1328 Fulton

APPLICATION FOR RENTAL

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

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Yohannes	Sofia		***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
5/30/1994	(978) 407-1682		syohann1@bu.edu

RELATIONSHIP TO TENANT

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
533 Hancock St.	Brooklyn	NY	11233

DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE
8/1/2024	current	Gordon Christmas	(917) 209-1586

REASON FOR LEAVING	OWN OR RENT	APARTMENT #	MONTHLY RENT
I live on the ground floor and don't want bugs to access my apt. I also want more light. My current landlord doesn't know I am leaving so please don't contact him yet!	Rent	403	$2,955.00 / Mo.

PREVIOUS ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
426 Tompkins ave apt 3b	Brooklyn	NY	11216

DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE
9/1/2021	9/1/2024		

REASON FOR LEAVING	OWN OR RENT	APARTMENT #	MONTHLY RENT
Moved from 3 bedroom to one bedroom	Rent	3b	/ Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Consultant	Accenture	$135,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Mark Mhyre		9/11/2021	current

EMPLOYER ADDRESS	CITY	STATE	ZIP
1 Manhattan West	New York	NY	10001

EMERGENCY CONTACT

NAME	ADDRESS
Feven Merid	426 Tompkins Ave apt 3g, Brooklyn, 40 11216

PHONE	RELATIONSHIP	E-MAIL
(978) 602-4187	Cousin	fevenmerid@gmail.com

BUSINESS/PROFESSIONAL REFERENCE

NAME	ADDRESS

PHONE	RELATIONSHIP	E-MAIL

IN THE EVENT OF DEATH - CONTACT

NAME	RELATIONSHIP	PHONE
Lydia Yohannes	sister	9783405777

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.com

IF THE APARTMENT YOU'RE APPLYING FOR IS NO LONGER AVAILABLE, ARE THERE ANY OTHER APARTMENTS IN THE BUILDING OR OTHER BUILDINGS THAT YOU'RE INTERESTED IN?

Yes, I would be open to looking at one bedrooms. If it helps to move in/sign sooner I would if needed.

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
403	I am a good tenant who has lived in Bedstuy for 4 years. I am friendly and pay timely. I treat my home and common spaces with respect and care. I am open to moving in earlier if that helps my application. Thank you!

DESIRED MOVE IN DATE:

8/1/2025

I (WE) HAVE SEEN THE ACTUAL APARTMENT FOR WHICH I (WE) ARE APPLYING?:

NO

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

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

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

New York City Tenant Fair Chance Act

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

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

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

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

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

APPLICATION FOR SOFIA YOHANNES SUBMITTED ONLINE on July 10, 2025

Signed by Sofia Yohannes
Thu Jul 10 2025 09:54:19 PM EDT
Key: 69E6A8B9; IP Address: 10.33.14.4

Sofia Yohannes *(Applicant)* *Date*

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

Application Fee for Sofia Yohannes - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Sofia Yohannes	XXXXXXXXXXXX7574	15994170	$20.70

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

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

Conditional Offer of Housing

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

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

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

Criminal Background Check

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

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

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

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

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

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

Right to Provide Support for Your Application

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

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

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

Right to an Individualized Assessment of Your Application

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

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

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

Legitimate Business Interest

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

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

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

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

Revoking a Conditional Offer of Housing

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

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

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Exemptions for Housing Providers

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

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

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

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

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Sofia Yohannes

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. **Application Approved by Malgorzata Warchol on 7/15/2025**.

Score for Sofia Yohannes: 781		
	Importance	**Result**
AI Score	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	

Credit Quick Summary	
Total annual income (reported by Applicant)	$135,000.00
Total combined annual income to rent ratio	45.68 (based on rent of $2,955.42)
Total number of accounts	13
Accounts with no late payments	12 (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	0 (0 unpaid past due)
Total outstanding balance	$191,840.00 ($0.00 past due)
Outstanding revolving debt	$84.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$191,756.00 ($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:	Sofia Yohannes	SOFIA E. YOHANNES
SSN:	***-**-****	***-**-****
Birth Date:	5/**/1994	5/**/1994

Addresses	From Application	From Equifax
	533 Hancock St. Brooklyn, NY 11233 - US	426 TOMPKINS AVE. 3B BROOKLYN, NY 11216 (Applicant) Reported 7/2025 533 HANCOCK ST. BROOKLYN, NY 11233 (Applicant) Reported 7/2025 55 TERRACE DR. 11 LEOMINSTER, MA 01453 (Applicant) Reported 6/2025 3535 ROSWELL RD NE A2 ATLANTA, GA 30305 (Applicant) Reported 3/2025 166 PLEASANT ST. LEOMINSTER, MA 01453 (Applicant) Reported 8/2024 1258 KEYS LAKE DR NE BROOKHAVEN, GA 30319 (Applicant) Reported 11/2022 189 WILLARD ST. 207 LEOMINSTER, MA 01453 (Applicant) Reported 8/2015

Employment	From Application	From Equifax
Applicant:	Consultant Accenture $135,000.00/Yr. Total annual Income: $135,000.00	

Restricted Person Search

Requested For	Requested	Returned
Sofia Yohannes	7/13/2025	7/13/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	781	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)	733	The date that you opened your oldest account is too recent Lack of sufficient credit history Open real estate account balances are too high compared to their loan amounts The balances on your accounts are too high compared to loan amounts

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIZENS HOME LO (Applicant)	7/2022	6/2025	1	0	0		$169,365.00

Monthly Payment	High Credit	Type	Comments
$1,325.00	$175,750.00	MORTGAGE	FREDDIE MAC ACCOUNT FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

7/25	5/25	3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23
0 0 0 0 0	2	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
DEPT OF ED (Applicant)	8/2016	4/2025					$3,981.00

Monthly Payment	High Credit	Type	Comments
$234.00	$20,500.00	INSTALLMENT	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 0 0 0 0 0 0 0 0 0 0 0 0											

Rental Report for Sofia Yohannes, 7/13/2025 for 403 at 1328 Fulton

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
COMMONWEALTH OF MASS (Applicant)	1/2013	5/2025					$3,937.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$87.00	$10,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2014	4/2025					$3,909.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$57.00	$5,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2015	4/2025					$3,783.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$56.00	$5,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2013	4/2025					$3,318.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$46.00	$4,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2012	4/2025					$2,563.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$35.00	$3,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2013	4/2025					$900.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$23.00	$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	8/2019	6/2025					$84.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$4,089.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	4/2017	12/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$10,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2015	2/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	8/2014	2/2019					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DIGITAL FCU (Applicant)	6/2018	4/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,482.00	REVOLVING	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed			

Payment History

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

Previous Credit Inquiries	
From Equifax	
7/2024	FACTUAL DATA (Applicant)

NOTICE OF ADVERSE ACTION

July 15, 2025

Dear Sofia Yohannes:

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

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

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

Credit Information Provider(s):
Equifax
P.O. Box 740241
Atlanta, GA 30374
800-685-1111
www.equifax.com

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

2. You have the right, under the Fair Credit Reporting Act ("FCRA"), to know the information contained in your file at each consumer reporting agency and to dispute any information that you believe is inaccurate or incomplete. If any person takes adverse action against you based in whole or in part on any information contained in a consumer report, you also have the right to a free copy of the report if you request it no later than 60 days after your receipt of the adverse action notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute it with the relevant consumer reporting agency.

3. If you would like to review the consumer report that we used to evaluate your application, you can do so by visiting On-Site's applicant help center at www.renterrelations.com and requesting a free copy of your rental report. You can also reach On-Site at the address or phone number listed above.

4. After you receive your rental report, you may submit a dispute to the relevant consumer reporting agency (listed above) about any information in the report that you believe is inaccurate or incomplete. You may also submit your dispute of any information in the report that was provided by another consumer reporting agency to On-Site and they will forward your dispute to the relevant provider. Both you and 1328 Fulton will be notified by On-Site via email of any updates made to the information.

5. We obtained your AI Score from our screening services provider, On-Site, and used it as a factor in our decision.

Your AI Score is: **781** Date: **July 13, 2025**

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

Key factors that adversely affected your AI score are:

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

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

Your **Equifax** Credit Score: **733** Date: **July 13, 2025**

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

Key factors that adversely affected your credit score:

- The date that you opened your oldest account is too recent
- Lack of sufficient credit history
- Open real estate account balances are too high compared to their loan amounts
- The balances on your accounts are too high compared to loan amounts

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

Sincerely,

Fulton Street Development LLC

A Summary of Your Rights Under the Fair Credit Reporting Act

https://www.realpage.com/your-rights-under-fair-credit-reporting-act/

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

COVID-19 V...

GEORGIA
DRIVER'S LICENSE

DRIVER'S LICENSE

DL USA GA

Governor:

Commissioner:

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2 SOFIA ELIZABETH
1 YOHANNES

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BROOKHAVEN, GA 30319-4164
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Other

Other

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CVS#2569

accenture

Employer Name:	Accenture LLP
Employer Phone:	8004322729
Employer Address:	10931 Laureate Drive Suite 201 San Antonio, TX 78249

Employee Name:	Sofia E Yohannes
Employee #:	13278907
Employee Address:	533 Hancock Street Brooklyn, NY 11233
Site:	New York One Manhattan West Corp_1000
Region:	Accenture LLP
Pay Group:	US - Accenture LLP (NY-TN)
Pay Type:	Salaried Exempt
FEIN:	720542904

Pay Date:	5/21/2025
Pay Period:	5/1/2025 - 5/15/2025
Deposit Advice #:	949951265
Pay Frequency:	Semi-Monthly
Pay Rate:	$5,941.67
Federal Filing Status:	Single
Federal 2c/Extra Withholding:	No/$0.00
Local Exemptions:	0 (New York City)
State Filing Status:	Single (NY)
State Exemptions:	0/$0.00 (NY)

	Current 5/1/2025 - 5/15/2025			YTD As of 5/15/2025	
	Hours/Units	**Rate**	**Amount**	**Hours/Units**	**Amount**
Earnings	**86.67**		**$5,941.67**	**866.70**	**$59,416.70**
Regular Pay	26.67		$1,828.37	686.70	$47,076.80
Regular Retro				-24.00	($1,645.32)
PTO	60.00	68.5551	$4,113.30	148.00	$10,146.14
PTO Retro				16.00	$1,096.88
Culture Day				16.00	$1,096.88
Holiday				16.00	$1,096.88
Holiday Retro				8.00	$548.44
Taxable Benefits			**$3.72**		**$37.20**
Imp Life			$3.72		$37.20
Pre-Tax Deductions			**$99.38**		**$993.80**
CIGNA PPO			$85.82		$858.20
Dental PPO			$13.56		$135.60
Taxes			**$1,984.10**		**$19,840.90**
Fed W/H			$955.00		$9,550.00
FICA EE			$362.46		$3,624.53
Fed MWT EE			$84.77		$847.67
NY W/H			$330.98		$3,309.80
NY DT EE			$1.30		$13.00
NY FLIT			$23.07		$230.70
NYCCityW/H			$226.52		$2,265.20
Post-Tax Deductions			**$415.92**		**$4,159.20**
Roth 401K			$415.92		$4,159.20
	Routing #	**Account #**	**Amount**		**Amount**
Net Pay			**$3,442.27**		**$34,422.80**
Direct Deposit	211391825	XXXX5535	$3,442.27		

Accruals & Balances					
PTO Balance:	48.00 Hours	PTO Accrued:	7.00 Hours	PTO Taken:	60.00 Hours
Culture Day Balance:	16.00 Hours				

Messages from your Employer
Company Name: Accenture LLP

accenture

Employer Name:	Accenture LLP
Employer Phone:	8004322729
Employer Address:	10931 Laureate Drive Suite 201 San Antonio, TX 78249

Employee Name:	Sofia E Yohannes
Employee #:	13278907
Employee Address:	533 Hancock Street Brooklyn, NY 11233
Site:	New York One Manhattan West Corp_1000
Region:	Accenture LLP
Pay Group:	US - Accenture LLP (NY-TN)
Pay Type:	Salaried Exempt
FEIN:	720542904

Pay Date:	6/6/2025
Pay Period:	5/16/2025 - 5/31/2025
Deposit Advice #:	957069409
Pay Frequency:	Semi-Monthly
Pay Rate:	$5,941.67
Federal Filing Status:	Single
Federal 2c/Extra Withholding:	No/$0.00
Local Exemptions:	0 (New York City)
State Filing Status:	Single (NY)
State Exemptions:	0/$0.00 (NY)

	Current 5/16/2025 - 5/31/2025			YTD As of 5/31/2025	
	Hours/Units	**Rate**	**Amount**	**Hours/Units**	**Amount**
Earnings	**86.67**		**$5,941.67**	**953.37**	**$65,358.37**
Regular Pay	78.67		$5,393.23	765.37	$52,470.03
Regular Retro				-24.00	($1,645.32)
PTO				148.00	$10,146.14
PTO Retro				16.00	$1,096.88
Culture Day				16.00	$1,096.88
Holiday	8.00	68.5551	$548.44	24.00	$1,645.32
Holiday Retro				8.00	$548.44
Taxable Benefits			**$3.72**		**$40.92**
Imp Life			$3.72		$40.92
Pre-Tax Deductions			**$99.38**		**$1,093.18**
CIGNA PPO			$85.82		$944.02
Dental PPO			$13.56		$149.16
Taxes			**$1,984.09**		**$21,824.99**
Fed W/H			$955.00		$10,505.00
FICA EE			$362.45		$3,986.98
Fed MWT EE			$84.77		$932.44
NY W/H			$330.98		$3,640.78
NY DT EE			$1.30		$14.30
NY FLIT			$23.07		$253.77
NYCCityW/H			$226.52		$2,491.72
Post-Tax Deductions			**$415.92**		**$4,575.12**
Roth 401K			$415.92		$4,575.12
	Routing #	**Account #**	**Amount**		**Amount**
Net Pay			**$3,442.28**		**$37,865.08**
Direct Deposit	211391825	XXXX5535	$3,442.28		

Accruals & Balances			
PTO Balance:	55.00 Hours	PTO Accrued:	7.00 Hours
Culture Day Balance:	16.00 Hours		

Messages from your Employer
Company Name: Accenture LLP

accenture

Employer Name:	Accenture LLP
Employer Phone:	8004322729
Employer Address:	10931 Laureate Drive Suite 201 San Antonio, TX 78249

Employee Name:	Sofia E Yohannes
Employee #:	13278907
Employee Address:	533 Hancock Street Brooklyn, NY 11233
Site:	New York One Manhattan West Corp_1000
Region:	Accenture LLP
Pay Group:	US - Accenture LLP (NY-TN)
Pay Type:	Salaried Exempt
FEIN:	720542904

Pay Date:	6/20/2025
Pay Period:	6/1/2025 - 6/15/2025
Deposit Advice #:	964886747
Pay Frequency:	Semi-Monthly
Pay Rate:	$5,941.67
Federal Filing Status:	Single
Federal 2c/Extra Withholding:	No/$0.00
Local Exemptions:	0 (New York City)
State Filing Status:	Single (NY)
State Exemptions:	0/$0.00 (NY)

	Current 6/1/2025 - 6/15/2025			YTD As of 6/15/2025	
	Hours/Units	**Rate**	**Amount**	**Hours/Units**	**Amount**
Earnings	**86.67**		**$5,941.67**	**1,040.04**	**$71,300.04**
Regular Pay	86.67		$5,941.67	852.04	$58,411.70
Regular Retro				-24.00	($1,645.32)
PTO				148.00	$10,146.14
PTO Retro				16.00	$1,096.88
Culture Day				16.00	$1,096.88
Holiday				24.00	$1,645.32
Holiday Retro				8.00	$548.44
Taxable Benefits			**$3.72**		**$44.64**
Imp Life			$3.72		$44.64
Pre-Tax Deductions			**$99.38**		**$1,192.56**
CIGNA PPO			$85.82		$1,029.84
Dental PPO			$13.56		$162.72
Taxes			**$1,984.09**		**$23,809.08**
Fed W/H			$955.00		$11,460.00
FICA EE			$362.45		$4,349.43
Fed MWT EE			$84.77		$1,017.21
NY W/H			$330.98		$3,971.76
NY DT EE			$1.30		$15.60
NY FLIT			$23.07		$276.84
NYCCityW/H			$226.52		$2,718.24
Post-Tax Deductions			**$415.92**		**$4,991.04**
Roth 401K			$415.92		$4,991.04
	Routing #	**Account #**	**Amount**		**Amount**
Net Pay			**$3,442.28**		**$41,307.36**
Direct Deposit	211391825	XXXX5535	$3,442.28		

Accruals & Balances			
PTO Balance:	62.00 Hours	PTO Accrued:	7.00 Hours
Culture Day Balance:	16.00 Hours		

Messages from your Employer
Company Name: Accenture LLP

Marcus:
by Goldman Sachs®

Goldman Sachs Bank USA
PO Box 70379
Philadelphia, PA 19176-0379

Statement Period
04/01/2025 to 04/30/2025

Customer Service Information
Toll-free 1-855-730-7283
Marcus.com

342702-01-00

342702/1482579/STMT/52702/0000/000000/107357 000 01 000000
SOFIA YOHANNES
426 TOMPKINS AVE APT 3B
BROOKLYN NY 11216-6236

ONLINE SAVINGS ACCOUNT STATEMENT

See reverse for important information

Account Number	300011966136
Account Name	Online Savings

STATEMENT SUMMARY as of 04/30/2025

Beginning Balance	$68,752.85
Deposits and Other Credits	$3,212.07
Interest Paid this Period	$212.07
Withdrawals and Other Debits	$2,058.72
Ending Balance	**$69,906.20**

EARNINGS DETAILS

Statement Period	04/01/2025 to 04/30/2025
Days in Statement Period	30
Annual Percentage Yield Earned	3.75%
Total Earnings Paid This Year	$846.99

ACCOUNT ACTIVITY

Date	Description	Credits	Debits	Balance
04/01/2025	Beginning Balance			$68,752.85
04/02/2025	ACH Withdrawal CITIZENS MTG PMT		$1,325.69	$67,427.16
04/03/2025	ACH Deposit Internet transfer from DIGITAL FEDERAL CREDIT UNION SAV account **********5683	$3,000.00		$70,427.16
04/15/2025	ACH Withdrawal T-MOBILE PCS SVC		$236.42	$70,190.74
04/15/2025	ACH Withdrawal DEPT EDUCATION STUDENT LN		$196.61	$69,994.13
04/25/2025	ACH Withdrawal DEPT EDUCATION STUDENT LN		$300.00	$69,694.13
04/30/2025	Interest Paid	$212.07		$69,906.20
04/30/2025	**Ending Balance**			**$69,906.20**

Explore the Marcus Resource Center

Marcus offers free financial resources and content on topics ranging from saving and spending to investing, retirement and insights from across Goldman Sachs—plus tools and calculators to help you manage your money. Visit marcus.com/resources for the latest.

Member FDIC

In Case of Errors or Questions About Your Electronic Transfers:

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, please telephone us at 1-855-730-7283 or write us at:

Goldman Sachs Bank USA
PO Box 70379
Philadelphia, PA 19176-0379

We must hear from you no later than sixty (60) days after we sent you the **FIRST** statement on which the error or problem appears.

Give us the following information:

1. Tell us your name and account number
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it to be an error or why you need more information
3. Tell us the dollar amount of the suspected error

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days 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. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

In Case of Errors or Questions About Your Non-Electronic Transactions:

Contact us immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify us in writing no later than 30 days after the statement was made available to you. For more information, see the Deposit Account Agreement.

SOFIA YOHANNES
533 HANCOCK STREET
BROOKLYN, NY 11233
2024 INCOME TAX RETURN

MIDWAY TAX
3445 COVINGTON DR
DECATUR,GA 30032
(678) 825-8888

SOFIA YOHANNES
533 HANCOCK STREET
BROOKLYN NY 11233
(978) 407-1682

Preparer No.: 0
Client No. : XXX-XX-9233
Invoice Date: 03/12/2025
Invoice No. : 0

INVOICE

Description	Amount
PREPARATION OF 2024 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS) SCHEDULE B (INTEREST & DIVIDENDS) SCHEDULE E (SUPPLEMENTAL INCOME) FORM W-2 (WAGES AND TAX) FORM 4562 (DEPRECIATION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8582 (PASSIVE ACTIVITY LOSS) STUDENT LOAN INTEREST WORKSHEET DEPRECIATION WORKSHEET ELECTRONIC PAYMENT NY STATE RESIDENT RETURN GA STATE NONRESIDENT RETURN ELECTRONIC FILING FEE	

Sofia Yohannes

03/12/25

Total Invoice	$150.00
Amount Paid	$150.00
Balance Due	$0.00

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
SOFIA YOHANNES	016-78-9233
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	141289
2	Total tax	2	23448
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	23339
4	Amount you want refunded to you	4	
5	Amount you owe	5	109

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize MIDWAY TAX (ERO firm name) to enter or generate my PIN 1 9 2 3 3 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Sofia Yohannes Date ▶ 03/12/25

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 3 0 2 3 5 1 1 8 3 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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
SOFIA	YOHANNES	016-78-9233
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.
533 HANCOCK STREET

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
BROOKLYN NY 11233

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	141240
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	141240
2a	Tax-exempt interest	2a		b Taxable interest	2b	2953
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	-2904
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	141289
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	141289
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14600
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	126689

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	23448
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	23448
	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	23448
	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	23448
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 23339		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	23339
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	23339
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	109
	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.)
Sofia Yohannes	03/12/25	CONSULTANT	
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. (978) 407-1682 Email address SYOHANN1@BU.EDU

Paid Preparer Use Only

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

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

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

Your social security number: 016-78-9233

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . _____

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k*.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions): _____				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	-2904
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: _____	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	-2904

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleB* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **08**

Name(s) shown on return: SOFIA YOHANNES

Your social security number: 016-78-9233

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: GOLDMAN SACHS BANK USA	1	2953
2	Add the amounts on line 1	2	2953
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	2953

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer:	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (**a**) had over $1,500 of taxable interest or ordinary dividends; (**b**) had a foreign account; or (**c**) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **13**

Name(s) shown on return: SOFIA YOHANNES

Your social security number: 016-78-9233

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)

A	3535 ROSWELL RD NE UNIT A2 ATLANTA GA 30305 Link:4
B	
C	

1b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	1		**A**	365		☐
B			**B**			☐
C			**C**			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties: A	B	C
3 Rents received	**3**	21696		
4 Royalties received	**4**			
Expenses:				
5 Advertising	**5**			
6 Auto and travel (see instructions)	**6**	700		
7 Cleaning and maintenance	**7**	108		
8 Commissions	**8**			
9 Insurance	**9**	1111		
10 Legal and other professional fees	**10**			
11 Management fees	**11**			
12 Mortgage interest paid to banks, etc. (see instructions)	**12**	9857		
13 Other interest	**13**			
14 Repairs	**14**	2450		
15 Supplies	**15**	2833		
16 Taxes	**16**	1564		
17 Utilities	**17**			
18 Depreciation expense or depletion	**18**	6366		
19 Other (list) WATER ASSESSMENT	**19**	348		
20 Total expenses. Add lines 5 through 19	**20**	25337		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	**21**	-3641		
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	(2904)	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	**23a**	21696		
b Total of all amounts reported on line 4 for all royalty properties	**23b**			
c Total of all amounts reported on line 12 for all properties	**23c**	9857		
d Total of all amounts reported on line 18 for all properties	**23d**	6366		
e Total of all amounts reported on line 20 for all properties	**23e**	25337		

24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	**24**	
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	**25**	(2904)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	**26**	-2904

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment Sequence No. **858**

Name(s) shown on return: SOFIA YOHANNES

Identifying number: 016-78-9233

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	**1a**			
b	Activities with net loss (enter the amount from Part IV, column (b))	**1b**	(3641)		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	**1c**	( )		
d	Combine lines 1a, 1b, and 1c			**1d**	-3641

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	**2a**			
b	Activities with net loss (enter the amount from Part V, column (b))	**2b**	( )		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	**2c**	( )		
d	Combine lines 2a, 2b, and 2c			**2d**	

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	**3**	-3641

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			**4**	3641
5	Enter $150,000. If married filing separately, see instructions	**5**	150000		
6	Enter modified adjusted gross income, but not less than zero. See instructions	**6**	144193		
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	**7**	5807		
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			**8**	2904
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			**9**	2904

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	**10**	
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	**11**	2904

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
3535 ROSWELL RD NE UNIT		3641			3641
Total. Enter on Part I, lines 1a, 1b, and 1c		3641			

Part V **Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 2a, 2b, and 2c					

Part VI **Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Special allowance	**(d)** Subtract column (c) from column (a).
3535 ROSWELL RD NE UNIT	SCHEDULE E	3641	1.00000	2904	737
Total		3641	**1.00**	2904	737

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
3535 ROSWELL RD NE UNIT	SCHEDULE E	737	1.00000	737
Total		737	**1.00**	737

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
3535 ROSWELL RD NE UNIT	SCHEDULE E	3641	737	2904
Total		3641	737	2904

QNA

Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

QNA

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SOFIA YOHANNES	3535 ROSWELL RD NE UNIT A2 LINK:E-4	016-78-9233

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	6366
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6366
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT OF DEPRECIATION FOR: 016-78-9233 SCHEDULE: E
ATTACH TO 016-78-9233 SOFIA YOHANNES

Description of Property	Date Acquired	Cost or other Basis	Sec 179	Bonus Deprec	Basis	Accum Deprec	Method Used	Life or Rate	Deprec for 2024	ADS Deprec for 2024	Next Year's Deprec
3535 ROSWELL RD NE UNIT A2											
3535 ROSWELL RD NE	02/01/23	175076			175076	5571	MACRS	27.5	6366	6366	6366
TOTALS:		175076			175076	5571			6366	6366	6366

QNA

Student Loan Interest Deduction Worksheet—Schedule 1, Line 21

Before you begin:
- ✓ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
- ✓ Be sure you have read the **Exception** in the instructions for this line to see if you can use this worksheet instead of Pub. 970 to figure your deduction.

1.	Enter the total interest you paid in 2024 on qualified student loans (see the instructions for line 21). **Don't** enter more than $2,500		**1.**	1164
2.	Enter the amount from Form 1040 or 1040-SR, line 9	**2.** 141289		
3.	Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and 25	**3.**		
4.	Subtract line 3 from line 2	**4.** 141289		
5.	Enter the amount shown below for your filing status. • Single, head of household, or qualifying surviving spouse—$80,000 • Married filing jointly—$165,000	**5.** 80000		
6.	Is the amount on line 4 more than the amount on line 5? ☐ **No.** Skip lines 6 and 7, enter -0- on line 8, and go to line 9. ☒ **Yes.** Subtract line 5 from line 4	**6.** 61289		
7.	Divide line 6 by $15,000 ($30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000		**7.**	1.000
8.	Multiply line 1 by line 7		**8.**	1164
9.	**Student loan interest deduction.** Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 21. **Don't** include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)		**9.**	

QNA

ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO GEORGIA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

GA-8453
2024

IRS DCN OR SUBMISSION ID

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

☐ Amended Return

First Name and Initial	Last Name	Social Security Number
SOFIA	YOHANNES	016-78-9233
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

Home Address (number and street)	Apt Number	Daytime Telephone Number
533 HANCOCK STREET		978-407-1682
City, Town or Post Office	**State**	**Zip Code**
BROOKLYN	NY	11233

PART I TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	141289
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	
3. Net Georgia Tax (Form 500 or Form 500X, Line 23; Form 500EZ, Line 6)	3.	
4. Balance Due (Form 500, Line 45; Form 500X, Line 38; Form 500EZ, Line 23)	4.	
5. Refund (Form 500, Line 46; Form 500X, Line 39; Form 500EZ, Line 24)	5.	

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2024 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN HERE

Sofia Yohannes — **TAXPAYER'S SIGNATURE**
03/12/25 — Date
SPOUSE'S SIGNATURE (if joint return, both must sign) — Date

SOFIA YOHANNES — **PRINT NAME**
EMAIL ADDRESS

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only

ERO's Signature _____ Date _____
Firm's Name MIDWAY TAX — Check also if paid preparer [X]
Address 3445 COVINGTON DR — FEIN/PTIN P01672745
City, State, & Zip Code DECATUR GA 30032 — SSN/TIN _____

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only

Paid Preparer's Signature _____ Date _____
Firm's Name _____ FID/TIN _____
Address _____ SSN/TIN _____
City, State, & Zip Code _____

GA-8453 (REV 07/11/24)

KEEP A COPY WITH YOUR RECORDS

1038

2500403816

Georgia Form 500 (Rev. 08/01/24)
Individual Income Tax Return
Georgia Department of Revenue
2024 (Approved software version)

Page 1

Fiscal Year Beginning

Fiscal Year Ending

STATE ISSUED GA

YOUR DRIVER'S LICENSE/STATE ID 061626025

1. YOUR FIRST NAME SOFIA | MI | YOUR SOCIAL SECURITY NUMBER 016-78-9233

LAST NAME (For Name Change See IT-511 Tax Booklet) YOHANNES | SUFFIX

SPOUSE'S FIRST NAME | MI | SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME | SUFFIX

DEPARTMENT USE ONLY

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 533 HANCOCK STREET | CHECK IF ADDRESS HAS CHANGED

3. CITY (Please insert a space if the city has multiple names) BROOKLYN | STATE NY | ZIP CODE 11233

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... Residency Status 4. 3

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... Filing Status 5. A

A. Single
B. Married filing jointly
C. Married filing separately (Spouse's social security number must be entered above)
D. Head of household or Qualifying surviving spouse

6a. Your Date of Birth 05/30/1994 | 6b. Spouse's Date of Birth

7a. Number of Qualified Dependents* | 7b. Number of Unborn Dependents | 7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing

2500403826

YOUR SOCIAL SECURITY NUMBER
016-78-9233

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

First Name, MI. **Last Name**

Social Security Number **Relationship to You**

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 141289
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is $40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11.
(See IT-511 Tax Booklet)

Enter $12,000 if the filing status from Line 5 is A, C, or D. If the filing status is B, enter $24,000.

Use EITHER Line 11 OR Line 12c. (Do not write on both lines).

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**

a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.

b. Less adjustments: (See IT-511 Tax Booklet)..... 12b.

c. Georgia Total Itemized Deductions..... 12c.

13. Subtract either Line 11 or Line 12c from Line 10; enter balance..... 13.

14. Enter the number from Line 7c. Multiply by $4,000..... 14.

15a. Income before GA NOL (Line 13 less Line 14 or Schedule 3, Line 14)..... 15a.

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)... 15b.

15c. Georgia Taxable Income (Subtract Line 15b from Line 15a)..... 15c.

16. Tax (Multiply Line 15c by 5.39%. Round to the nearest dollar) ..... 16.

17. Low Income Credit 17a. 17b. ..... 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) ..... 18.

19. Georgia Resident Itemizer Tax Credit **(See IT-511 Tax Booklet)**..... 19.

20. Credits used from IND-CR Summary Worksheet ..... 20.

21. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)** 21.

22. Total Credits Used (sum of Lines 17-21) cannot exceed Line 16 ..... 22.

23. Balance (Subtract Line 22 from Line 16) if zero or less than zero, enter zero.... 23.

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT B)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT C)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2024

2500403846

YOUR SOCIAL SECURITY NUMBER
016-78-9233

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

24. **Georgia Income Tax Withheld on Wages and 1099s** ..... 24.
(Enter Tax Withheld Only and include W-2s and/or 1099s)

25. **Other Georgia Income Tax Withheld**..... 25.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)

26. Estimated Tax paid for 2024 and Form IT-560 ..... 26.

27. Schedule 2B Refundable Tax Credits..... 27.
(Cannot be claimed unless filed electronically)

28. Total prepayment credits (Add Lines 24, 25, 26 and 27)..... 28.

29. If Line 23 exceeds Line 28, subtract Line 28 from Line 23 and enter balance due..... 29.

30. If Line 28 exceeds Line 23, subtract Line 23 from Line 28 and enter overpayment ..... 30.

31. **Amount to be credited to 2025 ESTIMATED TAX .....** 31.

32. Georgia Wildlife Conservation Fund **(No gift of less than $1.00).....** 32.

33. Georgia Fund for Children and Elderly **(No gift of less than $1.00).....** 33.

34. Georgia Cancer Research Fund **(No gift of less than $1.00) .....** 34.

35. Georgia Land Conservation Program **(No gift of less than $1.00).....** 35.

36. Georgia National Guard Foundation **(No gift of less than $1.00) .....** 36.

37. Dog & Cat Sterilization Fund **(No gift of less than $1.00).....** 37.

38. Saving the Cure Fund **(No gift of less than $1.00).....** 38.

39. Realizing Educational Achievement Can Happen (REACH) Program **.....** 39.
(No gift of less than $1.00)

All Pages (1-5) are required for processing

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2024 Page 5

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YOUR SOCIAL SECURITY NUMBER
016-78-9233

40. Public Safety Memorial Grant **(No gift of less than $1.00)**..... 40.

41. Disabled Veterans' Scholarship Fund **(No gift of less than $1.00)**..... 41.

42. Form 500 UET **(Estimated tax penalty)** 500 UET exception attached..... 42.

43. Penalty: Late Payment and/or Late Filing..... 43.

44. Interest ..... 44.

45. **(If you owe)** Add Lines 29, 32 through 44 ..... 45.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

46. **(If you are due a refund)** Subtract the sum of Lines 31 thru 44 from Line 30
THIS IS YOUR REFUND..... 46.
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740392 ATLANTA, GA 30374-0392

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

46a. **Direct Deposit** (U.S. Accounts Only) **Type: Checking** **Savings**

Routing Number **Account Number**

Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Sofia Johannes
Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date
03/12/25

Taxpayer's Phone Number
978-407-1682

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

Preparer's Phone Number

Signature of Preparer

Name of Preparer Other Than Taxpayer

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN
P01672745

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Georgia Form 500
(Rev. 08/01/24)
Schedule 3
Part-Year Nonresident

2024 (Approved software version)

2507403816

Schedule 3
Page 1

YOUR SOCIAL SECURITY NUMBER
016-78-9233

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.
Column A must equal Column B plus Column C.

See IT-511 Tax Booklet for other state(s) tax credits.

	FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1.	WAGES, SALARIES, TIPS, etc 141240	WAGES, SALARIES, TIPS, etc 141240	WAGES, SALARIES, TIPS, etc
2.	INTEREST AND DIVIDENDS 2953	INTEREST AND DIVIDENDS 2953	INTEREST AND DIVIDENDS
3.	BUSINESS INCOME OR (LOSS)	BUSINESS INCOME OR (LOSS)	BUSINESS INCOME OR (LOSS)
4.	OTHER INCOME OR (LOSS) -2904	OTHER INCOME OR (LOSS) -2904	OTHER INCOME OR (LOSS)
5.	TOTAL INCOME: TOTAL LINES 1 THRU 4 141289	TOTAL INCOME: TOTAL LINES 1 THRU 4 141289	TOTAL INCOME: TOTAL LINES 1 THRU 4
6.	TOTAL ADJUSTMENTS FROM FORM 1040	TOTAL ADJUSTMENTS FROM FORM 1040	TOTAL ADJUSTMENTS FROM FORM 1040
7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 141289	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 141289	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7

9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%) 9. %

(See IT-511 Tax Booklet)

10. Standard Deduction X Itemized Georgia Itemized 10. 12000

(For Standard Deduction - Enter $12,000 if the filing status is Single, Married filing separately, Head of household or Qualifying surviving spouse. If filing status is Married filing jointly, enter $24,000)

11. Enter the number on Line 7c from Form 500 or Form 500X multiply by $4,000 ..... 11.

12. Total Deductions and Exemptions: Add Lines 10 and 11 ..... 12. 12000

13. *Multiply Line 12 by Ratio on Line 9 and enter result..... 13.

14. Income before GA NOL: Subtract Line 13 from Line 8, Column C
Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... 14.

*If Georgia itemized deductions are claimed, multiply Line 11 by Ratio on Line 9 and add Line 10. Enter result on Line 13.

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

2024

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

and ending ...

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

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
SOFIA		YOHANNES	05301994	016789233
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number

Mailing address ***(see instructions)*** *(number and street or PO Box)*	Apartment number	New York State county of residence
533 HANCOCK STREET		NEWY

City, village, or post office	State	ZIP code	Country	School district name
BROOKLYN	NY	11233		MANHATTAN

Taxpayer's permanent home address ***(see instructions)*** *(number and street or rural route)*	Apartment number	School district code number 369

City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death *(mmddyyyy)*	Spouse's date of death *(mmddyyyy)*
	NY				

A Filing status *(mark an **X** in one box):*

① [X] Single

② [ ] Married filing joint return *(enter spouse's Social Security number above)*

③ [ ] Married filing separate return *(enter spouse's Social Security number above)*

④ [ ] Head of household *(with qualifying person)*

⑤ [ ] Qualifying surviving spouse

B **Did you itemize** your deductions on your 2024 federal income tax return? ..... Yes [ ] No [X]

C **Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes [ ] No [X]

D1 Did you have a financial account located in a foreign country? ..... Yes [ ] No [X]

D2 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2024? ... Yes [ ] No [X]

If *Yes*:

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

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

If *No*:

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

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

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

F **NYC residents and NYC part-year residents only**:

(1) Number of months **you** lived in NYC in 2024 12

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

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

H Dependent information

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

If more than 7 dependents, mark an **X** in the box. [ ]

201001241038

For office use only

DO NOT HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 016789233

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	**1**	141240.00
2	Taxable interest income	**2**	2953.00
3	Ordinary dividends	**3**	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	**4**	.00
5	Alimony received	**5**	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	**6**	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	**7**	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	**8**	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	**9**	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	**10**	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	**11**	-2904.00
12	Rental real estate included in line 11 — **12** -2904.00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	**13**	.00
14	Unemployment compensation	**14**	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	**15**	.00
16	Other income *Identify:*	**16**	.00
17	Add lines **1 through 11** and **13 through 16**	**17**	141289.00
18	Total federal adjustments to income *Identify:*	**18**	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	**19**	141289.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	**20**	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	**21**	.00
22	**New York's** 529 college savings program distributions	**22**	.00
23	Other *(Form IT-225, line 9)*	**23**	.00
24	Add lines **19** through **23**	**24**	141289.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	**25**	.00
26	Pensions of NYS and local governments and the federal government	**26**	.00
27	Taxable amount of Social Security benefits *(from line 15)*	**27**	.00
28	Interest income on U.S. government bonds	**28**	.00
29	Pension and annuity income exclusion	**29**	.00
30	**New York's** 529 college savings program deduction/earnings	**30**	.00
31	Other *(Form IT-225, line 18)*	**31**	.00
32	Add lines 25 through 31	**32**	.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	**33**	141289.00

Standard deduction or itemized deduction

34	Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an ***X*** in the appropriate box: ☒ **Standard** - **or** - ☐ **Itemized**	**34**	8000.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	**35**	133289.00
36	Dependent exemptions *(enter the number of dependents listed in item H)*	**36**	**000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	**37**	133289.00

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Tax calculation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	133289.00
39	NYS tax on line 38 amount		**39**	7811.00
40	NYS household credit	**40** .00		
41	Resident credit	**41** .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42** .00		
43	Add lines 40, 41, and 42		**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*		**44**	7811.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*		**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*		**46**	7811.00

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

47	NYC taxable income	**47**	133289.00	**See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.**
47a	NYC resident tax on line 47 amount	**47a**	5041.00	
48	NYC household credit	**48**	.00	
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	**49**	5041.00	
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00	
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00	
52	Add lines 49, 50, and 51	**52**	5041.00	
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00	
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54**	5041.00	
54a	MCTMT net earnings base for Zone 1	**54a** .00		
54b	MCTMT net earnings base for Zone 2	**54b** .00		
54c	MCTMT for Zone 1	**54c**	.00	**See instructions to calculate the MCTMT for each zone.**
54d	MCTMT for Zone 2	**54d**	.00	
54e	Total MCTMT *(add lines 54c and 54d)*	**54e**	.00	
55	Yonkers resident income tax surcharge	**55**	.00	
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00	
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00	
58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*		**58**	5041.00
59	**Sales or use tax** ***(do not leave blank)***		**59**	0.00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*		**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*		**61**	12852.00

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Your Social Security number: 016789233

62 Enter amount from line 61 ..... **62** 12852.00

Payments and refundable credits

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	69	63.00
69a	NYC school tax credit (rate reduction amount)	69a	298.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	71	.00
72	Total **New York State** tax withheld	72	8212.00
73	Total **New York City** tax withheld	73	5476.00
74	Total **Yonkers** tax withheld	74	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	75	.00

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

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

76 Total payments *(add lines 63 through 75)* **76** 14049.00

Your refund, amount you owe, and account information

77 Amount overpaid *(if line 76 is **more than** line 62, subtract line 62 from line 76)* **77** 1197.00

78 Amount of line 77 **available for refund** *(subtract line 79 from line 77)* **78** 1197.00
TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)* **78a** .00

78b Total refund after NYS 529 account deposit *(subtract line 78a from line 78)* **78b** 1197.00

Mark one refund choice: [X] **direct deposit** to checking or savings account *(fill in line 83)* **- or -** [ ] **paper check**

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

See instructions for payment options.

79 Amount of line 77 that you want applied to your 2025 estimated tax *(see instructions)* ..... **79** .00

80 Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62).* To pay by electronic funds withdrawal, mark an ***X*** in the box [ ] and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. ..... **80** .00

81 Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77)* ..... **81** .00

82 Other penalties and interest ..... **82** .00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box..... [ ]

83a Account type: [X] Personal checking **- or -** [ ] Personal savings **- or -** [ ] Business checking **- or -** [ ] Business savings

83b Routing number 211391825 **83c** Account number 15065535

84 Electronic funds withdrawal ..... Date _____ Amount .00

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

▼ **Paid preparer must complete** ▼ *(see instructions)*	Preparer's NYTPRIN	NYTPRIN excl. code 0 9	
Preparer's signature	Preparer's printed name		
Firm's name *(or yours, if self-employed)*		Preparer's PTIN or SSN	
Address 3445 COVINGTON DR DECATUR GA 30032		Employer identification number	Date
Email: MIKE@MIDWAYTAX.COM			

▼ **Taxpayer(s) must sign here** ▼

Your signature Sofia Johannes

Your occupation CONSULTANT

Spouse's signature and occupation *(if joint return)*

Date 03/12/25 Daytime phone number (978) 407 1682

Email: SYOHANN1@BU.EDU

201004241038

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

NEW YORK STATE 2024

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 016789233

Box b Employer identification number (EIN): 720542904

Box c Employer's information

Employer's name: ACCENTURE LLP

Employer's address *(number and street)*: 500 W MADISON STREET 20TH FLOO

City	State	ZIP code	Country
CHICAGO	IL	60661	

Box 1 Wages, tips, other compensation	141240.00	**Box 12a** Amount	85.00	Code	C	**Box 14a** Amount	333.00	Description	NY FL
Box 8 Allocated tips	.00	**Box 12b** Amount	7070.00	Code	AA	**Box 14b** Amount	31.00	Description	NY DI
Box 10 Dependent care benefits	.00	**Box 12c** Amount	6781.00	Code	DD	**Box 14c** Amount	.00	Description	
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code		**Box 14d** Amount	.00	Description	

Box 13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: NY

Box 16a NYS wages, tips, etc.: 141240.00

Box 17a NYS income tax withheld: 8212.00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	141240.00	5476.00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN):

Box c Employer's information

Employer's name:

Employer's address *(number and street)*:

City	State	ZIP code	Country

Box 1 Wages, tips, other compensation	.00	**Box 12a** Amount	.00	Code		**Box 14a** Amount	.00	Description	
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code		**Box 14b** Amount	.00	Description	
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code		**Box 14c** Amount	.00	Description	
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code		**Box 14d** Amount	.00	Description	

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: NY

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

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Department of Taxation and Finance

New York State E-File Signature Authorization for Tax Year 2024

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name *(jointly filed return only)*
SOFIA YOHANNES	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return,* IT-201-X, *Amended Resident Income Tax Return*, IT-203*, Nonresident and Part-Year Resident Income Tax Return,* IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit,* and NYC-210, *Claim for New York City School Tax Credit.* Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals.* See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2024 Form IT-370 and Tax Year 2025 Form IT-2105*.

Part A – Tax return information

1	Federal adjusted gross income *(from applicable line)*	**1.**	141289.
2	Refund	**2.**	1197.
3	Amount you owe	**3.**	
4	Financial institution routing number	**4.**	211391825
5	Financial institution account number	**5.**	15065535

6 Account type: [X] Personal checking [ ] Personal savings [ ] Business checking [ ] Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2024 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2024 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2024 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Sofia Yohannes	03/12/25
Spouse's signature *(jointly filed return only)*	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2024 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2024 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2024 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2024 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
	MIDWAY TAX	
Paid preparer's signature	Print name	Date

Tax computation – New York AGI of more than $107,650 *(continued)*

Single and married filing separately

Tax computation worksheet 7

If your New York adjusted gross income (line **33**) is **more than $107,650, but not more than $25,000,000,** and your taxable income (line **38**) is **$215,400 or less,** then you must calculate your tax using this worksheet.

1	Enter your New York adjusted gross income from line 33	1	141289
2	Enter your taxable income from line 38	2	133289
3	Multiply line 2 by 6% (.06) (**Stop:** If the line 1 amount is **$157,650 or more,** skip lines 4 through 8 and enter the line 3 amount on line 9)	3	7997
4	Enter your New York State tax on the line 2 amount from the *New York State tax rate schedule*	4	7429
5	Subtract line 4 from line 3	5	568
6	Enter the excess of line 1 over $107,650	6	33639
7	Divide line 6 by $50,000 and round the result to the fourth decimal place	7	0.6728
8	Multiply line 5 by line 7	8	382
9	Add lines 4 and 8	9	7811
	Enter here and on line 39.		

2024 Tax Return SOFIA YOHANNES

Final Audit Report 2025-03-13

Created:	2025-03-12
By:	Mike Joseph (mike@midwaytax.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA3evRAzwQ_rTLnkaxfZOvswhoxHwiTrwq

"2024 Tax Return SOFIA YOHANNES" History

Document created by Mike Joseph (mike@midwaytax.com)
2025-03-12 - 11:36:42 PM GMT

Document emailed to Sofia Yohannes (syohann1@bu.edu) for signature
2025-03-12 - 11:36:51 PM GMT

Email viewed by Sofia Yohannes (syohann1@bu.edu)
2025-03-13 - 1:58:09 AM GMT

Document e-signed by Sofia Yohannes (syohann1@bu.edu)
Signature Date: 2025-03-13 - 1:59:10 AM GMT - Time Source: server

Agreement completed.
2025-03-13 - 1:59:10 AM GMT

STANDARD FORM OF APARTMENT LEASE

(FOR APARTMENTS NOT SUBJECT TO THE RENT STABILIZATION LAW)

THE REAL ESTATE BOARD OF NEW YORK, INC.

REBNY Apt non-stab 2019 Rev 7.19

PREAMBLE: This lease contains the agreements between Tenant and Owner concerning the rights and obligations of each party. Tenant and Owner have other rights and obligations which are set forth in government laws and regulations.

Tenant should read this Lease carefully. If Tenant has any questions, or if Tenant does not understand any words or statements herein, obtain clarification from an attorney. Once Tenant and Owner sign this Lease, Tenant and Owner will be presumed to have read it and understood it completely. Tenant and Owner admit that all agreements between Tenant and Owner have been written into this Lease. Tenant understands that any agreements made before or after this Lease was signed and not written into it will not be enforceable.

THIS LEASE is made as of July 3, 2024 between
(month day year)

Owner (hereinafter referred to as "Owner" or "Lessor"), Gordon Christmas
whose address is 533 Hancock Street #2, Brooklyn, NY 11233
and Tenant (hereinafter referred to "Tenant" or "Lessee") Sofia Yohannes
whose address is 426 Tompkins Avenue #3B, Brooklyn, NY 11216

Please note the following paragraphs that require a selection among alternative wording: 2, 3E, 34
Please note the following paragraphs that require deletions if inapplicable: 9D, 12C(ii), 12E, 25, 32C(i), 33, 34, 35, 36, 37, 38, 59, 60
Please note the following paragraphs that require the insertion of terms (and/or delete if inapplicable): 1, 2, 3A, 3B, 4, 9D, 12B, 12C, 25, 32C, 34A, 35, 38B, Exhibit A (Memorandum Confirming Term), Exhibit C (Owner's Work), Exhibit D (Apartment Furniture)

1. APARTMENT AND USE

Owner agrees to lease to Tenant Apartment 1 (the "Apartment") on the 1st floor in the building at 533 Hancock Street (the "Building"), Borough of Brooklyn, City and State of New York. Tenant shall use the Apartment for living purposes only and for no other purpose (such restricted purposes includes, but are not limited to, any commercial activity or illegal or dangerous activity).

The Apartment may only be occupied by Tenant and the following Permitted Occupants (and occupants as permitted in accordance with Real Property Law §235-f): None.

Tenant acknowledges that no other person other than Tenant and the Permitted Occupants may reside in the Apartment without the prior written consent of the Owner. If Tenant violates any of the terms of this provision, the Owner shall have the right to restrain the same by injunctive relief and/or any other remedies provided for under this Lease and at law and/or equity.

2. LEASE COMMENCEMENT DATE; LENGTH OF LEASE

The "Lease Effective Date" is the date a fully executed Lease is returned to Tenant or Tenant's representative by Owner or its representative. The "Lease Commencement Date" is 08/01/2024. Except as may be provided for otherwise in this Lease, the term (that means the length) of this Lease will begin on the Lease Commencement Date and will end on 07/31/2025 (the "Term"). Tenant acknowledges that notwithstanding anything to the contrary contained in this Lease: (i) the Term of this Lease may be reduced provided for herein and (ii) the Term shall consist of the period beginning with the Lease Commencement Date through and including, the date that is the last day of the month in which the **[CHOOSE ONE AND CROSS OUT THE OTHER ALTERNATIVES]** [one (1) year]~~[two (2) year]~~~~[xxxxxxxxxxxxxxxxxx (xxx) month(s)]~~ anniversary of the Lease Commencement Date occurs.

3. RENT

A. "Rent" is defined as the base rent due under this Lease. Tenant's monthly Rent for the Apartment is $2,550 per month. Tenant must pay Owner the Rent, in equal monthly installments, on the first day of each month either to Owner at the above address or at another place that Owner may inform Tenant of by written notice.

B. When Tenant signs this Lease, Tenant must pay by bank or cashier's check (or by electronic fund transfer, if instructed by Owner as described below), the following:

(i) one (1) months' Rent (i.e., $2,550);

(ii) the Security Deposit (in the amount stated in Article 4); and

(iii) any commission due by Tenant to the Brokers (as defined in Article 34 hereinafter) in connection with this Lease.

C. If the Lease Commencement Date shall not occur on the first day of a calendar month, the Rent for such calendar month shall be prorated on a per diem basis. If the Lease begins after the first day of the month, Tenant must pay when it signs this Lease one (1) full months' Rent and for the next full calendar month Tenant shall pay a prorated Rent based on the number of days the Lease began after the first day of the month (for example, if the beginning date of this Lease is the 16th day of the month, Tenant would pay for fifteen (15) out of thirty (30) days, or one-half (1/2), of a full months' Rent for the second calendar month). In any event, if the Lease Commencement Date shall not occur on the first day of a calendar month, the Term shall also include the remainder of the month in which the Lease Commencement Date occurred.

D. Within five (5) business days after the request of Owner, at Owner's option, Tenant shall return a document supplied by Owner in the form attached hereto as Exhibit A (a "Memorandum Confirming Term") confirming the Lease Commencement Date, the Rent Commencement Date (if different than the Lease Commencement Date) the Lease expiration date and any other material terms of this Lease, certifying that Tenant has accepted delivery of the Apartment and that the condition of the Apartment complies with Owner's obligations hereunder. Tenant's failure to so deliver the Memorandum Confirming Term shall be considered a material default under this Lease, however, Tenant's failure to do so shall not affect the occurrence of the Lease Commencement Date or the validity of this Lease or alter the terms and provisions contained in the Memorandum Confirming Term if so delivered to Tenant by Owner.

E. Tenant may be required to pay other charges to Owner under the terms of this Lease, such additional charges shall be referred to as "Additional Rent". Any Additional Rent must be paid by Tenant to Owner upon the earlier of (i) the first day of the month immediately following the month said Additional Rent is billed to Tenant or (ii) fifteen (15) days from the date Tenant is billed for the Additional Rent. If Tenant fails to pay the Additional Rent on time, Owner shall have the same rights against Tenant as if Tenant failed to pay Rent. Said Rent and Additional Rent must be paid in full in accordance with the foregoing, without deduction or offset and without the need for demand or notice from Owner. Except as may be provided for otherwise in this Article 3, all Rent and Additional Rent shall be payable to

Owner by [check], [direct deposit] [XXXXXXXXXX] **[CROSS OUT ANY FORM OF PAYMENT THAT IS INAPPLICABLE]** or such other form of payment as required by Owner only. If by direct deposit, Owner shall provide Tenant the necessary wiring instructions.

F. Tenant shall be entitled to a five (5) day grace period for the payment of any sum of Rent or Additional Rent due under this Lease. Any sum of Rent or Additional Rent not paid within five (5) days of the date due shall be subject to a late fee of the lesser of (i) $50.00, or (ii) five percent (5%) of the unpaid amount. Interest shall also be payable on the aforesaid late Rent or Additional Rent beginning thirty (30) days from the due date, such interest accruing at the lesser of (i) the maximum amount allowable by law, or (ii) one and one-half percent per month (1.5%), until the late Rent or Additional Rent is paid in full. There shall be a Fifty Dollar ($50.00) fee for any check which is dishonored or returned. Any late charge or interest charge shall be considered Additional Rent.

G. Owner need not give notice to Tenant to pay Rent. Rent must be paid in full and no amount subtracted from it. The whole amount of Rent is due and payable as of the Lease Commencement Date. Payment of Rent in installments is for Tenant's convenience only. If Tenant is in default under any of the terms and conditions of this Lease, Owner may give notice to Tenant that it may no longer pay Rent in installments and the entire Rent for the remaining part of the Term will then immediately be due and payable.

4. SECURITY DEPOSIT

Tenant is required to give Owner the sum of $2,550 (such amount not to exceed one (1) months' Rent pursuant to The Housing Stability and Tenant Protection Act of 2019) when Tenant signs this Lease as a security deposit (the "Security Deposit"). Owner will deposit the Security Deposit in Capital One bank at New York. This Security Deposit shall not bear interest, unless if otherwise required by applicable law. In the event that the Security Deposit shall earn interest, then in such event Owner shall be entitled to an administrative fee pursuant to applicable law

If Tenant carries out all of Tenant's agreements in this Lease and if Tenant moves out of the Apartment and returns it to Owner vacant, broom clean and in the same condition it was in when Tenant first occupied it, except for ordinary wear and tear or damage caused by fire or other casualty through no fault of Tenant, Owner will return to Tenant the full amount of the Security Deposit within fourteen (14) days after the later of (i) the date this Lease ends, or (ii) the date Tenant vacates the Apartment. However, if Tenant is in default of Tenant's obligations under this Lease and/or there are any damages to the Apartment beyond ordinary wear and tear or damage caused by fire or other casualty, Owner may keep all or part of the Security Deposit to cover reasonable repairs of such damage and Owner shall provide Tenant with an itemized statement indicating the basis for the amount of the Security Deposit retained within the aforementioned fourteen (14) day period. Furthermore, for sake of clarity and emphasis, (i) if Tenant does not carry out all of Tenant's obligations under this Lease, Owner may keep all or part of the Security Deposit necessary to pay Owner for any losses incurred, including missed payments and (ii) Owner's retention of the Security Deposit as allowable under this Lease shall not be deemed to be Owner's sole remedy for any default by Tenant of Tenant's obligations pursuant to the terms and conditions of this Lease.

TENANT ACKNOWLEDGES AND AGREES THAT THE SECURITY DEPOSIT CANNOT BE USED TOWARDS RENT OR ADDITIONAL RENT BY TENANT. Notwithstanding anything to the contrary contained in this Lease, if Owner shall apply all or any portion of the Security Deposit to cure a default by Tenant hereunder during the Term of this Lease, Tenant shall, within five (5) business days, deposit with Owner that sum which shall be necessary to maintain the security in an amount equal to the Security Deposit as so required in this Article 4. Failure to replenish the Security Deposit in a timely manner shall be deemed a default under this Lease.

If Owner sells the Apartment, Owner, at its sole option, will turn over Tenant's security either to Tenant or to the person buying the Apartment within five (5) days after the sale. Owner will then notify Tenant, by registered, certified or overnight mail by a nationally recognized overnight courier, of the name and address of the person or company to whom the deposit has been turned over. In such case, Owner will have no further responsibility to Tenant for the Security Deposit and the new owner will become responsible to Tenant for the Security Deposit.

5. IF TENANT IS UNABLE TO MOVE IN

Except as otherwise provided herein, Owner shall not be liable for failure to give Tenant possession of the Apartment on the Lease Commencement Date. Rent shall be payable as of the beginning of this Lease Term unless Owner is unable to give Tenant possession. A situation could arise which might prevent Owner from letting Tenant move into the Apartment on the Lease Commencement Date. If this happens for reasons beyond Owner's reasonable control, Owner will not be responsible for Tenant's damages or expenses, and this Lease will remain in effect. However, in such case, this Lease will start on the date when possession is available, and the ending date of this Lease as specified in Article 2 will remain the same (unless otherwise mutually agreed to in writing by Tenant and Owner). Tenant will not have to pay Rent until the date possession is available, or the date Tenant moves in, whichever is earlier (however, in no event shall Tenant move in or take possession prior to the date Owner shall have given Tenant notice that Tenant may take possession of the Apartment). Owner will notify Tenant as to the date possession is available. If Owner does not give Tenant notice that possession is available within thirty (30) days after the Lease Commencement Date, provided that Owner's failure to deliver possession is not due to a Tenant delay, Tenant may send a fifteen (15) day written termination notice (the "Termination Notice") to Owner, and if Owner is unable to deliver possession within fifteen (15) days of receipt of Tenant's Termination Notice, this Lease shall terminate and be of no further force and effect and all prepaid Rent, the Security Deposit and any other fees paid by Tenant (except for non-refundable fees required in the Lease package) at the execution of this Lease shall be promptly returned to Tenant.

6. CAPTIONS

In any dispute arising under this Lease, in the event of a conflict between the text and a caption, the text controls.

7. WARRANTY OF HABITABILITY

A. All of the sections of this Lease are subject to the provisions of the Warranty of Habitability Law. Under that law, Owner agrees that the Apartment is fit for human habitation and that there will be no conditions which will be detrimental to life, health or safety.

B. Tenant will do nothing to interfere with or make more difficult Owner's efforts to provide Tenant and all other occupants of the Building with the required facilities and services. Any condition caused by Tenant's misconduct or the misconduct of Tenant Parties (as hereinafter defined) or anyone else under Tenant's direction or control shall not be a breach by Owner.

8. CARE OF TENANT'S APARTMENT; END OF LEASE; MOVING OUT

A. At all times during the Term of this Lease, Tenant will take good care of the Apartment and will not permit or do any damage to it, except for damage which occurs through ordinary wear and tear. Tenant shall, at Tenant's own cost and expense, make all repairs caused or occasioned by Tenant or Tenant's agents, contractors, invitees, licensees, guests or servants (collectively hereinafter "Tenant Parties"). In addition, Tenant shall promptly notify Owner and/or the Building Superintendent/Building Manager in writing upon the occurrence of any problem, malfunction or damage to the Apartment Tenant will move out on or before the ending date of this Lease and leave the Apartment in good order and in the same condition as it was when Tenant first occupied it, except for ordinary wear and tear and damage caused by fire or other casualty through no fault of Tenant.

B. CLEANING. Tenant is required to use only non-abrasive cleaning agents in the Apartment. Tenant is responsible for damage done by use of any improper cleaning agents.

C. If Tenant fails to maintain the Apartment or make a needed repair or replacement as required hereunder, Owner may hire a professional and make such maintenance, repairs or replacements at Tenant's sole cost and expense. Owner's reasonable expense will be payable by Tenant to Owner as Additional Rent within ten (10) business days after Tenant receives a bill from Owner.

D. When this Lease ends, Tenant must remove all of Tenant's movable property. Tenant must also remove at Tenant's own expense, any wall covering, bookcases, cabinets, mirrors, painted murals or any other installation or attachment Tenant may have installed in the Apartment, even if it was done with Owner's consent. Tenant must restore and repair to its original condition those portions of the Apartment affected by those installations and removals. Tenant has not moved out until all persons, furniture and other property of Tenant's is also out of the Apartment. If Tenant's property remains in the Apartment after this Lease ends, Owner may either treat Tenant

as still in occupancy and charge Tenant for use, or may consider that Tenant has given up the Apartment and any property remaining in the Apartment. In this event, Owner may either discard the property or store it at Tenant's expense. Tenant agrees to pay Owner for all costs and expenses incurred in removing such property. The provisions of this article will continue to be in effect after the end of this Lease.

E. Except as provided for otherwise in Article 35 of this Lease, in the event that (i) Owner intends to offer to renew this Lease with a Rent increase equal to or greater than five (5%) percent above the then current Rent, or (ii) Owner does not intend to renew this Lease, Owner shall provide Tenant written notice as follows:

i. If Tenant has occupied the Apartment for less than one (1) year and does not have a Lease Term of at least one (1) year, Owner shall provide at least thirty (30) days' notice;

ii. If Tenant has occupied the Apartment for more than one (1) year but less than two (2) years, or has a Lease Term of at least one (1) year but less than two (2) years, Owner shall provide at least sixty (60) days' notice; or

iii. If Tenant has occupied the Apartment for more than two (2) years or has a Lease Term of at least two (2) years, Owner shall provide at least ninety (90) days' notice.

F. Within a reasonable time after notification of either party's intention to terminate this Lease, unless Tenant provides less than two (2) weeks' notice of Tenant's intention to terminate, Owner shall notify Tenant in writing of Tenant's right to request an inspection before vacating the Apartment. Tenant shall have the right to be present at said inspection. Subject to the foregoing, if Tenant requests such inspection, the inspection shall be made no earlier than two (2) weeks and no later than one (1) week before the end of the tenancy. Owner shall provide at least forty-eight (48) hours written notice of the date and time of the inspection. After the inspection, Owner shall provide Tenant with an itemized statement specifying repairs, cleaning or other deficiencies that are proposed to be the basis of any deductions from the Security Deposit. If Tenant requests such inspection, Tenant shall be given an opportunity to remedy any identified deficiencies prior to the end of the tenancy (or, at Owner's sole option, if Tenant fails to remedy any such identified deficiencies, Owner may remedy such identified deficiencies at Tenant's sole cost and expense as described hereinafter). Any and all repairs or alterations made to the Apartment as a result of said inspection shall be at Tenant's sole cost and expense. Said repairs must be approved by Owner and shall be performed, at Owner's sole option by (i) licensed and adequately insured Tenant's contractors in a good and skillful manner with materials of quality and appearance comparable to existing materials and approved by Owner or (ii) by Owner's contractor(s).

9. CHANGES AND ALTERATIONS TO APARTMENT

A. Tenant cannot build in, add to, change or alter, the Apartment in any way, including, but not limited to, installing, changing, or altering any paneling, wallpaper, flooring, "built in" decorations, partitions, railings, paint, carpeting, plumbing, ventilating, air conditioning, electric, or heating systems without first obtaining the prior written consent of Owner which may be withheld in Owner's sole discretion. If Owner's consent is given, the alterations and installations shall become the property of Owner when completed and paid for by Tenant. They shall remain with and as part of the Apartment at the end of the Term. Notwithstanding the foregoing, Owner has the right to demand that Tenant remove the alterations and installations at the end of the Lease Term, and in such case Tenant shall repair all damage resulting from said removal and restore the Apartment to its original condition, including any holes in the wall or damage caused by the removal of any pictures, artwork or TV mounts hung by Tenant on the walls. Any and all work shall be performed by Tenant in accordance with the terms and conditions of this Lease and in accordance with all applicable laws, rules, regulations and codes of any governmental or quasi-governmental entity. Tenant's contractor shall also supply, before performing any such work, a certificate of insurance naming Owner and the Building's managing agent (if applicable) as additional insured.

B. Without Owner's prior written consent, Tenant cannot install or use in the Apartment any of the following: dishwasher machines, clothes washing or drying machines, electric stoves, garbage disposal units, heating, ventilating or air conditioning units or any other electrical equipment which, in Owner's reasonable opinion, will overload the existing wiring installation in the Building or interfere with the use of such electrical wiring facilities by other tenants of the Building. Also, Tenant cannot place in the Apartment water-filled furniture.

C. If a lien is filed on the Apartment or Building due to Tenant's fault, Tenant must promptly pay or bond the amount stated in the lien. Owner may pay or bond the Lien if Tenant fails to do so within ten (10) days after Tenant has written notice about the lien, in which case, Owner's costs shall be paid by Tenant as Additional Rent.

D. APPROVED ALTERATIONS. **[*DELETE IF INAPPLICABLE*]** Anything contained herein to the contrary notwithstanding, provided that both Owner and Tenant have acknowledged their agreement to the following by each party affixing their initials immediately below this provision, Owner hereby consents to the following alterations to be performed by Tenant at Tenant's sole cost and expense, but for the sake of clarity and emphasis all other terms and conditions of this Lease (including, without limitation, the terms and conditions contained in this Article 9 hereof) shall still apply:

_____.

Owner Initial: XXXX Tenant Initial: XXX

10. TENANT'S DUTY TO OBEY AND COMPLY WITH LAWS, REGULATIONS AND RULES

A. GOVERNMENT LAWS AND ORDERS. Tenant will obey and comply (i) with all present and future city, state and federal laws rules, regulations and codes of any governmental or quasi-governmental entity or body which affect the Building or the Apartment, and (ii) with all orders and regulations of insurance rating organizations which affect the Apartment and the Building. Tenant will not allow any windows in the Apartment to be cleaned from the outside unless the prior written consent of the Owner is obtained.

B. OWNER'S RULES AFFECTING TENANT. Tenant, its Permitted Occupants and Tenant Parties must obey all Owner's rules (the "Owner's Rules and Regulations") annexed hereto and made apart hereof as Exhibit B and all future reasonable rules of Owner or Owner's agent. Notice of all additional rules shall be delivered to Tenant in writing or posted in the lobby or other public place in the building. Owner shall not be responsible to Tenant for not enforcing any rules, regulations or provisions of another tenant's lease except to the extent required by law.

C. TENANT'S RESPONSIBILITY. Tenant is responsible for the behavior of Tenant, the Permitted Occupants of the Apartment, the Tenant Parties and any other people who are visiting the Apartment. Tenant will reimburse Owner as Additional Rent upon demand for the cost of all losses, damages, fines and reasonable legal expenses incurred by Owner because Tenant, the Permitted Occupants of the Apartment, the Tenant Parties or any other people visiting the Apartment have not obeyed applicable laws, rules, regulations and codes of any governmental or quasi-governmental entity or rules of this Lease.

11. OBJECTIONABLE CONDUCT

Tenant, the Permitted Occupants of the Apartment, the Tenant Parties or any other people visiting the Apartment will not engage in objectionable conduct at the Apartment or the Building. Objectionable conduct ("Objectionable Conduct") means behavior which makes or will make the Apartment or the Building less fit to live in for Tenant or other occupants. It also means anything which interferes with the right of others to properly and peacefully enjoy their apartment, or causes conditions that are dangerous, hazardous, unsanitary or detrimental to other occupants of the Building. Objectionable Conduct by Tenant, the Tenant Parties, or any other people visiting the Apartment, gives Owner the right to end this Lease on six (6) days' written notice to Tenant that this Lease will end.

12. SERVICES AND FACILITIES

A. REQUIRED SERVICES. Owner will provide (i) cold and hot water and heat as required by law, (ii) repairs to the Apartment not caused by Tenant (subject to the terms and conditions of this Lease), the Tenant Parties or any other people visiting the Apartment, as required by law, (iii) elevator service if the Building has elevator equipment; and (iv) the utilities, if any, included in the Rent, as set forth in subparagraph B below. Tenant is not entitled to any Rent reduction because of a stoppage or reduction of any of the above services unless it is provided by law.

B. The following utilities are included in the Rent: Gas for Heat and Hot Water; Water.
[*INSERT "NONE" IF NO UTILITIES ARE INCLUDED IN THE RENT*]

C. ELECTRICITY AND OTHER UTILITIES. Tenant acknowledges and understands that Owner has no obligation to supply, or liability in connection with, utilities or services in or to the Apartment (except as may be provided for otherwise in this Lease). Tenant shall be responsible, at Tenant's sole cost and expense, for securing, air conditioning, electricity, gas, cable, phone, and all other utilities and services (except as may be provided for otherwise in this Lease).

(i) Tenant shall contract directly with the appropriate utility provider for all aforementioned services (not including the utilities included in the Rent as provided for in subparagraph B).

(ii) Notwithstanding anything to the contrary contained in this Lease, the Owner provides the following services for a separate, sub-metered charge. It is covenanted and agreed by Tenant that all the aforesaid costs and expenses shall be paid by Tenant to Owner within five (5) days after rendition of any bill or statement to Tenant therefor. **[DELETE IF INAPPLICABLE]**

D. Stopping or reducing of service(s) will not be reason for Tenant to stop paying Rent, to make a money claim or to claim constructive eviction. Damage to the equipment or appliances supplied by Owner, caused by Tenant's acts, omissions or neglect, or the act, omission or neglect of the Tenant Parties or any other person visiting the Apartment, shall be repaired at Tenant's sole cost and expense. In the event that Tenant fails to make such repairs within a reasonable period of time, Owner shall have the option to make such repairs at Tenant's expense and charge the same to Tenant as Additional Rent. Damage to the equipment or appliances supplied by the Owner, which are not caused by Tenant's negligence, acts or misuse or the negligence, acts or misuse of the Tenant Parties or any other people visiting the Apartment, shall be promptly repaired by the Owner at the Owner's sole cost and expense. Owner may stop service of the plumbing, heating, elevator, air cooling or electrical systems, because of accident, emergency, repairs, or changes until the work is complete. Notwithstanding the foregoing, except in emergency situations, Owner shall provide Tenant no less than twenty-four (24) hours prior written notice of any planned service stoppages. Owner shall take all necessary steps to ensure that service stoppages do not interfere with Tenant's use and enjoyment of the Apartment.

E. APPLIANCES. Appliances supplied by Owner in the Apartment are for Tenant's use. They shall be in working order on the date hereof and will be maintained and repaired or replaced by Owner, except if repairs or replacement are made necessary because of Tenant's or the Tenant Parties' negligence or misuse, Tenant will pay Owner for the cost of such repair or replacement as Additional Rent. Notwithstanding anything to the contrary contained in this Lease, provided the appliance in need of repair has been delivered in working order on the Lease Commencement Date, Tenant shall be responsible for the initial $XXXXXXXXX in cost of such appliance's repair or replacement **[*DELETE IF INAPPLICABLE OR INSERT AMOUNT*]**. Tenant must not use a dishwasher, washing machine, dryer, freezer, heater, ventilator or other appliance unless installed by Owner or with Owner's prior written consent (in its sole discretion). Tenant must not use more electric than the wiring or feeders to the Building can safely carry.

F. FACILITIES AND AMENITIES. If Owner permits Tenant to use any storeroom, storage bin, laundry or any other facility located in the Building but outside of the Apartment (e.g., fitness center, resident lounge, roof deck, golf simulator, movie theater, swimming pool, spa, etc.), the use of any such facility will be furnished to Tenant free of charge and at Tenant's own risk. Tenant will operate at Tenant's expense any coin operated appliances located in any such facility. Owner shall have no obligation to provide any of the aforementioned facilities or any type of doorman, attendant, porter or any other type of similar service at the Building, and Owner may discontinue same without being liable to Tenant therefor or without in any way affecting this Lease or the liability of Tenant hereunder or causing a diminution of Rent and the same shall not be deemed to be lessening or a diminution of facilities or services within the meaning of any law, rule or regulation now or hereafter enacted, promulgated or issued.

13. INABILITY TO PROVIDE SERVICES

Because of a strike, labor trouble, national emergency, repairs, or any other cause beyond Owner's reasonable control, Owner may not be able to provide or may be delayed in providing any services or in making any repairs to the Building. In any of these events, any rights Tenant may have against Owner are only those rights which are allowed by laws in effect when the reduction in service occurs.

14. ENTRY TO APARTMENT

During reasonable hours and with reasonable notice, except in emergencies, Owner and Owner's representatives, agents and employees may enter the Apartment for the following reasons:

A. To erect, use and maintain pipes and conduits in and through the walls and ceilings of the Apartment; inspect; exterminate; install or work on master antennas or other systems or equipment; and to perform other work and make any and all repairs, alterations, or changes Owner decides are necessary. Tenant Rent will not be reduced because of any of the foregoing.

B. To show the Apartment to potential buyers or lenders.

C. For ninety (90) days before the end of the Lease Term, to show the Apartment to persons who wish to lease it.

D. If, during the last month of the Lease, Tenant has moved out and removed all or almost all of Tenant's property from the Apartment, Owner may enter the Apartment to make changes, repairs, or redecorations. Tenant's Rent will not be reduced for that month and this Lease will not be ended by Owner's entry.

E. If, at any time, Tenant is not personally present to permit Owner or Owner's representatives, agents or employees to enter the Apartment and entry is necessary or allowed by law or under this Lease, Owner or Owner's representatives, agents or employees may nevertheless enter the Apartment. Owner may enter by force in an emergency. Owner or Owner's representatives, agents or employees will not be responsible to Tenant, unless during such entry, any authorized party is negligent or misuses Tenant's property.

15. ASSIGNING; SUBLETTING; ABANDONMENT

A. ASSIGNING AND SUBLETTING. Tenant cannot assign this Lease or sublet all or part of the Apartment or permit any other person to use the Apartment (other than a Permitted Occupant without the prior written consent of the Owner, which Tenant acknowledges may be withheld by Owner in its sole and absolute discretion, for any reason or no reason. If Tenant assigns this Lease or sublet all or part of the Apartment and fail to obtain Owner's prior written consent, in addition to any and all other rights of Owner under this Lease and at law and/or in equity, Owner has the right to cancel the Lease. Tenant must get Owner's written permission as provided for herein, each time Tenant wants to assign or sublet. Permission to assign or sublet is good only for that assignment or sublease. Tenant remains bound to the terms of this Lease after an assignment or sublet is permitted, even if Owner accepts money from the assignee or subtenant. The amount accepted will be credited toward money due from Tenant, as Owner shall determine. The assignee or subtenant does not become Owner's tenant. Tenant is responsible for acts and neglect of any person in the Apartment. Notwithstanding the foregoing, Owner expressly reserves the right to terminate this Lease with respect to the Apartment upon the receipt by Owner of any request for assignment or sublease ("Owner's Recapture Right"). Owner's Recapture Right, if exercised, must be sent to Tenant in writing within thirty (30) days after Tenant's request to assign or sublet the Apartment. In the event that Owner consents to an assignment and elects not to exercise Owner's Recapture Right, Tenant shall reimburse Owner for all of Owner's attorneys' fees in connection with the review of the assignment or sublease. In the event that Owner agrees to an assignment or sublease, subject to applicable law, Owner shall be entitled to one hundred percent (100%) of any consideration or rent over and above that Rent provided for in this Lease. The sublease shall provide that the subtenant shall, at Owner's option, attorn to Owner upon any termination of this Lease.

B. ABANDONMENT. If Tenant moves out of the Apartment (abandonment) before the end of this Lease without the consent of Owner, this Lease will not be ended. Tenant will remain responsible for each monthly payment of Rent and Additional Rent as it becomes due until the end of this Lease. In case of abandonment, Tenant's responsibility for Rent and Additional Rent will end only if Owner chooses to end this Lease for default as provided in Article 16.

16. DEFAULT

A. Tenant defaults under the Lease if Tenant acts in any of the following ways:

(i) Tenant fails to carry out any agreement or provision of this Lease;

(ii) Tenant does not take possession or move into the Apartment fifteen (15) days after the beginning of this Lease; or

(iii) Tenant and the Permitted Occupants of the Apartment move out permanently before this Lease ends;

If Tenant defaults in any one of these ways, other than a default in the agreement to pay Rent and/or Additional Rent, Owner may serve Tenant with a written notice to stop or correct the specified default within ten (10) days. Tenant must then either stop or correct the default within such ten (10) day period, or, if the nature of the default is not reasonably capable of being cured within such ten (10) day period, then Tenant must begin to take all steps necessary to correct the default within ten (10) days and thereafter diligently continue to do all that is necessary to correct the default as soon as possible (however, in no event shall any extension of the aforesaid ten (10) day period exceed thirty (30) days).

B. If Tenant does not stop, correct or begin to materially correct a default within ten (10) days as provided for above, or engages in Objectionable Conduct, Owner shall give Tenant a written notice that this Lease will end six (6) days after the date such written notice is sent to Tenant. At the end of the six (6) day period, this Lease will end and Tenant then must move out of the Apartment. Even though this Lease ends, Tenant will remain liable to Owner for unpaid Rent and/or Additional Rent up to the end of this Lease, and damages caused to Owner after that time as stated in Article 17.

C. If Owner does not receive the Rent and/or Additional Rent within five (5) days of when this Lease requires, Owner or Owner's agent shall send Tenant, via certified mail, a written notice stating the failure to receive such Rent and/or Additional Rent. Provided Owner has served Tenant with a fourteen (14) day written demand, and Owner does not receive the overdue Rent (and Additional Rent, as applicable) within fourteen (14) days after such written fourteen (14) demand for Rent (and Additional Rent, as applicable) has been made, Owner may commence an action or summary proceeding seeking the payment of all Rent and/or Additional Rent. If the Lease ends, Owner may do the following: (i) enter the Apartment and retake possession of it if Tenant has moved out or (ii) go to court and ask that Tenant and all other occupants in the Apartment be compelled to move out.

Once this Lease has been ended, whether because of default or otherwise, Tenant gives up any right Tenant might otherwise have to reinstate this Lease.

17. REMEDIES OF OWNER AND TENANT'S LIABILITY

If this Lease is ended by Owner because of Tenant's default, the following are the rights and obligations of Tenant and Owner.

A. Tenant must pay Rent and Additional Rent until this Lease has ended. Thereafter, Tenant must pay an equal amount for what the law calls "use and occupancy" until Tenant actually moves out.

B. Once Tenant is out, Owner may re-rent the Apartment or any portion of it for a period of time which may end before or after the ending date of this Lease. Owner may re-rent to a new tenant at a lesser rent or may charge a higher rent than the Rent in this Lease. Notwithstanding the foregoing, if Tenant vacates the Apartment in violation of the terms of this Lease, only then shall Owner use reasonable efforts to re-rent the Apartment at the lesser of the fair market value of the Apartment or the Rent paid hereunder.

C. Whether the Apartment is re-rented or not, Tenant must pay to Owner as damages:

(i) the difference between the Rent in this Lease and the amount, if any, of the rents collected in any later lease of the Apartment for what would have been the remaining period of this Lease; and

(ii) Owner's expenses for the cost of getting Tenant out and re-renting the Apartment, including, but not limited to, putting the Apartment in good condition, repairing damages, decorating and/or cleaning the Apartment for re-rental, advertising the Apartment and for real estate brokerage fees; and

(iii) Owner's expenses for attorney's fees (except in the event of a default judgment).

D. Tenant shall pay all aforementioned damages due in monthly installments on the Rent day established in this Lease. Any legal action brought to collect one or more monthly installments of damages shall not prejudice in any way Owner's right to collect the damages for a later month by a similar action.

E. If the Rent collected by Owner from a subsequent tenant of the Apartment is more than the unpaid Rent and damages which Tenant owes Owner, Tenant cannot receive the difference. Owner's failure to re-rent to another tenant will not release or change Tenant's liability for damages. Except as may be provided for otherwise in Article 17(B) of this Lease, Owner is not required to re-rent the Apartment.

18. ADDITIONAL OWNER REMEDIES; LEGAL FEES

If Tenant does not do everything Tenant has agreed to do, or if Tenant does anything which shows that Tenant intends not to do what Tenant has agreed to do, Owner has the right to ask a Court to make Tenant carry out Tenant's agreements or to give the Owner such other relief as the Court can provide. This is in addition to the remedies in Article 16 and 17 of this Lease.

19. FEES AND EXPENSES (INCLUDING BUT NOT LIMITED TO LEGAL FEES)

A. Tenant must reimburse Owner for any of the following fees and expenses incurred by Owner:

(i) Making any repairs to the Apartment or the Building, including any appliances in the Apartment, which result from misuse, omissions or negligence by Tenant, the Permitted Occupants of the Apartment, the Tenant Parties or any other visitors to the Apartment;

(ii) Correcting any violations of city, state or federal laws or orders and regulations of insurance rating organization concerning the Apartment or the Building which Tenant, the Permitted Occupants of the Apartment, the Tenant Parties, or any other persons who visit the Apartment or work for Tenant have caused;

(iii) Preparing the Apartment for the next tenant if Tenant moves out of the Apartment before the Lease ending date without Owner's prior written consent;

(iv) Any legal fees and disbursements for the preparation and service of legal notices; legal actions or proceedings brought by Owner against Tenant because of a default by Tenant under this Lease; or for defending lawsuits brought against Owner because of the actions of Tenant, the Permitted Occupants of the Apartment, the Tenant Parties or any other persons who visit the Apartment;

(v) Removing any of Tenant's property from the Apartment after this Lease is ended;

(vi) Any miscellaneous charges payable to the Owner for services Tenant requested that are not required to be furnished Tenant under this Lease for which Tenant has failed to pay the Owner and which Owner has paid;

(vii) All other fees and expenses incurred by Owner because of the failure to obey any other provisions and agreements of this Lease by Tenant, the Permitted Occupants of the Apartment, the Tenant Parties or any other persons who visit the Apartment or work for Tenant.

These fees and expenses shall be paid by Tenant to Owner as Additional Rent within ten (10) business days after Tenant receives Owner's bill or statement. If this Lease has ended when these fees and expenses are incurred, Tenant will still be liable to Owner for the same amount as damages. In the event Tenant does not reimburse Owner within such ten (10) business day period, Owner shall be entitled to deduct the fees and expenses from the Security Deposit.

B. Tenant has the right to collect reasonable legal fees and expenses incurred in a successful defense by Tenant of a lawsuit brought by Owner against Tenant or brought by Tenant against Owner to the extent provided by Real Property Law, Section 234.

20. PROPERTY LOSS, DAMAGES OR INCONVENIENCE

Tenant understands and agrees that unless caused by the gross negligence or willful misconduct of Owner or Owner's representatives, agents or employees, none of these authorized parties are responsible to Tenant for any of the following (i) any loss of or damage to Tenant or Tenant's property in the Apartment or the Building due to any accidental or intentional cause, including a theft or another crime committed in the Apartment or elsewhere in the Building; (ii) any loss of or damage to Tenant's property delivered to any employee of the Building (e.g., doorman, superintendent, etc.); or (iii) any damage or inconvenience caused to Tenant by actions, negligence or violations of their lease made by any other tenant or person in the Building except to the extent required by law. Tenant further understands and agrees that Owner's employees are not authorized by Owner to care for Tenant's personal property. Owner is not responsible for any loss, theft, damage to Tenant's personal property, or any injury caused by the property or its use by Building employees.

Owner will not be liable for any temporary interference with light, ventilation, or view caused by construction by or on behalf of Owner. Owner will not be liable for any such interference on a permanent basis caused by construction on any parcel of land not owned by Owner. Owner will not be liable to Tenant for such interference caused by the permanent closing, darkening or blocking up of windows, if such action is required by law. None of the foregoing events will cause a suspension or reduction of the Rent or allow Tenant to cancel the Lease.

21. FIRE OR CASUALTY

A. Tenant shall give Owner immediate notice in case of fire or other damage to the Apartment. If the Apartment becomes unusable, in part or totally, because of fire, accident or other casualty, this Lease will continue unless ended by Owner under subparagraph C below or by Tenant under subparagraph D below. However, the Rent will be reduced as of the date of the fire, accident or other casualty. This reduction will be based upon the square footage of the Apartment which is unusable, as determined by Owner.

B. Owner will repair and restore the Apartment, unless Owner decides to take actions described in subparagraph C below. For the sake of clarity and emphasis, Owner is not required to repair or restore the Apartment or replace the furnishings, decorations or any of Tenant's property, and furthermore (unless otherwise agreed to by Owner in writing), Owner shall not be responsible for any delays due to settling insurance claims, obtaining cost estimates, labor, material, equipment and/or supply problems, force majeure or for any other delay beyond Owner's reasonable control. If the Lease is cancelled, Owner need not restore the Apartment.

C. After a fire, accident or other casualty in the Building, Owner may decide to tear down the Building or to substantially rebuild it. In such case, Owner need not restore the Apartment but may end this Lease. Owner may do this even if the Apartment has not been damaged, by giving Tenant written notice of this decision within the later of sixty (60) days after the date when the damage occurred or ten (10) business days after Owner is advised by its insurance carrier as to the amount of insurance proceeds it will have available to restore the Apartment. If there is substantial damage to the Apartment or if the Apartment is completely unusable, Owner may cancel this Lease by giving Tenant written notice of this decision within 30 days after the date when the damage occurred. If the Apartment is unusable when Owner gives Tenant such notice, this Lease will end sixty (60) days from the last day of the calendar month in which Tenant was given notice.

D. If the Apartment is completely unusable because of fire, accident or other casualty and it is not repaired in thirty (30) days, Tenant may give Owner written notice that Tenant ends the Lease. If Tenant gives that notice, this Lease is considered ended on the day that the fire, accident or casualty occurred. Owner will promptly refund Tenant's Security Deposit and the pro-rata portion of Rent (and Additional Rent, as applicable) paid for the month in which the casualty happened.

E. Unless prohibited by the applicable policies, to the extent that such insurance is collected, Tenant and Owner release and waive all right of recovery against the other or anyone claiming through or under each by way of subrogation.

F. Tenant acknowledges that if fire, accident, or other casualty causes damage to any of Tenant's personal property in the Apartment, including, but not limited to Tenant's furniture and clothes, the Owner will not be responsible to Tenant for the repair or replacement of any such damaged personal property unless such damage was as a result of the Owner's negligence.

22. PUBLIC TAKING

The entire Building or a part of it can be acquired (condemned) by any government or government agency for a public or quasi-public use or purpose. If this happens, this Lease shall end on the date the government or agency take title. Tenant shall have no claim against Owner for any damage resulting; Tenant also agrees that by signing this Lease, Tenant assigns to Owner any claim against the government or government agency for the value of the unexpired portion of this Lease.

23. SUBORDINATION CERTIFICATES AND ACKNOWLEDGMENTS

Notwithstanding any provisions to the contrary contained in this Lease, this Lease and Tenant's rights, are subject and subordinate to all present and future: (a) leases for the Building or the land on which it stands, (b) Owner's mortgage(s) now existing or hereinafter existing), (c) agreements securing money paid or to be paid by a lender, and (d) terms, conditions, renewals, changes of any kind and extensions of the mortgages, leases or lender agreements. If certain provisions of any such mortgage come into effect, the holder of any such mortgage can end this Lease and such parties may commence legal action to evict Tenant from the Apartment. If this happens, Tenant acknowledges that Tenant has no claim against Owner or such lease or mortgage holder. If Owner requests, Tenant will sign promptly any acknowledgment(s) of the "subordination" in the form that Owner may require. Tenant authorizes Owner to sign such acknowledgment(s) for Tenant if Tenant fails to do so within five (5) days of Owner's request.

Tenant also agrees to sign (if accurate) a written acknowledgment within ten (10) days of request to any third party designated by Owner that this Lease is in effect, that Owner is performing Owner's obligations under this Lease and that Tenant has no present claim against Owner.

24. TENANT'S RIGHT TO LIVE IN AND USE THE APARTMENT

If Tenant pays the Rent and any required Additional Rent on time and Tenant does everything Tenant has agreed to do in this Lease, Tenant's tenancy cannot be cut off before the ending date, except as provided for otherwise in this Lease, including, but not limited to, in Articles 21, 22, and 23.

25. BILLS AND NOTICE; ELECTRONIC SIGNATURES

Any notice, statement, demand or other communication required or permitted to be given rendered or made by either party to the other, pursuant to this Lease or pursuant to any applicable law or requirement of public authority, shall be in writing (whether or not so stated elsewhere in this Lease) and shall be given by registered or certified mail, return receipt requested, or by overnight mail by a nationally recognized overnight carrier [or via email] **[*DELETE IF INAPPLICABLE*]**, addressed to each of the following parties:

An electronic signature on this Lease, rider or any renewal of Owner or Tenant shall be deemed an original document and a binding signature pursuant to the Electronic Signatures and Records Act of the State Technology Law.

If to Owner:
Gordon Christmas
533 Hancock Street #2
Brooklyn, NY 11233

Email Address: gchristmas22@gmail.com **[*DELETE IF INAPPLICABLE*]**

With a copy to:

_____
_____
_____
_____

If to Tenant: at Apartment, subsequent to Commencement Date
Email address: syohann1@bu.edu ***[DELETE IF INAPPLICABLE]***

Prior to Commencement Date:
syohann1@bu.edu
_____
_____
_____

Notwithstanding anything to the contrary contained in this Lease, any notice from Owner or Owner's agent or attorney may be delivered to Tenant personally at the Apartment. Notices shall be deemed received the next business day if by overnight carrier, the date of delivery if by personal delivery, or three (3) business days after being mailed if by registered or certified mail.

26. GIVING UP RIGHT TO TRIAL BY JURY AND COUNTERCLAIM

A. Both Tenant and Owner agree to give up the right to a trial by jury in a court action, proceeding or counterclaim (excluding compulsory counterclaims) on any matters concerning this Lease, the relationship of Tenant and Owner as lessee and lessor or Tenant's use or occupancy of the Apartment. This agreement to give up the right to a jury trial does not include claims for personal injury or property damage.

B. If Owner begins any court action or proceeding against Tenant which asks that Tenant be compelled to move out, Tenant cannot make a counterclaim unless Tenant is claiming that Owner has not done what Owner is supposed to do about the condition of the Apartment or the Building.

27. NO WAIVER OF LEASE PROVISIONS

A. Even if Owner accepts Tenant's Rent and/or Additional Rent or fails once or more often to take action against Tenant when it has not done what Tenant has agreed to do in this Lease, the failure of Owner to take action or Owner's acceptance of Rent and/or Additional Rent does not prevent Owner from taking action at a later date if Tenant does not do what Tenant has agreed to do herein.

B. Only a written agreement between Tenant and Owner can waive any violation of this Lease.

C. If Tenant pays and Owner accepts an amount less than all the Rent and/or Additional Rent due, the amount received shall be considered to be in payment of all or part of the earliest Rent and/or Additional Rent due. It will not be considered an agreement by Owner to accept this lesser amount in full satisfaction of all of the Rent and/or Additional Rent due unless there is a written agreement between Tenant and Owner.

D. Any agreement to end this Lease and also to end the rights and obligations of Tenant and Owner must be in writing, signed by Tenant and Owner or Owner's agent. Even if Tenant gives keys to the Apartment and they are accepted by Owner or Owner's representative, this Lease is not ended.

28. CONDITION OF THE APARTMENT; APARTMENT RENTED "AS IS"

By signing this Lease Tenant acknowledges that Owner, Owner's representatives or superintendent has not made any representations or promises with respect to the Building or the Apartment except as herein expressly set forth. After signing this Lease but before Tenant begins occupancy, Tenant shall have the opportunity to inspect the Apartment with Owner or Owner's agent to determine the condition of the Apartment. If Tenant requests such inspection, the parties shall execute a written agreement before Tenant begins occupancy of the Apartment attesting to the condition of the Apartment and specifically noting any existing defects or damages. Before taking occupancy of the Apartment, Tenant has inspected the Apartment (or Tenant has waived such inspection) and Tenant accepts it in its present condition "as is," except for any condition which Tenant could not reasonably have seen during Tenant's inspection. Tenant agrees that Owner has not promised to do any work in the Apartment except as specified in Exhibit C annexed hereto (if any) and made apart hereof.

29. HOLDOVER

A. At the end of the Term, Tenant shall: (i) return the Apartment to the Owner in broom clean, vacant and in good condition, ordinary wear and tear excepted; (ii) remove all of Tenant's property and all of Tenant's installations, alterations and decorations (if so directed by Owner); and (iv) repair all damages to the Apartment and Building caused by moving; and restore the Apartment to its condition at the beginning of the Term ordinary wear and tear excepted.

B. Tenant hereby indemnifies and agrees to defend and hold Owner harmless from and against any loss, cost, liability, claim, damage, fine, penalty and expense (including reasonable attorneys' fees and disbursements but excluding consequential or punitive damages) resulting from delay by Tenant in surrendering the Apartment upon the termination of this Lease, including any claims made by any succeeding tenant or prospective tenant or successor landlord founded upon such delay.

C. If Tenant holds over possession after the expiration date of the Lease or earlier termination of the Lease term or any extended term of this Lease, such holding over shall not be deemed to extend the term of this Lease or renew this Lease. Under no circumstances (i) will such holdover constitute a month-to-month tenancy, (ii) shall this Article 29 imply any right of Tenant to remain in the Apartment after the expiration or earlier termination of this Lease, (iii) will Owner be prohibited from exercising any rights permitted by law against a holdover tenant; or (iv) will any monies paid by Tenant or accepted by Owner (e.g., Rent, Additional Rent, holdover rent or otherwise) after the expiration or earlier termination of this Lease be deemed to reinstate any form of tenancy between Tenant and Owner. In connection with such holdover, Tenant shall pay the following charges for the use and occupancy of the Apartment for each calendar month or part thereof (even if such part shall be a small fraction of a calendar month), which total sum Tenant agrees to pay to Owner per month promptly upon demand, in full, without set-off or deduction:

i) TWO (2) times the highest monthly Rent set forth in this Lease, plus
ii) Items of Additional Rent that would have been payable monthly pursuant to this Lease, had this Lease not expired or terminated,

The aforesaid provisions of this Article 29 shall survive the expiration or earlier termination of this Lease.

30. DEFINITIONS

A. Owner: The term "Owner" means the person or organization receiving or entitled to receive Rent and Additional Rent from Tenant for the Apartment at any particular time other than a rent collector or managing agent of Owner. Owner is the person or organization that owns legal title to the Apartment. It does not include a former owner, even if the former owner signed this Lease.

B. Tenant: The Term "Tenant" means the person or persons signing this Lease as lessee and the respective heirs, distributes, executors, administrators, successors and assigns of the signer. This Lease has established a lessor-lessee relationship between

Owner and Tenant.

31. SUCCESSOR INTERESTS

The agreements in this Lease shall be binding on Owner and Tenant and on those who succeed to the interest of Owner or Tenant by law, by approved assignment or by transfer.

32. INSURANCE

A. As a material inducement for Owner to enter into this Lease, Tenant shall obtain (i) liability insurance insuring Tenant, the Permitted Occupants of the Apartment, the Tenant Parties and any other people visiting the Apartment, and (ii) personal property insurance insuring Tenant's furniture and furnishings and other items of personal property located in the Apartment. Tenant may not maintain any insurance with respect to any furniture or furnishings belonging to Owner that are located in the Apartment unless otherwise directed by Owner. Tenant acknowledges that Owner may not be required to maintain any insurance with respect to the Apartment.

B. Owner is not liable for loss, expense, or damage to any person or property, unless due to Owner's gross negligence or wrongful acts. Owner is not liable to Tenant for permitting or refusing entry of anyone into the Building. Tenant must pay for damages suffered and reasonable expenses of Owner relating to any claim arising from any act, omission or neglect by Tenant. If an action is brought against Owner arising from Tenant's acts, omissions or neglect, Tenant shall defend Owner at Tenant's sole cost and expense with an attorney reasonably acceptable to Owner. Tenant is responsible for all acts, omissions or neglect of the Tenant Parties.

C. Tenant shall indemnify and save harmless Owner from and against any and all liability, penalties, losses, damages, expenses, suits and judgments arising from injury during the term of this Lease to person or property of any nature and also from any matter growing out of the occupation of the Apartment, provided however that such is not the result of Owner's gross negligence or wrongful acts or that of Owner's employees, or agents. Tenant agrees, at Tenant's sole cost and expense to procure and maintain at all times during the Lease term the following insurance:

~~(i) General Liability Insurance for an amount not less than _______________ Dollars ($____________) with an umbrella policy of no less than _______________ Dollars ($____________) [*DELETE IF INAPPLICABLE* **OR INSERT AMOUNTS**]; and~~

(ii) Renters Insurance, which covers any, and all personal property or belongings contained in the Apartment. Tenant agrees to hold Owner harmless regarding these personal belongings due to loss or damage except in cases of Owner's gross negligence.

D. The aforementioned insurance policies shall name Owner and the property manager (if applicable) as additional insureds or interests, as applicable. In the event of Tenant's failure to procure and/or maintain the aforementioned policies prior to the date possession of the Apartment is ready to be delivered to Tenant on the Lease Commencement Date, Owner may (i) refuse to deliver possession of the Apartment to Tenant until such time as evidence of such insurance is delivered by Tenant to Owner (however, Tenant shall nonetheless remain responsible for the payment of Rent and Additional Rent as of the Lease Commencement Date), and/or (ii) order such insurance policies, pay the premiums, and add the amount thereof to the Rent next coming due as Additional Rent, and the Owner shall have all rights and remedies for the collection thereof as is provided for collection of ordinary Rent. The abovementioned insurance policies shall provide for no less than thirty (30) days' notice of cancellation or modification to Owner, and Tenant shall provide Owner with a copy of such insurance policies. Evidence of the aforesaid coverage being in place shall be presented to the Owner on or before the first day of the term of this Lease and may be requested at any time during term of this Lease. Such insurance policies are to be written by a good and solvent company licensed to do business in the state of New York. Tenant shall immediately reimburse Owner for the cost of any insurance policy Owner obtains for the Apartment, including but not limited to insurance for Owner's furniture or furnishings in the Apartment. Tenant acknowledges that Owner may not be required to maintain any insurance with respect to the Apartment.

33. FURNITURE [*DELETE IF INAPPLICABLE*]

~~The Apartment is being leased as fully furnished. All furniture and furnishings contained in the Apartment (the "Apartment Furniture") are listed in Exhibit D annexed hereto (if any) and made apart hereof. Tenant shall accept the Apartment Furniture "as is" on the commencement date of this Lease. Owner represents that all Apartment Furniture is in good repair and in working order on the commencement date of this Lease except as may be noted in Exhibit D.~~

~~Tenant shall take good care of the Apartment Furniture during the pendency of this Lease and shall be liable for any damages caused by Tenant or Tenant Parties to the Apartment Furniture. Tenant shall not be responsible for any damages to the Apartment Furniture not caused by Tenant or Tenant Parties or caused by ordinary wear and tear. Tenant shall surrender the Apartment Furniture when this Lease terminates in the same condition as on the date this Lease commenced, subject to ordinary wear and tear. If any repairs are required to the Apartment Furniture when this Lease terminates, Tenant shall pay Owner upon demand the cost of any required repairs.~~

~~Tenant may not remove the Apartment Furniture from the Apartment or change the location of the Apartment Furniture during the pendency of this Lease without Owner's prior written consent.~~

34. BROKER [*DELETE EITHER SUBPARAGRAPH A OR B; IF SUBPARAGRAPH B IS DELETED, INSERT NAME OF BROKER(S) IN SUBPARAGRAPH A*]

A. Owner and Tenant represent that in the negotiation of this Lease they dealt with no broker(s) other than None____________________________ (the "Tenant's Broker") and J Y. DeVane, K Fuchimoto of Brown Harris Stevens (the "Owner's Broker") (hereinafter collectively referred to as the "Broker"). Such Broker(s) will be compensated by [Tenant]/~~[Owner]~~ **[CHOOSE ONE AND CROSS OUT THE OTHER ALTERNATIVE]** in accordance with a separate agreement subject to a fully executed and delivered lease.

~~B. Tenant represents to Owner that Tenant has not dealt with any real estate broker in connection with the leasing of the Apartment.~~

C. Owner and Tenant hereby agree to indemnify, defend and hold harmless each other from and against any and all claims, demands, liabilities, suits, losses, costs and expenses (including reasonable attorneys' fees and disbursements) arising out of any inaccuracy or alleged inaccuracy of the above representation. Owner shall have no liability for any brokerage commissions arising out of a sublease or assignment by Tenant. The provisions of this Article 34 shall survive the expiration or sooner termination of this Lease.

35. TENANT'S OPTION TO RENEW [*DELETE IF INAPPLICABLE; IF APPLICABLE, PLEASE INSERT NECESSARY INFORMATION*]

~~A. Tenant shall have the right to extend the term of this Lease for __________ year(s) commencing ____________________, and ending on ____________________________ (the "Extension Term") provided: (i) Tenant gives Owner notice (the "Extension Notice"), in the manner required under this Lease, of Tenant's election to extend the term of this Lease; (ii) the Election Notice must be given to Owner at least ninety (90) days prior to the ending date of this Lease as stated in Article 2, TIME BEING OF THE ESSENCE, (iii) Tenant shall have been timely in Tenant's payment of Rent and Additional Rent and may not have been in default prior to delivering the Extension Notice or then be in default of any provisions of this Lease when the Extension Notice is given or on the commencement date of the Extension Term; and (iv) Tenant is occupying the Apartment and have not assigned this Lease nor sublet the Apartment. If Owner fails to receive the Extension Notice by the date specified herein, TIME BEING OF THE ESSENCE, this Article 35 shall be of no further force and effect.~~

~~B. The monthly Rent payable by Tenant during the Extension Term shall be $________________________________~~

~~C. All provisions of this Lease, except as specifically modified by this Article 35, shall be, and remain in, full force and effect~~

during the Extension Term.

36. TERRACES, BALCONIES AND BACKYARDS [*DELETE IF INAPPLICABLE*]

All of the terms and conditions of this Lease apply to the terrace, balcony and/or backyard (as applicable). Tenant's use of the terrace or balcony must comply with any rules that may be provided to Tenant by Owner.

Tenant shall clean the terrace or balcony and keep the terrace or balcony free from snow, ice, garbage and other debris. No cooking is allowed on the terrace or balcony except as may be otherwise permitted by law. Tenant may not install a fence or any addition on the terrace or balcony. Tenant is responsible for making all repairs to the terrace or balcony if caused by Tenant, the Tenant Parties or any other visitor to the Apartment, at Tenant's sole expense.

37. LEAD PAINT DISCLOSURE [*DELETE IF THE BUILDING WAS ERECTED AFTER 1978*]

Simultaneously with the execution of this Lease, Tenant and Owner shall sign and complete the disclosure of information on lead-based paint and/or lead-based paint hazards annexed as a rider attached to this Lease. Tenant acknowledges receipt of the pamphlet, "Protect Your Family From Lead in Your Home" prepared by the United States Environmental Protection Administration.

38. PETS [*DELETE EITHER SUBPARAGRAPH A OR B; IF SUBPARAGRAPH A IS DELETED, INSERT NECESSARY INFORMATION IN SUBPARAGRAPH B*]

A. Tenant may not keep any pets in the Apartment. IF TENANT BREACHES THIS SECTION, TENANT WILL FORFEIT TWENTY PERCENT (20%) OF THE SECURITY DEPOSIT TO OWNER TO COMPENSATE OWNER FOR ANY AND ALL COSTS RELATING THERETO AS LIQUIDATED DAMAGES (AND NOT AS A PENALTY). TENANT ACKNOWLEDGES AND AGREES THAT THE FOREGOING IS A MATERIAL INDUCEMENT FOR OWNER TO ENTER INTO THIS LEASE AND BUT FOR SAID COVENANT OWNER WOULD NOT HAVE EXECUTED THIS LEASE AGREEMENT.

B. Tenant may keep pets in the Apartment provided: (i) Tenant obtains the prior written consent of Owner; and (ii) Tenant complies with any rules with respect to the keeping of pets in the Apartment. Owner hereby consents to the following pet(s): None.

39. KEYS/SECURITY

A. Tenant shall not remove, alter, or change in any way the existing locks, security codes or keys that are provided for the Apartment or any part thereof. Tenant assumes liability for any person keys are entrusted to. The name, address and telephone number of any person with an additional set of keys to the Apartment are required to be furnished to Owner or its managing agent. Only Owner may make such additional sets of keys upon Tenant's written request with the abovementioned information. Owner will not refuse any such reasonable request. All extra sets of keys must be returned to Owner no later than one (1) day prior to move out unless agreed to by Owner. In the event that all keys are not returned to the Owner by or before the last day of tenancy, Tenant agrees to pay for the replacement cost as mentioned below (or part thereof if Owner deems it appropriate).

B. Tenant agrees and understands that Tenant will be charged a re-keying fee in the sum of $350.00 for the entrance door each and every time a key replacement is required or deemed necessary by Owner if the need arises due to Tenant's loss of the key, employee changes, or request. Said charges shall be deemed Additional Rent.

40. WINDOW GUARDS

Simultaneously with the execution of this Lease, Tenant shall complete and deliver to Owner a notice with respect to the installation of window guards in the Apartment in the form required by the City of New York annexed as a rider attached to this Lease. Tenant acknowledges that it is a violation of law to refuse, interfere with installation, or remove window guards where required.

41. BED BUG DISCLOSURE

Tenant and Owner shall sign and complete the disclosure of bedbug infestation history annexed as a rider attached to this Lease.

42. SPRINKLER DISCLOSURE

Tenant and Owner shall sign and complete the sprinkler disclosure annexed as a rider attached to this Lease.

43. OCCUPANCY NOTICE FOR INDOOR ALLERGEN HAZARDS

Owner shall complete and deliver to Tenant the Occupancy Notice for Indoor Allergen Hazards annexed as a rider attached to this Lease. Owner acknowledges that it has delivered to Tenant "What Every Tenant Should Know About Indoor Allergens" and Tenant acknowledges receipt of such notice.

44. STOVE KNOB COVERS

Simultaneously with the execution of this Lease, Tenant shall complete and deliver to Owner the Annual Notice for Tenants in Multiple Dwelling Units with gas-powered stoves annexed as a rider attached to this Lease.

45. NO SHORT TERM RENTAL

Under no circumstances shall Tenant put a listing for the Apartment on Airbnb or for other similar short term rental (i.e., a rental for less than thirty (30) days), or use the Apartment for same. If Tenant does so, Owner has the right to immediately terminate this Lease.

TENANT ACKNOWLEDGES AND AGREES THAT THE FOREGOING IS A MATERIAL INDUCEMENT FOR OWNER TO ENTER INTO THIS LEASE, AND BUT FOR SAID COVENANT, OWNER WOULD NOT HAVE EXECUTED THIS LEASE AGREEMENT. IF TENANT DISREGARDS THIS AGREEMENT, IN ADDITION TO THE RIGHT OF INJUNCTION, THE RIGHT TO TERMINATE THIS LEASE ON SIX (6) DAYS' WRITTEN NOTICE TO TENANT AND ANY AND ALL REMEDIES AVAILABLE UNDER THIS LEASE AND AT LAW OR EQUITY, TENANT WILL FORFEIT THE ENTIRE SECURITY DEPOSIT TO THE OWNER, TO COMPENSATE OWNER FOR ANY AND ALL COSTS RELATING THERETO AS LIQUIDATED DAMAGES (AND NOT AS A PENALTY). TENANT SHALL ALSO BE RESPONSIBLE FOR ANY AND ALL FINES AND PENALTIES IMPOSED BY ANY GOVERNMENTAL OR QUASI-GOVERNMENTAL AGENCY OR BODY.

46. INDEMNIFICATION

Tenant shall indemnify and save harmless Owner and Owner's agents and, at Owner's option, defend Owner and Owner's agents against and from any and all claims against Owner and Owner's agents arising wholly or in part from any act, omission or negligence of Tenant or the Tenant Parties. This indemnity and hold harmless agreement shall include indemnity from and against any and all liability, fines, suits, demands, costs, damages and expenses of any kind or nature (including without limitation attorney's and other professional fees and disbursements) incurred in or in connection with any such claims (including any settlement thereof) or proceeding brought thereon, and the defense thereof

47. NOISE

Tenant shall not create any unreasonable noise levels which shall interfere with the quiet enjoyment of the other tenants of the Building or the neighbors of the Building. Tenant agrees to promptly notify Owner in writing of all noise complaints or summons which Tenant receives in writing, and to submit a proposal reasonably satisfactory to Owner as to how to handle same and assure that such complaints shall not recur. TENANT ACKNOWLEDGES AND AGREES THAT THE FOREGOING IS A MATERIAL INDUCEMENT FOR OWNER TO ENTER INTO THIS LEASE, AND BUT FOR SAID COVENANT, OWNER WOULD NOT HAVE EXECUTED THIS LEASE AGREEMENT. IF TENANT DISREGARDS THIS AGREEMENT, IN ADDITION TO THE RIGHT OF INJUNCTION AND ANY AND ALL REMEDIES AVAILABLE UNDER THIS LEASE AND AT LAW OR EQUITY, TENANT WILL FORFEIT THE ENTIRE SECURITY DEPOSIT TO THE OWNER, TO COMPENSATE OWNER FOR ANY AND ALL COSTS RELATING THERETO AS LIQUIDATED DAMAGES (AND NOT AS A PENALTY).

48. WAIVER OF LIABILITY

Anything contained in this Lease to the contrary notwithstanding, Tenant agrees that Tenant shall look solely to the estate and property of Owner in the Apartment or to any proceeds obtained by Owner as a result of a sale by Owner of the Apartment, for the collection of any judgment (or other judicial process) requiring the payment of money by Owner in the event of any default or breach by Owner with respect to any of the terms and provisions of this Lease to be observed and/or performed by Owner, subject, however, to the prior rights of any lessor under a superior lease or holder of a superior mortgage. No other assets of Owner or any partner, officer, director or principal of Owner, shall be subject to levy, execution or other judicial process for the satisfaction of Tenant's claim hereunder.

49. OWNER'S APPROVAL

If Tenant shall request Owner's approval or consent and Owner shall fail or refuse to give such approval or consent, Tenant shall not be entitled to any damages for any withholding or delay of such approval or consent by Owner, it being intended that Tenant's sole remedy shall be an action for injunction without bond or specific performance (the rights to money damages or other remedies being hereby specifically waived. Furthermore, such remedy shall be available only in those cases where Owner shall have expressly agreed in writing not to unreasonably withhold its consent or approval (as applicable), or where as a matter of law, Owner may not unreasonably withhold its consent or approval. In such event, provided Tenant is successful therein, Owner shall be responsible to pay Tenant's actual costs and expenses incurred therein, including reasonable attorneys' fees.

50. BANKRUPTCY; INSOLVENCY

If (i) Tenant files a voluntary petition in bankruptcy or insolvency or are the subject of an involuntary bankruptcy proceeding, (ii) Tenant assigns property for the benefit of creditors, or (iii) a non-bankruptcy trustee or receiver of Tenant's or Tenant's property is appointed, Owner may give Tenant thirty (30) days' notice of cancellation of the Term of this Lease. If any of the above is not fully dismissed within the thirty (30) day period, the Term shall end as of the date stated in the notice. Tenant must continue to pay Rent and Additional Rent and any damages, losses and expenses due Owner without offset.

51. CONTROLLING LAW

Tenant acknowledges that by negotiating and entering into this Lease, Tenant has transacted business within the State of New York. Any action, proceeding or claim arising out of this Lease or breach thereof, shall be litigated within the State of New York and the parties consent to the personal jurisdiction of the courts (including the New York City Housing Court) within the State of New York and consent that any process may be served either personally, by facsimile or by certified or registered mail, return receipt requested, to Tenant at Tenant's address as set forth in this Lease, or in any manner provided by New York Law.

Tenant shall not be entitled, directly or indirectly, to diplomatic or sovereign immunity and shall be subject to, and Tenant shall agree to consent to, the service of process in, and the jurisdiction of, the courts of, New York State.

52. OWNER'S CONTROL

The Lease shall not end or be modified nor will Tenant's obligations be ended or modified if for any cause not fully within Owner's reasonable control, Owner is delayed or unable to (a) fulfill any of Owner's promises or agreements, or (b) supply any required service or (c) make any required repairs to the Apartment.

53. COUNTERPARTS

This Lease may be executed in any number of identical counterparts and by scanned or facsimile signature, and each counterpart hereof shall be deemed to be an original instrument, but all counterparts hereof taken together shall constitute but a single instrument.

54. BINDING EFFECT

It is expressly understood and agreed that this Lease shall not constitute an offer or create any rights in Tenant's favor, and shall in no way obligate or be binding upon Owner, and this Lease shall have no force or effect until this Lease is duly executed by Tenant and Owner and a fully executed copy of this Lease is delivered to both Tenant and Owner.

55. SMOKING

THERE IS NO SMOKING PERMITTED INSIDE THE APARTMENT (OR ON THE BALCONY OR TERRACE, IF ANY) UNDER ANY CIRCUMSTANCES. IF TENANT DISREGARDS THIS AGREEMENT, TENANT WILL FORFEIT ONE-THIRD (1/3) OF THE SECURITY DEPOSIT TO THE OWNER, TO COMPENSATE OWNER FOR ANY AND ALL COSTS RELATING THERETO AS LIQUIDATED DAMAGES (AND NOT AS A PENALTY). TENANT ACKNOWLEDGES AND AGREES THAT THE FOREGOING IS A MATERIAL INDUCEMENT FOR OWNER TO ENTER INTO THIS LEASE, AND BUT FOR SAID COVENANT, OWNER WOULD NOT HAVE EXECUTED THIS LEASE AGREEMENT.

TENANT AND OWNER SHALL SIGN AND COMPLETE THE BUILDING'S SMOKING POLICY ANNEXED AS RIDER ATTACHED TO THIS LEASE.

56. GARBAGE, REFUSE AND RECYCLING

Tenant shall comply with the rules and regulations of the Building in all respects, including, but not limited to, those regarding garbage and recycling laws. Tenant shall not place any large articles outside of the Apartment except in compliance with the rules and regulations of the Building in all respects. Tenant agrees to promptly pay Owner for any violations for violation of Tenant's obligations pursuant to this Article 56.

57. TOILETS/PLUMBING FIXTURES

The toilets and plumbing fixtures shall only be used for the purposes for which they were designed or built for. No feminine hygiene or similar products such as paper towels may be discarded in the toilets or plumbing fixtures.

58. EMERGENCIES

Tenant will provide Owner with list of persons to contact in the event of an emergency. Emergencies include, but are not limited to: health and safety of Tenant or guests, water damage or fire, or unauthorized persons attempting entry into the Apartment without Owner's knowledge.

59. BICYCLES [*DELETE IF INAPPLICABLE*]

All bicycles are expressly forbidden in the Apartment.

60. ALARM SYSTEM [*DELETE IF INAPPLICABLE*]

XXXXXXXTenant hereby acknowledges and agrees that the Apartment comes equipped with an alarm system (the "Alarm System") which must be turned on each and every time that Tenant leaves the Apartment unoccupied for an extended period of time. Owner shall deliver codes to Tenant to the Alarm System prior to Lease commencement. Tenant acknowledges that Tenant shall not change the Alarm System codes under any circumstances without the prior written consent of Owner. Tenant acknowledges and agrees that the foregoing is a material inducement for Owner to enter into this Lease, and but for said covenant, Owner would not have executed this Lease. Notwithstanding the presence of the Alarm System in the Apartment, Tenant hereby acknowledges and agrees that Owner will not be responsible for any loss or lost or stolen personal property, equipment, money or any article taken from the Apartment regardless of how or when such loss occurs.

61. THIRD PARTY BENEFICIARY

This Lease is an agreement solely for the benefit of Owner and Tenant (and their permitted successors and/or assigns). No person, party or entity other than Owner and Tenant shall have any rights hereunder or be entitled to rely upon the terms, covenants and provisions contained herein. The provisions of this Article 61 shall survive the termination hereof.

62. MOVING IN, VACATING APARTMENT AND TERMINATION

A. Should Owner become concerned with the inadequate care and/or supervision of Tenant's moving company's crew, Tenant shall instruct moving personnel to comply with Owner's reasonable request for added protection throughout the Apartment. All moving personnel must be fully insured and reasonable proof of such insurance must be supplied to Owner before moving will be permitted on or in the Apartment.

B. In the course of Tenant's moving in, out or having items delivered to the Apartment, should there be any damage to the halls, doors or any other part of the Apartment or the Building, Tenant shall be responsible to pay for the repair of such damage.

C. Upon the expiration of this Lease, Tenant shall return the Apartment in broom clean condition. Additional cleaning charges incurred by Owner due to Tenant's breach of this Article 62 shall be borne by Tenant and shall be deemed Additional Rent.

63. OWNER UNABLE TO PERFORM

Notwithstanding anything to the contrary contained in this Lease, any prevention, delay or stoppage due to strikes, lockouts, labor disputes, acts of God, inability to obtain services, labor, or materials or reasonable substitutes therefore, governmental actions, civil commotion, fire or other casualty, and other causes beyond the reasonable control of the party obligated to perform, except with respect to the obligations imposed with regard to the payment of Rent and Additional Rent to be paid by Tenant pursuant to this Lease (any of the foregoing "Force Majeure") shall excuse the performance of such party for a period equal to any such prevention, delay or stoppage.

64. ILLEGALITY.

If a term in this Lease is illegal, invalid or unenforceable, the rest of this Lease remains in full force.

SIGNATURES CONTINUED ON NEXT PAGE

TO CONFIRM OUR AGREEMENTS, OWNER AND TENANT RESPECTIVELY SIGN THIS LEASE AS OF THE DAY AND YEAR FIRST WRITTEN ON PAGE 1.

Witnesses

_____

_____

_____

DocuSigned by:
_____ [L.S.]
C98D2B205BFB40C...
Owner's Signature Gordon Christmas

DocuSigned by:
_____ [L.S.]
AE5335...
Tenant's Signature Sofia Yohannes

_____ [L.S.]
Tenant's Signature

GUARANTY

[FOR USE WHEN TENANT (A) IS A CORPORATION OR LIMITED LIABILITY COMPANY AND A PERSONAL GUARANTY WILL BE REQUIRED BY THE OWNER, OR (B) OWNER REQUIRES A GUARANTOR OF TENANT'S LEASE OBLIGATIONS]

The undersigned Guarantor [or Guarantors (hereinafter collectively referred to as "Guarantor")] guarantees to Owner the strict payment performance of and observance by Tenant of all the agreements, provisions and rules in the attached Lease. Guarantor agrees to waive all notices when Tenant is not paying Rent and/or Additional Rent or not observing and complying with all of the provisions of the attached Lease. Guarantor agrees to be equally liable with Tenant so that Owner may sue Guarantor directly without first suing Tenant. The Guarantor further agrees that this guaranty shall remain in full effect even if the Lease is renewed, assigned, changed or extended in any way and even if Owner has to make a claim against Guarantor. Owner and Guarantor agree to waive trial by jury in any such action, proceeding or counterclaim brought against the other on any matters concerning the attached Lease or the Guaranty. Guarantor will pay reasonable attorneys' fees, court costs and other expenses incurred by Owner in enforcing or attempting to enforce this Guaranty. This Guaranty shall be binding upon the Guarantor and shall inure to the benefit of the Owner, and their respective heirs, distributees, executors, administrators, successors and assigns. The Guarantors shall be jointly and severally liable under this Guaranty.

Guarantor further agrees that if Tenant becomes insolvent or shall be adjudicated a bankrupt or shall file for reorganization or similar relief or if such petition is filed by creditors of Tenant, under any present or future Federal or State law, Guarantor's obligations hereunder may nevertheless be enforced against the Guarantor. The termination of the Lease pursuant to the exercise of any rights of a trustee or receiver in any of the foregoing proceedings, shall not affect Guarantor's obligation hereunder or create in Guarantor any setoff against such obligation. Neither Guarantor's obligation under this Guaranty nor any remedy for enforcement thereof, shall be impaired, modified or limited in any manner whatsoever by any impairment, modification, waiver or discharge resulting from the operation of any present or future operation of any present or future provision under the National Bankruptcy Act or any other statute or decision of any court. Guarantor further agrees that its liability under this Guaranty shall be primary and that in any right of action which may accrue to Owner under the Lease, Owner may, at its option, proceed against Guarantor and Tenant, or may proceed against either Guarantor or Tenant without having commenced any action against or having obtained any judgment against Tenant or Guarantor.

Dated, _____

_____ Guarantor
Name:

_____ Address

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the ____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and said State of New York, _____ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

_____
Notary Public

_____ Guarantor
Name:

_____ Address

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the ____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and said State of New York, _____ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

_____
Notary Public

Exhibit B

STANDARD FORM OF APARTMENT

Lease

The Real Estate Board of New York, Inc.

ATTACHED OWNER'S RULES AND REGULATIONS WHICH ARE A PART OF THE LEASE AS PROVIDED BY ARTICLE 10

Public Access Ways

1. (a) Tenants shall not block or leave anything in or on fire escapes, the sidewalks, entrances, driveways, elevators, stairways, or halls of the Building. Public access ways shall be used only for entering and leaving the Apartment and the Building. Only those elevators and passageways designated by Owner can be used for deliveries.

(b) Baby carriages, bicycles or other property of Tenants shall not be allowed to stand in the halls, passageways, public areas or common areas of the Building.

Bathroom and Plumbing Fixtures

2. The bathrooms, toilets and wash closets and plumbing fixtures shall only be used for the purposes for which they were designed or built; sweepings, rubbish bags, acids or other substances shall not be placed in them.

Refuse

3. Carpets, rugs or other articles shall not be hung or shaken out of any window of the Apartment or Building. Tenants shall not sweep or throw or permit to be swept or thrown any dirt, garbage or other substances out of the windows or into any of the halls, elevators or elevator shafts of the Building. Tenants shall not place any articles outside of the Apartments or outside of the Building except in safe containers and only at places designated by Owner.

Elevators

4. All non-automatic passenger and service elevators shall be operated only by employees of Owner and must not in any event be interfered with by Tenants. The service elevators, if any, shall be used by servants, messengers and trades people for entering and leaving, and the passenger elevators, if any, shall not be used by them for any purpose

Laundry

5. Laundry and drying apparatus, if any, shall be used by Tenants in the manner and at the times that the superintendent or other representative of Owner may direct. Tenants shall not dry or air clothes on the roof.

Keys and Locks

6. Owner may retain a pass key to the apartment. Tenants may install on the entrance of the Apartment an additional lock of not more than three inches in circumference. Tenants may also install a lock on any window but only in the manner provided by law. Immediately upon making any installation of either type, Tenants shall notify Owner or Owner's agent and shall give Owner or Owner's agent a duplicate key. If changes are made to the locks or mechanism installed by Tenants, Tenants must deliver keys to Owner. At the end of this Lease, Tenants must return to Owner all keys either furnished or otherwise obtained. If Tenants lose or fail to return any keys which were furnished to them, Tenants shall pay to Owner the cost of replacing them.

Noise

7. Tenants, their families, guests, employees, or visitors shall not make or permit any disturbing noises in the Apartment or Building or permit anything to be done that will interfere with the rights, comforts or convenience of other tenants. Also, Tenants shall not play a musical instrument or operate or allow to be operated a CD player, radio or television set so as to disturb or annoy any other occupant of the Building.

No Projections

8. An aerial may not be erected on the roof or outside wall of the Building without the written consent of Owner, in Owner's sole discretion. Also, awnings or other projections shall not be attached to the outside walls of the Building or to any balcony or terrace.

No Pets

9. Dogs or animals of any kind shall not be kept or harbored in the Apartment, unless in each instance it be expressly permitted in writing by Owner. This consent, if given, can be taken back by Owner at any time for good cause on reasonably given notice. Unless carried or on a leash, pets shall not be permitted on any passenger elevator or in any public portion of the building. Also, pets are not permitted on any grass or garden plot under any condition. THE STRICT ADHERENCE TO THE PROVISIONS OF THIS RULE BY EACH TENANT IS A MATERIAL REQUIREMENT OF EACH LEASE. TENANT'S FAILURE TO OBEY THIS RULE SHALL BE CONSIDERED A MATERIAL BREACH BY TENANT UNDER THE LEASE AND OWNER MAY ELECT TO END THE LEASE BASED UPON THIS VIOLATION.

Moving

10. Tenants can use the elevator to move furniture and possessions only on designated days and hours. Owner shall not be liable for any costs, expenses or damages incurred by Tenants in moving because of delays caused by the unavailability of the elevator.

Floors

11. Apartment floors shall be covered with rugs or carpeting of at least 80% of the floor area of each room excepting only kitchens, pantries, bathrooms and hallways. The tacking strip for wall-to-wall carpeting will be glued, not nailed to the floor.

Window Guards

12. IT IS A VIOLATION OF LAW TO REFUSE, INTERFERE WITH INSTALLATION, OR REMOVE WINDOW GUARDS WHERE REQUIRED. (SEE ATTACHED WINDOW GUARD RIDER)

Odors

13. Tenants shall not permit objectionable odors to emanate from the Apartment or the Building.

Smoke and Carbon Monoxide Detectors

14. Tenants shall not remove batteries from smoke or carbon monoxide detectors or in any other way disarm them.

DS

DS

RIDER ANNEXED TO AND FORMING A PART OF THE LEASE FOR
Property at 1228 Bedford Avenue Apartment #1, Brooklyn, NY 11216
DATED: July 3, 2024
-- BETWEEN –
Gordon Christmas, As LANDLORD, and, Sofia Yohannes, As TENANT.

In the event of any inconsistency between the provisions of this Rider and those contained in the Lease to which this Rider is annexed, the provisions of this Rider shall govern and be binding.

TENANT RESPONSIBILITY

GARBAGE RULES
NYC GARBAGE & RECYCLE *

TENANT RESPONSIBILITY TO DEVIDE HOUSEHOLD GARBAGE
GARBAGE / RECYCLE ITEMS*
* GARBAGE / TRASH INTO **GREY** CONTAINER
- PAPER / CARDBOARD / MAGAZINES INTO **GREEN** CONTAINER
- GLASS / METAL / RIGID PLASTIC / BEVERAGE CARTONS INTO **BLUE** CONTAINER

TENANT RESPONSIBLE USE OF WASHER / DRYER
*AFTER EVERY USE OF DRYER**
*CLEAN FILTER CATCH **TWO** PART SYSTEM AFTER EVER USE, PLEASE.
*ALWAYS USE DRYER FILTER CATCH SYSTEM.
*WASHER SOAP DISPENSOR**
*LESS IS MORE.
*PLEASE USE MINIMAL AMOUNTS OF PRODUCT FOR BEST RESULTS.

BACK YARD USE
*TENANT AGREES TO SWEEP/SHOVEL, FOR OWN USE, THE BACK YARD AREA OF DEBRIT.
*PLANTING IS ENCOURAGED
*NO DIGGING UP OF ESTABLISHED PLANTS.
*KEEP COOKING GRILLS AWAY FROM BUILDING.

TENANT NON USE OF FIRE PLACE
*TENANT AGREES NOT TO USE ANY FIRE, FLAME, COMBUSTIBLE SUBSTANCE IN THE FIRE PLACE.

DocuSigned by:
_____
TENANT AE5335BE4D744E4...

DocuSigned by:
_____
LANDLORD C98D2D30EDFB40C...

Use with Real Estate Board Standard Form of Apartment Lease
new or renewal
REB 7/19

RIDER

[*DELETE IF THE BUILDING WAS ERECTED AFTER 1978*]

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead- based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally ap- proved pamphlet on lead poisoning prevention.

LESSOR'S DISCLOSURE

(a) Presence of lead-based paint and/or lead-based paint hazards (Check (i) or (ii) below);

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (Explain):

_____

(ii) X Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (Check (i) or (ii) below:

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____

(ii) X Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) N/A Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet, ***Protect Your Family from Lead in Your Home.***

Agent's Acknowledgment (initial)

_____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/ her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify to the best of their knowledge that the information they have provided is true and accurate.

DocuSigned by:
7/7/2024
Lessor: Gordon Christmas

Signature Date

DocuSigned by:
7/5/2024
Lessee: Sofia Yohannes

Signature Date

NYC Health

New York City
Department of Health
and Mental Hygiene

WINDOW GUARDS REQUIRED

Lease Notice to Tenant

You are required by law to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment.

Your landlord is required by law to install window guards in your apartment:
if a child 10 years of age or younger lives in your apartment,

OR

if you ask him to install window guards at any time (you need not give a reason).

It is a violation of law to refuse, interfere with installation, or remove window guards where required.

CHECK ONE

☐ **CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT**

☑ **NO CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT**

☐ **I WANT WINDOW GUARDS EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OF AGE OR YOUNGER**

Sofia Yohannes
Tenant (Print)

DocuSigned by:
Sofia Yohannes
AE5335BE4D744E4...
Tenant's Signature

7/5/2024
Date

533 Hancock Street, Brooklyn, NY 11233
Tenant's Address

1
Apt No.

RETURN THIS FORM TO:

Gordon Christmas
Owner/Manager

533 Hancock Street #2, Brooklyn, NY 11233
Owner/Manager's Address

For Further Information call 311 for Window Falls Prevention

RIDER

NOTICE TO TENANT
DISCLOSURE OF BEDBUG INFESTATION HISTORY

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property's bedbug infestation history.

Name of tenant(s): Sofia Yohannes

Building: 533 Hancock Street, Brooklyn, NY 11233

Apt. #: 1

Date of vacancy lease: July 3, 2024

BEDBUG INFESTATION HISTORY
(Only boxes checked apply)

☑ There is no history of any bedbug infestation within the past year in the building or in any apartment.

☐ During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the _____ floor(s).

☐ During the past year the building had a bedbug infestation history on the _____ floor(s) and it has not been the subject of eradication measures.

☐ During the past year the apartment had a bedbug infestation history and eradication measures were employed.

☐ During the past year the apartment had a bedbug infestation history and eradication measures were not employed.

☐ Other: _____ .

Signature of Tenant(s): DocuSigned by: AE5335BE4D744E4... Dated: 7/5/2024

Signature of Owner/Agent: DocuSigned by: C98D2D30EDFB40C... Dated: 7/7/2024

RIDER

SPRINKLER DISCLOSURE

Pursuant to the New York State Real Property Law, Article 7, Section 231-a, effective December 3, 2014 all residential leases must contain a conspicuous notice as to the existence or non-existence of a Sprinkler System in the Leased Premises.

Name of tenant(s): Sofia Yohannes

Lease Premises Address: 533 Hancock Street, Brooklyn, NY 11233

Apartment Number: 1 (the "Leased Premises")

Date of Lease: July 3, 2024

CHECK ONE:

1. ☑ **There is NO Maintained and Operative Sprinkler System in the Leased Premises.**

2. ☐ **There is a Maintained and Operative Sprinkler System in the Leased Premises.**

   A. The last date on which the Sprinkler System was maintained and inspected was on_____.

A "Sprinkler System" is a system of piping and appurtenances designed and installed in accordance with generally accepted standards so that heat from a fire will automatically cause water to be discharged over the fire area to extinguish it or prevent its further spread (Executive Law of New York, Article 6-C, Section 155-a(5)).

Acknowledgment & Signatures:

I, the Tenant, have read the disclosure set forth above. I understand that this notice, as to the existence or non-existence of a Sprinkler System is being provided to me to help me make an informed decision about the Leased Premises in accordance with New York State Real Property Law Article 7, Section 231-a.

Tenant : Name: Sofia Yohannes
Signature: DocuSigned by: AE5335BE4D744E4... Date 7/5/2024

Name:
Signature: Date:

Owner Name: Gordon Christmas
Signature DocuSigned by: C98D2D30EDFB40C... Date 7/7/2024

RIDER

OCCUPANCY NOTICE FOR INDOOR ALLERGEN HAZARDS

®

I.The owner of the building located at 533 Hancock Street, Brooklyn, NY is required, under New York City Administrative Code section 27-2017.1 et seq., to make an annual inspection for indoor allergen hazards (such as mold, mice, rats, and cockroaches) in your apartment and the common areas of the building. The owner must also inspect if you inform him or her that there is a condition in your apartment that is likely to cause an indoor allergen hazard, or you request an inspection, or the City of New York Department of Housing Preservation and Development has issued a violation requiring correction of an indoor allergen hazard for your apartment. If there is an indoor allergen hazard in your apartment, the owner is required to fix it, using the safe work practices that are provided in the law. The owner must also provide new tenants with a pamphlet containing information about indoor allergen hazards.

2. The owner is also required, prior to your occupancy as a new tenant, to fix all visible mold and pest infestations in the apartment, as well as any underlying defects, like leaks, using the safe work practices provided in the law. If the owner provides carpeting or furniture, he or she must thoroughly clean and vacuum it prior to occupancy. This notice must be signed by the owner or his or her representative, and state that he or she has complied with these requirements.

I, Gordon Christmas (owner or representative name in print), certify that I have complied with the requirements of the New York City Administrative Code section 27-2017.5 by removing all visible mold and pest infestations and any underlying defects, and where applicable, cleaning and vacuuming any carpeting and furniture that I have provided to the tenant. I have performed the required work using the safe work practices provided in the law.

DocuSigned by:
C98D... Signature

Signature

7/7/2024

Date

RIDER

STOVE KNOB COVERS

ANNUAL NOTICE FOR TENANTS IN MULTIPLE DWELLING UNITS WITH GAS-POWERED STOVES

533 Hancock Street, Brooklyn, NY 11233

The owner of the building located at is required, by Administrative Code §27-2046.4(a), to provide stove knob covers for each knob located on the front of each gas-powered stove to tenants in each dwelling unit in which a child under six years of age resides, unless there is no available stove knob cover that is compatible with the knobs on the stove. Tenants may refuse stove knob covers by marking the appropriate box on this form. Tenants may also request stove knob covers even if they do not have a child under age six residing with them, by marking the appropriate box on this form. The owner must make the stove knob covers available within 30 days of this notice. Please also note that an owner is only required to provide replacement stove knob covers twice within any one-year period. You may request or refuse stove knob covers by checking the appropriate box on the form below, and by returning it to the owner at the address provided. If you do not refuse stove knob covers in writing, the owner will attempt to make them available to you.

TENANT: Sofia Yohannes

Please complete this form by checking the appropriate box, filling out the information requested, and signing.

Please return the form to the owner at the address provided by N/A

~~Yes, I want stove knob covers or replacement stove knob covers for my stove, and I have a child under age six residing in my apartment.~~

~~Yes, I want stove knob covers or replacement stove knob covers for my stove, even though I do not have a child under age six residing in my apartment.~~

~~No, I DO NOT want stove knob covers for my stove, even though I have a child under age six residing in my apartment.~~

No, I DO NOT want stove knob covers for my stove. There is no child under age six residing in my apartment.

(Tenant Signature) (DATE)

Print Name, Address, and Apartment Number:
Sofia Yohannes, 533 Hancock Street, Brooklyn, NY 11233 Apt. #1

DocuSigned by: AE5335BE4D744E4... 7/5/2024

Return this form to: (Owner address)

Gordon Chritstmas
533 Hancock Street #2
Brooklyn, NY 11233

RIDER

BUILDING SMOKING POLICY

Building/Property Address: 533 Hancock Street, Brooklyn, NY 11233

There is no safe amount of exposure to secondhand smoke. Adults exposed to secondhand smoke have higher risks of stroke, heart disease and lung cancer. Children exposed to secondhand smoke have higher risks of asthma attacks, respiratory illnesses, middle ear disease and sudden infant death syndrome (SIDS). For these reasons, and to help people make informed decisions on where to live, New York City requires residential building owners (referred to in this policy as the "Owner/Manager," which includes the owner of record, seller, manager, landlord, any agent thereof or governing body) in buildings with three or more residential units to create a policy on smoking and share it with all tenants. The building policy on smoking applies to any person on the property, including guests.

Definitions

a. **Smoking:** inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette, little cigar, pipe, water pipe or hookah, herbal cigarette, non-tobacco smoking product (e.g., marijuana or non-tobacco shisha), or any similar form of lighted object or device designed for people to use to inhale smoke

b. **Electronic Cigarette** (e-cigarette): a battery-operated device that heats a liquid, gel, herb or other substance and produces vapor for people to inhale

Smoke-Free Air Act

New York City law prohibits smoking and using e-cigarettes of any kind in indoor common areas, including but not limited to, lobbies, hallways, stairwells, mailrooms, fitness areas, storage areas, garages and laundry rooms in any building with three or more residential units. NYC Admin. Code, § 17-505.

Policy on Smoking

Smoking is not allowed in the locations checked below (check all boxes that apply). *Even if no boxes are checked, the Smoke-Free Air Act bans smoking tobacco or non-tobacco products, and using e-cigarettes in indoor common areas.*

- ☑ Inside of residential units*
- ☑ Outside of areas that are part of residential units, including balconies, patios and porches
- ☑ Outdoor common areas, including play areas, rooftops, pool areas, parking areas, and shared balconies, courtyards, patios, porches or yards
- ☑ Outdoors within 15 feet of entrances, exits, windows, and air intake units on property grounds
- ☐ Other areas/exceptions:

  _____

* Rent-stabilized and rent-controlled units may be exempt from a policy restricting smoking inside residential units unless the existing tenant consents to the policy in writing.

DS

DS

POLICY ON SMOKING FOR RESIDENTIAL BUILDING

Complaint Procedure
Complaints about smoke drifting into a residential unit or common area should be made promptly to the Owner/Manager listed here Gordon Christmas.
Complaints should be made in writing and should be as specific as possible, including the date, approximate time, location where smoke was observed, building address, description of incident and apparent source of smoke.

Acknowledgment and Signatures:
I have read the policy on smoking described above, and I understand the policy applies to the property. I agree to comply with the policy described above.

For rental units, I understand that violating the smoking policy may be a violation of my lease. For condominiums, cooperatives or other owned units, I understand that violations of the policy on smoking may be addressed according to the building's governing rules.

Owner/Manager's Printed Name Gordon Christmas

Owner/Manager's Signature DocuSigned by: C98D2D30EDFB40C... Date 7/7/2024

Owner/Manager's Printed Name _____

Owner/Manager's Signature _____ Date _____

Tenant's Printed Name Sofia Yohannes

Tenant's Signature DocuSigned by: AE5335BE4D744E4... Date 7/5/2024

Tenant's Printed Name _____

Tenant's Signature _____ Date _____

Tenant's Printed Name _____ Date _____

Tenant's Signature _____ Date _____

NEW YORK STATE FLOOD HISTORY AND RISK NOTICE TO RESIDENTIAL TENANTS

Pursuant to and in accordance with New York State Real Property Law §231-b et seq, all residential leases shall provide notice of previous flood history and current flood risk of the leased premises.

The owner of 533 Hancock Street, #1, Brooklyn, NY 11233 ("Leased Premises") hereby provides such notice by checking one of the following options:

_____ any of all of the Leased Premises is located wholly or partially in a Federal Emergency Management Agency ("FEMA") designated floodplain.

_____ any of all of the Leased Premises is located wholly or partially in the Special Flood Hazard Area ("SFHA"; "100-year flood-plain") according to FEMA's current Flood Insurance Rate Maps for the leased premises' area.

_____ any of all of the Leased Premises is located wholly or partially in a Moderate Risk Flood Hazard Area ("500-year floodplain") according to FEMA's current Flood Insurance Rate Maps for the leased premises' area.

_____ the leased premises has experienced any flood damage due to a natural flood event, such as heavy rainfall, coastal storm surge, tidal inundation, or river overflow which is detailed as follows:

_____

_____

_____

_____

X
_____ None of the above conditions apply to any portion of the Leased Premises.

NOTICE TO TENANT: Flood insurance is available to renters through the Federal Emergency Management Agency's (FEMA's) National Flood Insurance Program (NFIP) to cover your personal property and contents in the event of a flood. A standard renter's insurance policy does not typically cover flood damage. You are encouraged to examine your policy to determine whether you are covered.

Tenant Name (print) Sofia Yohannes

Tenant Signature _____ Date: _____

Owner or Managing Agent Name (print) Gordon Christmas

Owner or Managing Agent Signature DocuSigned by: AE5335BE4D744E4... Date: 7/5/2024

DocuSigned by: C98D2D30EDFB40C... 7/7/2024

LEASE/COMMENCEMENT OF OCCUPANCY NOTICE FOR PREVENTION OF LEAD BASED PAINT HAZARDS—INQUIRY REGARDING CHILD

You are required by law to inform the owner if a child under six years of age resides or will reside in the dwelling or dwelling unit (dwelling/unit) for which you are signing this lease/commencing occupancy. Beginning on January 1, 2020, the term “resides” means that a child under six routinely spends 10 or more hours per week in the dwelling/unit. If such a child resides or will reside in the dwelling/unit, the owner of the building is required to perform an annual visual inspection of the dwelling/unit to determine the presence of lead-based paint hazards. IT IS IMPORTANT THAT YOU RETURN THIS FORM TO THE OWNER OR MANAGING AGENT OF YOUR BUILDING TO PROTECT THE HEALTH OF YOUR CHILD. If you do not respond to this notice, the owner is required to attempt to inspect your dwelling/unit to determine if a child under six years of age resides there.

If a child under six years of age does not reside in the dwelling/unit now, but does come to reside in it at any time during the year, you must inform the owner in writing immediately. If a child under six years of age resides in the dwelling/unit, you should also inform the owner immediately at the address below if you notice any peeling paint or deteriorated subsurfaces in the dwelling/unit during the year.

Whether or not a child under age six will reside in the dwelling/unit apartment, the owner of the building is also required to fix all lead-based paint hazards and underlying defects that may cause paint to peel, make floors, window sills and window wells smooth and cleanable, remove or cover all lead-based paint on friction surfaces of doors and door frames, and remove or cover all lead-based paint on friction surfaces of windows or install window channels or slides. This work should be performed before you move into the dwelling/unit, and the owner must properly clean the dwelling/unit after the work is completed.

Please complete this form and return one copy to the owner or his or her agent or representative when you sign the lease/commence occupancy of the dwelling/unit. Keep one copy of this form for your records. You should also receive a copy of a pamphlet developed by the New York City Department of Health explaining about lead based paint hazards when you sign your lease/commence occupancy.

CHECK ONE: ☐ A child under six years of age resides in the dwelling or dwelling unit

☑ A child under six years of age does not reside in the dwelling or dwelling unit

DocuSigned by: AE5335BE4D744E4... _____ (Occupant signature) 7/5/2024 (Date)

Print occupant's name, address and apartment number: Sofia Yohannes, 533 Hancock Street, Apt. 1, Brooklyn, NY 11233

(NOT APPLICABLE TO RENEWAL LEASE) Certification by owner: I certify that I have complied with the provisions of §27-2056.8 of Article 14 of the Housing Maintenance Code and the rules promulgated thereunder relating to duties to be performed in vacant units, and that I have provided a copy of the New York City Department of Health and Mental Hygiene pamphlet concerning lead-based paint hazards to the occupant.

DocuSigned by: C98D2D30EDEB40C... 7/7/2024 (Owner signature)

RETURN THIS FORM TO:

Owner representative name: Gordon Christmas

Address: 533 Hancock Street, #2, Brooklyn, NY 11233

OCCUPANT: KEEP ONE COPY FOR YOUR RECORDS

OWNER COPY/OCCUPANT COPY

WELCOM
SELF-S
EMPL
You will be able t
Note: Letters are , please allow
up to 4 hours for

accenture

500 W Madison Street
Chicago, IL 60661
United States of America

July 15, 2025

To Whom It May Concern:

Please accept this letter as verification of employment for Sofia Elizabeth Yohannes. Sofia is currently employed by Accenture as a Specialist in a role defined as Business & Integration Arch Specialist. Their standard work week consists of 40 hours and they are considered a Full-Time employee.

Sofia has been employed by Accenture since September 08, 2021. Sofia's current salary is $142,600.00 annually.

Sofia is based out of our Accenture office located at One Manhattan West, New York City, NY 10001.

Accenture does not make any statements or predictions regarding future employment status.
Please direct further questions to PeopleLine at 800-432-2729.

Accenture Human Resources
Accenture Human Resources
Phone: 800-432-2729
This document is generated electronically with the most recent employee data from Accenture HR systems.

Send Email Discard

Supported by HR-FE Tech Transformation. Version 1.0.0

Digital Federal Credit Union
P.O. Box 9130
Marlborough, MA 01752

Account Statement

MEMBER #	STATEMENT PERIOD	PAGE
5425683	06-01-25 to 06-30-25	1 of 2

Call: 800.328.8797 **Email:** dcu@dcu.org

Notification of Change in Terms

Effective July 1, 2025, the following changes to DCU's Availability of Funds and Collection of Checks (Funds Availability) Policy will take effect:

- Same-Day Availability amount of certain deposits will increase from $225 to $275.
- Second-Day Availability amount of certain additional deposits will increase to $6,450.
- Amount on which longer delays may apply will increase from $5,525 to $6,725.

See **Section VI: Availability of Funds and Collection of Checks** in **DCU's Account Agreement for Consumers,** and **Section IV: Availability of Funds and Collection of Checks** in **DCU's Business Account Agreement** for details.

SOFIA E YOHANNES
533 HANCOCK STREET
GROUND FLOOR
BROOKLYN NY 11233

PRIMARY SAVINGS ACCT# 1

DATE	TRANSACTION DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
	PREVIOUS BALANCE			29.29
JUN30	DIVIDEND		0.13	29.42
	*** ANNUAL PERCENTAGE YIELD EARNED FROM 06-01-25 THRU 06-30-25 WAS 5.54% ***			
JUN30	NEW BALANCE			29.42

FREE CHECKING ACCT# 2

DATE	TRANSACTION DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
	PREVIOUS BALANCE			177.57
JUN02	EFT ACH ATLANTA HSG HAP DISBUR250602		1,850.00	2,027.57
JUN02	EFT ACH VENMO PAYMENT 250530	-20.00		2,007.57
JUN03	EFT ACH EDUCATIONAL COMPACH LNPYMT250602	-87.50		1,920.07
JUN04	EFT ACH VENMO PAYMENT 250603	-15.00		1,905.07
JUN04	EFT ACH PAYPAL INST XFER 250603	-10.99		1,894.08
JUN04	EFT ACH Accenture LLP PAYROLL		3,442.28	5,336.36
JUN05	EFT ACH CHASE CREDIT CRDEPAY 250604	-950.27		4,386.09
JUN05	EFT ACH VENMO PAYMENT 250604	-2,550.00		1,836.09
JUN05	EFT ACH VENMO PAYMENT 250604	-12.00		1,824.09
JUN05	DEBIT CARD DEBIT 515626050091	-115.00		1,709.09
	CASH APP*SOFIA YOHANNES Oakland CA 06-05-25			
JUN09	EFT ACH CHASE CREDIT CRDEPAY 250606	-61.22		1,647.87
JUN10	EFT ACH CHASE CREDIT CRDEPAY 250609	-445.19		1,202.68
JUN10	EFT ACH SERATO LIMITED IAT PAYPAL	-10.88		1,191.80
JUN11	EFT ACH VENMO CASHOUT 250610		35.00	1,226.80
JUN12	EFT ACH VENMO PAYMENT 250611	-5.00		1,221.80
JUN12	CHECK 100034	-375.00		846.80
JUN16	EFT ACH CHASE CREDIT CRDEPAY 250613	-500.00		346.80
JUN16	EFT ACH VENMO PAYMENT 250614	-25.00		321.80
JUN16	EFT ACH VENMO PAYMENT 250614	-16.00		305.80
JUN17	EFT ACH Accenture LLP PAYROLL		3,442.28	3,748.08
JUN20	EFT ACH VENMO CASHOUT 250619		83.00	3,831.08
JUN20	EFT ACH CHASE CREDIT CRDEPAY 250617	-879.61		2,951.47
JUN20	EFT ACH VENMO PAYMENT 250619	-22.00		2,929.47
JUN23	EFT ACH CHASE CREDIT CRDEPAY 250620	-214.13		2,715.34
JUN23	EFT ACH PAYPAL INST XFER 250620	-52.18		2,663.16
JUN23	EFT ACH PAYPAL INST XFER 250620	-5.99		2,657.17
JUN23	EFT ACH VENMO PAYMENT 250621	-36.00		2,621.17
JUN24	EFT ACH DEPT EDUCATION STUDENT LN250623	-196.61		2,424.56
JUN25	EFT ACH CHASE CREDIT CRDEPAY 250624	-228.16		2,196.40
JUN25	EFT ACH VENMO PAYMENT 250624	-23.73		2,172.67
JUN30	EFT ACH NGRID38 NGRID38WEB063025	-54.74		2,117.93
JUN30	EFT ACH VENMO PAYMENT 250627	-13.59		2,104.34

Direct general inquiries regarding this statement to the phone number or address below.

In Case of Errors or Questions About Your Electronic Transfers

Telephone us at **800.328.8797**, or write us at:

Digital Federal Credit Union
Attention: Error Resolution
853 Donald Lynch Blvd., PO Box 9130
Marlborough, MA 01752-9130

as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number
(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
(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.

Home Equity Line of Credit

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:

Digital Federal Credit Union
Attention: Mortgage Servicing
853 Donald Lynch Blvd., PO Box 9130
Marlborough, MA 01752-9130

as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us at **800.328.8797**, 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.

Special Rule for Credit Card Purchases

If you have a problem with the quality of goods or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than $50 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)

Credit Line Finance Charge Computation

The Finance Charge is computed by applying the periodic rate to the principal balance of your account each day. The principal balance is the end-of-day balance after adding any new advances and subtracting any payments or credits.

Account Statement

MEMBER #	STATEMENT PERIOD	PAGE
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Call: 800.328.8797 Email: dcu@dcu.org

FREE CHECKING Continued ACCT# 2

DATE	TRANSACTION DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
JUN30	EFT ACH PAYPAL INST XFER 250629	-16.99		2,087.35
JUN30	EFT ACH PAYPAL INST XFER 250628	-0.99		2,086.36
JUN30	NEW BALANCE			2,086.36

CHECKS CLEARED

CHK#	DATE	AMOUNT	CHK#	DATE	AMOUNT	CHK#	DATE	AMOUNT	CHK#	DATE	AMOUNT
100034	JUN12	375.00									

DEPOSITS, DIVIDENDS AND OTHER CREDITS

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
JUN02	1,850.00	JUN11	35.00	JUN17	3,442.28	JUN20	83.00
JUN04	3,442.28						

TOTAL DIVIDENDS	0	0.00
TOTAL DEPOSITS AND OTHER CREDITS	5	8,852.56

WITHDRAWALS, FEES AND OTHER DEBITS

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
JUN02	-20.00	JUN05	-115.00	JUN16	-16.00	JUN24	-196.61
JUN03	-87.50	JUN09	-61.22	JUN20	-879.61	JUN25	-228.16
JUN04	-15.00	JUN10	-445.19	JUN20	-22.00	JUN25	-23.73
JUN04	-10.99	JUN10	-10.88	JUN23	-214.13	JUN30	-54.74
JUN05	-950.27	JUN12	-5.00	JUN23	-52.18	JUN30	-13.59
JUN05	-2,550.00	JUN16	-500.00	JUN23	-5.99	JUN30	-16.99
JUN05	-12.00	JUN16	-25.00	JUN23	-36.00	JUN30	-0.99

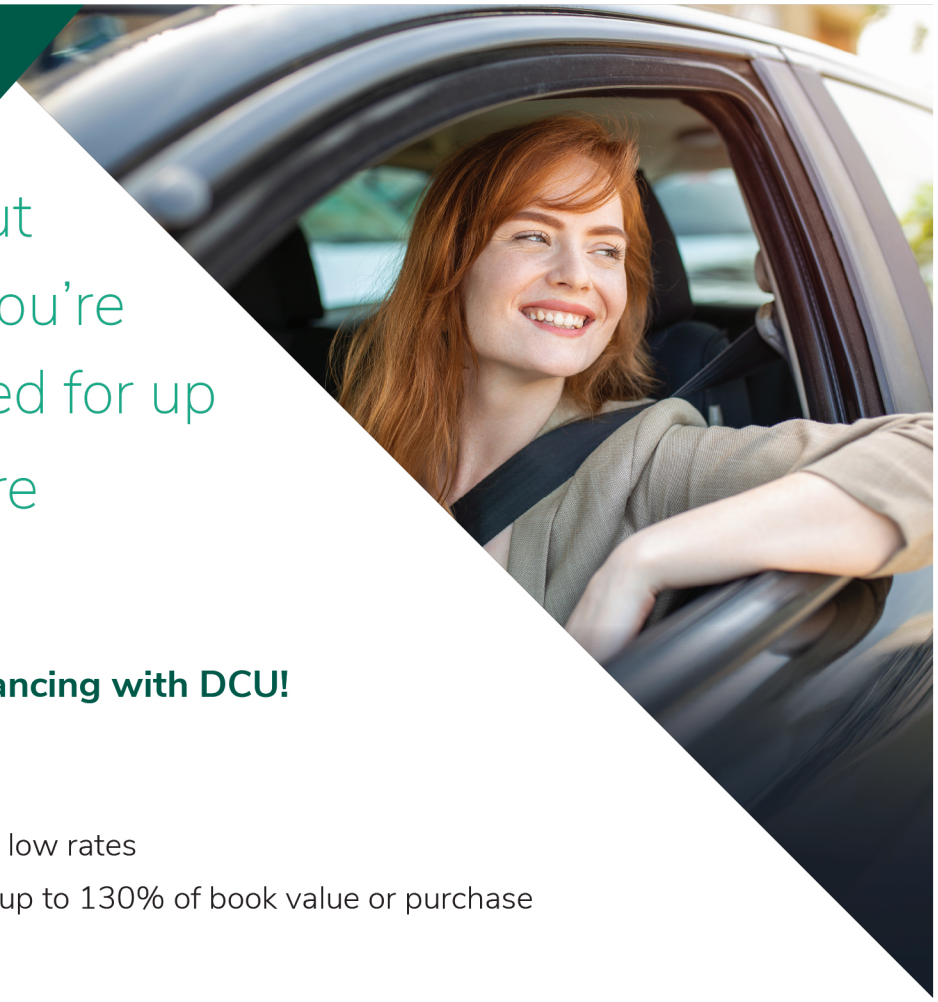
TOTAL FEES AND OTHER DEBITS	0	0.00
TOTAL WITHDRAWALS	28	-6,568.77

**********STATEMENT SUMMARY**********

ACCT		NEW BALANCE	DIVIDENDS YTD	LOAN		NEW BALANCE
1	PRIMARY SAVINGS	29.42	2.20			
2	FREE CHECKING	2,086.36	0.00			
TOTAL DIVIDENDS YTD			2.20			

You can choose to stop receiving "prescreened" offers of credit such as this from DCU and other companies by calling toll-free, 888.567.8688. See PRESCREEN & OPT - OUT NOTICE below for more information on prescreened offers.

auto loans



Hit the road without paying a fortune. You're already preapproved for up to **$40,000**[1] or more

You'll love the benefits of financing with DCU!

- Great low rates
- Make no payments for 60 days[2]
- New or used vehicles at the same low rates
- Qualifying borrowers can finance up to 130% of book value or purchase price, whichever is lower

Easy ways to accept your preapproval:

- **Digital Banking** | From your desktop, log in to Digital Banking on **dcu.org** and scroll down to Offers on the right. Accept your Auto Loan offer and follow the steps.
- **DCU Mobile App** | Log in to Digital Banking and scroll down below your accounts to find your Offers. Accept your Auto Loan offer and follow the steps.
- Make an appointment at a DCU branch near you – visit **dcu.org/branches**

[1] Preapproval offer available only for primary account holder and is valid through 9/30/2025. Preapproval is based on borrower appearing to meet certain criteria and contingent upon our ability to verify.

[2] DCU is offering the option to take advantage of no payments for the first 60 days after the dosing of the loan. No payments for 60 days Auto loan feature is valid on new Auto loans and Auto Refinance loans from other institutions; refinancing of existing DCU auto loans is not eligible. Interest will begin to accrue on the date the loan is funded. The first payment after the 60-day no payment period will first be applied to the interest accrued from the date the loan was funded to the first payment date and then applied to the principal due.

Insured by NCUA | dcu.org

PRESCREEN & OPT-OUT NOTICE: This "prescreened" offer of credit is based on information in your credit report indicating that you meet certain criteria. This offer is not guaranteed if you do not meet our criteria (including providing acceptable property as collateral). If you do not want to receive prescreened offers of credit from this and other companies, call Equifax toll-free at 1- 888-5OPT OUT; or write: Equifax Options, P.O. Box 740123, Atlanta, GA 30374-0123