are suspended by or expelled from any professional medical organization (other than for non-payment of dues), or you resign from any such professional organization under threat of disciplinary action;

(vi) You are inattentive to, or neglectful of, the duties to be performed by you hereunder (other than as a result of illness or injury);

(vii) You die;

(viii) Your professional liability insurance coverage required hereunder lapses for any reason (other than due to nonpayment by the PLLC);

(ix) You either provide, or attempt to provide, services while under the influence of alcohol, drugs, or other mood-altering substances (except as duly prescribed by a treating physician and taken in accordance with the prescription);

(x) You fail to comply with any of the terms or conditions of this Agreement and such violation or failure is not cured to the satisfaction of the PLLC within ten (10) days after written notice thereof by the PLLC;

(xi) The PLLC reasonably believes that you have furnished deceptive or fraudulent information on any of your applications for credentialing or re-credentialing;

(xii) You either fail to comply with the policies of the PLLC or reasonable directions and orders given by duly appointed officers of the PLLC in connection with the PLLC's practice, or you engage in any conduct reasonably deemed by the PLLC to be injurious to its best interests;

(xiii) Ninety (90) days after receipt by the PLLC of written notice from you notifying the PLLC of your desire to resign as an employee of the PLLC;

(xiv) Ninety (90) days after receipt by you of written notice from the PLLC notifying you of its desire to terminate your employment with the PLLC without cause;

(xv) The PLLC reasonably determines that you may have engaged in unprofessional conduct (as defined in New York's Education Law), or criminal, unethical or fraudulent conduct of any nature;

(xvi) You are unable to render your full-time services on behalf of the PLLC for thirty (30) or more cumulative work days in any given one hundred eighty (180)-calendar day period on account of illness or injury.If there is FMLA qualifying

condition, and NYS paid family leave qualifying condition FMLA and NYS leave policies will be honored subject to pllc reviews.

(xvii) You have not obtained full medical staff privileges at NYU Langone Medical Center on or before the commencement of your employment hereunder.

(b) Upon termination for any of the foregoing causes, you shall only be entitled to receive the accrued but unpaid base compensation owed to you as of the effective date of your termination and shall not be entitled to any additional compensation, except as expressly provided for in this Agreement.

(c) In the event your employment is terminated pursuant to Section 9(a)(xiii) or (xiv) above, then the PLLC may, at its option, require you to vacate the PLLC's offices and hospitals at any time prior to the expiration of the ninety (90) day period following notice of termination.

(d) You hereby agree that any and all mail and other correspondence addressed to you at the PLLC's offices and pertaining to your services hereunder shall belong to and is hereby assigned to the PLLC, whether said mail and correspondence is received during or subsequent to the termination of your employment. You shall not, at any time during or subsequent to the termination of your employment, divert or attempt to divert any such mail and/or other correspondence from the PLLC. You hereby authorize the PLLC to open any mail received by the PLLC that is addressed to you at the PLLC's offices and to endorse and deposit in its account any checks made payable to you for any services rendered by you on behalf of the PLLC while employed by the PLLC.

(e) In the event you voluntarily terminate your employment and fail to give the PLLC the Ninety (90) day advance written notice required under Section 9(a)(xiii) above, you agree to pay the PLLC the sum of Seven hundred Fifty ($750) Dollars for each day of inadequate notice. By way of example, if you resign on Eighty (80) days prior to written notice rather than Ninety (90) days' prior written notice, you will be liable to the PLLC for the sum of Seven Thousand Five Hundred ($7,500) Dollars (i.e., 90-80 =10 x $750/day). Such amount shall reflect liquidated damages that the PLLC will suffer due to its likely inability to recruit a suitable replacement in a timely manner because the agreed-upon notice was not given by you;

(f) If, upon the termination of your employment hereunder, or at any time thereafter, you cease to be continuously insured under an "occurrence" policy of professional liability insurance that protects you and the PLLC against claims of professional liability relating to your acts or omissions during the time period that you were employed by the PLLC.

9. DISCLOSURE OF INFORMATION; NON-SOLICITATION (a) You acknowledge that the names of the PLLC's patients and referral sources, as may exist from time to time, and the PLLC's financial statements, business plans, internal memoranda, reports, audits, patient surveys, employee surveys, operating policies, quality assurance materials, fees, and other such materials or records of a proprietary nature

(collectively, the "Confidential Information") are valuable, special and unique assets of the PLLC and are deemed to be trade secrets.

(b) You agree that you will not, after the date hereof and for so long as any such Confidential Information may remain confidential, secret, or otherwise wholly or partially protectable: (i) use the Confidential Information, except in connection with your retention by the PLLC, or (ii) divulge any such Confidential Information to any third party, unless the PLLC gives its prior written consent to such use or divulgence or as otherwise required by court order. You will promptly notify the PLLC of any request or demand by a third party to disclose Confidential Information. You will not have any obligation to defend against any request or demand to disclose Confidential Information.

(c) You shall not, at any time during the two (2) year period after your employment terminates, solicit, interfere with the PLLC's relationship with, or endeavor to entice away from the PLLC, any hospital or managed care entity or other payor with which the PLLC has a contractual relationship, or any person or entity who was an employee, independent contractor, consultant, patient or referral source of the PLLC during the term of your employment.

(d) In the event of a breach or threatened breach by you of the provisions of this Section 10, the PLLC shall be entitled to an injunction restraining you from (i) disclosing, in whole or in part, any such Confidential Information; (ii) interfering with the PLLC's relationships with the persons or entities set forth in paragraph (c) of this Section 10, including its employees, independent contractors, patients and referral sources, or with any hospital or managed care entity with which the PLLC has a contractual relationship; and/or (iii) rendering any professional medical services to (A) any patient of the PLLC who has been solicited by you in violation of this Agreement, or
(B) any person, firm, corporation, association, or other entity to whom any such Confidential Information, in whole or in part, has been disclosed by you or is threatened to be disclosed by you.

(e) Nothing contained herein shall be construed as prohibiting the PLLC from pursuing any other remedies available to the PLLC for such breach or threatened breach, including the recovery of damages from you.

10. RESTRICTIVE COVENANTS

(a) In the course of your employment with the PLLC, you will be introduced to the PLLC's referring physicians and patients as well as hospital personnel, other healthcare providers, and the like. You will also be given the opportunity to become a participating provider in various health maintenance organizations and managed care plans with which the PLLC's physicians have existing contractual relationships. Termination of your employment for any reason or in any manner, followed by your continuing to practice Obstetrics and Gynecology in the same geographic area as the PLLC, would thereby enable you to take many of those sources of the PLLC with you to the detriment of the PLLC.

(b) In light of the foregoing, you covenant and agree that upon the expiration of

your term of employment hereunder, or upon the earlier termination of your employment with the PLLC for any other reason, you shall not, for a period of three (3) years thereafter("Restricted Period"), except with the written consent of the PLLC, either directly or indirectly, at NYU Langone Medical Center, Lenox Hill Hospital and its affiliated hospitals or within the area located within the following Restricted Areas, bounded by seven (7) blocks from PLLC offices in each direction, North, South, East and West, (i) engage in the practice of Obstetrics and/or Gynecology as an employee, independent contractor, shareholder, partner, or otherwise (and whether as a separate specialty or in conjunction with any other practice of medicine); or (ii) operate or have any financial or other interest in any medical practice of facility involved in the practice of Obstetrics and/or Gynecology. Accordingly, upon expiration or earlier termination of this Agreement, you shall immediately resign your privileges at NYU Langone Medical Center, Lenox Hill hospital if you have obtained one and its affiliated hospitals if any, at the aforesaid hospital and not reinstate such privileges during such three (3) year period.

(c) In the event of a breach or an alleged breach by you of the provisions of this Section 10, you agree that the PLLC may seek an injunction restraining you from violating the provisions of this Section 10, you agree to refrain from violating the restrictive covenant set forth above during any judicial proceeding until such matter is conclusively settled on its merits pursuant to such proceeding. In connection therewith, you agree that the PLLC shall be entitled to an injunction restraining you from violating the terms of the restrictive covenant set forth herein (without the necessity of securing a bond) and any other legal or equitable remedies available for such breach or threatened breach.

(d) If you violate this restrictive covenant and the PLLC brings legal action for injunctive or other relief, the PLLC shall not, as a result of the time involved in obtaining the relief, be deprived of the benefit of the full period of the restrictive covenant. Accordingly, the restrictive covenant shall be deemed to have the duration specified herein, computed from the date the relief is granted but reduced by the time between the period when the restriction began to run and the date of the first violation of the covenant by you.

(e) If any restriction contained in this Section 10 shall be deemed to be invalid, illegal or unenforceable by reason of the extent, duration or geographical scope thereof, or otherwise, then the court making such determination may reduce such extent, duration, geographical scope, or other provisions hereof, and in its reduced form, such restriction shall then be enforceable in the manner contemplated hereby.

(f) It is hereby further agreed that, in the event of any litigation at law or in equity with respect to any breach of the restrictive covenant, the PLLC shall be entitled to recover any and all reasonable attorneys' fees and other costs of litigation from the other party in such litigation, even after the termination of this Agreement.

(g) The existence of any claims or causes of action by you against the PLLC, whether predicated upon this Agreement or otherwise, shall not constitute a defense to the enforcement by the PLLC of the foregoing restrictive covenant;

(h) The parties acknowledge that the provisions of this Section 10 are necessary and reasonable in order to protect the PLLC in the conduct of its business, particularly in light of the difficulty in ascertaining damages in the event of a breach.

(i) The terms of Section 9 above and this Section 10 shall survive the expiration or earlier termination of this Agreement.

11. REPRESENTATIONS AND WARRANTIES

(a) You represent and warrant to the PLLC that:

(i) You are a physician duly licensed and registered to practice medicine in the State of New York with a specialty in Obstetrics and Gynecology;

(ii) You are certified to practice Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology;

(iii) You are, or will be by the commencement of your employment hereunder, a member in good standing of the medical staff of NYU Medical Center and will maintain such membership throughout the term of this Agreement;

(iv) You are a participating provider in the Medicare program;

(v) You are under no contractual or other restriction or obligation which is inconsistent with the execution of this Agreement, the performance of your duties hereunder, or the rights granted to the PLLC hereunder;

(vi) You are able to perform the functions of your position (essential or marginal) with or without reasonable accommodation;

(vii) You are not a defendant in any civil, criminal or administrative suit or proceeding involving the practice of medicine, and are unaware of any threatened actions of such a nature; except as set forth upon Exhibit B hereto;

(viii) You have conducted your professional activities in accordance with all applicable Federal, State, and City laws and regulations.

(ix) You have not been involved in any of the following during the five (5) year period immediately preceding the date of this agreement.

1. Any malpractice suit (except as previously disclosed to the PLLC in writing);
2. Any disciplinary, peer review or professional review investigation, proceeding or action instituted against you by any licensure board, hospital, medical school, health care facility, professional society, third party payor, peer review committee or governmental agency;
3. Any criminal complaint, indictment or proceeding;

4. Any investigation or proceeding (whether administrative, civil or criminal) alleging that you filed false health care claims, violated anti-kickback, self-referral or fee splitting laws, or engaged in billing improprieties; or

5. Any denial of your application for licensure as a physician or for medical staff privileges at any hospital or other health care entity; and

(x) You shall maintain an accurate physician profile on the New York State Department of Health's website in accordance with the New York Patient Health Information and Quality Improvement Act of 2000;

(xi) You will promptly disclose to the PLLC: (i) the existence and basis of any proceedings against you that are instituted in any jurisdiction by any plaintiff, governmental agency, health care facility, peer review organization or professional society which involves any allegation of substandard care or professional misconduct; and (ii) any allegation of substandard care or professional misconduct raised against you by any person or agency during the term of this Agreement;

(xii) You possess knowledge and skill in Obstetrics and Gynecology comparable to other physicians practicing Obstetrics and in the geographic area serviced by the PLLC;

(xiii) You shall complete, in a timely manner, adequate, legible and proper medical records with respect to all services rendered to patients pursuant to this Agreement;

(xiv) You shall participate in such commercial insurance programs, health maintenance organizations, managed care plans, independent practice associations, preferred provider organizations, and other such healthcare delivery systems with which the PLLC may contract or affiliate;

(xv) You shall complete, in a timely manner, adequate and legible documents necessary for the PLLC to compensate you and to obtain reimbursement for the services provided by you under this Agreement;

(xvi) You have current controlled substance registrations issued by the New York Department of Health and the United States Drug Enforcement Administration, which registrations have not been surrendered, suspended, revoked or restricted in any manner, nor are there any proceedings pending which could restrict such registrations in any manner;

(xvii)In connection with the provision of services pursuant to this Agreement, you shall use the PLLC's and hospital's equipment, instruments, pharmaceuticals and supplies for the purpose for which they are intended and in a manner consistent with sound medical practice;

(xviii) To the best of your knowledge, you have never been reported to the

National Practitioner Data Bank or to the Healthcare Integrity and Protection Data Bank; and

(xix) You will notify the PLLC immediately if any of the foregoing shall become, in any manner, untrue.

(b) The PLLC represents and warrants that:

(i) It is a duly formed professional service limited liability company organized and in good standing under the laws of the State of New York; and

(ii) It has the corporate power and authority to carry on its business as currently conducted.

12. INSURANCE

(a) During your employment, the PLLC will, at its expense, maintain with reputable insurance company occurrence-based malpractice insurance with you as the primary insured and the PLLC as a named insured against your acts and omissions. The annual limits of this insurance will be one million three hundred dollars ($ 1,300,000) per occurrence and three million nine hundred dollars ($ 3,900,000) in the aggregate. The insurance will be without deductibles, and will include defense, without limit on the cost thereof, against any claims. The PLLC will furnish you on commencement of your employment and annually thereafter and on request confirmation by the PLLC's insurance broker or by the insurers that such insurance is in effect. The PLLC will furnish you or cause to be furnished to you copies of the policy and any amendments thereto.

(b) If the PLLC agrees that it will prepay the premium for your professional liability insurance premiums for the term of this Agreement.

(c) In the event this Agreement is terminated, you agree to reimburse the PLLC for that portion of your professional liability insurance premiums which are attributable to any periods subsequent to such termination and which were paid for by the PLLC. You further agree that such reimbursement may be offset against any compensation which may be payable to you pursuant to this Agreement.

(d) In the event you are eligible for free "Section 18" excess medical malpractice insurance coverage from a New York State hospital, you agree to take all steps necessary to obtain such coverage, including but not limited to, increasing your primary insurance coverage to such limits as may be necessary for this purpose.

(e) You covenant that throughout the term of this Agreement, you will maintain: (i) personal liability insurance with limits of One Million ($1,000,000) Dollars or more; and (ii) automobile insurance with respect to each automobile owned or leased by you and used by you in connection with the business of the PLLC with liability limits of not less than $100,000 per occurrence/$300,000 in the annual aggregate.

13. INDEMNIFICATION

Each party hereby agrees to indemnify and hold the other party harmless from all liabilities, costs, and expenses that the indemnified party may incur as a result of the other party's acts or omissions, including court costs and attorneys' fees; provided, however, that the foregoing indemnification obligation shall not apply to the extent: (i) the indemnified party's costs, expenses, and liabilities are covered by insurance and/or

14. COMPLIANCE

(a) You acknowledge that the PLLC is fully committed to ensuring its compliance, and the compliance of its physicians and staff, with all applicable rules, regulations and laws promulgated by the state and federal governments and by third party payors relating to the conduct of its medical practice and the delivery of services to patients. This compliance includes, but is not limited to, adherence to all rules, regulations, and laws relating to documentation, coding, and billing for services rendered, referral practices with other health care providers, and the general business practices of the PLLC and its physicians.

(b) You agree to cooperate fully with the PLLC's compliance activities, including cooperation with the PLLC's efforts to educate and train all physicians and staff; to conduct audits of medical records or other appropriate compliance reviews or inquiries; to promptly report to the PLLC's compliance officer any circumstances or situations which you become aware of which might constitute wrongdoing or fraud/abuse under any Federal or state law so that the matter can be resolved "in-house" rather than through governmental agencies; and to institute any appropriate corrective actions when compliance issues are identified. Your failure to cooperate with the PLLC's compliance activities and efforts, as determined in the sole discretion of the PLLC, will constitute grounds for discipline or termination of employment.

(c) Should an internal audit of the medical records prepared by you identify non-compliance in the manner in which you document, code, or bill for any service, you will be required, as necessary, to attend remedial training sessions and be subject to a follow-up focused audit. If the results of the follow-up focused audit demonstrate that your documentation, coding, or billing practices are still not in compliance with applicable rules, regulations, or laws, then you thereafter will be required to bear the cost of any and all additional remedial training sessions and/or additional follow-up focused audits that may be necessary.

(d) Should an audit of your medical records by a private or governmental third party payor result in the PLLC having to refund payments or pay fines or penalties as a result of deficiencies identified in medical documentation, coding, or billing records prepared by you, then the PLLC may assess the cost of those refunds, fines, or penalties against you and you will responsible for repayment of those costs to the PLLC. The provisions of this paragraph shall survive the expiration or earlier termination of this Agreement.

15. OVERALL PERFORMANCE EXPECTATIONS

During the term of your employment hereunder, there are several specific items

which are essential to your overall success. These include, but are not limited to, your clinical competence; your acceptance by patients, physicians and hospital personnel; your time commitment to the practice; your productivity and efficiency in handling patient matters; your willingness and effectiveness in promoting the PLLC's practice and yourself; your acceptance of the burdens and responsibilities inherent in operating a successful medical practice; your interest in the PLLC's practice from an entrepreneurial standpoint; and a clearly demonstrated ability to work well together with the other physicians and staff members of the PLLC.

16. NO OWNERSHIP INTEREST

You hereby acknowledge that your employment hereunder does not imbue you with any financial interest in the PLLC's accounts receivable, furniture, equipment, leasehold, leasehold improvements, patient charts, records, and other assets.

17. PRIOR ACTS

It is expressly acknowledged by you that the PLLC is not liable for any acts or omissions of medical malpractice by you prior to the commencement date of your employment hereunder and that you shall indemnify and hold the PLLC harmless from any liabilities, costs and expenses incurred by the PLLC with respect to any such acts or omissions. This Section shall survive expiration or earlier termination of this Agreement.

18. DISCLOSURE

You agree that during the term of your employment with the PLLC, you will disclose solely to the PLLC all ideas, methods, plans, or improvements known by you which relate, directly or indirectly, to the practice of the PLLC, whether acquired by you before or during your employment with the PLLC; provided, however, that nothing in this paragraph shall be construed as requiring any such communication where the idea, method, plan or improvement is lawfully protected from disclosure as a trade secret of a third party or by any other lawful prohibition against such communication.

19. AUTHORITY TO CONTRACT

You shall have no authority to: (i) enter into any contracts, other than this Agreement or any amendments hereto, which shall be binding upon the PLLC; (ii) pledge the credit or assets of the PLLC; (iii) release or discharge any debt due the PLLC; (iv) sell, mortgage, transfer or otherwise dispose of any of the PLLC's assets; (v) or otherwise create any obligations on the part of the PLLC.

20. NOTICES

Any notices required or permitted to be given under this Agreement must be in writing and sent by registered or certified mail, return receipt requested, to your residence (in the case of you) or to the principal office of the PLLC (in the case of the PLLC).

21. ENTIRE AGREEMENT

This instrument contains the entire agreement of the parties with respect to the subject matter hereof. It may not be changed, except by a writing signed by both parties.

22. SAVINGS CLAUSE

If any provision of this Agreement or the application of any provision hereof to any person or circumstances is held invalid, the remainder of this Agreement shall not be affected unless the invalid provision substantially impairs the benefits of the remaining portions of this Agreement.

23. WAIVER

(a) Any consent or waiver executed in writing by a party shall be binding upon such party from and after the date of execution thereof unless a later or earlier date is specified therein.

(b) No delay or failure to exercise any remedy or right occurring upon any default shall be construed as a waiver of such remedy or right, or an acquiescence in such default, nor shall it affect any subsequent default of the same or a different nature.

24. HEADINGS

All headings and captions in this Agreement are for convenience only. They shall not be deemed part of this Agreement and shall in no way define, limit, extend or describe the scope or intent of any provisions hereof.

25. FURTHER ASSURANCES

The parties shall execute and deliver all documents, provide all information and take or forbear from all such action as may reasonably be necessary or appropriate to achieve the purposes set forth in this Agreement.

26. SUCCESSORS AND ASSIGNS

This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors and assigns.

27. COUNTERPARTS

This Agreement may be executed in counterparts and each such counterpart, when taken together, shall constitute a single and binding agreement.

28. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of New York, without giving effect to the rules of conflicts of law.

29. VENUE AND ACCEPTANCE OF SERVICE OF PROCESS

Each party to this Agreement hereby agrees and consents that any legal action or proceedings with respect to this Agreement shall only be brought in the courts of the State of New York in New York County. By execution and delivery of this Agreement, each such party hereby (i) accepts the jurisdiction of the aforesaid courts; (ii) waives, to the fullest extent permitted by law, any objection which it may now or hereafter have to the venue set forth above; and (iii) further waives any claim that any such suit, action or proceeding brought in any such court

has been brought in an inconvenient forum.

30. LEGAL REPRESENTATION

Each party to this Agreement acknowledges that it has been advised of its right to engage independent legal counsel of its own selection in connection with the negotiation, review and execution of this Agreement.

31. ATTORNEY'S FEES

In addition to the provisions set forth above with respect to disputes involving the restrictive covenants contained herein, the PLLC shall be entitled to all expenses incurred, including but not limited to, reasonable attorneys' fees and court costs.

* * *

If this letter accurately reflects your understanding of our agreement, please indicate your acceptance of the terms set forth above by signing your name in the space below and return one fully-executed copy of this letter to us within ten (10) business days.

We look forward to working with you.

Sincerely,

ROSHAN OB/GYN PLLC

By: Daniel Roshan MD

Daniel Roshan, M.D. FACOG

AGREED TO AND ACCEPTED:

Alexandra Thomas MD

Alexandra Thomas 05/12/25

EXHIBIT "A"

PHYSICIAN DUTIES AND RESPONSIBILITIES

a. Provide medical care as related specifically to the specialty of Obstetrics and Gynecology.

b. Assist in scheduling and provide medical coverage at all facilities owned, operated, or managed by the PLLC or any affiliates thereof.

c. Cooperate with the PLLC's designees to ensure that operations are consistent with the PLLC's medical policies and professional standards.

d. Cooperate and participate in the development, implementation and revision of policies affecting the medical practice and the quality of health care rendered by the PLLC.

e. Participate in in-service and continuing education programs for physicians, nurses, and other personnel employed by or associated with the PLLC.

f. Cooperate in the completion of any necessary forms and contracts for third-party reimbursement or other purposes.

g. Prepare and maintain legible, orderly and clinically complete medical records as required by the PLLC and/or any applicable laws, ordinances, standards of medical practice, risk management or quality assurance programs, or as required by external accreditation organizations.

h. Work in a collaborative manner with the PLLC's physicians and staff and conduct himself ethically and in a manner which shall preserve and maintain the dignity and integrity of the PLLC's physicians, employees and patients.

i. Convey compassion and concern for the patient's problems and dedication to alleviating those problems and to providing comfort and care to those in need.

j. Provide full and utmost cooperation to the PLLC's attorneys in any litigation and any other matters that may arise during or after the term of this Agreement.

Bidur Bohara & Pritishma Lakhe
16018 Grafham Cir.
Huntersville, NC 28078

May 29, 2025

To Whom It May Concern,

I am pleased to write this letter of recommendation for Alexandra Thomas, MD (Lexi), who is a tenant at our property located at *900 Bartholomew St. #509, New Orleans, LA* from May 1, 2022, through the end of June 2025. Throughout her tenancy, Lexi consistently paid rent on time, maintained the property with care and attention, and communicated promptly and respectfully whenever needed. She was always courteous in our interactions, got along well with neighbors, and responsibly reported any maintenance concerns without delay.

Lexi has been a model tenant in every respect, and it has been a genuine pleasure having her at our property, and we will sincerely miss her. We are truly sorry to see her leave—not just from our rental, but from the New Orleans community as well.

If you have any questions, please feel free to contact me at any time.

Sincerely,

Bidur Bohara
832-628-7772
bidurboh@gmail.com

l. Attend professional conventions and postgraduate seminars and participate in professional societies so far as is reasonable and practical.

m. Perform all continuing medical education (CME) requirements established by the New York State Board for Medicine and by the PLLC.

n. Perform your duties hereunder in accordance with all applicable laws, rules and regulations and such standards of professional ethics and conduct as promulgated by the American Medical Association, the New York State Departments of Health and Education, applicable certifying boards and such other bodies (formal, informal, governmental or otherwise) as are generally regarded as sources of guidance and direction with regard to the professional services rendered by the PLLC.

o. Perform such other duties as are reasonably requested by designees of the PLLC based upon its operational needs.

p. Prepare and submit all patient charts for billing purposes by end of day as services rendered.

q. As a highly compensated salaried employee, all your work must be completed before leaving the office. This includes, but not limited to completing all charting and patient notes, returning patient calls, filling scripts, and closing patient encounters.

Form **W-2 Wage and Tax Statement** 2024

c Employer's name, address, and ZIP code
LSUHSC-NEW ORLEANS
PAYROLL OFFICE
433 BOLIVAR STREET
NEW ORLEANS LA 70112-2223

e Employee's name, address, and ZIP code
ALEXANDRA AMEDEA THOMAS
1574 JEFFERSON AVE
APT D
NEW ORLEANS LA 70115-4146

Suff.

7 Social security tips	1 Wages, tips, other comp. 59481.10
8 Allocated tips	2 Federal income tax withheld 5190.72
9	3 Social security wages 59481.10
10 Dependent care benefits	4 Social security tax withheld 3687.83
11 Nonqualified plans	5 Medicare wages and tips 59481.10
12a See instructions for box 12 DD 10894.62	6 Medicare tax withheld 862.48
12b	13 Statutory employee / Retirement plan / Third-party sick pay
12c	14 Other CAF 3507.54
12d	b Employer identification number (EIN) 72-6087770
	a Employee's social security no. XXX-XX-4892

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
LA	1219344001	59481.10	1863.41			

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

This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008

Dept. of the Treasury - IRS

Visit the IRS Web Site at **www.irs.gov/efile**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2024

c Employer's name, address, and ZIP code
LSUHSC-NEW ORLEANS
PAYROLL OFFICE
433 BOLIVAR STREET
NEW ORLEANS LA 70112-2223

e Employee's name, address, and ZIP code
ALEXANDRA AMEDEA THOMAS
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Suff.

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15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
LA	1219344001	59481.10	1863.41			

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2024

c Employer's name, address, and ZIP code
LSUHSC-NEW ORLEANS
PAYROLL OFFICE
433 BOLIVAR STREET
NEW ORLEANS LA 70112-2223

e Employee's name, address, and ZIP code
ALEXANDRA AMEDEA THOMAS
1574 JEFFERSON AVE
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NEW ORLEANS LA 70115-4146

Suff.

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15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
LA	1219344001	59481.10	1863.41			

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2024

c Employer's name, address, and ZIP code
LSUHSC-NEW ORLEANS
PAYROLL OFFICE
433 BOLIVAR STREET
NEW ORLEANS LA 70112-2223

e Employee's name, address, and ZIP code
ALEXANDRA AMEDEA THOMAS
1574 JEFFERSON AVE
APT D
NEW ORLEANS LA 70115-4146

Suff.

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15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
LA	1219344001	59481.10	1863.41			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**

Bidur Bohara & Pritishma Lakhe
16018 Grafham Cir.
Huntersville, NC 28078

May 29, 2025

To Whom It May Concern,

I am pleased to write this letter of recommendation for Alexandra Thomas, MD (Lexi), who is a tenant at our property located at *900 Bartholomew St. #509, New Orleans, LA* from May 1, 2022, through the end of June 2025. Throughout her tenancy, Lexi consistently paid rent on time, maintained the property with care and attention, and communicated promptly and respectfully whenever needed. She was always courteous in our interactions, got along well with neighbors, and responsibly reported any maintenance concerns without delay.

Lexi has been a model tenant in every respect, and it has been a genuine pleasure having her at our property, and we will sincerely miss her. We are truly sorry to see her leave—not just from our rental, but from the New Orleans community as well.

If you have any questions, please feel free to contact me at any time.

Sincerely,

Bidur Bohara
832-628-7772
bidurboh@gmail.com

MERRILL
A BANK OF AMERICA COMPANY

P.O. Box 15284
Wilmington, DE 19850

Preferred Rewards

Client service information

1.800.MERRILL (1.800.637.7455)

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

PATRICIA A THOMAS
PO BOX 2173
RANCHO SANTA FE, CA 92067-2173

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Bank of America banking statement summary

for March 1, 2025 to March 31, 2025

Your deposit accounts	Account/plan number	Ending balance	Details on
Wealth Management Adv Relationship Banking	0001 7090 2203	$292.62	Page 3
Wealth Management Adv Relationship Banking	0001 7021 1003	$1,075.03	Page 5
Adv Plus Banking	0021 8756 7345	$44,831.94	Page 7
Total balance		**$46,199.59**	

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Merrill Lynch makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated, a registered broker-dealer and member SIPC, and other subsidiaries of Bank of America Corporation.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Your Wealth Management Adv Relationship Banking

Preferred Rewards Diamond

PATRICIA A THOMAS

Account summary

Beginning balance on March 1, 2025	$292.62
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on March 31, 2025	**$292.62**

Service fees

Date	Transaction description	Amount
03/31/25	Preferred Rewards-Monthly Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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Your Wealth Management Adv Relationship Banking

Preferred Rewards Diamond

PATRICIA THOMAS

Account summary

Beginning balance on March 1, 2025	$1,205.02
Deposits and other additions	0.01
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-130.00
Service fees	-0.00
Ending balance on March 31, 2025	**$1,075.03**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.03.

Deposits and other additions

Date	Description	Amount
03/31/25	Interest Earned	0.01
Total deposits and other additions		**$0.01**

Checks

Date	Check #	Amount
03/17/25	2353	-130.00
Total checks		**-$130.00**
Total # of checks		**1**

Service fees

Date	Transaction description	Amount
03/31/25	Preferred Rewards-Monthly Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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Your Adv Plus Banking
Preferred Rewards Diamond

PATRICIA THOMAS

Account summary

Beginning balance on March 1, 2025	$79,466.87
Deposits and other additions	51,396.50
ATM and debit card subtractions	-0.00
Other subtractions	-53,012.43
Checks	-33,019.00
Service fees	-0.00
Ending balance on March 31, 2025	**$44,831.94**

Deposits and other additions

Date	Description	Amount
03/04/25	WIRE TYPE:WIRE IN DATE: 250304 TIME:1425 ET TRN:2025030400470951 SEQ:3551665063ES/025096 ORIG:ASHLEY HAASE OR DAVID HAA ID:891026558 SND BK:JPMORGAN CHASE BANK, NA ID:021000021 PMT DET:BPL OF 25/03/04	20,650.00
03/04/25	BOFA FIN CTR 03/04 #000006585 DEPOSIT 76 Court St STE 1 Brooklyn NY	6,000.00
03/05/25	BOFA FIN CTR 03/05 #000002393 DEPOSIT 8813 Villa La Jol La Jolla CA	8,495.00
03/05/25	BOFA FIN CTR 03/05 #000002391 DEPOSIT 8813 Villa La Jol La Jolla CA	7,500.00
03/14/25	BROAD STREET GLO DES:ALT4#16 ID: INDN:Patricia A. Thomas CO ID:XXXXXXXXX PPD	2,100.00
03/19/25	BOFA FIN CTR 03/19 #000003119 DEPOSIT 17008 Avenida De Rancho Santa CA	6,233.00
03/25/25	BOFA FIN CTR 03/25 #000007351 DEPOSIT 17008 Avenida De Rancho Santa CA	418.50
Total deposits and other additions		**$51,396.50**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
03/03/25	BANK OF AMERICA DES:MORTGAGE ID:P17497899 INDN:, THOMAS PA CO ID:PXXXXXXXXX TEL	-2,467.63
03/04/25	VERIZON WIRELESS DES:PAYMENTS ID:047349666400001 INDN:00000000047349666400001 CO ID:4223344794 PPD	-221.26
03/10/25	Agent Assisted transfer to CHK 6407 Confirmation# 1eikrm27e	-7,000.00

continued on the next page

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
03/10/25	CHASE CREDIT CRD DES:EPAY ID:8239078986 INDN:580824048376904 CO ID:5760039224 TEL	-32,816.37
03/13/25	FUNDS TRANSFER DEBIT	-9,500.00
03/31/25	GEORGIA ITS TAX DES:GA TX PYMT ID:XXXXXXXXX INDN:TARTARO, THOMAS J CO ID:2586002015 CCD	-599.41
03/31/25	EXTRAS Dental DES:ACH PYMT ID:HUYTPUL5MFNG INDN:Thomas J Tartaro CO ID:2350781558 WEB	-407.76
Total other subtractions		**-$53,012.43**

Checks

Date	Check #	Amount
03/26/25		-3,447.66
03/11/25	668	-28,633.24
03/10/25	669	-190.00
03/06/25	670	-688.15
03/20/25	671	-59.95
Total checks		**-$33,019.00**
Total # of checks		**5**

Service fees

Date	Transaction description	Amount
03/03/25	Preferred Rewards-Monthly Fee Waiver of $12	-0.00
03/04/25	Preferred Rewards-Wire Fee Waiver of $15	-0.00
03/04/25	Preferred Rewards-Wire Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Good News!
Soon, more funds may be available if we place a hold on your check deposit.

Starting May 19, 2025, here is what to expect if we place a hold on your check deposit and where you can find these changes in our Deposit Agreement and Disclosures after this date:

- The first $275 (previously $225) may be available the next business day.
- When you deposit checks totaling more than $6,725 (previously $5,525) on any one day, we may continue to place a longer hold.
- For certain check deposits into accounts open less than 30 days, the first $6,725 (previously $5,525) of a day's total deposits may be available the next business day.

Our Deposit Agreement and Disclosures document is available at bankofamerica.com/depositagreement. Details can be found in the sections called "Longer Delays May Apply" and "Special Rules for New Accounts". You may also find helpful information in the "When Funds are Available for Withdrawal and Deposit Holds" section of the Agreement.

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MERRILL
A BANK OF AMERICA COMPANY

P.O. Box 15284
Wilmington, DE 19850

Preferred Rewards

Client service information

1.800.MERRILL (1.800.637.7455)

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

PATRICIA A THOMAS
PO BOX 2173
RANCHO SANTA FE, CA 92067-2173

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Bank of America banking statement summary

for February 1, 2025 to February 28, 2025

Your deposit accounts	Account/plan number	Ending balance	Details on
Wealth Management Adv Relationship Banking	0001 7090 2203	$292.62	Page 3
Wealth Management Adv Relationship Banking	0001 7021 1003	$1,205.02	Page 5
Adv Plus Banking	0021 8756 7345	$79,466.87	Page 7
Total balance		**$80,964.51**	

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Merrill Lynch makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated, a registered broker-dealer and member SIPC, and other subsidiaries of Bank of America Corporation.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Your Wealth Management Adv Relationship Banking

Preferred Rewards Diamond

PATRICIA A THOMAS

Account summary

Beginning balance on February 1, 2025	$292.62
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on February 28, 2025	**$292.62**

Service fees

Date	Transaction description	Amount
02/28/25	Preferred Rewards-Monthly Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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Your Wealth Management Adv Relationship Banking

Preferred Rewards Diamond

PATRICIA THOMAS

Account summary

Beginning balance on February 1, 2025	$1,205.01
Deposits and other additions	0.01
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on February 28, 2025	**$1,205.02**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.02.

Deposits and other additions

Date	Description	Amount
02/28/25	Interest Earned	0.01
Total deposits and other additions		**$0.01**

Service fees

Date	Transaction description	Amount
02/28/25	Preferred Rewards-Monthly Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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Your Adv Plus Banking
Preferred Rewards Diamond

PATRICIA THOMAS

Account summary

Beginning balance on February 1, 2025	$3,300.69
Deposits and other additions	124,014.00
ATM and debit card subtractions	-0.00
Other subtractions	-46,419.67
Checks	-1,428.15
Service fees	-0.00
Ending balance on February 28, 2025	**$79,466.87**

Deposits and other additions

Date	Description	Amount
02/03/25	FUNDS TRANSFER CREDIT FDES NFL 1001056 272197	30,000.00
02/03/25	Agent Assisted transfer from BRK 3196 Confirmation# 0161464376	30,000.00
02/07/25	BOFA FIN CTR 02/07 #000001604 DEPOSIT 8901 Queens Blvd Elmhurst NY	30,500.00
02/07/25	BOFA FIN CTR 02/07 #000004511 DEPOSIT 17008 Avenida De Rancho Santa CA	8,495.00
02/14/25	WIRE TYPE:WIRE IN DATE: 250214 TIME:0533 ET TRN:2025021400225489 SEQ:3197545045ES/004483 ORIG:ASHLEY HAASE OR DAVID HAA ID:891026558 SND BK:JPMORGAN CHASE BANK, NA ID:021000021 PMT DET:BOH OF 25/02/14	20,650.00
02/25/25	BOFA FIN CTR 02/25 #000001755 DEPOSIT 17008 Avenida De Rancho Santa CA	869.00
02/26/25	BSG SERIES CM LL DES:ALT3#4 ID: INDN:Patricia A. Thomas CO ID:XXXXXXXXX PPD	3,500.00
Total deposits and other additions		**$124,014.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
02/03/25	FUNDS TRANSFER DEBIT	-30,000.00
02/03/25	BANK OF AMERICA DES:MORTGAGE ID:P15139072 INDN:, THOMAS PA CO ID:PXXXXXXXXX TEL	-2,467.63
02/03/25	VERIZON WIRELESS DES:PAYMENTS ID:047349666400001 INDN:00000000047349666400001 CO ID:4223344794 PPD	-221.26

continued on the next page

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
02/05/25	Agent Assisted transfer to CHK 6407 Confirmation# 1hrbqpl17	-4,000.00
02/12/25	CHASE CREDIT CRD DES:EPAY ID:8171012175 INDN:580824048376904 CO ID:5760039224 TEL	-9,730.78
Total other subtractions		**-$46,419.67**

Checks

Date	Check #	Amount
02/04/25	665	-550.00
02/11/25	666	-190.00
02/12/25	667	-688.15
Total checks		**-$1,428.15**
Total # of checks		**3**

Service fees

Date	Transaction description	Amount
02/03/25	Preferred Rewards-Monthly Fee Waiver of $12	-0.00
02/14/25	Preferred Rewards-Wire Fee Waiver of $15	-0.00
02/14/25	Preferred Rewards-Wire Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

Beginning May 19, 2025, or a later date we may provide you notice of, the Preferred Rewards program Diamond and Diamond Honors tiers will be combined into a simplified Diamond Honors tier.

If you are currently enrolled in the Diamond or Diamond Honors tier when the change occurs, your membership in Preferred Rewards will be automatically set to the simplified Diamond Honors tier. There is nothing you need to do. Here is what else you need to know:

- The balance requirement for the new tier will be a three-month combined average balance of $1,000,000. (Footnote 1)
- You will continue to enjoy access to our lifestyle benefits, which offer unique experiences and premium offers. (Footnote 2)
- The interest rate discount (Footnote 3) on a new home equity line of credit will be 0.625% instead of 0.750%.

If you have any questions, please contact us at the number shown on this statement. If you would like to learn more about Preferred Rewards, visit bankofamerica.com/MyRewards.

Footnote 1) Bank of America Private Bank clients with a Bank of America eligible personal checking account will qualify for the new Diamond Honors tier.

Footnote 2) You must be enrolled in the Diamond or Diamond Honors tier of Preferred Rewards to be eligible for lifestyle benefits or events. The lifestyle benefits are provided by third party vendors not affiliated with Bank of America. Terms and fulfillment of the offers is the responsibility of the third party vendor and not of Bank of America. Bank of America does not provide your customer information to the third-party vendor, but by contacting them to take advantage of an offer you will identify yourself as a Bank of America client. Due to limited availability, some offers may be open only to a limited number of Preferred Rewards members and could change without notice. Must be 21 years of age or older to participate in offers which include alcohol.

Footnote 3) Home Equity Line of Credit (HELOC) interest rate discounts are offered to clients who are enrolled or are eligible to enroll in Preferred Rewards, based on their rewards tier at the submittal of home equity application (for co-borrowers, at least one applicant must be enrolled or eligible to enroll). Currently, the amount of discount (0.125% for Gold tier, 0.250% for Platinum tier, 0.375% for Platinum Honors tier, 0.625% for Diamond tier and 0.750% for Diamond Honors tier) is based on the rewards tier at the submittal of home equity application and is not subject to adjustment after the application is submitted. Upon consolidation of the Diamond and Diamond Honors tiers the interest rate discount for the new Diamond Honors tier will be 0.625%. For further details, refer to the Preferred Rewards section of the Personal Schedule of Fees at bankofamerica.com/fees. Benefit is non-transferable. Preferred Rewards home equity benefit can be combined with certain other home equity interest rate discounts.

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MERRILL
A BANK OF AMERICA COMPANY

P.O. Box 15284
Wilmington, DE 19850

Preferred Rewards

Client service information

1.800.MERRILL (1.800.637.7455)

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

PATRICIA A THOMAS
PO BOX 2173
RANCHO SANTA FE, CA 92067-2173

Your Bank of America banking statement summary

for April 1, 2025 to April 30, 2025

Your deposit accounts	Account/plan number	Ending balance	Details on
Wealth Management Adv Relationship Banking	0001 7090 2203	$292.62	Page 3
Wealth Management Adv Relationship Banking	0001 7021 1003	$2,075.04	Page 5
Adv Plus Banking	0021 8756 7345	$73,050.69	Page 7
Total balance		**$75,418.35**	

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Merrill Lynch makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated, a registered broker-dealer and member SIPC, and other subsidiaries of Bank of America Corporation.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Your Wealth Management Adv Relationship Banking

Preferred Rewards Diamond

PATRICIA A THOMAS

Account summary

Beginning balance on April 1, 2025	$292.62
Deposits and other additions	0.00
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on April 30, 2025	**$292.62**

Service fees

Date	Transaction description	Amount
04/30/25	Preferred Rewards-Monthly Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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Your Wealth Management Adv Relationship Banking

Preferred Rewards Diamond

PATRICIA THOMAS

Account summary

Beginning balance on April 1, 2025	$1,075.03
Deposits and other additions	1,000.01
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
Ending balance on April 30, 2025	**$2,075.04**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.04.

Deposits and other additions

Date	Description	Amount
04/28/25	Phone transfer from CHK 7345 Confirmation# 7670908583	1,000.00
04/30/25	Interest Earned	0.01
Total deposits and other additions		**$1,000.01**

Service fees

Date	Transaction description	Amount
04/30/25	Preferred Rewards-Monthly Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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Your Adv Plus Banking
Preferred Rewards Diamond

PATRICIA THOMAS

Account summary

Beginning balance on April 1, 2025	$44,831.94
Deposits and other additions	208,099.00
ATM and debit card subtractions	-0.00
Other subtractions	-156,171.21
Checks	-23,709.04
Service fees	-0.00
Ending balance on April 30, 2025	**$73,050.69**

Deposits and other additions

Date	Description	Amount
04/02/25	BOFA FIN CTR 04/02 #000001328 DEPOSIT 17008 Avenida De Rancho Santa CA	21,250.00
04/03/25	WIRE TYPE:WIRE IN DATE: 250403 TIME:0838 ET TRN:2025040300296857 SEQ:250403B009J3/000523 ORIG:JOHNPAUL G LEDO ID:000153797436687 SND BK:US BANK, NA ID:091000022 PMT DET:250403B009J3 RENT	2,425.00
04/07/25	FUNDS TRANSFER CREDIT FDES NFL 1001056 272197	20,000.00
04/07/25	FUNDS TRANSFER CREDIT FDES NFL 1001056 272197	15,000.00
04/07/25	BOFA FIN CTR 04/07 #000001653 DEPOSIT 17008 Avenida De Rancho Santa CA	5,695.00
04/10/25	BOFA FIN CTR 04/10 #000003899 DEPOSIT 17008 Avenida De Rancho Santa CA	2,800.00
04/10/25	BOFA FIN CTR 04/10 #000001971 DEPOSIT 17008 Avenida De Rancho Santa CA	279.00
04/11/25	Agent Assisted transfer from BRK 3196 Confirmation# 4139812604	80,000.00
04/11/25	WIRE TYPE:WIRE IN DATE: 250411 TIME:1118 ET TRN:2025041100389756 SEQ:3335615101ES/020712 ORIG:ASHLEY HAASE OR DAVID HAA ID:891026558 SND BK:JPMORGAN CHASE BANK, NA ID:021000021 PMT DET:BMG OF 25/04/11	20,650.00
04/22/25	BOFA FIN CTR 04/22 #000004292 DEPOSIT 17008 Avenida De Rancho Santa CA	40,000.00
Total deposits and other additions		**$208,099.00**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
04/01/25	VERIZON WIRELESS DES:PAYMENTS ID:047349666400001 INDN:00000000047349666400001 CO ID:4223344794 PPD	-210.15
04/02/25	BANK OF AMERICA DES:MORTGAGE ID:P19883324 INDN:, THOMAS PA CO ID:PXXXXXXXXX TEL	-2,467.63
04/07/25	FUNDS TRANSFER DEBIT	-30,000.00
04/08/25	FUNDS TRANSFER DEBIT	-35,000.00
04/08/25	FUNDS TRANSFER DEBIT	-15,000.00
04/11/25	CHASE CREDIT CRD DES:EPAY ID:8320621227 INDN:580824048376904 CO ID:5760039224 TEL	-9,781.43
04/15/25	IRS DES:USATAXPYMT ID:240550523227327 INDN:THOMAS J TARTARO CO ID:3387702000 WEB	-25,200.00
04/16/25	IRS DES:USATAXPYMT ID:240550623300610 INDN:THOMAS J TARTARO CO ID:3387702000 WEB	-13,662.00
04/16/25	NYS DTF PIT DES:Tax Paymnt ID:000000127968286 INDN:PG2500236391 CO ID:NXXXXXXXXX WEB	-6,400.00
04/16/25	FRANCHISE TAX BO DES:PAYMENTS ID:XXXXXXXXX PM INDN:TARTARO CO ID:1282532045 WEB	-5,000.00
04/16/25	GEORGIA ITS TAX DES:GA TX PYMT ID:XXXXXXXXX INDN:TARTARO, THOMAS J CO ID:2586002015 CCD	-800.00
04/16/25	COMMWLTHOFPAPATH DES:PAINDIVLTX ID:PATH15040642 INDN:THOMAS JOHN TARTARO CO ID:1236003133 WEB PMT INFO:TXP*15040642 *PIT *251231*T*00000 22500*4* * *20250415*\	-225.00
04/17/25	FRANCHISE TAX BO DES:PAYMENTS ID:XXXXXXXXX PM INDN:SANMAR R CO ID:1282532045 CCD	-800.00
04/17/25	NJ WEB PMT 01250 DES:NJWEB01250 ID:091000012228828 INDN:TARTARO THOMAS J & THO CO ID:7216000928 CCD PMT INFO:TXP*I092388874000*01250*250415*T*62500** ***TART\	-625.00
04/25/25	SERVBANK PAYMENT DES:1TD PYMNTS ID:0902362045 INDN:PATRICIA THOMAS CO ID:HXXXXXXXXX TEL	-10,000.00
04/28/25	Phone transfer to CHK 1003 Confirmation# 7670908583	-1,000.00
Total other subtractions		**-$156,171.21**

Checks

Date	Check #	Amount
04/10/25	673	-2,000.00
04/07/25	674	-190.00
04/02/25	675	-688.15
04/15/25	676	-3,349.67
04/10/25	677	-1,834.98
04/15/25	678	-4,146.24
04/24/25	679	-9,000.00
04/24/25	680	-2,500.00
Total checks		**-$23,709.04**
Total # of checks		**8**

Service fees

Date	Transaction description	Amount
04/01/25	Preferred Rewards-Monthly Fee Waiver of $12	-0.00
04/03/25	Preferred Rewards-Wire Fee Waiver of $15	-0.00
04/03/25	Preferred Rewards-Wire Fee Waived	-0.00
04/11/25	Preferred Rewards-Wire Fee Waiver of $15	-0.00
04/11/25	Preferred Rewards-Wire Fee Waived	-0.00
Total service fees		**-$0.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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TIMOTHY S. DODD, CPA

June 2, 2025

Patricia Thomas

VIA Email

Re: Tax Summary for 2024 & 2025

Dear Patricia

In follow up to your call today I am responding to your request as follows:

1. My preliminary estimate of your AGI for 2024 is expected to be around $688,000.
2. My preliminary estimate of your AGI for 2025 is expected to be around $700,000.

One thing that we discussed and should be strongly pointed out, is that all of this AGI is after deducting approx. 300,000 of depreciation (non cash expense) each year.

As such your actual cashflow was more than your AGI due to the depreciation.

I hope this information is what you need.

If there are any further requests or questions please do not hesitate to call me. Cell – 352-425-9423. EST 9 - 5

Thank you

Timothy S. Dodd

Timothy S. Dodd, CPA

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