30 SEAMAN AVENUE

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 **30 SEAMAN AVENUE**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Velez	Xavier	Anotnio	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
10/13/1986	(646) 706-3559 Mobile	Mobile	Mr.xaviervelez@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
612 W 188 St	New York

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	10035	1/1/2024	current	$1,000.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Family	(646) 706-3559

PREVIOUS ADDRESS

STREET ADDRESS	CITY
7455 Nw 44 St	Lauderhill

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
FL	33319	7/1/2021	7/1/2024	$1,750.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Waterford park townhomes	(954) 749-8991

EMPLOYMENT INFORMATION

OCCUPATION	EMPLOYER/COMPANY		SALARY
Travel personal assistant/Butler	Timothy Junio		$137,000.00/Yr.
SUPERVISOR	**SUPERVISOR PHONE**	**START DATE**	**END DATE**
Andrew Leonard	(703) 678-7405		current
EMPLOYER ADDRESS	**CITY**	**STATE**	**ZIP**
35 Hudson yards PH90	New York	NY	10001

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

AGREEMENT

☒ Bronstein Properties, LLC Anti-Discrimination Notice and Acknowledgement

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

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

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

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

MNS Agent

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

I currently live with family in a bedroom, but I am looking for my personal unit

APARTMENT APPLYING FOR

4F

RENTER'S INSURANCE

INSURANCE SELECTION

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **30 SEAMAN AVENUE** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **30 SEAMAN AVENUE** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **30 SEAMAN AVENUE**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **30 SEAMAN AVENUE** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **30 SEAMAN AVENUE**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

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

APPLICATION FOR XAVIER ANOTNIO VELEZ SUBMITTED ONLINE on July 22, 2025

Signed by Xavier Anotnio Velez
Tue Jul 22 2025 08:09:49 PM EDT
Key: 86FA99E3; IP Address: 10.33.14.4

Xavier Anotnio Velez *(Applicant)* *Date*

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

Application Fee for Xavier Anotnio Velez - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Xavier Anotnio Velez	XXXXXXXXXXXX9590	16028962	$23.00
Transaction	**Transaction Date**		**Charged**
T2507222009_VZ8MF6	7/22/2025 5:09 PM PDT	*Includes $3.00 convenience fee:*	$23.00

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

Conditional Offer of Housing

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

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

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

Criminal Background Check

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

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

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

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

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

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

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

HOME STARTS HERE

FEE GUIDE FOR
BRONSTEIN PROPERTIES LLC

Welcome! We're excited to have you here! To make things simple and clear, we've put together a list of potential fees you might encounter as a current or future resident. This way, you can easily see what your initial and monthly costs might be. To help budget your monthly fixed costs, add your base rent to the Essentials and any Personalized Add-Ons you will be selecting. Our goal is to help you plan your budget with ease, enhancing your rental home experience

MOVE-IN BASICS

Application Fee	$20.00	per leaseholder/once	required
Security Deposit (Refundable)	100.00%	per unit/once	required

ESSENTIALS

Utility - Electric -Third Party	usage-based	per unit/month	required
Utility - Gas - Third Party	usage-based	per unit/month	required
Utility - Cable - Third Party	usage-based	per unit/month	optional

SITUATIONAL FEES

Late Fee	$50.00	per occurrence
Non-Sufficient Funds (NSF)	$40.00	per occurrence

Signed by Xavier Anotnio Velez
Tue Jul 22 2025 08:09:49 PM EDT
Key: 86FA99E3; IP Address: 10.33.14.4

Xavier Anotnio Velez *(Tenant)* *Date*

If you have any questions or just want to chat about your fees, our friendly Leasing Agents are here to help! Feel free to stop by, give us a call, or send a message - we're excited to assist you!

Standard Security Deposit subject to change based on screening results.
Resident may be responsible for maintaining insurance pursuant to the Lease.
Some fees may not apply to apartment homes subject to an affordable program.

Resident is responsible for damages that exceed ordinary wear and tear.
Some items may be taxed under applicable law.
This form does not modify the Lease.

Date of Issuance: 6/11/2025

FARE M.N.S REAL ESTATE NYC

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 Xavier Anotnio Velez

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 7/24/2025**.

Score for Xavier Anotnio Velez: 678		
	Importance	**Result**
AI Score	Pass/Fail	
No Credit	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No Foreclosures	Pass/Fail	
No Utility Collections	Pass/Fail	
No unpaid rental collections	Pass/Fail	

NOTIFICATION(S)

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$137,000.00
Total combined annual income to rent ratio	58.92 (based on rent of $2,325.00)
Total number of accounts	27
Accounts with no late payments	24 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	3 (3 unpaid past due)
Total outstanding balance	$245,516.00 ($24,942.00 past due)
Outstanding revolving debt	$28,269.00 (12% of limit) ($24,942.00 past due)
Outstanding loan balance	$217,247.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$24,942.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Xavier Anotnio Velez	XAVIER A. VELEZ
SSN:	***-**-****	***-**-****
Birth Date:	10/**/1986	10/**/1986

Addresses	From Application	From Equifax

	612 W 188 St New York, NY 10035 - US	11 BROADWAY RM 1732 NEW YORK, NY 10004 (Applicant) Reported 7/2025 7455 NW 44TH ST. 1010 LAUDERHILL, FL 33319 (Applicant) Reported 7/2025 180 MAIDEN LN. NEW YORK, NY 10038 (Applicant) Reported 7/2025 8920 SUNRISE LAKES BLVD 306 SUNRISE, FL 33322 (Applicant) Reported 7/2025 889 DAWSON ST. 6J BRONX, NY 10459 (Applicant) Reported 6/2025 1983 SEDGWICK AVE. GC BRONX, NY 10453 (Applicant) Reported 4/2025 700 COLUMBUS AVE. 17G NEW YORK, NY 10025 (Applicant) Reported 3/2025 3119 32ND ST. 21 ASTORIA, NY 11106 (Applicant) Reported 2/2024 1224 PROSPECT AVE. 4 BRONX, NY 10459 (Applicant) Reported 8/2023 3901 NW 9TH AVE. 14 DEERFIELD BEACH, FL 33064 (Applicant) Reported 6/2022

Employment	From Application	From Equifax
Applicant:	Travel personal assistant/Butler Timothy Junio $137,000.00/Yr. Total annual Income: $137,000.00	

Restricted Person Search		
Requested For Xavier Anotnio Velez	**Requested** 7/23/2025	**Returned** 7/23/2025
Results *No Records Found*		

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	**Score** 678	**Score Factors** 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)	651	The balances on your accounts are too high compared to loan amounts The date that you opened your oldest account is too recent Total of all balances on bankcard or revolving accounts is too high The total of your delinquent or derogatory account balances is too high

Description

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2014	5/2025				$0.00	$29,932.00

Monthly Payment	High Credit	Type	Comments
	$20,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	5/2016	5/2025				$0.00	$26,662.00

Monthly Payment	High Credit	Type	Comments
	$20,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	5/2015	5/2025				$0.00	$25,433.00

Monthly Payment	High Credit	Type	Comments
	$18,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	1/2017	5/2025				$0.00	$25,230.00

Monthly Payment	High Credit	Type	Comments
	$20,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	5/2016	5/2025				$0.00	$20,324.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$15,656.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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)	9/2017	5/2025				$0.00	$18,710.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$15,200.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
WORLD OMNI (Applicant)	4/2022	5/2025					$16,537.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
$511.00	$29,518.00	INSTALLMENT	FIXED 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												

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	11/2019	7/2022	1	1	28	$12,914.00	$12,914.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
		REVOLVING	CHARGED OFF ACCOUNT ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 9: Charge-off				

Payment History

-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	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)	10/2011	5/2025				$0.00	$10,743.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$6,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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)	9/2012	5/2025				$0.00	$10,210.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$6,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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)	6/2013	5/2025				$0.00	$9,816.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$6,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed				

Payment History

6/25	4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23
0 0 0 0 0 0 0 0 0 0 0 0 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
CAPITAL ONE BANK USA (Applicant)	2/2015	6/2022	1	1	33	$7,781.00	$7,781.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
		REVOLVING	CHARGED OFF ACCOUNT ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 9: Charge-off				

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
- -											

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	6/2013	5/2025				$0.00	$6,235.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$5,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed				

Payment History

6/25	4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23
0 0 0 0 0 0 0 0 0 0 0 0 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)	9/2012	5/2025				$0.00	$5,101.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$4,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed				

Payment History

6/25	4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23
0 0 0 0 0 0 0 0 0 0 0 0 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
MIDLAND CREDIT MANAG (Applicant)	2/2024	7/2023	0	0	10	$4,247.00	$4,247.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$4,247.00	OPEN ACCOUNT	CONSUMER DISPUTES THIS ACCOUNT INFORMATION COLLECTION ACCOUNT Rate/Status 6: Collection account				

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	10/2011	5/2025				$0.00	$3,900.00
Monthly Payment	**High Credit**	**Type**	**Comments**				
	$3,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed				

Payment History

6/25	4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23
0 0 0 0 0 0 0 0 0 0 0 0 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)	1/2014	5/2025				$0.00	$3,889.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
JPMCB CARD SERVICES (Applicant)	5/2011	5/2025					$3,187.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$35,644.00	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 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)	1/2014	5/2025				$0.00	$3,178.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,750.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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)	1/2014	5/2025				$0.00	$1,297.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED 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
KIKOFF LENDING, LLC (Applicant)	10/2024	4/2025					$140.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$35.00	$420.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 5/25 3/25 1/25 11/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
KIKOFF LENDING, LLC (Applicant)	10/2024	4/2025					$50.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$10.00	$120.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 5/25 3/25 1/25 11/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
GREAT AMERICAN FINAN (Applicant)	7/2022	10/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$1,292.00	REVOLVING	FIXED 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
1/ 24		11/ 23		9/ 23		7/ 23		5/ 23		3/ 23		1/ 23		11/ 22		9/ 22	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
THE BANK OF MISSOURI (Applicant)	12/2012	8/2017					$0.00

Monthly Payment	High Credit	Type	Comments
	$432.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/CARE CREDIT (Applicant)	7/2016	3/2017					$0.00

Monthly Payment	High Credit	Type	Comments
	$424.00	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
8/ 21		6/ 21		4/ 21		2/ 21		12/ 20		10/ 20		8/ 20		6/ 20		4/ 20		2/ 20		12/ 19		10/ 19	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/CARE CREDIT (Applicant)	12/2023						$0.00

Monthly Payment	High Credit	Type	Comments
	$0.00	REVOLVING	ACCOUNT CLOSED DUE TO INACTIVITY 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
4/ 25		2/ 25		12/ 24		10/ 24		8/ 24		6/ 24		4/ 24		2/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/ROOMS TO GO (Applicant)	5/2022						$0.00

Monthly Payment	High Credit	Type	Comments
	$0.00	REVOLVING	ACCOUNT CLOSED DUE TO INACTIVITY 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
8/ 23		6/ 23		4/ 23		2/ 23		12/ 22		10/ 22		8/ 22		6/ 22	

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

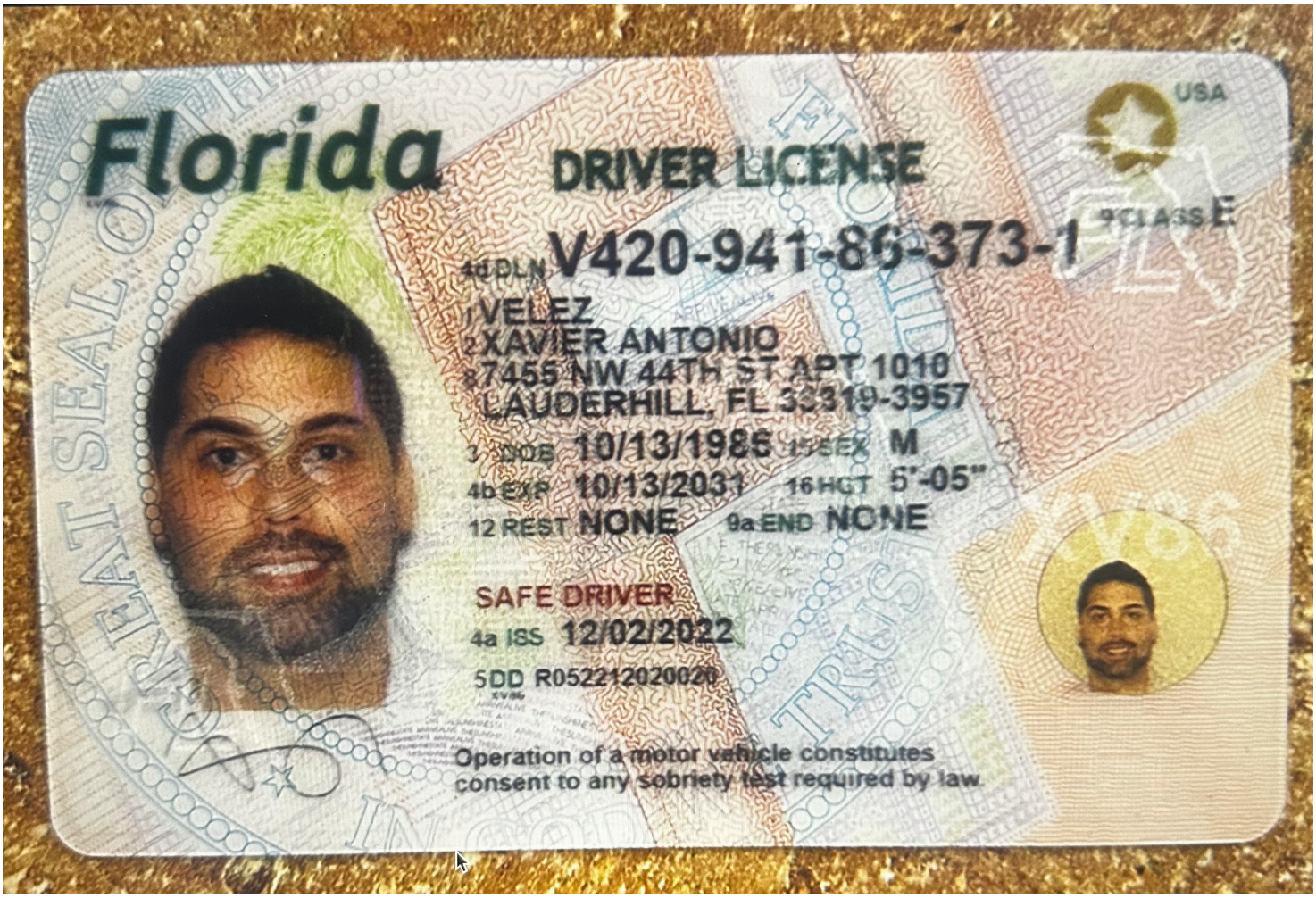
However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, 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.


Florida
DRIVER LICENSE
USA
CLASS E
4d DLN V420-941-86-373-1
1 VELEZ
2 XAVIER ANTONIO
8 7455 NW 44TH ST APT 1010
LAUDERHILL, FL 33319-3957
3 DOB 10/13/1986 17 SEX M
4b EXP 10/13/2031 16 HGT 5'-05"
12 REST NONE 9a END NONE
SAFE DRIVER
4a ISS 12/02/2022
5 DD R052212020020
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Pay Stub 19

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/09/2025 - 06/15/2025

Pay Date: 06/20/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $48,667.08

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 21

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/23/2025 - 06/29/2025

Pay Date: 07/04/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $53,936.32

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 20

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/16/2025 - 06/22/2025

Pay Date: 06/27/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $51,301.70

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Andrew Leonard
35 Hudson Yards
PH90
New York, NY 10001
(703) 678-7405
andrew@skypalacenyc.com

20th January 2025

Xavier Velez
700 Columbus Ave
New York, NY 10025

Dear Mr. Xavier Velez,

We are pleased to extend this offer of employment for the position of Butler for Dr. Timothy Junio. We are confident that your skills, experience, and professionalism will make a significant contribution to him and his family.

As Butler, your primary responsibilities will encompass providing exceptional service and support for Dr. Junio, and family, in both New York City and Washington, D.C. Your annual salary will be $137,000, paid bi-weekly in accordance with our standard payroll schedule. In addition, you will receive a signing bonus of $10,000, payable within 30 days of your start date.

To further support your well-being, we are pleased to provide three weeks of paid time off annually. In addition, you will receive a monthly stipend of $750 to be allocated toward your health benefits.

Please confirm your acceptance of this offer by signing and returning a copy of this letter by Friday, January 24. Upon your acceptance, I will coordinate your start date and next steps. A formal employment agreement will soon follow.

If you have any questions or require further clarification, please do not hesitate to reach out.We look forward to welcoming you to Sky Palace!

Andrew Leonard

1/20/2025

Pay Stub 18

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/02/2025 - 06/08/2025

Pay Date: 06/13/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $46,032.46

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 17

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 05/26/2025 - 06/01/2025

Pay Date: 06/06/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $43,397.84

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Questions:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

July 23, 2025

To Whom It May Concern,

I am writing to highly recommend Xavier Velez as a tenant. he has rented a space from me at 612 W 188 ST NY, NY 10035 from April 2023 to present, and throughout this period, he has proven to be a responsible and respectful tenant.

Xavier Velez consistently paid rent on time, contributing $1,000 each month without delay. This punctuality and reliability have been greatly appreciated and are a testament to his financial responsibility.

In addition to timely payments, he maintained the property in excellent condition. The unit was always kept clean and well cared for, and there were no issues with damage or violations of any kind. he was also a very quiet and considerate neighbor, and I never received any complaints regarding noise or disturbances.

Sincerely,

Ana Paolino

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 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
XAVIER A	VELEZ	125-70-3471
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.
7455 NW 44TH STREET 1010

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
LAUDERHILL FL 33319-3957

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):

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

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

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	66,766
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	66,766
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	(17,905)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	48,861
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	48,861
12	**Standard deduction or itemized deductions** (from Schedule A)			12	14,600
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	14,600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	34,261

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	3,881
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	3,881
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	3,881
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	3,881
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 9,282		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	9,282
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	0
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	9,282
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	5,401
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	5,401
Direct deposit? See instructions.	b	Routing number 096017418 **c** Type: ☒ Checking ☐ Savings			
	d	Account number 110525048556037 45			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	0
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

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

Designee's name | 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.)
88500	02-19-2025		
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. 718-223-0266 | Email address

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
VALENTIN J TERMILIEN JR	07-23-2025	P00796426	☒ Self-employed
Preparer's name VALENTIN J TERMILIEN JR	Phone no. 954-639-4004		
Firm's name ESPACETAX MULTI SERVICE INC			
Firm's address 312 NE 38TH STREET OAKLAND PARK, FL 33334		Firm's EIN	38-3848532

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: **XAVIER A VELEZ**

Your social security number: **125-70-3471**

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**	**(21,480)**
4	Other gains or (losses). Attach Form 4797			**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			**5**	
6	Farm income or (loss). Attach Schedule F			**6**	
7	Unemployment compensation			**7**	**3,575**
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 nonqualified 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**	**(17,905)**

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	0

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
XAVIER A VELEZ	125-70-3471

A Principal business or profession, including product or service (see instructions): **INTERIOR DESGIN**

B Enter code from instructions: **541400**

C Business name. If no separate business name, leave blank.: **XAVIER VELEZ**

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.): **7455 NW 44TH STREET APT 1010**

City, town or post office, state, and ZIP code: **LAUDERHILL, FL 33319-3957**

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2024, check here . . . . . [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . . [ ] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	6,520
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	6,520
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	6,520
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	6,520

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	12,000
12	Depletion	12		b	Other business property	20b	6,000
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	5,200
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15	3,600	25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	1,200
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17					

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	28,000
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(21,480)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	(21,480)

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [X] All investment is at risk.

32b [ ] Some investment is not at risk.

Name(s) SSN

XAVIER A VELEZ **125-70-3471**

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ **Yes** ☐ **No**

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	**35**	
36	Purchases less cost of items withdrawn for personal use	**36**	
37	Cost of labor. Do not include any amounts paid to yourself	**37**	
38	Materials and supplies	**38**	
39	Other costs	**39**	
40	Add lines 35 through 39	**40**	
41	Inventory at end of year	**41**	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	**42**	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

CELLPHONE	**1,200**

48	**Total other expenses.** Enter here and on line 27a	**48**	**1,200**

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
2024

Submission Identification Number (SID) ► **6067732025060k5xxexn**

Taxpayer's name	Social security number
XAVIER A VELEZ	**125-70-3471**
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**	**48,861**
2	Total tax	**2**	**3,881**
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	**9,282**
4	Amount you want refunded to you	**4**	**5,401**
5	Amount you owe	**5**	

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 **Refund will be deposited to: RTN=096017418 Acct=110525048556037 45**

[X] I authorize **ESPACETAX MULTI SERVICE INC** (ERO firm name) to enter or generate my PIN **88500** (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 ► _____ Date ► _____

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. **606773-99951** (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 ► **VALENTIN J TERMILIEN JR** Date ► **07-23-2025**

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

NYEF_ACK	Acknowledgement and General Information for Taxpayers Who File Returns Electronically	2024

Name(s) as shown on return: XAVIER A VELEZ

Identification Number: ***-**-3471

Address

7455 NW 44TH STREET APT 1010
LAUDERHILL, FL 33319-3957

Thank you for participating in e-file.

1. [X] Your 2024 state income tax return for NY203 was filed electronically.
   The electronic filing services were provided by ESPACETAX MULTI SERVICE INC

2. [X] Your return was accepted on 03-01-2025 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
   The submission ID assigned to this return is 6067732025060qwh03qd.

PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Return Information

New York Return Summary

(Do NOT file this form with your return. It is for your records only.)

2024

Your Name	Date of birth	Your SSN
XAVIER A VELEZ	10131986	125 70 3471
Spouse's Name	Date of birth	Spouse's SSN

Mailing Address — In care of (if applicable):

7455 NW 44TH STREET APT 1010
LAUDERHILL FL 33319 3957

Permanent Home Address (If different from your mailing address)

New York State county of residence	School district name	School district code no.
NR	NR	

Your e-mail		Your phone no.	718 223 0266
Spouse's e-mail		Spouse's phone no.	

			NYC residency	Yonkers residency
Form filed	IT-203			
Filing status	SINGLE	**You**	NONRESIDENT	NONRESIDENT
NYS residency	NONRESIDENT	**Spouse**		

	Federal Amount	NYS Amount (IT-203)
Total income	48861	49436
Total federal adjustments to income		
Federal adjusted gross income (FAGI)	48861	49436
Total NY additions to income		
Total NY subtractions from income		
NY adjusted gross income	48861	49436

Miscellaneous Information

Advanced payments received (STAR)

[X] Standard or [ ] Itemized deduction	8000
Dependent exemptions	
NYS taxable income	40861
Total NYS taxes after nonrefundable credits	2108
Total NYC taxes after nonrefundable credits	
MCTMT	
Yonkers tax	
Sales or use tax	
Voluntary contributions	
Total taxes and voluntary contributions	2108

Total refundable credits and payments	4329
Estimated tax penalty	
Overpayment	2221
Amount applied to your 2025 estimated tax	
Amount deposited into a NYS 529 account	
Refund	2221
Other penalties and interest	
Balance Due	

Form of Refund or Payment (for IT-201/X or IT-203-X):
DIRECT DEPOSIT

Common Refundable Credits

NYS noncustodial parent EIC (IT-209)		NYC Earned Income Credit (IT-209 or IT-215)	
NYS Earned Income Credit (IT-215)		NYC child and dependent care credit (IT-216)	
Empire State Child Credit (IT-213)		NYC school tax credit (fixed amount)	
Real property tax credit (IT-214)		NYC school tax credit (rate reduction)	
NYS child and dependent care credit (IT-216)			
College and tuition credit (IT-272)			

Form IT-204-LL (Partnership, LLC, and LLP Filing Fee)

	You	Spouse
NYS filing fee due		

Form NYC-1127 (Nonresident Employees of the City of NY)

NYS taxable income		
Total taxes		
Credits and payments		
Refund		
Balance due		

Form NYC-202/S (UBT Return for Individuals)

	You	Spouse
Taxable income		
Uninc. Business Tax		
Total credits		
Total payments		
Penalties and interest		
Net overpayment		
Applied to 2025 ES		
Refund		
Balance due		

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

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

and ending . .

IT-203

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
XAVIER A	VELEZ	10131986	125 70 3471
Spouse's first name and middle initial	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
7455 NW 44TH STREET	1010	NR

City, village, or post office	State	ZIP code	Country	School district name
LAUDERHILL	FL	33319 3957		NR

Taxpayer's permanent home address *(see instructions)* *(no. and street or rural route)*	Apartment no.	City, village, or post office	School district code number

State	ZIP code	Country	Decedent information	Taxpayer's date of death	Spouse's date of death

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

(1) [X] Single

(2) [ ] Married filing joint return *(enter both spouses' Social Security numbers above)*

(3) [ ] Married filing separate return *(enter both spouses' Social Security numbers 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 New York City part-year residents only (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

(1) Number of months **you** lived in NY City in 2024

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

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

G New York State part-year residents

Enter the date you moved into or out of NYS *(mmddyyyy)* . . . . .

On the last day of the tax year *(mark an **X** in one box):*

1) Lived in NYS . . . . . .

2) Lived outside NYS; received income from NYS sources during nonresident period . . . . . .

3) Lived outside NYS; received no income from NYS sources during nonresident period . . . . . .

H Did you or your spouse maintain living quarters in NYS in 2024? . . . . Yes [ ] No [X]

(If Yes, *complete Form IT-203-B)*

I Dependent information

First name and middle initial	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*

If more than 6 dependents, mark an ***X*** in the box. [ ]

203001241024

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Enter your Social Security number: 125 70 3471

Federal income and adjustments

		Federal amount (Whole dollars only)	New York State amount (Whole dollars only)
1 Wages, salaries, tips, etc.	1	66766.00	49436.00
2 Taxable interest income	2	.00	.00
3 Ordinary dividends	3	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 24)*	4	.00	.00
5 Alimony received	5	.00	.00
6 Business income or loss *(submit a copy of federal Sch. C, Form 1040)*	6	-21480.00	.00
7 Capital gain or loss *(if required, submit a copy of federal Sch. D, Form 1040)*	7	.00	.00
8 Other gains or losses *(submit a copy of federal Form 4797)*	8	.00	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark ***X*** in box ☐	9	.00	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark ***X*** in box ☐	10	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit a copy of federal Schedule E, Form 1040)*	11	.00	.00
12 Rental real estate included in line 11 *(federal amount)*	12	.00	
13 Farm income or loss *(submit a copy of federal Sch. F, Form 1040)*	13	.00	.00
14 Unemployment compensation	14	3575.00	.00
15 Taxable amount of Social Security benefits *(also enter on line 26)*	15	.00	.00
16 Other income *Identify:*	16	.00	.00
17 Add lines **1 through 11** and **13 through 16**	17	48861.00	49436.00
18 Total federal adjustments to income *Identify:*	18	.00	.00
19 Federal adjusted gross income *(subtract line 18 from line 17)*	19	48861.00	49436.00

New York additions

20 Interest income on state and local bonds and obligations *(but not those of New York State or its localities)*	20	.00	.00
21 Public employee 414(h) retirement contributions	21	.00	.00
22 Other *(Form IT-225, line 9)*	22	.00	.00
23 Add lines **19** through **22**	23	48861.00	49436.00

New York subtractions

24 Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	24	.00	.00
25 Pensions of NYS and local governments and the federal government	25	.00	.00
26 Taxable amount of Social Security benefits *(from line 15)*	26	.00	.00
27 Interest income on U.S. government bonds	27	.00	.00
28 Pension and annuity income exclusion	28	.00	.00
29 Other *(Form IT-225, line 18)*	29	.00	.00
30 Add lines 24 through 29	30	.00	.00
31 **New York adjusted gross income** *(subtract line **30** from line **23**)*	31	48861.00	49436.00
32 Enter the amount from line 31, ***Federal amount*** column			32 48861.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

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Standard deduction or itemized deduction

33	Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196).* Mark an ***X*** in the appropriate box: [X] **Standard** **- or -** [ ] **Itemized**	**33**	8000.00
34	Subtract line 33 from line 32 *(if line 33 is more than line 32, leave blank)*	**34**	40861.00
35	Dependent exemptions *(enter the number of dependents listed in Item I; see instructions)*	**35**	**000.00**
36	**New York taxable income** *(subtract line 35 from line 34)*	**36**	40861.00

Tax calculation, credits, and other taxes

37	**New York taxable income** *(from line 36)*	**37**	40861.00
38	New York State tax on line 37 amount	**38**	2083.00
39	New York State household credit	**39**	.00
40	Subtract line 39 from line 38 *(if line 39 is more than line 38, leave blank)*	**40**	2083.00
41	New York State child and dependent care credit	**41**	.00
42	Subtract line 41 from line 40 *(if line 41 is more than line 40, leave blank)*	**42**	2083.00
43	New York State earned income credit	**43**	.00
44	Base tax *(subtract line 43 from line 42; if line 43 is more than line 42, leave blank)*	**44**	2083.00

45	Income percentage	New York State amount from line 31	÷	Federal amount from line 31	=	**45**	Round result to 4 decimal places: 1.0118

46	Allocated New York State tax *(multiply line 44 by the decimal on line 45)*	**46**	2108.00
47	New York State nonrefundable credits *(Form IT-203-ATT, line 8)*	**47**	.00
48	Subtract line 47 from line 46 *(if line 47 is more than line 46, leave blank)*	**48**	2108.00
49	Net other New York State taxes *(Form IT-203-ATT, line 33)*	**49**	.00
50	**Total New York State taxes** *(add lines 48 and 49)*	**50**	2108.00

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

51	Part-year New York City resident tax *(Form IT-360.1)*	**51**	.00	**See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.**
52	Part-year resident nonrefundable New York City child and dependent care credit	**52**	.00	
52a	Subtract line 52 from 51	**52a**	.00	
52b	MCTMT net earnings base for Zone 1	**52b**	.00	
52c	MCTMT net earnings base for Zone 2	**52c**	.00	
52d	MCTMT for Zone 1	**52d**	.00	**See instructions to calculate the MCTMT for each zone.**
52e	MCTMT for Zone 2	**52e**	.00	
52f	Total MCTMT *(add lines 52d and 52e)*	**52f**	.00	
53	Yonkers nonresident earnings tax *(Form Y-203)*	**53**	.00	
54	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**54**	.00	

55	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 52a, and 52f through 54)*	**55**	.00
56	**Sales or use tax *(Do not leave blank.)***	**56**	0.00
57	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*	**57**	.00
58	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines **50, 55, 56,** and **57**)*	**58**	2108.00

Enter your Social Security number: 125 70 3471

59 Enter amount from line 58 . . . . . **59** 2108.00

Payments and refundable credits

60	Part-year NYC school tax credit (fixed amount) *(also complete **E** on front)*	**60**	.00
60a	NYC school tax credit (rate reduction amount)	**60a**	.00
61	Other refundable credits *(Form IT-203-ATT, line 17)*	**61**	.00
62	Total **New York State** tax withheld	**62**	2501.00
63	Total **New York City** tax withheld	**63**	1828.00
64	Total **Yonkers** tax withheld	**64**	.00
65	Total estimated tax payments/amount paid with Form IT-370 . .	**65**	.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.

66 **Total payments and refundable credits** *(add lines 60 through 65)* **66** 4329.00

Your refund, amount you owe, and account information

67 **Amount overpaid** *(if line 66 is **more than** line 59, subtract line 59 from line 66)* **67** 2221.00

68 Amount of line 67 **available for refund** *(subtract line 69 from line 67)* **68** 2221.00

TIP: Use this amount to check your refund status online.

68a Amount of line 68 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)* . . **68a** .00

68b Total refund after NYS 529 account deposit *(subtract line 68a from line 68)* **68b** 2221.00

Mark one refund choice: [X] **direct deposit** to checking or savings account *(fill in line 73)* **- or -** [ ] **paper check**

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

69 Amount of line 67 that you want applied to your 2025 estimated tax *(see instructions)* . . . . . **69** .00

70 Amount you **owe** *(if line 66 is **less than** line 59, subtract line 66 from line 59).* To pay by electronic funds withdrawal, mark an ***X*** in the box [ ] and fill in lines 73 and 74. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return . . . . . **70** .00

See instructions for payment options.

71 Estimated tax penalty *(include this amount on line 70, or reduce the overpayment on line 67)* . . . . . **71** .00

72 Other penalties and interest . . . . . **72** .00

See instructions for the proper assembly of your return.

73 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 . . . . . [ ]

73a Account type: [X] Personal checking **- or -** [ ] Personal savings **- or -** [ ] Business checking **- or -** [ ] Business savings

73b Routing number 096017418 **73c** Account number 11052504855603745

74 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	10
Preparer's signature	Preparer's printed name: VALENTIN J TERMILIEN	
Firm's name *(or yours, if self-employed)*: ESPACETAX MULTI SERVICE INC	Preparer's PTIN or SSN: P00796426	
Address: 312 NE 38TH STREET	Employer identification number: 38 3848532	
OAKLAND PARK FL 33334	Date: 02192025	
Email: TERMILIEN@GMAIL.COM		

▼ Taxpayer(s) must sign here ▼

Your signature	
Your occupation	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number: 718 223 0266
Email:	

See instructions for where to mail your return.

203004241024

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.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 125 70 3471

Box b Employer identification number (EIN): 32 0414629

Box c Employer's information

Employer's name: BACCARAT NEW YORK LLC

Employer's address *(number and street)*: 3225 AVIATION AVENUE SUITE 500

City	State	ZIP code	Country
MIAMI	FL	33133	

Box 1 Wages, tips, other compensation	49436.00	**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: N | Y

Box 16a NYS wages, tips, etc.: 49436.00

Box 17a NYS income tax withheld: 2501.00

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	49436.00	1828.00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record: 125 70 3471

Box b Employer identification number (EIN): 75 1930974

Box c Employer's information

Employer's name: GILLIAN S FULLER

Employer's address *(number and street)*: 11601 WILSHIRE BLVD STE 1060

City	State	ZIP code	Country
LOS ANGELES	CA	90025	

Box 1 Wages, tips, other compensation	17330.00	**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: N | Y

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	

NO HANDWRITTEN ENTRIES ON THIS FORM.

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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)*
XAVIER A VELEZ	

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.*

FORM IT-203

Part A - Tax return information

1	Federal adjusted gross income *(from applicable line)*	48861.
2	Refund	2221.
3	Amount you owe	
4	Financial institution routing number	096017418
5	Financial institution account number	1105250485560374 5

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
	02212025
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
Paid preparer's signature	**Print name**	**Date**
VALENTIN J TERMILIEN JR	VALENTIN J TERMILIEN JR	02192025

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet	2024 AGI FD/ST Summary

Name(s) as shown on state return
XAVIER A VELEZ

Social Security Number
125-70-3471

Federal 1040 Income and Adjustments		Federal		State	
		Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040					
1 Wages, salaries, tips, etc.	**1**	66,766		49,436	
2b **Taxable** interest	**2b**				
3b Ordinary dividends	**3b**				
4b Taxable amount of IRA distributions	**4b**				
5b Taxable amount of Pensions and annuities	**5b**				
6b Taxable amount of Social security benefits	**6b**				
7 Capital gain or (loss)	**7**				
8 Other income from Schedule 1	**8**	(17,905)			
9 Total income (Sum of Lines 1-8)	**9**	48,861		49,436	
10 Adjustments to income from Schedule 1	**10**				
11 **Adjusted Gross Income** (line 9 - line 10)	**11**	48,861		49,436	
Schedule 1 - Additional Income					
1 Taxable refunds, credits, or offsets of state and local income taxes	**1**				
2a Alimony received	**2a**				
3 Business income or (loss)	**3**	(21,480)			
4 Other gains or (losses)	**4**				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	**5**				
6 Farm income or (loss)	**6**				
7 Unemployment compensation	**7**	3,575			
8 Other income.	**8**				
10 Total Additional Income (Sum of lines 1-8)	**10**	(17,905)			
Schedule 1 - Adjustments to Income					
11 Educator Expenses	**11**				
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	**12**				
13 Health savings account deduction	**13**				
14 Moving expenses	**14**				
15 Deductible part of self-employment tax	**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**				
20 IRA deduction	**20**				
21 Student loan interest deduction	**21**				
22 Reserved	**22**				
23 Archer MSA Deduction	**23**				
24 Other Deductions (see STWK_ADJ)	**24**				
26 Total Adjustments to income (Sum of lines 11-24)	**26**				

NY-COMP	Three-year State Tax Return Comparison	2024

Name(s) as shown on return
XAVIER A VELEZ

Taxpayer ID Number
125-70-3471

[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	HOH	S	S	
Gross Income			49,436	49,436
Additions				
Subtractions				
Exemptions				
Standard Deduction			8,000	8,000
Itemized Deduction				
Deductions				
Taxable Income			40,861	40,861
Actual State Income			41,343	41,343
State Income Tax			2,108	2,108
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			4,329	4,329
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			2,221	2,221
Balance Due				
Marginal tax rate			5.500000	5.500000
Effective tax rate			5.100000	5.100000

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

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

XAVIER VELEZ
7020 108TH ST APT 6E
FOREST HILLS, NY 11375-4426

Your Adv Plus Banking

for December 25, 2024 to January 27, 2025

Account number: 8981 3459 9097

XAVIER VELEZ

Account summary

Beginning balance on December 25, 2024	$1,997.45
Deposits and other additions	7,233.80
ATM and debit card subtractions	-31.35
Other subtractions	-7,589.14
Checks	-0.00
Service fees	-0.00
Ending balance on January 27, 2025	**$1,610.76**

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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

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

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

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

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

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

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

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

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

Deposits and other additions

Date	Description		Amount
12/27/24	BACCARAT NEW YOR DES:DIRECT DEP ID:462575685079D5O INDN:VELEZ,XAVIER ID:9111111101 PPD	CO	1,379.14
01/03/25	BACCARAT NEW YOR DES:DIRECT DEP ID:335073884212D5O INDN:VELEZ,XAVIER ID:9111111101 PPD	CO	2,198.59
01/10/25	BACCARAT NEW YOR DES:DIRECT DEP ID:782075543931D5O INDN:VELEZ,XAVIER ID:9111111101 PPD	CO	1,381.08
01/15/25	Zelle payment from ANGELA B TAVERAS for "flowers for god mother"; Conf# 99av0kupc		50.00
01/17/25	BACCARAT NEW YOR DES:DIRECT DEP ID:935734320380D5O INDN:VELEZ,XAVIER ID:9111111101 PPD	CO	1,309.20
01/24/25	BACCARAT NEW YOR DES:DIRECT DEP ID:692078938578D5O INDN:VELEZ,XAVIER ID:9111111101 PPD	CO	915.79
Total deposits and other additions			**$7,233.80**

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
01/02/25	CHECKCARD 0101 BLINK MOTO #604 8002561953 NY 55310205001123263354394 RECURRING	-31.35
Total ATM and debit card subtractions		**-$31.35**

Other subtractions

Date	Description	Amount
12/26/24	Zelle payment to Me Me Conf# udktzl6sr	-100.00
12/27/24	Zelle payment to Me Me Conf# yotr7dtjb	-100.00
12/30/24	Zelle payment to Me Me Conf# wy55idnq8	-400.00
12/30/24	Zelle payment to Me Me Conf# wg2uespx7	-100.00

continued on the next page

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
12/31/24	Zelle payment to Me Me Conf# zi47g9wyl	-200.00
12/31/24	Zelle payment to Me Me Conf# w625upri2	-100.00
01/02/25	Zelle payment to Me Me Conf# wh9quz6b5	-100.00
01/03/25	Zelle payment to Me Me Conf# vs82ofqm6	-400.00
01/03/25	Zelle payment to Me Me Conf# u5pi03wfe	-43.00
01/06/25	Zelle payment to Me Me Conf# nr2hz0lk2	-100.00
01/06/25	Zelle payment to Me Me Conf# vv4uyimbp	-200.00
01/07/25	Zelle payment to Me Me Conf# ybi5d945g	-150.00
01/07/25	Zelle payment to Me Me Conf# v3rrsq9dv	-150.00
01/09/25	Zelle payment to Me Me Conf# ulvhtztlb	-200.00
01/10/25	Zelle payment to Me Me Conf# z61hfdzm0	-300.00
01/13/25	Zelle payment to Me Me Conf# vrotgq2qm	-200.00
01/13/25	Zelle payment to Mom Conf# xi2liu2h8	-1,200.00
01/14/25	Zelle payment to Me Me Conf# wpjqv7259	-300.00
01/14/25	SETOYOTA FIN/EZP DES:AUTO FINAN ID:9975470 INDN:XAVIER VELEZ CO ID:0000007041 WEB	-512.14
01/15/25	Zelle payment to Me Me Conf# s3o1jrm7a	-200.00
01/16/25	Zelle payment to Me Me Conf# xs4sco6wa	-200.00
01/17/25	Zelle payment to Me Me Conf# tdarqfjse	-300.00
01/17/25	BetrLink LLC DES:0046586666 ID:a0gPm00000DjkQ1 INDN:XAVIER VELEZ CO ID:2843358595 PPD	-368.00
01/21/25	Zelle payment to Me Me Conf# v9yqm8w0m	-360.00
01/21/25	Zelle payment to Me Me Conf# tzo7v4ggl	-200.00
01/21/25	Zelle payment to Kathy Barber Conf# xe7k0sn5m	-55.00
01/21/25	Zelle payment to Me Me Conf# ukukrzjcw	-260.00
01/22/25	Zelle payment to Madrina Conf# wb9lirek0	-75.00
01/22/25	Zelle payment to Mom Conf# z47guzkfk	-200.00
01/23/25	Zelle payment to Me Me Conf# v3ea0gwip	-216.00
01/27/25	Zelle payment to Me Me Conf# wt4uyqoc5	-100.00
01/27/25	Zelle payment to Me Me Conf# w9trt4uac	-200.00
Total other subtractions		**-$7,589.14**

Service fees

Your Overdraft and NSF: Returned Item fees for this statement period and year to date are shown below.

	Total for this period	Total year-to-date
Total Overdraft fees	$0.00	$40.00
Total NSF: Returned Item fees	$0.00	$0.00

We refunded to you a total of $20.00 in fees for Overdraft and/or NSF: Returned Items this year.

We want to help you avoid overdraft fees. Here are a few ways to manage your account and stay on top of your balance:

- Enroll in Balance Connect™ for overdraft protection through Online or Mobile Banking to help save on overdraft fees and cover your payments and purchases by automatically transferring money from your linked backup accounts when needed.
- Sign up for Alerts (footnote 1) to get an email or text message when your balance becomes low

Please call us or visit us if you have any questions or to discuss your options.

(footnote 1) You may elect to receive alerts via text or email. Bank of America does not charge for this service but your mobile carrier's message and data rates may apply. Delivery of alerts may be affected or delayed by your mobile carrier's coverage.

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P.O. Box 25118
Tampa, FL 33622-5118

XAVIER VELEZ
7020 108TH ST APT 6E
FOREST HILLS, NY 11375-4426

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

Your Bank of America Advantage Savings

for March 21, 2025 to March 27, 2025

Account number: 4831 0952 1997

XAVIER VELEZ

Account summary

Beginning balance on March 21, 2025	$0.00
Deposits and other additions	8,000.02
ATM and debit card subtractions	-0.00
Other subtractions	-0.00
Service fees	-0.00
Ending balance on March 27, 2025	**$8,000.02**

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

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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

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

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

Deposits and other additions

Date	Description	Amount
03/21/25	Online Banking transfer from CHK 9097 Confirmation# 7560022307	8,000.00
03/27/25	Interest Earned	0.02
Total deposits and other additions		**$8,000.02**

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Important Messages - Please Read

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

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

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

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

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

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XAVIER VELEZ
7020 108TH ST APT 6E
FOREST HILLS, NY 11375-4426

Your Bank of America Advantage Savings

for March 28, 2025 to April 28, 2025

Account number: 4831 0952 1997

XAVIER VELEZ

Account summary

Beginning balance on March 28, 2025	$8,000.02
Deposits and other additions	11,780.51
ATM and debit card subtractions	-0.00
Other subtractions	-5,519.00
Service fees	-0.00
Ending balance on April 28, 2025	**$14,261.53**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.12.

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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Deposits and other additions

Date	Description	Amount
04/04/25	Online Banking transfer from CHK 9097 Confirmation# 7178808145	4,180.41
04/11/25	Online Banking transfer from CHK 9097 Confirmation# 7338642245	3,500.00
04/18/25	Online Banking transfer from CHK 9097 Confirmation# 7701898880	1,900.00
04/25/25	Online Banking transfer from CHK 9097 Confirmation# 7563350581	2,200.00
04/28/25	Interest Earned	0.10
Total deposits and other additions		**$11,780.51**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
04/08/25	Online Banking transfer to CHK 9097 Confirmation# 7412306178	-1,000.00
04/09/25	Online Banking transfer to CHK 9097 Confirmation# 7620159007	-1,000.00
04/14/25	Online Banking transfer to CHK 9097 Confirmation# 7965854019	-1,000.00
04/17/25	Online Banking transfer to CHK 9097 Confirmation# 7789653801	-329.00
04/17/25	Online Banking transfer to CHK 9097 Confirmation# 7990997767	-200.00
04/22/25	Online Banking transfer to CHK 9097 Confirmation# 7534940814	-900.00
04/22/25	Online Banking transfer to CHK 9097 Confirmation# 7237012975	-150.00
04/23/25	Online Banking transfer to CHK 9097 Confirmation# 8044207209	-340.00
04/25/25	Online Banking transfer to CHK 9097 Confirmation# 7856258757	-200.00
04/28/25	Online Banking transfer to CHK 9097 Confirmation# 4872445571	-200.00
04/28/25	Online Banking transfer to CHK 9097 Confirmation# 4380195908	-200.00
Total other subtractions		**-$5,519.00**

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XAVIER VELEZ
7020 108TH ST APT 6E
FOREST HILLS, NY 11375-4426

Your Bank of America Advantage Savings

for April 29, 2025 to May 28, 2025

Account number: 4831 0952 1997

XAVIER VELEZ

Account summary

Beginning balance on April 29, 2025	$14,261.53
Deposits and other additions	8,979.13
ATM and debit card subtractions	-0.00
Other subtractions	-5,740.00
Service fees	-0.00
Ending balance on May 28, 2025	**$17,500.66**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.25.

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Deposits and other additions

Date	Description	Amount
05/02/25	Online Banking transfer from CHK 9097 Confirmation# 8020438458	2,479.00
05/09/25	Online Banking transfer from CHK 9097 Confirmation# 8080789910	2,000.00
05/16/25	Online Banking transfer from CHK 9097 Confirmation# 7841473685	1,900.00
05/23/25	Online Banking transfer from CHK 9097 Confirmation# 7302215502	2,200.00
05/28/25	Online Banking transfer from CHK 9097 Confirmation# 7546088388	400.00
05/28/25	Interest Earned	0.13
Total deposits and other additions		**$8,979.13**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
04/30/25	Online Banking transfer to CHK 9097 Confirmation# 7502550821	-261.00
04/30/25	Online Banking transfer to CHK 9097 Confirmation# 7203251624	-200.00
05/01/25	Online Banking transfer to CHK 9097 Confirmation# 7611544781	-800.00
05/02/25	Online Banking transfer to CHK 9097 Confirmation# 7522659883	-200.00
05/05/25	Online Banking transfer to CHK 9097 Confirmation# 8029185820	-279.00
05/05/25	Online Banking transfer to CHK 9097 Confirmation# 7431958884	-400.00
05/06/25	Online Banking transfer to CHK 9097 Confirmation# 7755350989	-600.00
05/06/25	Online Banking transfer to CHK 9097 Confirmation# 7255539962	-600.00
05/07/25	Online Banking transfer to CHK 9097 Confirmation# 7664139487	-100.00
05/08/25	Online Banking transfer to CHK 9097 Confirmation# 7472733672	-300.00
05/12/25	Online Banking transfer to CHK 9097 Confirmation# 7905071808	-215.00
05/13/25	Online Banking transfer to CHK 9097 Confirmation# 7918106347	-200.00

continued on the next page

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
05/19/25	Online Banking transfer to CHK 9097 Confirmation# 4753842479	-400.00
05/19/25	Online Banking transfer to CHK 9097 Confirmation# 7169372118	-85.00
05/20/25	Online scheduled transfer to CHK 9097 Confirmation# 1971465185	-200.00
05/27/25	Online Banking transfer to CHK 9097 Confirmation# 7519058125	-400.00
05/27/25	Online Banking transfer to CHK 9097 Confirmation# 8028431715	-300.00
05/27/25	Online Banking transfer to CHK 9097 Confirmation# 7536665284	-200.00
Total other subtractions		**-$5,740.00**

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XAVIER VELEZ
7020 108TH ST APT 6E
FOREST HILLS, NY 11375-4426

Your Bank of America Advantage Savings

for May 29, 2025 to June 26, 2025

Account number: 4831 0952 1997

XAVIER VELEZ

Account summary

Beginning balance on May 29, 2025	$17,500.66
Deposits and other additions	10,300.14
ATM and debit card subtractions	-0.00
Other subtractions	-9,600.00
Service fees	-0.00
Ending balance on June 26, 2025	**$18,200.80**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.39.

Important information about payment scams

We will never
- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it is likely a scam.

Treat Zelle® payments like cash – once you send money, you are unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself

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Deposits and other additions

Date	Description	Amount
05/30/25	Online Banking transfer from CHK 9097 Confirmation# 7763231884	4,500.00
06/09/25	Online Banking transfer from CHK 9097 Confirmation# 7838445605	1,500.00
06/13/25	Online Banking transfer from CHK 9097 Confirmation# 7582318622	2,100.00
06/20/25	Online Banking transfer from CHK 9097 Confirmation# 7343451055	2,200.00
06/26/25	Interest Earned	0.14
Total deposits and other additions		**$10,300.14**

Withdrawals and other subtractions

Other subtractions

Date	Description	Amount
05/29/25	Online Banking transfer to CHK 9097 Confirmation# 7955903943	-2,000.00
06/02/25	Online Banking transfer to CHK 9097 Confirmation# 7778702062	-500.00
06/02/25	Online Banking transfer to CHK 9097 Confirmation# 7688088736	-150.00
06/02/25	Online Banking transfer to CHK 9097 Confirmation# 7991729267	-2,000.00
06/03/25	Online Banking transfer to CHK 9097 Confirmation# 7999981598	-1,000.00
06/04/25	Online Banking transfer to CHK 9097 Confirmation# 7207383320	-1,000.00
06/10/25	Online Banking transfer to CHK 9097 Confirmation# 7956359630	-450.00
06/11/25	Online Banking transfer to CHK 9097 Confirmation# 7268391454	-100.00
06/11/25	Online Banking transfer to CHK 9097 Confirmation# 7968494265	-100.00
06/16/25	Online Banking transfer to CHK 9097 Confirmation# 4201124996	-150.00
06/16/25	Online Banking transfer to CHK 9097 Confirmation# 8007706298	-150.00
06/17/25	Online Banking transfer to CHK 9097 Confirmation# 7717769922	-500.00
06/20/25	Online Banking transfer to CHK 9097 Confirmation# 7535081361	-500.00

continued on the next page

Withdrawals and other subtractions - continued

Other subtractions - continued

Date	Description	Amount
06/23/25	Online Banking transfer to CHK 9097 Confirmation# 7453074876	-200.00
06/23/25	Online Banking transfer to CHK 9097 Confirmation# 7761919498	-500.00
06/24/25	Online Banking transfer to CHK 9097 Confirmation# 7280215825	-300.00
Total other subtractions		**-$9,600.00**

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

Pay Stub 22

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/30/2025 - 07/06/2025

Pay Date: 07/11/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $56,570.94

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 21

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/23/2025 - 06/29/2025

Pay Date: 07/04/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $53,936.32

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 20

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/16/2025 - 06/22/2025

Pay Date: 06/27/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $51,301.70

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 19

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/09/2025 - 06/15/2025

Pay Date: 06/20/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $48,667.08

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 18

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 06/02/2025 - 06/08/2025

Pay Date: 06/13/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $46,032.46

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Any questions, reach out to:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com

Pay Stub 17

Employer: Timothy Junio

Address: 35 Hudson Yards, PH90, New York, NY 10001

Employee Name: Xavier Velez

Pay Period: 05/26/2025 - 06/01/2025

Pay Date: 06/06/2025

Payment Frequency: Weekly

Gross Pay This Period: $2,634.62

Year-to-Date Gross Pay: $43,397.84

Employee is temporarily handling own tax payments. Formal W-2 payroll to begin July 2025.

Questions:
Andrew Leonard
Personal Assistant to Dr. Timothy Junio
703-678-7405
timjuniopa@gmail.com