Rental Application for **685 First Ave**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Krell	Matthew		

SSN	BIRTH DATE	PHONE - TYPE
-**-*	12/21/1987	(908) 578 - 6399 - Mobile

EMAIL
matthew.a.krell@gmail.com

EMERGENCY CONTACT

NAME	ADDRESS
ellen krell	164 terrace drive, chatham, 37 07928

PHONE	EMAIL ADDRESS	RELATIONSHIP
(908) 208 - 6785	ellenk1853@verizon.net	mother

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
405 1st street	mineola	NY	11501

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$1,000.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Doctor of medicine	NYU

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Rachelle Akinyooye	(516) 663 - 8707	$104,508.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
222 station plaza N Suite 300	mineola	NY	11501

BACKGROUND INFORMATION

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

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

NEW YORK CITY TENANT FAIR CHANCE ACT

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

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

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

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

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

APPLICATION CONSENT

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

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

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

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

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

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

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

☒ *Application consent was digitally accepted by Matthew Krell*

Signed by Matthew Krell
Sat Jun 14 2025 09:18:22 PM EDT
Key: 346784CA; IP Address: 24.45.189.222

Matthew Krell *(Applicant)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Matthew Krell	XXXXXXXXXXXX9361	15925508	$21.50

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

Rental Application for **685 First Ave**

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SUFFIX
Buffolino	Michelle	L.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	4/2/1998	(516) 965 - 6243 - Mobile

EMAIL
michellebuffolino@icloud.com

EMERGENCY CONTACT

NAME	ADDRESS
Maria Buffolino	1050 Iris Place, Westbury, 40 11590

PHONE	EMAIL ADDRESS	RELATIONSHIP
(516) 987 - 1069	buffsters@optonline.net	mother

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
1050 Iris Place	Westbury	NY	11590

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
	current	$0.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
Registered Nurse	NYU Langone Health

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Kathy Collado	(516) 254 - 2378	$5,200.00/Mo.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1111 Franklin Ave Suite 3C North	Garden City	NY	11530

BACKGROUND INFORMATION

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

VEHICLE INFORMATION

1. MAKE	MODEL	YEAR
Mazda	CX-5	2024

COLOR	PLATE	STATE
White	KRM8115	NY

NEW YORK CITY TENANT FAIR CHANCE ACT

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

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

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

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

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

APPLICATION CONSENT

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

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

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

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

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

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

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

☒ *Application consent was digitally accepted by Michelle L. Buffolino*

Signed by Michelle L. Buffolino
Sat Jun 14 2025 09:41:10 PM EDT
Key: F91D9723; IP Address: 47.17.85.83

Michelle L. Buffolino *(Applicant)* *Date*

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

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Michelle Buffolino	XXXXXXXXXXXX3376	15925536	$21.50

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

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Matthew Krell

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 Matthew Krell: 777			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	👎
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍

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

NOTIFICATION(S)

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$104,508.00
Total **verified** annual income	$60,000.00
Total **verified** combined annual income to rent ratio	19.06 (based on rent of $6,570.00)
Total number of accounts	9
Accounts with no late payments	7 (0 unpaid past due)
Accounts paid 30-59 days past due	1 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	1 (0 unpaid past due)
Total outstanding balance	$23,466.00 ($0.00 past due)
Outstanding revolving debt	$20,692.00 (14% of limit) ($0.00 past due)
Outstanding loan balance	$2,774.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From TransUnion
Name:	Matthew Krell	KRELL MATTHEW MATTHEW KRELL MATTHEW A. KRELL MATT A. KRELL
SSN:	***-**-****	***-**-****
Birth Date:	12/**/1987	12/**/1987

Addresses	From Application	From TransUnion
	405 1st street mineola, NY 11501 - US	164 TERRACE CHATHAM, NJ 07928 (Applicant) Reported 9/2012 17 BEEKMAN SUMMIT, NJ 07901 (Applicant) Reported 2/2009 405 1ST 1S MINEOLA, NY 11501 (Applicant)

Employment	From Application	From TransUnion
Applicant:	Doctor of medicine NYU $104,508.00/Yr. Total annual Income: $104,508.00	FSECRETARIAL SUMMIT CARDIOLOGY

Income Verifications

Requested For		Requested Date	
Matthew Krell		6/14/2025	
Date	**Consumer Provided Income Source**	**Total Deposits (90 Days)**	**Verified Annual Income**
6/16/2025	Bank connection	$15,000.00	$60,000.00 *Income amount used in scoring
Bank Institution	**Account Type**	**Account Holder**	**Total Deposits (90 Days)**
TD Bank	Checking	MATTHEW KRELL	$15,000.00
Date	**Income Source**		**Amount**
4/17/2025	Online Xfer Transfer from SV x7832		$3,000.00
Date	**Income Source**		**Amount**
5/19/2025	Online Xfer Transfer from SV x7832		$7,000.00
Date	**Income Source**		**Amount**
6/9/2025	Online Xfer Transfer from SV x7832		$5,000.00

Criminal and Other Public Records

Requested For	Period Searched	Requested	Returned
Matthew Krell	6/17/2018 - 6/17/2025	6/17/2025	6/17/2025
Results			
No Records Found			

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Matthew Krell	6/17/2025	6/17/2025
Results		
No Records Found		

Restricted Person Search

Requested For	Requested	Returned
Matthew Krell	6/17/2025	6/17/2025
Results		
No Records Found		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	777	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History
	Description	
	RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).	

From TransUnion

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	730	The date that you opened your oldest account is too recent Lack of sufficient credit history Lack of sufficient relevant real estate account information You have too many delinquent or derogatory accounts
	Description	
	This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).	

Credit Accounts

From TransUnion

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMEX (Applicant)	8/2013		0	0	0	$0.00	$17,072.00

Monthly Payment	High Credit	Type	Comments
	$29,636.00	OPEN ACCOUNT	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
EDFINANCIAL (Applicant)	6/2017	12/2024	0	0	0	$0.00	$2,774.00

Monthly Payment	High Credit	Type	Comments
$108.00	$12,000.00	INSTALLMENT	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD (Applicant)	11/2023	5/2025	0	0	0	$0.00	$2,305.00

Monthly Payment	High Credit	Type	Comments
	$7,702.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVERCARD (Applicant)	10/2017	5/2025	0	0	0	$0.00	$1,315.00

Monthly Payment	High Credit	Type	Comments
	$8,820.00	REVOLVING	Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
1ST FED SAV (Applicant)	8/2021	8/2022	4	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$45,115.00	INSTALLMENT	CLOSED Rate/Status 01: Paid or paying as agreed

Payment History

7/22	5/22	3/22	1/22	11/21	9/21
0	0	0	0	0	0	0	1	1	1	1	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
EDFINANCIAL (Applicant)	11/2017	6/2023	0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$20,248.00	INSTALLMENT	CLOSED Rate/Status 01: Paid or paying as agreed

Payment History

5/23	3/23	1/23	11/22	9/22	7/22	5/22	3/22	1/22	11/21	9/21	7/21
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
TD BANK N.A. (Applicant)	9/2012	5/2022	1	1	2	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$7,741.00	REVOLVING	CANCELED BY CREDIT GRANTOR Rate/Status 01: Paid or paying as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
FRD MOTOR CR (Applicant)	3/2018	9/2020	0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$7,695.00	INSTALLMENT	CLOSED Rate/Status 01: Paid or paying as agreed

Payment History

9/20	7/20	5/20	3/20	1/20	11/19	9/19	7/19	5/19	3/19	1/19	11/18
* * *	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
GMFINANCIAL (Applicant)	1/2016	6/2018	0	0	0	$0.00	$0.00

Monthly Payment	High Credit	Type	Comments
	$6,373.00	INSTALLME	FULL TERMINATION/OBLIGATION SATISFIED Rate/Status 01: Paid or paying as agreed

Payment History

10/17	8/17	6/17	4/17	2/17	12/16	10/16	8/16	6/16	4/16	2/16
0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0

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 Michelle L. Buffolino

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 Michelle L. Buffolino: 800			
		Importance	Result
AI Score		Pass/Fail	👍
No Credit		Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0		Pass/Fail	👎
May have been through a bankruptcy		Pass/Fail	👍
No unpaid rental collections		Pass/Fail	👍
Criminal and Other Public Records: Felony Convictions		Pass/Fail	👍
Total Considered Felony Convictions	None	Pass/Fail	👍
Alcohol	None ever	Pass/Fail	👍
Bad Check	None ever	Pass/Fail	👍
Criminal Other	None ever	Pass/Fail	👍
Drug Manufacture Distribution	None ever	Pass/Fail	👍
Drug Marijuana Use	None ever	Pass/Fail	👍
Drug Meth Manufacture	None ever	Pass/Fail	👍
Drug Use	None ever	Pass/Fail	👍
Fraud	None ever	Pass/Fail	👍
Government Obstruction	None ever	Pass/Fail	👍

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$62,400.00
Total **verified** annual income	$65,255.16
Total **verified** combined annual income to rent ratio	19.06 (based on rent of $6,570.00)
Total number of accounts	6
Accounts with no late payments	6 (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	$14,088.00 ($0.00 past due)
Outstanding revolving debt	$4,898.00 (12% of limit) ($0.00 past due)
Outstanding loan balance	$9,190.00 ($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:	Michelle L. Buffolino	MICHELLE L. BUFFOLINO
SSN:	***-**-****	***-**-****
Birth Date:	4/**/1998	4/**/1998

Addresses	From Application	From Equifax
	1050 Iris Place Westbury, NY 11590 - US	1050 IRIS PL. WESTBURY, NY 11590 (Applicant) Reported 6/2025 3181 BRIXTON LN. LEVITTOWN, NY 11756 (Applicant) Reported 6/2025

Employment	From Application	From Equifax
Applicant:	Registered Nurse NYU Langone Health $5,200.00/Mo. Total annual Income: $62,400.00	

Income Verifications

Requested For		Requested Date	
Michelle L Buffolino		6/14/2025	
Date	**Consumer Provided Income Source**	**Total Deposits (90 Days)**	**Verified Annual Income**
6/14/2025	Bank connection	$16,313.79	$65,255.16 *Income amount used in scoring
Bank Institution	**Account Type**	**Account Holder**	**Total Deposits (90 Days)**
Capital One	Savings	MICHELLE BUFFOLINO	$16,313.80
Date	**Income Source**		**Amount**
3/28/2025	NYU LANGONE HOSP		$2,839.81
Date	**Income Source**		**Amount**
4/11/2025	NYU LANGONE HOSP		$2,763.49
Date	**Income Source**		**Amount**
4/25/2025	NYU LANGONE HOSP		$2,725.32
Date	**Income Source**		**Amount**
5/9/2025	NYU LANGONE HOSP		$2,661.73
Date	**Income Source**		**Amount**
5/23/2025	NYU LANGONE HOSP		$2,661.72
Date	**Income Source**		**Amount**
6/6/2025	NYU LANGONE HOSP		$2,661.73

Criminal and Other Public Records

Requested For	Period Searched	Requested	Returned
Michelle L. Buffolino	6/17/2018 - 6/17/2025	6/17/2025	6/17/2025
Results			
No Records Found			

National Sex Offender Registry History

Requested For	Date Requested	Date Returned
Michelle L. Buffolino	6/17/2025	6/17/2025
Results		
No Records Found		

Restricted Person Search

Requested For	Requested	Returned
Michelle L. Buffolino	6/17/2025	6/17/2025
Results		
No Records Found		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	800	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History
	Description	
	RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).	

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	752	The date that you opened your oldest account is too recent Lack of sufficient relevant real estate account information Total of all balances on bankcard or revolving accounts is too high The total of all balances on your open accounts is too high

Description

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MAZDA FINANCIAL SERV (Applicant)	5/2024	5/2025					$9,190.00

Monthly Payment	High Credit	Type	Comments
$399.00	$14,385.00	INSTALLMENT	Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	1/2023	5/2025					$3,204.00

Monthly Payment	High Credit	Type	Comments
$40.00	$4,262.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER CARD (Applicant)	9/2018	4/2025					$1,525.00

Monthly Payment	High Credit	Type	Comments
$35.00	$2,822.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	9/2020	5/2025					$169.00

Monthly Payment	High Credit	Type	Comments
$40.00	$4,214.00	REVOLVING	Rate/Status 1: Pays account as agreed

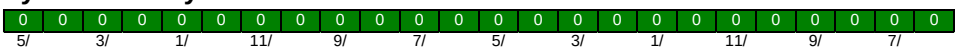
Payment History

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

Rental Report for Michelle L. Buffolino, 6/17/2025 at 685 First Ave

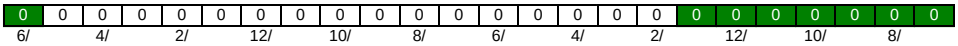
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MAZDA FINANCIAL SERV (Applicant)	8/2021	4/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$13,675.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
WELLS FARGO CARD SER (Applicant)	1/2023	9/2023					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,116.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Payment History



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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

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

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

NEW JERSEY NJMVC

New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE

Acting Chief Administrator

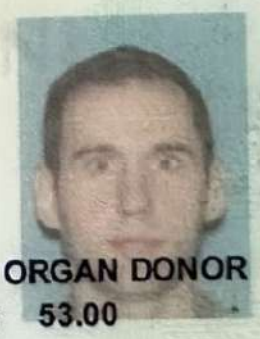
DL K7332 52900 12874 CLASS D

DOB 12-21-1987

ISS 11-29-2024 EXP 12-21-2028

KRELL
MATTHEW
164 TERRACE DR
CHATHAM, NJ 07928-5001

END M
RESTR NONE



GENDER M HGT 5'-09" EYES BLU ORGAN DONOR

KH RA202433400000046 RENC 53.00

Date: May 15, 2025

Subject: Letter of Employment Verification for Matthew Krell MD

Dear Sir/Madam:

This letter is to confirm Dr. Krell is a good standing resident in the NYU Grossman Long Island School of Medicine Surgical Residency Program.

Dr. Krell began his journey as a physician in training on July 1, 2018.

For further information please contact the Department of Surgery Residency Program Coordinators Rachelle Barthelemy or Kim Brown at 516-663-8706 or 516-663-1625.

Sincerely,

Aikim Brown

Aikim Brown
Residency Program Representative
Department of Surgery
NYU Langone Hospital Long Island
222 Station Plaza #300
Mineola, NY 11501

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
matthew	krell	136 84 7222
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.
405 1st St	1S

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Mineola	NY	115013609

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	99,756.
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	99,756.
2a	Tax-exempt interest	2a	0.	b Taxable interest	2b	19.
3a	Qualified dividends	3a	1,203.	b Ordinary dividends	3b	1,203.
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	-97.
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	100,881.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	100,881.
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	86,281.

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	13,950.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	13,950.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	2.
	21	Add lines 19 and 20		21	2.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	13,948.
	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	13,948.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 15,718.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	15,718.
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	15,718.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	1,770.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	1,770.
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X X X			
	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.)
		Surgeon	
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.)

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

Phone no. (908)578-6399 Email address

Paid Preparer Use Only

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

TD Bank
America's Most Convenient Bank®

E

STATEMENT OF ACCOUNT

MATTHEW KRELL
164 TERRACE DR
CHATHAM NJ 07928-5001

Page: 1 of 3
Statement Period: May 01 2025-May 31 2025
Cust Ref #: 4781587832-051-E-0
Primary Account #: 00004781587832

TD Relationship Savings

MATTHEW KRELL

Account # 00004781587832

ACCOUNT SUMMARY

Beginning Balance	34,040.72	Interest Earned This Period	0.28
Electronic Deposits	3,446.76	Interest Paid Year-to-Date	1.26
Other Credits	0.28	Annual Percentage Yield Earned	0.01%
		Days in Period	31
Electronic Payments	7,000.00		
Ending Balance	30,487.76		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
05/07	ACH DEPOSIT, NYU LANGONE HOSP DIR DEP 1104050	1,723.39
05/21	ACH DEPOSIT, NYU LANGONE HOSP DIR DEP 1104050	1,723.37
	Subtotal:	3,446.76

Other Credits

POSTING DATE	DESCRIPTION	AMOUNT
05/31	INTEREST PAID	0.28
	Subtotal:	0.28

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
05/19	eTransfer Debit, Online Xfer Transfer to CK 7863176199	7,000.00
	Subtotal:	7,000.00

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	**Ending Balance**	**30,487.76**
2	**Total Deposits**	+
3	**Sub Total**	
4	**Total Withdrawals**	-
5	**Adjusted Balance**	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

4 WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

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

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

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

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

MATTHEW KRELL

We're committed to keeping you informed when it comes to your banking and want you to know about upcoming changes to your TD Bank Personal or Business Deposit Account Agreement.

TD Bank's Funds Availability Policy will be changing by July 1, 2025.

When you deposit a check, we'll continue to make $100 available immediately and, typically, make the remaining funds available by the end of the first business day after we receive your deposit. **However, if a hold is placed on a check deposit, by July 1, you'll have access to more funds as follows:**

- **Today:** If a hold is applied, an additional $125 is available by the end of the first business day after we receive your deposit.
- **By July 1:** We'll increase the amount available to $175. This means, the first $275 of your deposit will be available by the end of the first business day after we receive your deposit.

We'll also make more of your funds available for larger deposits:

- **Today:** Typically, we make the first $5,525 of a day's total deposits available by the end of the first business day after we receive your deposit. Please see the TD Bank Personal or Business Deposit Account Agreement for details.
- **By July 1:** We'll increase that amount to $6,725.

Questions?
Visit any TD Bank or call us at **1-888-751-9000**. We're glad to help.

TD Bank
America's Most Convenient Bank®

E STATEMENT OF ACCOUNT

MATTHEW KRELL
164 TERRACE DR
CHATHAM NJ 07928-5001

Page: 1 of 3
Statement Period: Apr 01 2025-Apr 30 2025
Cust Ref #: 4781587832-051-E-0
Primary Account #: 00004781587832

TD Relationship Savings

MATTHEW KRELL

Account # 00004781587832

ACCOUNT SUMMARY

Beginning Balance	33,593.68	Interest Earned This Period	0.28
Electronic Deposits	3,446.76	Interest Paid Year-to-Date	0.98
Other Credits	0.28	Annual Percentage Yield Earned	0.01%
		Days in Period	30
Electronic Payments	3,000.00		
Ending Balance	34,040.72		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/09	ACH DEPOSIT, NYU LANGONE HOSP DIR DEP 1104050	1,723.38
04/23	ACH DEPOSIT, NYU LANGONE HOSP DIR DEP 1104050	1,723.38
	Subtotal:	3,446.76

Other Credits

POSTING DATE	DESCRIPTION	AMOUNT
04/30	INTEREST PAID	0.28
	Subtotal:	0.28

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
04/17	eTransfer Debit, Online Xfer Transfer to CK 7863176199	3,000.00
	Subtotal:	3,000.00

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1 **Ending Balance**		34,040.72
2 **Total Deposits**	+	
3 **Sub Total**		
4 **Total Withdrawals**	-	
5 **Adjusted Balance**		

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

4 WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

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

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

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

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

MATTHEW KRELL

We're committed to keeping you informed when it comes to your banking and want you to know about upcoming changes to your TD Bank Personal or Business Deposit Account Agreement.

TD Bank's Funds Availability Policy will be changing by July 1, 2025.

When you deposit a check, we'll continue to make $100 available immediately and, typically, make the remaining funds available by the end of the first business day after we receive your deposit. **However, if a hold is placed on a check deposit, by July 1, you'll have access to more funds as follows:**

- **Today:** If a hold is applied, an additional $125 is available by the end of the first business day after we receive your deposit.
- **By July 1:** We'll increase the amount available to $175. This means, the first $275 of your deposit will be available by the end of the first business day after we receive your deposit.

We'll also make more of your funds available for larger deposits:

- **Today:** Typically, we make the first $5,525 of a day's total deposits available by the end of the first business day after we receive your deposit. Please see the TD Bank Personal or Business Deposit Account Agreement for details.
- **By July 1:** We'll increase that amount to $6,725.

Questions?
Visit any TD Bank or call us at **1-888-751-9000**. We're glad to help.

TD Bank
America's Most Convenient Bank®

E STATEMENT OF ACCOUNT

MATTHEW KRELL
164 TERRACE DR
CHATHAM NJ 07928-5001

Page:	1 of 3
Statement Period:	Mar 01 2025-Mar 31 2025
Cust Ref #:	4781587832-051-E-0
Primary Account #:	00004781587832

TD Relationship Savings

MATTHEW KRELL

Account # 00004781587832

ACCOUNT SUMMARY

Beginning Balance	30,146.64	Interest Earned This Period	0.27
Electronic Deposits	3,446.77	Interest Paid Year-to-Date	0.70
Other Credits	0.27	Annual Percentage Yield Earned	0.01%
		Days in Period	31
Ending Balance	33,593.68		

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
03/12	ACH DEPOSIT, NYU LANGONE HOSP DIR DEP 1104050	1,723.38
03/26	ACH DEPOSIT, NYU LANGONE HOSP DIR DEP 1104050	1,723.39
	Subtotal:	3,446.77

Other Credits

POSTING DATE	DESCRIPTION	AMOUNT
03/31	INTEREST PAID	0.27
	Subtotal:	0.27

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	**Ending Balance**	**33,593.68**
2	**Total Deposits**	+
3	**Sub Total**	
4	**Total Withdrawals**	-
5	**Adjusted Balance**	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

4 WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

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

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

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

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

MATTHEW KRELL

We're committed to keeping you informed when it comes to your banking and want you to know about upcoming changes to your TD Bank Personal or Business Deposit Account Agreement.

TD Bank's Funds Availability Policy will be changing by July 1, 2025.

When you deposit a check, we'll continue to make $100 available immediately and, typically, make the remaining funds available by the end of the first business day after we receive your deposit. **However, if a hold is placed on a check deposit, by July 1, you'll have access to more funds as follows:**

- **Today:** If a hold is applied, an additional $125 is available by the end of the first business day after we receive your deposit.
- **By July 1:** We'll increase the amount available to $175. This means, the first $275 of your deposit will be available by the end of the first business day after we receive your deposit.

We'll also make more of your funds available for larger deposits:

- **Today:** Typically, we make the first $5,525 of a day's total deposits available by the end of the first business day after we receive your deposit. Please see the TD Bank Personal or Business Deposit Account Agreement for details.
- **By July 1:** We'll increase that amount to $6,725.

Questions?
Visit any TD Bank or call us at **1-888-751-9000**. We're glad to help.

NYU Langone Hospital-Long Island
550 First Ave, New York, NY 10016
(212) 404-4200

Pay Group:	470-WUH Biwk Exempt	Business Unit:	WUHBU
Pay Begin Date:	04/20/2025	Advice #:	000000006407077
Pay End Date:	05/03/2025	Advice Date:	05/09/2025

Employee ID:
Department: W64624-House Staff - Surgery Subspeci
Hourly Shift Rate:
Job Title:
Annual Base: $106,039.00 Annual

TAX DATA:	Federal	NY State
Marital Status:	Single	Single
Allowances:	0	0
Addl. Pct:	N/A	0.000
Addl. Amt:	0.00	0.00

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular Pay	54.378975	72.32	3,932.69	723.20	39,326.90
PGY Supplemental Allowance	54.378975	2.68	145.74	26.80	1,457.40
Total:		75.00	4,078.43	750.00	40,784.30

TAXES

Description	Current	YTD
Fed Withholdng	649.24	6,492.40
Fed MED/EE	59.25	592.53
Fed OASDI/EE	253.36	2,533.59
NY FLI/EE	15.82	158.24
NY Withholdng	214.58	2,145.80
NY OASDI/EE	1.20	12.00
Total	1,193.45	11,934.56

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Total:	0.00	0.00

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Coding Group A - RENT	423.00	3,807.00
Total:	423.00	3,807.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
Core Life Insurance**	6.23	62.30
Employer Paid LTD**	1.78	17.80

** Taxable

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	4,078.43	4,086.44	1,193.45	423.00	2,461.98
YTD:	40,784.30	40,864.40	11,934.56	3,807.00	25,042.74

Year Accruals	Beginning Balance	Hours Earned Year to Date	Hrs Used This Pay Period	Hours Used Year to Date	Hours Avail Year to Date

NET DISTRIBUTION	
Advice #000000006407077	2,461.98
Total:	2,461.98

Retirement Plan Message: Your pay stub shows the last Retirement Plan employer contribution (if eligible) made on the base salary from your prior check.

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
Savings	$1,723.39
Savings	$738.59
Total:	$2,461.98

NYU Langone Hospital-Long Island
550 First Ave, New York, NY 10016
(212) 404-4200

Pay Group:	470-WUH Biwk Exempt	Business Unit:	WUHBU
Pay Begin Date:	05/04/2025	Advice #:	000000006436590
Pay End Date:	05/17/2025	Advice Date:	05/23/2025

Employee ID:
Department: W64624-House Staff - Surgery Subspeci
Hourly Shift Rate:
Job Title:
Annual Base: $106,039.00 Annual

TAX DATA:	Federal	NY State
Marital Status:	Single	Single
Allowances:	0	0
Addl. Pct:	N/A	0.000
Addl. Amt:	0.00	0.00

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular Pay	54.378975	72.32	3,932.69	795.52	43,259.59
PGY Supplemental Allowance	54.378975	2.68	145.74	29.48	1,603.14
Total:		75.00	4,078.43	825.00	44,862.73

TAXES

Description	Current	YTD
Fed Withholdng	649.24	7,141.64
Fed MED/EE	59.26	651.79
Fed OASDI/EE	253.36	2,786.95
NY FLI/EE	15.83	174.07
NY Withholdng	214.58	2,360.38
NY OASDI/EE	1.20	13.20
Total	1,193.47	13,128.03

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Total:	0.00	0.00

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Coding Group A - RENT	423.00	4,230.00
Total:	423.00	4,230.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
Core Life Insurance**	6.23	68.53
Employer Paid LTD**	1.78	19.58

** Taxable

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	4,078.43	4,086.44	1,193.47	423.00	2,461.96
YTD:	44,862.73	44,950.84	13,128.03	4,230.00	27,504.70

Year Accruals	Beginning Balance	Hours Earned Year to Date	Hrs Used This Pay Period	Hours Used Year to Date	Hours Avail Year to Date

NET DISTRIBUTION	
Advice #000000006436590	2,461.96
Total:	2,461.96

Retirement Plan Message: Your pay stub shows the last Retirement Plan employer contribution (if eligible) made on the base salary from your prior check.

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
Savings	$1,723.37
Savings	$738.59
Total:	$2,461.96

NYU Langone Hospital-Long Island
550 First Ave, New York, NY 10016
(212) 404-4200

Pay Group:	470-WUH Biwk Exempt	Business Unit:	WUHBU
Pay Begin Date:	05/18/2025	Advice #:	000000006465127
Pay End Date:	05/31/2025	Advice Date:	06/06/2025

Employee ID:
Department: W64624-House Staff - Surgery Subspeci
Hourly Shift Rate:
Job Title:
Annual Base: $106,039.00 Annual

TAX DATA:	Federal	NY State
Marital Status:	Single	Single
Allowances:	0	0
Addl. Pct:	N/A	0.000
Addl. Amt:	0.00	0.00

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular Pay	54.378975	72.32	3,932.69	867.84	47,192.28
PGY Supplemental Allowance	54.378975	2.68	145.74	32.16	1,748.88
Total:		75.00	4,078.43	900.00	48,941.16

TAXES

Description	Current	YTD
Fed Withholdng	649.24	7,790.88
Fed MED/EE	59.25	711.04
Fed OASDI/EE	253.36	3,040.31
NY FLI/EE	15.82	189.89
NY Withholdng	214.58	2,574.96
NY OASDI/EE	1.20	14.40
Total	1,193.45	14,321.48

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Total:	0.00	0.00

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Coding Group A - RENT	423.00	4,653.00
Total:	423.00	4,653.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
Core Life Insurance**	6.23	74.76
Employer Paid LTD**	1.78	21.36

** Taxable

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	4,078.43	4,086.44	1,193.45	423.00	2,461.98
YTD:	48,941.16	49,037.28	14,321.48	4,653.00	29,966.68

Year Accruals	Beginning Balance	Hours Earned Year to Date	Hrs Used This Pay Period	Hours Used Year to Date	Hours Avail Year to Date

NET DISTRIBUTION	
Advice #000000006465127	2,461.98
Total:	2,461.98

Retirement Plan Message: Your pay stub shows the last Retirement Plan employer contribution (if eligible) made on the base salary from your prior check.

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
Savings	$1,723.39
Savings	$738.59
Total:	$2,461.98

NEW YORK STATE USA

DRIVER LICENSE

Mark J.F. Schroeder
Commissioner of Motor Vehicles

ID 743 865 054

Class D

BUFFOLINO
MICHELLE,LAUREN
1050 IRIS PL
WESTBURY, NY 11590

DOB 04/02/1998
Issued 10/10/2024
Expires 04/02/2027
E NONE
R B
Sex F Height 5'-09" Eyes BRO

Doc# KC7PC3FB05

dmv.ny.gov

Restrictions:
B Corrective Lenses

I hereby make an anatomical gift

SIGNATURE

ENTER ADDRESS CHANGE

(You must notify DMV within 10 days)

01223 007636636 86

NYU Langone Health

June 16,2025

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 us at the number below:

Employee Name: Michelle L Buffolino

Current Employment Title: Ambulatory Care Nurse (37.5)

Employment Dates: From 03/15/2021 to present

Current Employment Type: Full-Time

Annual Salary: $118,685.40

Sincerely,

NYU Langone Hospital - Long Island Human Resources Department
Phone: 516-663-2925
Fax: 516-663-1031
E-mail: HRPCAREQ@nyulangone.org

1415 Kellum Place
Garden City, NY 11530

NYU Langone Health
Human Resources Department
One Park Avenue - 4th Floor
New York, NY 10016

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
MICHELLE L	BUFFOLINO	052 88 9906
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.
1050 IRIS PLACE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
WESTBURY NY 11590

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	112,550.
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	112,550.
2a	Tax-exempt interest	2a		b Taxable interest	2b	1,792.
3a	Qualified dividends	3a	125.	b Ordinary dividends	3b	257.
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	666.
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	115,265.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	115,265.
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	100,665.

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	17,150.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	17,150.
	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	17,150.
	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	17,150.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 16,634.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	16,634.
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	16,634.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X — c Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	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	516.
	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: Kenneth Drewes | Phone no.: (516)445-6968 | Personal identification number (PIN): 19191

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.)
		NURSE	
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.	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:
Kenneth Drewes		06/17/2025	P01784923	☐ Self-employed

Firm's name: CMB MANAGEMENT GROUP INC. | Phone no.

Firm's address: 1265 LEDNAM COURT MERRICK NY 11566 | Firm's EIN: 45-3267097

NYU Langone Hospital-Long Island
550 First Ave, New York, NY 10016
(212) 404-4200

Pay Group:	470-WUH Biwk Exempt	Business Unit:	WUHBU
Pay Begin Date:	05/04/2025	Advice #:	000000006438142
Pay End Date:	05/17/2025	Advice Date:	05/23/2025

Michelle L Buffolino
1050 Iris Place
Westbury, NY 11590

Employee ID: 1115467
Department: W8334-NYU FGP ACGC ENDO URO
Hourly Shift Rate:
Job Title: Ambulatory Care Nurse (37.5)
Annual Base: $118,685.40 Annual

TAX DATA:	Federal	NY State
Marital Status:	Single	Single
Allowances:	N/A	0
Addl. Pct:	N/A	0.000
Addl. Amt:	0.00	0.00

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular Pay	60.864309	52.50	3,195.38	711.00	43,274.52
Vacation	60.864309	22.50	1,369.45	60.00	3,651.86
Bereavement Hours			0.00	22.50	1,369.45
Cultural Heritage Day			0.00	7.50	456.48
Holiday			0.00	22.50	1,369.44
Overtime 1.5 Hours			0.00	19.75	1,803.11
Sick Pay			0.00	3.50	213.03
NonTxble Tuition Reimbursement			0.00		5,250.00
Tuition Reimbursement			0.00		1,710.00
Total:		75.00	4,564.83	846.75	59,097.89

TAXES

Description	Current	YTD
Fed Withholdng	570.21	7,029.61
Fed MED/EE	65.46	772.76
Fed OASDI/EE	279.90	3,304.20
NY FLI/EE	17.71	208.93
NY Withholdng	205.13	2,573.99
NY OASDI/EE	1.20	13.20
Total	1,139.61	13,902.69

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Metlife Dental PPO Plus	18.55	204.05
Anthem Vision	2.47	27.17
UHC Medical	36.00	396.00
403(b) Supplemental	456.48	5,213.78
Total:	513.50	5,841.00

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Total:	0.00	0.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
Core Life Insurance**	3.27	35.97
Employer Paid LTD**	3.35	36.85
403(b) Retirement Plan	273.89	2,746.20

** Taxable

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	4,564.83	4,057.95	1,139.61	513.50	2,911.72
YTD:	59,097.89	48,079.71	13,902.69	5,841.00	39,354.20

Calendar Year Accruals	Beginning Balance	Hours Earned Year to Date	Hrs Used This Pay Period	Hours Used Year to Date	Hours Avail Year to Date
Time Off Recognition	0.00	0.00	0.00	0.00	0.00
Vacation Bonus	0.00	0.00	0.00	0.00	0.00
Vacation Allowance***	187.50	0.00	22.50	60.00	127.50
Vacation Carryover	74.00	0.00	0.00	0.00	74.00

NOTE: *** Refer to MyTime Timecard and Accruals for Earned balance in the Payout Eligibility tab

Retirement Plan Message: Your pay stub shows the last Retirement Plan employer contribution (if eligible) made on the base salary from your prior check.

NET DISTRIBUTION	
Advice #000000006438142	2,911.72
Total:	2,911.72

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
Checking	$250.00
Savings	$2,661.72
Total:	$2,911.72

NYU Langone Hospital-Long Island
550 First Ave, New York, NY 10016
(212) 404-4200

Pay Group:	470-WUH Biwk Exempt	Business Unit:	WUHBU
Pay Begin Date:	04/20/2025	Advice #:	000000006408635
Pay End Date:	05/03/2025	Advice Date:	05/09/2025

Michelle L Buffolino
1050 Iris Place
Westbury, NY 11590

Employee ID: 1115467
Department: W8334-NYU FGP ACGC ENDO URO
Hourly Shift Rate:
Job Title: Ambulatory Care Nurse (37.5)
Annual Base: $118,685.40 Annual

TAX DATA:	Federal	NY State
Marital Status:	Single	Single
Allowances:	N/A	0
Addl. Pct:	N/A	0.000
Addl. Amt:	0.00	0.00

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Bereavement Hours	60.864309	22.50	1,369.45	22.50	1,369.45
Regular Pay	60.864309	52.50	3,195.38	658.50	40,079.14
Cultural Heritage Day			0.00	7.50	456.48
Holiday			0.00	22.50	1,369.44
Overtime 1.5 Hours			0.00	19.75	1,803.11
Sick Pay			0.00	3.50	213.03
NonTxble Tuition Reimbursement			0.00		5,250.00
Tuition Reimbursement			0.00		1,710.00
Vacation			0.00	37.50	2,282.41
Total:		75.00	4,564.83	771.75	54,533.06

TAXES

Description	Current	YTD
Fed Withholdng	570.21	6,459.40
Fed MED/EE	65.46	707.30
Fed OASDI/EE	279.89	3,024.30
NY FLI/EE	17.71	191.22
NY Withholdng	205.13	2,368.86
NY OASDI/EE	1.20	12.00
Total	1,139.60	12,763.08

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Metlife Dental PPO Plus	18.55	185.50
Anthem Vision	2.47	24.70
UHC Medical	36.00	360.00
403(b) Supplemental	456.48	4,757.30
Total:	513.50	5,327.50

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Total:	0.00	0.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
Core Life Insurance**	3.27	32.70
Employer Paid LTD**	3.35	33.50
403(b) Retirement Plan	273.89	2,472.31

** Taxable

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	4,564.83	4,057.95	1,139.60	513.50	2,911.73
YTD:	54,533.06	44,021.76	12,763.08	5,327.50	36,442.48

Calendar Year Accruals	Beginning Balance	Hours Earned Year to Date	Hrs Used This Pay Period	Hours Used Year to Date	Hours Avail Year to Date
Time Off Recognition	0.00	0.00	0.00	0.00	0.00
Vacation Bonus	0.00	0.00	0.00	0.00	0.00
Vacation Allowance***	187.50	0.00	0.00	37.50	150.00
Vacation Carryover	74.00	0.00	0.00	0.00	74.00

NOTE: *** Refer to MyTime Timecard and Accruals for Earned balance in the Payout Eligibility tab

Retirement Plan Message: Your pay stub shows the last Retirement Plan employer contribution (if eligible) made on the base salary from your prior check.

NET DISTRIBUTION	
Advice #000000006408635	2,911.73
Total:	2,911.73

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
Checking	$250.00
Savings	$2,661.73
Total:	$2,911.73

NYU Langone Hospital-Long Island
550 First Ave, New York, NY 10016
(212) 404-4200

Pay Group:	470-WUH Biwk Exempt	Business Unit:	WUHBU
Pay Begin Date:	05/18/2025	Advice #:	000000006466688
Pay End Date:	05/31/2025	Advice Date:	06/06/2025

Michelle L Buffolino
1050 Iris Place
Westbury, NY 11590

Employee ID: 1115467
Department: W8334-NYU FGP ACGC ENDO URO
Hourly Shift Rate:
Job Title: Ambulatory Care Nurse (37.5)
Annual Base: $118,685.40 Annual

TAX DATA:	Federal	NY State
Marital Status:	Single	Single
Allowances:	N/A	0
Addl. Pct:	N/A	0.000
Addl. Amt:	0.00	0.00

HOURS AND EARNINGS

Description	Current Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Holiday	60.864309	7.50	456.48	30.00	1,825.92
Regular Pay	60.864309	30.00	1,825.93	741.00	45,100.45
Vacation	60.864309	37.50	2,282.41	97.50	5,934.27
Bereavement Hours			0.00	22.50	1,369.45
Cultural Heritage Day			0.00	7.50	456.48
Overtime 1.5 Hours			0.00	19.75	1,803.11
Sick Pay			0.00	3.50	213.03
NonTxble Tuition Reimbursement			0.00		5,250.00
Tuition Reimbursement			0.00		1,710.00
Total:		75.00	4,564.82	921.75	63,662.71

TAXES

Description	Current	YTD
Fed Withholdng	570.21	7,599.82
Fed MED/EE	65.45	838.21
Fed OASDI/EE	279.89	3,584.09
NY FLI/EE	17.71	226.64
NY Withholdng	205.13	2,779.12
NY OASDI/EE	1.20	14.40
Total	1,139.59	15,042.28

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Metlife Dental PPO Plus	18.55	222.60
Anthem Vision	2.47	29.64
UHC Medical	36.00	432.00
403(b) Supplemental	456.48	5,670.26
Total:	513.50	6,354.50

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Total:	0.00	0.00

EMPLOYER PAID BENEFITS

Description	Current	YTD
Core Life Insurance**	3.27	39.24
Employer Paid LTD**	3.35	40.20
403(b) Retirement Plan	273.89	3,020.09

** Taxable

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	4,564.82	4,057.94	1,139.59	513.50	2,911.73
YTD:	63,662.71	52,137.65	15,042.28	6,354.50	42,265.93

Calendar Year Accruals	Beginning Balance	Hours Earned Year to Date	Hrs Used This Pay Period	Hours Used Year to Date	Hours Avail Year to Date
Time Off Recognition	0.00	0.00	0.00	0.00	0.00
Vacation Bonus	0.00	0.00	0.00	0.00	0.00
Vacation Allowance***	187.50	0.00	37.50	97.50	90.00
Vacation Carryover	74.00	0.00	0.00	0.00	74.00

NOTE: *** Refer to MyTime Timecard and Accruals for Earned balance in the Payout Eligibility tab

Retirement Plan Message: Your pay stub shows the last Retirement Plan employer contribution (if eligible) made on the base salary from your prior check.

NET DISTRIBUTION	
Advice #000000006466688	2,911.73
Total:	2,911.73

DIRECT DEPOSIT DISTRIBUTION	
Account Type	Deposit Amount
Checking	$250.00
Savings	$2,661.73
Total:	$2,911.73

MICHELLE BUFFOLINO
1050 IRIS PL
WESTBURY NY 11590

Thanks for saving with Capital One 360®

Here's your **May 2025** bank statement.

STATEMENT PERIOD
May 1 - May 31, 2025

$56,588.13

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	May 1	May 31
Fun Money	$27.72	**$156.61**
Bills	$400.53	**$400.99**
General Savings	$55,663.28	**$56,030.53**
All Accounts	$56,091.53	**$56,588.13**

Cashflow Summary

+ $167.66 INTEREST EARNED THIS PERIOD
− $0.00 OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
− $0.00 FINANCE CHARGES THIS PERIOD

Fun Money - 3027219879

360 CHECKING

0.14%	$0.06	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 1	**Opening Balance**			**$27.72**
May 1	Debit Card Purchase - TARGET 00011395 WESTBURY NY	Debit	**- $8.62**	$19.10
May 5	Deposit from General Savings XXXXXXX1446	Credit	**+ $63.00**	$82.10
May 6	Digital Card Purchase - STARBUCKS 800 782 7282 SEATTLE WA	Debit	**- $10.00**	$72.10
May 7	Digital Card Purchase - STARBUCKS 800 782 7282 SEATTLE WA	Debit	**- $25.00**	$47.10
May 10	Deposit from General Savings XXXXXXX1446	Credit	**+ $452.00**	$499.10
May 10	ATM Cash Deposit - CAPITAL ONE E201 EAST MEADOW, NY	Credit	**+ $33.00**	$532.10
May 10	ATM Withdrawal - CAPITAL ONE E201 EAST MEADOW, NY	Debit	**- $452.00**	$80.10
May 25	Deposit from General Savings XXXXXXX1446	Credit	**+ $300.00**	$380.10
May 25	ATM Withdrawal - DAYS FARMING CVL RC01309 FARMINGDALE, NY	Debit	**- $233.50**	$146.60
May 26	ATM Withdrawal - CAPITAL ONE E201 EAST MEADOW, NY	Debit	**- $40.00**	$106.60
May 26	Deposit from General Savings XXXXXXX1446	Credit	**+ $50.00**	$156.60
May 31	Monthly Interest Paid	Credit	**+ $0.01**	$156.61
May 31	**Closing Balance**			**$156.61**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

Bills - 36141843798

360 CHECKING

0.10%	$0.26	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 1	**Opening Balance**			**$400.53**
May 11	Deposit from General Savings XXXXXXX1446	Credit	**+ $3,534.00**	$3,934.53
May 12	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $121.00**	$3,813.53
May 12	Withdrawal from MFSUSA LEASE PAY BILL PAY	Debit	**- $399.59**	$3,413.94
May 12	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $2,176.00**	$1,237.94
May 13	Withdrawal from DISCOVER E-PAYMENT	Debit	**- $1,037.00**	$200.94
May 26	Deposit from General Savings XXXXXXX1446	Credit	**+ $3,232.00**	$3,432.94
May 27	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $107.00**	$3,325.94
May 27	Withdrawal from VENMO PAYMENT	Debit	**- $150.00**	$3,175.94
May 27	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $2,022.00**	$1,153.94
May 27	Deposit from General Savings XXXXXXX1446	Credit	**+ $200.00**	$1,353.94
May 27	Zelle money sent to DEBORAH LONGO	Debit	**- $200.00**	$1,153.94
May 28	Withdrawal from DISCOVER E-PAYMENT	Debit	**- $753.00**	$400.94
May 31	Monthly Interest Paid	Credit	**+ $0.05**	$400.99
May 31	**Closing Balance**			**$400.99**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

General Savings - 36123001446

360 PERFORMANCE SAVINGS

3.60%	$758.12	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 1	**Opening Balance**			**$55,663.28**
May 5	Withdrawal to Fun Money XXXXXX9879	Debit	**- $63.00**	$55,600.28
May 9	Deposit from NYU LANGONE HOSP DIR DEP	Credit	**+ $2,661.73**	$58,262.01
May 10	Withdrawal to Fun Money XXXXXX9879	Debit	**- $452.00**	$57,810.01
May 11	Withdrawal to Bills XXXXXXX3798	Debit	**- $3,534.00**	$54,276.01
May 15	Deposit from ADELPHI UNIVERSI PAYROLL	Credit	**+ $1,406.49**	$55,682.50
May 16	Withdrawal from LPL DEBIT	Debit	**- $100.00**	$55,582.50
May 23	Deposit from NYU LANGONE HOSP DIR DEP	Credit	**+ $2,661.72**	$58,244.22
May 25	Withdrawal to Fun Money XXXXXX9879	Debit	**- $300.00**	$57,944.22
May 26	Withdrawal to Bills XXXXXXX3798	Debit	**- $3,232.00**	$54,712.22
May 26	Withdrawal to Fun Money XXXXXX9879	Debit	**- $50.00**	$54,662.22
May 27	Withdrawal to Bills XXXXXXX3798	Debit	**- $200.00**	$54,462.22
May 30	Deposit from ADELPHI UNIVERSI PAYROLL	Credit	**+ $1,400.71**	$55,862.93
May 31	Monthly Interest Paid	Credit	**+ $167.60**	$56,030.53
May 31	**Closing Balance**			**$56,030.53**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Fees	**$0.00**	**$0.00**

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.

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

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

MICHELLE BUFFOLINO
1050 IRIS PL
WESTBURY NY 11590

Thanks for saving with Capital One 360®

Here's your **April 2025** bank statement.

STATEMENT PERIOD
Apr 1 - Apr 30, 2025

$56,091.53

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Apr 1	Apr 30
Fun Money	$421.21	**$27.72**
Bills	$3,148.06	**$400.53**
General Savings	$54,142.97	**$55,663.28**
All Accounts	$57,712.24	**$56,091.53**

Cashflow Summary

+ $160.63 INTEREST EARNED THIS PERIOD
− $0.00 OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
− $0.00 FINANCE CHARGES THIS PERIOD

Fun Money - 3027219879

360 CHECKING

0.10%	$0.05	30
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Apr 1	**Opening Balance**			**$421.21**
Apr 1	Deposit from General Savings XXXXXXX1446	Credit	**+ $25.00**	$446.21
Apr 5	ATM Withdrawal - CAPITAL ONE A6C7 EAST MEADOW, NY	Debit	**- $358.00**	$88.21
Apr 5	Debit Card Purchase - STARBUCKS 800 782 7282 800 782 7282 WA	Debit	**- $25.00**	$63.21
Apr 20	Deposit from General Savings XXXXXXX1446	Credit	**+ $210.00**	$273.21
Apr 20	ATM Cash Deposit - CAPITAL ONE A6C7 EAST MEADOW, NY	Credit	**+ $48.00**	$321.21
Apr 20	ATM Withdrawal - CAPITAL ONE A6C7 EAST MEADOW, NY	Debit	**- $210.00**	$111.21
Apr 23	Zelle money received from DEBORAH E LONGO	Credit	**+ $50.00**	$161.21
Apr 26	ATM Withdrawal - HAPPY DALE DRTX CW27374 FARMINGDALE, NY	Debit	**- $123.50**	$37.71
Apr 26	Debit Card Purchase - STARBUCKS 800 782 7282 SEATTLE WA	Debit	**- $25.00**	$12.71
Apr 27	Deposit from General Savings XXXXXXX1446	Credit	**+ $200.00**	$212.71
Apr 27	ATM Withdrawal - CAPITAL ONE A6C7 EAST MEADOW, NY	Debit	**- $200.00**	$12.71
Apr 29	Zelle money received from ASHLEIGH LEIBROCK	Credit	**+ $15.00**	$27.71
Apr 30	Monthly Interest Paid	Credit	**+ $0.01**	$27.72
Apr 30	**Closing Balance**			**$27.72**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

Bills - 36141843798

360 CHECKING

0.10%	$0.21	30
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Apr 1	**Opening Balance**			**$3,148.06**
Apr 1	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $1,210.00**	$1,938.06
Apr 1	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $136.00**	$1,802.06
Apr 1	Withdrawal from DISCOVER E-PAYMENT	Debit	**- $1,402.00**	$400.06
Apr 10	Withdrawal from MFSUSA LEASE PAY BILL PAY	Debit	**- $399.59**	$0.47
Apr 11	Deposit from General Savings XXXXXXX1446	Credit	**+ $2,691.00**	$2,691.47
Apr 14	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $106.00**	$2,585.47
Apr 14	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $979.00**	$1,606.47
Apr 14	Withdrawal from VENMO PAYMENT	Debit	**- $175.00**	$1,431.47
Apr 14	Withdrawal from DISCOVER E-PAYMENT	Debit	**- $1,231.00**	$200.47
Apr 26	Deposit from General Savings XXXXXXX1446	Credit	**+ $2,731.00**	$2,931.47
Apr 28	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $133.00**	$2,798.47
Apr 28	Withdrawal from DISCOVER E-PAYMENT	Debit	**- $884.00**	$1,914.47
Apr 28	Withdrawal from CHASE CREDIT CRD EPAY	Debit	**- $1,514.00**	$400.47
Apr 28	Deposit from General Savings XXXXXXX1446	Credit	**+ $1,000.00**	$1,400.47
Apr 29	Withdrawal from VENMO PAYMENT	Debit	**- $1,000.00**	$400.47
Apr 30	Monthly Interest Paid	Credit	**+ $0.06**	$400.53
Apr 30	**Closing Balance**			**$400.53**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

General Savings - 36123001446

360 PERFORMANCE SAVINGS

3.62%
ANNUAL PERCENTAGE YIELD (APY) EARNED

$590.52
YTD INTEREST AND BONUSES

30
DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Apr 1	**Opening Balance**			**$54,142.97**
Apr 1	Withdrawal to Fun Money XXXXXX9879	Debit	**- $25.00**	$54,117.97
Apr 8	Interest Rate Change from 3.639% to 3.542%			$54,117.97
Apr 11	Deposit from NYU LANGONE HOSP DIR DEP	Credit	**+ $2,763.49**	$56,881.46
Apr 11	Withdrawal to Bills XXXXXXX3798	Debit	**- $2,691.00**	$54,190.46
Apr 15	Deposit from ADELPHI UNIVERSI PAYROLL	Credit	**+ $1,421.46**	$55,611.92
Apr 16	Withdrawal from LPL DEBIT	Debit	**- $100.00**	$55,511.92
Apr 20	Withdrawal to Fun Money XXXXXX9879	Debit	**- $210.00**	$55,301.92
Apr 25	Deposit from NYU LANGONE HOSP DIR DEP	Credit	**+ $2,725.32**	$58,027.24
Apr 26	Withdrawal to Bills XXXXXXX3798	Debit	**- $2,731.00**	$55,296.24
Apr 27	Withdrawal to Fun Money XXXXXX9879	Debit	**- $200.00**	$55,096.24
Apr 28	Withdrawal to Bills XXXXXXX3798	Debit	**- $1,000.00**	$54,096.24

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Apr 30	Deposit from ADELPHI UNIVERSI PAYROLL	Credit	+ $1,406.48	$55,502.72
Apr 30	Monthly Interest Paid	Credit	+ $160.56	$55,663.28
Apr 30	**Closing Balance**			**$55,663.28**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Fees	**$0.00**	**$0.00**

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.

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

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

MICHELLE BUFFOLINO
1050 IRIS PL
WESTBURY NY 11590

Thanks for saving with Capital One 360®

Here's your **March 2025** bank statement.

STATEMENT PERIOD
Mar 1 - Mar 31, 2025

$57,712.24

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Mar 1	Mar 31
Fun Money	$57.06	**$421.21**
Bills	$206.74	**$3,148.06**
General Savings	$52,293.85	**$54,142.97**
All Accounts	$52,557.65	**$57,712.24**

Cashflow Summary

+ $163.05 INTEREST EARNED THIS PERIOD
− $0.00 OVERDRAFT AND RETURN ITEM FEES THIS PERIOD
− $0.00 FINANCE CHARGES THIS PERIOD

Fun Money - 3027219879

360 CHECKING

0.11%	$0.04	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Mar 1	**Opening Balance**			**$57.06**
Mar 1	Deposit from General Savings XXXXXXX1446	Credit	+ $385.00	$442.06
Mar 1	Zelle money received from DEBORAH E LONGO	Credit	+ $20.00	$462.06
Mar 1	ATM Withdrawal - CAPITAL ONE E201 EAST MEADOW, NY	Debit	- $385.00	$77.06
Mar 2	Deposit from General Savings XXXXXXX1446	Credit	+ $100.00	$177.06
Mar 2	ATM Withdrawal - ARMIN DALE WD TS CW01873 FARMINGDALE, NY	Debit	- $123.50	$53.56
Mar 4	Zelle money received from DEBORAH E LONGO	Credit	+ $1,660.00	$1,713.56
Mar 5	Withdrawal to General Savings XXXXXXX1446	Debit	- $1,500.00	$213.56
Mar 5	Digital Card Purchase - STARBUCKS 800 782 7282 SEATTLE WA	Debit	- $25.00	$188.56
Mar 6	Zelle money received from DEBORAH E LONGO	Credit	+ $10.00	$198.56
Mar 7	Debit Card Purchase - CHICK FIL A 03451 WESTBURY NY	Debit	- $34.89	$163.67
Mar 9	Digital Card Purchase - STARBUCKS 800 782 7282 SEATTLE WA	Debit	- $25.00	$138.67
Mar 14	Zelle money received from KEVIN BRYAN NORONA	Credit	+ $50.00	$188.67
Mar 14	Debit Card Purchase - STARBUCKS 800 782 7282 800 782 7282 WA	Debit	- $25.00	$163.67
Mar 15	Deposit from General Savings XXXXXXX1446	Credit	+ $350.00	$513.67
Mar 15	ATM Withdrawal - CAPITAL ONE E201 EAST MEADOW, NY	Debit	- $350.00	$163.67
Mar 15	Debit Card Purchase - TACO BELL 27366 WESTBURY NY	Debit	- $12.04	$151.63
Mar 17	Zelle money received from STACEY LUNA	Credit	+ $50.00	$201.63
Mar 17	Zelle money received from TESSA LEIBROCK	Credit	+ $832.00	$1,033.63
Mar 17	Withdrawal to General Savings XXXXXXX1446	Debit	- $800.00	$233.63
Mar 18	Debit Card Purchase - GRUBHUB MCDONALDS 8775851085 NY	Debit	- $1.88	$231.75
Mar 19	Zelle money received from ASHLEIGH LEIBROCK	Credit	+ $400.00	$631.75

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Mar 19	Withdrawal to General Savings XXXXXXX1446	Debit	- $500.00	$131.75
Mar 21	Deposit from General Savings XXXXXXX1446	Credit	+ $150.00	$281.75
Mar 24	Withdrawal from VENMO PAYMENT	Debit	- $150.00	$131.75
Mar 24	Digital Card Purchase - ETSY COM LESTARCO BROOKLYN NY	Debit	- $40.43	$91.32
Mar 30	Debit Card Purchase - PMUSA 106010 ISLIP DOW ATLANTA GA	Debit	- $1.95	$89.37
Mar 30	Debit Card Purchase - PMUSA 106010 ISLIP DOW ATLANTA GA	Debit	- $1.95	$87.42
Mar 31	Deposit from General Savings XXXXXXX1446	Credit	+ $333.77	$421.19
Mar 31	Monthly Interest Paid	Credit	+ $0.02	$421.21
Mar 31	**Closing Balance**			**$421.21**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

Bills - 36141843798

360 CHECKING

0.10%	$0.15	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Mar 1	**Opening Balance**			**$206.74**
Mar 1	Deposit from General Savings XXXXXXX1446	Credit	+ $250.00	$456.74
Mar 1	Zelle money sent to Maria Buffolino	Debit	- $250.00	$206.74
Mar 2	Deposit from General Savings XXXXXXX1446	Credit	+ $1,343.00	$1,549.74
Mar 4	Withdrawal from CHASE CREDIT CRD EPAY	Debit	- $62.00	$1,487.74

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Mar 4	Withdrawal from CHASE CREDIT CRD EPAY	Debit	- $659.00	$828.74
Mar 4	Withdrawal from DISCOVER E-PAYMENT	Debit	- $422.00	$406.74
Mar 10	Withdrawal from MFSUSA LEASE PAY BILL PAY	Debit	- $399.59	$7.15
Mar 13	Deposit from NY STATE NYSTTAXRFD	Credit	+ $367.00	$374.15
Mar 13	Withdrawal to General Savings XXXXXXX1446	Debit	- $374.15	$0.00
Mar 14	Deposit from General Savings XXXXXXX1446	Credit	+ $3,639.00	$3,639.00
Mar 17	Withdrawal from CHASE CREDIT CRD EPAY	Debit	- $122.00	$3,517.00
Mar 17	Withdrawal from CHASE CREDIT CRD EPAY	Debit	- $795.00	$2,722.00
Mar 17	Withdrawal from DISCOVER E-PAYMENT	Debit	- $2,522.00	$200.00
Mar 28	Deposit from General Savings XXXXXXX1446	Credit	+ $400.00	$600.00
Mar 28	Zelle money sent to JESSICA ROBERTS	Debit	- $400.00	$200.00
Mar 31	Deposit from General Savings XXXXXXX1446	Credit	+ $2,948.00	$3,148.00
Mar 31	Deposit from General Savings XXXXXXX1446	Credit	+ $20.00	$3,168.00
Mar 31	Zelle money sent to THE LASH QUEEN, INC.	Debit	- $20.00	$3,148.00
Mar 31	Monthly Interest Paid	Credit	+ $0.06	$3,148.06
Mar 31	**Closing Balance**			**$3,148.06**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Overdraft Fees	**$0.00**	**$0.00**
Total Return Item Fees	**$0.00**	**$0.00**

General Savings - 36123001446

360 PERFORMANCE SAVINGS

3.70%	$429.96	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Mar 1	**Opening Balance**			**$52,293.85**
Mar 1	Withdrawal to Bills XXXXXXX3798	Debit	**- $250.00**	$52,043.85
Mar 1	Withdrawal to Fun Money XXXXXX9879	Debit	**- $385.00**	$51,658.85
Mar 2	Withdrawal to Fun Money XXXXXX9879	Debit	**- $100.00**	$51,558.85
Mar 2	Withdrawal to Bills XXXXXXX3798	Debit	**- $1,343.00**	$50,215.85
Mar 5	Deposit from Fun Money XXXXXX9879	Credit	**+ $1,500.00**	$51,715.85
Mar 13	Deposit from Bills XXXXXXX3798	Credit	**+ $374.15**	$52,090.00
Mar 14	Deposit from ADELPHI UNIVERSI PAYROLL	Credit	**+ $1,406.49**	$53,496.49
Mar 14	Deposit from NYU LANGONE HOSP DIR DEP	Credit	**+ $2,877.99**	$56,374.48
Mar 14	Withdrawal to Bills XXXXXXX3798	Debit	**- $3,639.00**	$52,735.48
Mar 15	Withdrawal to Fun Money XXXXXX9879	Debit	**- $350.00**	$52,385.48
Mar 17	Deposit from Fun Money XXXXXX9879	Credit	**+ $800.00**	$53,185.48
Mar 18	Withdrawal from LPL DEBIT	Debit	**- $100.00**	$53,085.48
Mar 19	Deposit from Fun Money XXXXXX9879	Credit	**+ $500.00**	$53,585.48
Mar 21	Withdrawal to Fun Money XXXXXX9879	Debit	**- $150.00**	$53,435.48
Mar 28	Deposit from NYU LANGONE HOSP DIR DEP	Credit	**+ $2,839.81**	$56,275.29
Mar 28	Withdrawal to Bills XXXXXXX3798	Debit	**- $400.00**	$55,875.29
Mar 31	Deposit from ADELPHI UNIVERSI PAYROLL	Credit	**+ $1,406.48**	$57,281.77
Mar 31	Withdrawal to Bills XXXXXXX3798	Debit	**- $2,948.00**	$54,333.77
Mar 31	Withdrawal to Fun Money XXXXXX9879	Debit	**- $333.77**	$54,000.00
Mar 31	Withdrawal to Bills XXXXXXX3798	Debit	**- $20.00**	$53,980.00
Mar 31	Monthly Interest Paid	Credit	**+ $162.97**	$54,142.97
Mar 31	**Closing Balance**			**$54,142.97**

Fees Summary

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
Total Fees	**$0.00**	**$0.00**

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.

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

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