1328 Fulton

APPLICATION FOR RENTAL

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

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Lee	Lauren	Alecia	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
8/28/1992	(267) 269-9434		l.lee.328@outlook.com

RELATIONSHIP TO TENANT

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
181 Purchase Street	Rye	NY	10580

DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE
6/1/2025	current	Tanya Lee	(267) 575-3465

REASON FOR LEAVING	OWN OR RENT	APARTMENT #	MONTHLY RENT
This was a temporary arrangement to service as a landing point until I found an ideal apartment in NYC that I could see myself living multiple years in.	Rent	6	$1,000.00 / Mo.

PREVIOUS ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
2037 W 19th Street	Chicago	IL	60608

DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE
6/1/2023	5/31/2025	Nancy Torres	(773) 814-3089

REASON FOR LEAVING	OWN OR RENT	APARTMENT #	MONTHLY RENT
I did not re-sign my lease for a 3rd year because I arranged to relocate from Chicago back to NYC to be able to support a family member that was diagnosed with cancer. I work remotely, so this did not threaten my employment. (I confirmed with with my manager prior to moving.)	Rent	3F	$1,500.00 / Mo.

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Manager, Operations	American Medical Association	$113,661.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Hannah Seoh		9/16/2022	current

EMPLOYER ADDRESS	CITY	STATE	ZIP
330 N. Wabash Ave.	Chicago	IL	60611

EMERGENCY CONTACT

NAME	ADDRESS
Kia Lee	2163 45th street, Astoria, 40 11105

PHONE	RELATIONSHIP	E-MAIL
(917) 325-5515	Sibling	kialynnlee6@gmail.com

BUSINESS/PROFESSIONAL REFERENCE

NAME	ADDRESS

PHONE	RELATIONSHIP	E-MAIL

IN THE EVENT OF DEATH - CONTACT

NAME	RELATIONSHIP	PHONE
Kia Lee	Sibling	9173255515

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

StreetEasy

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

Ideally no as I have not seen any other units from the same building management.

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
706	Confirming my past landlord in Chicago, Nancy Torres, advised that she would be available by phone if management would like a Landlord reference confirmation.

DESIRED MOVE IN DATE:

10/22/2025

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

YES

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

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

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

New York City Tenant Fair Chance Act

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

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

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

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

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

APPLICATION FOR LAUREN ALECIA LEE SUBMITTED ONLINE on October 9, 2025

Signed by Lauren Alecia Lee
Thu Oct 9 2025 01:32:54 PM EDT
Key: 1A5D5F26; IP Address: 10.33.14.4

Lauren Alecia Lee *(Applicant)* *Date*

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

Application Fee for Lauren Alecia Lee - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Lauren Lee	XXXXXXXXXXXX6041	16213269	$20.70

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

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

Conditional Offer of Housing

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

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

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

Criminal Background Check

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

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

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

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

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

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

Right to Provide Support for Your Application

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

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

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

Right to an Individualized Assessment of Your Application

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

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

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

Legitimate Business Interest

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

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

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

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

Revoking a Conditional Offer of Housing

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

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

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Exemptions for Housing Providers

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

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

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

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

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Lauren Alecia Lee

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 10/10/2025**.

Score for Lauren Alecia Lee: 621		
	Importance	**Result**
AI Score	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	

Credit Quick Summary	
Total annual income (reported by Applicant)	$113,661.00
Total combined annual income to rent ratio	41.33 (based on rent of $2,750.00)
Total number of accounts	5
Accounts with no late payments	3 (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	2 (0 unpaid past due)
Total outstanding balance	$15,148.00 ($0.00 past due)
Outstanding revolving debt	$10,234.00 (34% of limit) ($0.00 past due)
Outstanding loan balance	$4,914.00 ($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:	Lauren Alecia Lee	LAUREN LEE
SSN:	***-**-****	***-**-****
Birth Date:	8/**/1992	8/**/1992

Addresses	From Application	From Equifax
	181 Purchase Street Rye, NY 10580 - US	181 PURCHASE ST. 6 RYE, NY 10580 (Applicant) Reported 10/2025 2037 W 19TH ST. 3F CHICAGO, IL 60608 (Applicant) Reported 6/2025 16 ELDRIDGE ST. 1B PORT CHESTER, NY 10573 (Applicant) Reported 9/2024 2526 N KEDZIE BLVD 3W CHICAGO, IL 60647 (Applicant) Reported 7/2024 3071 33RD ST. 4B ASTORIA, NY 11102 (Applicant) Reported 4/2022 2406 21ST AVE FL TOP ASTORIA, NY 11105 (Applicant) Reported 6/2020 PO BOX 55497 TRENTON, NJ 08638 (Applicant) Reported 8/2015 8233 FOXTAIL CT. LAWRENCE TWP, NJ 08648 (Applicant) Reported 6/2013 PO BOX 1191 LANGHORNE, PA 19047 (Applicant) Reported 5/2013 8212 FOXTAIL CT. LAWRENCE TWP, NJ 08648 (Applicant) Reported 1/2013

Employment	From Application	From Equifax
Applicant:	Manager, Operations American Medical Association $113,661.00/Yr. Total annual Income: $113,661.00	

Restricted Person Search

Requested For	Requested	Returned
Lauren Alecia Lee	10/9/2025	10/9/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	621	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)	587	The date that you opened your oldest account is too recent Too many installment accounts with a delinquent or derogatory payment status You have too many delinquent or derogatory accounts Lack of sufficient relevant real estate account information

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

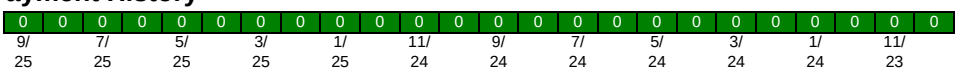
Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	2/2022	8/2025					$8,362.00

Monthly Payment	High Credit	Type	Comments
$224.00	$8,475.00	REVOLVING	Rate/Status 1: Pays account as agreed

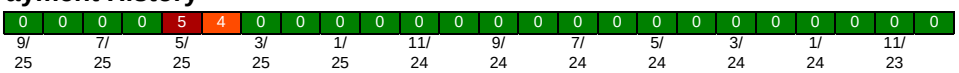
Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2011	8/2025	0	0	2		$3,020.00

Monthly Payment	High Credit	Type	Comments
$81.00	$6,000.00	INSTALLMENT	ACCOUNT PREVIOUSLY IN DISPUTE – NOW RESOLVED BY DATA FURNISHER Rate/Status 1: Pays account as agreed

Payment History



Rental Report for Lauren Alecia Lee, 10/9/2025 for 706 at 1328 Fulton

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED (Applicant)	9/2011	8/2025	0	0	2		$1,894.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$48.00	$3,500.00	INSTALLMENT	ACCOUNT PREVIOUSLY IN DISPUTE – NOW RESOLVED BY DATA FURNISHER Rate/Status 1: Pays account as agreed			

Payment History

0	0	0	0	5	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9/ 25		7/ 25		5/ 25		3/ 25		1/ 25		11/ 24		9/ 24		7/ 24		5/ 24		3/ 24		1/ 24		11/ 23	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER CARD (Applicant)	6/2011	8/2025					$1,872.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$49.00	$2,424.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
NELNET LOAN SERVICIN (Applicant)	9/2011	11/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$9,500.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

NOTICE OF ADVERSE ACTION

October 10, 2025

Dear Lauren Alecia Lee:

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

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

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

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

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

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

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

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

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

Your AI Score is: **621** Date: **October 9, 2025**

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

Key factors that adversely affected your AI score are:

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

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

Your **Equifax** Credit Score: **587** Date: **October 9, 2025**

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

Key factors that adversely affected your credit score:

- The date that you opened your oldest account is too recent
- Too many installment accounts with a delinquent or derogatory payment status
- You have too many delinquent or derogatory accounts
- Lack of sufficient relevant real estate account information

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

Sincerely,

Fulton Street Development LLC

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

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

A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

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


NEW YORK STATE USA
DRIVER LICENSE
NOT FOR FEDERAL PURPOSES
ID 669 999 005
Class D
LEE
LAUREN,ALECIA
181 PURCHASE ST 6
RYE, NY 10580
DOB 08/28/1992
Issued 12/10/2023
Expires 08/28/2027
NONE
NONE
Sex F Height 5'-03" Eyes BRO
AUG 92
AUG 92

ama-assn.org
(312) 464-5000

Re: Employment Verification for Lauren Lee

To Whom it May Concern,

This letter is to confirm the employment details of Lauren Lee at American Medical Association.

Employment Details:

Current Status: Active

Hire Date: Sep 16, 2022

End Date: ------

Job Title: Mgr Operations

Base Salary: $113,661.00

Work Location: HQ

Sincerely,

American Medical Association

Form W-2 Wage and Tax Statement 2024

c Employer's name, address, and ZIP code
AMA
330 N WABASH AVE
SUITE 39300
CHICAGO IL 60611-5885

e Employee's name, address, and ZIP code — Suff
Lauren Lee
2037 W 19th Street
Apt. 3F
Chicago IL 60608

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	C 136.32
12b	D 3169.09
12c	DD 13309.08
12d	L 900.00
13 Statutory employee / Retirement Plan X / Third-party sick pay	
14 Other	
b Employer identification number (EIN)	36-0727175
a Employee's social security no	[redacted]
1 Wages, tips, other comp	100368.69
2 Federal income tax withheld	13892.12
3 Social security wages	103537.78
4 Social security tax withheld	6419.34
5 Medicare wages and tips	103537.78
6 Medicare tax withheld	1501.30

15 State	Employer's State I.D. no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
IL	36-0727175	100368.69	4961.52			

Copy B To Be Filed With Employee's FEDERAL Tax Return — This information is being furnished to the Internal Revenue Service — OMB No. 1545-0008 — Dept. of the Treasury - IRS — Visit the IRS Web Site at www.irs.gov

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2024

c Employer's name, address, and ZIP code
AMA
330 N WABASH AVE
SUITE 39300
CHICAGO IL 60611-5885

e Employee's name, address, and ZIP code — Suff
Lauren Lee
2037 W 19th Street
Apt. 3F
Chicago IL 60608

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	C 136.32
12b	D 3169.09
12c	DD 13309.08
12d	L 900.00
13 Statutory employee / Retirement Plan X / Third-party sick pay	
14 Other	
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a Employee's social security no	[redacted]
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4 Social security tax withheld	6419.34
5 Medicare wages and tips	103537.78
6 Medicare tax withheld	1501.30

15 State	Employer's State I.D. no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
IL	36-0727175	100368.69	4961.52			

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) — OMB No. 1545-0008 — Dept. of the Treasury - IRS — Visit the IRS Web Site at www.irs.gov.

Form W-2 Wage and Tax Statement 2024

c Employer's name, address, and ZIP code
AMA
330 N WABASH AVE
SUITE 39300
CHICAGO IL 60611-5885

e Employee's name, address, and ZIP code — Suff
Lauren Lee
2037 W 19th Street
Apt. 3F
Chicago IL 60608

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a	C 136.32
12b	D 3169.09
12c	DD 13309.08
12d	L 900.00
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6 Medicare tax withheld	1501.30

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IL	36-0727175	100368.69	4961.52			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return — OMB No. 1545-0008 — Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2024

c Employer's name, address, and ZIP code
AMA
330 N WABASH AVE
SUITE 39300
CHICAGO IL 60611-5885

e Employee's name, address, and ZIP code — Suff
Lauren Lee
2037 W 19th Street
Apt. 3F
Chicago IL 60608

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a	C 136.32
12b	D 3169.09
12c	DD 13309.08
12d	L 900.00
13 Statutory employee / Retirement Plan X / Third-party sick pay	
14 Other	
b Employer identification number (EIN)	36-0727175
a Employee's social security no	[redacted]
1 Wages, tips, other comp	100368.69
2 Federal income tax withheld	13892.12
3 Social security wages	103537.78
4 Social security tax withheld	6419.34
5 Medicare wages and tips	103537.78
6 Medicare tax withheld	1501.30

15 State	Employer's State I.D. no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
IL	36-0727175	100368.69	4961.52			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return — L87B — OMB No. 1545-0008 — 5208 — Dept. of the Treasury - IRS

2024 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2024

Prepared for	LAUREN A LEE
Tax Summary	Gross Income..... $100369 Adjusted Gross Income..... $100369 Total Deductions..... $14600 Total Taxable Income..... $85769 Total Tax..... $13924 Total Payments..... $13892 Refund Amount..... $0 Amount You Owe..... $32
Make check payable to	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Keep a copy of your return and supporting documents for your records.

2024 STATE TAX RETURN FILING INSTRUCTIONS

ILLINOIS

FOR THE YEAR ENDING

December 31, 2024

Prepared for	LAUREN A LEE
Tax Summary	Adjusted Gross Income..... $ 100,369 Total Deductions..... $ 2,775 Total Taxable Income..... $ 97,594 Total Tax..... $ 4,831 Total Payments..... $ 4,962 Refund Amount..... $ 131 Amount You Owe..... $ 0
Make check payable to	
Mailing Address	ILLINOIS DEPARTMENT OF REVENUE PO BOX 19041 SPRINGFIELD, IL 62794-9041

Special Instructions

Sign and Date Your Return

Please Sign and Date Form 1040. If filing a joint return both you and your spouse need to sign the form.

Assemble What You Need to Mail

Attach any schedules and forms behind Form 1040. Include all pages of the 1040. If there are supporting statements, arrange them in the same order as the schedules and forms they support and attach them last. Attach a copy of each W-2, W-2G, 1099R, and 1099G for which IL tax has been withheld.

Mail Form 1040 & Other Documents To:

Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or UPS.

Keep A Copy

2024 STATE TAX RETURN FILING INSTRUCTIONS

ILLINOIS

FOR THE YEAR ENDING

December 31, 2024

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

2024 TWO YEAR COMPARISON

LAUREN A LEE
XXX-XX-8972

Keep for Your Records

	2024	2023	Difference
Filing status	Single	Single	
INCOME:			
Wages, salaries, tips, etc.	100,369	92,821	7,548
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	100,369	92,821	7,548
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reservists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	100,369	92,821	7,548
DEDUCTIONS:			
Standard deduction or Itemized deductions	14,600	13,850	750
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	4,962		4,962
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:	85,769	78,971	6,798

2024 TWO YEAR COMPARISON

LAUREN A LEE
XXX-XX-8972

Keep for Your Records

	2024	2023	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	13,924	12,682	1,242
Tax calculation method	TABLE	Table	
Schedule 2 - Taxes			
Additions to Tax			
Alternative minimum tax			
Total taxes	13,924	12,682	1,242
Tax rate	22%	22%	
CREDITS:			
Child and other dependents tax credit			
Schedule 3 - Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits			
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	13,924	12,682	1,242
PAYMENTS:			
Federal income tax withheld	13,892	12,653	1,239
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	13,892	12,653	1,239
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund			
Amount due	32	29	3
Penalty			

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS
QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income
TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

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

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

Your first name and middle initial	Last name	Your social security number
LAUREN A	LEE	XXX-XX-8972
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 2037 W 19th Street | Apt. no. 3F

City, town, or post office. If you have a foreign address, also complete spaces below. Chicago | State IL | ZIP code 60608

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 ☐ Married filing separately (MFS) ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income) ☐ 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 the box if qualifies for (see inst.): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐			☐	☐

Income

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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	100,369
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	100,369
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	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**		9	100,369
10	Adjustments to income from Schedule 1, line 26		10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**		11	100,369
12	**Standard deduction or itemized deductions** (from Schedule A)		12	14,600
13	Qualified business income deduction from Form 8995 or Form 8995-A		13	
14	Add lines 12 and 13		14	14,600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**		15	85,769

Attach Sch. B if required.

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	13,924
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,924
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	13,924
	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	13,924
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 13,892		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	13,892
	26	2024 estimated tax payments and amount applied from 2023 return	26	
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	13,892
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number XXXXXXXXXXXXXXXXX **c** Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	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	32
	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.

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

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

Phone no. 2672699434 Email address l.lee.328@outlook.com

Paid Preparer Use Only

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

Firm's name — Phone no.

Firm's address — Firm's EIN

2024 WAGES AND SALARIES SUMMARY ATTACHMENT

LAUREN A LEE
XXX-XX-8972

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
AMA	36-0727175	T	100,369	13,892	6,419	IL	100,369	4,962	
Total			100,369	13,892	6,419		100,369	4,962	

AMA AMERICAN MEDICAL ASSOCIATION 330 N. Wabash Ave. Suite 39300 Chicago, Illinois 60611-5885

Number 444464
Check Date 08/29/2025

Pay to the order of

Lauren Lee
2163 45th street
Apt. 2F
Astoria, NY 11105
US

Net Pay 6506.53

NON-NEGOTIABLE

Name	Social Number	Employee Number	Process Level	Department	Period End
Lauren Lee	[redacted]	[redacted]	AMA	HSO	08/31/2025

Summary

Description	Hours	Current	Year to Date
Total Gross	162.50	9560.27	81031.56
Total Deductions		3040.22	25865.47
Total Net		6506.53	55057.93

Earnings

Description	Hours	Rate	Current	Year to Date
Bonus - Regular (AMA)				5589.67
Cell & Office Supplies Stipend		75.00	75.00	600.00
Group Life Insurance		13.52	13.52	108.16
Holiday Pay				2153.79
PTO Pay				3222.67
Regular Wages	132.50		7723.11	65204.25
Summer Hours	3.75		218.58	437.16
Vacation Pay	26.25		1530.06	3715.86

Total	162.50		9560.27	81031.56

Taxes

Description	Current	Year to Date
Federal Income Tax	1264.92	11129.40
HI (Medicare)	135.12	1146.92
Illinois Income Tax	441.85	3762.05
OASDI (Social Security)	577.75	4904.07
Total	2419.64	20942.44

Pretax Deductions

Description	Current	Year to Date
401(k) Contribution	378.87	2989.35
Disability-Empl. 50%	11.56	92.48
Flex Dental Insurance	15.14	121.12
Flex Health Insurance	205.13	1641.04
Flex Vision Insurance	9.88	79.04
Total	620.58	4923.03

Additional Information

Description	Current	Year to Date
401(k) Company Match	331.51	2615.67
PTO (Balance in hours)	18.75	
VACATION (Balance in hours)	108.75	

Auto Deposit Distributions

Routing	Account	Description	Amount
xxxxx[redacted]	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx[redacted]	JPMorgan Chase Bank	6506.53

AMA AMERICAN MEDICAL ASSOCIATION 330 N. Wabash Ave. Suite 39300 Chicago, Illinois 60611-5885

Number 445394
Check Date 09/15/2025

Pay to the order of

Lauren Lee
2163 45th street
Apt. 2F
Astoria, NY 11105
US

Net Pay 3038.20

NON-NEGOTIABLE

Name	Social Number	Employee Number	Process Level	Department	Period End
Lauren Lee	[redacted]	[redacted]	AMA	HSO	09/15/2025

Summary

Description	Hours	Current	Year to Date
Total Gross	81.25	4750.07	85781.63
Total Deductions		1697.68	27563.15
Total Net		3038.20	58096.13

Earnings

Description	Hours	Rate	Current	Year to Date
Bonus - Regular (AMA)				5589.67
Cell & Office Supplies Stipend				600.00
Group Life Insurance		14.19	14.19	122.35
Holiday Pay	7.50		437.16	2590.95
PTO Pay				3222.67
Regular Wages	73.75		4298.72	69502.97
Summer Hours				437.16
Vacation Pay				3715.86

Total	81.25		4750.07	85781.63

Taxes

Description	Current	Year to Date
Federal Income Tax	624.16	11753.56
HI (Medicare)	67.12	1214.04
Illinois Income Tax		3762.05
NYC Income Tax	166.14	166.14
New York Family Leave	18.43	18.43
New York Income Tax	224.31	224.31
OASDI (Social Security)	287.00	5191.07
Total	1387.16	22329.60

Pretax Deductions

Description	Current	Year to Date
401(k) Contribution	189.44	3178.79
Disability-Empl. 50%	6.00	98.48
Flex Dental Insurance	7.57	128.69
Flex Health Insurance	102.57	1743.61
Flex Vision Insurance	4.94	83.98
Total	310.52	5233.55

Additional Information

Description	Current	Year to Date
401(k) Company Match	165.76	2781.43
PTO (Balance in hours)	18.75	
VACATION (Balance in hours)	108.75	

Auto Deposit Distributions

Routing	Account	Description	Amount
xxxxx0021	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx0881	JPMorgan Chase Bank	3038.20

AMA AMERICAN MEDICAL ASSOCIATION 330 N. Wabash Ave. Suite 39300 Chicago, Illinois 60611-5885

Number 445967
Check Date 09/30/2025

Pay to the order of

Lauren Lee
2163 45th street
Apt. 2F
Astoria, NY 11105
US

Net Pay 3083.28

NON-NEGOTIABLE

Name	Social Number	Employee Number	Process Level	Department	Period End
Lauren Lee	[redacted]	[redacted]	AMA	HSO	09/30/2025

Summary

Description	Hours	Current	Year to Date
Total Gross	81.25	4810.88	90592.51
Total Deductions		1727.60	29290.75
Total Net		3083.28	61179.41

Earnings

Description	Hours	Rate	Current	Year to Date
Bonus - Regular (AMA)				5589.67
Cell & Office Supplies Stipend		75.00	75.00	675.00
Group Life Insurance				122.35
Holiday Pay				2590.95
PTO Pay				3222.67
Regular Wages	81.25		4735.88	74238.85
Summer Hours				437.16
Vacation Pay				3715.86

Total	81.25		4810.88	90592.51

Taxes

Description	Current	Year to Date
Federal Income Tax	640.66	12394.22
HI (Medicare)	68.00	1282.04
Illinois Income Tax		3762.05
NYC Income Tax	169.33	335.47
New York Family Leave	18.67	37.10
New York Income Tax	229.66	453.97
OASDI (Social Security)	290.76	5481.83
Total	1417.08	23746.68

Pretax Deductions

Description	Current	Year to Date
401(k) Contribution	189.44	3368.23
Disability-Empl. 50%	6.00	104.48
Flex Dental Insurance	7.57	136.26
Flex Health Insurance	102.57	1846.18
Flex Vision Insurance	4.94	88.92
Total	310.52	5544.07

Additional Information

Description	Current	Year to Date
401(k) Company Match	165.76	2947.19
PTO (Balance in hours)	18.75	
VACATION (Balance in hours)	108.75	

Auto Deposit Distributions

Routing	Account	Description	Amount
xxxxx0021	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx0881	JPMorgan Chase Bank	3083.28

CHASE

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

August 27, 2025 through September 25, 2025
Primary Account: [redacted]0881

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

01446070 DRE 802 219 26925 NNNNNNNNNNN 1 000000000 18 0000
LAUREN A LEE
181 PURCHASE ST APT 6
RYE NY 10580-2145

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase College Checking	[redacted]0881	$624.90	$3,623.17
Chase Savings	[redacted]5861	551.12	4,676.13
Total		**$1,176.02**	**$8,299.30**
TOTAL ASSETS		**$1,176.02**	**$8,299.30**

CHASE COLLEGE CHECKING

LAUREN A LEE Account Number: [redacted]0881

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$624.90**
Deposits and Additions	9,544.73
ATM & Debit Card Withdrawals	-1,560.30
Electronic Withdrawals	-4,986.16
Ending Balance	**$3,623.17**

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow[SM] network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $9,544.73. Note: some deposits may be listed on your previous statement)
- **OR, keep an average ending day balance of $1,500.00 or more in this account.**

CHASE

August 27, 2025 through September 25, 2025
Primary Account: [redacted]0881

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION			AMOUNT
08/29	Ama	PR Payment	PPD ID: 1360727175	$6,506.53
09/15	Ama	PR Payment	PPD ID: 1360727175	3,038.20
Total Deposits and Additions				**$9,544.73**

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION		AMOUNT
08/27	Card Purchase	08/26 NY Creperie LA Guardia Ai NY Card 4520	$20.40
08/27	Card Purchase With Pin	08/26 Ubr* Pending Uber.CO San Francisco CA Card 4520	15.97
08/27	Card Purchase	08/27 Mc-Park Mgm Lobby Stor Las Vegas NV Card 4520	107.99
08/27	Card Purchase With Pin	08/27 Uber *Trip San Francisco CA Card 4520	20.56
08/28	Card Purchase	08/27 Coffee Bean & Tea Leaf Las Vegas NV Card 4520	9.57
08/28	Card Purchase	08/27 Mdw Big City Chicken 14 Chicago IL Card 4520	20.84
08/28	Card Purchase	08/27 Hudson St2384 Chicago IL Card 4520	5.56
08/28	Card Purchase With Pin	08/27 Ubr* Pending Uber.CO San Francisco CA Card 4520	11.29
08/29	Card Purchase	08/29 Amazon.Com*LA7Yz6No3 Amzn.Com/Bill WA Card 4520	18.89
09/02	Card Purchase	08/29 Tst*Seawolf - Monstera Brooklyn NY Card 4520	221.68
09/02	Card Purchase	08/30 Lauza Deli Brooklyn NY Card 4520	13.46
09/02	Card Purchase	08/30 Tst*Arepera Guacuco - B Brooklyn NY Card 4520	16.14
09/02	Card Purchase	08/30 Brooklyn Billards Brooklyn NY Card 4520	55.63
09/02	Card Purchase	08/30 Tst*Moonburger - Brookl Brooklyn NY Card 4520	31.96
09/02	Card Purchase With Pin	08/31 Uber * Eats Pending San Francisco CA Card 4520	84.49
09/08	Card Purchase	09/06 Natural Frontier Marke Astoria NY Card 4520	9.28
09/08	Card Purchase	09/06 86th Corner Wine Liquor New York NY Card 4520	50.07
09/08	Card Purchase	09/06 Space Market New York NY Card 4520	10.31
09/08	Card Purchase With Pin	09/06 Uber Technologies, Inc Wilmington De Card 4520	70.48
09/08	Card Purchase	09/07 Papersource -4643 New York NY Card 4520	17.42
09/08	Card Purchase	09/07 Cvs/Pharmacy #10612 New York NY Card 4520	5.49
09/08	Card Purchase With Pin	09/07 Uber * Eats Pending San Francisco CA Card 4520	43.64
09/09	Card Purchase	09/09 Tst* Dig Inn- Rye Ridge Rye Brook NY Card 4520	36.27
09/09	Card Purchase	09/09 Amazon Mktpl*Vv3Gr5D Amzn.Com/Bill WA Card 4520	73.42
09/10	Card Purchase With Pin	09/09 Uber Technologies, Inc Wilmington De Card 4520	58.92
09/12	Card Purchase	09/12 Spg*Gelso&Grand New York NY Card 4520	20.60
09/15	Card Purchase	09/11 Maya 212-5851818 NY Card 4520	18.70
09/15	Card Purchase	09/12 Sq *Montage Coffee Dba Brooklyn NY Card 4520	23.84
09/15	Card Purchase	09/12 Hudson St2281 New York NY Card 4520	6.84
09/15	Card Purchase	09/13 Global Fresh Marketplac Brooklyn NY Card 4520	14.34
09/15	Card Purchase	09/13 La Wright & Goebel Wi 171-885558757 NY Card 4520	24.01
09/15	Card Purchase With Pin	09/13 Uber Technologies, Inc Wilmington De Card 4520	76.27
09/15	Card Purchase	09/14 A&C Supply Bushwick 718-4555829 NY Card 4520	27.16
09/15	Card Purchase	09/15 Ic* Instacart Instacart.Com CA Card 4520	115.46
09/16	Card Purchase	09/15 Ic* Instacart Instacart.Com CA Card 4520	5.52
09/22	Card Purchase	09/19 Tst*Trad Room Brooklyn NY Card 4520	106.01
09/22	Card Purchase	09/22 Amazon Mktpl*D99Xi90 Amzn.Com/Bill WA Card 4520	30.32
09/22	Card Purchase With Pin	09/22 Uber Technologies, Inc Wilmington De Card 4520	61.50
Total ATM & Debit Card Withdrawals			**$1,560.30**

CHASE

August 27, 2025 through September 25, 2025
Primary Account: [redacted]0881

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION			AMOUNT
08/29	Dept Education	Student Ln	PPD ID: 9102001001	$129.73
09/02	Online Transfer To Sav ...5861 Transaction#: 26039348369			50.00
09/02	Zelle Payment To Kia Lee 26069028640			150.00
09/03	Zelle Payment To Michele K Lee 26090248447			142.43
09/09	09/09 Transfer To Sav Xxxxx5861			25.00
09/15	09/15 Payment To Chase Card Ending IN 4513			224.00
09/16	Online Transfer To Sav ...5861 Transaction#: 26242957075			50.00
09/22	09/22 Online Transfer To Sav ...5861 Transaction#: 26313680281			4,000.00
09/23	Venmo	Payment	1045032692809 Web ID: 3264681992	180.00
09/24	Discover	Payments 6041	Tel ID: 3510020270	35.00
Total Electronic Withdrawals				**$4,986.16**

CHASE SAVINGS

LAUREN A LEE

Account Number: [redacted]5861

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$551.12**
Deposits and Additions	4,125.01
Ending Balance	**$4,676.13**
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	$0.01
Interest Paid Year-to-Date	$0.01

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$551.12**
09/02	Online Transfer From Chk ...0881 Transaction#: 26039348369	**50.00**	601.12
09/09	Transfer From Chk Xxxxx0881	**25.00**	626.12
09/16	Online Transfer From Chk ...0881 Transaction#: 26242957075	**50.00**	676.12
09/22	Online Transfer From Chk ...0881 Transaction#: 26313680281	**4,000.00**	4,676.12
09/25	Interest Payment	**0.01**	4,676.13
	Ending Balance		**$4,676.13**

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $551)

CHASE

August 27, 2025 through September 25, 2025
Primary Account: [redacted]0881

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

CHASE

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

July 26, 2025 through August 26, 2025
Primary Account: [redacted]0881

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

01451818 DRE 802 219 23925 NNNNNNNNNNN 1 000000000 18 0000
LAUREN A LEE
181 PURCHASE ST APT 6
RYE NY 10580-2145

14518180201000000022

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase College Checking	[redacted]0881	$431.46	$624.90
Chase Savings	[redacted]6861	476.12	551.12
Total		**$907.58**	**$1,176.02**
TOTAL ASSETS		**$907.58**	**$1,176.02**

CHASE COLLEGE CHECKING

LAUREN A LEE Account Number: [redacted]0881

CHECKING SUMMARY

	AMOUNT
Beginning Balance	**$431.46**
Deposits and Additions	6,740.17
ATM & Debit Card Withdrawals	-279.62
Electronic Withdrawals	-6,267.11
Ending Balance	**$624.90**

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

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (Your total electronic deposits this period were $6,506.53. Note: some deposits may be listed on your previous statement)
- **OR, keep an average ending day balance of $1,500.00 or more in this account.**

CHASE

July 26, 2025 through August 26, 2025
Primary Account: [redacted]80881

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
07/28	Zelle Payment From Lai-Lin Robinson Ctiann1T2Kax	$100.00
07/31	Ama PR Payment PPD ID: 1360727175	6,506.53
08/14	ATM Check Deposit 08/14 2245 31St St Astoria NY Card 4520	133.64
Total Deposits and Additions		**$6,740.17**

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
08/14	Card Purchase 08/14 Amazon Mktpl*0L9U91Q Amzn.Com/Bill WA Card 4520	$48.75
08/14	ATM Withdrawal 08/14 2245 31St St Astoria NY Card 4520	40.00
08/18	Card Purchase 08/16 Dd *Doordash Peaches 855-431-0459 CA Card 4520	71.27
08/25	Card Purchase 08/23 Amazon Mktpl*Ja1Q884 Amzn.Com/Bill WA Card 4520	13.04
08/25	Card Purchase W/Cash 08/24 Walgreens Store 4302 D Astoria NY Card 4520 Purchase $14.69 Cash Back $20.00	34.69
08/25	Card Purchase With Pin 08/24 Uber Technologies, Inc Wilmington De Card 4520	35.04
08/25	Card Purchase With Pin 08/24 Uber * Eats Pending San Francisco CA Card 4520	36.83
Total ATM & Debit Card Withdrawals		**$279.62**

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
07/29	Dept Education Student Ln PPD ID: 9102001001	$129.73
08/01	Online Transfer To Sav ...5861 Transaction#: 25684075825	50.00
08/01	Zelle Payment To Michele Lee 25700256252	92.23
08/01	08/01 Payment To Chase Card Ending IN 4513	3,000.00
08/04	Zelle Payment To Karine Jpm99Bi8Ql23	172.00
08/11	08/11 Transfer To Sav Xxxxx5861	25.00
08/13	Discover E-Payment 6041 Web ID: 2510020270	1,798.15
08/26	08/25 Payment To Chase Card Ending IN 4513	1,000.00
Total Electronic Withdrawals		**$6,267.11**

CHASE SAVINGS

LAUREN A LEE Account Numb[redacted]05861

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	**$476.12**
Deposits and Additions	75.00
Ending Balance	**$551.12**
Annual Percentage Yield Earned This Period	0.00%

CHASE

July 26, 2025 through August 26, 2025
Primary Account: [redacted]80881

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$476.12**
08/01	Online Transfer From Chk ...0881 Transaction#: 25684075825	**50.00**	526.12
08/11	Transfer From Chk Xxxxx0881	**25.00**	551.12
	Ending Balance		**$551.12**

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $476)

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

From: Tanya Lee tanasiafashions@yahoo.com
Subject: Letter of monthly contribution
Date: Oct 9, 2025 at 11:13:06 AM
To: Lauren Lee laurl2828@gmail.com

Dear Lauren,

I hope this email finds you well.

As per your recent request, I am providing this formal confirmation of your residency details at my address.

You have been residing at my home, located at 181 Purchase St, #6, Rye NY, 10580. Your residency commenced on June 1, 2025, and is current as of October 2025. During this period, you have been consistently contributing $1,000.00 per month towards household expenses.

Please consider this email as an official verification of your residential status for any documentation you may require. Should any third party require direct confirmation or additional details, or if you need me to provide a separate signed letter, please do not hesitate to let me know.

Thank you,

Tanya Lee

For any urgent inquiries, please contact me via my work email: Tanya.Lee@bloomingdales.com. I tend to respond more promptly to work-related communications.

Chicago Residential Lease

For Apartments, Condominiums, Single Family Homes, and Townhomes

This Contract is Intended to be a Binding Real Estate Contract

V11.0 2024

IMPORTANT: This form lease is provided as a member service by the Chicago Association of REALTORS® and is restricted to use only by members of the Chicago Association of REALTORS® and those who are party to a transaction facilitated by a Chicago Association of REALTORS® member. This form lease is not specifically tailored to the legal requirements of your particular transaction. The applicable laws and regulations for residential leases frequently change and differ between municipalities. It is important that you consult with an attorney prior to using this lease.

Date of Lease Preparation	Term of Lease		Monthly Rent
	Lease Beginning Date & Time	Lease Ending Date & Time	
April 30 **2024**	June 1, 2024	5/31/2025	$1,500.00

Leased Address (Premises):	2037 W 19th St 3F Chicago, IL 60608

In consideration of the mutual covenants and agreements herein stated, Landlord(s) hereby leases to Tenant(s) and Tenant(s) hereby leases from Landlord(s) for use as a private dwelling only, the Premises, together with the fixtures and appliances listed below (if any) in the Premises, for the above Term of Lease, subject to all the provisions of this Lease.

[Yes]	[No]	The following are incorporated into this Lease when indicated	
☐	☒	A Security Deposit is being held by Landlord (if any)	$ 0 - None
If YES, must complete →		Illinois Financial Institution (Name and Address) where Security Deposit shall be or is held (if any)	Name: Address: N/A
☒	☐	**Non-Refundable** Move-In Fee (if any)	$ 400 paid 5/23/23
☐	☒	Pets Permitted (description of any pet permitted during lease):	
☐	☒	Parking included in lease (space number(s) if any):	
☐	☒	Storage unit included in lease (space number(s) if any):	
☐	☒	Furnished? If yes, attach Rider 23 - Furnished Lease Rider	
		Rent shall include the following (check those that apply):	☒ Water ☐ Electricity ☐ Gas ☐ Basic Cable ☐ Satellite ☐ Internet ☐ Lawn Care ☒ Snow Removal ☐ Other
		Personal property owned and provided by Landlord (check those that apply):	☒ Refrigerator ☒ Microwave ☒ Oven/Range ☒ Dishwasher ☒ Washer ☒ Dryer ☐ Other
		Landlord's Property Insurer (Required for properties with 4 units or more) (Name, Address, and Phone of Homeowner Insurance Company):	Crum - Halsted Insurance Chicago 20 N Wacker Dr Suite 3705 60606
		Tenant's Property Insurer, if required by Landlord: (Name, Address, and Phone of Renter Insurance Company):	

Identification of Tenant(s):	
Name(s)	Lauren Lee
Telephone:	267-269-9434
Email:	l.lee.328@outlook.com

Check if applicable

☐ _____ *(Tenant Name)* is a Licensed Broker in the State of Illinois leasing the Premises.

Landlord(s) or Authorized Management Agent:	
Name(s):	Cullerton Street Properties, LLC
Address:	1544 N Ashland Ave Chicago, IL 60622
Telephone:	773 278 7608
Email:	contactnancy72@yahoo.com

Check if applicable

☐ _____ *(Landlord Name)* is a Licensed Broker in the State of Illinois and has direct or indirect interest in the Premises.

Name(s) of persons authorized to occupy Premises:
Lauren Lee

Person authorized to Act on Behalf Of Owner for the Purpose of Service of Process and Accepting Notices:	
Name:	Nancy Torres
Address:	1544 N Ashland Ave Chicago IL 60622
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Additional Agreements and Covenants: are on the following 3 documents and are a continuation of page 1

 LL Tenant Acknowledgement _____ _____ _____

NANCYS 2024 LEASE

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