27 Albany

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 **27 Albany**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Giggans-Hill	Diana	Ashley	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
6/29/1990	(310) 562-4537		diana.gigganshill@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
35-34 84th Street APT F8	Jackson Heights

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	11372	4/1/2023	current	$2,730.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Benedict Realty Group	(516) 498-9100

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Supervising Post Producer	Antoinette Media / Greenslate	$182,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Eric Cyphers			current

EMPLOYER ADDRESS	CITY	STATE	ZIP
NA	NA	NA	NA

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.com

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
507	

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 **27 Albany** 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 **27 Albany** 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 **27 Albany**, 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 **27 Albany** 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 **27 Albany**, 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 DIANA ASHLEY GIGGANS-HILL SUBMITTED ONLINE on December 20, 2025

Signed by Diana Ashley Giggans-Hill
Sat Dec 20 2025 10:23:02 AM EST
Key: 4307913C; IP Address: 10.33.14.4

Diana Ashley Giggans-Hill *(Applicant)* *Date*

The following charge(s) will appear on your card statement as "*27 Albany*"

Application Fee for Diana Ashley Giggans-Hill - Charge Details

Name on Card	Account Number	Reference Number	Authorized
Diana Giggans-Hill	XXXXXXXXXXXX8912	16346241	$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

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 Diana Ashley Giggans-Hill

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.

Score for Diana Ashley Giggans-Hill: 877		
	Importance	**Result**
AI Score	Pass/Fail	
No Credit	Pass/Conditional	
Total annual income to rent ratio exceeds 40.0	Pass/Conditional	
May have been through a bankruptcy	Pass/Fail	
No Foreclosures	Pass/Fail	
No Utility Collections	Pass/Conditional	
No unpaid rental collections	Pass/Fail	

Credit Quick Summary	
Total annual income (reported by Applicant)	$182,000.00
Total combined annual income to rent ratio	68.68 (based on rent of $2,650.00)
Total number of accounts	14
Accounts with no late payments	14 (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	$34,221.00 ($0.00 past due)
Outstanding revolving debt	$358.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$33,863.00 ($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:	Diana Ashley Giggans-Hill	DIANA GIGGANS HILL DIANA GIGGANS-HILL HILL DIANA GIGGANS
SSN:	***-**-****	***-**-****
Birth Date:	6/**/1990	6/**/1990

Addresses	From Application	From Equifax
	35-34 84th Street APT F8 Jackson Heights, NY 11372 - US	3534 84TH ST. F8 JACKSON HEIGHTS, NY 11372 (Applicant) Reported 12/2025 350 FRANKLIN AVE. 3 BROOKLYN, NY 11238 (Applicant) Reported 12/2025 35 STRATFORD RD. D4 BROOKLYN, NY 11218 (Applicant) Reported 6/2023 850 HAVERFORD AVE. 12 PACIFIC PALISADES, CA 90272 (Applicant) Reported 2/2021 1604 MICHAEL LN. PACIFIC PALISADES, CA 90272 (Applicant) Reported 8/2014 340 E 1ST ST. 4094 TUSTIN, CA 92781 (Applicant) Reported 4/2014 1395 AVENIDA DE CORTEZ PACIFIC PALISADES, CA 90272 (Applicant) Reported 1/2011

Employment	From Application	From Equifax
Applicant:	Supervising Post Producer Antoinette Media / Greenslate $182,000.00/Yr. Total annual Income: $182,000.00	

Restricted Person Search

Requested For	Requested	Returned
Diana Ashley Giggans-Hill	12/22/2025	12/22/2025

Results
No Records Found

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	877	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)	825	Lack of sufficient relevant first mortgage account information Lack of sufficient credit history on bankcard or revolving accounts You have either very few loans or too many loans with recent delinquencies The date that you opened your oldest account is too recent

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED/AIDVANTAG (Applicant)	3/2013	10/2025					$33,863.00

Monthly Payment	High Credit	Type	Comments
$528.00	$47,808.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	4/2016	11/2025					$358.00

Monthly Payment	High Credit	Type	Comments
$40.00	$4,761.00	REVOLVING	Rate/Status 1: Pays account as agreed

Payment History

12/25	10/25	8/25	6/25	4/25	2/25	12/24	10/24	8/24	6/24	4/24	2/24
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)	1/2011	11/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,821.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR 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
2/ 21		12/ 20		10/ 20		8/ 20		6/ 20		4/ 20		2/ 20		12/ 19		10/ 19		8/ 19		6/ 19		4/ 19	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	11/2009	10/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$4,969.00	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
11/ 25		9/ 25		7/ 25		5/ 25		3/ 25		1/ 25		11/ 24		9/ 24		7/ 24		5/ 24		3/ 24		1/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AMERICAN EXPRESS (Applicant)	9/2010	12/2017					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$4,358.00	OPEN ACCOUNT	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	8/2008	10/2025					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,584.00	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
11/ 25		9/ 25		7/ 25		5/ 25		3/ 25		1/ 25		11/ 24		9/ 24		7/ 24		5/ 24		3/ 24		1/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	12/2016	10/2021					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$1,785.00	REVOLVING	ACCOUNT CLOSED DUE TO INACTIVITY			

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/ 24		11/ 23		9/ 23		7/ 23		5/ 23		3/ 23		1/ 23		11/ 22		9/ 22		7/ 22		5/ 22		3/ 22	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SYNCB/BANANA REPUBLI (Applicant)	3/2012	1/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$739.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
MACYS/CITIBANK NA (Applicant)	11/2010	5/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$575.00	REVOLVING	ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed			

Payment History

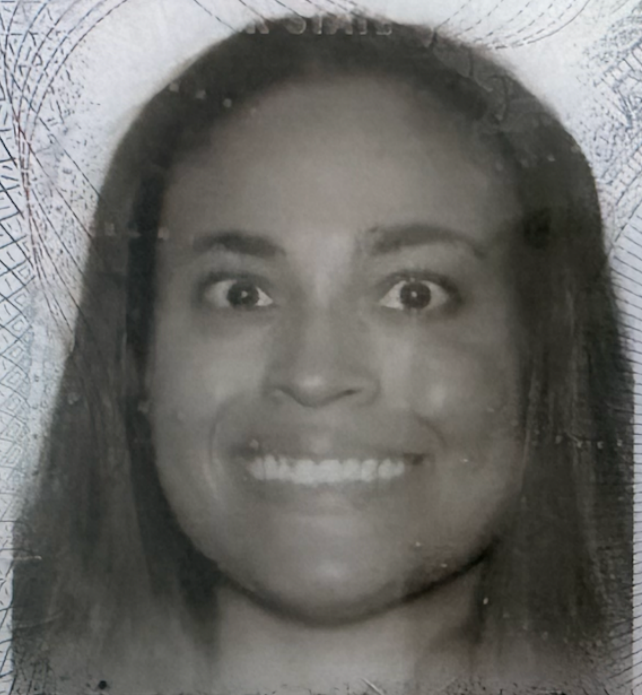
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12/ 19		10/ 19		8/ 19		6/ 19		4/ 19		2/ 19		12/ 18		10/ 18		8/ 18		6/ 18		4/ 18		2/ 18	

NEW YORK STATE USA

DRIVER LICENSE

NOT FOR FEDERAL PURPOSES

Mark F. Schroeder
Commissioner of Motor Vehicles



ID 268 030 435

Class D

GIGGANS-HILL
DIANA,ASHLEY

3534 84TH ST APT F8
JACKSON HTS, NY 11372

DOB 06/29/1990

Issued 08/11/2025

Expires 06/29/2029

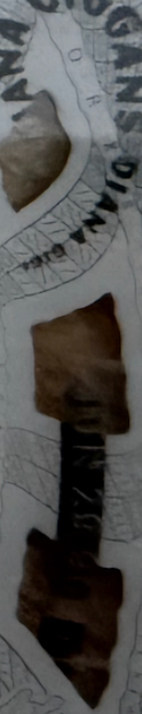
E NONE

R NONE

Sex F Height 5'-03" Eyes BRO

Organ Donor

EXCELSIOR
E PLURIBUS UNUM



GIGGANS DIANA

GREENSLATE

61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

Check Number:	**01304159**
Check Date:	**12/19/25**
Period End:	**12/13/25**
Pay Period:	**12/07/25 - 12/13/25**
Project Name:	**Love and Hip Hop Miami S7**
Production Company:	**Sun MIA LLC**
Federal ID:	**82-3742610**
Employer of Record:	**GreenSlate CA LLC**
Employer Address:	**333 N Glenoaks Blvd #415 Burbank, CA 91502**

Social Security Number:	**XXX-XX-5675**
Taxable Marital Status:	**S/MS**
Exemptions/Allowances	
Tax Frequency:	**Weekly**
Federal:	**0.00**
State:	**0.00**

Memo:

Earnings

Earnings	Position	Rate	Hours	This Period
Reg Earn	Post Sup Prod	3,500.000	45.00	3,500.00
Total Gross This Period				**3,500.00**

Employer Paid Benefits

Employer Paid Benefits	This Period	Year to Date
ER Paid Medical	112.90	3,387.00
Sick Hours Accrued	1.49	43.19
Sick Hours Used	0.00	0.00
Sick Hours Available	1.49	56.00
Total Benefits	**114.39**	**3,443.00**

Project Earnings Year to Date

Earnings	Year to Date
Reg Earn	100,800.00
HLUNWKFLT	2,800.00
Project Total Earnings Year to Date	**103,600.00**

Deductions

Deduction	This Period	Year To Date
Pre-Tax Med	169.24	5,077.20
Pre-Tax Dental	11.13	333.90
FEDERAL WH	589.92	17,361.60
SOC SEC EE	205.82	6,087.77
MED EE	48.13	1,423.63
NEW YORK WH	198.54	5,851.56
NEW YORK SDI EE	0.60	18.00
NEW YORK EMPLOYEE PFL	0.00	354.53
QUEENS	130.96	3,869.30
Total Deductions	**1,354.34**	**40,377.49**

*** Excluded from federal taxable wages.**

Your federal taxable wages this period are: $3,319.63

Net Pay: ******\$2,145.66****

Important Notes
Dates worked:12/08,12/09,12/10,12/11,12/12
Direct Deposit $2,145.66 Acct.: XXXXXXXX3731

STATEMENT OF EARNINGS - DETACH ALONG THE PERFORATION AND RETAIN FOR YOUR RECORDS

GREENSLATE

Sun MIA LLC
61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

CITY NATIONAL BANK
400 Park Avenue
New York, NY 10002

01304159
12/19/2025

*********\$2,145.66**

Pay: **TWO THOUSAND ONE HUNDRED FORTY-FIVE & 66/100 DOLLARS** **$2,145.66**

CHECK NOT VALID AFTER 180 DAYS

Pay to the Order of: DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

NON NEGOTIABLE COPY

GREENSLATE

61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

Check Number:	**01303239**
Check Date:	**12/12/25**
Period End:	**12/06/25**
Pay Period:	**11/30/25 - 12/06/25**
Project Name:	**Love and Hip Hop Miami S7**
Production Company:	**Sun MIA LLC**
Federal ID:	**82-3742610**
Employer of Record:	**GreenSlate CA LLC**
Employer Address:	**333 N Glenoaks Blvd #415 Burbank, CA 91502**

Social Security Number:	**XXX-XX-5675**
Taxable Marital Status:	**S/MS**
Exemptions/Allowances	
Tax Frequency:	**Weekly**
Federal:	**0.00**
State:	**0.00**

Memo:

Earnings

Earnings	Position	Rate	Hours	This Period
Reg Earn	Post Sup Prod	3,500.000	45.00	3,500.00
Total Gross This Period				**3,500.00**

Employer Paid Benefits

Employer Paid Benefits	This Period	Year to Date
ER Paid Medical	112.90	3,274.10
Sick Hours Accrued	1.49	41.69
Sick Hours Used	0.00	0.00
Sick Hours Available	1.49	56.00
Total Benefits	**114.39**	**3,330.10**

Project Earnings Year to Date

Earnings	Year to Date
Reg Earn	97,300.00
HLUNWKFLT	2,800.00
Project Total Earnings Year to Date	**100,100.00**

Deductions

Deduction	This Period	Year To Date
Pre-Tax Med	169.24	4,907.96
Pre-Tax Dental	11.13	322.77
FEDERAL WH	589.92	16,771.68
SOC SEC EE	205.82	5,881.95
MED EE	48.13	1,375.50
NEW YORK WH	198.54	5,653.02
NEW YORK SDI EE	0.60	17.40
NEW YORK EMPLOYEE PFL	0.00	354.53
QUEENS	130.96	3,738.34
Total Deductions	**1,354.34**	**39,023.15**

*** Excluded from federal taxable wages.**

Your federal taxable wages this period are: $3,319.63

Net Pay: ******\$2,145.66****

Important Notes
Dates worked:12/01,12/02,12/03,12/04,12/05
Direct Deposit $2,145.66 Acct.: XXXXXXXX3731

STATEMENT OF EARNINGS - DETACH ALONG THE PERFORATION AND RETAIN FOR YOUR RECORDS

GREENSLATE

Sun MIA LLC
61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

CITY NATIONAL BANK
400 Park Avenue
New York, NY 10002

01303239
12/12/2025

*********\$2,145.66**

Pay: **TWO THOUSAND ONE HUNDRED FORTY-FIVE & 66/100 DOLLARS** **$2,145.66**

CHECK NOT VALID AFTER 180 DAYS

Pay to the Order of: DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

NON NEGOTIABLE COPY

GREENSLATE

61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

Check Number:	**01302288**
Check Date:	**12/05/25**
Period End:	**11/29/25**
Pay Period:	**11/23/25 - 11/29/25**
Project Name:	**Love and Hip Hop Miami S7**
Production Company:	**Sun MIA LLC**
Federal ID:	**82-3742610**
Employer of Record:	**GreenSlate CA LLC**
Employer Address:	**333 N Glenoaks Blvd #415 Burbank, CA 91502**

Social Security Number:	**XXX-XX-5675**
Taxable Marital Status:	**S/MS**
Exemptions/Allowances	
Tax Frequency:	**Weekly**
Federal:	**0.00**
State:	**0.00**

Memo:

Earnings

Earnings	Position	Rate	Hours	This Period
Reg Earn	Post Sup Prod	3,500.000	27.00	2,100.00
HLUNWKFLT	Post Sup Prod	3,500.000	16.00	1,400.00
Total Gross This Period				**3,500.00**

Employer Paid Benefits

Employer Paid Benefits	This Period	Year to Date
ER Paid Medical	0.00	3,161.20
Sick Hours Accrued	0.89	40.19
Sick Hours Used	0.00	0.00
Sick Hours Available	0.89	56.00
Total Benefits	**0.89**	**3,217.20**

Project Earnings Year to Date

Earnings	Year to Date
Reg Earn	93,800.00
HLUNWKFLT	2,800.00
Project Total Earnings Year to Date	**96,600.00**

Deductions

Deduction	This Period	Year To Date
Pre-Tax Med	0.00	4,738.72
Pre-Tax Dental	0.00	311.64
FEDERAL WH	633.21	16,181.76
SOC SEC EE	217.00	5,676.13
MED EE	50.75	1,327.37
NEW YORK WH	210.26	5,454.48
NEW YORK SDI EE	0.60	16.80
NEW YORK EMPLOYEE PFL	0.00	354.53
QUEENS	138.63	3,607.38
Total Deductions	**1,250.45**	**37,668.81**

*** Excluded from federal taxable wages.**

Your federal taxable wages this period are: $3,500.00

Net Pay: ******\$2,249.55****

Important Notes
Dates worked:11/24,11/25,11/26,11/27,11/28
Direct Deposit $2,249.55 Acct.: XXXXXXXX3731

STATEMENT OF EARNINGS - DETACH ALONG THE PERFORATION AND RETAIN FOR YOUR RECORDS

GREENSLATE

Sun MIA LLC
61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

CITY NATIONAL BANK
400 Park Avenue
New York, NY 10002

01302288
12/05/2025

*********\$2,249.55**

Pay: **TWO THOUSAND TWO HUNDRED FORTY-NINE & 55/100 DOLLARS** **$2,249.55**

CHECK NOT VALID AFTER 180 DAYS

Pay to the Order of: DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

NON NEGOTIABLE COPY

GREENSLATE

61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

Check Number:	**01301200**
Check Date:	**11/28/25**
Period End:	**11/22/25**
Pay Period:	**11/16/25 - 11/22/25**
Project Name:	**Love and Hip Hop Miami S7**
Production Company:	**Sun MIA LLC**
Federal ID:	**82-3742610**
Employer of Record:	**GreenSlate CA LLC**
Employer Address:	**333 N Glenoaks Blvd #415 Burbank, CA 91502**

Social Security Number:	**XXX-XX-5675**
Taxable Marital Status:	**S/MS**
Exemptions/Allowances	
Tax Frequency:	**Weekly**
Federal:	**0.00**
State:	**0.00**

Memo:

Earnings

Earnings	Position	Rate	Hours	This Period
Reg Earn	Post Sup Prod	3,500.000	45.00	3,500.00
Total Gross This Period				**3,500.00**

Employer Paid Benefits

Employer Paid Benefits	This Period	Year to Date
ER Paid Medical	112.90	3,161.20
Sick Hours Accrued	1.49	39.29
Sick Hours Used	0.00	0.00
Sick Hours Available	1.49	56.00
Total Benefits	**114.39**	**3,217.20**

Project Earnings Year to Date

Earnings	Year to Date
Reg Earn	91,700.00
HLUNWKFLT	1,400.00
Project Total Earnings Year to Date	**93,100.00**

Deductions

Deduction	This Period	Year To Date
Pre-Tax Med	169.24	4,738.72
Pre-Tax Dental	11.13	311.64
FEDERAL WH	589.92	15,548.55
SOC SEC EE	205.82	5,459.13
MED EE	48.13	1,276.62
NEW YORK WH	198.54	5,244.22
NEW YORK SDI EE	0.60	16.20
NEW YORK EMPLOYEE PFL	6.89	354.53
QUEENS	130.96	3,468.75
Total Deductions	**1,361.23**	**36,418.36**

*** Excluded from federal taxable wages.**

Your federal taxable wages this period are: $3,319.63

Net Pay: *******$2,138.77****

Important Notes
Dates worked:11/17,11/18,11/19,11/20,11/21
Direct Deposit $2,138.77 Acct.: XXXXXXXX3731

STATEMENT OF EARNINGS - DETACH ALONG THE PERFORATION AND RETAIN FOR YOUR RECORDS

GREENSLATE

Sun MIA LLC
61 MAIN STREET, FLOOR 2
DELHI, NY 13753
Phone : (212)-206-1099
Fax : (212)-206-1070

CITY NATIONAL BANK
400 Park Avenue
New York, NY 10002

01301200
11/28/2025

*********$2,138.77**

Pay: **TWO THOUSAND ONE HUNDRED THIRTY-EIGHT & 77/100 DOLLARS** **$2,138.77**

CHECK NOT VALID AFTER 180 DAYS

Pay to the Order of: DIANA GIGGANS HILL
35-34 84th Street
APT F8
Jackson Heights, NY 11372

NON NEGOTIABLE COPY

by Goldman Sachs®

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

Statement Period
11/01/2025 to 11/30/2025

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

267708-01-00

267708/1513637/STMT/267708/0000/000000/541240 000 01 000000
DIANA GIGGANS-HILL
3534 84TH ST APT F8
JACKSON HEIGHTS NY 11372-5384

ONLINE SAVINGS ACCOUNT STATEMENT

See reverse for important information

Account Number [redacted]5395
Account Name Online Savings

STATEMENT SUMMARY as of 11/30/2025

Beginning Balance	$61,581.59
Deposits and Other Credits	$482.13
Interest Paid this Period	$182.13
Withdrawals and Other Debits	$0.00
Ending Balance	**$62,063.72**

EARNINGS DETAILS

Statement Period	11/01/2025 to 11/30/2025
Days in Statement Period	30
Annual Percentage Yield Earned	3.65%
Total Earnings Paid This Year	$2,064.93

ACCOUNT ACTIVITY

Date	Description	Credits	Debits	Balance
11/01/2025	Beginning Balance			$61,581.59
11/17/2025	ACH Deposit Internet transfer from BANK OF AMERICA, N.A. DDA account **********3731	$300.00		$61,881.59
11/30/2025	Interest Paid	$182.13		$62,063.72
11/30/2025	**Ending Balance**			**$62,063.72**

Spend smart during the holidays

Check out our spending and saving tips to help avoid some of the financial stressors that come with the holiday season. Learn more at marcus.com/holidayspending.

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

BANK OF AMERICA
Preferred Rewards

Customer service information

1.888.888.RWDS (1.888.888.7937)

En Español: 1.800.688.6086

bankofamerica.com

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

DIANA GIGGANS-HILL
3534 84TH ST APT F8
JACKSON HEIGHTS, NY 11372-5384

Your combined statement

for November 14, 2025 to December 16, 2025

Your deposit accounts	Account/plan number	Ending balance	Details on
Susan G Komen Adv Relationship Banking	[redacted]3731	$12,657.16	Page 3
Bank of America Advantage Savings	[redacted]0290	$457.36	Page 7
Total balance		**$13,114.52**	

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

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

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

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

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

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

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

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

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

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

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
DIANA A	GIGGANS HILL	[redacted]-5675
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
35-34 84TH STREET	F8

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
JACKSON HEIGHTS	NY	11372

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

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

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

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

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

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

Dependents (see instructions):

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

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

Income

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)					1a	151,637
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	151,637
2a	Tax-exempt interest	2a	340	b	Taxable interest	2b	2,448
3a	Qualified dividends	3a	179	b	Ordinary dividends	3b	460
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	617
8	Additional income from Schedule 1, line 10					8	1,512
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**					9	156,674
10	Adjustments to income from Schedule 1, line 26					10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**					11	156,674
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	2
14	Add lines 12 and 13					14	14,602
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**					15	142,072

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	27,083
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	27,083
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	5
	21	Add lines 19 and 20		21	5
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	27,078
	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	27,078
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 27,146		
	b	Form(s) 1099	25b 151		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	27,297
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	27,297
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	219
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	219
Direct deposit? See instructions.	b	Routing number [redacted] Type: ☒ Checking ☐ Savings			
	d	Account number [redacted]			
	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 **Russell Garofalo** Phone no. **347-878-3538** Personal identification number (PIN) **10631**

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.)
82315	03-17-2025	PRODUCER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. **310-562-4537** Email address **DIANA.GIGGANSHILL@GMAIL.COM**

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Russell Garofalo	03-19-2025	P01047536	☐ Self-employed
Preparer's name **Russell Garofalo**	Phone no. **347-878-3538**		
Firm's name **BRASS TAXES**			
Firm's address **PO BOX 63232** Saint Louis, MO 63163		Firm's EIN	**45-2057787**

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
DIANA A	GIGGANS HILL	[redacted]-5675
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
35-34 84TH STREET	F8

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
JACKSON HEIGHTS	NY	11372

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: _____

Digital Assets At any time during 2023, 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

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

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

Income

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)					1a	139,588
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	139,588
2a	Tax-exempt interest	2a	279	b	Taxable interest	2b	1,902
3a	Qualified dividends	3a	194	b	Ordinary dividends	3b	402
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	227
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	142,119
10	Adjustments to income from Schedule 1, line 26					10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**					11	142,119
12	**Standard deduction or itemized deductions** (from Schedule A)					12	13,850
13	Qualified business income deduction from Form 8995 or Form 8995-A					13	2
14	Add lines 12 and 13					14	13,852
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**					15	128,267

Standard Deduction for-
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- 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	24,146
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	24,146
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	24,146
	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	24,146
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 24,082		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	24,082
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 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 0		
	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	24,082
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	0
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2024 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	64
	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: Russell Garofalo | Phone no.: 347-878-3538 | Personal identification number (PIN): 10631

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.)
82315	03-16-2024	PRODUCER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. 310-562-4537 | Email address DIANA.GIGGANSHILL@GMAIL.COM

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Russell Garofalo	03-19-2024	P01047536	☐ Self-employed
Preparer's name: Russell Garofalo	Phone no.: 347-878-3538		
Firm's name: BRASS TAXES			
Firm's address: PO BOX 63232, Saint Louis, MO 63163		Firm's EIN: 45-2057787	

Landlord: Units 2022 LLC

353484 - F08
D@ 4.5

EXTENSION OF LEASE

Date: December 30, 2024

Tenant(s): DIANA GIGGANS HILL ~~& MATTHEW PANNO~~
Premise 35-34 84th Street
FLUSHING, NY 11372

Re: Lease Commencing:
April 1, 2025
Current Lease Expires:
March 31, 2025
Apt,-office-etc: F08

Dear: Tenant(s):

The **Lease** referred to above expires shortly. If you wish to extend your **Lease for one year the annual rent for the premises commencing on April 01, 2025 will be** ~~**$33,000.00**~~ $32,760.00 **payable** ~~**$2,750.00**~~ **monthly in advance, for an extended term of ONE year: commencing April 01, 2025 and terminating March 31, 2026.** $2,730.00 A.F

In connection with the foregoing, If you wish to extend your **Lease for one year** additional security will be required in the amount of ~~$120.00~~ making the total security of ~~$2,750.00~~.
$100.00 $2,730.00 A.F

If prior to the commencement of the extended term you default on any of the terms, covenants and conditions of the Lease this agreement shall, at the option of the Landlord, be null and void. In the event that Tenant holds over after the expiration of the term of this lease or any subsequent renewal, Tenant acknowledges and agrees that the fair market value for the monthly use and occupancy of the apartment shall be 125% of the monthly rent under this lease or if this lease has expired then the monthly rent under the most current lease renewal in effect at the time of tenant's holdover and Tenant further agrees to pay the owner the sum of 125% of the monthly rent under this lease or if this lease has expired then the monthly rent under the most current lease renewal in effect at the time of tenant's holdover. At the completion of every 12 month period during which the tenant has held over, the Tenant acknowledges and agrees that the fair market value for the monthly use and occupancy of the apartment shall be 125% of the most recently calculated use and occupancy.

All other terms, covenants and conditions of the Lease shall remain in full force and effect for the duration of the extended term.

If you wish to extend the term of the Lease please sign this agreement by the (X) below and return **two copies** to the Landlord together with a **check** or **online payment on our web site** in the amount of the additional security within 30 days of the above date.

If you intend to vacate the premises please sign your name under the words "Tenant(s) will vacate the premises at the end of the present term" and return two copies to the Landlord.

Please initial the appropriate line below and sign to extend your Lease. Each tenant on the original Lease must sign

Tenant: X _____ Tenant(s):X _____

Date: 02/26/25 Date: _____

Tenant(s) will vacate the premises at the end of the present term.

_____

_____

_____
Sign here if vacating

This **Extension Agreement** does not become binding until the return to you of a copy signed by the Landlord.

Landlord
By _____

Date 3/10/25