# 45 THAYER STREET

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **45 THAYER STREET**.

## APPLICANT INFORMATION

| LAST NAME | FIRST NAME | M.I. | SSN | DRIVER'S LICENSE # |
|---|---|---|---|---|
| Gonzalez Rodriguez | Manuel | | ***-**-**** | |

| BIRTH DATE | PHONE #1 | ALTERNATE PHONE | EMAIL |
|---|---|---|---|
| 4/30/1988 | (929) 328-7973 Mobile | Mobile | memgoro@gmail.com |

## CURRENT ADDRESS

| STREET ADDRESS | CITY |
|---|---|
| 492 Manhattan ave, 3A | New York |

| STATE | ZIP | DATE IN | DATE OUT | MONTHLY RENT |
|---|---|---|---|---|
| NY | 10027 | 6/1/2024 | current | $1,586.00 / Mo. |

| LANDLORD NAME | LANDLORD PHONE |
|---|---|
| Jessly Scarlett | (862) 377-4872 |

## PREVIOUS ADDRESS

| STREET ADDRESS | CITY |
|---|---|
| 206 W 109th street 5B | New York |

| STATE | ZIP | DATE IN | DATE OUT | MONTHLY RENT |
|---|---|---|---|---|
| NY | 10025 | 1/15/2022 | 6/30/2024 | $1,515.00 / Mo. |

| LANDLORD NAME | LANDLORD PHONE |
|---|---|
| Nieuw Amsterdam Property Management | (646) 214-1077 |

## EMPLOYMENT INFORMATION

| OCCUPATION | EMPLOYER/COMPANY | | SALARY |
|---|---|---|---|
| Research Associate | Icahn School of Medicine at Mount Sinai | | $67,000.00/Yr. |
| **SUPERVISOR** | **SUPERVISOR PHONE** | **START DATE** | **END DATE** |
| Lidija Ivic | (917) 843-6519 | | current |
| **EMPLOYER ADDRESS** | **CITY** | **STATE** | **ZIP** |
| One Gustave L. Levy Place | New York | NY | 10029 |

## BACKGROUND INFORMATION

**Have you ever filed for bankruptcy?**

NO

**Have you ever willfully or intentionally refused to pay rent when due?**

NO

**Have you ever been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.**

NO

## AGREEMENT

☒ Bronstein Properties, LLC Anti-Discrimination Notice and Acknowledgement

Bronstein Properties, LLC does not discriminate based upon an applicant's lawful source of income and accepts vouchers and subsidy programs for apartments where the asking rent is within the voucher or subsidy payment standard. Such subsidies, or vouchers, include, but are not limited to: Section 8, HASA, LINC I-VI, FHEPS, CITY FEPS, TBRA, HUD-VASH, and SEPS.

Additionally, Bronstein Properties, LLC does not discriminate against applicants based upon Age, Alienage or Citizenship Status, Color, Disability, Gender, Gender Identity, Lawful Occupation, Marital or Partnership Status, Race, Religion/Creed, National Origin, Pregnancy, The Presence of Children, Sexual Orientation, Status as a victim of domestic violence, stalking, and sex offenses, Status as a Veteran or Active Military Service Member.

By utilizing this notice and/or listing in any manner, you acknowledge that as a broker and/or agent of Bronstein Properties, LLC (whether disclosed or undisclosed), you have read, understood, and agree to comply with our policy set forth in this notice. This document may not be edited.

## ADDITIONAL INFORMATION

| AQUARIUM? | WATERBED? | BOAT? | MOTORHOME? | MOTORCYCLE? | OTHER? |
|---|---|---|---|---|---|
| NO | NO | NO | NO | NO | NO |

## OTHER INFORMATION

**HOW DID YOU HEAR ABOUT THIS PROPERTY?**

Streeteasy.com

**PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION**

I have been previously approved by TheGuarantors, so that's an option, if needed.

**APARTMENT APPLYING FOR**

4J

## RENTER'S INSURANCE

**INSURANCE SELECTION**

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 **45 THAYER STREET** 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 **45 THAYER STREET** 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 **45 THAYER STREET**, 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 **45 THAYER STREET** 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 **45 THAYER STREET**, 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 FOR MANUEL GONZALEZ RODRIGUEZ SUBMITTED ONLINE on June 13, 2025

**Signed by Manuel Gonzalez Rodriguez**
Fri Jun 13 2025 11:25:00 AM EDT
Key: 8B4D400B; IP Address: 10.33.14.19

Manuel Gonzalez Rodriguez *(Applicant)* *Date*

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

| Application Fee for Manuel Gonzalez Rodriguez - Charge Details | | | |
|---|---|---|---|
| **Name on Card** | **Account Number** | **Reference Number** | **Authorized** |
| Manuel Gonzalez Rodriguez | XXXXXXXXXXX1580 | 15921257 | $23.00 |
| **Transaction** | **Transaction Date** | | **Charged** |
| T2506131124_AJ6CN4 | 6/13/2025 8:24 AM PDT | *Includes $3.00 convenience fee:* | $23.00 |

Commission On Human Rights

# NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

### Conditional Offer of Housing

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

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



CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

### Criminal Background Check

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

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

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

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

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

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

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## Right to Provide Support for Your Application

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

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

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

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## Right to an Individualized Assessment of Your Application

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



CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

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

### Legitimate Business Interest

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

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

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

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

### Revoking a Conditional Offer of Housing

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

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

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## Exemptions for Housing Providers

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

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

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



CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

**California Required Notices**

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

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

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

**Avisos obligatorios en el estado de California**

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

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

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

# Rental Report for Manuel Gonzalez Rodriguez

| The property's screening criteria result | |
|---|---|
| **DECLINE** | This application does not meet one or more of your requirements that is set to "Pass/Fail" based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. |

**Score for Manuel Gonzalez Rodriguez: 801**

| | Importance | Result |
|---|---|---|
| AI Score | Pass/Fail | 👍 |
| No Credit | Pass/Fail | 👍 |
| Total annual income to rent ratio exceeds 40.0 | Pass/Fail | 👎 |
| May have been through a bankruptcy | Pass/Fail | 👍 |
| No Foreclosures | Pass/Fail | 👍 |
| No Utility Collections | Pass/Fail | 👍 |
| No unpaid rental collections | Pass/Fail | 👍 |

**NOTIFICATION(S)**

**APPLICANT: Applicant Social Security Number Has Never Been Issued or was Issued After June 2011 (Equifax)**
The social security number listed on the application has never been issued or was issued after June 2011. This could mean that the number was entered incorrectly, it is a Credit Privacy Number (CPN), or it was accurately issued after 2011. You should verify the information thoroughly before proceeding.

| Credit Quick Summary | |
|---|---|
| Total annual income (reported by Applicant) | $67,000.00 |
| Total combined annual income to rent ratio | 37.75 (based on rent of $1,775.00) |
| 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 | $4,893.00 ($0.00 past due) |
| Outstanding revolving debt | $4,893.00 (85% of limit) ($0.00 past due) |
| Outstanding loan balance | $0.00 ($0.00 past due) |
| Bankruptcies, foreclosures, and legal items | 0 |
| Collection total balance (includes past due) | $0.00 |
| Rental History records found | 0 |

| Identity | From Application | From Equifax |
|---|---|---|
| **Name:** | Manuel Gonzalez Rodriguez | MANUEL GONZALEZ RODRIGUEZ<br>MANUEL G. RODRIGUEZ |
| **SSN:** | ***-**-**** | ***-**-**** |
| **Birth Date:** | 4/**/1988 | 4/**/1988 |

| Addresses | From Application | From Equifax |
|---|---|---|
| | 492 Manhattan ave, 3A<br>New York, NY 10027 - US | 492 MANHATTAN AVE. 3A<br>NEW YORK, NY 10027 (Applicant)<br>Reported 6/2025<br><br>206 W 109TH ST. 5B<br>NEW YORK, NY 10025 (Applicant)<br>Reported 8/2024<br><br>3103 23RD ST.<br>ASTORIA, NY 11106 (Applicant)<br>Reported 1/2022 |

| Employment | From Application | From Equifax |
|---|---|---|
| **Applicant:** | Research Associate<br>Icahn School of Medicine at Mount Sinai<br>$67,000.00/Yr. Total annual Income: $67,000.00 | |

| Restricted Person Search | | |
|---|---|---|
| **Requested For**<br>Manuel Gonzalez Rodriguez | **Requested**<br>6/13/2025 | **Returned**<br>6/13/2025 |
| **Results**<br>*No Records Found* | | |

## Risk Models

### From RealPage

| Risk Model Name | Score | Score Factors |
|---|---|---|
| RealPage AI Score (Applicant) | 801 | Tradeline scoring<br>Debt-to-income ratio<br>Credit Score<br>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) | 754 | You have too few credit accounts<br>The date that you opened your oldest account is too recent<br>The balances on your accounts are too high compared to loan amounts<br>Your largest credit limit on open bankcard or revolving accounts is too low |

**Description**

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

## Credit Accounts

### From Equifax

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| JPMCB CARD SERVICES (Applicant) | 6/2022 | 4/2025 | | | | | $3,045.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $155.00 | $3,313.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

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

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| DISCOVER CARD (Applicant) | 6/2024 | 5/2025 | | | | | $1,848.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $37.00 | $2,472.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6/ 25 | | 4/ 25 | | 2/ 25 | | 12/ 24 | | 10/ 24 | | 8/ 24 | |

*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<br>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<br>1700 G Street, N.W.<br>Washington, DC 20552<br>b. Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>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.<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Financial Protection (OCFP)<br>Division of Consumer Compliance Policy and Outreach<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>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<br>United States Small Business Administration<br>409 Third Street, S.W., Suite 8200<br>Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |

## A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

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

# NEW YORK STATE USA
## IDENTIFICATION CARD

Mark J.F. Schroeder
Commissioner of Motor Vehicles

ID 391 905 134 Class ID

GONZALEZ RODRIGUEZ
MANUEL

492 MANHATTAN AVE 3A
NEW YORK, NY 10027

**LIMITED-TERM**

DOB 04/30/1988
Issued 02/20/2025
Expires 10/17/2026
E NONE
R A1
Sex M Height 5'-10" Eyes BLK

MANUEL GONZALEZ
APR 30 88

Mount Sinai

**Isaac Marin-Valencia, MD, MS]**
*Assistant Professor of Neurology, Neuroscience, Pediatrics, and Genetics & Genomics Medicine*
Department of Neurology

Gustave L. Levy Place
New York, NY 10029
Annenberg 14 – 42

T 214-629-3776
Isaac.marin-valencia@mssm.edu

06/13/2025

Name: Gonzalez Rodriguez, Manuel
Life number: 8455809
Job Title: Associate Researcher II-MSH
Employment Dates: From November 25, 2021 to present]
Status: Active

Dear Manuel,

This letter confirms a change to your compensation at Mount Sinai Health System. Effective July 2025, your new annual salary will be $67,000.00

This adjustment will first appear on your paycheck dated July 5th, 2025. All other aspects of your compensation and benefits package remain unchanged.

We appreciate your continued contributions to Mount Sinai Health System,

Sincerely,

Isaac Marin-Valencia, MD, MS

**Human Resources**

150 East,42nd Street

HRIS,2nd Floor

New York, NY 10017

Date: June 10, 2025

**To Whom it May Concern:**

Our records indicate the following information, which we furnish to you in confidence.

If you have any questions, please feel free to contact the Human Resources Department of the Mount Sinai Health System at **646-605-4783.**

| | |
|---|---|
| Name: | **Gonzalez Rodriguez, Manuel** |
| Job Title: | **Associate Researcher II-MSH** |
| Employment Dates: | From **November 25, 2021** to present |
| Status: | **Active** |
| Annual Salary: | $62,665.57 |

Jacqueline Johnson

Human Resouces Representative

Mount Sinai Health System

**Form W-2 Wage and Tax Statement 2024** OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

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

Control number: 4490051248

Employer's name, address and ZIP code:
The Mount Sinai Hospital
One Gustave Levy Place
New York, NY 10029

Employer identification number EIN: 13-1624096

Employee's social security number: 024-43-4236

Employee's first name and init: Manuel
Last name: Gonzalez Rodriguez
Suffix:

Employee's address and ZIP code:
492 Manhattan Ave
3A
Manhattan, NY 10027

| | |
|---|---|
| 1 Wages, tips, other compensation | 58784.75 |
| 2 Federal income tax withheld | 5132.42 |
| 3 Social security wages | 58784.75 |
| 4 Social security tax withheld | 3644.65 |
| 5 Medicare wages and tips | 58784.75 |
| 6 Medicare tax withheld | 852.38 |
| 7 Social security tips | |
| 8 Allocated tips | |
| 10 Dependent care benefits | |
| 11 Nonqualified plans | |
| 12a C | 11.44 |
| 12b DD | 11744.58 |
| 12c E | 0.01 |
| 12d | |
| 13 Statutory Employee | ☐ |
| Retirement Plan | ☒ |
| Third-party sick pay | ☐ |
| 14 Other 14E | 615.16 |

| 15 State | Employer's state ID number | 16 State wages, tips etc. | 17 State income tax | 18 Local wages, tips etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| NY | 131624096 | 58784.75 | 2702.28 | 58784.75 | 1973.93 | New York |

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** OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

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

Control number: 4490051248

Employer's name, address and ZIP code:
The Mount Sinai Hospital
One Gustave Levy Place
New York, NY 10029

Employer identification number EIN: 13-1624096

Employee's social security number: 024-43-4236

Employee's first name and init: Manuel
Last name: Gonzalez Rodriguez
Suffix:

Employee's address and ZIP code:
492 Manhattan Ave
3A
Manhattan, NY 10027

| | |
|---|---|
| 1 Wages, tips, other compensation | 58784.75 |
| 2 Federal income tax withheld | 5132.42 |
| 3 Social security wages | 58784.75 |
| 4 Social security tax withheld | 3644.65 |
| 5 Medicare wages and tips | 58784.75 |
| 6 Medicare tax withheld | 852.38 |
| 7 Social security tips | |
| 8 Allocated tips | |
| 10 Dependent care benefits | |
| 11 Nonqualified plans | |
| 12a C | 11.44 |
| 12b DD | 11744.58 |
| 12c E | 0.01 |
| 12d | |
| 13 Statutory Employee | ☐ |
| Retirement Plan | ☒ |
| Third-party sick pay | ☐ |
| 14 Other 14E | 615.16 |

| 15 State | Employer's state ID number | 16 State wages, tips etc. | 17 State income tax | 18 Local wages, tips etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| NY | 131624096 | 58784.75 | 2702.28 | 58784.75 | 1973.93 | New York |

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** OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

**Copy 1, To Be Filed With Employee's State, City, or Local Income Tax Return**

Control number: 4490051248

Employer's name, address and ZIP code:
The Mount Sinai Hospital
One Gustave Levy Place
New York, NY 10029

Employer identification number EIN: 13-1624096

Employee's social security number: 024-43-4236

Employee's first name and init: Manuel
Last name: Gonzalez Rodriguez
Suffix:

Employee's address and ZIP code:
492 Manhattan Ave
3A
Manhattan, NY 10027

| | |
|---|---|
| 1 Wages, tips, other compensation | 58784.75 |
| 2 Federal income tax withheld | 5132.42 |
| 3 Social security wages | 58784.75 |
| 4 Social security tax withheld | 3644.65 |
| 5 Medicare wages and tips | 58784.75 |
| 6 Medicare tax withheld | 852.38 |
| 7 Social security tips | |
| 8 Allocated tips | |
| 10 Dependent care benefits | |
| 11 Nonqualified plans | |
| 12a C | 11.44 |
| 12b DD | 11744.58 |
| 12c E | 0.01 |
| 12d | |
| 13 Statutory Employee | ☐ |
| Retirement Plan | ☒ |
| Third-party sick pay | ☐ |
| 14 Other 14E | 615.16 |

| 15 State | Employer's state ID number | 16 State wages, tips etc. | 17 State income tax | 18 Local wages, tips etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| NY | 131624096 | 58784.75 | 2702.28 | 58784.75 | 1973.93 | New York |

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** OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

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

Control number: 4490051248

Employer's name, address and ZIP code:
The Mount Sinai Hospital
One Gustave Levy Place
New York, NY 10029

Employer identification number EIN: 13-1624096

Employee's social security number: 024-43-4236

Employee's first name and init: Manuel
Last name: Gonzalez Rodriguez
Suffix:

Employee's address and ZIP code:
492 Manhattan Ave
3A
Manhattan, NY 10027

| | |
|---|---|
| 1 Wages, tips, other compensation | 58784.75 |
| 2 Federal income tax withheld | 5132.42 |
| 3 Social security wages | 58784.75 |
| 4 Social security tax withheld | 3644.65 |
| 5 Medicare wages and tips | 58784.75 |
| 6 Medicare tax withheld | 852.38 |
| 7 Social security tips | |
| 8 Allocated tips | |
| 10 Dependent care benefits | |
| 11 Nonqualified plans | |
| 12a C | 11.44 |
| 12b DD | 11744.58 |
| 12c E | 0.01 |
| 12d | |
| 13 Statutory Employee | ☐ |
| Retirement Plan | ☒ |
| Third-party sick pay | ☐ |
| 14 Other 14E | 615.16 |

| 15 State | Employer's state ID number | 16 State wages, tips etc. | 17 State income tax | 18 Local wages, tips etc. | 19 Local income tax | 20 Locality name |
|---|---|---|---|---|---|---|
| NY | 131624096 | 58784.75 | 2702.28 | 58784.75 | 1973.93 | New York |

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.

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

## Notice to Employee

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

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

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

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

**Corrections**. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.SSA.gov.

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

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

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

## Instructions for Employee

(See also *Notice to Employee*, on the back of Copy B.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**L -** Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

**Y -** Deferrals under a section 409A nonqualified deferred compensation plan

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

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

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

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

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

**FF -** Permitted benefits under a qualified small employer health reimbursement arrangement.

**GG** – Income from qualified equity grants under section 83(i).

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

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

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

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

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

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

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

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| Manuel | Gonzalez Rodriguez | [redacted] |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| | | |

| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. |
|---|---|
| 492 Manhattan Ave | 3A |

| City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code |
|---|---|---|
| New York | NY | 100275268 |

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

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

**Filing Status** Check only one box.

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

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

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

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

**Age/Blindness** **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

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

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

## Income

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

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | | | | 1a | 58,785. |
| b | Household employee wages not reported on Form(s) W-2 | | | | 1b | |
| c | Tip income not reported on line 1a (see instructions) | | | | 1c | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | 1d | |
| e | Taxable dependent care benefits from Form 2441, line 26 | | | | 1e | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | | | | 1f | |
| g | Wages from Form 8919, line 6 | | | | 1g | |
| h | Other earned income (see instructions) | | | | 1h | 0. |
| i | Nontaxable combat pay election (see instructions) | 1i | | | | |
| z | Add lines 1a through 1h | | | | 1z | 58,785. |
| 2a | Tax-exempt interest | 2a | | b Taxable interest | 2b | |
| 3a | Qualified dividends | 3a | | b Ordinary dividends | 3b | |
| 4a | IRA distributions | 4a | | b Taxable amount | 4b | |
| 5a | Pensions and annuities | 5a | | b Taxable amount | 5b | |
| 6a | Social security benefits | 6a | | b Taxable amount | 6b | |
| c | If you elect to use the lump-sum election method, check here (see instructions) ☐ | | | | | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ | | | | 7 | |
| 8 | Additional income from Schedule 1, line 10 | | | | 8 | 0. |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** | | | | 9 | 58,785. |
| 10 | Adjustments to income from Schedule 1, line 26 | | | | 10 | |
| 11 | Subtract line 10 from line 9. This is your **adjusted gross income** | | | | 11 | 58,785. |
| 12 | **Standard deduction or itemized deductions** (from Schedule A) | | | | 12 | 14,600. |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | 13 | |
| 14 | Add lines 12 and 13 | | | | 14 | 14,600. |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** | | | | 15 | 44,185. |

Attach Sch. B if required.

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

| | | | | | |
|---|---|---|---|---|---|
| **Tax and Credits** | 16 | **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ | | 16 | 5,069. |
| | 17 | Amount from Schedule 2, line 3 | | 17 | |
| | 18 | Add lines 16 and 17 | | 18 | 5,069. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | | 19 | |
| | 20 | Amount from Schedule 3, line 8 | | 20 | |
| | 21 | Add lines 19 and 20 | | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | | 22 | 5,069. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your **total tax** | | 24 | 5,069. |
| **Payments** | 25 | Federal income tax withheld from: | | | |
| | a | Form(s) W-2 | 25a 5,132. | | |
| | b | Form(s) 1099 | 25b | | |
| | c | Other forms (see instructions) | 25c | | |
| | d | Add lines 25a through 25c | | 25d | 5,132. |
| If you have a qualifying child, attach Sch. EIC. | 26 | 2024 estimated tax payments and amount applied from 2023 return | | 26 | |
| | 27 | Earned income credit (EIC) No | 27 | | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | | |
| | 30 | Reserved for future use | 30 | | |
| | 31 | Amount from Schedule 3, line 15 | 31 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your **total payments** | | 33 | 5,132. |
| **Refund** | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | | 34 | 63. |
| | 35a | Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ | | 35a | 63. |
| Direct deposit? See instructions. | b | Routing number 021000021 c Type: ☒ Checking ☐ Savings | | | |
| | d | Account number 795552501 | | | |
| | 36 | Amount of line 34 you want **applied to your 2025 estimated tax** | 36 | | |
| **Amount You Owe** | 37 | Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | | |

**Third Party Designee**

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

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

**Sign Here**

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

| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|---|---|---|---|
| | | Research Associate | |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (929) 328-7973 | Email address | | |

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

**Paid Preparer Use Only**

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

| Employee Name | P/P Begin | P/P End | Advice Date | Advice No | Emp Num | Location | ER 403B |
|---|---|---|---|---|---|---|---|
| Manuel Gonzalez Rodriguez | 03/09/25 | 03/22/25 | 03/28/25 | 4569576842 | E8455809 | 841 | 759.22 |

| Base | Exp Int | Exp Ext | Edu | Cert | Shift Rate | Fed Tax | State Tax | PTO | OD | SS | HOL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 32.1362 | | | | | | Single | Single/0 | 187.5 | 37.5 | 521.9 | 52.5 |

| Earnings | Hours | Current($) | YTD($) |
|---|---|---|---|
| REGULAR SALARY | 75.00 | 2,410.22 | 12,774.14 |
| LTD IMPT | 0.00 | 3.58 | 24.98 |
| GTL IMPUTED | 0.00 | 0.54 | 3.78 |
| PTO PAYMENT | 0.00 | 0.00 | 3,374.42 |
| HOLIDAY PAY | 0.00 | 0.00 | 723.09 |

| VAC | CO | PTO ACC | SICK | Per |
|---|---|---|---|---|
| | | 24.4 | | |

| Deductions | Current($) | YTD($) |
|---|---|---|
| FIT Withheld | 200.25 | 1,401.77 |
| Social Security Employee With | 144.23 | 1,009.60 |
| Medicare Employee Withheld | 33.73 | 236.12 |
| SIT Withheld (NY) | 105.74 | 740.18 |
| City Withheld (New York) | 78.60 | 550.20 |
| LTDPOST | 2.69 | 18.83 |
| SUPPLIFE | 1.31 | 9.13 |
| AD D | 1.09 | 7.63 |
| MEDPRE | 68.99 | 482.93 |
| DENPRE | 23.71 | 165.97 |
| STD EE PRETAX | 8.89 | 62.26 |
| VISPRE | 2.40 | 16.80 |
| MED CREDIT | -15.92 | -111.44 |

| | | | | | |
|---|---|---|---|---|---|
| **Gross Pay** | 2,414.34 | 16,900.41 | **Pre-Tax Deductions** | 88.07 | 616.52 |
| **Net Pay** | 1,754.51 | 12,281.67 | **Tax Deductions** | 562.55 | 3,937.87 |

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

| | |
|---|---|
| **ADVICE NUMBER** | **4569576842** |
| **ADVICE DATE** | **03/28/25** |
| **ADVICE AMOUNT** | **$1754.51** |

Checking Account-2501 1754.51

**DEPOSITED FOR**
Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

*Location:* 841 *Payroll: MSH A BI WEEKLY* *Seq* : 1 *Advice-Date :* 03/28/25

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

| Employee Name | P/P Begin | P/P End | Advice Date | Advice No | Emp Num | Location | ER 403B |
|---|---|---|---|---|---|---|---|
| Manuel Gonzalez Rodriguez | 04/06/25 | 04/19/25 | 04/25/25 | 4605344846 | E8455809 | 841 | 976.14 |

| Base | Exp Int | Exp Ext | Edu | Cert | Shift Rate | Fed Tax | State Tax | PTO | OD | SS | HOL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 32.1362 | | | | | | Single | Single/0 | 172.5 | 37.5 | 514.4 | 52.5 |

| Earnings | Hours | Current($) | YTD($) |
|---|---|---|---|
| REGULAR SALARY | 60.00 | 1,928.17 | 17,112.53 |
| PRIOR YEAR PTO PAY | 0.00 | 0.00 | 2,410.22 |
| PTO PAYMENT | 0.00 | 0.00 | -2,410.22 |
| LTD IMPT | 0.00 | 3.58 | 32.14 |
| GTL IMPUTED | 0.00 | 0.54 | 4.86 |
| PTO PAYMENT | 15.00 | 482.06 | 3,856.48 |
| HOLIDAY PAY | 0.00 | 0.00 | 723.09 |

| VAC | CO | PTO ACC | SICK | Per |
|---|---|---|---|---|
| | | 27.5 | | |

| Deductions | Current($) | YTD($) |
|---|---|---|
| FIT Withheld | 200.26 | 1,802.28 |
| Social Security Employee With | 144.23 | 1,298.06 |
| Medicare Employee Withheld | 33.73 | 303.58 |
| SIT Withheld (NY) | 105.74 | 951.66 |
| City Withheld (New York) | 78.60 | 707.40 |
| LTDPOST | 2.69 | 24.21 |
| SUPPLIFE | 1.31 | 11.75 |
| AD D | 1.09 | 9.81 |
| MEDPRE | 68.99 | 620.91 |
| DENPRE | 23.71 | 213.39 |
| STD EE PRETAX | 8.89 | 80.04 |
| VISPRE | 2.40 | 21.60 |
| MED CREDIT | -15.92 | -143.28 |

| | | | | | |
|---|---|---|---|---|---|
| **Gross Pay** | 2,414.35 | 21,729.10 | **Pre-Tax Deductions** | 88.07 | 792.66 |
| **Net Pay** | 1,754.51 | 15,790.69 | **Tax Deductions** | 562.56 | 5,062.98 |

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

**ADVICE NUMBER** **4605344846**
**ADVICE DATE** **04/25/25**
**ADVICE AMOUNT** **$1754.51**

Checking Account-2501 1754.51

**DEPOSITED FOR**
Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

*Location:* 841 *Payroll: MSH A BI WEEKLY* *Seq* : 1 *Advice-Date :* 04/25/25

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

| Employee Name | P/P Begin | P/P End | Advice Date | Advice No | Emp Num | Location | ER 403B |
|---|---|---|---|---|---|---|---|
| Manuel Gonzalez Rodriguez | 04/20/25 | 05/03/25 | 05/09/25 | 4642711621 | E8455809 | 841 | 1,084.60 |

| Base | Exp Int | Exp Ext | Edu | Cert | Shift Rate | Fed Tax | State Tax | PTO | OD | SS | HOL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 32.1362 | | | | | | Single | Single/0 | 172.5 | 37.5 | 521.9 | 52.5 |

| Earnings | Hours | Current($) | YTD($) |
|---|---|---|---|
| REGULAR SALARY | 75.00 | 2,410.22 | 19,522.75 |
| PRIOR YEAR PTO PAY | 0.00 | 0.00 | 2,410.22 |
| PTO PAYMENT | 0.00 | 0.00 | -2,410.22 |
| LTD IMPT | 0.00 | 3.58 | 35.72 |
| GTL IMPUTED | 0.00 | 0.54 | 5.40 |
| PTO PAYMENT | 0.00 | 0.00 | 3,856.48 |
| HOLIDAY PAY | 0.00 | 0.00 | 723.09 |

| VAC | CO | PTO ACC | SICK | Per |
|---|---|---|---|---|
| | | 45.6 | | |

| Deductions | Current($) | YTD($) |
|---|---|---|
| FIT Withheld | 200.25 | 2,002.53 |
| Social Security Employee With | 144.23 | 1,442.29 |
| Medicare Employee Withheld | 33.73 | 337.31 |
| SIT Withheld (NY) | 105.74 | 1,057.40 |
| City Withheld (New York) | 78.60 | 786.00 |
| LTDPOST | 2.69 | 26.90 |
| SUPPLIFE | 1.31 | 13.06 |
| AD D | 1.09 | 10.90 |
| MEDPRE | 68.99 | 689.90 |
| DENPRE | 23.71 | 237.10 |
| STD EE PRETAX | 8.89 | 88.93 |
| VISPRE | 2.40 | 24.00 |
| MED CREDIT | -15.92 | -159.20 |

| | | | | | |
|---|---|---|---|---|---|
| **Gross Pay** | 2,414.34 | 24,143.44 | **Pre-Tax Deductions** | 88.07 | 880.73 |
| **Net Pay** | 1,754.51 | 17,545.20 | **Tax Deductions** | 562.55 | 5,625.53 |

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

| | |
|---|---|
| **ADVICE NUMBER** | **4642711621** |
| **ADVICE DATE** | **05/09/25** |
| **ADVICE AMOUNT** | **$1754.51** |

Checking Account-2501 1754.51

**DEPOSITED FOR**
Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

*Location:* 841 *Payroll: MSH A BI WEEKLY* *Seq* : 1 *Advice-Date :* 05/09/25

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

| Employee Name | P/P Begin | P/P End | Advice Date | Advice No | Emp Num | Location | ER 403B |
|---|---|---|---|---|---|---|---|
| Manuel Gonzalez Rodriguez | 05/04/25 | 05/17/25 | 05/23/25 | 4663037433 | E8455809 | 841 | 1,193.06 |

| Base | Exp Int | Exp Ext | Edu | Cert | Shift Rate | Fed Tax | State Tax | PTO | OD | SS | HOL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 32.1362 | | | | | | Single | Single/0 | 150.0 | 37.5 | 521.9 | 52.5 |

| Earnings | Hours | Current($) | YTD($) |
|---|---|---|---|
| REGULAR SALARY | 52.50 | 1,687.15 | 21,209.90 |
| PRIOR YEAR PTO PAY | 0.00 | 0.00 | 2,410.22 |
| PTO PAYMENT | 0.00 | 0.00 | -2,410.22 |
| LTD IMPT | 0.00 | 3.58 | 39.30 |
| GTL IMPUTED | 0.00 | 0.54 | 5.94 |
| PTO PAYMENT | 22.50 | 723.09 | 4,579.57 |
| HOLIDAY PAY | 0.00 | 0.00 | 723.09 |

| VAC | CO | PTO ACC | SICK | Per |
|---|---|---|---|---|
| | | 23.1 | | |

| Deductions | Current($) | YTD($) |
|---|---|---|
| FIT Withheld | 200.26 | 2,202.79 |
| Social Security Employee With | 144.23 | 1,586.52 |
| Medicare Employee Withheld | 33.73 | 371.04 |
| SIT Withheld (NY) | 105.74 | 1,163.14 |
| City Withheld (New York) | 78.60 | 864.60 |
| LTDPOST | 2.69 | 29.59 |
| SUPPLIFE | 1.31 | 14.37 |
| AD D | 1.09 | 11.99 |
| MEDPRE | 68.99 | 758.89 |
| DENPRE | 23.71 | 260.81 |
| STD EE PRETAX | 8.89 | 97.82 |
| VISPRE | 2.40 | 26.40 |
| MED CREDIT | -15.92 | -175.12 |

| | | | | | |
|---|---|---|---|---|---|
| **Gross Pay** | 2,414.36 | 26,557.80 | **Pre-Tax Deductions** | 88.07 | 968.80 |
| **Net Pay** | 1,754.52 | 19,299.72 | **Tax Deductions** | 562.56 | 6,188.09 |

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

| | |
|---|---|
| **ADVICE NUMBER** | **4663037433** |
| **ADVICE DATE** | **05/23/25** |
| **ADVICE AMOUNT** | **$1754.52** |

Checking Account-2501 1754.52

**DEPOSITED FOR**
Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

*Location:* 841 *Payroll: MSH A BI WEEKLY* *Seq* : 1 *Advice-Date :* 05/23/25

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

| Employee Name | P/P Begin | P/P End | Advance Date | Advice No | Emp Num | Location | ER 403B |
|---|---|---|---|---|---|---|---|
| Manuel Gonzalez Rodriguez | 05/18/25 | 05/31/25 | 06/06/25 | 4684466608 | E8455809 | 841 | 1,301.52 |

| Base | Exp Int | Exp Ext | Edu | Cert | Shift Rate | Fed Tax | State Tax | PTO | OD | SS | HOL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 32.1362 | | | | | | Single | Single/0 | 150.0 | 37.5 | 521.9 | 45.0 |

| Earnings | Hours | Current($) | YTD($) |
|---|---|---|---|
| REGULAR SALARY | 67.50 | 2,169.19 | 23,379.09 |
| PRIOR YEAR PTO PAY | 0.00 | 0.00 | 2,410.22 |
| PTO PAYMENT | 0.00 | 0.00 | -2,410.22 |
| LTD IMPT | 0.00 | 3.58 | 42.88 |
| GTL IMPUTED | 0.00 | 0.54 | 6.48 |
| HOLIDAY PAY | 7.50 | 241.03 | 964.12 |
| PTO PAYMENT | 0.00 | 0.00 | 4,579.57 |

| VAC | CO | PTO ACC | SICK | Per |
|---|---|---|---|---|
| | | 23.1 | | |

| Deductions | Current($) | YTD($) |
|---|---|---|
| FIT Withheld | 200.25 | 2,403.04 |
| Social Security Employee With | 144.23 | 1,730.75 |
| Medicare Employee Withheld | 33.73 | 404.77 |
| SIT Withheld (NY) | 105.74 | 1,268.88 |
| City Withheld (New York) | 78.60 | 943.20 |
| LTDPOST | 2.69 | 32.28 |
| SUPPLIFE | 1.31 | 15.68 |
| AD D | 1.09 | 13.08 |
| MEDPRE | 68.99 | 827.88 |
| DENPRE | 23.71 | 284.52 |
| STD EE PRETAX | 8.89 | 106.71 |
| VISPRE | 2.40 | 28.80 |
| MED CREDIT | -15.92 | -191.04 |

| | | | | | |
|---|---|---|---|---|---|
| **Gross Pay** | 2,414.34 | 28,972.14 | **Pre-Tax Deductions** | 88.07 | 1,056.87 |
| **Net Pay** | 1,754.51 | 21,054.23 | **Tax Deductions** | 562.55 | 6,750.64 |

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

| | |
|---|---|
| **ADVICE NUMBER** | **4684466608** |
| **ADVICE DATE** | **06/06/25** |
| **ADVICE AMOUNT** | **$1754.51** |

Checking Account-2501 1754.51

**DEPOSITED FOR**
Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

*Location:* 841 *Payroll: MSH A BI WEEKLY* *Seq* : 1 *Advice-Date :* 06/06/25

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

| Employee Name | P/P Begin | P/P End | Advice Date | Advice No | Emp Num | Location | ER 403B |
|---|---|---|---|---|---|---|---|
| Manuel Gonzalez Rodriguez | 03/23/25 | 04/05/25 | 04/11/25 | 4587591867 | E8455809 | 841 | 867.68 |

| Base | Exp Int | Exp Ext | Edu | Cert | Shift Rate | Fed Tax | State Tax | PTO | OD | SS | HOL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 32.1362 | | | | | | Single | Single/0 | 187.5 | 37.5 | 521.9 | 52.5 |

| Earnings | Hours | Current($) | YTD($) |
|---|---|---|---|
| REGULAR SALARY | 75.00 | 2,410.22 | 15,184.36 |
| LTD IMPT | 0.00 | 3.58 | 28.56 |
| GTL IMPUTED | 0.00 | 0.54 | 4.32 |
| PTO PAYMENT | 0.00 | 0.00 | 3,374.42 |
| HOLIDAY PAY | 0.00 | 0.00 | 723.09 |

| VAC | CO | PTO ACC | SICK | Per |
|---|---|---|---|---|
| | | 42.5 | | |

| Deductions | Current($) | YTD($) |
|---|---|---|
| FIT Withheld | 200.25 | 1,602.02 |
| Social Security Employee With | 144.23 | 1,153.83 |
| Medicare Employee Withheld | 33.73 | 269.85 |
| SIT Withheld (NY) | 105.74 | 845.92 |
| City Withheld (New York) | 78.60 | 628.80 |
| LTDPOST | 2.69 | 21.52 |
| SUPPLIFE | 1.31 | 10.44 |
| AD D | 1.09 | 8.72 |
| MEDPRE | 68.99 | 551.92 |
| DENPRE | 23.71 | 189.68 |
| STD EE PRETAX | 8.89 | 71.15 |
| VISPRE | 2.40 | 19.20 |
| MED CREDIT | -15.92 | -127.36 |

| | | | | | |
|---|---|---|---|---|---|
| **Gross Pay** | 2,414.34 | 19,314.75 | **Pre-Tax Deductions** | 88.07 | 704.59 |
| **Net Pay** | 1,754.51 | 14,036.18 | **Tax Deductions** | 562.55 | 4,500.42 |

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

**ADVICE NUMBER** **4587591867**
**ADVICE DATE** **04/11/25**
**ADVICE AMOUNT** **$1754.51**

Checking Account-2501 1754.51

**DEPOSITED FOR**
Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

PAYROLL ACCOUNT
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

*Location:* 841 *Payroll: MSH A BI WEEKLY* *Seq* : 1 *Advice-Date :* 04/11/25

**The Mount Sinai Hospital**
150 East 42nd Street
New York, NY 10017 (646) 605-4120

Manuel Gonzalez Rodriguez
492 Manhattan Ave, 3A
Manhattan, NY 10027

Jesslyn Scarlett

FEED | BETWEEN YOU

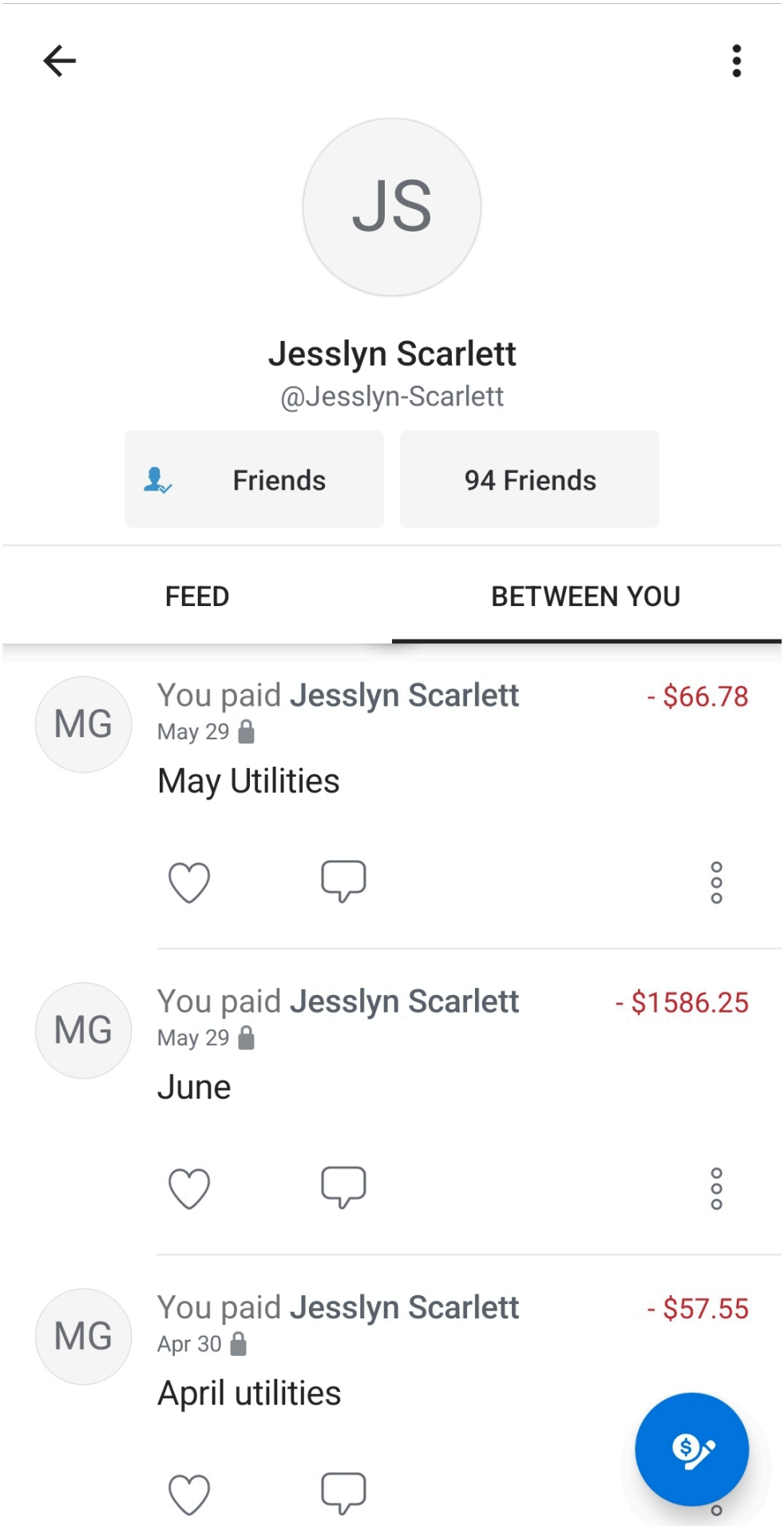
MG
You paid **Jesslyn Scarlett** - $1586.25
Apr 30
May

MG
You paid **Jesslyn Scarlett** - $57.36
Mar 29
March utilities

MG
You paid **Jesslyn Scarlett** - $1586.25
Mar 29
April

MG
You paid **Jesslyn Scarlett** - $1586.25
Feb 28
March

You paid **Jesslyn Scarlett** - $64.47


JS
Jesslyn Scarlett
@Jesslyn-Scarlett
Friends
94 Friends
FEED
BETWEEN YOU
MG
You paid Jesslyn Scarlett
- $66.78
May 29
May Utilities
MG
You paid Jesslyn Scarlett
- $1586.25
May 29
June
MG
You paid Jesslyn Scarlett
- $57.55
Apr 30
April utilities

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

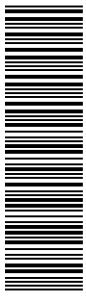
May 09, 2025 through June 09, 2025
Account Number: **000000795552501**

**CUSTOMER SERVICE INFORMATION**

| | |
|---|---|
| Web site: | **Chase.com** |
| Service Center: | **1-800-935-9935** |
| Para Espanol: | 1-877-312-4273 |
| International Calls: | 1-713-262-1679 |

We accept operator relay calls

00943168 DRE 802 219 16125 NNNNNNNNNNN 1 000000000 06 0000
MANUEL GONZALEZ RODRIGUEZ
492 MANHATTAN AVE
APT 3A
NEW YORK NY 10027-5268



## Important update about your Chase Total Checking® Monthly Service Fee

Beginning August 24, 2025, the Monthly Service Fee for Chase Total Checking will change to **$15**, however you can continue to pay a **$0** Monthly Service Fee when you meet one of the ways listed below to have it waived.

**How to have your Monthly Service Fee waived:**
$0 Monthly Service Fee when you have **any ONE** of the following during each monthly statement period:

- Electronic deposits[1] made into this account totaling $500 or more
- **OR**, a balance at the beginning of each day of $1,500 or more in this account
- **OR**, an average beginning day balance of $5,000 or more in any combination of this account and linked qualifying deposits[2]/investments[3].

**Maximize the benefits of your Chase Total Checking account, which include:**

- **Convenience** – Enjoy access to more than 15,000 fee-free Chase ATMs and the ability to meet with a banker at nearly 5,000 branches, with the only bank to have branches in all lower 48 states. Also, bank virtually anytime, anywhere with the Chase Mobile® app[4] and use Zelle® [5] as a fast and easy way to send and receive money with people you know and trust who have an eligible account at a participating U.S. bank.
- **Security** – Receive identity monitoring and check your credit score for free with Credit Journey®. With Zero Liability Protection get reimbursed for unauthorized debit card transactions when reported promptly[6].
- **Money saving benefits** – Earn cash back with Chase Offers when you activate deals on great brands and pay with your Chase debit card.

If you have questions, you can schedule a meeting with a banker at **chase.com/meeting** or call us at the number on this statement. You can also find information in the Additional Banking Services and Fees disclosure at chase.com/disclosures.

[1] Such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa ® or Mastercard® network.

[2] Qualifying personal deposits include Chase First Checking℠, accounts, personal Chase savings accounts (excluding Chase Premier Savings℠, and Chase Private Client Savings℠), CDs, certain Chase Retirement CDs, or certain Chase Retirement Money Market Accounts.

[3] Qualifying personal investments include balances in investment and annuity products offered through JPMorgan Chase & Co. and its affiliates and agencies. For most products, we use daily balances to calculate the average beginning day balance for such investment and annuity products. Some third-party providers report balances on a weekly, not daily, basis and we will use the most current balance reported. Balances in 529 plans, donor-advised funds, and certain retirement plan investment accounts do not qualify. Investment products and related services are only available in English.

[4] **Chase Mobile App:** Chase Mobile® app is available for select mobile devices. Message and data rates may apply.

[5] **Zelle:** Enrollment in Zelle® at a participating financial institution using an eligible U.S. checking or savings account is required to use the service. Chase customers may not enroll using savings accounts; an eligible Chase consumer or business checking account is required and may have its own account fees. Consult your account agreement. Funds are typically made available in minutes when the recipient's email address or U.S. mobile number is already enrolled with Zelle® (go to enroll.zellepay.com to view participating banks). Select transactions could take up to 3 business days. Enroll on the Chase Mobile® app or Chase Online℠. Limitations may apply. Message and data rates may apply.

Zelle® is intended for payments to recipients you know and trust and is not intended for the purchase of goods from retailers, online marketplaces or through social media posts. Neither Zelle® nor Chase provide protection if you make a purchase of goods using Zelle ® and then do not receive them or receive them damaged or not as described or expected. In case of errors or questions about your electronic funds transfers, including information on reimbursement for fraudulent Zelle® payments, see your account agreement. Neither Chase nor Zelle ® offers reimbursement for authorized payments you make using Zelle®, except for a limited reimbursement program that applies for certain imposter scams where you sent money with Zelle®. This reimbursement program is not required by law and may be modified or discontinued at any time.



[6] **Zero Liability:** Chase will reimburse unauthorized debit card transactions when reported promptly. Certain limitations apply. See Deposit Account Agreement for details.

## CHECKING SUMMARY

Chase Total Checking

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$1,100.78** |
| Deposits and Additions | 5,352.54 |
| ATM & Debit Card Withdrawals | -2,719.17 |
| Electronic Withdrawals | -1,600.46 |
| **Ending Balance** | **$2,133.69** |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$1,100.78** |
| 05/09 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.51** | 2,855.29 |
| 05/09 | Card Purchase 05/07 American Air0010270133 Mexico City Card 5054 | -36.40 | 2,818.89 |
| 05/09 | Card Purchase 05/08 Mms-Mount Sinai Hosp New York NY Card 5054 | -16.18 | 2,802.71 |
| 05/09 | Zelle Payment To Hannah Dnd 24714658119 | -25.00 | 2,777.71 |
| 05/12 | Card Purchase 05/09 Mms-Mount Sinai Hosp New York NY Card 5054 | -10.78 | 2,766.93 |
| 05/12 | Recurring Card Purchase 05/10 Amazon Prime*Ni48L3E Amzn.Com/Bill WA Card 5054 | -16.32 | 2,750.61 |
| 05/12 | Online Transfer To Sav ...1097 Transaction#: 24719161594 | -50.00 | 2,700.61 |
| 05/12 | Payment Sent 05/10 Venmo *Fran Adams Visa Direct NY Card 5054 | -22.00 | 2,678.61 |
| 05/12 | Card Purchase With Pin 05/11 Lidl #8011 Harlem NY Card 5054 | -59.95 | 2,618.66 |
| 05/12 | Card Purchase With Pin 05/11 Lincoln Market New York NY Card 5054 | -35.09 | 2,583.57 |
| 05/13 | Acorns Invest Transfer Gyy0Wp1 Web ID: 9000142693 | -5.00 | 2,578.57 |
| 05/13 | Card Purchase With Pin 05/13 Mtsinaipharmacyonmadis New York NY Card 5054 | -18.71 | 2,559.86 |
| 05/14 | Card Purchase 05/13 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 2,555.89 |
| 05/15 | Payment Sent 05/15 Rmtly* G348C Remitly.Com WA Card 5054 | -65.69 | 2,490.20 |
| 05/19 | Card Purchase 05/16 Mms-Mount Sinai Hosp New York NY Card 5054 | -14.20 | 2,476.00 |
| 05/19 | 05/17 Payment To Chase Card Ending IN 1580 | -900.00 | 1,576.00 |
| 05/19 | Card Purchase With Pin 05/17 Lidl #8011 Harlem NY Card 5054 | -52.30 | 1,523.70 |
| 05/19 | Card Purchase With Pin 05/17 Lincoln Market New York NY Card 5054 | -87.76 | 1,435.94 |
| 05/20 | Acorns Invest Transfer Qpls0Q1 Web ID: 9000142693 | -5.00 | 1,430.94 |
| 05/21 | Card Purchase 05/20 Mms-Mount Sinai Hosp New York NY Card 5054 | -10.78 | 1,420.16 |
| 05/21 | Card Purchase 05/21 Tst* Daily Provisions - New York NY Card 5054 | -6.17 | 1,413.99 |
| 05/21 | Recurring Card Purchase 05/21 Uber *One Help.Uber.Com CA Card 5054 | -9.99 | 1,404.00 |
| 05/21 | Acorns Round-UPS Transfer Pcfv1Q1 Web ID: 9000142693 | -5.77 | 1,398.23 |
| 05/23 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.52** | 3,152.75 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 05/27 | Card Purchase 05/23 Mms-Mount Sinai Hosp New York NY Card 5054 | -16.18 | 3,136.57 |
| 05/27 | Card Purchase 05/24 Tst* Daily Provisions - New York NY Card 5054 | -5.63 | 3,130.94 |
| 05/27 | Online Transfer To Sav ...1097 Transaction#: 24878864197 | -50.00 | 3,080.94 |
| 05/27 | Card Purchase 05/24 Mms-Mount Sinai Hosp New York NY Card 5054 | -13.04 | 3,067.90 |
| 05/27 | Card Purchase 05/24 Amc 2304 Mj Harlem 9 New York NY Card 5054 | -8.48 | 3,059.42 |
| 05/27 | Card Purchase 05/24 Heights Wine & Spirits New York NY Card 5054 | -54.40 | 3,005.02 |
| 05/27 | Card Purchase With Pin 05/25 Lidl #8011 Harlem NY Card 5054 | -117.85 | 2,887.17 |
| 05/27 | Card Purchase With Pin 05/25 Lincoln Market New York NY Card 5054 | -45.57 | 2,841.60 |
| 05/27 | 05/26 Payment To Chase Card Ending IN 1580 | -300.00 | 2,541.60 |
| 05/28 | Venmo Cashout PPD ID: 5264681992 | **89.00** | 2,630.60 |
| 05/28 | Card Purchase 05/28 Tst* Daily Provisions - New York NY Card 5054 | -5.63 | 2,624.97 |
| 05/28 | Discover E-Payment 7924 Web ID: 2510020270 | -80.00 | 2,544.97 |
| 05/28 | Acorns Invest Transfer 984B5Q1 Web ID: 9000142693 | -5.00 | 2,539.97 |
| 05/29 | Payment Sent 05/29 Venmo *Jesslyn Scarlet Visa Direct NY Card 5054 | -1,586.25 | 953.72 |
| 05/29 | Payment Sent 05/29 Venmo *Jesslyn Scarlet Visa Direct NY Card 5054 | -66.78 | 886.94 |
| 05/30 | Card Purchase 05/29 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 882.97 |
| 05/30 | Card Purchase 05/29 Mms-Mount Sinai Hosp New York NY Card 5054 | -14.20 | 868.77 |
| 05/30 | Acorns Round-UPS Transfer Pz4T7Q1 Web ID: 9000142693 | -5.28 | 863.49 |
| 05/30 | Online Transfer To Sav ...1097 Transaction#: 24601787467 | -25.00 | 838.49 |
| 05/30 | Card Purchase With Pin 05/30 Lincoln Market New York NY Card 5054 | -15.41 | 823.08 |
| 06/02 | Card Purchase 05/30 Mms-Mount Sinai Hosp New York NY Card 5054 | -14.62 | 808.46 |
| 06/02 | Card Purchase With Pin 06/01 Lidl #8011 Harlem NY Card 5054 | -57.90 | 750.56 |
| 06/02 | Card Purchase With Pin 06/01 Lincoln Market New York NY Card 5054 | -37.96 | 712.60 |
| 06/03 | Card Purchase 06/02 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 708.63 |
| 06/03 | Card Purchase 06/02 Pt *Mount Sinai 212-987-3100 NY Card 5054 | -20.00 | 688.63 |
| 06/03 | Card Purchase 06/03 Tst* Daily Provisions - New York NY Card 5054 | -5.63 | 683.00 |
| 06/03 | Acorns Invest Transfer Ln86Bq1 Web ID: 9000142693 | -5.00 | 678.00 |
| 06/03 | Card Purchase With Pin 06/03 Mtsinaipharmacyonmadis New York NY Card 5054 | -27.48 | 650.52 |
| 06/05 | Card Purchase 06/04 Mms-Mount Sinai Hosp New York NY Card 5054 | -14.20 | 636.32 |
| 06/05 | Card Purchase 06/04 Nyx*Canteen Melville Melville NY Card 5054 | -1.90 | 634.42 |
| 06/05 | Card Purchase 06/04 Nyx*Canteen Melville Melville NY Card 5054 | -3.35 | 631.07 |
| 06/05 | Zelle Payment To Jocelyn Lvarez Sanchez Jpm99BB29F54 | -81.00 | 550.07 |
| 06/06 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.51** | 2,304.58 |
| 06/06 | Card Purchase 06/05 Mms-Mount Sinai Hosp New York NY Card 5054 | -16.18 | 2,288.40 |
| 06/06 | Card Purchase 06/05 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.80 | 2,284.60 |
| 06/06 | Subscription Acorns 5L5828 Web ID: 9000142694 | -3.00 | 2,281.60 |
| 06/09 | Card Purchase 06/06 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 2,277.63 |
| 06/09 | Acorns Round-UPS Transfer 6Sshfq1 Web ID: 9000142693 | -5.41 | 2,272.22 |
| 06/09 | Online Transfer To Sav ...1097 Transaction#: 25048850622 | -50.00 | 2,222.22 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | | AMOUNT | BALANCE |
|---|---|---|---|---|
| 06/09 | Card Purchase 5054 | 06/07 Starbucks Store 59962 New York NY Card | -8.02 | 2,214.20 |
| 06/09 | Card Purchase 5054 | 06/08 Nyx*Five Star Food Ser Hunt Valley MD Card | -2.75 | 2,211.45 |
| 06/09 | Card Purchase With Pin | 06/08 Lincoln Market New York NY Card 5054 | -77.76 | 2,133.69 |
| | **Ending Balance** | | | **$2,133.69** |

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $5,352.54. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

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**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts,** our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS**: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

**JPMorgan Chase Bank, N.A. Member FDIC**

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

March 11, 2025 through April 08, 2025
Account Number: **000000795552501**

**CUSTOMER SERVICE INFORMATION**

| | |
|---|---|
| Web site: | **Chase.com** |
| Service Center: | **1-800-935-9935** |
| Para Espanol: | 1-877-312-4273 |
| International Calls: | 1-713-262-1679 |

We accept operator relay calls

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MANUEL GONZALEZ RODRIGUEZ
492 MANHATTAN AVE
APT 3A
NEW YORK NY 10027-5268

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## We've increased the amount we make available for certain check deposits

As of March 23, 2025, in the cases where your full check deposit is not available on the first business day after your deposit, the minimum amount we make available on the first business day after you deposit a check increased from $225 to $275. As a reminder, your receipt will always show the date when your deposit is expected to be available.

For more details, including the reasons we may delay the full check deposit, please see our Funds Availability Policy, in Section IV of the Deposit Account Agreement which you can find at **chase.com/disclosures**.

If you have any questions, please call the number listed on this statement.

## We're increasing the rush fee for replacement debit and ATM cards

Starting June 22, 2025, a $15 fee will apply if you request express shipping of a replacement Chase debit or ATM card. Please know that you can still receive a replacement card at no cost through our regular mailing process.

**Access your replacement debit card sooner by adding it to your digital wallet**

- If your debit card is already in your digital wallet, you'll typically be able to use your replacement debit card once it's issued.
- If you haven't added your debit card to your digital wallet yet, we highly recommend doing so. You can add your debit card to your digital wallet in the Chase Mobile® app[1]. For more information, visit **chase.com/digital-payments**.

Special Note: If you have a Chase Private Client Checking℠, Chase Sapphire℠ Checking or Chase Private Client Savings℠ account, the rush shipping fee will not apply.

If you have any questions, please don't hesitate to call the number on this statement. We're here to help.

[1] **Chase Mobile® app** is available for select mobile devices. Message and data rates may apply.

## CHECKING SUMMARY

Chase Total Checking

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$283.34** |
| Deposits and Additions | 4,278.26 |
| ATM & Debit Card Withdrawals | -2,642.65 |
| Electronic Withdrawals | -1,043.93 |
| **Ending Balance** | **$875.02** |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$283.34** |
| 03/11 | Card Purchase 03/10 Mms-Mount Sinai Hosp New York NY Card 5054 | -5.88 | 277.46 |
| 03/11 | Acorns Invest Transfer L58Bhn1 Web ID: 9000142693 | -5.00 | 272.46 |
| 03/12 | Card Purchase 03/11 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.80 | 268.66 |
| 03/13 | Acorns Round-UPS Transfer 934Pjn1 Web ID: 9000142693 | -6.29 | 262.37 |
| 03/14 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.50** | 2,016.87 |
| 03/17 | Card Purchase 03/14 Mms-Mount Sinai Hosp New York NY Card 5054 | -5.78 | 2,011.09 |
| 03/17 | Card Purchase 03/14 Lincoln Market New York NY Card 5054 | -26.25 | 1,984.84 |
| 03/17 | Online Transfer To Sav ...1097 Transaction#: 24064913306 | -50.00 | 1,934.84 |
| 03/17 | Payment Sent 03/15 Venmo *Molly Shilling Visa Direct NY Card 5054 | -13.00 | 1,921.84 |
| 03/17 | Card Purchase With Pin 03/16 Lidl #8011 Harlem NY Card 5054 | -32.50 | 1,889.34 |
| 03/17 | Card Purchase 03/16 Lincoln Market New York NY Card 5054 | -64.02 | 1,825.32 |
| 03/18 | Card Purchase 03/17 Mms-Mount Sinai Hosp New York NY Card 5054 | -2.58 | 1,822.74 |
| 03/18 | Acorns Invest Transfer Rkg1Nn1 Web ID: 9000142693 | -5.00 | 1,817.74 |
| 03/19 | Payment Sent 03/18 Rmtly* R13F7 Remitly.Com WA Card 5054 | -151.99 | 1,665.75 |
| 03/19 | Payment Sent 03/18 Venmo *Fran Adams Visa Direct NY Card 5054 | -16.50 | 1,649.25 |
| 03/21 | Card Purchase 03/20 Lincoln Market New York NY Card 5054 | -22.26 | 1,626.99 |
| 03/21 | Recurring Card Purchase 03/21 Uber *One Help.Uber.Com CA Card 5054 | -9.99 | 1,617.00 |
| 03/21 | Payment Sent 03/21 Venmo *Molly Shilling Visa Direct NY Card 5054 | -10.00 | 1,607.00 |
| 03/24 | Card Purchase 03/22 Mms-Mount Sinai Hosp New York NY Card 5054 | -11.85 | 1,595.15 |
| 03/24 | Card Purchase With Pin 03/23 Lidl #8011 Harlem NY Card 5054 | -61.09 | 1,534.06 |
| 03/24 | Card Purchase 03/23 Lincoln Market New York NY Card 5054 | -25.36 | 1,508.70 |
| 03/24 | Discover E-Payment 7924 Web ID: 2510020270 | -79.00 | 1,429.70 |
| 03/25 | Acorns Invest Transfer Yg1Qsn1 Web ID: 9000142693 | -5.00 | 1,424.70 |
| 03/27 | Acorns Round-UPS Transfer 2Zg4Vn1 Web ID: 9000142693 | -5.64 | 1,419.06 |
| 03/28 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.51** | 3,173.57 |
| 03/28 | Card Purchase 03/27 Starbucks Store 07558 New York NY Card 5054 | -6.72 | 3,166.85 |
| 03/28 | Card Purchase 03/27 Westside Market- 1407 New York NY Card 5054 | -6.31 | 3,160.54 |
| 03/28 | Payment Sent 03/28 Venmo *Molly Shilling Visa Direct NY Card 5054 | -15.00 | 3,145.54 |
| 03/31 | Online Transfer From Sav ...1097 Transaction#: 24240721199 | **300.00** | 3,445.54 |
| 03/31 | Venmo Cashout PPD ID: 5264681992 | **29.25** | 3,474.79 |
| 03/31 | Card Purchase 03/28 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.70 | 3,471.09 |
| 03/31 | Online Transfer To Sav ...1097 Transaction#: 24219291645 | -50.00 | 3,421.09 |
| 03/31 | Payment Sent 03/29 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -1,586.25 | 1,834.84 |
| 03/31 | Payment Sent 03/29 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -57.36 | 1,777.48 |
| 03/31 | Card Purchase 03/31 Steamgames.Com 4259522 425-8899642 WA Card 5054 | -11.41 | 1,766.07 |
| 03/31 | Card Purchase With Pin 03/30 Lidl #8011 Harlem NY Card 5054 | -51.21 | 1,714.86 |
| 03/31 | Card Purchase 03/30 Lincoln Market New York NY Card 5054 | -46.76 | 1,668.10 |
| 03/31 | 03/31 Payment To Chase Card Ending IN 1580 | -800.00 | 868.10 |
| 03/31 | Payment Sent 03/31 Rmtly* Bfdbc Remitly.Com WA Card 5054 | -254.90 | 613.20 |
| 04/01 | Irs Treas 310 Tax Ref PPD ID: 9111036170 | **63.00** | 676.20 |
| 04/01 | Acorns Invest Transfer 1Ydcyn1 Web ID: 9000142693 | -5.00 | 671.20 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 04/01 | Online Transfer To Sav ...1097 Transaction#: 23881756487 | -25.00 | 646.20 |
| 04/03 | Card Purchase 04/02 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.80 | 642.40 |
| 04/04 | NY State Nysttaxrfd PPD ID: 4146013200 | **377.00** | 1,019.40 |
| 04/07 | Card Purchase 04/04 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 1,015.43 |
| 04/07 | Payment Sent 04/04 Venmo *Daniel Davis Visa Direct NY Card 5054 | -29.00 | 986.43 |
| 04/07 | Card Purchase With Pin 04/06 Lidl #8011 Harlem NY Card 5054 | -56.07 | 930.36 |
| 04/07 | Card Purchase 04/06 Lincoln Market New York NY Card 5054 | -44.34 | 886.02 |
| 04/07 | Card Purchase 04/06 Lincoln Market New York NY Card 5054 | -3.00 | 883.02 |
| 04/07 | Subscription Acorns 7Lsyt7 Web ID: 9000142694 | -3.00 | 880.02 |
| 04/08 | Acorns Invest Transfer Q25C3P1 Web ID: 9000142693 | -5.00 | 875.02 |
| | **Ending Balance** | | **$875.02** |

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $3,978.26. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

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**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts,** our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS**: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

**JPMorgan Chase Bank, N.A. Member FDIC**

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

May 09, 2025 through June 09, 2025
Account Number: **000003920591097**

## CUSTOMER SERVICE INFORMATION

| | |
|---|---|
| Web site: | **Chase.com** |
| Service Center: | **1-800-935-9935** |
| Para Espanol: | 1-877-312-4273 |
| International Calls: | 1-713-262-1679 |

We accept operator relay calls

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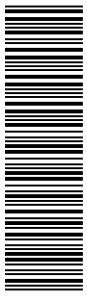
MANUEL GONZALEZ RODRIGUEZ
492 MANHATTAN AVE
APT 3A
NEW YORK NY 10027-5268




## SAVINGS SUMMARY

Chase Savings

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$2,326.30** |
| Deposits and Additions | 175.02 |
| **Ending Balance** | **$2,501.32** |
| Annual Percentage Yield Earned This Period | 0.01% |
| Interest Paid This Period | $0.02 |
| Interest Paid Year-to-Date | $0.12 |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$2,326.30** |
| 05/12 | Online Transfer From Chk ...2501 Transaction#: 24719161594 | **50.00** | 2,376.30 |
| 05/27 | Online Transfer From Chk ...2501 Transaction#: 24878864197 | **50.00** | 2,426.30 |
| 05/30 | Online Transfer From Chk ...2501 Transaction#: 24601787467 | **25.00** | 2,451.30 |
| 06/09 | Online Transfer From Chk ...2501 Transaction#: 25048850622 | **50.00** | 2,501.30 |
| 06/09 | Interest Payment | **0.02** | 2,501.32 |
| | **Ending Balance** | | **$2,501.32** |

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $2,326)

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts,** our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS**: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

**JPMorgan Chase Bank, N.A. Member FDIC**

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

January 10, 2025 through February 10, 2025
Account Number: **000000795552501**

**CUSTOMER SERVICE INFORMATION**

| | |
|---|---|
| Web site: | **Chase.com** |
| Service Center: | **1-800-935-9935** |
| Para Espanol: | 1-877-312-4273 |
| International Calls: | 1-713-262-1679 |

We accept operator relay calls

00942517 DRE 802 219 04325 NNNNNNNNNNN 1 000000000 06 0000
MANUEL GONZALEZ RODRIGUEZ
492 MANHATTAN AVE
APT 3A
NEW YORK NY 10027-5268

## To help protect you from fraud and scams, you'll no longer be able to send Zelle® payments to recipients originating from social media – such as social media marketplaces or messaging apps

Due to the significant rise in social media scams and to help protect your account, we'll be updating our policies on March 23, 2025, limiting your ability to send Zelle® payments identified as originating from contact through social media. As a result, we may:

- Request details about your payment's purpose and how you made contact with the recipient
- Block or decline payments identified as originating from contact through social media
- Decline payments, restrict your use of Zelle® through Chase or take other actions as described in your account agreement if you do not respond truthfully to questions we ask

The updates to the policy become effective March 23, 2025, and will be outlined in Section 2 of the Zelle® Service Agreement, which may appear as a separate agreement or as an Addendum to the Digital Services Agreement. You can review the new agreements beginning January 23, 2025. Here's how to access them:

- On chase.com, log in to your account, click the Main Menu, then select "Agreements & disclosures."
- On the Chase Mobile® app, go to "Legal information" in Profile & Settings or at the bottom of the home page, then "Legal agreements and disclosures."

If you have questions, please call the number on this statement.

## CHECKING SUMMARY

Chase Total Checking

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$2,284.68** |
| Deposits and Additions | 3,509.06 |
| ATM & Debit Card Withdrawals | -2,902.80 |
| Electronic Withdrawals | -1,748.00 |
| **Ending Balance** | **$1,142.94** |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$2,284.68** |
| 01/10 | Card Purchase 01/10 Amazon Prime*Zd5Rb48 Amzn.Com/Bill WA Card 5054 | -16.32 | 2,268.36 |
| 01/14 | Acorns Invest Transfer Qfs39M1 Web ID: 9000142693 | -5.00 | 2,263.36 |
| 01/15 | Payment Sent 01/14 Rmtly* N2032 Remitly.Com WA Card 5054 | -101.99 | 2,161.37 |
| 01/17 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.55** | 3,915.92 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 01/21 | Online Transfer To Sav ...1097 Transaction#: 23430036239 | -50.00 | 3,865.92 |
| 01/21 | 01/20 Payment To Chase Card Ending IN 1580 | -500.00 | 3,365.92 |
| 01/21 | Recurring Card Purchase 01/21 Uber *One Help.Uber.Com CA Card 5054 | -9.99 | 3,355.93 |
| 01/22 | Acorns Invest Transfer 254Mfm1 Web ID: 9000142693 | -5.00 | 3,350.93 |
| 01/22 | Payment Sent 01/22 Rmtly* H228A Remitly.Com WA Card 5054 | -601.99 | 2,748.94 |
| 01/27 | Recurring Card Purchase 01/27 Keeps.Com Keeps.Com NY Card 5054 | -55.00 | 2,693.94 |
| 01/28 | Acorns Invest Transfer FL73Lm1 Web ID: 9000142693 | -5.00 | 2,688.94 |
| 01/29 | Payment Sent 01/28 Rmtly* G0748 Www.Remitly.C WA Card 5054 | -101.99 | 2,586.95 |
| 01/31 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.51** | 4,341.46 |
| 01/31 | Online Transfer To Sav ...1097 Transaction#: 23228466759 | -25.00 | 4,316.46 |
| 01/31 | Payment Sent 01/31 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -1,586.25 | 2,730.21 |
| 01/31 | Payment Sent 01/31 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -86.25 | 2,643.96 |
| 02/03 | Online Transfer To Sav ...1097 Transaction#: 23579105674 | -50.00 | 2,593.96 |
| 02/04 | Card Purchase 02/04 Kindle Svcs*Z78Vr6GA0 888-802-3080 WA Card 5054 | -7.99 | 2,585.97 |
| 02/04 | Acorns Invest Transfer 7Zpvqm1 Web ID: 9000142693 | -5.00 | 2,580.97 |
| 02/06 | Subscription Acorns Yk6Ml7 Web ID: 9000142694 | -3.00 | 2,577.97 |
| 02/06 | 02/06 Payment To Chase Card Ending IN 1580 | -1,000.00 | 1,577.97 |
| 02/06 | Payment Sent 02/06 Rmtly* C37Bf Remitly.Com WA Card 5054 | -304.11 | 1,273.86 |
| 02/07 | Discover E-Payment 7924 Web ID: 2510020270 | -100.00 | 1,173.86 |
| 02/10 | Card Purchase 02/09 Wendy's 9651 Houston TX Card 5054 | -14.60 | 1,159.26 |
| 02/10 | Card Purchase 02/10 Amazon Prime*Eu04099 Amzn.Com/Bill WA Card 5054 | -16.32 | 1,142.94 |
| | **Ending Balance** | | **$1,142.94** |

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $3,509.06. Note: some deposits may be listed on your previous statement)

- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
  (Your lowest beginning day balance was $1,273.86)

- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**
  (Your average beginning day balance of qualifying linked deposits and investments was $4,780.86)

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts**, see your deposit account agreement or other applicable agreements that govern your account for details.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS**: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

**JPMorgan Chase Bank, N.A. Member FDIC**

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JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

February 11, 2025 through March 10, 2025
Account Number: **000000795552501**

**CUSTOMER SERVICE INFORMATION**

| | |
|---|---|
| Web site: | **Chase.com** |
| Service Center: | **1-800-935-9935** |
| Para Espanol: | 1-877-312-4273 |
| International Calls: | 1-713-262-1679 |

We accept operator relay calls

00943632 DRE 802 219 07025 NNNNNNNNNNN 1 000000000 06 0000
MANUEL GONZALEZ RODRIGUEZ
492 MANHATTAN AVE
APT 3A
NEW YORK NY 10027-5268

0943632020100000022

## We're introducing new security measures for certain wire transfers when using our digital banking services

To help protect your account, you may be required to use a trusted device to send certain wire transfers when using chase.com or the Chase Mobile® app.[1] Here are the key changes that will be effective May 8, 2025:

- **Use of Trusted Devices:** You'll need to use a trusted device to send certain wire transfers using our digital banking services. A trusted device is a smartphone that has been enrolled with us based on specific criteria.
- **Enrolling a Device:** You may already be using a trusted device. If not, you'll receive step-by-step instructions to make your device trusted the next time you initiate a wire transfer that requires it. You'll need to use a smartphone with the Chase Mobile® app installed and fulfill certain identification requirements, such as scanning and uploading a copy of your driver's license or state ID.
- **Restrictions on Wire Transfers:** If you don't have a trusted device, you may not be able to add recipients or initiate certain wire transfers using our digital banking services. This won't affect your ability to initiate wires at a Chase branch or J.P. Morgan Financial Center.

**Where to Find More Information**
These policy updates are effective May 8, 2025, and will be detailed in Section 3 of the *Online Wire Transfer and Chase Global Transfer Services Addendum*, which may appear as a separate agreement or as an Addendum to the Digital Services Agreement.

You can review the new requirements in those agreements beginning February 20, 2025. Here's how to access them:

- **On chase.com:** Log in to your account, click on the Main Menu, and select "Agreements & Disclosures."
- **On the Chase Mobile® app:** Go to "Legal Information" in Profile & Settings or at the bottom of the home page, then select "Legal Agreements and Disclosures."

If you have any questions, please call the number listed on this statement.

[1]**Chase Mobile® app** is available for select mobile devices. Message and data rates may apply.

## CHECKING SUMMARY

Chase Total Checking

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$1,142.94** |
| Deposits and Additions | 3,633.03 |
| ATM & Debit Card Withdrawals | -3,161.19 |
| Electronic Withdrawals | -1,331.44 |
| **Ending Balance** | **$283.34** |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$1,142.94** |
| 02/11 | Card Purchase 02/10 Mms-Mount Sinai Hosp New York NY Card 5054 | -16.73 | 1,126.21 |
| 02/11 | Card Purchase 02/10 Lincoln Market New York NY Card 5054 | -82.43 | 1,043.78 |
| 02/11 | Acorns Invest Transfer K18Jwm1 Web ID: 9000142693 | -5.00 | 1,038.78 |
| 02/12 | Card Purchase 02/11 Mms-Mount Sinai Hosp New York NY Card 5054 | -10.78 | 1,028.00 |
| 02/13 | Card Purchase 02/12 Mms-Mount Sinai Hosp New York NY Card 5054 | -11.09 | 1,016.91 |
| 02/13 | Card Purchase 02/13 Tst* Le Pain Quotidien New York NY Card 5054 | -5.44 | 1,011.47 |
| 02/13 | Payment Sent 02/13 Rmtly* K7675 Remitly.Com WA Card 5054 | -57.19 | 954.28 |
| 02/14 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.52** | 2,708.80 |
| 02/14 | Card Purchase 02/13 Mms-Mount Sinai Hosp New York NY Card 5054 | -11.90 | 2,696.90 |
| 02/14 | Card Purchase 02/13 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 2,692.93 |
| 02/14 | Payment Sent 02/14 Venmo *Adrian Bermude Visa Direct NY Card 5054 | -49.00 | 2,643.93 |
| 02/14 | Payment Sent 02/14 Venmo *Molly Shilling Visa Direct NY Card 5054 | -16.00 | 2,627.93 |
| 02/18 | Card Purchase 02/14 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.60 | 2,624.33 |
| 02/18 | Card Purchase 02/14 Mms-Mount Sinai Hosp New York NY Card 5054 | -14.20 | 2,610.13 |
| 02/18 | Card Purchase 02/14 Sq *Vintage Harlem Wine New York NY Card 5054 | -27.21 | 2,582.92 |
| 02/18 | Card Purchase 02/15 Kindle Svcs*Nt74K27J3 888-802-3080 WA Card 5054 | -13.99 | 2,568.93 |
| 02/18 | Online Transfer To Sav ...1097 Transaction#: 23739377315 | -50.00 | 2,518.93 |
| 02/18 | Card Purchase 02/15 Lidl #8011 Harlem NY Card 5054 | -34.70 | 2,484.23 |
| 02/18 | Card Purchase 02/15 Trade Fair #1 Astoria NY Card 5054 | -15.28 | 2,468.95 |
| 02/18 | Card Purchase 02/16 Lincoln Market New York NY Card 5054 | -13.38 | 2,455.57 |
| 02/18 | 02/17 Payment To Chase Card Ending IN 1580 | -600.00 | 1,855.57 |
| 02/18 | Card Purchase 02/17 Mms-Mount Sinai Hosp New York NY Card 5054 | -11.20 | 1,844.37 |
| 02/18 | Acorns Round-UPS Transfer 19Pczm1 Web ID: 9000142693 | -5.55 | 1,838.82 |
| 02/19 | Acorns Invest Transfer 0H511N1 Web ID: 9000142693 | -5.00 | 1,833.82 |
| 02/20 | Zelle Payment To Hannah Dnd 23788720104 | -72.00 | 1,761.82 |
| 02/21 | Card Purchase 02/20 MT Sinai Bookstore New York NY Card 5054 | -1.95 | 1,759.87 |
| 02/21 | Card Purchase 02/20 New York State Dmv New York NY Card 5054 | -7.00 | 1,752.87 |
| 02/21 | Recurring Card Purchase 02/21 Uber *One Help.Uber.Com CA Card 5054 | -9.99 | 1,742.88 |
| 02/21 | Card Purchase 02/20 Ferrara Bakery & Cafe New York NY Card 5054 | -8.74 | 1,734.14 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 02/24 | Card Purchase 02/21 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 1,730.17 |
| 02/24 | Card Purchase 02/22 Tst* Le Pain Quotidien New York NY Card 5054 | -6.44 | 1,723.73 |
| 02/24 | Card Purchase With Pin 02/23 Lidl #8011 Harlem NY Card 5054 | -64.90 | 1,658.83 |
| 02/24 | Card Purchase 02/23 Lincoln Market New York NY Card 5054 | -7.66 | 1,651.17 |
| 02/24 | Acorns Round-UPS Transfer 5Fc85N1 Web ID: 9000142693 | -5.89 | 1,645.28 |
| 02/25 | Card Purchase 02/24 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 1,641.31 |
| 02/25 | Card Purchase 02/24 Lincoln Market New York NY Card 5054 | -17.50 | 1,623.81 |
| 02/25 | Acorns Invest Transfer 8Bxm5N1 Web ID: 9000142693 | -5.00 | 1,618.81 |
| 02/26 | ATM Withdrawal 02/26 1184 5th Ave New York NY Card 5054 | -120.00 | 1,498.81 |
| 02/28 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.51** | 3,253.32 |
| 02/28 | Online Transfer To Sav ...1097 Transaction#: 23562003962 | -25.00 | 3,228.32 |
| 02/28 | Payment Sent 02/28 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -64.47 | 3,163.85 |
| 02/28 | Payment Sent 02/28 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -1,586.25 | 1,577.60 |
| 02/28 | 02/28 Payment To Chase Card Ending IN 1580 | -500.00 | 1,077.60 |
| 02/28 | Payment Sent 02/28 Rmtly* H43B8 Remitly.Com WA Card 5054 | -601.99 | 475.61 |
| 03/03 | Venmo Cashout PPD ID: 5264681992 | **124.00** | 599.61 |
| 03/03 | Online Transfer To Sav ...1097 Transaction#: 23899753518 | -50.00 | 549.61 |
| 03/03 | Card Purchase 03/02 Lidl #8011 Harlem NY Card 5054 | -50.85 | 498.76 |
| 03/03 | Card Purchase 03/02 Lincoln Market New York NY Card 5054 | -25.41 | 473.35 |
| 03/04 | Card Purchase 03/03 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.97 | 469.38 |
| 03/04 | Acorns Invest Transfer Gv6Lbn1 Web ID: 9000142693 | -5.00 | 464.38 |
| 03/05 | Card Purchase 03/03 Nyx*Canteen Melville Melville NY Card 5054 | -3.35 | 461.03 |
| 03/05 | Card Purchase 03/04 Mms-Mount Sinai Hosp New York NY Card 5054 | -9.58 | 451.45 |
| 03/06 | Subscription Acorns Hr69Q7 Web ID: 9000142694 | -3.00 | 448.45 |
| 03/10 | Card Purchase 03/07 Mms-Mount Sinai Hosp New York NY Card 5054 | -4.86 | 443.59 |
| 03/10 | Card Purchase 03/08 Amc 2304 Mj Harlem 9 New York NY Card 5054 | -28.17 | 415.42 |
| 03/10 | Card Purchase 03/08 Lincoln Market New York NY Card 5054 | -14.73 | 400.69 |
| 03/10 | Card Purchase 03/09 Lidl #8011 Harlem NY Card 5054 | -40.08 | 360.61 |
| 03/10 | Card Purchase 03/09 Lincoln Market New York NY Card 5054 | -60.95 | 299.66 |
| 03/10 | Card Purchase 03/10 Amazon Prime*Hh4C99D Amzn.Com/Bill WA Card 5054 | -16.32 | 283.34 |
| | **Ending Balance** | | **$283.34** |

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $3,633.03. Note: some deposits may be listed on your previous statement)

- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
  (Your lowest beginning day balance was $448.45)

- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

(Your average beginning day balance of qualifying linked deposits and investments was $3,647.10)

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**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts**, see your deposit account agreement or other applicable agreements that govern your account for details.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS**: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

**JPMorgan Chase Bank, N.A. Member FDIC**

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

April 09, 2025 through May 08, 2025
Account Number: **000000795552501**

**CUSTOMER SERVICE INFORMATION**

| | |
|---|---|
| Web site: | **Chase.com** |
| Service Center: | **1-800-935-9935** |
| Para Espanol: | 1-877-312-4273 |
| International Calls: | 1-713-262-1679 |

We accept operator relay calls

00942733 DRE 802 219 12925 NNNNNNNNNNN 1 000000000 06 0000
MANUEL GONZALEZ RODRIGUEZ
492 MANHATTAN AVE
APT 3A
NEW YORK NY 10027-5268

094273302010000000022

## Please review our overdraft service options at the end of this statement

We've included an overview of our overdraft services and fees that are available for personal checking accounts at the end of this statement.

Please note, the following overdraft services are not available for certain accounts:

- Standard Overdraft Practice and Chase Debit Card Coverage[SM] are not available for Chase High School Checking[SM], Chase Secure Checking[SM] and Chase First Checking[SM].
- Overdraft Protection is not available for Chase Secure Checking[SM] and Chase First Checking[SM].

If you have questions, please visit **chase.com/overdraft** or call us at the number on this statement. We accept operator relay calls.

## CHECKING SUMMARY

Chase Total Checking

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$875.02** |
| Deposits and Additions | 3,509.02 |
| ATM & Debit Card Withdrawals | -2,666.29 |
| Electronic Withdrawals | -616.97 |
| **Ending Balance** | **$1,100.78** |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$875.02** |
| 04/10 | Card Purchase 04/10 Amazon Prime*2E9An6P Amzn.Com/Bill WA Card 5054 | -16.32 | 858.70 |
| 04/10 | Acorns Round-UPS Transfer 5Gws4P1 Web ID: 9000142693 | -5.71 | 852.99 |
| 04/11 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.51** | 2,607.50 |
| 04/11 | Card Purchase 04/10 Pt *Mount Sinai 212-987-3100 NY Card 5054 | -20.00 | 2,587.50 |
| 04/14 | Card Purchase 04/10 Nyx*Canteen Melville Melville NY Card 5054 | -2.50 | 2,585.00 |
| 04/14 | Online Transfer To Sav ...1097 Transaction#: 24389309901 | -50.00 | 2,535.00 |
| 04/14 | Zelle Payment To Hannah Dnd 24397819745 | -72.00 | 2,463.00 |
| 04/14 | Card Purchase 04/13 Lincoln Market New York NY Card 5054 | -55.55 | 2,407.45 |
| 04/14 | Card Purchase 04/13 Raising Canes 0983 New York NY Card 5054 | -21.44 | 2,386.01 |
| 04/15 | Card Purchase 04/14 St Nicks Gourmet New York NY Card 5054 | -5.64 | 2,380.37 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 04/15 | Card Purchase 04/14 Legends@Yankee Stdm-Re Bronx NY Card 5054 | -69.98 | 2,310.39 |
| 04/15 | Acorns Invest Transfer Kv808P1 Web ID: 9000142693 | -5.00 | 2,305.39 |
| 04/21 | Card Purchase With Pin 04/19 Wholefds Cir 101 10 CO New York NY Card 5054 | -25.15 | 2,280.24 |
| 04/21 | Payment Sent 04/20 Venmo *Chalom Chalom Visa Direct NY Card 5054 | -30.00 | 2,250.24 |
| 04/21 | Recurring Card Purchase 04/21 Uber *One Help.Uber.Com CA Card 5054 | -9.99 | 2,240.25 |
| 04/22 | Card Purchase 04/21 Mms-Mount Sinai Hosp New York NY Card 5054 | -11.90 | 2,228.35 |
| 04/22 | Acorns Invest Transfer 3Tcsdp1 Web ID: 9000142693 | -5.00 | 2,223.35 |
| 04/23 | Card Purchase 04/22 Mms-Mount Sinai Hosp New York NY Card 5054 | -11.90 | 2,211.45 |
| 04/23 | Card Purchase 04/22 Lincoln Market New York NY Card 5054 | -41.77 | 2,169.68 |
| 04/24 | Card Purchase 04/23 Mms-Mount Sinai Hosp New York NY Card 5054 | -10.78 | 2,158.90 |
| 04/24 | Recurring Card Purchase 04/24 Keeps.Com Keeps.Com NY Card 5054 | -55.00 | 2,103.90 |
| 04/25 | MT. Sinai Dir Dep PPD ID: 1131624096 | **1,754.51** | 3,858.41 |
| 04/25 | Card Purchase 04/24 Lincoln Market New York NY Card 5054 | -17.18 | 3,841.23 |
| 04/25 | Discover E-Payment 7924 Web ID: 2510020270 | -80.00 | 3,761.23 |
| 04/28 | Card Purchase 04/25 Mms-Mount Sinai Hosp New York NY Card 5054 | -14.20 | 3,747.03 |
| 04/28 | Card Purchase 04/26 Tst* Daily Provisions - New York NY Card 5054 | -7.63 | 3,739.40 |
| 04/28 | Acorns Round-UPS Transfer N1Ynhp1 Web ID: 9000142693 | -6.08 | 3,733.32 |
| 04/28 | Online Transfer To Sav ...1097 Transaction#: 24545535347 | -50.00 | 3,683.32 |
| 04/28 | Payment Sent 04/26 Venmo *Molly Shilling Visa Direct NY Card 5054 | -15.00 | 3,668.32 |
| 04/28 | Card Purchase 04/26 Mms-Mount Sinai Hosp New York NY Card 5054 | -11.20 | 3,657.12 |
| 04/28 | Card Purchase 04/27 Lincoln Market New York NY Card 5054 | -8.66 | 3,648.46 |
| 04/29 | Card Purchase 04/28 Mms-Mount Sinai Hosp New York NY Card 5054 | -12.76 | 3,635.70 |
| 04/29 | Acorns Invest Transfer Lyfckp1 Web ID: 9000142693 | -5.00 | 3,630.70 |
| 04/30 | Card Purchase 04/29 American Eagle 2274 New York NY Card 5054 | -74.97 | 3,555.73 |
| 04/30 | Card Purchase 04/29 503 Broadway New York NY Card 5054 | -59.90 | 3,495.83 |
| 04/30 | Payment Sent 04/30 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -1,586.25 | 1,909.58 |
| 04/30 | Payment Sent 04/30 Venmo *Jesslyn Scarle Visa Direct NY Card 5054 | -57.55 | 1,852.03 |
| 05/01 | Card Purchase 04/30 Mms-Mount Sinai Hosp New York NY Card 5054 | -16.18 | 1,835.85 |
| 05/01 | Card Purchase 04/30 Mms-Mount Sinai Hosp New York NY Card 5054 | -3.38 | 1,832.47 |
| 05/01 | Online Transfer To Sav ...1097 Transaction#: 24254237682 | -25.00 | 1,807.47 |
| 05/02 | Card Purchase 05/01 Mms-Mount Sinai Hosp New York NY Card 5054 | -12.76 | 1,794.71 |
| 05/02 | 05/02 Payment To Chase Card Ending IN 1580 | -300.00 | 1,494.71 |
| 05/05 | Card Purchase 05/01 Chick-Fil-A #04560 New York NY Card 5054 | -15.95 | 1,478.76 |
| 05/05 | Card Purchase 05/02 Gotham News By Whs-Ter Queens NY Card 5054 | -15.62 | 1,463.14 |
| 05/05 | Acorns Round-UPS Transfer P2Qzpp1 Web ID: 9000142693 | -5.18 | 1,457.96 |
| 05/05 | Subscription Acorns 48Rly7 Web ID: 9000142694 | -3.00 | 1,454.96 |
| 05/05 | Payment Sent 05/05 Rmtly* B65Ff Remitly.Com WA Card 5054 | -349.18 | 1,105.78 |
| 05/06 | Acorns Invest Transfer Rthcqp1 Web ID: 9000142693 | -5.00 | 1,100.78 |
| | **Ending Balance** | | **$1,100.78** |

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $3,886.02. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

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**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts,** our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS**: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

**JPMorgan Chase Bank, N.A. Member FDIC**

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## Overdraft and Overdraft Fee Information for Your Chase Checking Account

**What You Need to Know About Overdrafts and Overdraft Fees**

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Whether your account has enough money to cover a transaction is determined during our nightly processing. During our nightly processing, we take your previous end of day's balance and post credits. If there are any deposits not yet available for use or holds (such as a garnishment), these will reduce the account balance used to pay your transactions. Then we subtract any debit transactions presented during our nightly processing. The available balance shown to you during the day may not be the same amount used to pay your transactions as some transactions may not be displayed to you before nightly processing.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize or pay any transactions presented for payment. If we do not authorize an overdraft, your transaction will be declined. If we do not pay an overdraft, your transaction will be returned. Additional information about overdrafts and your account features can be found in the *Deposit Account Agreement*.

We can cover your overdrafts in three different ways:

1. We have a Standard Overdraft Practice that comes with your account.
2. We offer Overdraft Protection through a link to a Chase savings account, which may be less expensive than our Standard Overdraft Practice. You can contact us to learn more.
3. We also offer Chase Debit Card Coverage℠, which allows you to choose how we treat your everyday debit card transactions (e.g. groceries, gasoline or dining out), in addition to our Standard Overdraft Practice.

This notice explains our Standard Overdraft Practice and Chase Debit Card Coverage.

- **What is the Standard Overdraft Practice that comes with my account?**
  We **do** authorize and pay overdrafts for the following types of transactions:
  - Checks and other transactions made using your checking account number
  - Recurring debit card transactions (e.g. movie subscriptions or gym memberships)

- **What is Chase Debit Card Coverage?**
  If you enroll in Chase Debit Card Coverage we **may** authorize and pay overdrafts for **everyday debit card transactions** (e.g. groceries, gasoline or dining out) in addition to our Standard Overdraft Practice.

- **What fees will I be charged if Chase pays my overdraft?**
  If we authorize and pay an overdraft, we'll charge you a $34 Overdraft Fee per transaction during our nightly processing beginning with the first transaction that overdraws your account balance by more than $50 (maximum of 3 fees per business day, up to $102).

  We won't charge you an Overdraft Fee in the following circumstances:
  - With Chase Overdraft Assist℠, we won't charge an Overdraft Fee if you're overdrawn by $50 or less at the end of the business day **OR** if you're overdrawn by more than $50 and you bring your account balance to overdrawn by $50 or less at the end of the next business day (you have until 11 p.m ET (8 p.m PT) to make a deposit or transfer). Chase Overdraft Assist does not require enrollment and comes with eligible Chase checking accounts.
  - We won't charge an Overdraft Fee for transactions that are $5 or less.
  - We won't charge an Overdraft Fee if your debit card transaction was authorized when there was a sufficient available balance in your account.
  - For Chase Sapphire℠ Checking and Chase Private Client Checking℠ accounts, there are no Overdraft Fees when item(s) are presented against an account with insufficient funds on the first four business days during the current and prior 12 statement periods. On a business day when we returned item(s), this counts toward the four business days when an Overdraft Fee will not be charged.

- **What if I want Chase to authorize and pay overdrafts on my everyday debit card transactions?**
  If you or a joint account owner want Chase to authorize overdrafts on your everyday debit card transactions, please make your Chase Debit Card Coverage selection. You can change your Chase Debit Card Coverage selection at any time by signing in to chase.com or Chase Mobile® to update your account settings, calling us at 1-800-935-9935 (or at 1-713-262-1679 if outside the U.S.), or visiting a Chase branch. We accept operator relay calls.