609 WEST 174TH STREET

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **609 WEST 174TH STREET**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Rincon	Leonel		***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
1/30/1985	(646) 271-7423 Mobile	Mobile	huchyperalta062591@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
558 West 181st Apt E	New York

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	10033	6/25/2022	current	$1,200.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Waterford Real Estate Management	(908) 687-3200

EMPLOYMENT INFORMATION

OCCUPATION	EMPLOYER/COMPANY		SALARY
Electrician	Lippolis Electric Inc		$72,805.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Hector Linares	(347) 653-6002		current

EMPLOYER ADDRESS	CITY	STATE	ZIP
25 7th St	Pelham	NY	10803

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

AGREEMENT

☒ Bronstein Properties, LLC Anti-Discrimination Notice and Acknowledgement

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

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

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

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Other

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

APARTMENT APPLYING FOR

603

RENTER'S INSURANCE

INSURANCE SELECTION

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **609 WEST 174TH STREET** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **609 WEST 174TH STREET** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **609 WEST 174TH STREET**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **609 WEST 174TH STREET** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **609 WEST 174TH STREET**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

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

APPLICATION FOR LEONEL RINCON SUBMITTED ONLINE on July 2, 2025

Signed by Leonel Rincon
Wed Jul 2 2025 02:17:34 PM EDT
Key: A6EFA20A; IP Address: 10.33.14.19

Leonel Rincon *(Applicant)* *Date*

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

Application Fee for Leonel Rincon - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Leonel Rincon	XXXXXXXXXXXX2786	15972516	$23.00
Transaction	**Transaction Date**		**Charged**
T2507021417_BP1MN1	7/2/2025 11:17 AM PDT	*Includes $3.00 convenience fee:*	$23.00

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

Conditional Offer of Housing

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

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

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

Criminal Background Check

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

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

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

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

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

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

Right to Provide Support for Your Application

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

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

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

Right to an Individualized Assessment of Your Application

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

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

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

Legitimate Business Interest

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

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

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

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

Revoking a Conditional Offer of Housing

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

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

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Exemptions for Housing Providers

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

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

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

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

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Leonel Rincon

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. **Application Approved by Malgorzata Warchol on 7/3/2025**.

Score for Leonel Rincon: 825		
	Importance	**Result**
AI Score	Pass/Fail	
No Credit	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No Foreclosures	Pass/Fail	
No Utility Collections	Pass/Fail	
No unpaid rental collections	Pass/Fail	

Credit Quick Summary	
Total annual income (reported by Applicant)	$72,805.00
Total combined annual income to rent ratio	115.58 (based on rent of $2,200.00)
Total number of accounts	12
Accounts with no late payments	12 (0 unpaid past due)
Accounts paid 30-59 days past due	0 (0 unpaid past due)
Accounts paid 60-89 days past due	0 (0 unpaid past due)
Accounts paid more than 90 days past due	0 (0 unpaid past due)
Total outstanding balance	$28,466.00 ($0.00 past due)
Outstanding revolving debt	$4,557.00 (4% of limit) ($0.00 past due)
Outstanding loan balance	$23,909.00 ($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:	Leonel Rincon	LEONEL RINCON
SSN:	***-**-****	***-**-****
Birth Date:	1/**/1985	1/**/1985

Addresses	From Application	From Equifax
	558 West 181st Apt E New York, NY 10033 - US	76 SAINT NICHOLAS PL. CC1 NEW YORK, NY 10032 (Applicant) Reported 7/2025 75 SAINT NICHOLAS PL. BSMT NEW YORK, NY 10032 (Applicant) Reported 4/2022 711 FAIRMOUNT PL. B6 BRONX, NY 10457 (Applicant) Reported 12/2020 908 E 181ST ST. 2C BRONX, NY 10460 (Applicant) Reported 3/2018 924 E 181ST ST. 4C BRONX, NY 10460 (Applicant) Reported 6/2017 1576 TAYLOR AVE. 1E BRONX, NY 10460 (Applicant) Reported 3/2015 2078 CROTONA PKWY 303 BRONX, NY 10460 (Applicant) Reported 6/2013 2074 CROTONA PKWY 304 BRONX, NY 10460 (Applicant) Reported 11/2008

Employment	From Application	From Equifax
Applicant:	Electrician Lippolis Electric Inc $72,805.00/Yr. Total annual Income: $72,805.00	ELECTRICIAN LIPPOLIS ELECTRIC

Restricted Person Search

Requested For	Requested	Returned
Leonel Rincon	7/3/2025	7/3/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	825	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)	776	Your largest credit limit on open bankcard or revolving accounts is too low Lack of sufficient relevant real estate account information The balances on your accounts are too high compared to loan amounts Balances on installment accounts are too high compared to their loan amounts

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIBANK (Applicant)	4/2022	5/2025					$12,434.00

Monthly Payment	High Credit	Type	Comments
$608.00	$30,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CBNA (Applicant)	7/2024	5/2025					$11,475.00

Monthly Payment	High Credit	Type	Comments
$329.00	$13,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIBANK NA (Applicant)	8/2011	5/2025					$3,550.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$100.00	$6,300.00	OVERDRAFT/RESERVE	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 6/25 4/25 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	8/2019	4/2025					$529.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$41.00	$4,799.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 6/25 4/25 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	5/2022	5/2025					$478.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$40.00	$7,140.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 6/25 4/25 2/25 12/24 10/24 8/24 6/24 4/24 2/24 12/23 10/23 8/23						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN HONDA FINAN (Joint)	3/2017	12/2021					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$33,439.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 3/22 1/22 11/21 9/21 7/21 5/21 3/21 1/21 11/20 9/20 7/20 5/20						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIBANK (Applicant)	9/2013	2/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$14,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIBANK (Applicant)	3/2020	2/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$10,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 5/22 3/22 1/22 11/21 9/21 7/21 5/21 3/21 1/21 11/20 9/20 7/20						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIBANK (Applicant)	4/2015	2/2018					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	8/2011	1/2024					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$3,027.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

6/25	5/25	4/25	3/25	2/25	1/25	12/24	11/24	10/24	9/24	8/24	7/24	6/24	5/24	4/24	3/24	2/24	1/24	12/23	11/23	10/23	9/23	8/23	7/23
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BEST BUY/CBNA (Applicant)	11/2008	9/2014					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,212.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

12/19	11/19	10/19	9/19	8/19	7/19	6/19	5/19	4/19	3/19	2/19	1/19	12/18	11/18	10/18	9/18	8/18	7/18	6/18	5/18	4/18	3/18	2/18	1/18
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	8/2006	2/2011					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$571.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Previous Credit Inquiries	
From Equifax	
7/2024	CITIBANK, N.A. (Applicant)

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

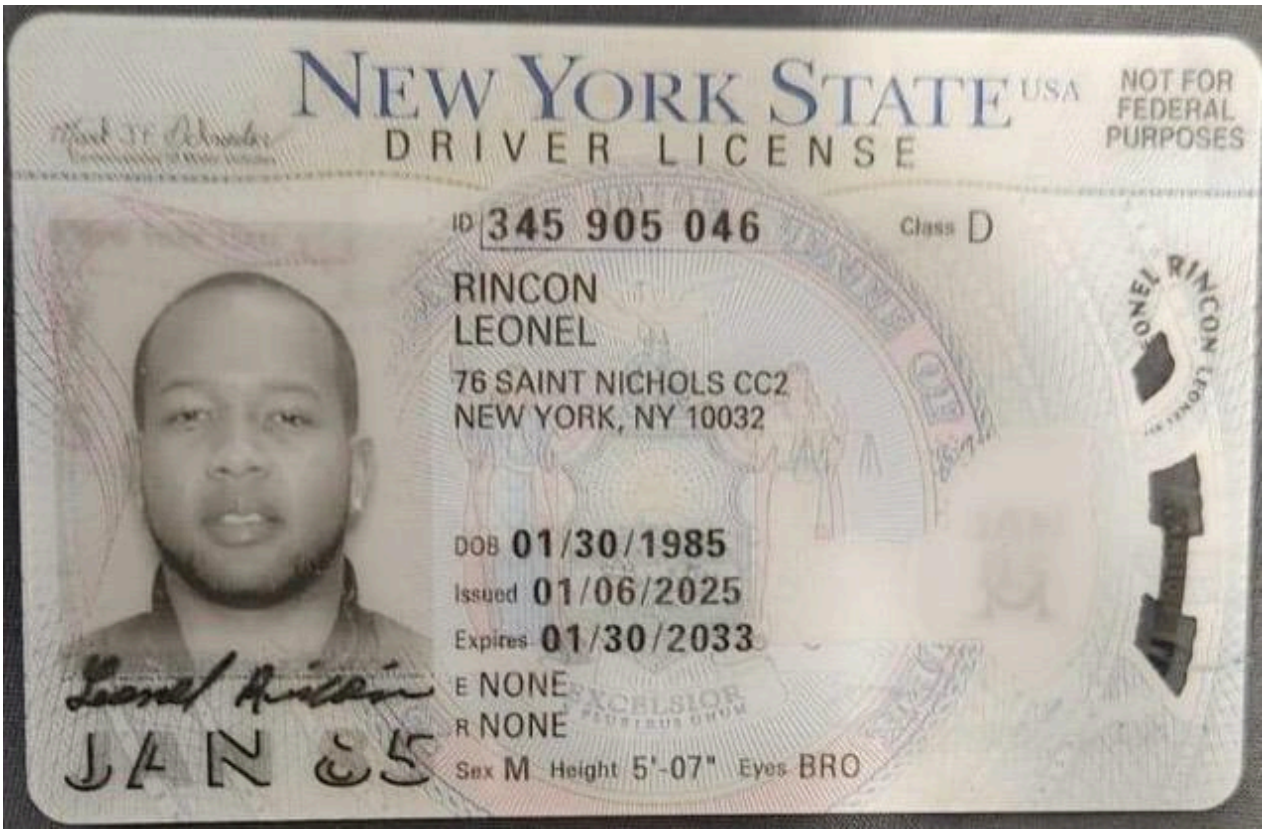
However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, 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
NOT FOR FEDERAL PURPOSES
ID 345 905 046
Class D
RINCON
LEONEL
76 SAINT NICHOLS CC2
NEW YORK, NY 10032
DOB 01/30/1985
Issued 01/06/2025
Expires 01/30/2033
E NONE
R NONE
Sex M Height 5'-07" Eyes BRO
JAN 05
LEONEL RINCON

Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
Account
73091433

Statement Period
Feb 1 - Feb 28, 2025

LEONEL RINCON
76 SAINT NICHOLAS PL APT CC2
NEW YORK NY 10032-0560

YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF FEBRUARY 28, 2025

Relationship Summary:

Checking	**$2,179.54**
Savings	**$2,223.71**
Investments (not FDIC Insured)	**-----**
Loans	**$267.95**

Effective April 21, 2025, Citibank Retail branches will not accept bearer bond coupons for redemption.

Checking	**Balance**
Regular Checking	$2,179.54
Savings	**Balance**
Citi® Savings	$2.28
Citibank® Savings Plus	$2,221.43
Total Checking and Savings at Citibank	**$4,403.25**

Loans	**Credit Line**	**Amount Available**	**Amount You Owe**
Checking Plus Line of Credit 73091433	$6,900.00	$6,638.77	$267.95

Effective 2/20/2025- For clarification of existing practices, you agree your "Residential Address" is where you physically reside. We can use your Residential Address to manage your account. Your "Mailing Address" is where you would like to receive notices and Account Statements. Changing your Residential Address or Mailing Address will not change the Governing Law or Rate Region of any of your existing accounts. We reserve the right, at our discretion, to mail certain correspondence to your Residential Address.

Your Citibank Statement

Calendar Month[1]	**Combined Average Monthly Balance Range[2]**	**Relationship Tier[3]**
December 2024	$0 - $14,999	None
January 2025	$0 - $14,999	None
February 2025	$0 - $14,999	None

Account Fees and Charges[4]

Account Type	**Account**	**Monthly Service Fee**	**Non-Citi ATM Fee**	**Average Monthly Balance**	**Waiver Applied**
Regular Checking	73091433	None	None	N/A	No Fee - Qualifying Activity Met

Account Fees and Charges[4] Continued

Account Type	Account	Monthly Service Fee	Non-Citi ATM Fee	Average Monthly Balance	Waiver Applied
Citi® Savings	6783507605	None	None	N/A	No Fee - Qualifying Activity Met
Citibank® Savings Plus	9996982446	None	None	N/A	No Fee - Qualifying Activity Met
Total		None	None		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

73091433

Beginning Balance: $1,425.48
Ending Balance: $2,179.54

Date	Description	Amount Subtracted	Amount Added	Balance
02/03	Zelle Debit PAY ID:CTIjkG4BM5IZ ORG ID:JPM NAME:JUNIOR RICHA	15.00		
02/03	Zelle Debit PAY ID:CTIKTZDpg8Nj ORG ID:BAC NAME:JAIRONY MART	30.00		
02/03	Zelle Debit PAY ID:CTIBB6OQscW5 ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/03	Mobile Purchase Sign Based 01/30 12:26p #0272 ZIP* APP PAY LATER NEW YORK NY 25031 Specialty Retail stores	27.48		
02/03	Cash Withdrawal 02/01 03:23p #0272 Non Citi ATM P392956 BRONX NYUS051	52.00		1,051.00
02/04	Debit Card Purchase 02/01 11:48a #0272 Jackpocket I 000000000 BROOKLYN NY 25033 Misc Business Services	2.39		
02/04	Debit Card Purchase 02/02 11:30a #0272 JOSE GROCERY CORP NEW YORK NY 25034 Food & Beverages	9.27		
02/04	Debit Card Purchase 02/01 03:22p #0272 LA INDIA MINI MARKET BRONX NY 25034 Food & Beverages	23.40		
02/04	Mobile Purchase Sign Based 02/02 11:52p #0272 ZIP* APP PAY LATER NEW YORK NY 25034 Specialty Retail stores	33.31		
02/04	Mobile Purchase Sign Based 02/01 09:08a #0272 RMTLY* G1A62 SEATTLE WA 25033	64.47		
02/04	Mobile Purchase Sign Based 01/31 03:36p #0272 RMTLY* E2D8A SEATTLE WA 25032	69.51		
02/04	Mobile Purchase Sign Based 02/02 10:15a #0272 RMTLY* ED8FC SEATTLE WA 25034	135.03		
02/04	Mobile Purchase Sign Based 01/31 07:54a #0272 RMTLY* K0868 SEATTLE WA 25032	175.35		538.27
02/05	Transfer to Checking Plus 11:19a #0272 ONLINE Reference # 004130	60.00		
02/05	Return of Unpaid Deposited Check	1,104.08		
02/05	Cash Withdrawal 03:31p #0272 Non Citi ATM 000000000217980 Bronx NYUS051	101.75		727.56-
02/06	Checking Plus Transf. to cover Overdraft DONOR 000073091433		800.00	
02/06	Debit Card Purchase 02/04 09:02a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25036 Food & Beverages	5.42		67.02
02/07	Zelle Credit PAY ID:JPM99axctdyn ORG ID:JPM NAME:AXEL A MIESE		10.00	
02/07	Zelle Credit PAY ID:CTIxaVbBxrmh ORG ID:CTI NAME:VICTOR GONZA		10.00	
02/07	Zelle Credit PAY ID:CTI9aCOUMcxx ORG ID:CTI NAME:VICTOR GONZA		125.00	
02/07	Mobile Deposit		1,104.08	
02/07	Mobile Deposit		1,192.50	
02/07	Debit PIN Purchase BP#9569203AGGAR YONKERS NYUS00155	40.00		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
02/07	Debit PIN Purchase 2090 QUISQUEYA SHIPPIN NEW YORK NYUS07172	85.00		
02/07	Debit PIN Purchase BROADWAY LIQUORS & WINEBRONX NYUS05159	116.45		
02/07	Debit Card Purchase 02/05 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25037 Food & Beverages	6.79		
02/07	Mobile Purchase Sign Based 02/04 06:44p #0272 S8346 ANTOJITOS DEL MANGU 3 BRONX NY 25037 Restaurant/Bar	18.14		2,242.22
02/10	Zelle Debit PAY ID:CTIsVJyUjlZq ORG ID:BAC NAME:JAIRONY MART	40.00		
02/10	Zelle Debit PAY ID:CTIsn3l65Qwg ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/10	Debit PIN Purchase PRICE CHO 807 E TREMON BRONX NYUS05154	11.33		
02/10	Mobile Purchase Sign Based 02/06 09:00a #0272 S8346 WESTCHESTER PETROLEUM SCARSDALE NY 25038 Food & Beverages	5.95		1,934.94
02/11	Zelle Debit PAY ID:CTIazczag1ly ORG ID:CTI NAME:MIGUELINA RI	1,005.00		
02/11	Transfer to Checking Plus 07:44a #0272 ONLINE Reference # 005654	500.00		
02/11	Debit Card Purchase 02/08 05:54a #0272 Jackpocket I 000000000 BROOKLYN NY 25040 Misc Business Services	1.25		
02/11	Mobile Purchase Sign Based 02/07 07:17p #0272 S8346 BEST VALUE 99 C CORP NEW YORK NY 25041 Food & Beverages	6.74		
02/11	Debit Card Purchase 02/06 07:33p #0272 BEST VALUE 99 C CORP NEW YORK NY 25039 Food & Beverages	7.02		
02/11	Debit Card Purchase 02/08 05:19a #0272 ABC*8821-RETRO FITNES BRONX NY 25040 Recreational Services	24.02		
02/11	Mobile Purchase Sign Based 02/07 02:27p #0272 RMTLY* JEB83 SEATTLE WA 25039	64.47		
02/11	Debit Card Purchase 02/07 11:39a #0272 GEICO *AUTO 800-841-3000 DC 25039 Misc Business Services	212.05		114.39
02/12	Debit Card Purchase 02/10 08:59a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25042 Food & Beverages	8.60		
02/12	Mobile Purchase Sign Based 02/10 07:14p #0272 FANDUELSBKPRIMARY 9717083015 NJ 25042 Misc Business Services	25.00		80.79
02/13	Transfer From Money Market 02/12 10:39p #0272 ONLINE Reference # 009572		40.00	
02/13	Debit Card Purchase 02/11 12:23p #0272 Jackpocket I 000000000 BROOKLYN NY 25043 Misc Business Services	2.39		
02/13	Mobile Purchase Sign Based 02/11 11:44p #0272 Klarna*amazon Columbus OH 25043 Specialty Retail stores	67.27		51.13
02/14	Mobile Deposit		1,104.08	
02/14	Debit Card Purchase 02/12 09:06a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25044 Food & Beverages	6.21		1,149.00
02/18	Zelle Credit PAY ID:CTIx7Dhj191h ORG ID:CTI NAME:VICTOR GONZA		125.00	
02/18	Zelle Debit PAY ID:CTIkpws14VCy ORG ID:JPM NAME:ALLENDY PERA	12.00		
02/18	Zelle Debit PAY ID:CTIhhzia3Gno ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/18	Zelle Debit PAY ID:CTIcPu5Hsav1 ORG ID:BAC NAME:ELIZABETH CA	340.00		
02/18	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	30.11		
02/18	Debit PIN Purchase TARGET T- 9005 Xavier Yonkers NYUS05154	72.04		
02/18	Transfer to Money Market 02/15 06:51p #0272 ONLINE Reference # 005018	200.00		
02/18	Debit Card Purchase 02/13 08:54a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25045 Food & Beverages	5.39		364.46
02/19	Debit PIN Purchase BP#2567197AMG R BRONX NYUS00155	35.35		
02/19	Debit Card Purchase 02/17 07:56p #0272 Jackpocket I 000000000 BROOKLYN NY 25049 Misc Business Services	2.39		
02/19	Debit Card Purchase 02/17 09:07a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25049 Food & Beverages	5.99		
02/19	Debit Card Purchase 02/14 08:59a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25046 Food & Beverages	5.99		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
02/19	Debit Card Purchase 02/15 09:04a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25047 Food & Beverages	6.71		
02/19	Mobile Purchase Sign Based 02/17 04:19a #0272 NETFLIX, INC. CA CA 25048 Phones, Cable & Utilities	7.61		
02/19	Mobile Purchase Sign Based 02/16 09:54p #0272 KLARNA* ADIDAS US COLUMBUS OH 25049 Specialty Retail stores	22.50		
02/19	Debit Card Purchase 02/15 09:28p #0272 SQ *FOOD NEW YORK NY 25047 Restaurant/Bar	23.95		
02/19	Debit Card Purchase 02/12 10:45p #0272 AMAZON MKTPL*959JB5TZ3 Amzn.com/bill WA 25047 Specialty Retail stores	24.71		
02/19	Debit Card Purchase 02/16 03:12p #0272 MI ESFUERSO GROCERY NEW YORK NY 25049 Food & Beverages	30.80		
02/19	Mobile Purchase Sign Based 02/17 04:41a #0272 ZIP* APP PAY LATER NEW YORK NY 25048 Specialty Retail stores	33.31		165.15
02/20	Transfer From Money Market 09:03a #0272 ONLINE Reference # 008993		50.00	
02/20	Debit Card Purchase 02/17 09:09a #0272 GOOGLE *Google One 650-253-0000 CA 25050 Misc Business Services	2.17		
02/20	Debit Card Purchase 02/18 02:54p #0272 Jackpocket I 000000000 BROOKLYN NY 25050 Misc Business Services	2.39		
02/20	Mobile Purchase Sign Based 02/18 10:37p #0272 Klarna*fashion nova Columbus OH 25050 Specialty Retail stores	11.74		
02/20	Mobile Purchase Sign Based 02/18 12:26p #0272 RMTLY* BDBCC SEATTLE WA 25050	135.03		63.82
02/21	Mobile Deposit		1,320.69	
02/21	Debit Card Purchase 02/17 07:47p #0272 PP*GOOGLE DUOME 4029357733 CA 25051	2.71		
02/21	Mobile Purchase Sign Based 02/18 08:03p #0272 S8346 BEST VALUE 99 C CORP NEW YORK NY 25051 Food & Beverages	29.59		
02/21	Cash Withdrawal 06:31p #0272 Non Citi ATM 000000000180792 New York NYUS051	31.65		1,320.56
02/24	Zelle Credit PAY ID:CTI9hvMclRnB ORG ID:CTI NAME:VICTOR GONZA		125.00	
02/24	Zelle Credit PAY ID:BACwgwtdkpcy ORG ID:BAC NAME:MAYRA GARCIA		250.00	
02/24	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 5412150	2.25		
02/24	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 4834491	3.18		
02/24	Zelle Debit PAY ID:CTICtjBFq9vq ORG ID:CTI NAME:MIGUELINA RI	40.00		
02/24	Zelle Debit PAY ID:CTIzl42AGCEr ORG ID:BAC NAME:JAIRONY MART	40.00		
02/24	Zelle Debit PAY ID:CTIhefhnnzma ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/24	ACH Electronic Debit CITIBANK LOAN EZ-PAY	608.14		
02/24	Debit PIN Purchase BURLINGTON STORES 1415 YONKERS NYUS05156	39.84		
02/24	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	40.17		
02/24	Debit PIN Purchase BURLINGTON STORES 1415 YONKERS NYUS05156	125.07		
02/24	Debit Card Purchase 02/20 09:04a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25052 Food & Beverages	5.74		541.17
02/25	Zelle Credit PAY ID:CTIdfBDDXfdh ORG ID:CTI NAME:VICTOR GONZA		6.00	
02/25	Debit Card Purchase 02/21 04:36p #0272 Jackpocket I 000000000 BROOKLYN NY 25054 Misc Business Services	2.39		
02/25	Mobile Purchase Sign Based 02/21 08:42p #0272 Prime Video Channels amzn.com/bill WA 25053	2.99		
02/25	Mobile Purchase Sign Based 02/21 05:32p #0272 AFTERPAY SAN FRANCISCO CA 25053 Specialty Retail stores	5.43		
02/25	Debit Card Purchase 02/21 04:52p #0272 BEST VALUE 99 C CORP NEW YORK NY 25053 Food & Beverages	13.54		
02/25	Debit Card Purchase 02/21 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25053 Food & Beverages	14.11		
02/25	Debit Card Purchase 02/23 07:42p #0272 EL MANANTIAL GROCERY S NEW YORK NY 25055 Food & Beverages	16.62		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
02/25	Debit Card Purchase 02/22 07:08p #0272 SARKU JAPAN YONKERS NY 25055 Restaurant/Bar	16.96		
02/25	Mobile Purchase Sign Based 02/23 11:40a #0272 RMTLY* E3837 SEATTLE WA 25055	24.15		
02/25	Mobile Purchase Sign Based 02/21 04:00p #0272 RMTLY* QAD6B SEATTLE WA 25053	64.47		
02/25	Debit Card Purchase 02/23 12:54p #0272 TMOBILE*AUTO PAY 800-937-8997 WA 25055 Phones, Cable & Utilities	65.91		320.60
02/26	Zelle Credit PAY ID:CTIlAycf6qqv ORG ID:CTI NAME:VICTOR GONZA		10.00	
02/26	Zelle Credit PAY ID:BACr650b2lvl ORG ID:BAC NAME:MIGUELINA GA		1,814.00	
02/26	Debit Card Purchase 02/24 08:55a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25056 Food & Beverages	11.21		2,133.39
02/27	Zelle Credit PAY ID:CTIckf1shgKv ORG ID:CTI NAME:VICTOR GONZA		5.00	
02/27	Zelle Credit PAY ID:BACr484v3geq ORG ID:BAC NAME:MIGUEL SOSA		8.00	
02/27	Zelle Credit PAY ID:BACnawafs1cb ORG ID:BAC NAME:MIGUEL SOSA		10.00	
02/27	Zelle Credit PAY ID:CTIykXydi1vd ORG ID:CTI NAME:VICTOR GONZA		15.00	
02/27	Zelle Debit PAY ID:CTIIDPxGIRNa ORG ID:BAC NAME:MIGUEL SOSA	600.00		
02/27	Debit PIN Purchase BROADWAY LIQUORS & WINEBRONX NYUS05159	79.43		
02/27	Debit Card Purchase 02/25 12:25p #0272 Jackpocket I 000000000 BROOKLYN NY 25057 Misc Business Services	2.39		
02/27	Debit Card Purchase 02/25 04:13a #0272 AMAZON MKTPL*I55VQ0MJ3 Amzn.com/bill WA 25057 Specialty Retail stores	6.98		
02/27	Debit Card Purchase 02/25 09:02a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25057 Food & Beverages	10.14		
02/27	Debit Card Purchase 02/24 06:18p #0272 THE CHILDRENS PLACE 14 YONKERS NY 25057 Specialty Retail stores	41.03		1,431.42
02/28	Mobile Deposit		1,049.68	
02/28	Zelle Debit PAY ID:CTIoaqksJvQ0 ORG ID:CTI NAME:ESMERLING RO	60.00		
02/28	Transfer To LEONEL RINCON	50.00		
02/28	Transfer to Checking Plus 03:57p #0272 ONLINE Reference # 000954	120.00		
02/28	Debit Card Purchase 02/26 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25058 Food & Beverages	7.89		
02/28	Mobile Purchase Sign Based 02/26 07:50p #0272 FANDUELSBKPRIMARY 9717083015 NJ 25058 Misc Business Services	20.00		
02/28	Debit Card Purchase 02/26 03:19p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25058 Food & Beverages	21.17		
02/28	Cash Withdrawal 12:04p #0272 Non Citi ATM A93268 Scarsdale NYUS051	22.50		2,179.54
	Total Subtracted/Added	**8,419.97**	**9,174.03**	

All transaction times and dates reflected are based on Eastern Time.
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Overdraft Protection		
As of	Source of Coverage	Amount
02/28	Checking Plus Line of Credit	$6,638

Safety Check transfers: No more than $99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citi® Savings

6783507605

Beginning Balance: $2.28
Ending Balance: $2.28

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Citibank® Savings Plus

9996982446

Beginning Balance: $2,391.16
Ending Balance: $2,221.43

Date	Description	Amount Subtracted	Amount Added	Balance
02/13	Transfer to Checking 02/12 10:39p #0272 ONLINE Reference # 009572	40.00		2,351.16
02/18	Transfer From Checking 02/15 06:51p #0272 ONLINE Reference # 005018		200.00	
02/18	Transfer to Citi Personal Loan 02/15 06:52a #0271 ACCOUNT ENDING IN 6556	329.78		2,221.38
02/20	Transfer to Checking 09:03a #0272 ONLINE Reference # 008993	50.00		2,171.38
02/28	Transfer from LEONEL RINCON		50.00	
02/28	Interest paid for 28 days, Annual Percentage Yield Earned 0.03%		0.05	2,221.43
	Total Subtracted/Added	**419.78**	**250.05**	

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

73091433

Credit Line:	**$6,900.00**
Available Credit:	**$6,638.77**
Previous Balance:	**$141.23**
New Balance:	**$267.95**

Payment Information

New Balance	**$267.95**
Minimum Payment Due	**$11.07**
Payment Due Date	**03/28/25**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a $11.07 late fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you obtain no additional advances and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimate total of ...
Only the minimum payment	3 years	$346

If you would like information about credit counseling services, call 1-866-446-1826.

Transactions

Date	Description	Amount
02/05	Transfer from Checking ONLINE Reference # 004130	60.00-
02/06	Transfer to Cover OverDraft (Value date of 02/05)	800.00
02/11	Transfer from Checking ONLINE Reference # 005654	500.00-
02/28	Transfer from Checking ONLINE Reference # 000954	120.00-
	Interest Charged	
02/28	Interest Charged	6.72
	Total Interest for this Period	**6.72**

2025 Totals Year-To-Date	
Total Fees Charged in 2025	$0.00
Total Interest Charged in 2025	$8.32

Payments were applied as:

Principal	$678.40
Interest Charge	$1.60

Interest Charge Calculation

Billing Cycle			ANNUAL PERCENTAGE RATE (APR)	Balance Subject to Interest Rate	INTEREST CHARGED
From	Through	# of Days			
02/01	02/28	28	19.50% (v)	$449.57	$6.72

(v) - variable rate. Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking Checking Plus Line of Credit Savings / Money Market Savings / Money Market	888-248-4226 For TTY:We accept 711 or other Relay Service.	Citibank Client Services 100 Citibank Drive San Antonio, TX 78245-9966
FOR BILLING INQUIRIES:	For Billing Inquiries calling or e-mailing will not preserve your rights.	Citibank PO Box 769004 San Antonio, TX 78245-9004
CREDIT BUREAU DISPUTES:		Citibank PO Box 6181 Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions About Your Electronic Fund Transfers:

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic fund transfer in accordance with the Electronic Fund Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this we will recredit 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.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country: Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from you account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Payment Instructions:

You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: Citibank, N.A., PO Box 78003, Phoenix, AZ 85062-8003. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Billing Rights Summary - *What To Do If You Think You Find A Mistake On Your Statement*

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus).
In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount,
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Citibank is an Equal Housing Lender.

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB .

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

   Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. . As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. **CAMB Balance Range Chart**

	Citi Priority	**Citigold**	**Citigold Private Client**
To attain Relationship Tier	$30,000-199,999.99	$200,000-999,999.99	$1,000,000 or more
To remain in Relationship Tier	$30,000-199,999.99	$180,000-999,999.99	$800,000 or more

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility					
	Account Fees		**Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply**		
Description	**Monthly Service Fee**	**Non--Citi ATM Fee**	**Activity**	**Citigold Private Client, Citigold or Citi Priority Relationship Tiers**	**Month of account opening and for the first 3 full calendar months after account opening.**
Regular Checking	$15	$2.50	Enhanced Direct Deposit* of $250 or more	Yes	Yes
Access Checking	$5	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	$4.50	$2.50	Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	$0	$0	N/A	N/A	N/A
COMMA Savings Account	$0	$0	N/A	N/A	N/A

* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least $250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.

Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
Account
73091433

Statement Period
Feb 1 - Feb 28, 2025

LEONEL RINCON
76 SAINT NICHOLAS PL APT CC2
NEW YORK NY 10032-0560

YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF FEBRUARY 28, 2025

Relationship Summary:

Checking	**$2,179.54**
Savings	**$2,223.71**
Investments (not FDIC Insured)	**-----**
Loans	**$267.95**

Effective April 21, 2025, Citibank Retail branches will not accept bearer bond coupons for redemption.

Checking	**Balance**
Regular Checking	$2,179.54
Savings	**Balance**
Citi® Savings	$2.28
Citibank® Savings Plus	$2,221.43
Total Checking and Savings at Citibank	**$4,403.25**

Loans	**Credit Line**	**Amount Available**	**Amount You Owe**
Checking Plus Line of Credit 73091433	$6,900.00	$6,638.77	$267.95

Effective 2/20/2025- For clarification of existing practices, you agree your "Residential Address" is where you physically reside. We can use your Residential Address to manage your account. Your "Mailing Address" is where you would like to receive notices and Account Statements. Changing your Residential Address or Mailing Address will not change the Governing Law or Rate Region of any of your existing accounts. We reserve the right, at our discretion, to mail certain correspondence to your Residential Address.

Your Citibank Statement

Calendar Month[1]	**Combined Average Monthly Balance Range[2]**	**Relationship Tier[3]**
December 2024	$0 - $14,999	None
January 2025	$0 - $14,999	None
February 2025	$0 - $14,999	None

Account Fees and Charges[4]

Account Type	**Account**	**Monthly Service Fee**	**Non-Citi ATM Fee**	**Average Monthly Balance**	**Waiver Applied**
Regular Checking	73091433	None	None	N/A	No Fee - Qualifying Activity Met

Account Fees and Charges[4] Continued

Account Type	Account	Monthly Service Fee	Non-Citi ATM Fee	Average Monthly Balance	Waiver Applied
Citi® Savings	6783507605	None	None	N/A	No Fee - Qualifying Activity Met
Citibank® Savings Plus	9996982446	None	None	N/A	No Fee - Qualifying Activity Met
Total		None	None		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

73091433

Beginning Balance: $1,425.48
Ending Balance: $2,179.54

Date	Description	Amount Subtracted	Amount Added	Balance
02/03	Zelle Debit PAY ID:CTIjkG4BM5IZ ORG ID:JPM NAME:JUNIOR RICHA	15.00		
02/03	Zelle Debit PAY ID:CTIKTZDpg8Nj ORG ID:BAC NAME:JAIRONY MART	30.00		
02/03	Zelle Debit PAY ID:CTIBB6OQscW5 ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/03	Mobile Purchase Sign Based 01/30 12:26p #0272 ZIP* APP PAY LATER NEW YORK NY 25031 Specialty Retail stores	27.48		
02/03	Cash Withdrawal 02/01 03:23p #0272 Non Citi ATM P392956 BRONX NYUS051	52.00		1,051.00
02/04	Debit Card Purchase 02/01 11:48a #0272 Jackpocket I 000000000 BROOKLYN NY 25033 Misc Business Services	2.39		
02/04	Debit Card Purchase 02/02 11:30a #0272 JOSE GROCERY CORP NEW YORK NY 25034 Food & Beverages	9.27		
02/04	Debit Card Purchase 02/01 03:22p #0272 LA INDIA MINI MARKET BRONX NY 25034 Food & Beverages	23.40		
02/04	Mobile Purchase Sign Based 02/02 11:52p #0272 ZIP* APP PAY LATER NEW YORK NY 25034 Specialty Retail stores	33.31		
02/04	Mobile Purchase Sign Based 02/01 09:08a #0272 RMTLY* G1A62 SEATTLE WA 25033	64.47		
02/04	Mobile Purchase Sign Based 01/31 03:36p #0272 RMTLY* E2D8A SEATTLE WA 25032	69.51		
02/04	Mobile Purchase Sign Based 02/02 10:15a #0272 RMTLY* ED8FC SEATTLE WA 25034	135.03		
02/04	Mobile Purchase Sign Based 01/31 07:54a #0272 RMTLY* K0868 SEATTLE WA 25032	175.35		538.27
02/05	Transfer to Checking Plus 11:19a #0272 ONLINE Reference # 004130	60.00		
02/05	Return of Unpaid Deposited Check	1,104.08		
02/05	Cash Withdrawal 03:31p #0272 Non Citi ATM 000000000217980 Bronx NYUS051	101.75		727.56-
02/06	Checking Plus Transf. to cover Overdraft DONOR 000073091433		800.00	
02/06	Debit Card Purchase 02/04 09:02a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25036 Food & Beverages	5.42		67.02
02/07	Zelle Credit PAY ID:JPM99axctdyn ORG ID:JPM NAME:AXEL A MIESE		10.00	
02/07	Zelle Credit PAY ID:CTIxaVbBxrmh ORG ID:CTI NAME:VICTOR GONZA		10.00	
02/07	Zelle Credit PAY ID:CTI9aCOUMcxx ORG ID:CTI NAME:VICTOR GONZA		125.00	
02/07	Mobile Deposit		1,104.08	
02/07	Mobile Deposit		1,192.50	
02/07	Debit PIN Purchase BP#9569203AGGAR YONKERS NYUS00155	40.00		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
02/07	Debit PIN Purchase 2090 QUISQUEYA SHIPPIN NEW YORK NYUS07172	85.00		
02/07	Debit PIN Purchase BROADWAY LIQUORS & WINEBRONX NYUS05159	116.45		
02/07	Debit Card Purchase 02/05 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25037 Food & Beverages	6.79		
02/07	Mobile Purchase Sign Based 02/04 06:44p #0272 S8346 ANTOJITOS DEL MANGU 3 BRONX NY 25037 Restaurant/Bar	18.14		2,242.22
02/10	Zelle Debit PAY ID:CTIsVJyUjlZq ORG ID:BAC NAME:JAIRONY MART	40.00		
02/10	Zelle Debit PAY ID:CTIsn3l65Qwg ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/10	Debit PIN Purchase PRICE CHO 807 E TREMON BRONX NYUS05154	11.33		
02/10	Mobile Purchase Sign Based 02/06 09:00a #0272 S8346 WESTCHESTER PETROLEUM SCARSDALE NY 25038 Food & Beverages	5.95		1,934.94
02/11	Zelle Debit PAY ID:CTIazczag1ly ORG ID:CTI NAME:MIGUELINA RI	1,005.00		
02/11	Transfer to Checking Plus 07:44a #0272 ONLINE Reference # 005654	500.00		
02/11	Debit Card Purchase 02/08 05:54a #0272 Jackpocket I 000000000 BROOKLYN NY 25040 Misc Business Services	1.25		
02/11	Mobile Purchase Sign Based 02/07 07:17p #0272 S8346 BEST VALUE 99 C CORP NEW YORK NY 25041 Food & Beverages	6.74		
02/11	Debit Card Purchase 02/06 07:33p #0272 BEST VALUE 99 C CORP NEW YORK NY 25039 Food & Beverages	7.02		
02/11	Debit Card Purchase 02/08 05:19a #0272 ABC*8821-RETRO FITNES BRONX NY 25040 Recreational Services	24.02		
02/11	Mobile Purchase Sign Based 02/07 02:27p #0272 RMTLY* JEB83 SEATTLE WA 25039	64.47		
02/11	Debit Card Purchase 02/07 11:39a #0272 GEICO *AUTO 800-841-3000 DC 25039 Misc Business Services	212.05		114.39
02/12	Debit Card Purchase 02/10 08:59a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25042 Food & Beverages	8.60		
02/12	Mobile Purchase Sign Based 02/10 07:14p #0272 FANDUELSBKPRIMARY 9717083015 NJ 25042 Misc Business Services	25.00		80.79
02/13	Transfer From Money Market 02/12 10:39p #0272 ONLINE Reference # 009572		40.00	
02/13	Debit Card Purchase 02/11 12:23p #0272 Jackpocket I 000000000 BROOKLYN NY 25043 Misc Business Services	2.39		
02/13	Mobile Purchase Sign Based 02/11 11:44p #0272 Klarna*amazon Columbus OH 25043 Specialty Retail stores	67.27		51.13
02/14	Mobile Deposit		1,104.08	
02/14	Debit Card Purchase 02/12 09:06a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25044 Food & Beverages	6.21		1,149.00
02/18	Zelle Credit PAY ID:CTIx7Dhj191h ORG ID:CTI NAME:VICTOR GONZA		125.00	
02/18	Zelle Debit PAY ID:CTIkpws14VCy ORG ID:JPM NAME:ALLENDY PERA	12.00		
02/18	Zelle Debit PAY ID:CTIhhzia3Gno ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/18	Zelle Debit PAY ID:CTIcPu5Hsav1 ORG ID:BAC NAME:ELIZABETH CA	340.00		
02/18	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	30.11		
02/18	Debit PIN Purchase TARGET T- 9005 Xavier Yonkers NYUS05154	72.04		
02/18	Transfer to Money Market 02/15 06:51p #0272 ONLINE Reference # 005018	200.00		
02/18	Debit Card Purchase 02/13 08:54a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25045 Food & Beverages	5.39		364.46
02/19	Debit PIN Purchase BP#2567197AMG R BRONX NYUS00155	35.35		
02/19	Debit Card Purchase 02/17 07:56p #0272 Jackpocket I 000000000 BROOKLYN NY 25049 Misc Business Services	2.39		
02/19	Debit Card Purchase 02/17 09:07a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25049 Food & Beverages	5.99		
02/19	Debit Card Purchase 02/14 08:59a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25046 Food & Beverages	5.99		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
02/19	Debit Card Purchase 02/15 09:04a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25047 Food & Beverages	6.71		
02/19	Mobile Purchase Sign Based 02/17 04:19a #0272 NETFLIX, INC. CA CA 25048 Phones, Cable & Utilities	7.61		
02/19	Mobile Purchase Sign Based 02/16 09:54p #0272 KLARNA* ADIDAS US COLUMBUS OH 25049 Specialty Retail stores	22.50		
02/19	Debit Card Purchase 02/15 09:28p #0272 SQ *FOOD NEW YORK NY 25047 Restaurant/Bar	23.95		
02/19	Debit Card Purchase 02/12 10:45p #0272 AMAZON MKTPL*959JB5TZ3 Amzn.com/bill WA 25047 Specialty Retail stores	24.71		
02/19	Debit Card Purchase 02/16 03:12p #0272 MI ESFUERSO GROCERY NEW YORK NY 25049 Food & Beverages	30.80		
02/19	Mobile Purchase Sign Based 02/17 04:41a #0272 ZIP* APP PAY LATER NEW YORK NY 25048 Specialty Retail stores	33.31		165.15
02/20	Transfer From Money Market 09:03a #0272 ONLINE Reference # 008993		50.00	
02/20	Debit Card Purchase 02/17 09:09a #0272 GOOGLE *Google One 650-253-0000 CA 25050 Misc Business Services	2.17		
02/20	Debit Card Purchase 02/18 02:54p #0272 Jackpocket I 000000000 BROOKLYN NY 25050 Misc Business Services	2.39		
02/20	Mobile Purchase Sign Based 02/18 10:37p #0272 Klarna*fashion nova Columbus OH 25050 Specialty Retail stores	11.74		
02/20	Mobile Purchase Sign Based 02/18 12:26p #0272 RMTLY* BDBCC SEATTLE WA 25050	135.03		63.82
02/21	Mobile Deposit		1,320.69	
02/21	Debit Card Purchase 02/17 07:47p #0272 PP*GOOGLE DUOME 4029357733 CA 25051	2.71		
02/21	Mobile Purchase Sign Based 02/18 08:03p #0272 S8346 BEST VALUE 99 C CORP NEW YORK NY 25051 Food & Beverages	29.59		
02/21	Cash Withdrawal 06:31p #0272 Non Citi ATM 000000000180792 New York NYUS051	31.65		1,320.56
02/24	Zelle Credit PAY ID:CTI9hvMclRnB ORG ID:CTI NAME:VICTOR GONZA		125.00	
02/24	Zelle Credit PAY ID:BACwgwtdkpcy ORG ID:BAC NAME:MAYRA GARCIA		250.00	
02/24	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 5412150	2.25		
02/24	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 4834491	3.18		
02/24	Zelle Debit PAY ID:CTICtjBFq9vq ORG ID:CTI NAME:MIGUELINA RI	40.00		
02/24	Zelle Debit PAY ID:CTIzl42AGCEr ORG ID:BAC NAME:JAIRONY MART	40.00		
02/24	Zelle Debit PAY ID:CTIhefhnnzma ORG ID:BAC NAME:MAYRA GARCIA	250.00		
02/24	ACH Electronic Debit CITIBANK LOAN EZ-PAY	608.14		
02/24	Debit PIN Purchase BURLINGTON STORES 1415 YONKERS NYUS05156	39.84		
02/24	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	40.17		
02/24	Debit PIN Purchase BURLINGTON STORES 1415 YONKERS NYUS05156	125.07		
02/24	Debit Card Purchase 02/20 09:04a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25052 Food & Beverages	5.74		541.17
02/25	Zelle Credit PAY ID:CTIdfBDDXfdh ORG ID:CTI NAME:VICTOR GONZA		6.00	
02/25	Debit Card Purchase 02/21 04:36p #0272 Jackpocket I 000000000 BROOKLYN NY 25054 Misc Business Services	2.39		
02/25	Mobile Purchase Sign Based 02/21 08:42p #0272 Prime Video Channels amzn.com/bill WA 25053	2.99		
02/25	Mobile Purchase Sign Based 02/21 05:32p #0272 AFTERPAY SAN FRANCISCO CA 25053 Specialty Retail stores	5.43		
02/25	Debit Card Purchase 02/21 04:52p #0272 BEST VALUE 99 C CORP NEW YORK NY 25053 Food & Beverages	13.54		
02/25	Debit Card Purchase 02/21 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25053 Food & Beverages	14.11		
02/25	Debit Card Purchase 02/23 07:42p #0272 EL MANANTIAL GROCERY S NEW YORK NY 25055 Food & Beverages	16.62		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
02/25	Debit Card Purchase 02/22 07:08p #0272 SARKU JAPAN YONKERS NY 25055 Restaurant/Bar	16.96		
02/25	Mobile Purchase Sign Based 02/23 11:40a #0272 RMTLY* E3837 SEATTLE WA 25055	24.15		
02/25	Mobile Purchase Sign Based 02/21 04:00p #0272 RMTLY* QAD6B SEATTLE WA 25053	64.47		
02/25	Debit Card Purchase 02/23 12:54p #0272 TMOBILE*AUTO PAY 800-937-8997 WA 25055 Phones, Cable & Utilities	65.91		320.60
02/26	Zelle Credit PAY ID:CTIlAycf6qqv ORG ID:CTI NAME:VICTOR GONZA		10.00	
02/26	Zelle Credit PAY ID:BACr650b2lvl ORG ID:BAC NAME:MIGUELINA GA		1,814.00	
02/26	Debit Card Purchase 02/24 08:55a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25056 Food & Beverages	11.21		2,133.39
02/27	Zelle Credit PAY ID:CTIckf1shgKv ORG ID:CTI NAME:VICTOR GONZA		5.00	
02/27	Zelle Credit PAY ID:BACr484v3geq ORG ID:BAC NAME:MIGUEL SOSA		8.00	
02/27	Zelle Credit PAY ID:BACnawafs1cb ORG ID:BAC NAME:MIGUEL SOSA		10.00	
02/27	Zelle Credit PAY ID:CTIykXydi1vd ORG ID:CTI NAME:VICTOR GONZA		15.00	
02/27	Zelle Debit PAY ID:CTIIDPxGIRNa ORG ID:BAC NAME:MIGUEL SOSA	600.00		
02/27	Debit PIN Purchase BROADWAY LIQUORS & WINEBRONX NYUS05159	79.43		
02/27	Debit Card Purchase 02/25 12:25p #0272 Jackpocket I 000000000 BROOKLYN NY 25057 Misc Business Services	2.39		
02/27	Debit Card Purchase 02/25 04:13a #0272 AMAZON MKTPL*I55VQ0MJ3 Amzn.com/bill WA 25057 Specialty Retail stores	6.98		
02/27	Debit Card Purchase 02/25 09:02a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25057 Food & Beverages	10.14		
02/27	Debit Card Purchase 02/24 06:18p #0272 THE CHILDRENS PLACE 14 YONKERS NY 25057 Specialty Retail stores	41.03		1,431.42
02/28	Mobile Deposit		1,049.68	
02/28	Zelle Debit PAY ID:CTIoaqksJvQ0 ORG ID:CTI NAME:ESMERLING RO	60.00		
02/28	Transfer To LEONEL RINCON	50.00		
02/28	Transfer to Checking Plus 03:57p #0272 ONLINE Reference # 000954	120.00		
02/28	Debit Card Purchase 02/26 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25058 Food & Beverages	7.89		
02/28	Mobile Purchase Sign Based 02/26 07:50p #0272 FANDUELSBKPRIMARY 9717083015 NJ 25058 Misc Business Services	20.00		
02/28	Debit Card Purchase 02/26 03:19p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25058 Food & Beverages	21.17		
02/28	Cash Withdrawal 12:04p #0272 Non Citi ATM A93268 Scarsdale NYUS051	22.50		2,179.54
	Total Subtracted/Added	**8,419.97**	**9,174.03**	

All transaction times and dates reflected are based on Eastern Time.
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Overdraft Protection		
As of	Source of Coverage	Amount
02/28	Checking Plus Line of Credit	$6,638

Safety Check transfers: No more than $99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citi® Savings

6783507605

Beginning Balance: $2.28
Ending Balance: $2.28

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Citibank® Savings Plus

9996982446

Beginning Balance: $2,391.16
Ending Balance: $2,221.43

Date	Description	Amount Subtracted	Amount Added	Balance
02/13	Transfer to Checking 02/12 10:39p #0272 ONLINE Reference # 009572	40.00		2,351.16
02/18	Transfer From Checking 02/15 06:51p #0272 ONLINE Reference # 005018		200.00	
02/18	Transfer to Citi Personal Loan 02/15 06:52a #0271 ACCOUNT ENDING IN 6556	329.78		2,221.38
02/20	Transfer to Checking 09:03a #0272 ONLINE Reference # 008993	50.00		2,171.38
02/28	Transfer from LEONEL RINCON		50.00	
02/28	Interest paid for 28 days, Annual Percentage Yield Earned 0.03%		0.05	2,221.43
	Total Subtracted/Added	**419.78**	**250.05**	

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

73091433

Credit Line:	**$6,900.00**
Available Credit:	**$6,638.77**
Previous Balance:	**$141.23**
New Balance:	**$267.95**

Payment Information

New Balance	**$267.95**
Minimum Payment Due	**$11.07**
Payment Due Date	**03/28/25**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a $11.07 late fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you obtain no additional advances and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimate total of ...
Only the minimum payment	3 years	$346

If you would like information about credit counseling services, call 1-866-446-1826.

Transactions

Date	Description	Amount
02/05	Transfer from Checking ONLINE Reference # 004130	60.00-
02/06	Transfer to Cover OverDraft (Value date of 02/05)	800.00
02/11	Transfer from Checking ONLINE Reference # 005654	500.00-
02/28	Transfer from Checking ONLINE Reference # 000954	120.00-
	Interest Charged	
02/28	Interest Charged	6.72
	Total Interest for this Period	**6.72**

2025 Totals Year-To-Date	
Total Fees Charged in 2025	$0.00
Total Interest Charged in 2025	$8.32

Payments were applied as:

Principal	$678.40
Interest Charge	$1.60

Interest Charge Calculation

Billing Cycle			ANNUAL PERCENTAGE RATE (APR)	Balance Subject to Interest Rate	INTEREST CHARGED
From	Through	# of Days			
02/01	02/28	28	19.50% (v)	$449.57	$6.72

(v) - variable rate. Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking Checking Plus Line of Credit Savings / Money Market Savings / Money Market	888-248-4226 For TTY:We accept 711 or other Relay Service.	Citibank Client Services 100 Citibank Drive San Antonio, TX 78245-9966
FOR BILLING INQUIRIES:	For Billing Inquiries calling or e-mailing will not preserve your rights.	Citibank PO Box 769004 San Antonio, TX 78245-9004
CREDIT BUREAU DISPUTES:		Citibank PO Box 6181 Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions About Your Electronic Fund Transfers:

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic fund transfer in accordance with the Electronic Fund Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this we will recredit 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.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country: Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from you account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Payment Instructions:

You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: Citibank, N.A., PO Box 78003, Phoenix, AZ 85062-8003. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Billing Rights Summary - *What To Do If You Think You Find A Mistake On Your Statement*

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus).
In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount,
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Citibank is an Equal Housing Lender.

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB .

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

   Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. . As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. **CAMB Balance Range Chart**

	Citi Priority	**Citigold**	**Citigold Private Client**
To attain Relationship Tier	$30,000-199,999.99	$200,000-999,999.99	$1,000,000 or more
To remain in Relationship Tier	$30,000-199,999.99	$180,000-999,999.99	$800,000 or more

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility					
	Account Fees		**Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply**		
Description	**Monthly Service Fee**	**Non--Citi ATM Fee**	**Activity**	**Citigold Private Client, Citigold or Citi Priority Relationship Tiers**	**Month of account opening and for the first 3 full calendar months after account opening.**
Regular Checking	$15	$2.50	Enhanced Direct Deposit* of $250 or more	Yes	Yes
Access Checking	$5	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	$4.50	$2.50	Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	$0	$0	N/A	N/A	N/A
COMMA Savings Account	$0	$0	N/A	N/A	N/A

* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least $250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.

Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
Account
73091433

Statement Period
Apr 1 - Apr 30, 2025

LEONEL RINCON
76 SAINT NICHOLAS PL APT CC2
NEW YORK NY 10032-0560

YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF APRIL 30, 2025

Relationship Summary:

Checking	**$335.08**
Savings	**$994.21**
Investments (not FDIC Insured)	**-----**
Loans	**$1,800.04**

Checking	**Balance**
Regular Checking	$335.08
Savings	**Balance**
Citi® Savings	$2.28
Citibank® Savings Plus	$991.93
Total Checking and Savings at Citibank	**$1,329.29**

Loans	**Credit Line**	**Amount Available**	**Amount You Owe**
Checking Plus Line of Credit 73091433	$6,900.00	$5,127.70	$1,800.04

Citibank Global Transfers (CGTs) between the US and the UK will be discontinued on July 19, 2025. You may use our wire transfer service to send funds to these destinations (fees may apply). When using our wire transfer service, please delete the existing payee, confirm wire instructions with your payee and add the recipient as a new payee for wire transfers. Please refer to your deposit account agreement for wire fees and other terms.

Your Citibank Statement

Calendar Month[1]	**Combined Average Monthly Balance Range[2]**	**Relationship Tier[3]**
February 2025	$0 - $14,999	None
March 2025	$0 - $14,999	None
April 2025	$0 - $14,999	None

Account Fees and Charges[4]

Account Type	**Account**	**Monthly Service Fee**	**Non-Citi ATM Fee**	**Average Monthly Balance**	**Waiver Applied**
Regular Checking	73091433	$15.00	$25.00	N/A	None
Citi® Savings	6783507605	None	None	N/A	No Fee - Qualifying Activity Met

Account Fees and Charges[4] Continued

Account Type	Account	Monthly Service Fee	Non-Citi ATM Fee	Average Monthly Balance	Waiver Applied
Citibank® Savings Plus	9996982446	None	None	N/A	No Fee - Qualifying Activity Met
Total		$15.00	$25.00		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

73091433

Beginning Balance: $685.93
Ending Balance: $335.08

Date	Description	Amount Subtracted	Amount Added	Balance
04/01	Debit Card Purchase 03/29 09:49a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25089 Food & Beverages	7.23		
04/01	Debit Card Purchase 03/28 09:20a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25088 Food & Beverages	7.76		
04/01	Debit Card Purchase 03/27 05:39p #0272 BEST VALUE 99 C CORP NEW YORK NY 25088 Food & Beverages	15.08		
04/01	Mobile Purchase Sign Based 03/28 12:54a #0272 Amazon.com*ZU3LW0HG3 Amzn.com/bill WA 25088 Specialty Retail stores	15.64		
04/01	Mobile Purchase Sign Based 03/30 10:10a #0272 RMTLY* SD84D SEATTLE WA 25090	54.39		585.83
04/03	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	40.04		
04/03	Debit Card Purchase 04/01 11:37a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25092 Food & Beverages	3.48		542.31
04/04	Deposit 09:06a #0272 Citibank ATM 725 WHT PLNS RD, ESTCHSTR, NY		900.00	
04/04	Mobile Deposit		1,230.64	
04/04	Zelle Debit PAY ID:CTIowlU1wlLu ORG ID:CTI NAME:MIGUELINA RI	1,005.00		
04/04	Transfer To LEONEL RINCON	50.00		
04/04	Debit PIN Purchase ALDI 60183 BERGENFIELD NJUS05154	68.98		
04/04	Debit Card Purchase 04/02 03:04p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25093 Food & Beverages	7.73		
04/04	Debit Card Purchase 04/02 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25093 Food & Beverages	9.06		
04/04	Mobile Purchase Sign Based 04/01 06:09a #0272 AMAZON MKTPL*UT4161YC3 Amzn.com/bill WA 25093 Specialty Retail stores	94.72		1,437.46
04/07	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 1042974	16.06		
04/07	Zelle Debit PAY ID:CTIhPeNjqzkY ORG ID:BAC NAME:JAIRONY MART	40.00		
04/07	Debit Card Purchase 04/03 05:19p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25094 Food & Beverages	3.61		
04/07	Mobile Purchase Sign Based 04/04 06:44a #0272 AFTERPAY SAN FRANCISCO CA 25094 Specialty Retail stores	5.42		
04/07	Debit Card Purchase 04/03 09:15a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25094 Food & Beverages	6.65		
04/07	Cash Withdrawal 04/05 07:50p #0272 Non Citi ATM 000000000181681 New York NYUS051	82.25		
04/07	Cash Withdrawal 04/05 07:01p #0272 Non Citi ATM 000000000318614 New York NYUS051	101.65		1,181.82

CHECKING ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
04/08	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 1430356	16.06		
04/08	Debit Card Purchase 04/05 09:07a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25096 Food & Beverages	1.81		
04/08	Debit Card Purchase 04/04 09:02a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25095 Food & Beverages	6.54		
04/08	Debit Card Purchase 04/05 12:34p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25096 Food & Beverages	9.60		
04/08	Debit Card Purchase 04/04 07:42p #0272 BARRAPAYAN 155 LLC NEW YORK NY 25097 Restaurant/Bar	24.67		
04/08	Mobile Purchase Sign Based 04/04 08:59a #0272 KLARNA* KLARNA COLUMBUS OH 25095 Specialty Retail stores	41.60		
04/08	Mobile Purchase Sign Based 04/05 09:00a #0272 RMTLY* R4B29 SEATTLE WA 25096	54.39		
04/08	Mobile Purchase Sign Based 04/04 02:29p #0272 RMTLY* N54A3 SEATTLE WA 25095	273.13		754.02
04/09	Transfer to Checking Plus 09:59p #0272 ONLINE Reference # 006375	120.00		
04/09	Cash Withdrawal 04:31p #0272 Non Citi ATM 000000000217980 Bronx NYUS051	21.75		
04/09	Debit Card Purchase 04/06 02:52p #0272 DALLAS BBQ COOP CITY BRONX NY 25098 Restaurant/Bar	107.04		
04/09	Mobile Purchase Sign Based 04/07 09:13a #0272 RMTLY* J7E82 SEATTLE WA 25098	114.87		
04/09	Debit Card Purchase 04/07 09:58a #0272 GEICO *AUTO 800-841-3000 DC 25098 Misc Business Services	212.05		178.31
04/10	Debit Card Purchase 04/08 05:39a #0272 ABC*8821-RETRO FITNES BRONX NY 25099 Recreational Services	24.02		154.29
04/11	Mobile Deposit		1,413.88	
04/11	Transfer To LEONEL RINCON	50.00		
04/11	Debit Card Purchase 04/09 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25100 Food & Beverages	10.09		
04/11	Cash Withdrawal 06:11p #0272 Non Citi ATM ALPHA 1 AUTO-733113 NEW YORK NYUS051	22.75		1,485.33
04/14	Mobile Deposit		165.82	
04/14	Zelle Debit PAY ID:CTIJm7VfqlQ9 ORG ID:JPM NAME:ALLENDY PERA	15.00		
04/14	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	40.22		
04/14	Cash Withdrawal 04/12 07:49p #0272 Non Citi ATM 000000000181681 New York NYUS051	102.25		
04/14	Cash Withdrawal 04/11 10:43p #0272 Non Citi ATM ALPHA 1 AUTO-733113 NEW YORK NYUS051	383.80		1,109.88
04/15	Debit Card Purchase 04/12 09:20a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25103 Food & Beverages	7.23		
04/15	Mobile Purchase Sign Based 04/12 12:06p #0272 RMTLY* G79E8 SEATTLE WA 25103	200.55		
04/15	Mobile Purchase Sign Based 04/11 04:43p #0272 RMTLY* FAA39 SEATTLE WA 25102	205.59		
04/15	Mobile Purchase Sign Based 04/12 03:54p #0272 RMTLY* PDAFF SEATTLE WA 25103	442.47		254.04
04/16	Cash Withdrawal 07:10p #0272 Non Citi ATM 000000000180792 New York NYUS051	21.65		
04/16	Mobile Purchase Sign Based 04/14 09:18a #0272 SP FASHIONNOVA.COM PANORAMA CITY CA 25105 Specialty Retail stores	44.98		187.41
04/17	Debit Card Purchase 04/15 08:52p #0272 Jackpocket I 000000000 BROOKLYN NY 25106 Misc Business Services	2.39		185.02
04/18	Mobile Deposit		1,218.37	
04/18	Zelle Debit PAY ID:CTIv2VwmAxMs ORG ID:BAC NAME:ELIZABETH CA	340.00		
04/18	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	40.17		
04/18	Transfer To LEONEL RINCON	50.00		
04/18	Transfer to Money Market 09:25p #0272 ONLINE Reference # 000137	300.00		
04/18	Debit Card Purchase 04/17 04:36a #0272 NETFLIX, INC. CA CA 25107 Phones, Cable & Utilities	8.70		664.52
04/21	Zelle Debit PAY ID:CTIGHSgJ8qcE ORG ID:CTI NAME:OSCAR RINCON	100.00		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
04/21	ACH Electronic Debit CITIBANK LOAN EZ-PAY	608.14		
04/21	Debit Card Purchase 04/16 06:04p #0272 BEST VALUE 99 C CORP NEW YORK NY 25108 Food & Beverages	15.90		59.52-
04/22	Checking Plus Transf. to cover Overdraft DONOR 000073091433		100.00	
04/22	Debit Card Purchase 04/17 10:10a #0272 GOOGLE *Google One 650-253-0000 CA 25109	2.17		
04/22	Debit Card Purchase 04/18 09:17a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25109 Food & Beverages	4.65		
04/22	Mobile Purchase Sign Based 04/18 11:57a #0272 KLARNA* KLARNA COLUMBUS OH 25109 Specialty Retail stores	7.35		
04/22	Mobile Purchase Sign Based 04/19 08:59a #0272 RMTLY* H0AB4 SEATTLE WA 25110	39.27		12.96-
04/23	Debit Card Purchase 04/21 08:59a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25112 Food & Beverages	4.64		
04/23	Mobile Purchase Sign Based 04/21 08:03p #0272 Prime Video Channels amzn.com/bill WA 25112	5.99		23.59-
04/24	Mobile Purchase Sign Based 04/22 09:12a #0272 AMAZON MKTPL*FR8056T63 Amzn.com/bill WA 25113 Specialty Retail stores	6.25		
04/24	Debit Card Purchase 04/22 09:01a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25113 Food & Beverages	8.07		37.91-
04/25	Mobile Deposit		1,218.37	
04/25	Transfer to MasterCard 11:52a #0272 ONLINE Reference # 003864	150.00		
04/25	Cash Withdrawal 07:47p #0272 Non Citi ATM 000000000318614 New York NYUS051	81.65		
04/25	Debit Card Purchase 04/23 12:34p #0272 TMOBILE*AUTO PAY 800-937-8997 WA 25114 Phones, Cable & Utilities	105.77		843.04
04/28	ACH Electronic Debit AMERICAN EXPR ACH PMT M7324 1	200.00		
04/28	Cash Withdrawal 04/26 07:44p #0272 Non Citi ATM P759318 NEW YORK US051	121.75		
04/28	Cash Withdrawal 04/26 08:29p #0272 Non Citi ATM 000000000181681 New York NYUS051	122.25		399.04
04/29	Zelle Debit PAY ID:CTIFlazjOhzW ORG ID:CTI NAME:REYNALDO ROD	20.00		
04/29	Debit PIN Purchase J & F MEA 1975 AMSTERD NEW YORK NYUS05154	5.11		
04/29	Mobile Purchase Sign Based 04/26 06:22a #0272 AMAZON MKTPL*P82M33WC3 Amzn.com/bill WA 25117 Specialty Retail stores	9.24		
04/29	Debit Card Purchase 04/25 08:57p #0272 BARRAPAYAN 155 LLC NEW YORK NY 25117 Restaurant/Bar	17.94		346.75
04/30	Debit Card Purchase 04/28 09:18a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25119 Food & Beverages	11.67		335.08
	Total Subtracted/Added	**6,597.93**	**6,247.08**	

All transaction times and dates reflected are based on Eastern Time.
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Overdraft Protection		
As of	Source of Coverage	Amount
04/30	Checking Plus Line of Credit	$5,127

Safety Check transfers: No more than $99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citi® Savings

6783507605

Beginning Balance: $2.28
Ending Balance: $2.28

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Citibank® Savings Plus

9996982446

Beginning Balance: $871.69
Ending Balance: $991.93

Date	Description	Amount Subtracted	Amount Added	Balance
04/04	Transfer from LEONEL RINCON		50.00	921.69
04/11	Transfer from LEONEL RINCON		50.00	971.69
04/15	Transfer to Citi Personal Loan 09:07a #0271 ACCOUNT ENDING IN 6556	329.78		641.91
04/18	Transfer from LEONEL RINCON		50.00	
04/18	Transfer From Checking 09:25p #0272 ONLINE Reference # 000137		300.00	991.91
04/30	Interest paid for 30 days, Annual Percentage Yield Earned 0.03%		0.02	991.93
	Total Subtracted/Added	**329.78**	**450.02**	

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

73091433

Credit Line:	**$6,900.00**
Available Credit:	**$5,127.70**
Previous Balance:	**$1,792.30**
New Balance:	**$1,800.04**

Payment Information

New Balance	**$1,800.04**
Minimum Payment Due	**$57.27**
Payment Due Date	**05/28/25**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a $25.00 late fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you obtain no additional advances and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimate total of ...
Only the minimum payment	12 years	$3,322
$66	3 years	$2,382 (Savings = $940)

If you would like information about credit counseling services, call 1-866-446-1826.

Transactions

Date	Description	Amount
04/09	Transfer from Checking ONLINE Reference # 006375	120.00-
04/22	Transfer to Cover OverDraft (Value date of 04/21)	100.00
	Interest Charged	
04/30	Interest Charged	27.74
	Total Interest for this Period	**27.74**

2025 Totals Year-To-Date	
Total Fees Charged in 2025	$0.00
Total Interest Charged in 2025	$60.41

Payments were applied as:

Principal	$95.65
Interest Charge	$24.35

Interest Charge Calculation

Billing Cycle From	Billing Cycle Through	# of Days	ANNUAL PERCENTAGE RATE (APR)	Balance Subject to Interest Rate	INTEREST CHARGED
04/01	04/30	30	19.50% (v)	$1,731.14	$27.74

(v) - variable rate. Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking Checking Plus Line of Credit Savings / Money Market Savings / Money Market	888-248-4226 For TTY:We accept 711 or other Relay Service.	Citibank Client Services 100 Citibank Drive San Antonio, TX 78245-9966
FOR BILLING INQUIRIES:	For Billing Inquiries calling or e-mailing will not preserve your rights.	Citibank PO Box 769004 San Antonio, TX 78245-9004
CREDIT BUREAU DISPUTES:		Citibank PO Box 6181 Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions About Your Electronic Fund Transfers:

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic fund transfer in accordance with the Electronic Fund Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this we will recredit 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.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country: Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from you account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Payment Instructions:

You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: Citibank, N.A., PO Box 78003, Phoenix, AZ 85062-8003. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Billing Rights Summary - *What To Do If You Think You Find A Mistake On Your Statement*

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus).
In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount,
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Citibank is an Equal Housing Lender.

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB .

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

   Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. . As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. **CAMB Balance Range Chart**

	Citi Priority	**Citigold**	**Citigold Private Client**
To attain Relationship Tier	$30,000-199,999.99	$200,000-999,999.99	$1,000,000 or more
To remain in Relationship Tier	$30,000-199,999.99	$180,000-999,999.99	$800,000 or more

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility

	Account Fees		**Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply**		
Description	**Monthly Service Fee**	**Non--Citi ATM Fee**	**Activity**	**Citigold Private Client, Citigold or Citi Priority Relationship Tiers**	**Month of account opening and for the first 3 full calendar months after account opening.**
Regular Checking	$15	$2.50	Enhanced Direct Deposit* of $250 or more	Yes	Yes
Access Checking	$5	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	$4.50	$2.50	Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	$0	$0	N/A	N/A	N/A
COMMA Savings Account	$0	$0	N/A	N/A	N/A

* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least $250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.

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Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
Account
73091433

Statement Period
Mar 1 - Mar 31, 2025

LEONEL RINCON
76 SAINT NICHOLAS PL APT CC2
NEW YORK NY 10032-0560

YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF MARCH 31, 2025

Relationship Summary:

Checking	**$685.93**
Savings	**$873.97**
Investments (not FDIC Insured)	**-----**
Loans	**$1,792.30**

Checking	**Balance**
Regular Checking	$685.93
Savings	**Balance**
Citi® Savings	$2.28
Citibank® Savings Plus	$871.69
Total Checking and Savings at Citibank	**$1,559.90**

Loans	**Credit Line**	**Amount Available**	**Amount You Owe**
Checking Plus Line of Credit 73091433	$6,900.00	$5,132.05	$1,792.30

Effective 2/20/2025 - For clarification of existing practices, you agree your "Residential Address" is where you physically reside. We can use your Residential Address to manage your account. Your "Mailing Address" is where you would like to receive notices and Account Statements. Changing your Residential Address or Mailing Address will not change the Governing Law or Rate Region of any of your existing accounts. We reserve the right, at our discretion, to mail certain correspondence to your Residential Address.

Your Citibank Statement

Calendar Month[1]	**Combined Average Monthly Balance Range[2]**	**Relationship Tier[3]**
January 2025	$0 - $14,999	None
February 2025	$0 - $14,999	None
March 2025	$0 - $14,999	None

Account Fees and Charges[4]

Account Type	**Account**	**Monthly Service Fee**	**Non-Citi ATM Fee**	**Average Monthly Balance**	**Waiver Applied**
Regular Checking	73091433	None	None	N/A	No Fee - Qualifying Activity Met
Citi® Savings	6783507605	None	None	N/A	No Fee - Qualifying Activity Met

Account Fees and Charges[4] Continued

Account Type	Account	Monthly Service Fee	Non-Citi ATM Fee	Average Monthly Balance	Waiver Applied
Citibank® Savings Plus	9996982446	None	None	N/A	No Fee - Qualifying Activity Met
Total		None	None		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

73091433

Beginning Balance: $2,179.54
Ending Balance: $685.93

Date	Description	Amount Subtracted	Amount Added	Balance
03/03	Transfer From Money Market 03/01 09:17p #0272 ONLINE Reference # 002218		100.00	
03/03	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 8312057	16.06		
03/03	Zelle Debit PAY ID:CTINsg7Gahfz ORG ID:CTI NAME:OSCAR RINCON	20.00		
03/03	Zelle Debit PAY ID:CTIR8l12h14w ORG ID:COF NAME:Fredy Mateo	100.00		
03/03	Debit PIN Purchase ALDI 60183 BERGENFIELD NJUS05154	21.10		
03/03	Debit PIN Purchase JD 1147 262 E FORDHAM RBRONX NYUS05156	146.98		
03/03	Transfer to Money Market 03/01 03:56p #0272 ONLINE Reference # 001476	1,200.00		
03/03	Debit Card Purchase 02/27 12:00p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25059 Food & Beverages	10.85		
03/03	Cash Withdrawal 03/01 10:43a #0272 Non Citi ATM 000000000181681 New York NYUS051	32.25		732.30
03/04	Debit Card Purchase 03/01 01:45p #0272 Jackpocket I 760695688 NEW YORK NY 25062 Misc Business Services	2.39		
03/04	Debit Card Purchase 03/01 12:04p #0272 Jackpocket I 760695688 NEW YORK NY 25062 Misc Business Services	2.39		
03/04	Debit Card Purchase 03/01 03:11p #0272 Jackpocket I 000000000 BROOKLYN NY 25062 Misc Business Services	2.39		
03/04	Debit Card Purchase 02/28 08:58a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25060 Food & Beverages	5.99		
03/04	Mobile Purchase Sign Based 03/01 12:14a #0272 PAYPAL *TIKTOK SHOP 6505840896 CA 25062 Retail stores	9.14		
03/04	Debit Card Purchase 03/01 10:33a #0272 JOSE GROCERY CORP NEW YORK NY 25061 Food & Beverages	9.79		
03/04	Debit Card Purchase 02/28 12:08p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25060 Food & Beverages	11.78		
03/04	Mobile Purchase Sign Based 02/28 03:43p #0272 RMTLY* DE3B7 SEATTLE WA 25060	356.79		331.64
03/05	Transfer to Checking Plus 03:27p #0272 ONLINE Reference # 008187	100.00		
03/05	Transfer to MasterCard 03:24p #0272 ONLINE Reference # 007764	100.00		
03/05	Debit Card Purchase 03/03 08:59a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25063 Food & Beverages	4.07		
03/05	Mobile Purchase Sign Based 03/03 03:32p #0272 Klarna*fashion nova Columbus OH 25063 Specialty Retail stores	7.34		

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
03/05	Debit Card Purchase 03/02 05:53p #0272 1 FINEST AMSTERDAM INC NEW YORK NY 25063 Food & Beverages	8.32		
03/05	Mobile Purchase Sign Based 03/03 10:47a #0272 ZIP* APP PAY LATER NEW YORK NY 25063 Specialty Retail stores	33.31		78.60
03/06	Transfer From Money Market 03:35p #0272 ONLINE Reference # 007137		50.00	
03/06	Transfer From Money Market 03:44p #0272 ONLINE Reference # 000303		120.00	
03/06	Zelle Debit PAY ID:CTImT7U3VDsb ORG ID:BAC NAME:CATHERYNE SA	50.00		
03/06	Debit Card Purchase 03/04 09:01a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25064 Food & Beverages	6.50		
03/06	Debit Card Purchase 03/03 09:54p #0272 AMAZON MKTPL*5P4DQ9ZO3 Amzn.com/bill WA 25064 Specialty Retail stores	16.32		175.78
03/07	Mobile Deposit		883.73	
03/07	Transfer From Checking Plus 06:09p #0272 ONLINE Reference # 006914		1,600.00	
03/07	Zelle Debit PAY ID:CTIMabSl9dtf ORG ID:CTI NAME:MIGUELINA RI	1,005.00		
03/07	Transfer to Money Market 06:15p #0272 ONLINE Reference # 005015	700.00		
03/07	Debit Card Purchase 03/05 09:01a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25065 Food & Beverages	7.77		946.74
03/10	Zelle Credit PAY ID:BACjrtxv5pw6 ORG ID:BAC NAME:VICTOR GONZA		3.00	
03/10	Zelle Credit PAY ID:CTIaOerinbkw ORG ID:CTI NAME:WILSON RAMIR		17.00	
03/10	Zelle Debit PAY ID:CTIwk4f2gB4f ORG ID:CTI NAME:ESMERLING RO	65.00		
03/10	Debit PIN Purchase H&M 0004WEST NYACK 17 WEST NYACK NYUS07156	13.56		
03/10	Debit PIN Purchase BURLINGTON STORES 586 WEST NYACK NYUS05156	52.68		
03/10	Debit PIN Purchase TRACK 23 CLOTHING CO WEST NYACK NYUS07156	54.24		
03/10	Debit PIN Purchase BURLINGTON STORES 1415 YONKERS NYUS05156	84.17		
03/10	Debit Card Purchase 03/06 08:59a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25066 Food & Beverages	5.16		
03/10	Mobile Purchase Sign Based 03/07 07:30a #0272 AFTERPAY SAN FRANCISCO CA 25066 Specialty Retail stores	5.43		
03/10	Cash Withdrawal 03/08 03:05p #0272 Non Citi ATM 000000000272890 Bronx NYUS051	21.85		
03/10	Mobile Purchase Sign Based 03/06 03:47p #0272 RMTLY* J5F5D SEATTLE WA 25066	127.97		536.68
03/11	Transfer From Money Market 04:25p #0272 ONLINE Reference # 002320		200.00	
03/11	Debit PIN Purchase BP#9569203AGGAR YONKERS NYUS00155	30.00		
03/11	Debit Card Purchase 03/09 02:06p #0272 NEW YORKER FASHON RETA WEST NYACK NY 25069 Specialty Retail stores	7.25		
03/11	Mobile Purchase Sign Based 03/07 09:08a #0272 S8346 WESTCHESTER PETROLEUM SCARSDALE NY 25067 Food & Beverages	7.38		
03/11	Debit Card Purchase 03/09 10:41a #0272 JOSE GROCERY CORP NEW YORK NY 25069 Food & Beverages	9.27		
03/11	Debit Card Purchase 03/08 09:09a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25068 Food & Beverages	10.84		
03/11	Cash Withdrawal 08:16p #0272 Non Citi ATM 000000000180792 New York NYUS051	21.65		
03/11	Cash Withdrawal 03:16p #0272 Non Citi ATM 000000000272890 Bronx NYUS051	21.85		
03/11	Debit Card Purchase 03/08 05:34a #0272 ABC*8821-RETRO FITNES BRONX NY 25068 Recreational Services	24.02		
03/11	Mobile Purchase Sign Based 03/07 11:07a #0272 KLARNA COLUMBUS OH 25067 Specialty Retail stores	34.25		
03/11	Debit Card Purchase 03/08 03:10p #0272 E T FOOTWEAR CO BRONX NY 25069 Specialty Retail stores	38.00		

CHECKING ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
03/11	Debit Card Purchase 03/07 08:52a #0272 GEICO *AUTO 800-841-3000 DC 25067 Misc Business Services	212.05		320.12
03/12	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 1769592	8.00		
03/12	Debit Card Purchase 03/08 06:57p #0272 BEST VALUE 99 C CORP NEW YORK NY 25070 Food & Beverages	4.59		
03/12	Debit Card Purchase 03/10 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25070 Food & Beverages	7.83		
03/12	Mobile Purchase Sign Based 03/09 02:32p #0272 S8346 SBARRO 759 WEST NYACK NY 25070 Restaurant/Bar	12.22		
03/12	Debit Card Purchase 03/09 12:40p #0272 TRACK 23 CLOTHING CO WEST NYACK NY 25070 Specialty Retail stores	18.78		268.70
03/13	Transfer From Money Market 09:25a #0272 ONLINE Reference # 005514		50.00	
03/13	Zelle Debit PAY ID:CTI3CAW6pkhG ORG ID:CTI NAME:ERISHON RAMI	50.00		
03/13	Debit Card Purchase 03/11 09:08a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25071 Food & Beverages	4.65		
03/13	Mobile Purchase Sign Based 03/11 04:38p #0272 RMTLY* P1187 SEATTLE WA 25071	190.47		73.58
03/14	Transfer From Money Market 10:05p #0272 ONLINE Reference # 002759		100.00	173.58
03/17	Debit Card Purchase 03/13 08:58a #0272 JOSE GROCERY CORP NEW YORK NY 25073 Food & Beverages	9.79		
03/17	Debit Card Purchase 03/12 10:31a #0272 BEST VALUE 99 C CORP NEW YORK NY 25073 Food & Beverages	14.04		149.75
03/18	Mobile Purchase Sign Based 03/17 03:47a #0272 ZIP* APP PAY LATER NEW YORK NY 25076 Specialty Retail stores	33.32		116.43
03/19	Mobile Purchase Sign Based 03/17 07:43a #0272 NETFLIX, INC. CA CA 25077 Phones, Cable & Utilities	8.70		107.73
03/20	Debit Card Purchase 03/17 10:09a #0272 GOOGLE *Google One 650-253-0000 CA 25078	2.17		105.56
03/21	Transfer From Money Market 06:48p #0272 ONLINE Reference # 005522		100.00	
03/21	Transfer To LEONEL RINCON	50.00		155.56
03/24	Mobile Deposit		810.31	
03/24	Mobile Deposit		1,018.91	
03/24	Zelle Debit PAY ID:CTIjjgw6jqfI ORG ID:CTI NAME:OSCAR RINCON	100.00		
03/24	Zelle Debit PAY ID:CTI1NE1xaNEg ORG ID:BAC NAME:VICTOR GONZA	125.00		
03/24	Zelle Debit PAY ID:CTIdyzHdhpZg ORG ID:BAC NAME:ELIZABETH CA	200.00		
03/24	Transfer to MasterCard 04:09p #0272 ONLINE Reference # 001691	100.00		1,459.78
03/25	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 6332139	16.06		
03/25	ACH Electronic Debit AMERICAN EXPR ACH PMT M9010 1	200.00		
03/25	ACH Electronic Debit CITIBANK LOAN EZ-PAY	608.14		
03/25	Debit Card Purchase 03/23 07:28p #0272 Jackpocket I 000000000 BROOKLYN NY 25083 Misc Business Services	2.39		
03/25	Mobile Purchase Sign Based 03/21 08:35a #0272 AFTERPAY SAN FRANCISCO CA 25081 Specialty Retail stores	5.43		
03/25	Mobile Purchase Sign Based 03/21 08:06p #0272 Prime Video Channels amzn.com/bill WA 25081	5.99		
03/25	Mobile Purchase Sign Based 03/21 04:02p #0272 Klarna*Klarna Columbus OH 25081 Specialty Retail stores	41.60		
03/25	Debit Card Purchase 03/23 01:13p #0272 TMOBILE*AUTO PAY 800-937-8997 WA 25083 Phones, Cable & Utilities	65.91		514.26
03/26	Debit Card Purchase 03/24 08:58a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25084 Food & Beverages	7.60		
03/26	Mobile Purchase Sign Based 03/24 12:22p #0272 RMTLY* Q6A0B SEATTLE WA 25084	160.23		346.43
03/27	Debit Card Purchase 03/24 04:41p #0272 BEST VALUE 99 C CORP NEW YORK NY 25085 Food & Beverages	5.74		

CHECKING ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
03/27	Debit Card Purchase 03/25 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25085 Food & Beverages	8.87		
03/27	Debit Card Purchase 03/24 04:44p #0272 STRIDES PHARMACY LLC NEW YORK NY 25085 Food & Beverages	9.87		
03/27	Cash Withdrawal 06:34p #0272 Non Citi ATM 000000000180792 New York NYUS051	21.65		300.30
03/28	Mobile Deposit		656.04	
03/28	Transfer To LEONEL RINCON	50.00		
03/28	Debit Card Purchase 03/26 09:04a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25086 Food & Beverages	5.95		900.39
03/31	Zelle Debit PAY ID:CTIPMRPg4m5f ORG ID:JPM NAME:ALLENDY PERA	15.00		
03/31	Zelle Debit PAY ID:CTIysymqqeRs ORG ID:CTI NAME:MIGUELINA RI	40.00		
03/31	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	30.16		
03/31	Debit Card Purchase 03/27 09:34a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25087 Food & Beverages	7.05		
03/31	Cash Withdrawal 03/29 04:33p #0272 Non Citi ATM 000000000181681 New York NYUS051	122.25		685.93
	Total Subtracted/Added	**7,202.60**	**5,708.99**	

All transaction times and dates reflected are based on Eastern Time.
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Overdraft Protection		
As of	Source of Coverage	Amount
03/31	Checking Plus Line of Credit	$5,132

Safety Check transfers: No more than $99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citi® Savings

6783507605

Beginning Balance: $2.28
Ending Balance: $2.28

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Citibank® Savings Plus

9996982446

Beginning Balance: $2,221.43
Ending Balance: $871.69

Date	Description	Amount Subtracted	Amount Added	Balance
03/03	Transfer From Checking 03/01 03:56p #0272 ONLINE Reference # 001476		1,200.00	
03/03	Transfer to Checking 03/01 09:17p #0272 ONLINE Reference # 002218	100.00		3,321.43
03/06	Transfer to Checking 03:35p #0272 ONLINE Reference # 007137	50.00		
03/06	Transfer to Checking 03:44p #0272 ONLINE Reference # 000303	120.00		3,151.43

SAVINGS ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
03/07	Transfer From Checking 06:15p #0272 ONLINE Reference # 005015		700.00	3,851.43
03/10	Cash Withdrawal 03/09 05:32p #0272 Citibank ATM 2481 ADM CLYTN PWL BV, NY, NY	300.00		
03/10	Cash Withdrawal 03/09 05:29p #0272 Citibank ATM 2481 ADM CLYTN PWL BV, NY, NY	1,000.00		2,551.43
03/11	Transfer to Checking 04:25p #0272 ONLINE Reference # 002320	200.00		2,351.43
03/12	Cash Withdrawal 11:41a #0272 Citibank ATM 1463 SOUTHERN BLVD, BRONX, NY	1,000.00		1,351.43
03/13	Transfer to Checking 09:25a #0272 ONLINE Reference # 005514	50.00		1,301.43
03/14	Transfer to Checking 10:05p #0272 ONLINE Reference # 002759	100.00		1,201.43
03/17	Transfer to Citi Personal Loan 03/15 07:27a #0271 ACCOUNT ENDING IN 6556	329.78		871.65
03/21	Transfer from LEONEL RINCON		50.00	
03/21	Transfer to Checking 06:48p #0272 ONLINE Reference # 005522	100.00		821.65
03/28	Transfer from LEONEL RINCON		50.00	871.65
03/31	Interest paid for 31 days, Annual Percentage Yield Earned 0.03%		0.04	871.69
	Total Subtracted/Added	**3,349.78**	**2,000.04**	

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

73091433

Credit Line:	**$6,900.00**
Available Credit:	**$5,132.05**
Previous Balance:	**$267.95**
New Balance:	**$1,792.30**

Payment Information

New Balance	**$1,792.30**
Minimum Payment Due	**$53.81**
Payment Due Date	**04/28/25**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a $25.00 late fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you obtain no additional advances and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimate total of ...
Only the minimum payment	12 years	$3,310
$66	3 years	$2,373 (Savings = $937)

If you would like information about credit counseling services, call 1-866-446-1826.

Transactions

Date	Description	Amount
03/05	Transfer from Checking ONLINE Reference # 008187	100.00-
03/07	Transfer to Checking 06:09p #0272 ONLINE Reference # 006914	1,600.00
	Interest Charged	
03/31	Interest Charged	24.35
	Total Interest for this Period	**24.35**

2025 Totals Year-To-Date	
Total Fees Charged in 2025	$0.00
Total Interest Charged in 2025	$32.67

Payments were applied as:

Principal	$93.28
Interest Charge	$6.72

Interest Charge Calculation

Billing Cycle From	Billing Cycle Through	# of Days	ANNUAL PERCENTAGE RATE (APR)	Balance Subject to Interest Rate	INTEREST CHARGED
03/01	03/31	31	19.50% (v)	$1,470.31	$24.35

(v) - variable rate. Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking Checking Plus Line of Credit Savings / Money Market Savings / Money Market	888-248-4226 For TTY:We accept 711 or other Relay Service.	Citibank Client Services 100 Citibank Drive San Antonio, TX 78245-9966
FOR BILLING INQUIRIES:	For Billing Inquiries calling or e-mailing will not preserve your rights.	Citibank PO Box 769004 San Antonio, TX 78245-9004
CREDIT BUREAU DISPUTES:		Citibank PO Box 6181 Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions About Your Electronic Fund Transfers:

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic fund transfer in accordance with the Electronic Fund Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this we will recredit 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.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country: Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from you account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Payment Instructions:

You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: Citibank, N.A., PO Box 78003, Phoenix, AZ 85062-8003. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Billing Rights Summary - *What To Do If You Think You Find A Mistake On Your Statement*

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus).
In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount,
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Citibank is an Equal Housing Lender.

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB .

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

   Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. . As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. **CAMB Balance Range Chart**

	Citi Priority	**Citigold**	**Citigold Private Client**
To attain Relationship Tier	$30,000-199,999.99	$200,000-999,999.99	$1,000,000 or more
To remain in Relationship Tier	$30,000-199,999.99	$180,000-999,999.99	$800,000 or more

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility					
	Account Fees		**Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply**		
Description	**Monthly Service Fee**	**Non--Citi ATM Fee**	**Activity**	**Citigold Private Client, Citigold or Citi Priority Relationship Tiers**	**Month of account opening and for the first 3 full calendar months after account opening.**
Regular Checking	$15	$2.50	Enhanced Direct Deposit* of $250 or more	Yes	Yes
Access Checking	$5	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	$4.50	$2.50	Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	$0	$0	N/A	N/A	N/A
COMMA Savings Account	$0	$0	N/A	N/A	N/A

* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least $250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.

Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
Account
73091433

Statement Period
May 1 - May 31, 2025

LEONEL RINCON
76 SAINT NICHOLAS PL APT CC2
NEW YORK NY 10032-0560

YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF MAY 31, 2025

Relationship Summary:

Checking	**$823.25**
Savings	**$1,350.95**
Investments (not FDIC Insured)	**-----**
Loans	**$3,001.42**

Effective July 12, 2025, Safe Deposit Box fee waiver and reduced fee will be removed for customers in the Citi Priority Relationship Tier, and all standard fees will apply. Please refer to the Safe Deposit Box Fee Chart within Appendix 1 Fee Schedule in the Consumer Deposit Account Agreement for more information.

Checking	**Balance**
Regular Checking	$823.25
Savings	**Balance**
Citi® Savings	$2.28
Citibank® Savings Plus	$1,348.67
Total Checking and Savings at Citibank	**$2,174.20**

Loans	**Credit Line**	**Amount Available**	**Amount You Owe**
Checking Plus Line of Credit 73091433	$6,900.00	$3,949.96	$3,001.42

SUGGESTIONS AND RECOMMENDATIONS

Effective May 6, 2025, Citi is changing the dollar amounts with respect to the funds availability schedule. Specifically: the first $275 (previously $225) of your total check deposits on a business day will be available next business day; amounts of $6,725 (previously $5,525) or less will be available on the second business day; and amounts above $6,725 (previously $5,525) available on the third business day.

Your Citibank Statement

Calendar Month[1]	**Combined Average Monthly Balance Range**[2]	**Relationship Tier**[3]
March 2025	$0 - $14,999	None
April 2025	$0 - $14,999	None
May 2025	$0 - $14,999	None

Account Fees and Charges[4]

Account Type	**Account**	**Monthly Service Fee**	**Non-Citi ATM Fee**	**Average Monthly Balance**	**Waiver Applied**
Regular Checking	73091433	$15.00	$7.50	N/A	None

Account Fees and Charges[4] Continued

Account Type	Account	Monthly Service Fee	Non-Citi ATM Fee	Average Monthly Balance	Waiver Applied
Citi® Savings	6783507605	None	None	N/A	No Fee - Qualifying Activity Met
Citibank® Savings Plus	9996982446	None	None	N/A	No Fee - Qualifying Activity Met
Total		$15.00	$7.50		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

73091433

Beginning Balance: $335.08
Ending Balance: $823.25

Date	Description	Amount Subtracted	Amount Added	Balance
05/01	Monthly Service Fee	15.00		
05/01	Fee for Non-Citibank ATM use	25.00		
05/01	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS05155	5.25		
05/01	Debit PIN Purchase BP#9565409YONKE YONKERS NYUS00155	40.22		
05/01	Mobile Purchase Sign Based 04/29 01:42p #0272 AMAZON MKTPL*NB09828P2 Amzn.com/bill WA 25120 Specialty Retail stores	10.88		238.73
05/02	Transfer From Checking Plus 07:22p #0272 ONLINE Reference # 009589		140.00	
05/02	Mobile Deposit		1,070.14	
05/02	Transfer From Checking Plus 07:23p #0272 ONLINE Reference # 003513		1,260.00	
05/02	Transfer To LEONEL RINCON	50.00		
05/02	Mobile Purchase Sign Based 04/30 09:58a #0272 AMAZON MKTPL*F86GS0BZ3 Amzn.com/bill WA 25121 Specialty Retail stores	14.13		2,644.74
05/05	Zelle Debit PAY ID:CTIhbaaGkmm5 ORG ID:BAC NAME:JAIRONY MART	40.00		
05/05	Zelle Debit PAY ID:CTIokyxaftFJ ORG ID:CTI NAME:REYNALDO ROD	50.00		
05/05	Zelle Debit PAY ID:CTIDAYYg1zub ORG ID:CTI NAME:OSCAR RINCON	100.00		
05/05	Debit Card Purchase 05/01 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25122 Food & Beverages	8.87		
05/05	Debit Card Purchase 04/30 04:31p #0272 BARRAPAYAN 155 LLC NEW YORK NY 25122 Restaurant/Bar	15.70		
05/05	Cash Withdrawal 05/03 11:12p #0272 Non Citi ATM P759318 NEW YORK US051	61.75		2,368.42
05/06	Zelle Credit PAY ID:CTIHzW1ol1Pz ORG ID:CTI NAME:VICTOR GONZA		25.00	
05/06	Debit Card Purchase 05/02 05:40p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25123 Food & Beverages	6.44		
05/06	Debit Card Purchase 05/02 09:18a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25123 Food & Beverages	8.87		
05/06	Debit Card Purchase 05/03 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25124 Food & Beverages	20.53		
05/06	Mobile Purchase Sign Based 05/02 02:02p #0272 RMTLY* JD095 SEATTLE WA 25123	54.39		
05/06	Mobile Purchase Sign Based 05/02 01:58p #0272 RMTLY* N78D1 SEATTLE WA 25123	185.43		
05/06	Mobile Purchase Sign Based 05/02 07:37p #0272 RMTLY* C3FAB SEATTLE WA 25123	1,744.99		372.77

CHECKING ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
05/07	Debit Card Purchase 05/05 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25126 Food & Beverages	10.93		361.84
05/08	Debit Card Purchase 05/06 09:18a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25127 Food & Beverages	11.47		350.37
05/09	Mobile Deposit		1,144.38	
05/09	Zelle Debit PAY ID:CTIT8sbNabYP ORG ID:CTI NAME:MIGUELINA RI	1,005.00		
05/09	Transfer To LEONEL RINCON	50.00		
05/09	Transfer to Checking Plus 03:42p #0272 ONLINE Reference # 000516	100.00		
05/09	Debit Card Purchase 05/07 09:00a #0272 GEICO *AUTO 800-841-3000 DC 25128 Misc Business Services	238.31		101.44
05/12	Transfer From Money Market 05/10 07:41p #0272 ONLINE Reference # 000092		100.00	
05/12	Zelle Debit PAY ID:CTIw7GBTErdv ORG ID:CTI NAME:ESMERLING RO	50.00		
05/12	Debit Card Purchase 05/08 03:21p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25129 Food & Beverages	7.91		
05/12	Debit Card Purchase 05/08 05:50a #0272 ABC*8821-RETRO FITNES BRONX NY 25129 Recreational Services	24.02		119.51
05/13	Debit Card Purchase 05/09 09:04a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25130 Food & Beverages	11.19		
05/13	Debit Card Purchase 05/09 08:18p #0272 Jackpocket I 000000000 BROOKLYN NY 25131 Misc Business Services	11.51		
05/13	Debit Card Purchase 05/11 04:22p #0272 JOSE GROCERY CORP NEW YORK NY 25132 Food & Beverages	13.39		83.42
05/14	Transfer From Money Market 07:16p #0272 ONLINE Reference # 001934		20.00	
05/14	Debit Card Purchase 05/12 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25133 Food & Beverages	10.93		
05/14	Debit Card Purchase 05/11 06:06p #0272 BARRAPAYAN 155 LLC NEW YORK NY 25133 Restaurant/Bar	17.39		75.10
05/15	Debit Card Purchase 05/13 03:10p #0272 LA INDIA MINI MARKET BRONX NY 25134 Food & Beverages	5.72		
05/15	Debit Card Purchase 05/13 08:08p #0272 Jackpocket I 000000000 BROOKLYN NY 25134 Misc Business Services	5.81		
05/15	Debit Card Purchase 05/13 09:19a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25134 Food & Beverages	11.47		52.10
05/16	Zelle Credit PAY ID:CTIktcrzWw5Y ORG ID:CTI NAME:VICTOR GONZA		10.00	
05/16	Mobile Deposit		1,020.65	
05/16	Debit Card Purchase 05/14 12:15p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25135 Food & Beverages	7.94		
05/16	Debit Card Purchase 05/14 09:17a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25135 Food & Beverages	8.60		1,066.21
05/19	Zelle Credit PAY ID:COFITS09JL1J ORG ID:COF NAME:Manuel Mella		100.00	
05/19	Zelle Credit PAY ID:BACkhczags2u ORG ID:BAC NAME:VICTOR GONZA		340.00	
05/19	Zelle Debit PAY ID:CTIamdx96qLA ORG ID:CTI NAME:REYNALDO ROD	20.00		
05/19	Zelle Debit PAY ID:CTIzbtqeo3zj ORG ID:BAC NAME:VICTOR GONZA	40.00		
05/19	Zelle Debit PAY ID:CTIlvhEjv54n ORG ID:TDP NAME:JUAN VALDEZ	100.00		
05/19	Zelle Debit PAY ID:CTIr4lpzBjn0 ORG ID:BAC NAME:ELIZABETH CA	340.00		
05/19	Debit Card Purchase 05/15 09:20a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25136 Food & Beverages	11.19		
05/19	Cash Withdrawal 05/17 03:39p #0272 Citibank ATM 1463 SOUTHERN BLVD, BRONX, NY	20.00		975.02
05/20	ACH Electronic Debit CITIBANK LOAN EZ-PAY	608.14		
05/20	Debit PIN Purchase BP#7040819HEIGH BRONX NYUS07155	5.89		
05/20	Debit PIN Purchase BP#7040819HEIGH BRONX NYUS00155	40.09		
05/20	Debit Card Purchase 05/17 10:09a #0272 GOOGLE *Google One 650-253-0000 CA 25139 Specialty Retail stores	2.17		

CHECKING ACTIVITY — Continued

Date	Description	Amount Subtracted	Amount Added	Balance
05/20	Debit Card Purchase 05/16 08:56a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25137 Food & Beverages	4.12		
05/20	Debit Card Purchase 05/17 06:23a #0272 NETFLIX.COM LOS GATOS CA 25138 Phones, Cable & Utilities	8.70		
05/20	Debit Card Purchase 05/15 07:34p #0272 J & F MEAT MARKET NEW YORK NY 25137 Food & Beverages	10.51		
05/20	Debit Card Purchase 05/17 03:26p #0272 PLENTY BEAUTY SUPPLY C BRONX NY 25139 Specialty Retail stores	15.22		
05/20	Debit Card Purchase 05/17 05:25p #0272 BEST VALUE 99 C CORP NEW YORK NY 25139 Food & Beverages	15.78		
05/20	Mobile Purchase Sign Based 05/18 04:57p #0272 ZIP* APP PAY LATER NEW YORK NY 25139 Specialty Retail stores	22.24		
05/20	Cash Withdrawal 02:42p #0272 Citibank ATM 725 WHT PLNS RD, ESTCHSTR, NY	220.00		
05/20	Mobile Purchase Sign Based 05/17 10:07a #0272 RMTLY* FA400 SEATTLE WA 25138	255.99		233.83-
05/21	Checking Plus Transf. to cover Overdraft DONOR 000073091433		300.00	
05/21	Debit Card Purchase 05/19 09:21a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25140 Food & Beverages	11.19		54.98
05/23	Mobile Deposit		810.31	
05/23	Mobile Purchase Sign Based 05/21 08:26p #0272 Prime Video Channels amzn.com/bill WA 25142	5.99		
05/23	Debit Card Purchase 05/20 08:01p #0272 BEST VALUE 99 C CORP NEW YORK NY 25142 Food & Beverages	9.00		
05/23	Mobile Purchase Sign Based 05/20 01:02p #0272 AMAZON MKTPL*NZ16I8JJ1 Amzn.com/bill WA 25142 Specialty Retail stores	34.53		815.77
05/27	Zelle Credit PAY ID:COFO7A24Y2JR ORG ID:COF NAME:Fredy Mateo		200.00	
05/27	Deposit 05/26 02:01p #0272 Citibank ATM 2481 ADM CLYTN PWL BV, NY, NY		560.00	
05/27	ACH Electronic Debit AMERICAN EXPR ACH PMT M8070 1	140.00		
05/27	Transfer to MasterCard 05/26 02:14p #0272 ONLINE Reference # 009500	120.00		
05/27	Transfer to Money Market 05/26 02:18p #0272 ONLINE Reference # 005983	400.00		
05/27	Transfer to Checking Plus 05/26 02:15p #0272 ONLINE Reference # 005347	450.00		465.77
05/28	Debit Card Purchase 05/23 09:11a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25144 Food & Beverages	4.99		
05/28	Mobile Purchase Sign Based 05/26 02:22p #0272 RMTLY* NAD75 SEATTLE WA 25147	54.39		
05/28	Debit Card Purchase 05/23 10:03p #0272 TMOBILE*AUTO PAY 800-937-8997 WA 25144 Phones, Cable & Utilities	66.48		
05/28	Debit Card Purchase 05/24 04:54p #0272 APPLEBEES 9321 YONKERS NY 25146 Restaurant/Bar	83.73		256.18
05/29	Zelle Credit PAY ID:JPM99ba69p5t ORG ID:JPM NAME:EDWIN R GARC		10.00	
05/29	Zelle Credit PAY ID:BACj4089tyfi ORG ID:BAC NAME:FELIX ABREU		20.00	
05/29	Zelle Credit PAY ID:JPM99ba60jpr ORG ID:JPM NAME:JUNIOR A RIC		20.00	
05/29	Cash Withdrawal 05:10p #0272 Non Citi ATM 000000000187998 New York NYUS051	11.25		294.93
05/30	Mobile Deposit		810.31	
05/30	Zelle Debit PAY ID:CTI2B48wtmxU ORG ID:COF NAME:Fredy Mateo	150.00		
05/30	Transfer To LEONEL RINCON	50.00		
05/30	Cash Withdrawal 07:28p #0272 Non Citi ATM PAI ATM NEW YORK NYUS051	81.99		823.25
	Total Subtracted/Added	**7,472.62**	**7,960.79**	

All transaction times and dates reflected are based on Eastern Time.
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

CHECKING ACTIVITY

Continued

Overdraft Protection		
As of	Source of Coverage	Amount
05/31	Checking Plus Line of Credit	$3,949

Safety Check transfers: No more than $99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citi® Savings

6783507605

Beginning Balance: $2.28
Ending Balance: $2.28

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Citibank® Savings Plus

9996982446

Beginning Balance: $991.93
Ending Balance: $1,348.67

Date	Description	Amount Subtracted	Amount Added	Balance
05/02	Transfer from LEONEL RINCON		50.00	1,041.93
05/09	Transfer from LEONEL RINCON		50.00	1,091.93
05/12	Transfer to Checking 05/10 07:41p #0272 ONLINE Reference # 000092	100.00		
05/12	Cash Withdrawal 05/09 11:04p #0272 Non Citi ATM P759318 NEW YORK US051	61.75		
05/12	Cash Withdrawal 05/11 06:08p #0272 Non Citi ATM P759318 NEW YORK US051	81.75		848.43
05/14	Transfer to Checking 07:16p #0272 ONLINE Reference # 001934	20.00		828.43
05/15	Transfer to Citi Personal Loan 05:31a #0271 ACCOUNT ENDING IN 6556	329.78		498.65
05/19	Deposit 05/17 03:41p #0272 Citibank ATM 1463 SOUTHERN BLVD, BRONX, NY		100.00	
05/19	Deposit 05/17 03:43p #0272 Citibank ATM 1463 SOUTHERN BLVD, BRONX, NY		100.00	698.65
05/27	Deposit 02:18p #0272 Citibank ATM 725 WHT PLNS RD, ESTCHSTR, NY		200.00	
05/27	Transfer From Checking 05/26 02:18p #0272 ONLINE Reference # 005983		400.00	1,298.65
05/30	Transfer from LEONEL RINCON		50.00	
05/30	Interest paid for 31 days, Annual Percentage Yield Earned 0.03%		0.02	1,348.67
	Total Subtracted/Added	**593.28**	**950.02**	

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

73091433

Credit Line:	**$6,900.00**
Available Credit:	**$3,949.96**
Previous Balance:	**$1,800.04**
New Balance:	**$3,001.42**

Payment Information

New Balance	**$3,001.42**
Minimum Payment Due	**$100.54**
Payment Due Date	**06/28/25**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a $25.00 late fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you obtain no additional advances and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimate total of ...
Only the minimum payment	15 years	$5,652
$110	3 years	$3,971 (Savings = $1,681)

If you would like information about credit counseling services, call 1-866-446-1826.

Transactions

Date	Description	Amount
05/02	Transfer to Checking 07:22p #0272 ONLINE Reference # 009589	140.00
05/02	Transfer to Checking 07:23p #0272 ONLINE Reference # 003513	1,260.00
05/09	Transfer from Checking ONLINE Reference # 000516	100.00-
05/21	Transfer to Cover OverDraft (Value date of 05/20)	300.00
05/27	Transfer from Checking ONLINE Reference # 005347	450.00-
	Interest Charged	
05/31	Interest Charged	51.38
	Total Interest for this Period	**51.38**

2025 Totals Year-To-Date	
Total Fees Charged in 2025	$0.00
Total Interest Charged in 2025	$111.79

Payments were applied as:

Principal	$522.26
Interest Charge	$27.74

Interest Charge Calculation

Billing Cycle From	Billing Cycle Through	# of Days	ANNUAL PERCENTAGE RATE (APR)	Balance Subject to Interest Rate	INTEREST CHARGED
05/01	05/31	31	19.50% (v)	$3,102.56	$51.38

(v) - variable rate. Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking Checking Plus Line of Credit Savings / Money Market Savings / Money Market	888-248-4226 For TTY:We accept 711 or other Relay Service.	Citibank Client Services 100 Citibank Drive San Antonio, TX 78245-9966
FOR BILLING INQUIRIES:	For Billing Inquiries calling or e-mailing will not preserve your rights.	Citibank PO Box 769004 San Antonio, TX 78245-9004
CREDIT BUREAU DISPUTES:		Citibank PO Box 6181 Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions About Your Electronic Fund Transfers:

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic fund transfer in accordance with the Electronic Fund Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this we will recredit 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.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country: Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from you account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Payment Instructions:

You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: Citibank, N.A., PO Box 71051, Philadelphia, PA 19176-1051. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Billing Rights Summary - *What To Do If You Think You Find A Mistake On Your Statement*

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus).
In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount,
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Citibank is an Equal Housing Lender.

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB .

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

   Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. . As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. **CAMB Balance Range Chart**

	Citi Priority	**Citigold**	**Citigold Private Client**
To attain Relationship Tier	$30,000-199,999.99	$200,000-999,999.99	$1,000,000 or more
To remain in Relationship Tier	$30,000-199,999.99	$180,000-999,999.99	$800,000 or more

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility

	Account Fees		**Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply**		
Description	**Monthly Service Fee**	**Non--Citi ATM Fee**	**Activity**	**Citigold Private Client, Citigold or Citi Priority Relationship Tiers**	**Month of account opening and for the first 3 full calendar months after account opening.**
Regular Checking	$15	$2.50	Enhanced Direct Deposit* of $250 or more	Yes	Yes
Access Checking	$5	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	$4.50	$2.50	Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	$0	$0	N/A	N/A	N/A
COMMA Savings Account	$0	$0	N/A	N/A	N/A

* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least $250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.

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Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

000
CITIBANK, N. A.
Account
73091433

Statement Period
Jun 1 - Jun 30, 2025

LEONEL RINCON
76 SAINT NICHOLAS PL APT CC2
NEW YORK NY 10032-0560

YOUR SIMPLIFIED BANKING ACCOUNT STATEMENT AS OF JUNE 30, 2025

Relationship Summary:

Checking	**$429.25**
Savings	**$659.19**
Investments (not FDIC Insured)	**-----**
Loans	**$3,550.68**

Checking	**Balance**
Regular Checking	$429.25
Savings	**Balance**
Citi® Savings	$2.28
Citibank® Savings Plus	$656.91
Total Checking and Savings at Citibank	**$1,088.44**

Loans	**Credit Line**	**Amount Available**	**Amount You Owe**
Checking Plus Line of Credit 73091433	$6,900.00	$3,399.12	$3,550.68

SUGGESTIONS AND RECOMMENDATIONS

Effective September 19th, 2025, the Non-Citi ATM fee waiver for Enhanced Direct Deposit will be removed and the $2.50 Non-Citi ATM fee will be charged for all Regular Checking accounts. New Savings and Checking accounts will be charged a Monthly Service Fee and Non-Citi ATM fee after the first full calendar month after account opening unless eligible for fee waivers. Please refer to sections 5.1 Introduction and 5.2 Monthly Service Fees and Non-Citi ATM Fees in the Consumer Deposit Account Agreement for more information.

Your Citibank Statement

Calendar Month[1]	**Combined Average Monthly Balance Range[2]**	**Relationship Tier[3]**
April 2025	$0 - $14,999	None
May 2025	$0 - $14,999	None
June 2025	$0 - $14,999	None

Account Fees and Charges[4]

Account Type	**Account**	**Monthly Service Fee**	**Non-Citi ATM Fee**	**Average Monthly Balance**	**Waiver Applied**
Regular Checking	73091433	None	None	N/A	No Fee - Qualifying Activity Met

Account Fees and Charges[4] Continued

Account Type	Account	Monthly Service Fee	Non-Citi ATM Fee	Average Monthly Balance	Waiver Applied
Citi® Savings	6783507605	None	None	N/A	No Fee - Qualifying Activity Met
Citibank® Savings Plus	9996982446	None	None	N/A	No Fee - Qualifying Activity Met
Total		None	None		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

73091433

Beginning Balance: $823.25
Ending Balance: $429.25

Date	Description	Amount Subtracted	Amount Added	Balance
06/02	Fee for Non-Citibank ATM use	7.50		
06/02	Monthly Service Fee	15.00		
06/02	ACH Electronic Debit E-ZPASS REBILL EZP REBILL 0718637	14.06		
06/02	Zelle Debit PAY ID:CTIDR77asdw6 ORG ID:CTI NAME:MIGUELINA RI	40.00		
06/02	Zelle Debit PAY ID:CTIqaV9sZtk5 ORG ID:BAC NAME:JAIRONY MART	40.00		
06/02	Debit Card Purchase 05/29 08:34p #0272 EL MANANTIAL GROCERY S NEW YORK NY 25150 Food & Beverages	13.52		
06/02	Cash Withdrawal 05/31 08:50p #0272 Non Citi ATM 000000000193727 New York NYUS051	21.85		
06/02	Debit Card Purchase 05/29 07:27p #0272 BP#2218048BERGENFIEQPS BERGENFIELD NJ 25150 Autos (rental, service, gas)	30.00		
06/02	Debit Card Purchase 05/29 07:37p #0272 PORTLAND WINES & LIQUO BERGENFIELD NJ 25150 Food & Beverages	56.48		
06/02	Cash Withdrawal 06/01 12:44a #0272 Non Citi ATM 000000000039026 Bronx NYUS051	101.75		483.09
06/03	Debit Card Purchase 05/31 09:20a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25152 Food & Beverages	3.61		
06/03	Debit Card Purchase 05/30 09:00a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25151 Food & Beverages	5.42		
06/03	Debit Card Purchase 05/30 06:29p #0272 Jackpocket I 000000000 BROOKLYN NY 25151 Misc Business Services	5.81		
06/03	Debit Card Purchase 05/31 09:21a #0272 SAL S MARKET AND PIZZE SCARSDALE NY 25152 Food & Beverages	8.00		
06/03	Debit Card Purchase 06/01 12:42a #0272 EL NAZARENO MEAT PRODU BRONX NY 25153 Food & Beverages	20.80		
06/03	Mobile Purchase Sign Based 06/01 06:24a #0272 ZIP* APP PAY LATER NEW YORK NY 25152 Specialty Retail stores	22.24		
06/03	Mobile Purchase Sign Based 05/30 02:41p #0272 RMTLY* AF3C7 SEATTLE WA 25151	346.71		70.50
06/04	Mobile Purchase Sign Based 06/02 07:58p #0272 PP*GOOGLE AMAZON MOBIL 4029357733 CA 25154	16.32		54.18
06/05	Debit Card Purchase 06/03 02:59p #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25155 Food & Beverages	4.03		50.15
06/06	Mobile Deposit		1,218.37	

CHECKING ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
06/06	Debit Card Purchase 06/04 03:54p #0272 JOSE GROCERY CORP NEW YORK NY 25156 Food & Beverages	7.92		1,260.60
06/09	Transfer From Money Market 11:03a #0272 ONLINE Reference # 004550		30.00	
06/09	Debit PIN Purchase C TOWN SU 1016 SAINT N NEW YORK NYUS05154	24.86		
06/09	Debit Card Purchase 06/05 08:56a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25157 Food & Beverages	14.55		1,251.19
06/10	Transfer From Money Market 09:13a #0272 ONLINE Reference # 007195		150.00	
06/10	Zelle Debit PAY ID:CTIfIjvcaGga ORG ID:WFC NAME:LAURA LOPEZ	5.50		
06/10	Zelle Debit PAY ID:CTIlzgqNf6un ORG ID:CTI NAME:MIGUELINA RI	1,005.00		
06/10	Mobile Purchase Sign Based 06/04 04:22p #0272 PAYPAL *TIKTOK SHOP 6505840896 CA 25158 Retail stores	6.52		
06/10	Debit Card Purchase 06/08 01:51p #0272 JOSE GROCERY CORP NEW YORK NY 25160 Food & Beverages	12.36		
06/10	Debit Card Purchase 06/06 09:18a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25158 Food & Beverages	13.71		
06/10	Debit Card Purchase 06/08 07:40a #0272 ABC*8821-RETRO FITNES BRONX NY 25160 Recreational Services	24.02		
06/10	Debit Card Purchase 06/07 08:52a #0272 GEICO *AUTO 800-841-3000 DC 25159 Misc Business Services	233.42		100.66
06/11	Debit PIN Purchase BP#5821863THE G ELMSFORD NYUS05155	7.83		
06/11	Cash Withdrawal 07:19p #0272 Non Citi ATM 000000000180792 New York NYUS051	11.65		
06/11	Debit Card Purchase 06/09 09:17a #0272 WESTCHESTER PETROLEUM SCARSDALE NY 25161 Food & Beverages	14.75		66.43
06/13	Zelle Credit PAY ID:JPM99bc2osji ORG ID:JPM NAME:ADIN GUTIERR		13.00	
06/13	Mobile Deposit		810.31	
06/13	Debit Card Purchase 06/11 09:17a #0272 PEDRO DELI & BUFFET ELMSFORD NY 25163 Food & Beverages	15.48		
06/13	Cash Withdrawal 06:41p #0272 Non Citi ATM 000000000327006 New York NYUS051	26.75		847.51
06/16	Zelle Debit PAY ID:CTIJLKBl353d ORG ID:JPM NAME:ADIN DE LEON	25.00		
06/16	Zelle Debit PAY ID:CTIbVfn2xxwm ORG ID:BAC NAME:JAIRONY MART	40.00		
06/16	Zelle Debit PAY ID:CTI6zAI61MEw ORG ID:CTI NAME:REYNALDO ROD	150.00		
06/16	Debit Card Purchase 06/11 05:44p #0272 STRIDES PHARMACY LLC NEW YORK NY 25164 Food & Beverages	12.72		
06/16	Debit Card Purchase 06/11 05:47p #0272 BEST VALUE 99 C CORP NEW YORK NY 25164 Food & Beverages	16.41		
06/16	Cash Withdrawal 06/14 03:15p #0272 Non Citi ATM EAST BURNSID-635179 BRONX NYUS051	21.99		
06/16	Cash Withdrawal 06/14 09:44a #0272 Citibank ATM 2481 ADM CLYTN PWL BV, NY, NY	420.00		161.39
06/17	Transfer From Money Market 12:15p #0272 ONLINE Reference # 001578		150.00	
06/17	Transfer to Checking Plus 12:16p #0272 ONLINE Reference # 000759	100.00		
06/17	Debit Card Purchase 06/14 10:43a #0272 JEROME EXPRESS CONVENI BRONX NY 25167 Food & Beverages	4.42		
06/17	Mobile Purchase Sign Based 06/13 09:08a #0272 S8346 PEDRO DELI & BUFFET ELMSFORD NY 25165 Food & Beverages	6.42		
06/17	Mobile Purchase Sign Based 06/13 01:00p #0272 ZIP* APP PAY LATER NEW YORK NY 25165 Specialty Retail stores	10.50		
06/17	Mobile Purchase Sign Based 06/13 12:09p #0272 S8346 PEDRO DELI & BUFFET ELMSFORD NY 25165 Food & Beverages	17.73		
06/17	Mobile Purchase Sign Based 06/13 05:48p #0272 Afterpay afterpay.com CA 25165 Specialty Retail stores	19.00		
06/17	Mobile Purchase Sign Based 06/15 11:55a #0272 ZIP* APP PAY LATER NEW YORK NY 25167 Specialty Retail stores	22.24		

CHECKING ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
06/17	Mobile Purchase Sign Based 06/14 11:25a #0272 ZIP* ROCKSTAR ORIGINAL NEW YORK NY 25166 Specialty Retail stores	25.98		105.10
06/18	Mobile Purchase Sign Based 06/16 09:00a #0272 S8346 PEDRO DELI & BUFFET ELMSFORD NY 25168 Food & Beverages	10.13		
06/18	Debit Card Purchase 06/16 12:08p #0272 PEKING CHINESE RESTAUR ELMSFORD NY 25168 Restaurant/Bar	12.74		82.23
06/20	Mobile Deposit		810.31	
06/20	Zelle Debit PAY ID:CTI7Kstyd3rW ORG ID:BAC NAME:MIGUEL SOSA	9.00		
06/20	Debit PIN Purchase BP#5821863THE G ELMSFORD NYUS05155	7.53		
06/20	Debit Card Purchase 06/17 09:07a #0272 TST*DOMS DELI & GRILLE Elmsford NY 25169 Restaurant/Bar	6.77		
06/20	Debit Card Purchase 06/17 04:38a #0272 NETFLIX.COM LOS GATOS CA 25169 Phones, Cable & Utilities	8.70		
06/20	Cash Withdrawal 09:53p #0272 Non Citi ATM PAI ATM NEW YORK NYUS051	143.00		717.54
06/23	Deposit 03:35p #0272 Citibank ATM 2481 ADM CLYTN PWL BV, NY, NY		170.00	
06/23	Transfer From Checking Plus 06/22 01:02p #0272 ONLINE Reference # 007024		600.00	
06/23	Zelle Debit PAY ID:CTIKxBuBtqpx ORG ID:BAC NAME:MIGUEL SOSA	8.00		
06/23	Zelle Debit PAY ID:CTImhVHwig56 ORG ID:BAC NAME:MIGUEL SOSA	15.00		
06/23	Zelle Debit PAY ID:CTImlcqGZwux ORG ID:BAC NAME:ELIZABETH CA	300.00		
06/23	ACH Electronic Debit CITIBANK LOAN EZ-PAY	608.14		
06/23	Debit PIN Purchase BURLINGTON STORES INC. YONKERS NYUS05156	13.68		
06/23	Debit Card Purchase 06/17 10:10a #0272 GOOGLE *Google One 650-253-0000 CA 25170	2.17		
06/23	Mobile Purchase Sign Based 06/18 09:06a #0272 S8346 ADAL DOMINICAN BUFFET ELMSFORD NY 25170 Food & Beverages	5.08		
06/23	Mobile Purchase Sign Based 06/19 09:45a #0272 AMAZON MKTPL*NO5CP1D22 Amzn.com/bill WA 25171 Specialty Retail stores	5.43		
06/23	Debit Card Purchase 06/18 08:53p #0272 BARRAPAYAN 155 LLC NEW YORK NY 25171 Restaurant/Bar	8.97		
06/23	Mobile Purchase Sign Based 06/17 03:30p #0272 S8346 ANTOJITOS DEL MANGU 3 BRONX NY 25170 Restaurant/Bar	9.36		
06/23	Cash Withdrawal 06/21 12:18a #0272 Non Citi ATM 000000000267688 Bronx NYUS051	203.95		307.76
06/24	Debit PIN Purchase J & F MEA 1975 AMSTERD NEW YORK NYUS05154	34.61		
06/24	Mobile Purchase Sign Based 06/21 07:28p #0272 Prime Video Channels amzn.com/bill WA 25173	3.74		
06/24	Debit Card Purchase 06/20 12:25p #0272 Jackpocket I 000000000 BROOKLYN NY 25172 Misc Business Services	5.81		
06/24	Debit Card Purchase 06/22 01:15p #0272 JOSE GROCERY CORP NEW YORK NY 25174 Food & Beverages	15.97		
06/24	Debit Card Purchase 06/20 03:50p #0272 BEST NEW EXPRESS HAND BRONX NY 25172 Autos (rental, service, gas)	18.06		
06/24	Debit Card Purchase 06/22 08:05p #0272 SARKU JAPAN YONKERS NY 25174 Restaurant/Bar	52.53		177.04
06/25	Debit Card Purchase 06/23 07:45p #0272 TMOBILE*AUTO PAY 800-937-8997 WA 25175 Phones, Cable & Utilities	66.48		110.56
06/27	Mobile Deposit		810.31	
06/27	Zelle Debit PAY ID:CTI3rjvo32mz ORG ID:BAC NAME:MIGUEL SOSA	12.00		
06/27	Zelle Debit PAY ID:CTIVi3vwsvum ORG ID:COF NAME:Fredy Mateo	100.00		
06/27	Pre-Authorized Transfer to Checking Plus	0.54		
06/27	Transfer To LEONEL RINCON	50.00		758.33
06/30	Zelle Debit PAY ID:CTIqnugnAuq5 ORG ID:CTI NAME:MIGUELINA RI	40.00		
06/30	Zelle Debit PAY ID:CTI2q8xzGyG9 ORG ID:BAC NAME:JAIRONY MART	40.00		
06/30	ACH Electronic Debit AMERICAN EXPR ACH PMT M2276 1	80.00		
06/30	Debit PIN Purchase J & F MEA 1975 AMSTERD NEW YORK NYUS05154	44.78		
06/30	Transfer to MasterCard 06/28 11:49a #0272 ONLINE Reference # 008329	100.00		

CHECKING ACTIVITY

Continued

Date	Description	Amount Subtracted	Amount Added	Balance
06/30	Debit Card Purchase 06/26 09:39a #0272 JP*JackPocke 000000000 BROOKLYN NY 25178 Misc Business Services	11.51		
06/30	Mobile Purchase Sign Based 06/26 05:33p #0272 Klarna*eBay Columbus OH 25178 Specialty Retail stores	12.79		429.25
	Total Subtracted/Added	**5,156.30**	**4,762.30**	

All transaction times and dates reflected are based on Eastern Time.
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Overdraft Protection		
As of	Source of Coverage	Amount
06/30	Checking Plus Line of Credit	$3,399

Safety Check transfers: No more than $99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citi® Savings

6783507605

Beginning Balance: $2.28
Ending Balance: $2.28

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

Citibank® Savings Plus

9996982446

Beginning Balance: $1,348.67
Ending Balance: $656.91

Date	Description	Amount Subtracted	Amount Added	Balance
06/09	Transfer to Checking 11:03a #0272 ONLINE Reference # 004550	30.00		
06/09	Cash Withdrawal 06/08 09:18p #0272 Non Citi ATM EFT New York NYUS051	82.00		1,236.67
06/10	Transfer to Checking 09:13a #0272 ONLINE Reference # 007195	150.00		1,086.67
06/16	Transfer to Citi Personal Loan 06/15 05:32a #0271 ACCOUNT ENDING IN 6556	329.78		756.89
06/17	Transfer to Checking 12:15p #0272 ONLINE Reference # 001578	150.00		606.89
06/27	Transfer from LEONEL RINCON		50.00	656.89
06/30	Interest paid for 30 days, Annual Percentage Yield Earned 0.03%		0.02	656.91
	Total Subtracted/Added	**741.78**	**50.02**	

All transaction times and dates reflected are based on Eastern Time.

APY and Interest Rate. Annual percentage yields (APY) and interest rates on variable rate accounts may change. At our discretion, we may change the Interest Rate on your variable rate account at any time. The Interest Rate is determined by the Relationship Tier that is applicable to your variable rate account. Please see your Client Manual Agreement for more information. We may assign the same interest rate to more than one balance range, but Citi reserves the right to apply an interest rate based on your account balance. Please see your Client Manual Agreement for Account balance ranges.

SAVINGS ACTIVITY **Continued**

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

73091433

Credit Line:	**$6,900.00**
Available Credit:	**$3,399.12**
Previous Balance:	**$3,001.42**
New Balance:	**$3,550.68**

Payment Information

New Balance	**$3,550.68**
Minimum Payment Due	**$108.14**
Payment Due Date	**07/28/25**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a $25.00 late fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you obtain no additional advances and each month you pay ...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimate total of ...
Only the minimum payment	16 years	$6,730
$131	3 years	$4,701 (Savings = $2,029)

If you would like information about credit counseling services, call 1-866-446-1826.

Transactions

Date	Description	Amount
06/17	Transfer from Checking ONLINE Reference # 000759	100.00-
06/23	Transfer to Checking 06/22 01:02p #0272 ONLINE Reference # 007024	600.00
06/27	Authorized Payment	0.54-
	Interest Charged	
06/30	Interest Charged	49.80
	Total Interest for this Period	**49.80**

2025 Totals Year-To-Date	
Total Fees Charged in 2025	$0.00
Total Interest Charged in 2025	$161.59

Payments were applied as:

Principal	$49.16
Interest Charge	$51.38

Interest Charge Calculation

Billing Cycle From	Billing Cycle Through	# of Days	ANNUAL PERCENTAGE RATE (APR)	Balance Subject to Interest Rate	INTEREST CHARGED
06/01	06/30	30	19.50% (v)	$3,107.28	$49.80

(v) - variable rate. Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking Checking Plus Line of Credit Savings / Money Market Savings / Money Market	888-248-4226 For TTY:We accept 711 or other Relay Service.	Citibank Client Services 100 Citibank Drive San Antonio, TX 78245-9966
FOR BILLING INQUIRIES:	For Billing Inquiries calling or e-mailing will not preserve your rights.	Citibank PO Box 769004 San Antonio, TX 78245-9004
CREDIT BUREAU DISPUTES:		Citibank PO Box 6181 Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT

FDIC Insurance:

Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.

APY and Interest Rate:

For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS

In Case of Errors or Questions About Your Electronic Fund Transfers:

If you think your statement or record is wrong or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic fund transfer in accordance with the Electronic Fund Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this we will recredit 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.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country: Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

CHECKING PLUS DISCLOSURES

Checking Plus Line of Credit - Fixed Rate and Variable Rate

Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from you account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Payment Instructions:

You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: Citibank, N.A., PO Box 71051, Philadelphia, PA 19176-1051. For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Billing Rights Summary - *What To Do If You Think You Find A Mistake On Your Statement*

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus).
In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount,
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Citibank is an Equal Housing Lender.

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB .

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

   Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. . As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. **CAMB Balance Range Chart**

	Citi Priority	**Citigold**	**Citigold Private Client**
To attain Relationship Tier	$30,000-199,999.99	$200,000-999,999.99	$1,000,000 or more
To remain in Relationship Tier	$30,000-199,999.99	$180,000-999,999.99	$800,000 or more

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Account Fees and Waiver Eligibility

	Account Fees		**Monthly Service Fee and Non-Citi ATM Fee Waived in months where the following situations apply**		
Description	**Monthly Service Fee**	**Non--Citi ATM Fee**	**Activity**	**Citigold Private Client, Citigold or Citi Priority Relationship Tiers**	**Month of account opening and for the first 3 full calendar months after account opening.**
Regular Checking	$15	$2.50	Enhanced Direct Deposit* of $250 or more	Yes	Yes
Access Checking	$5	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes	Yes
Citi Savings	$4.50	$2.50	Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Accelerate Savings	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes	Yes
Citi Miles Ahead	$0	$0	N/A	N/A	N/A
COMMA Savings Account	$0	$0	N/A	N/A	N/A

* An Enhanced Direct Deposit is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking account totaling at least $250 or more in a calendar month. An Enhanced Direct Deposit also includes all deposits via Zelle and other P2P payments when made via ACH using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, and P2P payments using a debit card do not qualify as an Enhanced Direct Deposit.

FOR TAX YEAR 2024

MIGUELINA GARCIA CABRERA & LEONEL RINCON

Zack Tax Pro

95 w 195 st

BRONX, NY 10460

(984)356-0164

Zack Tax Pro

95 w 195 st
BRONX, NY 10460
zack.inco@gmail.com
Phone: (984)356-0164 | Fax:

February 19, 2025

Miguelina Garcia Cabrera & Leonel Rincon
76 Saint Nichols Apt Cc2
New York, NY 10032

Subject: Preparation of Your 2024 Tax Returns

Miguelina Garcia Cabrera & Leonel Rincon:

Thank you for choosing Zack Tax Pro to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (984)356-0164.

Sincerely,

Samuel Tejeda
Zack Tax Pro

(Both spouses must sign for preparation of joint returns.)

Accepted By:

_____
Taxpayer

_____
Spouse

_____
Date

Zack Tax Pro

95 w 195 st
BRONX, NY 10460
zack.inco@gmail.com
Phone: (984)356-0164 | Fax:

February 19, 2025

Miguelina Garcia Cabrera & Leonel Rincon
76 Saint Nichols Apt Cc2
New York, NY 10032

Miguelina Garcia Cabrera & Leonel Rincon:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	$4,705 Refund	Direct Deposit to **3551
New York Income Tax	$1,709 Refund	Direct Deposit to **3551

The following returns were e-filed and accepted:

* Federal Income Tax - accepted February 07, 2025
* New York Income Tax - accepted February 07, 2025

Sincerely,

Samuel Tejeda
Zack Tax Pro

Zack Tax Pro

95 w 195 st
BRONX, NY 10460
zack.inco@gmail.com
Phone: (984)356-0164 | Fax:

February 19, 2025

Miguelina Garcia Cabrera & Leonel Rincon
76 Saint Nichols Apt Cc2
New York, NY 10032

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (984)356-0164.

Sincerely,

Samuel Tejeda
Zack Tax Pro

Zack Tax Pro

95 w 195 st
BRONX, NY 10460
zack.inco@gmail.com
Phone: (984)356-0164 | Fax:

Customer Name	Customer Information	
Miguelina Garcia Cabrera & Leonel Rincon 76 Saint Nichols Apt Cc2 New York, NY 10032	Invoice #:	
	Date:	February 19, 2025
	Phone:	(917)392-8203
	E-mail:	

Your 2024 tax return was prepared by Samuel Tejeda.

Description		Fee
Federal And Supplemental Forms		
Form 1040	U.S. Individual Income Tax Return	
Schedule 1	Additional Income and Adjustments to Income	
Schedule 3	Additional Credits and Payments	
Schedule C	Profit or Loss from Business, pages 1 and 2	
Form 2441	Child and Dependent Care Expenses	
Schedule 8812	Qualifying Children and Other Dependents Credit	
Form 8867	Paid Preparer's Due Diligence Checklist	
Form 8879	E-File Signature Authorization	
Form 9325	General Information for Electronic Filing	
Form W-2	Wage and Tax Statement	
Form W-2	Wage and Tax Statement	
Form W-2	Wage and Tax Statement	
Form W-2	Wage and Tax Statement	
Due Diligence	Additional Due Diligence	
Due Diligence	Additional Due Diligence	
Tax Computation	Computation of Regular Tax	
Wks CRED_LMT	Credit Limit Worksheet	
Wks EIC B	EIC Worksheet B	
Form 8995	Qualified Business Income Deduction - Simple	
Wks 8812 - CTC	Schedule 8812 Worksheet - Child Tax Credit	
Comparison	Tax Year Comparison Sheet	
W-2 Listing	Listing of All Forms W-2	
New York Forms		
NY SUM	NY Return Summary	
NY 201	Resident Income Tax Return - Page 1	
NY 201 Pg 2	Resident Income Tax Return - Page 2	
NY 201 Pg 3	Resident Income Tax Return - Page 3	
NY 201 Pg 4	Resident Income Tax Return - Page 4	
NY-COMP	NY State Comparison	
NY 213	Claim for Empire State Child Credit	
NY 216	Claim for Child and Dependent Care Credit	
NY W2	Summary of W-2 Statements	
NY W2	Summary of W-2 Statements	

NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY TR579	E-file Signature Authorization	
NY WK_AGI	State Adjustment Gross Income Worksheet	
NY EF_ACK	NY EF Acknowledgement Page	

Total Forms	**38**	**Forms Subtotal**	**0.00**
		Total Balance Due	**0.00**

Payment due upon receipt. Thank you for your business!

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name
MIGUELINA GARCIA CABRERA & LEONEL R

Taxpayer address (optional)
76 SAINT NICHOLS APT CC2
NEW YORK, NY 10032

1. [X] Your federal income tax return for **2024** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **Zack Tax Pro** .

2. [X] Your return was accepted on **02-07-2025** using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is **XXXXXX2025038vwzeuif** .

3. [ ] Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. [ ] Your electronic funds withdrawal payment request was accepted for processing.

5. [ ] Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. [ ] Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____ . The Submission ID assigned to your extension is _____ .

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

MIGUELINA GARCIA CABRERA & LEONEL RINCON

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

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

Your first name and middle initial	Last name	Your social security number
MIGUELINA	GARCIA CABRERA	XXX-XX-8940
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
LEONEL	RINCON	XXX-XX-0758

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 76 SAINT NICHOLS / CC2

City, town, or post office. If you have a foreign address, also complete spaces below. State: NEW YORK / NY. ZIP code: 10032

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

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

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

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

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

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

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
MILANY	GARCIA	XXX-XX-4305	DAUGHTER	☒	☐
				☐	☐
				☐	☐
				☐	☐

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

Income

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	88,575
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	88,575
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	(6,554)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	82,021
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	82,021
12	**Standard deduction or itemized deductions** (from Schedule A)			12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	29,200
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	52,821

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

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	5,875
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	5,875
	19	Child tax credit or credit for other dependents from Schedule 8812		19	2,000
	20	Amount from Schedule 3, line 8		20	600
	21	Add lines 19 and 20		21	2,600
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	3,275
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	3,275
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 7,980		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	7,980
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	0
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	7,980
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	4,705
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	4,705
Direct deposit? See instructions.	b	Routing number 021000322 **c** Type: ☒ Checking ☐ Savings			
	d	Account number XXXXXXXX3551			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	0
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
34905	02-07-2025		
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)**
91849	02-07-2025		

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

Phone no. 917-392-8203 Email address

Paid Preparer Use Only

Preparer's signature	Date 02-19-2025	PTIN XXXXX2985	Check if: ☐ Self-employed
Preparer's name Samuel Tejeda	Phone no. 984-356-0164		
Firm's name Zack Tax Pro			
Firm's address 95 w 195 st BRONX, NY 10460		Firm's EIN	

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MIGUELINA GARCIA CABRERA & LEONEL RINCON

Your social security number
XXX-XX-8940

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		**1**	
2a	Alimony received		**2a**	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		**3**	**(6,554)**
4	Other gains or (losses). Attach Form 4797		**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		**5**	
6	Farm income or (loss). Attach Schedule F		**6**	
7	Unemployment compensation		**7**	
8	Other income:			
a	Net operating loss	**8a** ( )		
b	Gambling	**8b**		
c	Cancellation of debt	**8c**		
d	Foreign earned income exclusion from Form 2555	**8d** ( )		
e	Income from Form 8853	**8e**		
f	Income from Form 8889	**8f**		
g	Alaska Permanent Fund dividends	**8g**		
h	Jury duty pay	**8h**		
i	Prizes and awards	**8i**		
j	Activity not engaged in for profit income	**8j**		
k	Stock options	**8k**		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	**8l**		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	**8m**		
n	Section 951(a) inclusion (see instructions)	**8n**		
o	Section 951A(a) inclusion (see instructions)	**8o**		
p	Section 461(l) excess business loss adjustment	**8p**		
q	Taxable distributions from an ABLE account (see instructions)	**8q**		
r	Scholarship and fellowship grants not reported on Form W-2	**8r**		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	**8s** ( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	**8t**		
u	Wages earned while incarcerated	**8u**		
v	Digital assets received as ordinary income not reported elsewhere. See instructions	**8v**		
z	Other income. List type and amount:	**8z**		
9	Total other income. Add lines 8a through 8z		**9**	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		**10**	**(6,554)**

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	0

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MIGUELINA GARCIA CABRERA & LEONEL RINCON

Your social security number
XXX-XX-8940

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	600
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	600

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	0

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
MIGUELINA GARCIA CABRERA	**XXX-XX-8940**

A Principal business or profession, including product or service (see instructions)
HOMECARE

B Enter code from instructions: **623000**

C Business name. If no separate business name, leave blank.

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

E Business address (including suite or room no.) **76 SAINT NICHOLS APT CC2**
City, town or post office, state, and ZIP code **NEW YORK, NY 10032**

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

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

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

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

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

Part I Income

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

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,466
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	2,104
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	2,984
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	6,554
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(6,554)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	(6,554)

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [X] All investment is at risk.
32b [ ] Some investment is not at risk.

Name(s) | SSN

MIGUELINA GARCIA CABRERA | **XXX-XX-8940**

Part III Cost of Goods Sold (see instructions)

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

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

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

Part IV Information on Your Vehicle.

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

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

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

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

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

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

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

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

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

TRTANSPORTATION	**2,264**
UNIFORM	**720**

48	**Total other expenses.** Enter here and on line 27a	**48**	**2,984**

Form **2441**

Department of the Treasury
Internal Revenue Service

Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form2441* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **21**

Name(s) shown on return: **MIGUELINA GARCIA CABRERA & LEONEL RINCON**

Your social security number: **XXX-XX-8940**

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately.* If you meet these requirements, check this box . . ☐

B If you or your spouse was a student or was disabled during 2024 and you're entering deemed income of $250 or $500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box . . . . . ☐

Part I Persons or Organizations Who Provided the Care - You **must** complete this part.

If you have more than three care providers, see the instructions and check this box . . . . . ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2024? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
MARISELA MUNOZ	1 SICKLES ST APT E24 NEW YORK, NY 10040	26-4726436	☐ Yes ☒ No	7,200
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Did you receive **dependent care benefits?**
- **No** — Complete only Part II below.
- **Yes** — Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2024 but didn't pay them until 2025, or if you prepaid in 2024 for care to be provided in 2025, don't include these expenses in column (d) of line 2 for 2024. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s).** If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2024 for the person listed in column (a)
MILANY	GARCIA	XXX-XX-4305	☐	7,200
			☐	
			☐	

3	Add the amounts in column (d) of line 2. **Don't** enter more than $3,000 if you had one qualifying person or $6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	**3**	3,000
4	Enter your **earned income.** See instructions	**4**	9,216
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	**5**	72,805
6	Enter the **smallest** of line 3, 4, or 5	**6**	3,000
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . . **7** 82,021		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.	**8**	X .20

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0-	15,000	.35	$25,000-	27,000	.29	$37,000-	39,000	.23
15,000-	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22
17,000-	19,000	.33	29,000-	31,000	.27	41,000-	43,000	.21
19,000-	21,000	.32	31,000-	33,000	.26	43,000-	No limit	.20
21,000-	23,000	.31	33,000-	35,000	.25			
23,000-	25,000	.30	35,000-	37,000	.24			

9a	Multiply line 6 by the decimal amount on line 8	**9a**	600
b	If you paid 2023 expenses in 2024, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	**9b**	
c	Add lines 9a and 9b and enter the result	**9c**	600
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 5,875		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	**11**	600

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return

MIGUELINA GARCIA CABRERA & LEONEL RINCON

Your social security number

XXX-XX-8940

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			**1**	**82,021**
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**			
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	
3	Add lines 1 and 2d			**3**	**82,021**
4	Number of qualifying children under age 17 with the required social security number	**4**	**1**		
5	Multiply line 4 by $2,000			**5**	**2,000**
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	**2,000**
9	Enter the amount shown below for your filing status. • Married filing jointly-$400,000 • All other filing statuses-$200,000			**9**	**400,000**
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	**0**
11	Multiply line 10 by 5% (0.05)			**11**	
12	Is the amount on line 8 more than the amount on line 11?			**12**	**2,000**
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	**5,275**
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			**14**	**2,000**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** **0**

b Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** **27** **0**

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
MIGUELINA GARCIA CABRERA & LEONEL RINCON	XXX-XX-8940
Preparer's name	**Preparer tax identification number**
Samuel Tejeda	XXXXX2985

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: School Records, Medical Records	☒	☐	
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☒
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	X		
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	X		

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI **Eligibility Certification**

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**
► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074
2024

Submission Identification Number (SID) ▶ XXXXXX2025038vwzeuif

Taxpayer's name	Social security number
MIGUELINA GARCIA CABRERA	XXX-XX-8940
Spouse's name	**Spouse's social security number**
LEONEL RINCON	XXX-XX-0758

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	**1**	82,021
2	Total tax	**2**	3,275
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	7,980
4	Amount you want refunded to you	**4**	4,705
5	Amount you owe	**5**	

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

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

Taxpayer's PIN: check one box only

Refund will be deposited to: RTN=021000322 Acct=Ends in 3551

[X] I authorize Zack Tax Pro (ERO firm name) to enter or generate my PIN 34905 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

[X] I authorize Zack Tax Pro (ERO firm name) to enter or generate my PIN 91849 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-56210 (Don't enter all zeros)

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

ERO's signature ► _____ Date ► 02-19-2025

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

Credit Limit Worksheet A

Schedule 8812 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

MIGUELINA GARCIA CABRERA & LEONEL RINCON | **XXX-XX-8940**

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **1.** **5,875**

2. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	
Schedule 3, Line 2	+	600
Schedule 3, Line 3	+	
Schedule 3, Line 4	+	
Schedule 3, line 5b	+	
Schedule 3, line 6d	+	
Schedule 3, line 6f	+	
Schedule 3, line 6l	+	
Schedule 3, line 6m	+	

Enter the total. **2.** **600**

3. Subtract line 2 from line 1 . . . . . **3.** **5,275**

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
   a. Mortgage interest credit, Form 8396.
   b. Adoption credit, Form 8839.
   c. Residential clean energy credit, Form 5695, Part I.
   d District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B **4.** **0**

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 . . . . . **5.** **5,275**

	a Employee's social security number XXX-XX-8940	OMB No. 1545-0008	**Safe, accurate, FAST! Use** *IRS e-file* Visit the IRS website at ***www.irs.gov/efile***

b Employer identification number (EIN) 26-2213591	**1** Wages, tips, other compensation 167	**2** Federal income tax withheld
c Employer's name, address, and ZIP code INTERGE HEALTH LLC 1601 BRONXDALE AVE SUITE 204 BRONX NY 10462	**3** Social security wages 167	**4** Social security tax withheld 10
	5 Medicare wages and tips 167	**6** Medicare tax withheld 2
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial Last name Suff. MIGUELINA GARCIA CABRERA 76 SAINT NICHOLS NEW YORK NY 10032 **f** Employee's address and ZIP code	**11** Nonqualified plans	**12a** See instructions for box 12 Code DD 17
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
NY XXXXX3591	167				

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 2024

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

The information on this Form W-2 was used to prepare the taxpayer's 2024 Federal tax return by Zack Tax Pro

	a Employee's social security number XXX-XX-8940	OMB No. 1545-0008	**Safe, accurate, FAST! Use** *IRS e-file* Visit the IRS website at ***www.irs.gov/efile***

b Employer identification number (EIN) 20-5909696	**1** Wages, tips, other compensation 6,541	**2** Federal income tax withheld
c Employer's name, address, and ZIP code PLATINUM HOME HEALTH CARE 170 53 ST CORONA NY 11368	**3** Social security wages 6,541	**4** Social security tax withheld 406
	5 Medicare wages and tips 6,541	**6** Medicare tax withheld 95
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial Last name Suff. MIGUELINA GARCIA CABRERA 76 SAINT NICHOLS NEW YORK NY 10032 **f** Employee's address and ZIP code	**11** Nonqualified plans **13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ **14** Other	**12a** See instructions for box 12 Code **12b** Code **12c** Code **12d** Code

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
NY XXXXX9696	6,541	115	6,541	90	NY

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement **2024**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

The information on this Form W-2 was used to prepare the taxpayer's 2024 Federal tax return by Zack Tax Pro

	a Employee's social security number XXX-XX-8940	OMB No. 1545-0008	**Safe, accurate, FAST! Use** *IRS e-file* Visit the IRS website at ***www.irs.gov/efile***

b Employer identification number (EIN) 26-1965234	**1** Wages, tips, other compensation 9,062	**2** Federal income tax withheld
c Employer's name, address, and ZIP code AMAZING HOME CARE SERVICES 1601 BRONXDALE AVE SUITE 207 BRONX NY 10462	**3** Social security wages 9,062	**4** Social security tax withheld 562
	5 Medicare wages and tips 9,062	**6** Medicare tax withheld 131
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial Last name Suff. MIGUELINA GARCIA CABRERA 76 SAINT NICHOLS NEW YORK NY 10032	**11** Nonqualified plans	**12a** See instructions for box 12 Code DD 938
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
	14 Other	**12c** Code
		12d Code
f Employee's address and ZIP code		

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
NY XXXXX5234	9,062	217	9,062	162	NY

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement **2024**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

The information on this Form W-2 was used to prepare the taxpayer's 2024 Federal tax return by Zack Tax Pro

	a Employee's social security number XXX-XX-0758	OMB No. 1545-0008	**Safe, accurate, FAST! Use** *IRS e-file* Visit the IRS website at ***www.irs.gov/efile***

b Employer identification number (EIN) 13-3252322	**1** Wages, tips, other compensation 72,805	**2** Federal income tax withheld 7,980
c Employer's name, address, and ZIP code LIPPOLIS ELECTRIC INC 25 7TH STREET PELHAM NY 10803	**3** Social security wages 72,805	**4** Social security tax withheld 4,514
	5 Medicare wages and tips 72,805	**6** Medicare tax withheld 1,056
	7 Social security tips	**8** Allocated tips
d Control number	**9**	**10** Dependent care benefits
e Employee's first name and initial Last name Suff. LEONEL RINCON 76 SAINT NICHOLS NEW YORK NY 10032 **f** Employee's address and ZIP code	**11** Nonqualified plans **13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ **14** Other	**12a** See instructions for box 12 code **12b** code **12c** code **12d** code

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
NY XXXXX2322	72,805	3,382	67,205	2,341	NY

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement **2024**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

The information on this Form W-2 was used to prepare the taxpayer's 2024 Federal tax return by Zack Tax Pro

W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

MIGUELINA GARCIA CABRERA & LEONEL RINCON

		FEDERAL			STATE			CITY/LOCAL		
T/S	Employer Name	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE	Gross	W/H
T	INTERGE HEALTH LLC	167		NY	167				
T	PLATINUM HOME HEALTH CARE	6,541		NY	6,541	115	NY	6,541	90
T	AMAZING HOME CARE SERVICES	9,062		NY	9,062	217	NY	9,062	162
S	LIPPOLIS ELECTRIC INC	72,805	7,980	NY	72,805	3,382	NY	67,205	2,341
	Taxpayer Totals	15,770			15,770	332		15,603	252
	Spouse Totals	72,805	7,980		72,805	3,382		67,205	2,341
	Totals	88,575	7,980		88,575	3,714		82,808	2,593

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return

MIGUELINA GARCIA CABRERA & LEONEL RINCON

Your taxpayer identification number

XXX-XX-8940

Note: *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: HOMECARE	XXX-XX-8940	(6,554)
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(6,554)		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	0
11	Taxable income before qualified business income deduction (see instructions)	11	52,821		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	52,821		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	10,564
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(6,554)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2024)

EEA

Amount from Form 1040, line 11..... 82,021
Amount from Form 1040, line 12..... 29,200

Line 11 above is the difference between these amounts..... 52,821

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

Name(s) as shown on return: MIGUELINA GARCIA CABRERA & LEONEL RINCON

Identification Number: ***-**-8940

Address

76 SAINT NICHOLS APT CC2
NEW YORK, NY 10032

Thank you for participating in e-file.

1. [X] Your 2024 state income tax return for NY201 was filed electronically.
   The electronic filing services were provided by Zack Tax Pro .

2. [X] Your return was accepted on 02-07-2025 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
   The submission ID assigned to this return is XXXXXX2025038gggdksq .

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

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
MIGUELINA		GARCIA CABRERA	09291993	XXX XX 8940
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number
LEONEL		RINCON	01301985	XXX XX 0758

Mailing address ***(see instructions)*** *(number and street or PO Box)*	Apartment number	New York State county of residence
76 SAINT NICHOLS	CC2	NEW YORK

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	10032		MANHATTAN

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

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

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

(1) [ ] Single

(2) [X] 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 ... 12

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)*
MILANY		GARCIA	DAUGHTER	XXX XX 4305	07282020

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

201001241024

For office use only

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

Your Social Security number
XXX XX 8940

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	**1**	88575 .00
2	Taxable interest income	**2**	.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**	-6554 .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**	82021 .00
18	Total federal adjustments to income *Identify:*	**18**	.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	**19**	82021 .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**	82021 .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**	82021 .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**	16050 .00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	**35**	65971 .00
36	Dependent exemptions *(enter the number of dependents listed in item H)*	**36**	1000.00
37	**Taxable income** *(subtract line 36 from line 35)*	**37**	64971 .00

201002241024

MIGUELINA GARCIA CABRERA AND LEONEL | XXX XX 8940

Tax calculation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	64971 .00
39	NYS tax on line 38 amount		**39**	3241 .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**	3241 .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**	3241 .00

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

47	NYC taxable income	**47** 64971 .00		
47a	NYC resident tax on line 47 amount	**47a** 2308 .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** 2308 .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** 2308 .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** 2308 .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		
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**	2308 .00

See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.

See instructions to calculate the MCTMT for each zone.

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**	5549 .00

Your Social Security number: XXX XX 8940

62	Enter amount from line 61	**62**	5549 .00

Payments and refundable credits

63	Empire State child credit	**63**	330 .00
64	NYS/NYC child and dependent care credit	**64**	360 .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**	125 .00
69a	NYC school tax credit (rate reduction amount)	**69a**	136 .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**	3714 .00
73	Total **New York City** tax withheld	**73**	2593 .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**	7258 .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**	1709 .00
78	Amount of line 77 **available for refund** *(subtract line 79 from line 77)* **TIP:** Use this amount to check your refund status online.	**78**	1709 .00
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**	1709 .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 021000322 **83c** Account number XXXXXXXX3551

84 Electronic funds withdrawal Date Amount .00

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

▼ Paid preparer must complete *(see instructions)* ▼	Preparer's NYTPRIN 12278291	NYTPRIN excl. code
Preparer's signature SAMUEL TEJEDA	Preparer's printed name SAMUEL TEJEDA	
Firm's name *(or yours, if self-employed)* ZACK TAX PRO	Preparer's PTIN or SSN XXXXX2985	
Address 95 W 195 ST	Employer identification number	
BRONX NY 10460	Date 02072025	
Email: ZACK.INCO@GMAIL.COM		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation *(if joint return)*	
Date	Daytime phone number 917 392 8203
Email:	

See instructions for where to mail your return.

201004241024

NEW YORK STATE 2024

Department of Taxation and Finance

Claim for Empire State Child Credit

Tax Law - Section 606(c-1)

IT-213

Submit this form with Form IT-201 or IT-203.

Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
MIGUELINA GARCIA CABRERA	XXX XX 8940
Spouse's name	Spouse's SSN
LEONEL RINCON	XXX XX 0758

Determine eligibility

1 Were you (and your spouse if filing a joint New York State return) New York State residents for the full year? . . . . **1** Yes [X] No [ ]
If you marked an ***X*** in the ***No*** box, **stop;** you do not qualify for this credit.

2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents? . . . . . **2** Yes [X] No [ ]

3 Is your federal adjusted gross income on Form IT-201, line 19 *(see instructions)*
- $110,000 or less and your filing status is married filing joint return;
- $75,000 or less and your filing status is single, head of household, or qualifying surviving spouse; **or**
- $55,000 or less and your filing status is married filing separate return? . . . . . **3** Yes [X] No [ ]

If you marked an ***X*** in the ***No*** box at both lines 2 and 3, **stop;** you do not qualify for this credit.

4 Enter the number of children **with an SSN or ITIN** who qualify for the federal child tax credit, additional child tax credit, or credit for other dependents *(see instructions)* **4** 1

Enter qualifying child information

List below the name, SSN or ITIN, and date of birth for each qualifying child included on line 4. **Failure to enter information for each qualifying child may result in a denial or delay the processing of your return.**

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth *(mmddyyyy)*
MILANY		GARCIA		XXX XX 4305	07282020

Use Form IT-213-ATT if you have additional children to report.

213001241024

Credit calculation

If you marked ***Yes*** to question 2 and entered a number on line 4, you must complete Worksheets A and B in the instructions before you continue with line 5.

If you marked ***No*** to question 2, skip lines 5 through 7, and enter ***0*** on line 8; continue with line 9.

			Whole dollars only
5	Enter the amount from Worksheet A, line 13 *(see instructions)*	**5**	1000 .00
6	Enter your additional child tax credit amount from Worksheet B *(see instructions)*	**6**	.00
7	Add lines 5 and 6	**7**	1000 .00
8	Multiply line 7 by 33% (.33)	**8**	330 .00

If you marked the ***No*** box on line 3, skip line 9, and enter the amount from line 8 on line 10.

All others continue with line 9.

9	Multiply line 4 by 100	**9**	100 .00
10	Empire State child credit *(enter the amount from line 8 or line 9, whichever is greater)*	**10**	330 .00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 11 and 12. All others enter the line 10 amount on Form IT-201, line 63.

Spouses required to file separate New York State returns *(see instructions)*

11	Enter the full-year resident spouse's share of the line 10 amount; **do not leave line 11 blank** Enter here and on Form IT-201, line 63.	**11**	.00
12	Enter the part-year resident or nonresident spouse's share of the line 10 amount; **do not leave line 12 blank** Enter the line 12 amount and code ***213*** on Form IT-203-ATT, line 12.	**12**	.00

Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City
Tax Law - Section 606(c)

IT-216

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your Social Security number
MIGUELINA GARCIA CABRERA AND LEONEL RINCON	XXX XX 8940

1 Is your New York State filing status *Married filing separate return*, and did you check box A on your federal Form 2441, *Child and Dependent Care Expenses? (If yes,see instructions)* . . . . . Yes [ ] No [X]

2 Persons or organizations who provided the care. *(If you have more than two providers, see instructions.)*

	A - Care provider name *(first name, middle initial, and last name, or business name)*	C - Identifying number *(SSN or EIN)*	D - Amount paid *(see instr.)*
1st Care provider	MARISELA MUNOZ	264 72 6436	7200.00
	B - Number and street / City / State / ZIP code		
	1 SICKLES ST APT E24 / NEW YORK / NY / 10040		
2nd Care provider	**A** - Care provider name *(first name, middle initial, and last name, or business name)*	**C** - Identifying number *(SSN or EIN)*	**D** - Amount paid *(see instr.)*
			.00
	B - Number and street / City / State / ZIP code		

3 Total number of qualifying persons you are claiming **3** 1

List in order from youngest to oldest. *(If you are claiming more than five qualifying persons, see instructions.)*

A First name	MI	B Last name	Suffix	C Qualified expenses paid	D Person with disability *(see instr.)*	E Social Security number	F Date of birth *(mmddyyyy)*
MILANY		GARCIA		7200.00	[ ]	XXX XX 4305	07282020
				.00	[ ]		
				.00	[ ]		
				.00	[ ]		
				.00	[ ]		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 7200.00

3b Enter the amount from Worksheet 1, line 16, **if applicable** *(see instr.)* **3b** .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? . . . . . Yes [X] No [ ]

5 Enter the **smallest** of:
- line 3a above; **or**
- line 3b above; **or**
- 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons **5** 3000.00

Whole dollars only

6 Enter your earned income *(see instructions)* **6** 9216.00

7 If your filing status is *Married filing joint return,* enter your spouse's earned income; all others, enter the amount from line 6 *(see instructions)* **7** 72805.00

8 Enter the smallest of line 5, 6, or 7 . . . . . **8** 3000.00

9 Enter the amount from Form IT-201, line 19 or IT-203, line 19, *Federal amount* column **9** 82021.00

10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instr. . . . **10** .2

11 Multiply line 8 by the decimal amount on line 10 *(enter here and on line 12 on page 2)* **11** 600.00

216001241024

12	Amount from line 11	**12**	600.00
13	Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) 82021.00 Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line	**13**	0.600
14	Multiply line 12 by the decimal amount on line 13. This is your **New York State** child and dependent care credit *(see instructions)*	**14**	360.00

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40 If line 15 is equal to or more than line 14, **stop. You do not have excess credit.** If line 15 is less than line 14, **continue on line 16 below.**	**15**	.00
16	Subtract line 15 from line 14. **This is your excess child and dependent care credit**	**16**	.00
17	Enter the amount from Form IT-203-ATT, line 29 *(If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.)* If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.	**17**	.00
18	Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit**	**18**	.00
19	Enter the amount from line 19, Column D, of *Part-year resident income allocation worksheet*, in Form IT-203-I **19** .00		
20	Enter the amount from Form IT-203, line 19, *Federal amount* column **20** .00		
21	Divide line 19 by line 20 *(round the result to the fourth decimal place).* This amount cannot exceed 100% (1.0000) *(see instructions)*	**21**	
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. **This is the refundable portion of your New York State part-year resident child and dependent care credit**	**22**	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is $30,000 or less (see *Note* under *New York City credit* in the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	**23**	.00

IT-201 filers:

24	Refundable New York City child and dependent care credit *(from Worksheet 2, line 7 or line 13)*	**24**	.00
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	**25**	.00
26	Part-year New York City resident nonrefundable New York City child and dependent care credit *(from Worksheet 2, line 8);* also enter this amount on Form IT-201-ATT, line 9a	**26**	.00

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit *(from Worksheet 2, line 8);* also enter this amount on Form IT-203, line 52	**27**	.00
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit *(from Worksheet 2, line 13);* also enter this amount on Form IT-203-ATT, line 9a	**28**	.00

Part-year New York City resident filers only:

29	Enter the amount from Worksheet 2, line 10	**29**	.00
30	Enter the amount from Worksheet 2, line 11	**30**	.00

NEW YORK STATE 2024

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: XXX XX 8940

Box b Employer identification number (EIN): 26 2213591

Box c Employer's information

Employer's name: INTERGE HEALTH LLC

Employer's address *(number and street)*: 1601 BRONXDALE AVE SUITE 204

City	State	ZIP code	Country
BRONX	NY	10462	

	Box 12a Amount	Code	Box 14a Amount	Description
Box 1 Wages, tips, other compensation: 167.00	17.00	D D	.00	
Box 8 Allocated tips: .00	.00		.00	
Box 10 Dependent care benefits: .00	.00		.00	
Box 11 Nonqualified plans: .00	.00		.00	

Box 12b Amount / Code / **Box 14b** Amount / Description

Box 12c Amount / Code / **Box 14c** Amount / Description

Box 12d Amount / Code / **Box 14d** Amount / 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.: 167.00

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	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record: XXX XX 8940

Box b Employer identification number (EIN): 20 5909696

Box c Employer's information

Employer's name: PLATINUM HOME HEALTH CARE

Employer's address *(number and street)*: 170 53 ST

City	State	ZIP code	Country
CORONA	NY	11368	

	Box 12a Amount	Code	Box 14a Amount	Description
Box 1 Wages, tips, other compensation: 6541.00	.00		.00	
Box 8 Allocated tips: .00	.00		.00	
Box 10 Dependent care benefits: .00	.00		.00	
Box 11 Nonqualified plans: .00	.00		.00	

Box 12b Amount / Code / **Box 14b** Amount / Description

Box 12c Amount / Code / **Box 14c** Amount / Description

Box 12d Amount / Code / **Box 14d** Amount / 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.: 6541.00

Box 17a NYS income tax withheld: 115.00

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	6541.00	90.00	NYC
Locality b	.00	.00	

102001241024

Department of Taxation and Finance

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

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

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

Taxpayer's name	Spouse's name *(jointly filed return only)*
MIGUELINA GARCIA CABRERA	LEONEL RINCON

Purpose

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

General instructions

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

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

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

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

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

FORM IT-201

Part A - Tax return information

1	Federal adjusted gross income *(from applicable line)*	**1.**	82021.
2	Refund	**2.**	1709.
3	Amount you owe	**3.**	
4	Financial institution routing number	**4.**	021000322
5	Financial institution account number	**5.**	XXXXXXXX3551

6 Account type: ☒ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

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

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

Taxpayer's signature	Date
	02072024
Spouse's signature *(jointly filed return only)*	Date
	02192025

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

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

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

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

ERO's signature	Print name	Date
Paid preparer's signature	**Print name**	**Date**
SAMUEL TEJEDA	SAMUEL TEJEDA	02072025

LIPPOLIS ELECTRIC inc

LICENSED ELECTRICAL CONTRACTORS

JUNE 30, 2025

RE: Leonel Rincon
76 St Nicholas Pl Apt CC2
New York, NY 10032

To whom it may concern:
Mr. Leonel Rincon was hired by Lippolis Electric, Inc. on 06/02/2021. He is employed fulltime with a schedule of at least 40 hours per week as an electrician's helper with an hourly wage of $30.00. We anticipate his continued employment. Please contact me if you have any questions or if you need further information. Thank you.

Sincerely,

Kris Molinari

Kris Molinari
Human Resource Coordinator

25 Seventh Street Pelham, NY 10803 Phone: 914.738.3550 Fax: 914.738.7145

Juan Peralta Burgos
558 W 181st Street, Apt. E
New York, NY 10033
Tel: 917-432-7618

Date: July 3, 2025

To whom it may concern:

I, **Juan Peralta Burgos**, owner of the apartment located at **558 W 181st Street, Apt. E, New York, NY 10033**, hereby certify that Mr. **Leonel Rincón** has been residing at said address since **July 25, 2022**.

Mr. Rincon occupies a room within the apartment, and pays a monthly rent of **$1,200.00**. During your time of residence, you have responsibly fulfilled your obligations as a tenant.

This letter is issued as **a certificate of address** at the request of Mr. Rincón and for the purposes he deems appropriate.

If you require additional information, please do not hesitate to contact me at **917-432-7618**.

Kind regards

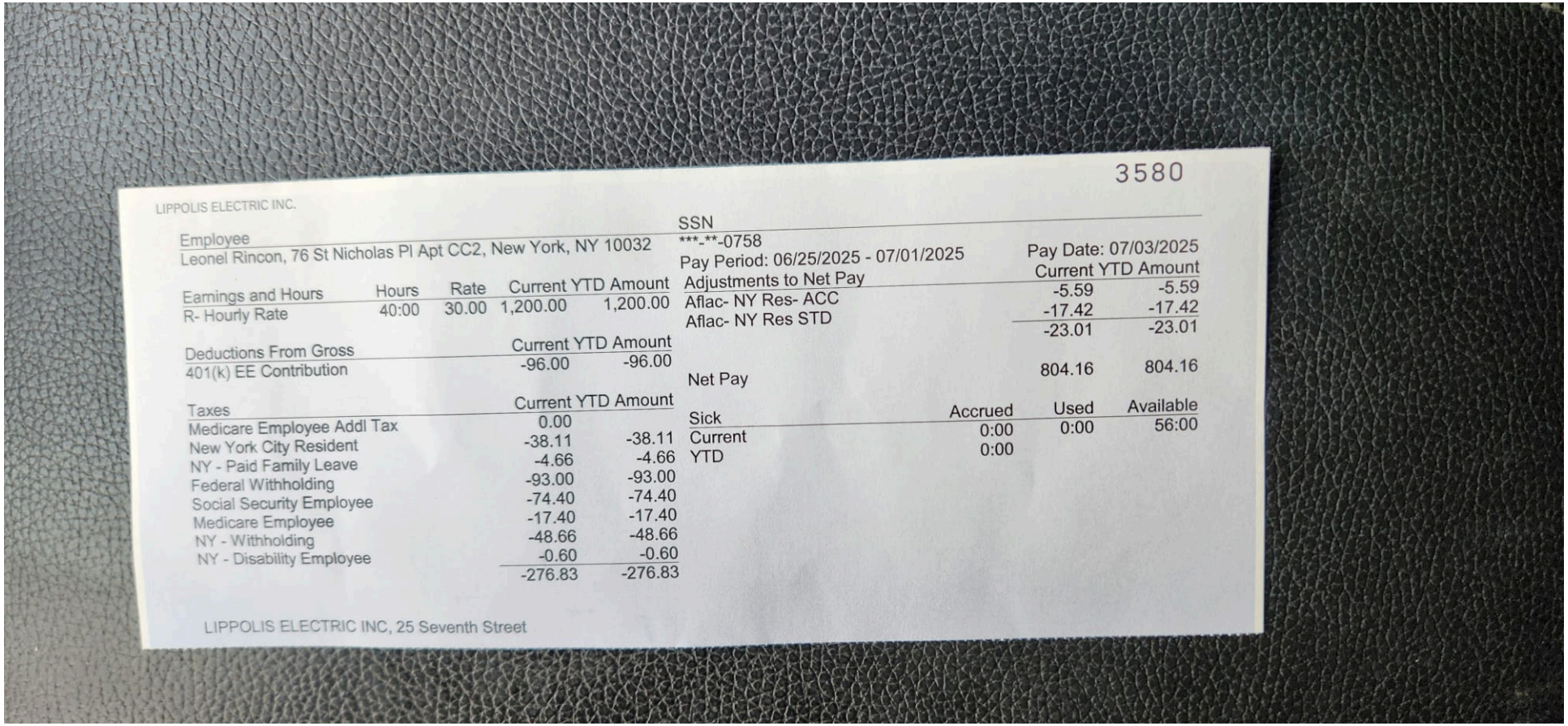
Juan Peralta

Juan Peralta Burgos
Owner

State of New York
County of New York
Sworn to and subscribed before me this 3 day of Jul 2025
Personally appeared Juan Peralta Burgos
[ ] Personally known to me -OR- [ ] Produced ID___
to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

manuel r. pantaleon

MANUEL R. PANTALEON
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in New York County
MY COMMISSION EXPIRES 02/01/27



3580

LIPPOLIS ELECTRIC INC.

Employee
Leonel Rincon, 76 St Nicholas Pl Apt CC2, New York, NY 10032

SSN
***-**-0758

Pay Period: 06/25/2025 - 07/01/2025

Pay Date: 07/03/2025

Earnings and Hours	Hours	Rate	Current	YTD Amount
R- Hourly Rate	40:00	30.00	1,200.00	1,200.00

Deductions From Gross	Current	YTD Amount
401(k) EE Contribution	-96.00	-96.00

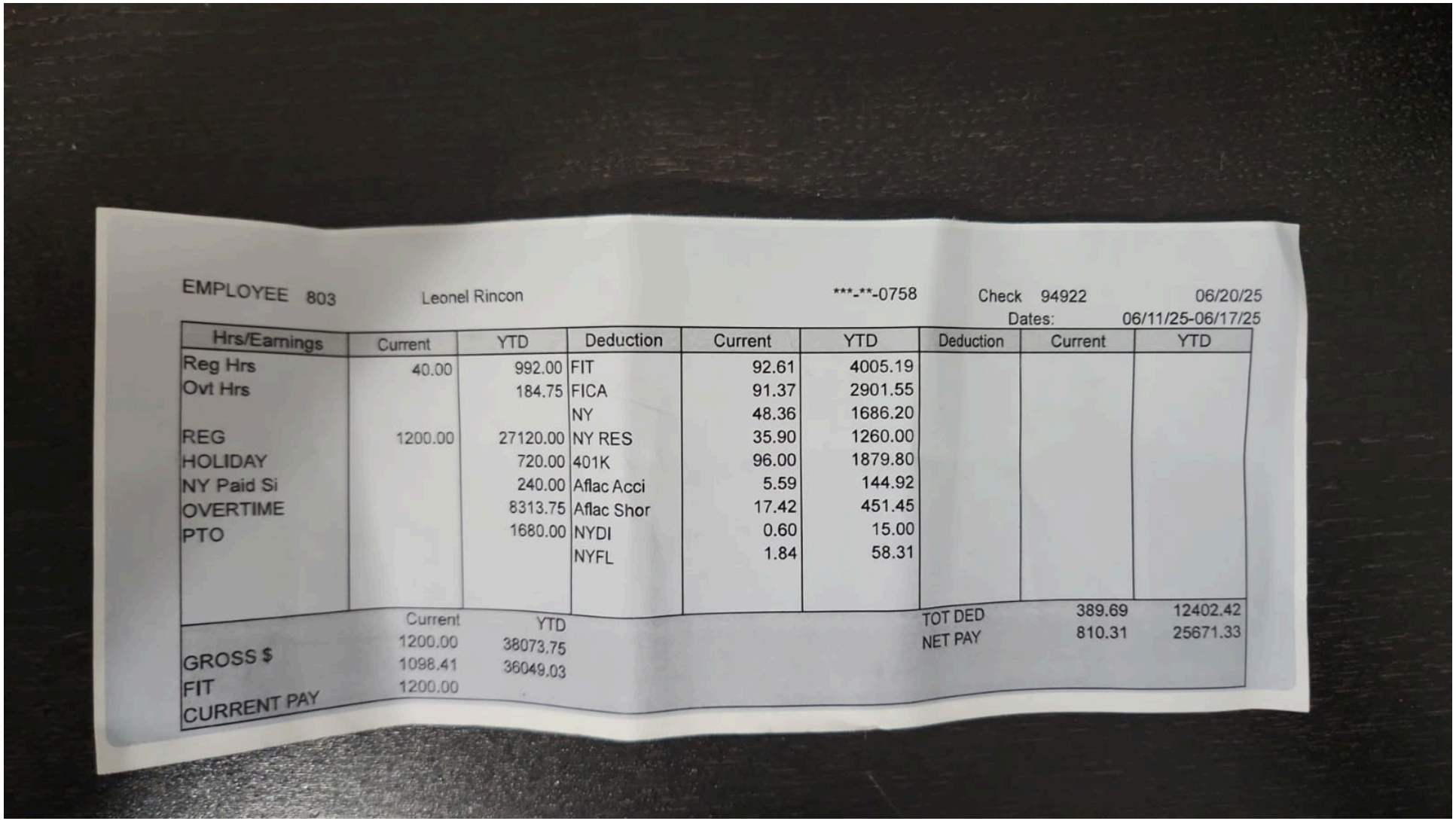
Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
New York City Resident	-38.11	-38.11
NY - Paid Family Leave	-4.66	-4.66
Federal Withholding	-93.00	-93.00
Social Security Employee	-74.40	-74.40
Medicare Employee	-17.40	-17.40
NY - Withholding	-48.66	-48.66
NY - Disability Employee	-0.60	-0.60
	-276.83	-276.83

Adjustments to Net Pay	Current	YTD Amount
Aflac- NY Res- ACC	-5.59	-5.59
Aflac- NY Res STD	-17.42	-17.42
	-23.01	-23.01

	Current	YTD Amount
Net Pay	804.16	804.16

Sick	Accrued	Used	Available
Current	0:00	0:00	56:00
YTD	0:00		

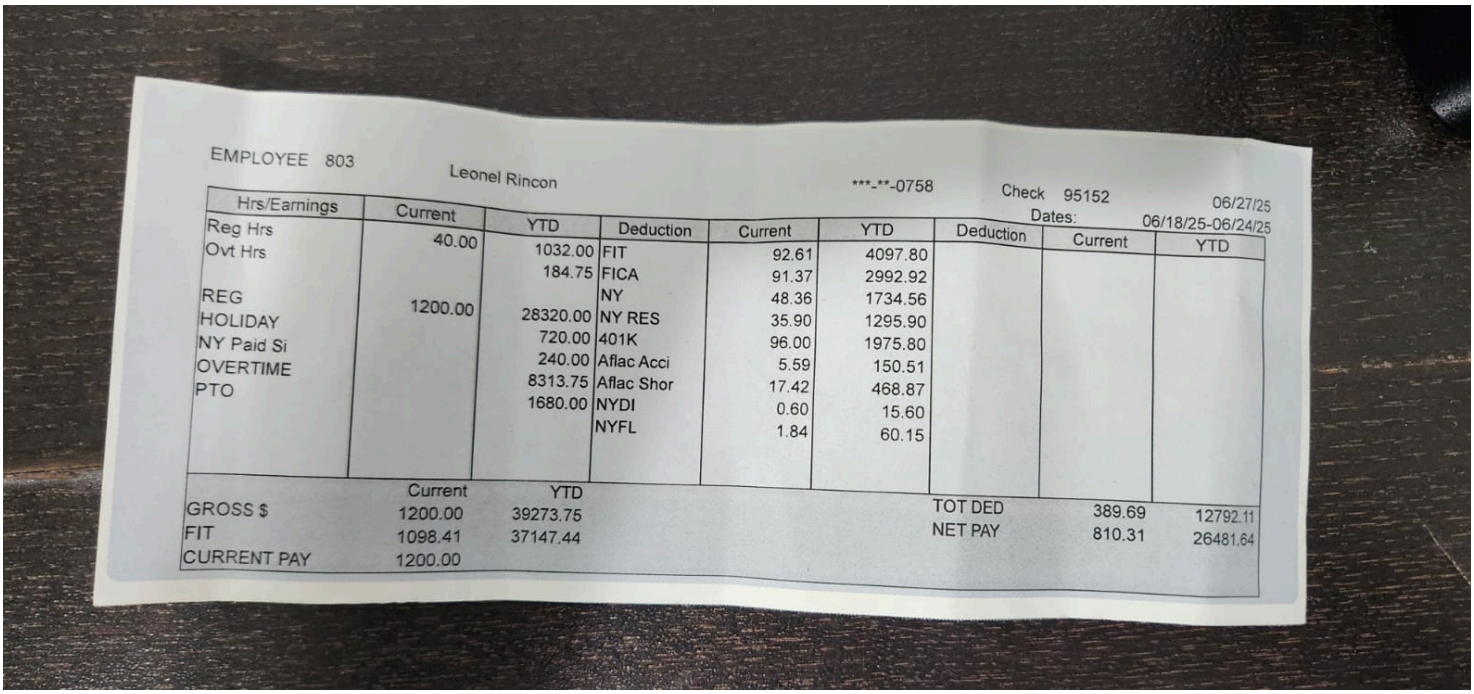
LIPPOLIS ELECTRIC INC, 25 Seventh Street



EMPLOYEE 803 Leonel Rincon ***-**-0758 Check 94922 06/20/25

Dates: 06/11/25-06/17/25

Hrs/Earnings	Current	YTD	Deduction	Current	YTD	Deduction	Current	YTD
Reg Hrs	40.00	992.00	FIT	92.61	4005.19			
Ovt Hrs		184.75	FICA	91.37	2901.55			
			NY	48.36	1686.20			
REG	1200.00	27120.00	NY RES	35.90	1260.00			
HOLIDAY		720.00	401K	96.00	1879.80			
NY Paid Si		240.00	Aflac Acci	5.59	144.92			
OVERTIME		8313.75	Aflac Shor	17.42	451.45			
PTO		1680.00	NYDI	0.60	15.00			
			NYFL	1.84	58.31			
	Current	YTD				TOT DED	389.69	12402.42
GROSS $	1200.00	38073.75				NET PAY	810.31	25671.33
FIT	1098.41	36049.03						
CURRENT PAY	1200.00							

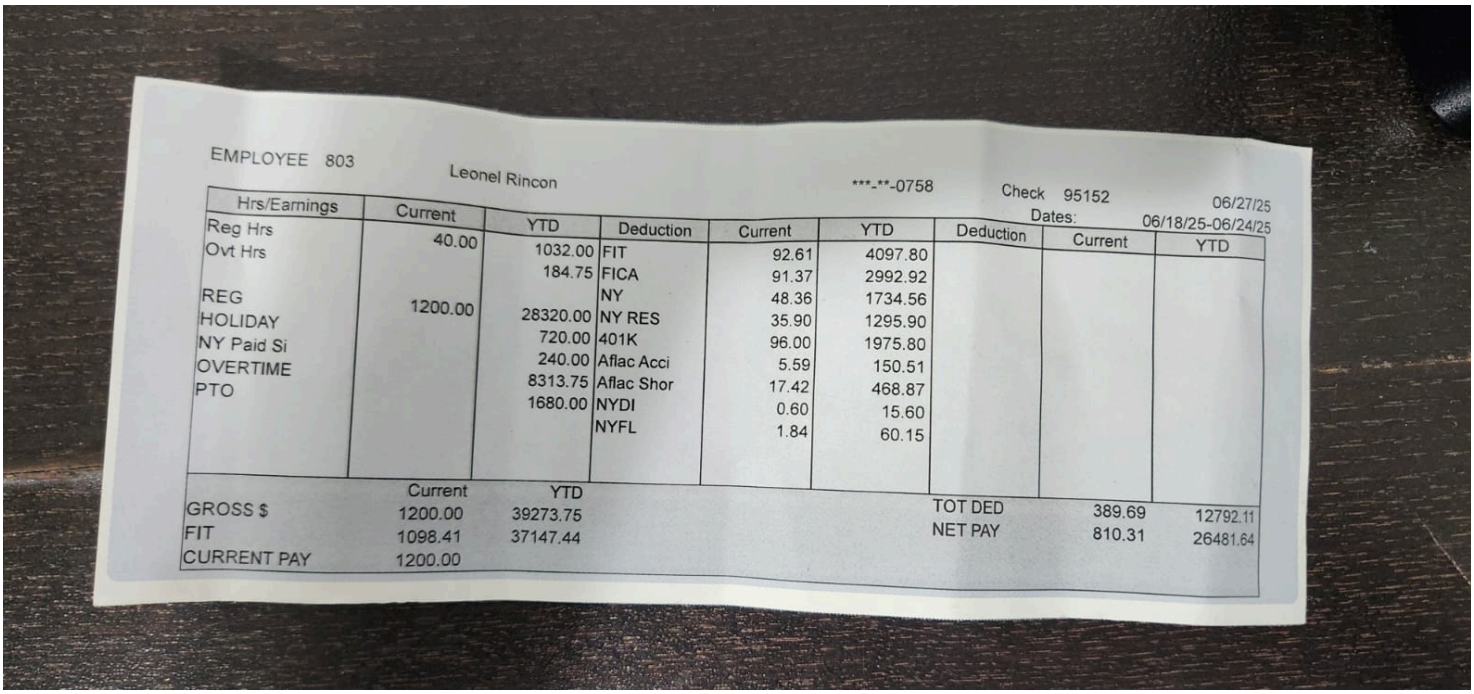


EMPLOYEE 803 Leonel Rincon ***-**-0758 Check 95152 06/27/25

Dates: 06/18/25-06/24/25

Hrs/Earnings	Current	YTD	Deduction	Current	YTD	Deduction	Current	YTD
Reg Hrs	40.00	1032.00	FIT	92.61	4097.80			
Ovt Hrs		184.75	FICA	91.37	2992.92			
			NY	48.36	1734.56			
REG	1200.00	28320.00	NY RES	35.90	1295.90			
HOLIDAY		720.00	401K	96.00	1975.80			
NY Paid Si		240.00	Aflac Acci	5.59	150.51			
OVERTIME		8313.75	Aflac Shor	17.42	468.87			
PTO		1680.00	NYDI	0.60	15.60			
			NYFL	1.84	60.15			

	Current	YTD			
GROSS $	1200.00	39273.75	TOT DED	389.69	12792.11
FIT	1098.41	37147.44	NET PAY	810.31	26481.64
CURRENT PAY	1200.00				



EMPLOYEE 803 Leonel Rincon ***-**-0758 Check 95152 06/27/25

Dates: 06/18/25-06/24/25

Hrs/Earnings	Current	YTD	Deduction	Current	YTD	Deduction	Current	YTD
Reg Hrs	40.00	1032.00	FIT	92.61	4097.80			
Ovt Hrs		184.75	FICA	91.37	2992.92			
			NY	48.36	1734.56			
REG	1200.00	28320.00	NY RES	35.90	1295.90			
HOLIDAY		720.00	401K	96.00	1975.80			
NY Paid Si		240.00	Aflac Acci	5.59	150.51			
OVERTIME		8313.75	Aflac Shor	17.42	468.87			
PTO		1680.00	NYDI	0.60	15.60			
			NYFL	1.84	60.15			

	Current	YTD			
GROSS $	1200.00	39273.75	TOT DED	389.69	12792.11
FIT	1098.41	37147.44	NET PAY	810.31	26481.64
CURRENT PAY	1200.00				

Lippolis Electric Inc
25 Seventh ST
Pelham, NY 10803
(914) 738-3550

Check Number: 93977
Pay Date: 5/23/2025
Pay Period: 5/14/2025 - 5/20/2025

Leonel Rincon
76 St Nicholas Pl CC2
New York, NY 10032

Employee ID: 803

CURRENT HOURS & EARNINGS

DESCRIPTION	HOURS	PAY RATE	EARNINGS
REG	40	$30.00	$1,200.00
TOTAL	**40**		**$1,200.00**

YEAR TO DATE HOURS & EARNINGS

DESCRIPTION	HOURS	EARNINGS
HOLIDAY	16	$480.00
NY Paid Si	8	$240.00
OVERTIME	168.75	$7,593.75
PTO	56	$1,680.00
REG	752	$22,560.00
TOTAL	**1000.75**	**$32,553.75**

Lippolis Electric Inc
25 Seventh ST
Pelham, NY 10803
(914) 738-3550

Leonel Rincon
76 St Nicholas Pl CC2
New York, NY 10032

Check Number: 93977
Pay Date: 5/23/2025
Pay Period: 5/14/2025 - 5/20/2025

Employee ID: 803

TAXES & DEDUCTIONS

DESCRIPTION	CURRENT	YTD
Federal	**$183.98**	**$5,982.24**
- Federal Income Tax	$92.61	$3,501.25
- Social Security	$74.05	$2,010.75
- Medicare	$17.32	$470.24
State	**$48.36**	**$1,456.09**
- New York	$48.36	$1,456.09
Local	**$35.90**	**$1,088.41**
- NY RES	$35.90	$1,088.41
Misc	**$121.45**	**$2,004.98**
- 401K	$96.00	$1,438.20
- Aflac Accidental	$5.59	$122.56
- Aflac Short Term Disability	$17.42	$381.77
- NY Disability	$0.60	$12.60
- NY Family Leave	$1.84	$49.85
TOTAL	**$389.69**	**$10,531.72**

FRINGES

(* Notes Taxable)

DESCRIPTION	CURRENT	YTD
TOTAL	**$0.00**	**$0.00**

NET PAY $810.31

Lippolis Electric Inc
25 Seventh ST
Pelham, NY 10803
(914) 738-3550

Check Number: 94219
Pay Date: 5/30/2025
Pay Period: 5/21/2025 - 5/27/2025

Leonel Rincon
76 St Nicholas Pl CC2
New York, NY 10032

Employee ID: 803

CURRENT HOURS & EARNINGS

DESCRIPTION	HOURS	PAY RATE	EARNINGS
HOLIDAY	8	$30.00	$240.00
REG	32	$30.00	$960.00
TOTAL	**40**		**$1,200.00**

YEAR TO DATE HOURS & EARNINGS

DESCRIPTION	HOURS	EARNINGS
HOLIDAY	24	$720.00
NY Paid Si	8	$240.00
OVERTIME	168.75	$7,593.75
PTO	56	$1,680.00
REG	784	$23,520.00
TOTAL	**1040.75**	**$33,753.75**

Lippolis Electric Inc
25 Seventh ST
Pelham, NY 10803
(914) 738-3550

Leonel Rincon
76 St Nicholas Pl CC2
New York, NY 10032

Check Number: 94219
Pay Date: 5/30/2025
Pay Period: 5/21/2025 - 5/27/2025

Employee ID: 803

TAXES & DEDUCTIONS

DESCRIPTION	CURRENT	YTD
Federal	**$183.98**	**$6,166.22**
- Federal Income Tax	$92.61	$3,593.86
- Social Security	$74.05	$2,084.80
- Medicare	$17.32	$487.56
State	**$48.36**	**$1,504.45**
- New York	$48.36	$1,504.45
Local	**$35.90**	**$1,124.31**
- NY RES	$35.90	$1,124.31
Misc	**$121.45**	**$2,126.43**
- 401K	$96.00	$1,534.20
- Aflac Accidental	$5.59	$128.15
- Aflac Short Term Disability	$17.42	$399.19
- NY Disability	$0.60	$13.20
- NY Family Leave	$1.84	$51.69
TOTAL	**$389.69**	**$10,921.41**

FRINGES

(* Notes Taxable)

DESCRIPTION	CURRENT	YTD
TOTAL	**$0.00**	**$0.00**

NET PAY $810.31

Lippolis Electric Inc
25 Seventh ST
Pelham, NY 10803
(914) 738-3550

Leonel Rincon
76 St Nicholas Pl CC2
New York, NY 10032

Check Number: 94453
Pay Date: 6/6/2025
Pay Period: 5/28/2025 - 6/3/2025

Employee ID: 803

CURRENT HOURS & EARNINGS

DESCRIPTION	HOURS	PAY RATE	EARNINGS
OVERTIME	16	$45.00	$720.00
REG	40	$30.00	$1,200.00
TOTAL	**56**		**$1,920.00**

YEAR TO DATE HOURS & EARNINGS

DESCRIPTION	HOURS	EARNINGS
HOLIDAY	24	$720.00
NY Paid Si	8	$240.00
OVERTIME	184.75	$8,313.75
PTO	56	$1,680.00
REG	824	$24,720.00
TOTAL	**1096.75**	**$35,673.75**

Lippolis Electric Inc
25 Seventh ST
Pelham, NY 10803
(914) 738-3550

Leonel Rincon
76 St Nicholas Pl CC2
New York, NY 10032

Check Number: 94453
Pay Date: 6/6/2025
Pay Period: 5/28/2025 - 6/3/2025

Employee ID: 803

TAXES & DEDUCTIONS

DESCRIPTION	CURRENT	YTD
Federal	**$372.56**	**$6,538.78**
- Federal Income Tax	$226.11	$3,819.97
- Social Security	$118.69	$2,203.49
- Medicare	$27.76	$515.32
State	**$85.03**	**$1,589.48**
- New York	$85.03	$1,589.48
Local	**$63.89**	**$1,188.20**
- NY RES	$63.89	$1,188.20
Misc	**$180.15**	**$2,306.58**
- 401K	$153.60	$1,687.80
- Aflac Accidental	$5.59	$133.74
- Aflac Short Term Disability	$17.42	$416.61
- NY Disability	$0.60	$13.80
- NY Family Leave	$2.94	$54.63
TOTAL	**$701.63**	**$11,623.04**

FRINGES

(* Notes Taxable)

DESCRIPTION	CURRENT	YTD
TOTAL	**$0.00**	**$0.00**

NET PAY $1,218.37