Rental Application for **EIGHT80**

APPLICATION FOR RENTAL

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Lawrence	Sarah	Y.	

SSN	BIRTH DATE	PHONE - TYPE
-**-*	7/20/1994	(305) 984 - 6931 - Mobile

EMAIL	ARE YOU A SERVICE MEMBER?	HOW DID YOU HEAR ABOUT THIS PROPERTY?
slawre14@gmail.com	NO	Streeteasy.com

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
10 Lexington Ave	Brooklyn	NY	11238

MOVE IN DATE	MOVE OUT DATE	MONTHLY RENT
10/1/2019	current	$3,800.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY
VP HR	Toronto Dominion Bank

SUPERVISOR	SUPERVISOR PHONE	SALARY	START DATE
Jason Wiggin	(305) 984 - 6931	$200,000.00/Yr.	

EMPLOYER ADDRESS	CITY	STATE	ZIP
1 Vanderbilt Ave	New York	NY	10017

PETS

1. TYPE	BREED	NAME
dog	Jack Russell	Beni

SEX	AGE	WEIGHT	COLOR
male	3	20	White

IS IT A SERVICE OR ASSISTANCE ANIMAL?

No

MOVE IN PREFERENCES

UNIT APPLYING FOR:	DESIRED MOVE IN DATE:	DESIRED RENT:
		$0.00

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

UNIT APPLYING FOR:

8P

APPLICATION CONSENT

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **EIGHT80** 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 **EIGHT80** 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 **EIGHT80**, 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 **EIGHT80** 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 **EIGHT80**, 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)

Signed by Sarah Y. Lawrence
Fri Aug 1 2025 07:25:16 PM EDT
Key: 8AA96B0D; IP Address: 23.198.14.152

Sarah Y. Lawrence *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"EIGHT80"*

Application Fee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Sarah Lawrence	XXXXXXXXXXXX8133	16056755	$20.00

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

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Sarah Y. Lawrence

The property's screening criteria result	
PENDING	There is screening pending and no overall recommendation yet. Any scores are preliminary, and do not necessarily reflect the final recommendation.

Score for Sarah Y. Lawrence: 778		
	Importance	**Result**
AI Score	Pass/Fail	👍
No Credit	Pass/Conditional	👍
Total annual income to rent ratio exceeds 40.0	Pass/Fail	PENDING
May have been through a bankruptcy	Pass/Fail	👍
No Fraud Alerts	Pass/Conditional	👍
No rental collections	Pass/Fail	👍

Credit Quick Summary	
Total annual income (reported by Applicant)	$200,000.00
Total **verified** annual income	Pending
Total **verified** combined annual income to rent ratio	Pending (based on rent of $4,515.00)
Total number of accounts	8
Accounts with no late payments	6 (0 unpaid past due)
Accounts paid 30-59 days past due	2 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$22,974.00 ($0.00 past due)
Outstanding revolving debt	$19,217.00 (46% of limit) ($0.00 past due)
Outstanding loan balance	$3,757.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Sarah Y. Lawrence	SARAH LAWRENCE
SSN:	***-**-****	***-**-****
Birth Date:	7/**/1994	7/**/1994

Addresses	From Application	From Equifax
	10 Lexington Ave Brooklyn, NY 11238 - US	10 LEXINGTON AVE. 3J BROOKLYN, NY 11238 (Applicant) Reported 8/2025 3 AVENUE J BROOKLYN, NY 11230 (Applicant) Reported 8/2024 18596 HARBOR LIGHT WAY BOCA RATON, FL 33498 (Applicant) Reported 3/2024 183 THOMPSON ST. C3 NEW YORK, NY 10012 (Applicant) Reported 9/2019

Employment	From Application	From Equifax
Applicant:	VP HR Toronto Dominion Bank $200,000.00/Yr. Total annual Income: $200,000.00	

Restricted Person Search		
Requested For Sarah Y. Lawrence	**Requested** 8/3/2025	**Returned** 8/3/2025
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	778	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)	731	The date that you opened your oldest account is too recent Lack of sufficient credit history Lack of sufficient relevant real estate account information Total of all balances on bankcard or revolving accounts is too high

Description

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	1/2018	6/2025					$12,705.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$816.00	$13,755.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

7/25	5/25	3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23
0	0	0	0	0	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
WELLS FARGO CONSUMER (Applicant)	6/2024	6/2025					$4,270.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$43.00	$12,158.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

7/25	5/25	3/25	1/25	11/24	9/24	7/24
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)	3/2014	5/2025					$3,757.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$78.00	$7,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

6/25	4/25	2/25	12/24	10/24	8/24	6/24	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
AMERICAN EXPRESS (Applicant)	11/2023	6/2025					$2,242.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$44.00	$3,028.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

7/25	5/25	3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24
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
BANK OF AMERICA (Applicant)	3/2016	1/2021	2	0	0		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,948.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			

Payment History

7/24	5/24	3/24	1/24	11/23	9/23	7/23	5/23	3/23	1/23	11/22	9/22
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
MACYS/CITIBANK NA (Applicant)	8/2017	1/2022	1	0	0		$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,678.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History

12/24	10/24	8/24	6/24	4/24	2/24	12/23	10/23	8/23	6/23	4/23	2/23
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
TD BANK USA/TARGET C (Applicant)	7/2016	4/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,232.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

7/25	5/25	3/25	1/25	11/24	9/24	7/24	5/24	3/24	1/24	11/23	9/23
0 0 0 0 0 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
NORDSTROM/TD BANK (Applicant)	1/2022	6/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$826.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

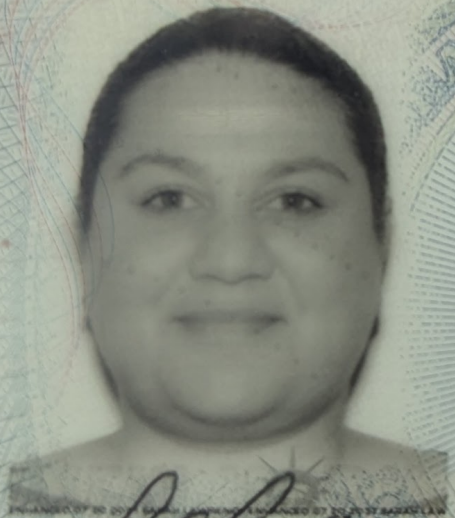
If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for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

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

NEW YORK STATE USA
DRIVER LICENSE

Mark J.F. Schroeder
Commissioner of Motor Vehicles

ENHANCED



ID 650 935 022 Class D

LAWRENCE
SARAH,Y
10 LEXINGTON AVE 3J
BROOKLYN, NY 11238

DOB 07/20/1994
Issued 06/07/2023
Expires 07/20/2031
E NONE
R B
Sex F Height 5'-08" Eyes HAZ

Organ Donor

EXCELSIOR
E PLURIBUS UNUM

JUL 94

JUL 20 '94 65 00

File by Mail Instructions for your 2024 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Sarah Lawrence
10 Lexington Ave, Apt. 3J
Brooklyn, NY 11238-2991

Balance Due/ Refund	Your federal tax return (Form 1040) shows you owe a balance due of $874.00. Note: If you file your tax return after April 15, 2025, late payment penalties and interest may apply. If any late payment penalties and interest are due, the Internal Revenue Service will send you a bill.
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. - Sign and date your tax return. - Enter your Identity Protection PIN in the box labeled 'If the IRS sent you an ID Protection PIN, enter here.' This box is located on the same line as the spouse's signature. Your payment - Mail a check or money order for $874.00, payable to "United States Treasury". Write your Social Security number and "2024 Form 1040" on the check. Mail the return and check together. Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040. Mail your return, attachments and payment to: Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 Deadline: Postmarked by Tuesday, April 15, 2025 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.
What You Need to Keep	Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.

2024 Federal Tax Return Summary

Adjusted Gross Income	$ 181,460.00
Taxable Income	$ 166,860.00
Total Tax	$ 33,089.00
Total Payments/Credits	$ 32,215.00
Payment Due	$ 874.00
Effective Tax Rate	18.23%

File by Mail Instructions for your 2024 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Sarah Lawrence
10 Lexington Ave, Apt. 3J
Brooklyn, NY 11238-2991

Estimated Payments to Make for Next Year's Return

Estimated Payments for 2025 - Do not mail these vouchers with your 2024 income tax return. The estimated vouchers displayed below are used to prepay your 2025 income taxes that will be filed next year. If you expect to owe more than $1,000 in 2025, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2025	$ 1,046.00
2	06/16/2025	$ 1,046.00
3	09/15/2025	$ 1,046.00
4	01/15/2026	$ 1,046.00

Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.

Mail payments to:
Internal Revenue Service
P.O. Box 931100
Louisville, KY 40293-1100

Changed Your Mind About e-filing?

You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.

Hi Sarah,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Live Deluxe:
Your Head Start On Next Year:
When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2024 taxes:

Your federal balance due is: $ 874.00

Your Guarantee of Accuracy:
Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.
- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 04/15/2025

2025 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '**2025** Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,046.

REV 03/20/25 INTUIT.CG.CFP.SP 1555

767-20-3270
SARAH LAWRENCE

10 LEXINGTON AVE APT 3J
BROOKLYN NY 11238-2991

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

767203270 DS LAWR 30 0 202512 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 06/16/2025

2025 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '**2025** Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,046.

REV 03/20/25 INTUIT.CG.CFP.SP 1555

767-20-3270
SARAH LAWRENCE

10 LEXINGTON AVE APT 3J
BROOKLYN NY 11238-2991

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

767203270 DS LAWR 30 0 202512 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 09/15/2025

2025 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '**2025** Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,046.

REV 03/20/25 INTUIT.CG.CFP.SP 1555

767-20-3270
SARAH LAWRENCE

10 LEXINGTON AVE APT 3J
BROOKLYN NY 11238-2991

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

767203270 DS LAWR 30 0 202512 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 01/15/2026

2025 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '**2025** Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,046.

REV 03/20/25 INTUIT.CG.CFP.SP 1555

767-20-3270
SARAH LAWRENCE

10 LEXINGTON AVE APT 3J
BROOKLYN NY 11238-2991

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

767203270 DS LAWR 30 0 202512 430

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

Form **1040-V** 2024

▼ **Detach Here and Mail With Your Payment and Return** ▼

Department of the Treasury
Internal Revenue Service

2024

Form 1040-V Payment Voucher for Individuals

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ►	874.

REV 03/20/25 INTUIT.CG. 1555

SARAH LAWRENCE

10 LEXINGTON AVE 3J
BROOKLYN NY 11238-2991

INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

767203270 DS LAWR 30 0 202412 610

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

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

Your first name and middle initial	Last name	Your social security number
Sarah	Lawrence	767 20 3270
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.
10 Lexington Ave	3J

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Brooklyn	NY	112382991

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

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

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

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

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

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

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

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

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	181,413.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	181,413.
2a	Tax-exempt interest	2a		b Taxable interest	2b	47.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	181,460.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	181,460.
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	166,860.

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	33,089.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	33,089.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	33,089.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	33,089.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 32,215.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	32,215.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC) No	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	32,215.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	874.
	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.)
		Recruiter	445144
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. (305)984-6931 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared Phone no.

Firm's address Firm's EIN

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **52**

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

Sarah Lawrence

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

767-20-3270

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024. See instructions			☒ Self-only ☐ Family
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2024 and, on the first day of **every** month during 2024, you were, or were considered, an eligible individual with the **same** coverage, enter $4,150 ($8,300 for family coverage). **All others**, see the instructions for the amount to enter		3	4,150.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs		4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	4,150.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter		6	4,150.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions		7	0.
8	Add lines 6 and 7		8	4,150.
9	Employer contributions made to your HSAs for 2024	9 1,500.		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	1,500.
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	2,650.
13	**HSA deduction** (see instructions).		13	0.

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2024 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	**Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20	
21	**Additional tax.** Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Sarah Lawrence
Primary SSN: 767-20-3270

Federal Return Submitted: 2025-04-05T21:19:24.341-07:00
Federal Return Acceptance Date:

Your return has been rejected by the IRS

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.
The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:
For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2025. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 15, 2025, your Intuit electronic postmark will indicate April 15, 2025, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2025, and a corrected return is submitted and accepted before April 20, 2025. If your return is submitted after April 20, 2025, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2025. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2025, and the corrected return is submitted and accepted by October 20, 2025

2. THE ACCEPTANCE DATE.
Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

File by Mail Instructions for your 2024 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.

(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

SARAH LAWRENCE
10 LEXINGTON AVE 3J
Brooklyn, NY 11238-2991

Balance Due/ Refund	Your New York state tax return (Form IT-201) shows you are due a refund of $3,687.00. Your refund will be direct deposited into the following account: Account Number: 560152461, Routing Transit Number: 021000021.
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Do not attach copies of federal Form(s) W-2 to your tax return. New York form(s) IT-2, 'Summary of W-2 Statements' are to be attached to your tax return instead. These form(s) (when required) are automatically generated using W-2 data entered in your federal tax return. Mail your return and attachments to: State Processing Center PO Box 61000 Albany, NY 12261-0001 Deadline: Postmarked by April 15, 2025 Don't forget correct postage on the envelope.
What You Need to Keep	Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.
2024 New York Tax Return Summary	Taxable Income $ 173,460.00 Total Tax $ 17,006.00 Total Payments/Credits $ 20,693.00 Amount to be Refunded $ 3,687.00
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.

NEW YORK STATE | Department of Taxation and Finance

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

SARAH LAWRENCE

New York State requires this income tax return to be filed electronically.

New York State law requires income tax returns prepared using software to be e-filed. Because this New York State tax return was prepared using software, you **MUST** file it electronically.

Besides being the law, e-filing has many advantages:

- Taxpayers using e-file get their New York State refunds **twice** as fast as paper filers.
- E-filing is fast, easy, and secure.
- There are no additional costs for e-filing. Once you've paid for your New York State tax preparation software, you're entitled to FREE e-filing of your New York State return.

Most New Yorkers enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.

REV 04/15/25 INTUIT.CG.CFP.SP

NEW YORK STATE 2024

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

and ending ...

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

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
SARAH		LAWRENCE	07201994	767203270
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number

Mailing address ***(see instructions)*** *(number and street or PO Box)*	Apartment number	New York State county of residence
10 LEXINGTON AVE	3J	KINGS

City, village, or post office	State	ZIP code	Country	School district name
BROOKLYN	NY	112382991	UNITED STATES	BROOKLYN

Taxpayer's permanent home address ***(see instructions)*** *(number and street or rural route)*	Apartment number	School district code number 071

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

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

① [X] Single

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

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

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

⑤ [ ] Qualifying surviving spouse

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

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

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

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

If *Yes*:

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

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

If *No*:

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

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

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

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

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

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

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

H Dependent information

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

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

201001244555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 767203270

REV 04/15/25 INTUIT.CG.CFP.SP

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	**1**	181413.00
2	Taxable interest income	**2**	47.00
3	Ordinary dividends	**3**	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	**4**	.00
5	Alimony received	**5**	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	**6**	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	**7**	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	**8**	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	**9**	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	**10**	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	**11**	.00
12	Rental real estate included in line 11 — **12** .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	**13**	.00
14	Unemployment compensation	**14**	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	**15**	.00
16	Other income *Identify:*	**16**	.00
17	Add lines **1 through 11** and **13 through 16**	**17**	181460.00
18	Total federal adjustments to income *Identify:*	**18**	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	**19**	181460.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	**20**	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	**21**	.00
22	**New York's** 529 college savings program distributions	**22**	.00
23	Other *(Form IT-225, line 9)*	**23**	.00
24	Add lines **19** through **23**	**24**	181460.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	**25**	.00
26	Pensions of NYS and local governments and the federal government	**26**	.00
27	Taxable amount of Social Security benefits *(from line 15)*	**27**	.00
28	Interest income on U.S. government bonds	**28**	.00
29	Pension and annuity income exclusion	**29**	.00
30	**New York's** 529 college savings program deduction/earnings	**30**	.00
31	Other *(Form IT-225, line 18)*	**31**	.00
32	Add lines 25 through 31	**32**	.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	**33**	181460.00

Standard deduction or itemized deduction

34	Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an ***X*** in the appropriate box: ☒ **Standard** **- or -** ☐ **Itemized**	**34**	8000.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	**35**	173460.00
36	Dependent exemptions *(enter the number of dependents listed in item H)*	**36**	**000.00**
37	**Taxable income** *(subtract line 36 from line 35)*	**37**	173460.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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Tax calculation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	173460.00
39	NYS tax on line 38 amount		**39**	10408.00
40	NYS household credit	**40** .00		
41	Resident credit	**41** .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42** .00		
43	Add lines 40, 41, and 42		**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*		**44**	10408.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*		**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*		**46**	10408.00

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

47	NYC taxable income	**47**	173460.00	**See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.**
47a	NYC resident tax on line 47 amount	**47a**	6598.00	
48	NYC household credit	**48**	.00	
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, leave blank)*	**49**	6598.00	
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00	
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00	
52	Add lines 49, 50, and 51	**52**	6598.00	
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00	
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	**54**	6598.00	
54a	MCTMT net earnings base for Zone 1	**54a** .00		
54b	MCTMT net earnings base for Zone 2	**54b** .00		
54c	MCTMT for Zone 1	**54c**	.00	**See instructions to calculate the MCTMT for each zone.**
54d	MCTMT for Zone 2	**54d**	.00	
54e	Total MCTMT *(add lines 54c and 54d)*	**54e**	.00	
55	Yonkers resident income tax surcharge	**55**	.00	
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00	
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00	
58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*		**58**	6598.00
59	**Sales or use tax** ***(do not leave blank)***		**59**	0.00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*		**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*		**61**	17006.00

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Your Social Security number: 767203270

62 Enter amount from line 61 ..... **62** 17006.00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	**69**	63.00
69a	NYC school tax credit (rate reduction amount)	**69a**	389.00
70	NYC earned income credit	**70**	.00
70a	This line intentionally left blank	**70a**	
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	13057.00
73	Total **New York City** tax withheld	**73**	7184.00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	**75**	.00

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

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

76 **Total payments** *(add lines 63 through 75)* **76** 20693.00

Your refund, amount you owe, and account information

77 **Amount overpaid** *(if line 76 is **more than** line 62, subtract line 62 from line 76)* **77** 3687.00

78 Amount of line 77 **available for refund** *(subtract line 79 from line 77)* **78** 3687.00
TIP: Use this amount to check your refund status online.

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

78b Total refund after NYS 529 account deposit *(subtract line 78a from line 78)* **78b** 3687.00

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

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

See instructions for payment options.

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

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

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

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

See instructions for the proper assembly of your return.

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

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

83b Routing number 021000021 **83c** Account number 560152461

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

Third-party designee? *(see instr.)* **Yes** [ ] **No** [ ]	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
Preparer's signature: SELF-PREPARED	Preparer's printed name	
Firm's name *(or yours, if self-employed)*	Preparer's PTIN or SSN	
Address	Employer identification number	
	Date	
Email:		

▼ **Taxpayer(s) must sign here** ▼	
Your signature	
Your occupation: RECRUITER	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number: (305)984 6931
Email: SLAWRE14@GMAIL.COM	

See instructions for where to mail your return.

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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NEW YORK STATE 2024

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 767203270

Box b Employer identification number (EIN): 800958082

Box c Employer's information

Employer's name: TD SECURITIES USA LLC

Employer's address *(number and street)*: 1 VANDERBILT AVENUE

City: NEW YORK | State: NY | ZIP code: 10017 | Country:

Box 1 Wages, tips, other compensation	181413.00	**Box 12a** Amount	72.00	Code C	**Box 14a** Amount	333.00	Description NY-PFL
Box 8 Allocated tips	.00	**Box 12b** Amount	1500.00	Code W	**Box 14b** Amount	31.00	Description NY SDI
Box 10 Dependent care benefits	.00	**Box 12c** Amount	7325.00	Code A A	**Box 14c** Amount	.00	Description
Box 11 Nonqualified plans	.00	**Box 12d** Amount	8368.00	Code D D	**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.: 181413.00 | **Box 17a** NYS income tax withheld: 13057.00

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	181413.00	7184.00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN):

Box c Employer's information

Employer's name:

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

City: | State: | ZIP code: | Country:

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

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

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

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NO HANDWRITTEN ENTRIES ON THIS FORM

CHASE

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

May 13, 2025 through June 11, 2025
Account Number: **000000560152461**

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

00493613 DRE 802 219 16325 NNNNNNNNNNN 1 000000000 08 0000
SARAH LAWRENCE
10 LEXINGTON AVE APT 3J
BROOKLYN NY 11238-2991

0493613020100000000022

Important update about your Chase Total Checking® Monthly Service Fee

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

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

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

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

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

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

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

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

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

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

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

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

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

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$3,543.61**
Deposits and Additions	10,156.52
Electronic Withdrawals	-6,885.30
Ending Balance	**$6,814.83**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$3,543.61**
05/13	Con Ed of NY Cecony 66206060007 CCD ID: 2462467002	-105.73	3,437.88
05/15	Venmo Payment 1042218233472 Web ID: 3264681992	-62.00	3,375.88
05/16	TD Securities US Payroll PPD ID: 2800958082	**3,142.26**	6,518.14
05/16	Ngrid38 Ngrid38 PPD ID: 9177976003	-197.00	6,321.14
05/19	Zelle Payment From Rasha Lawrence Wfct0Ytshgw5	**185.00**	6,506.14
05/19	Trupanion 8887332685 Web ID: 0007232334	-125.67	6,380.47
05/19	Zelle Payment To Leigh Graham Jpm99B90U6St	-100.00	6,280.47
05/19	Zelle Payment To Lena Jpm99B91Euxy	-20.00	6,260.47
05/19	05/19 Payment To Chase Card Ending IN 8133	-1,500.00	4,760.47
05/21	Wf Credit Card Auto Pay PPD ID: 50260000	-3,835.43	925.04
05/22	NY State Nysttaxrfd PPD ID: 4146013200	**3,687.00**	4,612.04
05/22	Dept Education Student Ln PPD ID: 9102001001	-82.22	4,529.82
05/23	Online Transfer To Sav ...2921 Transaction#: 24704430266	-25.00	4,504.82
05/23	American Express ACH Pmt A7396 Web ID: 9493560001	-550.93	3,953.89
05/27	Target Card Srvc Payment H 346985757 Web ID: 7411721810	-48.19	3,905.70
05/29	Zelle Payment To Brianne Jpm99Ba5Icjq	-208.13	3,697.57
05/30	TD Securities US Payroll PPD ID: 2800958082	**3,142.26**	6,839.83
06/06	Online Transfer To Sav ...2921 Transaction#: 24865664226	-25.00	6,814.83
	Ending Balance		**$6,814.83**

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow[SM] network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $10,248.53. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

1493613022000000062

CHASE

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

June 12, 2025 through July 11, 2025
Account Number: **000000560152461**

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

00492850 DRE 802 219 19325 NNNNNNNNNNN 1 000000000 08 0000
SARAH LAWRENCE
10 LEXINGTON AVE APT 3J
BROOKLYN NY 11238-2991

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We're making changes to help better protect your account

1. **You may be required to use a trusted device for certain account and digital services**
   Starting September 21, 2025, you may need to use a trusted device to manage your account and digital profile, access or use certain account product and services (including certain wire transfers), make certain payments and transfers, or to provide authentication or approvals. A trusted device is a smartphone that has been enrolled with us based on specific criteria.

   You may need to enroll a device
   You may already be using a trusted device. If not, you'll receive instructions to make your device trusted the next time you try to perform an action that requires it.

   For more details, please see the Amendment in the Deposit Account Agreement and the new Section V. D. *Using trusted devices*.

2. **How we treat third-party endorsed check deposits is changing**
   A third-party endorsed check is a check that was originally payable to another person/entity that you attempt to deposit or cash. Beginning September 1, 2025, we may not accept a third-party check for deposit or to cash or we may require verification of endorsements. If we refuse a deposit, we may return the check or provide a substitute check to you.

   You can find this update in Section III. A. *Our rights and responsibilities for deposits*.

You can see the complete, updated Deposit Account Agreement beginning June 12, 2025, at **chase.com/disclosures**. If you have questions, please don't hesitate to contact us by calling the number on this statement.

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$6,814.83**
Deposits and Additions	10,987.96
Electronic Withdrawals	-10,206.95
Ending Balance	**$7,595.84**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$6,814.83**
06/12	Con Ed of NY Cecony 66206060007 CCD ID: 2462467002	-86.49	6,728.34
06/13	TD Securities US Payroll PPD ID: 2800958082	**3,355.74**	10,084.08
06/13	Zelle Payment From Brianne Goller Baco8Bby138U	**109.20**	10,193.28
06/13	Zelle Payment To DR. Prezant 25075105477	-1,750.00	8,443.28
06/16	Venmo Cashout PPD ID: 5264681992	**198.95**	8,642.23
06/18	Ngrid38 Ngrid38 PPD ID: 9177976003	-253.00	8,389.23
06/18	06/18 Payment To Chase Card Ending IN 8133	-3,000.00	5,389.23
06/20	Trupanion 8887332685 Web ID: 0007232334	-125.67	5,263.56
06/20	Online Transfer To Sav ...2921 Transaction#: 25033850180	-25.00	5,238.56
06/23	Wf Credit Card Auto Pay PPD ID: 50260000	-3,924.19	1,314.37
06/23	American Express ACH Pmt A3314 Web ID: 9493560001	-281.08	1,033.29
06/24	Dept Education Student Ln PPD ID: 9102001001	-78.14	955.15
06/25	Zelle Payment To Andrea Quinones 25254668134	-157.00	798.15
06/27	TD Securities US Payroll PPD ID: 2800958082	**3,569.22**	4,367.37
06/27	Venmo Cashout PPD ID: 5264681992	**185.63**	4,553.00
06/30	Venmo Payment 1043176860932 Web ID: 3264681992	-18.00	4,535.00
07/03	Online Transfer To Sav ...2921 Transaction#: 25195431387	-25.00	4,510.00
07/07	Nordstrom Payment 043000091581008 Web ID: 9044013363	-183.11	4,326.89
07/07	Venmo Payment 1043352170652 Web ID: 3264681992	-139.45	4,187.44
07/11	TD Securities US Payroll PPD ID: 2800958082	**3,569.22**	7,756.66
07/11	Con Ed of NY Cecony 66206060007 CCD ID: 2462467002	-160.82	7,595.84
	Ending Balance		**$7,595.84**

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $10,878.76. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

1492850202000000062

Marcus:
by Goldman Sachs®

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

Statement Period
07/01/2025 to 07/31/2025

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

256752-01-00

256752/1496475/STMT/256752/0000/000000/522485 000 01 000000
SARAH LAWRENCE
10 LEXINGTON AVE APT 3J
BROOKLYN NY 11238-2991

ONLINE SAVINGS ACCOUNT STATEMENT

See reverse for important information

Account Number	300011026787
Account Name	Marcus Savings

STATEMENT SUMMARY as of 07/31/2025

Beginning Balance	$11,307.54
Deposits and Other Credits	$34.48
Interest Paid this Period	$34.48
Withdrawals and Other Debits	$0.00
Ending Balance	**$11,342.02**

EARNINGS DETAILS

Statement Period	07/01/2025 to 07/31/2025
Days in Statement Period	31
Annual Percentage Yield Earned	3.65%
Total Earnings Paid This Year	$209.24

ACCOUNT ACTIVITY

Date	Description	Credits	Debits	Balance
07/01/2025	Beginning Balance			$11,307.54
07/31/2025	Interest Paid	$34.48		$11,342.02
07/31/2025	**Ending Balance**			**$11,342.02**

In Case of Errors or Questions About Your Electronic Transfers:

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

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

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

Give us the following information:

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

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

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

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

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

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

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

TD Securities (USA) LLC 1 Vanderbilt Avenue New York, NY 10017 +1 (844) 2758347

Sarah Lawrence 10 Lexington Ave Apt 3J Brooklyn, NY 11238

Name	Job Position	Location	Employee ID	Pay Period Begin	Pay Period End	Check Date	Rate of Pay
Sarah Lawrence	Specialized HR Manager, TDS (US)	125 Park Avenue TDS, New York, New York	7208380	06/22/2025	07/05/2025	07/11/2025	160,000.00

	Hours Worked	Gross Pay	Before-Tax Deductions	Employee Taxes	After-Tax Deductions	Net Pay
Current	64.00	6,153.85	124.90	2,090.49	369.24	3,569.22
YTD	972.00	129,923.12	1,748.60	50,045.01	3,948.52	74,180.99

Earnings

Description	Dates	Hours	Rate	Current	YTD Hours	YTD Amount
Regular Pay			0.00		412.00	27,334.60
Salary Pay	06/22/2025 - 07/05/2025	72.00	76.92	5,538.46	560.00	39,100.04
Holiday PTO	06/22/2025 - 07/05/2025	8.00	76.92	615.39	56.00	3,884.63
Other Incentives			0.00		0.00	7,500.00
EIP - TDS Corporat			0.00		0.00	46,000.00
Salary Pay	06/08/2025 - 06/21/2025	-8.00	0.00	-615.39		
Holiday PTO	06/08/2025 - 06/21/2025	8.00	0.00	615.39		
Vacation PTO			0.00		92.00	6,103.85
Total				6,153.85		129,923.12

Employee Taxes

Description	Current	YTD
OASDI	374.49	7,987.92
Medicare	87.58	1,868.14
Federal Withholding	1,036.06	24,084.41
State Tax - NY	354.70	10,541.16
City Tax - NY	236.46	5,192.05
NY SDI - NYSDI	1.20	16.80
New York Paid Family Leave - NYPF	0.00	354.53
Total	2,090.49	50,045.01

Before-Tax Deductions

Description	Current	YTD
Dental Before-Tax	8.16	114.24
HSA Before-Tax	19.23	269.22
Medical Before-Tax	92.57	1,295.98
Vision Before-Tax	4.94	69.16
Before-Tax Deductions	124.90	1,748.60

After-Tax Deductions

Description	Current	YTD
401k Roth	369.24	3,948.52
After-Tax Deductions	369.24	3,948.52

Employer Paid Benefits

Description	Current	YTD
Dental Non-Taxable	7.33	102.62
Group Term Life Non-Taxable	5.67	79.38
HSA Non-Taxable		500.00
Medical Non-Taxable	318.09	4,453.26
Group Term Life Taxable	3.25	45.50
Long Term Disability Taxable	7.94	111.16
TD Shares Award		506.18
Employer Paid Benefits	342.28	5,798.10

Taxable Wages

Description	Current	YTD
OASDI - Taxable Wages	6,040.14	128,837.36
Medicare - Taxable Wages	6,040.14	128,837.36
Federal Withholding - Taxable Wages	6,040.14	128,837.36
State Tax Taxable Wages - NY	6,040.14	128,837.36
City Tax Taxable Wages - NY	6,040.14	128,837.36

	Federal	State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	0
Additional Withholding	0	0

Absence Plans

PTO Plans	Earned YTD	Carryover Balance	Taken YTD	Balance YTD
US Flex PTO Time Off Plan (Front-Loaded)	0	56	0	56
US Holiday PTO Time Off Plan	0	56	8	32
US Vacation PTO Time Off Plan	49.2	56.9	0	50.1

Check Number	Payment Information			
Advice Number	Bank Number	Account Name	Account Number	Amount
	JPMorgan Chase	SL- Checking	******2461	3,569.22 USD

TD Securities (USA) LLC 1 Vanderbilt Avenue New York, NY 10017 +1 (844) 2758347

Sarah Lawrence 10 Lexington Ave Apt 3J Brooklyn, NY 11238

Name	Job Position	Location	Employee ID	Pay Period Begin	Pay Period End	Check Date	Rate of Pay
Sarah Lawrence	Specialized HR Manager, TDS (US)	125 Park Avenue TDS, New York, New York	7208380	07/06/2025	07/19/2025	07/25/2025	160,000.00

	Hours Worked	Gross Pay	Before-Tax Deductions	Employee Taxes	After-Tax Deductions	Net Pay
Current	80.00	6,153.85	124.90	2,090.49	369.24	3,569.22
YTD	1,052.00	136,076.97	1,873.50	52,135.50	4,317.76	77,750.21

Earnings

Description	Dates	Hours	Rate	Current	YTD Hours	YTD Amount
Regular Pay			0.00		412.00	27,334.60
Salary Pay	07/06/2025 - 07/19/2025	80.00	76.92	6,153.85	640.00	45,253.89
Other Incentives			0.00		0.00	7,500.00
EIP - TDS Corporat			0.00		0.00	46,000.00
Holiday PTO			0.00		56.00	3,884.63
Vacation PTO			0.00		92.00	6,103.85
Total				6,153.85		136,076.97

Employee Taxes

Description	Current	YTD
OASDI	374.49	8,362.41
Medicare	87.58	1,955.72
Federal Withholding	1,036.06	25,120.47
State Tax - NY	354.70	10,895.86
City Tax - NY	236.46	5,428.51
NY SDI - NYSDI	1.20	18.00
New York Paid Family Leave - NYPF	0.00	354.53
Total	2,090.49	52,135.50

Before-Tax Deductions

Description	Current	YTD
Dental Before-Tax	8.16	122.40
HSA Before-Tax	19.23	288.45
Medical Before-Tax	92.57	1,388.55
Vision Before-Tax	4.94	74.10
Before-Tax Deductions	124.90	1,873.50

After-Tax Deductions

Description	Current	YTD
401k Roth	369.24	4,317.76
After-Tax Deductions	369.24	4,317.76

Employer Paid Benefits

Description	Current	YTD
Dental Non-Taxable	7.33	109.95
Group Term Life Non-Taxable	5.67	85.05
HSA Non-Taxable		500.00
Medical Non-Taxable	318.09	4,771.35
Group Term Life Taxable	3.25	48.75
Long Term Disability Taxable	7.94	119.10
TD Shares Award		506.18
Employer Paid Benefits	342.28	6,140.38

Taxable Wages

Description	Current	YTD
OASDI - Taxable Wages	6,040.14	134,877.50
Medicare - Taxable Wages	6,040.14	134,877.50
Federal Withholding - Taxable Wages	6,040.14	134,877.50
State Tax Taxable Wages - NY	6,040.14	134,877.50
City Tax Taxable Wages - NY	6,040.14	134,877.50

	Federal	State
Marital Status	Single or Married filing separately	Single or Head of Household
Allowances	0	0
Additional Withholding	0	0

Absence Plans

PTO Plans	Earned YTD	Carryover Balance	Taken YTD	Balance YTD
US Flex PTO Time Off Plan (Front-Loaded)	0	56	0	56
US Holiday PTO Time Off Plan	0	56	0	32
US Vacation PTO Time Off Plan	55.35	56.9	0	56.25

Check Number	Payment Information			
Advice Number	Bank Number	Account Name	Account Number	Amount
	JPMorgan Chase	SL- Checking	******2461	3,569.22 USD

May 23, 2025

Sarah Lawrence
Delivered Electronically

Congratulations Sarah!

We're excited to offer you a new role!

Thank you for your ongoing impact and contributions to TD. You play an important role in shaping the 'Better Bank' and we are grateful for the meaningful difference you make to our colleagues, customers, and communities. We remain committed to your growth and are thrilled you have chosen to continue your journey with us as Specialized HR Manager, TDS (US) in Specialized HR. Congratulations on this exciting new opportunity and best wishes for continued success!

Position Overview

Position: Specialized HR Manager, TDS (US)
Status: Full-Time
Job Level: L10
Location: 125 Park Avenue TDS, New York, New York
Reporting To: Jason Wiggin, Head of Talent Acquisition (US)
Start Date: You'll begin your new position on a mutually agreed-upon date, which is tentatively set at June 2, 2025

Total Rewards Package

At TD, we're committed to supporting the whole you. We believe everyone is unique and has their own physical, emotional, social and financial needs. That's why our Total Rewards Package provides you with a wide range of resources and plans focused on supporting your overall well-being.

Base Salary

Your base salary will be $160,000.00 per annum (less tax and other regular withholdings) and will be prorated in your first year of employment, based on your start date. Thereafter your salary will be determined in accordance with the compensation practices of the Firm in its sole discretion.

Compensation Overview

Total compensation is comprised of your annual base salary and annual variable compensation (annual incentive).

Variable Compensation - Employee Incentive Plan (EIP)

You will be eligible to participate in the Employee Incentive Plan (EIP) which rewards employees both as individuals and as team members contributing to the success of the business and the Firm overall. Your EIP target will be $40,000.00 and will be prorated based on your start date. This target will be adjusted up or down based on your personal and business performance. This award will be paid annually in January less applicable deductions and

withholdings. Annual Incentive awards will be subject to your continued employment up to the award date and your continued compliance with the Bank's Code of Conduct and Ethics. For more details please refer to the enclosed plan summary.

Governance, Control and Risk Management

We manage our business with strong ties to industry best practices related to desired Governance, Control and Risk Management behaviors. At TD Securities there is a direct link between compensation and the desired behaviors, and you will be formally assessed on your compliance to internal policies and practices on an annual basis.

Benefit Choices

We believe you will find our benefits program to be competitive, comprehensive, and flexible in meeting your needs. Benefits eligibility begins on the first of the month following your date of hire. Detailed information on our benefits and programs are available by visiting www.TDTotalRewards.com and clicking on "guest" to access the information.

Paid Time Off

We all need time off to rest, recharge and attend to personal obligations. TD Bank offers its Employees three different categories of Paid Time Off ("PTO") – Vacation PTO, Holiday PTO and Flex PTO – to provide a flexible program that gives Colleagues control of their time off work.*

- ***Vacation PTO***: Paid time off to be used for any reason. Vacation PTO allotment is based on your job grade, tenure, and standard weekly hours. This time is accrued per pay period up to your annual maximum.
- ***Holiday PTO:*** Paid time off to be used on official TD holidays. Holiday PTO that's not used for official TD holidays (because you are not regularly scheduled to work on that day, or you must work due to business necessity) can be taken on a different day with People Manager approval. This time is frontloaded annually.
- ***Flex PTO:*** Paid time off to be used as sick/protected time or any other reason as "flex time." This time is frontloaded annually.

See the PTO Allotment Chart for more information. Note that annual PTO allotments will be pro-rated for mid-year hires.

*Your eligibility for PTO is subject to the terms, conditions and restrictions of the applicable TD Bank PTO policy, which may be amended from time to time.

TD Securities has a mandatory PTO requirement whereby each employee must take a minimum number of consecutive working days of PTO each calendar year. Unless otherwise stipulated, you are required to take a minimum of:

- For Sensitive Roles: 10 consecutive working days of PTO each year
- For All Other Roles: 5 consecutive working days of PTO each year

Other Employment Information

Terms and Conditions

The terms and conditions outlined in this offer letter are applicable to the position you have accepted. Your continued eligibility of employment will be evaluated on an ongoing basis, and may change from time to time, at the

sole discretion of TD Securities (USA) LLC (“the Firm”), or if you accept another role within the TD Bank Group of companies.

Background Screening

This offer of employment is subject to and conditional upon the satisfactory completion of all applicable TD Securities (USA) LLC (“the Firm”) Pre-employment screening requirements for the position which will include a consumer report or investigative consumer report including verification of employment and education, criminal record check and proof of eligibility to work in the U.S.

At-Will Employment

Your employment with the Company will be "at-will.” This means that either you or TD Securities (USA) LLC (“the Firm”), can terminate your employment with us at any time, for any reason, with or without prior notice. TD Securities (USA) LLC (“the Firm”), also reserves the right to revoke an offer at any time before employment begins.

Non-Solicitation, Confidentiality, and Garden Leave

You will be required to enter into and execute the Firm’s applicable Non-Solicitation, Confidentiality, and Garden Leave Agreement (the “Non-Solicitation Agreement”), which provides for certain post-termination restrictions on your ability to solicit customers and employees and to use or maintain the Firm’s confidential and proprietary information. For certain positions, the Non-Solicitation Agreement also provides for a period of Garden Leave prior to employment termination. A copy of the Non-Solicitation Agreement is enclosed herewith. You must execute this agreement on or before your start date; you will not be permitted to commence your employment with the Firm until you have provided a signed copy of the Non-Solicitation Agreement.

Your employment with the Firm will be "at will.” This means that either you or the Firm can terminate your employment with us at any time and for any reason. The Firm also reserves the right to revoke an offer at any time before employment begins. Please understand also that neither this offer, nor the maintenance of any personal policies, procedures and benefits, constitutes a contract of employment or guarantee of specific benefits.

Accepting Your Offer

This Offer Letter, to the extent signed and delivered by electronic or digital means (e.g., online portal, facsimile machine, PDF, etc.) deemed acceptable by TD Bank, shall be treated in all manner and respects as an original signed document and shall be considered to have the same binding legal effect as if it were the original signed version thereof delivered in hard copy. Please understand that neither this offer, nor the maintenance of any personnel policies, procedures, and benefits, constitutes, a contract of employment or guarantee of specific benefits.

Note that this offer is conditional until we receive the satisfactory completion of all applicable pre-employment screening requirements for the position, which may include background and reference checks and proof of eligibility to work in the United States.

Please digitally acknowledge this offer within 2 business days to confirm your acceptance of the position. If you have any questions, feel free to contact me.

Sarah, we wish you success and are confident in your ability to make a meaningful contribution as a Specialized HR Manager, TDS (US)!

Sincerely,

Frank Romano
Sr Recruiter II (US)
Frank.Romano@td.com

Pet ID

Generated by PetPage
on 8/4/2025

All Creatures Veterinary Hospital of Brooklyn
(347) 915-1420
info@allcreatures-bk.com

Name	Beni Blue (was Blue Cheese)
Birthdate	10/9/2022
Species	Canine
Breed	Terrier Mix
Sex	neutered
Weight	8.6 kg
Microchip #	900235000108241
Rabies #	24043

Owner Information
Sarah Lawrence
10 Lexington Ave. Apt. 3J
Brooklyn, NY 11238
-

Medical Reminders

Description	Due Date
Bordetella Vaccination	10/8/2025
In-house Heartworm/Tick-Borne Disease Screen	4/4/2026
Leptospirosis Vaccination 1 Year	4/4/2026
Preventive Care Examination	4/4/2026
Fecal Parasite/Giardia Screening	5/2/2026
Distemper/Adenovrs/Parainfluenza/Parvo	2/16/2027
Rabies Vaccination	2/16/2027

Current Prescriptions

Description	Rx Date
Written Prescription Outside Pharmacy	5/16/2025
Written Prescription Outside Pharmacy	4/29/2025
Written Prescription Outside Pharmacy	10/9/2024
Fortiflora (Canine) PER PACKET	9/11/2024
Fortiflora (Canine) FULL BOX	9/11/2024
Drontal Small Dog Tablets 22.7mg	9/11/2024
Panacur 10.1-25lbs per packet	8/28/2024
Written Prescription Outside Pharmacy	8/24/2024
Panacur 10.1-25lbs per packet	8/15/2024
Panacur 10.1-25lbs per packet	8/15/2024
Panacur (Fenbendazole) Suspension 10%	8/13/2024
Panacur 10.1-25lbs per packet	8/13/2024
Doxycycline 100mg CAPSULES	8/12/2024
Fortiflora (Canine) PER PACKET	8/12/2024
Metronidazole Epicur 50mg tablet	8/12/2024

Pet Owner Provided Information

Insurance Provider/Policy #: -

Medical Conditions: -

Diet: -