

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 Vivian Nwankwo**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 Vivian Nwankwo: 838

	Importance	Result
AI Score	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Conditional	
May have been through a bankruptcy	Pass/Fail	
No unpaid rental collections	Pass/Fail	

Lease Notebook

Date	User	Note
4/11/2026		Identity Verification Submitted for Viemma Chiamaka Nwigwe
4/11/2026		Identity Verification Passed for Viemma Chiamaka Nwigwe
4/11/2026		The Class Action Waiver and Arbitration Agreement consent for Viemma Chiamaka Nwigwe (nwigwe.viemma@gmail.com) has been received.
4/11/2026		Viemma Chiamaka Nwigwe has finished signing Online Application Form.
4/11/2026		Application fees for Viemma Chiamaka Nwigwe in the amount of \$20.00 were authorized by credit card.
4/11/2026		Identity Verification Submitted for Vivian Nwankwo
4/11/2026		Identity Verification Passed for Vivian Nwankwo
4/11/2026		The Class Action Waiver and Arbitration Agreement consent for Vivian Nwankwo (nwigweviv@gmail.com) has been received.
4/11/2026		Vivian Nwankwo has finished signing Online Application Form.
4/11/2026		Application fees for Vivian Nwankwo in the amount of \$20.00 were authorized by credit card.



Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

4/13/2026		Application fees for Viemma Chiamaka Nwigwe and Vivian Nwankwo in the amount of \$40.00 were paid by credit card.
-----------	--	---

Credit Quick Summary		
Total annual income (reported by Applicant)	\$468,000.00	
Total combined annual income to rent ratio	142.0 (based on rent of \$4,100.00)	
Total number of accounts	30	
Accounts with no late payments	29 (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	1 (0 unpaid past due)	
Total outstanding balance	\$37,052.00 (\$0.00 past due)	
Outstanding revolving debt	\$1,431.00 (0% of limit) (\$0.00 past due)	
Outstanding loan balance	\$35,621.00 (\$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:	Vivian Nwankwo	VIVIAN C. NWANKWO VIVIAN C. NWIGWE
SSN:	***_**_****	***_**_****
Birth Date:	2/**/1967	2/**/1967

Addresses	From Application	From Equifax
	9 Rieder Court Somerset, NJ 08873 - US	9 RIEDER CT. C1 SOMERSET, NJ 08873 (Applicant) Reported 4/2026 1172 CLINTON AVE. IRVINGTON, NJ 07111 (Applicant) Reported 2/2024 466 CONOVER TER. ORANGE, NJ 07050 (Applicant) Reported 1/2011 200 MILL ST. C1 BELLEVILLE, NJ 07109 (Applicant) Reported 1/2011

Employment	From Application	From Equifax
Applicant:	Pyschiatric Nurse Practioner Vivanchi Radiant Health \$9,000.00/Wk. Total annual Income: \$468,000.00	UNITED HEALHCARE SUN VISION/MULTI THE /

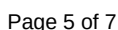
Restricted Person Search		
Requested For Vivian Nwankwo	Requested 4/13/2026	Returned 4/13/2026
Results No Records Found		

Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

Account Name SYNCB/TJX CO DC (Applicant)	Opened 9/2018	Last Active 2/2026	30-59	60-89	90+	Past Due	Balance \$1,431.00
	Monthly Payment \$27.00	High Credit \$11,482.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 00000000000000000000000000 3/261/2611/259/257/255/253/251/2511/249/247/245/24						
Account Name SLOAN/NELNET SERVICE (Applicant)	Opened 9/2007	Last Active 2/2026	30-59	60-89	90+	Past Due	Balance \$946.00
	Monthly Payment	High Credit \$569.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 00000000000000000000000000 3/261/2611/259/257/255/253/251/2511/249/247/245/24						
Account Name ONITY MORTGAGE (Applicant)	Opened 3/2003	Last Active 6/2020	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$166,000.00	Type MORTGAGE	Comments ACCOUNT PREVIOUSLY IN DISPUTE – NOW RESOLVED BY DATA FURNISHER FANNIE MAE ACCOUNT Rate/Status 1: Pays account as agreed			
Account Name TD BANK NA (Applicant)	Opened 12/2005	Last Active 8/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$60,000.00	Type MORTGAGE	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
Account Name TOYOTA FINANCIAL SER (Applicant)	Opened 8/2023	Last Active 12/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$22,000.00	Type INSTALLMENT	Comments FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History 000000000000000000000000 1/2511/249/247/245/243/241/2411/239/23						
Account Name CAPITAL ONE (Applicant)	Opened 12/1994	Last Active 1/2025	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$13,520.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 00000000000000000000000000 4/262/2612/2510/258/256/254/252/2512/2410/248/246/24						
Account Name COMENITYCAPITAL/SAX (Applicant)	Opened 6/2020	Last Active 6/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$9,116.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 00000000000000000000000000 4/262/2612/2510/258/256/254/252/2512/2410/248/246/24						

Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

Account Name BLOOMINGDALES (Applicant)	Opened 12/2015	Last Active 10/2025	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$6,761.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 4/ 2/ 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 26 26 25 25 25 25 25 25 24 24 24 24						
Account Name NORDSTROM/TD BANK (Applicant)	Opened 12/2010	Last Active 12/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$4,843.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 26 26 25 25 25 25 25 25 24 24 24 24						
Account Name CITI TY MC/CBNA (Applicant)	Opened 7/1996	Last Active 9/2019	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$4,764.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed			
	Payment History 0 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 3/ 23 22 22 22 22 22 22 21 21 21 21 21						
Account Name BEST BUY/CBNA (Applicant)	Opened 9/2020	Last Active 8/2020	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,684.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed			
	Payment History 0 2/ 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 4/ 23 22 22 22 22 22 22 21 21 21 21 21						
Account Name THD/CBNA (Applicant)	Opened 2/2020	Last Active 2/2025	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,203.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 26 26 25 25 25 25 25 25 24 24 24 24						
Account Name AMEX/DSNB (Applicant)	Opened 7/2011	Last Active 8/2019	30-59 0	60-89 1	90+ 2	Past Due	Balance \$0.00
	Monthly Payment \$0.00	High Credit \$755.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST ACCOUNT PAID FOR LESS THAN FULL BALANCE Rate/Status 1: Pays account as agreed			



Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

Account Name BESTBUY/CBNA (Applicant)	Opened 1/2023	Last Active 1/2023	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$696.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed																																																		
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>5/ 25</td><td>3/ 25</td><td>1/ 25</td><td>11/ 24</td><td>9/ 24</td><td>7/ 24</td><td>5/ 24</td><td>3/ 24</td><td>1/ 24</td><td>11/ 23</td><td>9/ 23</td><td>7/ 23</td><td colspan="12"></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23											
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																															
5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23																																											
Account Name MACYS/CITIBANK NA (Applicant)	Opened 5/1994	Last Active 3/2011	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$582.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																		
Account Name CAP1/KOHL'S DEPARTMEN (Applicant)	Opened 8/2009	Last Active 8/2013	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$511.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																		
Account Name COMENITYCAPITAL/CEN (Applicant)	Opened 11/2016	Last Active 11/2016	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$500.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																		
Account Name COMENITY BANK/NWYRK& (Applicant)	Opened 5/2019	Last Active 12/2019	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$480.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																		
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>5/ 22</td><td>3/ 22</td><td>1/ 22</td><td>11/ 21</td><td>9/ 21</td><td>7/ 21</td><td>5/ 21</td><td>3/ 21</td><td>1/ 21</td><td>11/ 20</td><td>9/ 20</td><td>7/ 20</td><td colspan="12"></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5/ 22	3/ 22	1/ 22	11/ 21	9/ 21	7/ 21	5/ 21	3/ 21	1/ 21	11/ 20	9/ 20	7/ 20											
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																															
5/ 22	3/ 22	1/ 22	11/ 21	9/ 21	7/ 21	5/ 21	3/ 21	1/ 21	11/ 20	9/ 20	7/ 20																																											
Account Name COMENITYBANK/VICTOR (Applicant)	Opened 10/2017	Last Active 10/2017	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$443.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																		
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>6/ 20</td><td>4/ 20</td><td>2/ 20</td><td>12/ 19</td><td>10/ 19</td><td>8/ 19</td><td>6/ 19</td><td>4/ 19</td><td>2/ 19</td><td>12/ 18</td><td>10/ 18</td><td>8/ 18</td><td colspan="12"></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6/ 20	4/ 20	2/ 20	12/ 19	10/ 19	8/ 19	6/ 19	4/ 19	2/ 19	12/ 18	10/ 18	8/ 18											
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																															
6/ 20	4/ 20	2/ 20	12/ 19	10/ 19	8/ 19	6/ 19	4/ 19	2/ 19	12/ 18	10/ 18	8/ 18																																											
Account Name SYNCB/TJX CO (Applicant)	Opened 4/2012	Last Active 4/2012	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$300.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																		
Account Name BARCLAYS BANK DELAWARE (Applicant)	Opened 3/2022	Last Active 6/2022	30-59	60-89	90+	Past Due	Balance \$0.00																																															
	Monthly Payment	High Credit \$299.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed																																																		
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>1/ 24</td><td>11/ 23</td><td>9/ 23</td><td>7/ 23</td><td>5/ 23</td><td>3/ 23</td><td>1/ 23</td><td>11/ 22</td><td>9/ 22</td><td>7/ 22</td><td>5/ 22</td><td colspan="13"></td></tr></table>							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												
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																																												

Account Name COMENITYBANK/JUSTICE (Applicant)	Opened 12/2017	Last Active 12/2017	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$176.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>1/21</td><td></td><td>11/20</td><td></td><td>9/20</td><td></td><td>7/20</td><td></td><td>5/20</td><td></td><td>3/20</td><td></td><td>1/20</td><td></td><td>11/19</td><td></td><td>9/19</td><td></td><td>7/19</td><td></td><td>5/19</td><td></td><td>3/19</td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19		5/19		3/19	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19		5/19		3/19																																	
Account Name COMENITY BANK/EXPRES (Applicant)	Opened 4/2012	Last Active 9/2012	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$116.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
Account Name SYNCB/SAM S CLUB DC (Applicant)	Opened 9/2023	Last Active 9/2023	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$91.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>12/24</td><td></td><td>10/24</td><td></td><td>8/24</td><td></td><td>6/24</td><td></td><td>4/24</td><td></td><td>2/24</td><td></td><td>12/23</td><td></td><td>10/23</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23									
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23																																									
Account Name CAPITAL ONE/LORD & T (Applicant)	Opened 5/2019	Last Active 5/2019	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$53.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3/21</td><td></td><td>1/21</td><td></td><td>11/20</td><td></td><td>9/20</td><td></td><td>7/20</td><td></td><td>5/20</td><td></td><td>3/20</td><td></td><td>1/20</td><td></td><td>11/19</td><td></td><td>9/19</td><td></td><td>7/19</td><td></td><td></td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3/21		1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19			
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
3/21		1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19																																			
Account Name COMENITY BANK/ATYLR (Applicant)	Opened 1/2024	Last Active 12/2023	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$0.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3/26</td><td></td><td>1/26</td><td></td><td>11/25</td><td></td><td>9/25</td><td></td><td>7/25</td><td></td><td>5/25</td><td></td><td>3/25</td><td></td><td>1/25</td><td></td><td>11/24</td><td></td><td>9/24</td><td></td><td>7/24</td><td></td><td>5/24</td><td></td><td>0</td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3/26		1/26		11/25		9/25		7/25		5/25		3/25		1/25		11/24		9/24		7/24		5/24	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
3/26		1/26		11/25		9/25		7/25		5/25		3/25		1/25		11/24		9/24		7/24		5/24		0																															
Account Name MACYS/CITIBANK NA (Applicant)	Opened 7/2011	Last Active 9/2018	30-59	60-89	90+	Past Due	Balance																																																
	Monthly Payment \$27.00	High Credit \$755.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																			

Consumer Narratives

From Equifax

(From Applicant, 2/1/2024) FRAUD VICTIM. "EXTENDED ALERT". CONSUMER HAS REQUESTED AN ALERT BE PLACED ON THEIR CREDIT FILE.



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 from 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.

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 Vivian Nwankwo**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 Vivian Nwankwo: 838

	Importance	Result
AI Score	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Conditional	
May have been through a bankruptcy	Pass/Fail	
No unpaid rental collections	Pass/Fail	

Lease Notebook

Date	User	Note
4/11/2026		Identity Verification Submitted for Viemma Chiamaka Nwigwe
4/11/2026		Identity Verification Passed for Viemma Chiamaka Nwigwe
4/11/2026		The Class Action Waiver and Arbitration Agreement consent for Viemma Chiamaka Nwigwe (nwigwe.viemma@gmail.com) has been received.
4/11/2026		Viemma Chiamaka Nwigwe has finished signing Online Application Form.
4/11/2026		Application fees for Viemma Chiamaka Nwigwe in the amount of \$20.00 were authorized by credit card.
4/11/2026		Identity Verification Submitted for Vivian Nwankwo
4/11/2026		Identity Verification Passed for Vivian Nwankwo
4/11/2026		The Class Action Waiver and Arbitration Agreement consent for Vivian Nwankwo (nwigweviv@gmail.com) has been received.
4/11/2026		Vivian Nwankwo has finished signing Online Application Form.
4/11/2026		Application fees for Vivian Nwankwo in the amount of \$20.00 were authorized by credit card.



Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

4/13/2026		Application fees for Viemma Chiamaka Nwigwe and Vivian Nwankwo in the amount of \$40.00 were paid by credit card.
-----------	--	---

Credit Quick Summary		
Total annual income (reported by Applicant)	\$468,000.00	
Total combined annual income to rent ratio	142.0 (based on rent of \$4,100.00)	
Total number of accounts	30	
Accounts with no late payments	29 (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	1 (0 unpaid past due)	
Total outstanding balance	\$37,052.00 (\$0.00 past due)	
Outstanding revolving debt	\$1,431.00 (0% of limit) (\$0.00 past due)	
Outstanding loan balance	\$35,621.00 (\$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:	Vivian Nwankwo	VIVIAN C. NWANKWO VIVIAN C. NWIGWE
SSN:	***_**_****	***_**_****
Birth Date:	2/**/1967	2/**/1967

Addresses	From Application	From Equifax
	9 Rieder Court Somerset, NJ 08873 - US	9 RIEDER CT. C1 SOMERSET, NJ 08873 (Applicant) Reported 4/2026 1172 CLINTON AVE. IRVINGTON, NJ 07111 (Applicant) Reported 2/2024 466 CONOVER TER. ORANGE, NJ 07050 (Applicant) Reported 1/2011 200 MILL ST. C1 BELLEVILLE, NJ 07109 (Applicant) Reported 1/2011

Employment	From Application	From Equifax
Applicant:	Pyschiatric Nurse Practioner Vivanchi Radiant Health \$9,000.00/Wk. Total annual Income: \$468,000.00	UNITED HEALHCARE SUN VISION/MULTI THE /

Restricted Person Search		
Requested For Vivian Nwankwo	Requested 4/13/2026	Returned 4/13/2026
Results No Records Found		

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	Score 838	Score Factors Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History
	Description RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).	
From Equifax		
Risk Model Name Credit Score (Applicant)	Score 788	Score Factors The balance amount paid down on your open student loan accounts is too low You have too many delinquent or derogatory accounts Lack of sufficient credit history on bankcard or revolving accounts Balances on bankcard or revolving accounts too high compared to credit limits
	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 SLOAN/NELNET SERVICE (Applicant)	Opened 10/2006	Last Active 2/2026	30-59	60-89	90+	Past Due	Balance \$13,278.00																																																			
	Monthly Payment	High Credit \$5,000.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed																																																						
	Payment History																																																									
	<table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3/ 26</td><td>1/ 26</td><td>11/ 25</td><td>9/ 25</td><td>7/ 25</td><td>5/ 25</td><td>3/ 25</td><td>1/ 25</td><td>11/ 24</td><td>9/ 24</td><td>7/ 24</td><td>5/ 24</td><td colspan="8"></td></tr></table>																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24							
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																							
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24																																															
Account Name SLOAN/NELNET SERVICE (Applicant)	Opened 9/2007	Last Active 2/2026	30-59	60-89	90+	Past Due	Balance \$12,248.00																																																			
	Monthly Payment	High Credit \$4,681.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed																																																						
	Payment History																																																									
	<table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3/ 26</td><td>1/ 26</td><td>11/ 25</td><td>9/ 25</td><td>7/ 25</td><td>5/ 25</td><td>3/ 25</td><td>1/ 25</td><td>11/ 24</td><td>9/ 24</td><td>7/ 24</td><td>5/ 24</td><td colspan="8"></td></tr></table>																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24							
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																							
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24																																															
Account Name SLOAN/NELNET SERVICE (Applicant)	Opened 10/2006	Last Active 2/2026	30-59	60-89	90+	Past Due	Balance \$9,149.00																																																			
	Monthly Payment	High Credit \$5,500.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed																																																						
	Payment History																																																									
	<table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3/ 26</td><td>1/ 26</td><td>11/ 25</td><td>9/ 25</td><td>7/ 25</td><td>5/ 25</td><td>3/ 25</td><td>1/ 25</td><td>11/ 24</td><td>9/ 24</td><td>7/ 24</td><td>5/ 24</td><td colspan="8"></td></tr></table>																			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24							
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																							
3/ 26	1/ 26	11/ 25	9/ 25	7/ 25	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24																																															

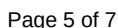


Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

Account Name SYNCB/TJX CO DC (Applicant)	Opened 9/2018	Last Active 2/2026	30-59	60-89	90+	Past Due	Balance \$1,431.00
	Monthly Payment \$27.00	High Credit \$11,482.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 3/261/2611/259/257/255/253/251/2511/249/247/245/24						
Account Name SLOAN/NELNET SERVICE (Applicant)	Opened 9/2007	Last Active 2/2026	30-59	60-89	90+	Past Due	Balance \$946.00
	Monthly Payment	High Credit \$569.00	Type INSTALLMENT	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 3/261/2611/259/257/255/253/251/2511/249/247/245/24						
Account Name ONITY MORTGAGE (Applicant)	Opened 3/2003	Last Active 6/2020	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$166,000.00	Type MORTGAGE	Comments ACCOUNT PREVIOUSLY IN DISPUTE – NOW RESOLVED BY DATA FURNISHER FANNIE MAE ACCOUNT Rate/Status 1: Pays account as agreed			
Account Name TD BANK NA (Applicant)	Opened 12/2005	Last Active 8/2018	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$60,000.00	Type MORTGAGE	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
Account Name TOYOTA FINANCIAL SER (Applicant)	Opened 8/2023	Last Active 12/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$22,000.00	Type INSTALLMENT	Comments FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History 0 1/2511/249/247/245/243/241/2411/239/23						
Account Name CAPITAL ONE (Applicant)	Opened 12/1994	Last Active 1/2025	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$13,520.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 4/262/2612/2510/258/256/254/252/2512/2410/248/246/24						
Account Name COMENITYCAPITAL/SAL (Applicant)	Opened 8/2020	Last Active 6/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$9,116.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 4/262/2612/2510/258/256/254/252/2512/2410/248/246/24						

Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

Account Name BLOOMINGDALES (Applicant)	Opened 12/2015	Last Active 10/2025	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$6,761.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 4/ 2/ 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 26 26 25 25 25 25 25 25 24 24 24 24						
Account Name NORDSTROM/TD BANK (Applicant)	Opened 12/2010	Last Active 12/2024	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$4,843.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 26 26 25 25 25 25 25 25 24 24 24 24						
Account Name CITI TY MC/CBNA (Applicant)	Opened 7/1996	Last Active 9/2019	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$4,764.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed			
	Payment History 0 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 3/ 23 22 22 22 22 22 22 21 21 21 21 21						
Account Name BEST BUY/CBNA (Applicant)	Opened 9/2020	Last Active 8/2020	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,684.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed			
	Payment History 0 2/ 12/ 10/ 8/ 6/ 4/ 2/ 12/ 10/ 8/ 6/ 4/ 23 22 22 22 22 22 22 21 21 21 21 21						
Account Name THD/CBNA (Applicant)	Opened 2/2020	Last Active 2/2025	30-59	60-89	90+	Past Due	Balance \$0.00
	Monthly Payment	High Credit \$1,203.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 3/ 1/ 11/ 9/ 7/ 5/ 3/ 1/ 11/ 9/ 7/ 5/ 26 26 25 25 25 25 25 25 24 24 24 24						
Account Name AMEX/DSNB (Applicant)	Opened 7/2011	Last Active 8/2019	30-59 0	60-89 1	90+ 2	Past Due	Balance \$0.00
	Monthly Payment \$0.00	High Credit \$755.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST ACCOUNT PAID FOR LESS THAN FULL BALANCE Rate/Status 1: Pays account as agreed			



Rental Report for Vivian Nwankwo, 4/13/2026 for 4C at 4560 BWY Partners, LLC

Account Name BESTBUY/CBNA (Applicant)	Opened 1/2023	Last Active 1/2023	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$696.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed																																																	
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>5/ 25</td><td>3/ 25</td><td>1/ 25</td><td>11/ 24</td><td>9/ 24</td><td>7/ 24</td><td>5/ 24</td><td>3/ 24</td><td>1/ 24</td><td>11/ 23</td><td>9/ 23</td><td>7/ 23</td><td colspan="11"></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23										
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																														
5/ 25	3/ 25	1/ 25	11/ 24	9/ 24	7/ 24	5/ 24	3/ 24	1/ 24	11/ 23	9/ 23	7/ 23																																										
Account Name MACYS/CITIBANK NA (Applicant)	Opened 5/1994	Last Active 3/2011	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$582.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																	
Account Name CAP1/KOHL'S DEPARTMEN (Applicant)	Opened 8/2009	Last Active 8/2013	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$511.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																	
Account Name COMENITYCAPITAL/CENTIN (Applicant)	Opened 1/2016	Last Active 11/2016	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$500.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																	
Account Name COMENITY BANK/NWYRK& (Applicant)	Opened 5/2019	Last Active 12/2019	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$480.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																	
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>5/ 22</td><td>3/ 22</td><td>1/ 22</td><td>11/ 21</td><td>9/ 21</td><td>7/ 21</td><td>5/ 21</td><td>3/ 21</td><td>1/ 21</td><td>11/ 20</td><td>9/ 20</td><td>7/ 20</td><td colspan="11"></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5/ 22	3/ 22	1/ 22	11/ 21	9/ 21	7/ 21	5/ 21	3/ 21	1/ 21	11/ 20	9/ 20	7/ 20										
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																														
5/ 22	3/ 22	1/ 22	11/ 21	9/ 21	7/ 21	5/ 21	3/ 21	1/ 21	11/ 20	9/ 20	7/ 20																																										
Account Name COMENITYBANK/VICTORIA (Applicant)	Opened 10/2017	Last Active 10/2017	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$443.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																	
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>6/ 20</td><td>4/ 20</td><td>2/ 20</td><td>12/ 19</td><td>10/ 19</td><td>8/ 19</td><td>6/ 19</td><td>4/ 19</td><td>2/ 19</td><td>12/ 18</td><td>10/ 18</td><td>8/ 18</td><td colspan="11"></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6/ 20	4/ 20	2/ 20	12/ 19	10/ 19	8/ 19	6/ 19	4/ 19	2/ 19	12/ 18	10/ 18	8/ 18										
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																														
6/ 20	4/ 20	2/ 20	12/ 19	10/ 19	8/ 19	6/ 19	4/ 19	2/ 19	12/ 18	10/ 18	8/ 18																																										
Account Name SYNCB/TJX CO (Applicant)	Opened 4/2012	Last Active 4/2012	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$300.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																	
Account Name BARCLAYS BANK DELAWARE (Applicant)	Opened 3/2022	Last Active 6/2022	30-59	60-89	90+	Past Due	Balance \$0.00																																														
	Monthly Payment	High Credit \$299.00	Type REVOLVING	Comments ACCOUNT CLOSED DUE TO INACTIVITY Rate/Status 1: Pays account as agreed																																																	
	Payment History <table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>1/ 24</td><td>11/ 23</td><td>9/ 23</td><td>7/ 23</td><td>5/ 23</td><td>3/ 23</td><td>1/ 23</td><td>11/ 22</td><td>9/ 22</td><td>7/ 22</td><td>5/ 22</td><td colspan="12"></td></tr></table>							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											
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																																											

Account Name COMENITYBANK/JUSTICE (Applicant)	Opened 12/2017	Last Active 12/2017	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$176.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>1/21</td><td></td><td>11/20</td><td></td><td>9/20</td><td></td><td>7/20</td><td></td><td>5/20</td><td></td><td>3/20</td><td></td><td>1/20</td><td></td><td>11/19</td><td></td><td>9/19</td><td></td><td>7/19</td><td></td><td>5/19</td><td></td><td>3/19</td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19		5/19		3/19	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19		5/19		3/19																																	
Account Name COMENITY BANK/EXPRES (Applicant)	Opened 4/2012	Last Active 9/2012	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$116.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
Account Name SYNCB/SAM S CLUB DC (Applicant)	Opened 9/2023	Last Active 9/2023	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$91.00	Type REVOLVING	Comments ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>12/24</td><td></td><td>10/24</td><td></td><td>8/24</td><td></td><td>6/24</td><td></td><td>4/24</td><td></td><td>2/24</td><td></td><td>12/23</td><td></td><td>10/23</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23									
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
12/24		10/24		8/24		6/24		4/24		2/24		12/23		10/23																																									
Account Name CAPITAL ONE/LORD & T (Applicant)	Opened 5/2019	Last Active 5/2019	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$53.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3/21</td><td></td><td>1/21</td><td></td><td>11/20</td><td></td><td>9/20</td><td></td><td>7/20</td><td></td><td>5/20</td><td></td><td>3/20</td><td></td><td>1/20</td><td></td><td>11/19</td><td></td><td>9/19</td><td></td><td>7/19</td><td></td><td></td><td></td><td></td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3/21		1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19			
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
3/21		1/21		11/20		9/20		7/20		5/20		3/20		1/20		11/19		9/19		7/19																																			
Account Name COMENITY BANK/ATYLR (Applicant)	Opened 1/2024	Last Active 12/2023	30-59	60-89	90+	Past Due	Balance \$0.00																																																
	Monthly Payment	High Credit \$0.00	Type REVOLVING	Comments ACCOUNT CLOSED BY CREDIT GRANTOR Rate/Status 1: Pays account as agreed																																																			
	Payment History																																																						
	<table><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3/26</td><td></td><td>1/26</td><td></td><td>11/25</td><td></td><td>9/25</td><td></td><td>7/25</td><td></td><td>5/25</td><td></td><td>3/25</td><td></td><td>1/25</td><td></td><td>11/24</td><td></td><td>9/24</td><td></td><td>7/24</td><td></td><td>5/24</td><td></td><td>0</td></tr></table>							0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3/26		1/26		11/25		9/25		7/25		5/25		3/25		1/25		11/24		9/24		7/24		5/24	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																
3/26		1/26		11/25		9/25		7/25		5/25		3/25		1/25		11/24		9/24		7/24		5/24		0																															
Account Name MACYS/CITIBANK NA (Applicant)	Opened 7/2011	Last Active 9/2018	30-59	60-89	90+	Past Due	Balance																																																
	Monthly Payment \$27.00	High Credit \$755.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed																																																			

Consumer Narratives

From Equifax

(From Applicant, 2/1/2024) FRAUD VICTIM. "EXTENDED ALERT". CONSUMER HAS REQUESTED AN ALERT BE PLACED ON THEIR CREDIT FILE.



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 from 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.

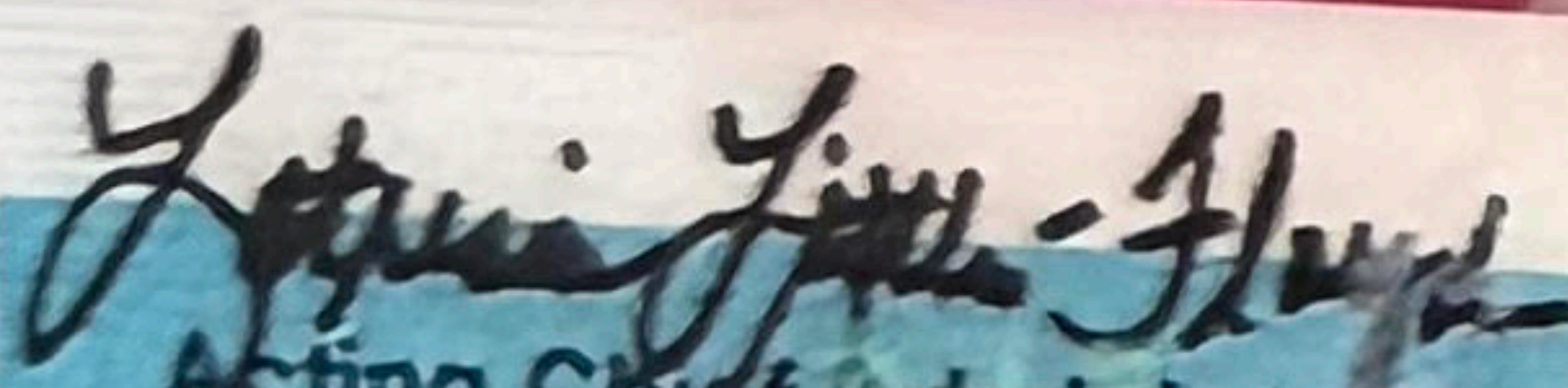
If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for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

New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE


Acting Chief Administrator



NOT FOR "REAL ID" PURPOSES

DL **N9565 77363 52672**

CLASS D

DOB **02-03-1967**

ISS **12-13-2022**

EXP **02-03-2027**



NWANKWO
VIVIAN C

9 RIEDER COURT
SOMERSET, NJ 08873-2816

END NONE
RESTR NONE

GENDER F HGT 5'-10" EYES BRN
WV WV202234700003692 REN



0.00

	Payment date	Description	Total amount
✓	3/31/2026	Payment for 104 transactions	\$20,007.52

Transactions for 3/31/2026 payment

Description	Amount
Insurance appointment with KELLY BAKER on 03/15	\$196.58
Insurance appointment with Ja'Kayla Deck on 03/14	\$312.13
Insurance appointment with FRED fredperez138@gmail.com on 03/13	\$174.01
Insurance appointment with Christopher Askins on 03/13	\$196.58
Insurance appointment with SARAH SANDERSON on 03/13	\$196.58
Insurance appointment with MAKAYLA SHURY on 03/12	\$215.11
Insurance appointment with LEAH DOBOSSY on 03/12	\$196.58
Insurance appointment with MONIQUE SUMPTER on 03/12	\$191.31
Insurance appointment with Colleen Grant on 03/12	\$156.00
Insurance appointment with Nadiya Ibrahim on 03/12	\$156.00
Insurance appointment with maria Nahar on 03/12	\$206.36
Insurance appointment with MADISON ARIZMENDI on 03/12	\$206.36
Insurance appointment with CHRISTINA BENJAMIN on 03/12	\$248.46
Private Pay appointment with DAVID YANNETELLI on 03/12	\$94.40 ⓘ
Insurance appointment with Grace Carroll on 03/12	\$174.01
Insurance appointment with Jocelyn Butler on 03/12	\$156.00
Insurance appointment with Ashley Simon on 03/12	\$215.11
Insurance appointment with Keriann Connolly on 03/12	\$196.58
Insurance appointment with Michael Damato on 03/12	\$196.58
Insurance appointment with STEVEN FATTORE on 03/11	\$208.00
Insurance appointment with Anisa Robinson on 03/11	\$215.11
Insurance appointment with ENRIQUE VINAS on 03/11	\$196.58
Insurance appointment with JOSHUA LEAVITT on 03/11	\$117.90
Insurance appointment with JAIME SWENTY on 03/11	\$156.00
Cancellation fee from Matthew McConnon for 03/11 appointment	\$100.00

Rows per page: 25 ▼ 1-25 of 104 < >

Payment history

	Payment date	Description	Total amount
✓	3/31/2026	Payment for 104 transactions	\$20,007.52

Transactions for 3/31/2026 payment

Description	Amount
Insurance appointment with Spencer Cohen on 03/11	\$196.58
Insurance appointment with Nicole Rossetti on 03/11	\$206.36
Insurance appointment with FRED fredperez138@gmail.com on 03/11	\$191.31
Insurance appointment with Jenny Moya on 03/11	\$156.00
Insurance appointment with KIMBERLY ZIMMERMANN on 03/10	\$206.36
Insurance appointment with JOSUE DOMINGUEZ on 03/10	\$228.00
Insurance appointment with Kaila Knight on 03/10	\$206.36
Insurance appointment with Destenee green on 03/10	\$196.58
Insurance appointment with SERGIO RAMIREZ on 03/10	\$248.46
Insurance appointment with SANDRA HANKINS on 03/10	\$206.36
Insurance appointment with Kristopher Busch on 03/10	\$177.00
Insurance appointment with ALEXANDRA SHARPE on 03/10	\$207.00
Insurance appointment with Del Vierling on 03/09	\$207.00
Insurance appointment with Nicholas DiPoalo on 03/09	\$206.36
Insurance appointment with Dina Bustin on 03/09	\$196.58
Insurance appointment with John O'keefe on 03/09	\$196.58
Insurance appointment with Amanda Bowman on 03/09	\$177.00
Insurance appointment with MELISSA SANCHEZ on 03/09	\$117.90
Insurance appointment with PRISCILLA CLARK on 03/09	\$174.01
Insurance appointment with Amber Parker on 03/09	\$196.58
Insurance appointment with Samantha Woods on 03/09	\$156.00
Insurance appointment with JAIDE JEFFRIES on 03/09	\$156.00
Insurance appointment with JOSUE SILVA on 03/06	\$250.52
Insurance appointment with Christopher Askins on 03/06	\$196.58
Insurance appointment with FRED fredperez138@gmail.com on 03/06	\$191.31

Rows per page: 25 ▼ 26-50 of 104 < >

Payment history

	Payment date	Description	Total amount
✓	3/31/2026	Payment for 104 transactions	\$20,007.52

Transactions for 3/31/2026 payment

Description	Amount
Insurance appointment with Bridget Payano on 03/06	\$206.36
Insurance appointment with MAKAYLA SHURY on 03/05	\$312.13
Insurance appointment with Julia Gomez on 03/05	\$191.31
Insurance appointment with William Rogers on 03/05	\$196.58
Insurance appointment with MONIQUE SUMPTER on 03/05	\$191.31
Insurance appointment with MADISON ARIZMENDI on 03/05	\$206.36
Insurance appointment with ALYSIA HECKSTALL on 03/05	\$196.58
Insurance appointment with TIM HAFIZOV on 03/05	\$196.58
Insurance appointment with Kerian Connolly on 03/05	\$196.58
Insurance appointment with Samantha Rubino on 03/05	\$196.58
Insurance appointment with Nicholas DiPaolo on 03/05	\$206.36
Insurance appointment with MICHAEL INGRAM on 03/05	\$215.11
Insurance appointment with JOSEPH IBRAHIM on 03/05	\$215.11
Insurance appointment with Genevieve Esposito on 03/05	\$156.00
Insurance appointment with Michael Damato on 03/05	\$196.58
Insurance appointment with LINDA BURKE on 03/04	\$215.11
Insurance appointment with Autumn Brophy on 03/04	\$215.11
Insurance appointment with Stephen Petras on 03/04	\$174.01
Insurance appointment with TAMMI HENDERSON on 03/04	\$206.36
Insurance appointment with LUCY MIRANDA on 03/04	\$215.11
Insurance appointment with Spencer Cohen on 03/04	\$196.58
Insurance appointment with FRED fredperez138@gmail.com on 03/04	\$191.31
Insurance appointment with DEESHAN WASSAN on 03/04	\$117.90
Insurance appointment with ANTONIO SMITH on 03/04	\$177.00
Insurance appointment with Stephanie Gannon on 03/04	\$215.11

Rows per page: 25 ▾ 51-75 of 104 < >

Payment history

	Payment date	Description	Total amount
✓	3/31/2026	Payment for 104 transactions	\$20,007.52

Transactions for 3/31/2026 payment

Description	Amount
Insurance appointment with Jenny Moya on 03/04	\$177.00
Insurance appointment with Yreidy Diaz on 03/03	\$174.01
Insurance appointment with Kaila Knight on 03/03	\$279.63
Insurance appointment with Juan Castillo on 03/03	\$196.58
Insurance appointment with CHLOE BELMAR on 03/03	\$206.36
Insurance appointment with SARAH SANDERSON on 03/03	\$196.58
Insurance appointment with AISHIA MARTINEZ on 03/03	\$174.01
Insurance appointment with SANDRA HANKINS on 03/03	\$206.36
Insurance appointment with CHEYENNE PAYDAR on 03/03	\$215.11
Insurance appointment with Kristopher Busch on 03/03	\$156.00
Insurance appointment with JOE VALENTI on 03/03	\$215.11
Insurance appointment with Jeremy GARRABRANT on 03/02	\$177.00
Insurance appointment with Amanda Gregory on 03/02	\$156.00
Insurance appointment with Kelvin Martinez on 03/02	\$174.01
Insurance appointment with GILLIAN ROLLINS on 03/02	\$177.00
Insurance appointment with Destenee green on 03/02	\$196.58
Insurance appointment with Nadia Ibrahim on 03/02	\$174.01
Insurance appointment with Nicholas DiPoalo on 03/02	\$235.47
Insurance appointment with Colleen Grant on 03/02	\$190.00
Insurance appointment with Brigid Crowley on 03/02	\$215.11
Insurance appointment with TATIANA LASASSO on 03/02	\$174.01
Insurance appointment with Chynna Benson on 03/02	\$191.31
Insurance appointment with LINDSAY GALLAGHER on 03/02	\$139.27
Insurance appointment with Amanda Bowman on 03/02	\$156.00
Insurance appointment with PRISCILLA CLARK on 03/02	\$174.01

Rows per page: 25 ▾ 76–100 of 104 < >

Payment history

	Payment date	Description	Total amount
✓	3/31/2026	Payment for 104 transactions	\$20,007.52

Transactions for 3/31/2026 payment

Description	Amount
Insurance appointment with Samantha Woods on 03/02	\$190.00
Insurance appointment with STEVEN ROSES on 03/02	\$215.11
Insurance appointment with MATTHEW STEINMEYER on 03/02	\$206.36
Insurance appointment with LINDSAY GALLAGHER on 02/06	\$139.27

Rows per page: 25 101-104 of 104 < >



3/13/2026

Payment for 98 transactions

\$18,997.41

Transactions for 3/13/2026 payment

Description	Amount
Insurance appointment with Christopher Askins on 02/27	\$215.11
Insurance appointment with OSHANIASHA MONTOYA on 02/27	\$248.46
Insurance appointment with RYAN ROLF on 02/27	\$191.31
Insurance appointment with LEAH DOBOSSY on 02/26	\$196.58
Insurance appointment with JAVIER YEPEZ-RAMIREZ on 02/26	\$235.47
Insurance appointment with Suzanne Charrilez on 02/26	\$174.01
Insurance appointment with CHLOE BELMAR on 02/26	\$206.36
Insurance appointment with maria Nahar on 02/26	\$261.99
Insurance appointment with Nadiya Ibrahim on 02/26	\$177.00
Insurance appointment with MADISON ARIZMENDI on 02/26	\$206.36
Insurance appointment with Jocelyn Butler on 02/26	\$156.00
Insurance appointment with Keriann Connolly on 02/26	\$215.11
Insurance appointment with Michael Damato on 02/26	\$196.58
Insurance appointment with Anisa Robinson on 02/25	\$196.58
Insurance appointment with ENRIQUE VINAS on 02/25	\$215.11
Insurance appointment with MONIQUE SUMPTER on 02/25	\$191.31
Insurance appointment with Spencer Cohen on 02/25	\$196.58
Insurance appointment with Nicholas DiPoalo on 02/25	\$235.47
Insurance appointment with ANTONIO SMITH on 02/25	\$156.00
Insurance appointment with Jenny Moya on 02/25	\$156.00
Cancellation fee from DARYL BREWTON for 02/24 appointment	\$100.00
Insurance appointment with KIMBERLY ZIMMERMANN on 02/24	\$206.36
Insurance appointment with Andrew Glose on 02/24	\$196.58
Insurance appointment with Nicholas DiPoalo on 02/24	\$169.80
Insurance appointment with SANDRA HANKINS on 02/24	\$206.36

Rows per page: 25 ▾

1-25 of 98





3/13/2026

Payment for 98 transactions

\$18,997.41

Transactions for 3/13/2026 payment

Description	Amount
Insurance appointment with Gabby Bonifacio on 02/24	\$235.47
Insurance appointment with TATIANA LASASSO on 02/24	\$222.77
Insurance appointment with STEVEN FATTORE on 02/23	\$242.11
Insurance appointment with Frank Nicosia on 02/23	\$191.31
Insurance appointment with LUCY MIRANDA on 02/23	\$215.11
Insurance appointment with Arelis Ruiz on 02/23	\$196.58
Insurance appointment with Destenee green on 02/23	\$196.58
Insurance appointment with Dina Bustin on 02/23	\$215.11
Insurance appointment with FRED fredperez138@gmail.com on 02/23	\$191.31
Insurance appointment with Chynna Benson on 02/23	\$174.01
Insurance appointment with John O'keefe on 02/23	\$196.58
Private Pay appointment with CRISTINA PEREZ on 02/23	\$192.10 ⓘ
Insurance appointment with PRISCILLA CLARK on 02/23	\$174.01
Insurance appointment with Erin Lloyd on 02/23	\$156.00
Insurance appointment with JAIDE JEFFRIES on 02/23	\$156.00
Cancellation fee from brown-bartlett Linda for 02/23 appointment	\$100.00
Insurance appointment with Christopher Askins on 02/20	\$196.58
Insurance appointment with Tressa Lewis on 02/20	\$206.36
Insurance appointment with GILLIAN ROLLINS on 02/20	\$156.00
Insurance appointment with FRED fredperez138@gmail.com on 02/20	\$174.01
Insurance appointment with Autumn Brophy on 02/20	\$215.11
Insurance appointment with Bridget Payano on 02/20	\$206.36
Insurance appointment with SOPHIA SINISI on 02/20	\$191.31
Insurance appointment with Lisa Vaska on 02/20	\$206.36
Insurance appointment with William Rogers on 02/19	\$196.58

Rows per page: 25 ▾

26-50 of 98





3/13/2026

Payment for 98 transactions

\$18,997.41

Transactions for 3/13/2026 payment

Description	Amount
Insurance appointment with MADISON ARIZMENDI on 02/19	\$206.36
Insurance appointment with maria Nahar on 02/19	\$250.52
Insurance appointment with Colleen Grant on 02/19	\$190.00
Insurance appointment with Samantha Rubino on 02/19	\$196.58
Insurance appointment with MICHAEL INGRAM on 02/19	\$215.11
Insurance appointment with Nicholas DiPoalo on 02/19	\$206.36
Insurance appointment with JOSEPH IBRAHIM on 02/19	\$215.11
Insurance appointment with Keriann Connolly on 02/19	\$196.58
Insurance appointment with Michael Damato on 02/19	\$196.58
Insurance appointment with ENRIQUE VINAS on 02/18	\$293.60
Insurance appointment with Stephen Petras on 02/18	\$174.01
Insurance appointment with MONIQUE SUMPTER on 02/18	\$174.01
Insurance appointment with CHLOE BELMAR on 02/18	\$232.88
Insurance appointment with JAIME SWENTY on 02/18	\$156.00
Insurance appointment with AISHIA MARTINEZ on 02/18	\$174.01
Insurance appointment with Keriann Connolly on 02/18	\$125.55
Insurance appointment with BRIANA YEPEZ on 02/18	\$250.52
Insurance appointment with Spencer Cohen on 02/18	\$196.58
Insurance appointment with FRED fredperez138@gmail.com on 02/18	\$174.01
Insurance appointment with DARYL BREWTON on 02/18	\$117.90
Insurance appointment with Stephanie Gannon on 02/18	\$215.11
Insurance appointment with Jenny Moya on 02/18	\$156.00
Insurance appointment with KELLY BAKER on 02/18	\$196.58
Insurance appointment with Colleen Grant on 02/17	\$190.00
Insurance appointment with Juan Castillo on 02/17	\$215.11

Rows per page: 25 ▼

51-75 of 98





3/13/2026

Payment for 98 transactions

\$18,997.41

Transactions for 3/13/2026 payment

Description	Amount
Insurance appointment with SARAH SANDERSON on 02/17	\$215.11
Insurance appointment with DAVID YANNETELLI on 02/17	\$196.58
Insurance appointment with Mark Adamcik on 02/17	\$196.58
Insurance appointment with SANDRA HANKINS on 02/17	\$206.36
Insurance appointment with Amanda Bowman on 02/17	\$156.00
Insurance appointment with Kristopher Busch on 02/17	\$156.00
Insurance appointment with CHEYENNE PAYDAR on 02/17	\$215.11
Insurance appointment with JOE VALENTI on 02/17	\$228.00
Insurance appointment with Michael Damato on 02/17	\$196.58
Insurance appointment with Jeremy GARRABRANT on 02/16	\$177.00
Insurance appointment with MADISON ARIZMENDI on 02/16	\$169.80
Insurance appointment with Anthony Whittaker on 02/16	\$131.00
Insurance appointment with Dina Bustin on 02/16	\$215.11
Insurance appointment with Kelvin Martinez on 02/16	\$191.31
Insurance appointment with Chynna Benson on 02/16	\$174.01
Insurance appointment with SYDNEY KAISER on 02/16	\$196.58
Insurance appointment with Destenee green on 02/16	\$196.58
Insurance appointment with PRISCILLA CLARK on 02/16	\$174.01
Insurance appointment with Nicholas DiPoalo on 02/16	\$206.36
Insurance appointment with Samantha Woods on 02/16	\$156.00
Insurance appointment with STEVEN ROSES on 02/16	\$196.58
Insurance appointment with DAVID YANNETELLI on 02/12	\$215.11
Insurance appointment with Bridget Payano on 02/06	\$206.36

Rows per page: 25 ▾

76-98 of 98



Taxko/Fraser CPA, Inc

1733 Springfield Avenue, Maplewood New Jersey 07040 * (973) 762-7299 Fax (973) 762-7292

April 14, 2026

Park Overture
4568 Broadway
New York, NY 10040

To Whom It May Concern:

Please be advised that I am the accountant for Vivian Nwankwo. This letter is to inform you that Ms. Nwankwo's projected income for 2026 is three hundred and fifty thousand dollars.(\$350,000)

Please feel free to contact me if you need additional information.

Sincerely,


.....
Carlyle Fraser, CPA



P.O. Box 15284
Wilmington, DE 19850

VIVIAN C NWANKWO
9 RIEDER CT
SOMERSET, NJ 08873-2816

Customer service information

- Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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

Your Adv Plus Banking

for February 13, 2026 to March 17, 2026

Account number: 3810 4651 4457

VIVIAN C NWANKWO

Account summary

Beginning balance on February 13, 2026	\$24,457.29
Deposits and other additions	1,360.00
Withdrawals and other subtractions	-8,272.30
Checks	-0.00
Service fees	-0.00
Ending balance on March 17, 2026	\$17,544.99

SHOP. View inventory of over 1 million vehicles.
APPLY. Get a decision for the vehicle you choose — it is quick and easy.
DRIVE. Finalize the paperwork at the dealer.
Start your next car search with us, online and on your own time.

Scan this code and start shopping or visit bankofamerica.com/carshopping



When you use the QRC feature, certain information is collected from your mobile device for business purposes. Vehicle financing provided by Bank of America. Credit and collateral are subject to approval. Terms and conditions apply. Automobile shopping content provided by automobile dealerships through a website provided by a third party not affiliated with Bank of America. Bank of America is not responsible for any automobile content, products or services. Bank of America N.A. Member FDIC. © 2025 Bank of America Corporation.

SSM-05-25-0373.C | 7972973

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.

© 2026 Bank of America Corporation

Deposits and other additions

Date	Description	Amount
03/03/26	Zelle payment from VIVIAN NWIGWE for "dg ebay"; Conf# 99c7qgzdj	1,000.00
03/06/26	Zelle payment from EMMANUEL C NWIGWE Conf# AA0YUr37F	200.00
03/10/26	Zelle payment from VIVIAN NWIGWE for "ebay"; Conf# 99c8levyq	150.00
03/12/26	Zelle payment from VIVANCHI RADIANT HEALTH LLC Conf# xkizvtisg	10.00

Total deposits and other additions

\$1,360.00

Withdrawals and other subtractions

Date	Description	Amount
02/17/26	CHECKCARD 0213 ICANOTES 866-8473590 MD 24009456044900013745876	-213.00
02/17/26	CHECKCARD 0213 TST*MOMJ3KITCHEN Elizabeth NJ 24692166045401586033630	-130.31
02/23/26	CHECKCARD 0220 AUTOZONE #1670 NEW BRUNSWICKNJ 24137466052001296820768	-66.10
02/23/26	CHECKCARD 0222 www*Pingo.com 866-5358095 GA 24755426054130544869757	-20.00
02/24/26	PURCHASE 0223 APPLE.COM/BILL 866-712-7753 CA	-9.99
03/02/26	Zelle payment to BleBle Conf# tbu4n4w3c	-150.00
03/02/26	PURCHASE 0301 PSYCHOLOGY TODAY PSYCHOLOGYTODSD	-29.95
03/09/26	CHECKCARD 0306 DUNKIN #300428 AVENEL NJ 24943006066390188990900	-3.29
03/09/26	Zelle payment to Ifeanyi Ukoha toyota corona Conf# zcirw9rt1	-2,000.00
03/09/26	Zelle payment to Ihukel Udoeye for "Vivian and Mani Nwigwe"; Conf# toc3f4fag	-200.00
03/12/26	Mobile transfer to CHK 3437 Confirmation# u4610z80e;	-20.00
03/13/26	CHECKCARD 0312 STOP & SHOP 0809 SOMERSET NJ 24692166071105413561245	-107.52
03/16/26	CHECKCARD 0313 LABCORP CASH NJD25 SOMERSET NJ 24692166073107104031213	-67.75
03/16/26	CHECKCARD 0313 ICANOTES 866-8473590 MD 24009456072900012129671	-212.03
03/16/26	CHECKCARD 0315 COSTCO WHSE #1174 NORTH BRUNSWINJ 24943006075395400275617	-22.36

continued on the next page

NEW: BankAmeriDeals® is better than ever.

Find more cash back deals from thousands of top brands. Check it out today!

Explore your deals at bankofamerica.com/deals.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. You must be enrolled in Online Banking or Mobile Banking to participate in the BankAmeriDeals® program and have either an eligible Bank of America® debit or credit card or Merrill credit card. Earned cash back will be credited into an eligible consumer deposit or credit account within 30 days following redemption. Data connection required. Wireless carrier fees may apply. For SafeBalance Banking® for Family Banking accounts, the parent owner can participate in BankAmeriDeals but their child using the account cannot. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply.



SSM-08-25-0441.B | 8548559

Withdrawals and other subtractions - continued

Date	Description	Amount
03/16/26	BKOFAMERICA BC 03/14 #000005242 WITHDRWL	-5,000.00
03/17/26	CHECKCARD 0316 www*Pingo.com 866-5358095 GA 24755426075270756872399	-20.00

Total withdrawals and other subtractions - \$8,272.30

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

Important Messages - Please Read

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

We are changing one of the ways to avoid the monthly maintenance fee on our consumer checking and savings accounts. Keep in mind, there are still other ways to avoid the monthly fee that are not changing — some of which you may already be doing.

As you may already know, Bank of America Preferred Rewards® will become BofA Rewards(TM) on or about May 26, 2026. After this happens, being a Preferred Rewards member will no longer be one of the ways to have the monthly fee waived. Instead, an account owner will need to be enrolled in BofA Rewards and qualify for the Preferred Plus, Preferred Honors, or Premier tier — this benefit does not apply to the Member tier.

Do not worry, if you are enrolled in the Preferred Rewards program on or about May 26, 2026, your enrollment will change to the new BofA Rewards program tier:

- Gold and Platinum members change to Preferred Plus
- Platinum Honors members change to Preferred Honors
- Diamond Honors members change to Premier

You will stay enrolled in your BofA Rewards tier for at least a six-month period, even if you do not meet the program requirements. After this time, BofA Rewards' standard rules, balance requirements and benefits apply.

To learn more about BofA Rewards, visit bankofamerica.com/BofARewards. Or visit the Preferred Rewards section of the "Personal Schedule of Fees" at bankofamerica.com/fees for program eligibility details.

To see all of the ways to avoid the monthly fee on your account, including those that have not changed, visit bankofamerica.com/feesataglance.

This page intentionally left blank



P.O. Box 15284
Wilmington, DE 19850

VIVIAN C NWANKWO
9 RIEDER CT
SOMERSET, NJ 08873-2816

Customer service information

- Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking

for January 16, 2026 to February 12, 2026

Account number: 3810 4651 4457

VIVIAN C NWANKWO

Account summary

Beginning balance on January 16, 2026	\$23,252.20
Deposits and other additions	1,560.00
Withdrawals and other subtractions	-354.91
Checks	-0.00
Service fees	-0.00
Ending balance on February 12, 2026	\$24,457.29

NEW: BankAmeriDeals® is better than ever.

Find more cash back deals from thousands of top brands. Check it out today!

Explore your deals at bankofamerica.com/deals.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. You must be enrolled in Online Banking or Mobile Banking to participate in the BankAmeriDeals® program and have either an eligible Bank of America® debit or credit card or Merrill credit card. Earned cash back will be credited into an eligible consumer deposit or credit account within 30 days following redemption. Data connection required. Wireless carrier fees may apply. For SafeBalance Banking® for Family Banking accounts, the parent owner can participate in BankAmeriDeals but their child using the account cannot. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply.



SSM-08-25-0441.B | 8548559

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.

© 2026 Bank of America Corporation

Deposits and other additions

Date	Description	Amount
01/21/26	Zelle payment from VIVIAN NWIGWE for "ebay"; Conf# 99c2qldpi	820.00
01/30/26	Zelle payment from VIVIAN NWIGWE for "ebay"; Conf# 99c3qv14	400.00
02/05/26	Zelle payment from VIVIAN NWIGWE for "rent"; Conf# 99c4lkd38	140.00
02/06/26	Zelle payment from EMMANUEL C NWIGWE Conf# AA0Xkk13A	200.00

Total deposits and other additions

\$1,560.00

Withdrawals and other subtractions

Date	Description	Amount
01/20/26	CHECKCARD 0116 www*Pingo.com 866-5358095 GA 24755426016290165062947	-20.00
01/22/26	Zelle payment to Uju Conf# zxlxr85hb	-23.00
01/26/26	PURCHASE 0123 APPLE.COM/BILL 866-712-7753 CA	-9.99
02/02/26	PURCHASE 0201 PSYCHOLOGY TODAY PSYCHOLOGYTODSD	-29.95
02/03/26	Zelle payment to Uju Conf# umnd493rz	-80.00
02/05/26	Zelle payment to Baby Blessing Conf# xtnm7tt90	-100.00
02/11/26	CHECKCARD 0210 ICANOTES 866-8473590 MD 24009456041900012881154	-0.97
02/12/26	CHECKCARD 0211 AC DENTAL OF EB 173-22549000 NJ 24011346043100028318070	-91.00

Total withdrawals and other subtractions

-\$354.91

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

Scheduled and recurring payments with Zelle®

Send money now, schedule it for later, or make it recurring.*

Enroll now! Scan the code or visit bankofamerica.com/zelle.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply. To send or receive money with Zelle®, both parties must have a Zelle® eligible U.S. checking or savings account. Zelle and the Zelle marks used herein are trademarks of Early Warning Services, LLC.

* This feature is available after 60 days of Zelle enrollment and in some circumstances, the feature may not be available for certain recipients.



This page intentionally left blank

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2

☐ Combat zone

☐ Deceased

☐ Spouse

☐ Other

Your first name and middle initial
Vivian

Last name
Nwankwo

Your social security number
***** ** 3138**

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.
9 Rieder Court

Apt. no.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

City, town, or post office. If you have a foreign address, also complete spaces below.
Somerset

State
NJ

ZIP code
08873

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

☐ Single

☒ Head of household (HOH)

☐ Married filing jointly (even if only one had income)

☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
Angelo Nwigwe

☐ 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 2025, 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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a 1,636.**

1b Household employee wages not reported on Form(s) W-2 **1b**

1c Tip income not reported on line 1a (see instructions) **1c**

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d**

1e Taxable dependent care benefits from Form 2441, line 26 **1e**

1f Employer-provided adoption benefits from Form 8839, line 31 **1f**

1g Wages from Form 8919, line 6 **1g**

1h Other earned income (see instructions). Enter type and amount: **1h 0.**

1i Nontaxable combat pay election (see instructions) **1i**

1z Add lines 1a through 1h **1z 1,636.**

2a Tax-exempt interest **2a**

2b Taxable interest **2b 2,037.**

3a Qualified dividends **3a**

3b Ordinary dividends **3b 0.**

c Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b

4a IRA distributions **4a**

b Taxable amount **4b**

c Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐

5a Pensions and annuities **5a**

b Taxable amount **5b**

c Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐

6a Social security benefits **6a**

b Taxable amount **6b**

c If you elect to use the lump-sum election method, check here (see instructions) ☐

d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐

7a Capital gain or (loss). Attach Schedule D if required **7a**

b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)

8 Additional income from Schedule 1, line 10 **8 99,979.**

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income** **9 103,652.**

10 Adjustments to income from Schedule 1, line 26 **10 1,767.**

11a Subtract line 10 from line 9. This is your **adjusted gross income** **11a 101,885.**

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	101,885.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	23,625.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	23,625.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	78,260.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	10,396.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,396.
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	10,396.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,533.
24	Add lines 22 and 23. This is your total tax	24	13,929.

Standard deduction for—

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
b	Clergy filing Schedule SE (see instructions)		☐
c	If you do not want to claim the EIC, check here		☐
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, 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	

If you have a qualifying child, you may need to attach Sch. EIC.

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	
b	Routing number * * * * * X X X X	c	Type: ☐ Checking ☐ Savings
d	Account number * * * * * * * * * * * * * * X X X X		
36	Amount of line 34 you want applied to your 2026 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	14,423.
38	Estimated tax penalty (see instructions)	38	494.

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	Carlyle Fraser, CPA	Phone no.	(973) 762-7299
		Personal identification number (PIN)	* * * * *

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Nurse	
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.	Email address QP-CPA-@W2ACE.com		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Carlyle Fraser, CPA	Carlyle Fraser, CPA	04/03/2026	*****8683	☐ Self-employed
Firm's name TaxKO	Phone no. (973) 762-7299			
Firm's address 1733 Springfield Ave. Maplewood NJ 07040	Firm's EIN ** - ***0811			

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2025
Attachment
Sequence No. 01

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

Vivian Nwankwo

Your social security number

***-**-3138

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	25,000.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	74,979.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss 8a ()		
b	Gambling 8b		
c	Cancellation of debt 8c		
d	Foreign earned income exclusion from Form 2555 8d ()		
e	Income from Form 8853 8e		
f	Income from Form 8889 8f		
g	Alaska Permanent Fund dividends 8g		
h	Jury duty pay 8h		
i	Prizes and awards 8i		
j	Activity not engaged in for profit income 8j		
k	Stock options 8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions) 8m		
n	Section 951(a) inclusion (see instructions) 8n		
o	Section 951A(a) inclusion (see instructions) 8o		
p	Section 461(l) excess business loss adjustment 8p		
q	Taxable distributions from an ABLE account (see instructions) 8q		
r	Scholarship and fellowship grants not reported on Form W-2 8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 8t		
u	Wages earned while incarcerated 8u		
v	Digital assets received as ordinary income not reported elsewhere. See instructions 8v		
z	Other income. List type and amount: 8z		
9	Total other income. Add lines 8a through 8z 9		
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10		99,979.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	1,767.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	1,767.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **02**

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

Vivian Nwankwo

Your social security number

*** - ** - 3138

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d** Recapture of net EPE from Form 4255, line 2a, column (l)
- e** Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a **(ii)** ☐ Line 1c
(iii) ☐ Line 1d **(iv)** ☐ Line 2a
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
(i) ☐ Line 1a **(ii)** ☐ Line 1c
(iii) ☐ Line 1d **(iv)** ☐ Line 2a
- y** Other additions to tax (see instructions): _____

1a

1b

1c

1d

1e

1f

1y

z Add lines 1a through 1y

1z

2 Alternative minimum tax. Attach Form 6251

2

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions):

1 ☐ 4361 **2** ☐ 4029 **3** ☐ _____

4

3,533.

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

5

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

6

7 Total additional social security and Medicare tax. Add lines 5 and 6

7

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here ☐

8

9 Household employment taxes. Attach Schedule H

9

10 Reserved for future use

10

11 Additional Medicare Tax. Attach Form 8959

11

12 Net investment income tax. Attach Form 8960

12

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

13

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

14

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

15

16 Recapture of low-income housing credit. Attach Form 8611

16

(continued on page 2)

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy. If you sold your home, see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**17f****g** Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property**17g****h** Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A**17h****i** Compensation you received from a nonqualified deferred compensation plan described in section 457A**17i****j** Section 72(m)(5) excess benefits tax**17j****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**17n****o** Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR**17o****p** Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund**17p****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount:**17z****18** Total additional taxes. Add lines 17a through 17z**18****19** Recapture of net EPE from Form 4255, line 1d, column (l)**19****20** Section 965 net tax liability installment from Form 965-A**20****21** Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b**21**

3,533.

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 08

Name(s) shown on return

Vivian Nwankwo

Your social security number

*** - ** - 3138

Part I
Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Charles Schwab -4742

TD Bank

TD Bank - 8734

Amount

0.

8.

2,029.

1

- 2 Add the amounts on line 1

2

2,037.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

4

2,037.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary
Dividends

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5 List name of payer: Charles Schwab -4742

5

0.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6

0.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign
Accounts
and Trusts

Caution: If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required to
file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes No

X

- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

- 8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Name of proprietor Vivian Nwankwo		Social security number (SSN) *** - ** - 3138
A Principal business or profession, including product or service (see instructions) Health Services		B Enter code from instructions 6 2 1 3 9 9
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 9 Rieder Court City, town or post office, state, and ZIP code Somerset, NJ 08873		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2025, check here ☐		
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	222,531.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	222,531.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	222,531.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	222,531.

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

8 Advertising	8		18	Office expense (see instructions)
9 Car and truck expenses (see instructions)	9	0.	19	Pension and profit-sharing plans
10 Commissions and fees	10		20	Rent or lease (see instructions):
11 Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment
12 Depletion	12		20b	b Other business property
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	21 Repairs and maintenance
14 Employee benefit programs (other than on line 19)	14		22	22 Supplies (not included in Part III)
15 Insurance (other than health)	15		23	23 Taxes and licenses
16 Interest (see instructions):			24	24 Travel and meals:
a Mortgage (paid to banks, etc.)	16a		24a	a Travel
b Other	16b		24b	b Deductible meals (see instructions)
17 Legal and professional services	17		25	25 Utilities
			26	26 Wages (less employment credits)
			27a	27a Energy efficient commercial bldgs deduction (attach Form 7205)
			27b	b Other expenses (from line 48)
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	222,531.		
29 Tentative profit or (loss). Subtract line 28 from line 7	29	0.		
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	0.		
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	☐ All investment is at risk.
			32b	☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

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

43	When did you place your vehicle in service for business purposes? (month/day/year)
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:
a	Business
b	Commuting (see instructions)
c	Other
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☐ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

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

Income reported on corporation return#84-3445057	222,531.
48 Total other expenses. Enter here and on line 27b	48 222,531.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Name of proprietor Vivian Nwankwo		Social security number (SSN) *** - ** - 3138
A Principal business or profession, including product or service (see instructions) Income Subject to SS		B Enter code from instructions 9 9 9 0 0 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 9 Rieder Court City, town or post office, state, and ZIP code Somerset, NJ 08873		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2025, check here ☐		
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	25,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	25,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	25,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	25,000.

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

8 Advertising	8		18	Office expense (see instructions)
9 Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans
10 Commissions and fees	10		20	Rent or lease (see instructions):
11 Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment
12 Depletion	12		20b	b Other business property
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance
14 Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)
15 Insurance (other than health)	15		23	Taxes and licenses
16 Interest (see instructions):			24	Travel and meals:
a Mortgage (paid to banks, etc.)	16a		24a	a Travel
b Other	16b		24b	b Deductible meals (see instructions)
17 Legal and professional services	17		25	Utilities
			26	Wages (less employment credits)
			27a	Energy efficient commercial bldgs deduction (attach Form 7205)
			27b	b Other expenses (from line 48)
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		28	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29	25,000.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. }				
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. }				
				32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation
36	Purchases less cost of items withdrawn for personal use
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39	Other costs
40	Add lines 35 through 39
41	Inventory at end of year
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

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

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

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

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

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

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

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

[illegible]

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Vivian Nwankwo

Your social security number

*** - ** - 3138

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Vivanchi Radiant Health LLC	S	☐	** - ***5057	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)		(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					74,979.
B					
C					
D					
29a	Totals				74,979.
b	Totals				
30	Add columns (h) and (k) of line 29a				30 74,979.
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 74,979.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36				37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	74,979.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Vivian Nwankwo

Social security number of person
with **self-employment** income

*** - ** - 3138

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

1a

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

1b

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

2

25,000.

3 Combine lines 1a, 1b, and 2

3

25,000.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a

23,088.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue

4c

23,088.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income

5a

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b

0.

6 Add lines 4c and 5b

6

23,088.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025

7

\$176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11

8a

1,643.

b Unreported tips subject to social security tax from Form 4137, line 10

8b

c Wages subject to social security tax from Form 8919, line 10

8c

d Add lines 8a, 8b, and 8c

8d

1,643.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9

174,457.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)

10

2,863.

11 Multiply line 6 by 2.9% (0.029)

11

670.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**

12

3,533.

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**

13

1,767.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 03/25/26 PRO

Schedule SE (Form 1040) 2025 Created 5/7/25

Part II **Optional Methods To Figure Net Earnings** (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,860, **or (b)** your net farm profits² were less than \$7,840.

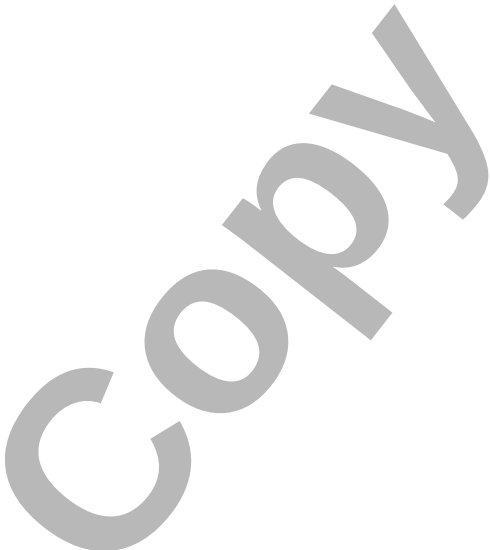
14	Maximum income for optional methods	14	\$7,240
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.



**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2025**Attachment
Sequence No. **55**

Name(s) shown on return

Vivian Nwankwo

Your taxpayer identification number

*** - ** - 3138

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Vivian Nwankwo	*** - ** - 3138	0.
ii	Vivanchi Radiant Health LLC	** - ***5057	74,979.
iii	Vivian Nwankwo	*** - ** - 3138	23,233.
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	98,212.	
3	Qualified business net (loss) carryforward from the prior year	3	(102,467.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		0.
11	Taxable income before qualified business income deduction (see instructions)	11	78,260.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	78,260.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		15,652.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(4,255.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 25

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Vivian Nwankwo

Taxpayer identification number

*** - ** - 3138

Preparer's name

Carlyle Fraser, CPA

Preparer tax identification number

*****8683

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

New York Medical Behavioral Health Servi
205 Hudson St Fl 9
NEW YORK, NY 10013

VIVIAN NWANKWO
9 RIEDER CT
SOMERSET, NJ 08873-2816

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. New York Medical Behavioral Health Servi 205 Hudson St Fl 9 NEW YORK, NY 10013 0000000000		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year <u>2025</u>		Nonemployee Compensation	
PAYER'S TIN 832675429	RECIPIENT'S TIN XXXXX3138	1 Nonemployee compensation \$ 222,530.87			
RECIPIENT'S name Vivian Nwankwo Street address (including apt. no.) 9 Rieder Ct City or town, state or province, country, and ZIP or foreign postal code Somerset, NJ 08873-2816		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐ 3 Excess golden parachute payments \$ 4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions) 87969		5 State tax withheld \$	6 State/Payer's state no. \$		7 State income \$

Form **1099-NEC** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. New York Medical Behavioral Health Servi 205 Hudson St Fl 9 NEW YORK, NY 10013 0000000000		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year <u>2025</u>		Nonemployee Compensation	
PAYER'S TIN 832675429	RECIPIENT'S TIN XXXXX3138	1 Nonemployee compensation \$ 222,530.87			
RECIPIENT'S name Vivian Nwankwo Street address (including apt. no.) 9 Rieder Ct City or town, state or province, country, and ZIP or foreign postal code Somerset, NJ 08873-2816		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐ 3 Excess golden parachute payments \$ 4 Federal income tax withheld \$		Copy 2 To be filed with recipient's state income tax return, when required.	
Account number (see instructions) 87969		5 State tax withheld \$	6 State/Payer's state no. \$		7 State income \$

Form **1099-NEC** (Rev. 4-2025) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NRI)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Talkspace, Inc 622 Third Avenue, 10/F New York NY 10017 US - Phone: 6465823800		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year 2025		Nonemployee Compensation
PAYER'S TIN 84-4636604	RECIPIENT'S TIN XX-XXX5057	1 Nonemployee compensation \$ 84185.00		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
RECIPIENT'S name, street address(including apt. no.), City or town, state or province, country, and ZIP or foreign postal code Vivanchi Radiant Health LLC 9 rieder Court Somerset NJ 08873 US		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3 Excess golden parachute payments \$		
		4 Federal income tax withheld \$		
Account number (see instructions) EDU583YCB0U3		5 State tax withheld \$	6 State/Payer's state no. NJ 844636604	7 State income \$ 84185.00
		\$	\$	\$

Form 1099-NEC (Rev. 4-2025)

www.tax1099.com -IRS Approved e File Provider

www.irs.gov/Form1099NEC

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions.

Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options

Additional Information From 2025 US Form 1120S: Income Tax Return for S Corp**Form 1120S: S-Corporation Tax Return****Gross Sales****Itemization Statement**

Description	Amount
TalkSpace, Inc - 1099-NEC	84,185.
Mental Health Speciality	5,640.
New York Medical Dehavioral Health	222,531.
Total	312,356.

Form 1120S: S-Corporation Tax Return**Other Deductions****Continuation Statement**

Description	Amount
Automobile and truck expense	8,566.
Bank charges	188.
Computer services and supplies	3,544.
Dues and subscriptions	2,544.
Insurance	6,552.
Laundry and cleaning	6,640.
Legal and professional	48,950.
Meals (100%)	1,550.
Supplies	2,243.
Tools	1,244.
Training/continuing education	6,540.
Travel	6,840.
Total	95,401.

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ► 204361202514700sdrzz

Taxpayer's name Vivian Nwankwo	Social security number 557-93-3138
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1 100,349.
2 Total tax	2 10,599.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 18,763.
4 Amount you want refunded to you	4 8,164.
5 Amount you owe	5

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize Taxko to enter or generate my PIN

3	3	1	3	8
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	0	4	3	6	1	1	7	3	3	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

*** - ** - 3138

Taxpayer name VIVIAN NWANKWO

Taxpayer address (optional)

9 RIEDER COURT

SOMERSET, NJ 08873

1. ☒ Your federal income tax return for 2024 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by Taxko.
2. ☒ Your return was accepted on 05/27/2025 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 204361202514700sdrzz.
3. ☐ Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04/09/2025. The Submission ID assigned to your extension is 20436120250990078cwc.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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 Vivian		Last name Nwankwo		Your social security number *** ** 3138	
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. 9 Rieder Court				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Somerset				State NJ	
				ZIP code 08873	
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 ☐ Single ☒ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
Check only one box.
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: **Angelo Nwigwe**
☐ 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 instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 111,538.
b Household employee wages not reported on Form(s) W-2	1b
c Tip income not reported on line 1a (see instructions)	1c
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d
e Taxable dependent care benefits from Form 2441, line 26	1e
f Employer-provided adoption benefits from Form 8839, line 29	1f
g Wages from Form 8919, line 6	1g
h Other earned income (see instructions)	1h 0.
i Nontaxable combat pay election (see instructions)	1i
z Add lines 1a through 1h	1z 111,538.

Attach Sch. B if required.

2a Tax-exempt interest	2a	b Taxable interest	2b 2.
3a Qualified dividends	3a 200.	b Ordinary dividends	3b 200.
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 -11,391.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 100,349.
10 Adjustments to income from Schedule 1, line 26			10
11 Subtract line 10 from line 9. This is your adjusted gross income			11 100,349.
12 Standard deduction or itemized deductions (from Schedule A)			12 21,900.
13 Qualified business income deduction from Form 8995 or Form 8995-A			13 0.
14 Add lines 12 and 13			14 21,900.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 78,449.

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	10,599.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,599.
	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	10,599.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	10,599.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	18,763.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	18,763.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	18,763.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,164.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	8,164.
	b	Routing number * * * * * 0 3 3 9 c Type: ☒ Checking ☐ Savings		
	d	Account number * * * * * 4 4 5 7		
	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	
	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 Carlyle Fraser, CPA	Phone no. (973)762-7299	Personal identification number (PIN) * * * * *	

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation Nurse	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	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.	Email address CPA-@W2ACE.com		

Paid Preparer Use Only	Preparer's name Carlyle Fraser, CPA	Preparer's signature Carlyle Fraser, CPA	Date 04/07/2026	PTIN *****8683	Check if: ☐ Self-employed
	Firm's name Taxko	Phone no. (973)762-7299			
	Firm's address 1733 Springfield Ave. Maplewood NJ 07040				Firm's EIN ** - ***0811

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 01

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

Vivian Nwankwo

Your social security number

***-**-3138

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	-2,752.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,639.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss 8a ()		
b	Gambling 8b		
c	Cancellation of debt 8c		
d	Foreign earned income exclusion from Form 2555 8d ()		
e	Income from Form 8853 8e		
f	Income from Form 8889 8f		
g	Alaska Permanent Fund dividends 8g		
h	Jury duty pay 8h		
i	Prizes and awards 8i		
j	Activity not engaged in for profit income 8j		
k	Stock options 8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions) 8m		
n	Section 951(a) inclusion (see instructions) 8n		
o	Section 951A(a) inclusion (see instructions) 8o		
p	Section 461(l) excess business loss adjustment 8p		
q	Taxable distributions from an ABLE account (see instructions) 8q		
r	Scholarship and fellowship grants not reported on Form W-2 8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 8t		
u	Wages earned while incarcerated 8u		
v	Digital assets received as ordinary income not reported elsewhere. See instructions 8v		
z	Other income. List type and amount: 8z		
9	Total other income. Add lines 8a through 8z 9		
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10		-11,391.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

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

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor Vivian Nwankwo		Social security number (SSN) *** - ** - 3138
A Principal business or profession, including product or service (see instructions) Health Services		B Enter code from instructions 6 2 1 3 9 9
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 9 Rieder Court City, town or post office, state, and ZIP code Somerset, NJ 08873		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	24,057.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	24,057.
4 Cost of goods sold (from line 42)	4	16,355.
5 Gross profit. Subtract line 4 from line 3	5	7,702.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	7,702.

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

8 Advertising	8		18 Office expense (see instructions)	18	850.
9 Car and truck expenses (see instructions)	9	5,360.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	2,544.
15 Insurance (other than health)	15	850.	23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	850.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				-2,752.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 _____
36	Purchases less cost of items withdrawn for personal use	36 3,855.
37	Cost of labor. Do not include any amounts paid to yourself	37 12,500.
38	Materials and supplies	38 _____
39	Other costs	39 _____
40	Add lines 35 through 39	40 16,355.
41	Inventory at end of year	41 _____
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 16,355.

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2024</u>
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a	Business <u>8,000</u> b Commuting (see instructions) _____ c Other <u>7,000</u>
45	Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

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

Telephone/internet	850.
48 Total other expenses. Enter here and on line 27a	48 850.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Vivian Nwankwo

Your social security number

*** - ** - 3138

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Vivanchi Radiant Health LLC	S	☐	** - ***5057	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)		(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			8,639.		
B					
C					
D					
29a	Totals				
b	Totals		8,639.		
30	Add columns (h) and (k) of line 29a				30
31	Add columns (g), (i), and (j) of line 29b				31 (8,639.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 -8,639.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A					
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36				37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-8,639.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Vivian Nwankwo

Your taxpayer identification number

*** - ** - 3138

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Vivian Nwankwo	*** - ** - 3138	-2,752.
ii	Vivanchi Radiant Health LLC	** - ***5057	-8,639.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -11,391.	
3	Qualified business net (loss) carryforward from the prior year	3 (91,076.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0.
11	Taxable income before qualified business income deduction (see instructions)	11 78,449.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 200.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 78,249.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 15,650.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (102,467.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

REV 09/04/25 PRO

Form **8995** (2024)

Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

For tax year
20 **24**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Vivian Nwankwo

Taxpayer identification number

*** - ** - 3138

Preparer's name

Carlyle Fraser, CPA

Preparer tax identification number

*****8683

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

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

Smart Worksheets From 2024 Federal Tax Return

Schedule C (Health Services): Profit or Loss from Business -- Smart Worksheet

Business Address Information Smart Worksheet

Business street address. . . 9 Rieder Court

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Somerset NJ 08873

Or, foreign country information:

Copy

Schedule C (Health Services): Profit or Loss from Business -- Smart Worksheet

Pension Plan Startup Costs Smart Worksheet

Your total qualified pension plan startup costs should be entered here. Do **not** include these in another expense category on Schedule C. The net of the amounts listed in the Smart Worksheet will be included in line 48, Other Expenses, below.

QuickZoom to Form 8881, Credit for Employer Pension Plan Startup Costs,

to link the credit to this activity ▶

- A** Enter your **qualified** pension plan startup costs _____
- B** Less: Allowed credit from Form 8881 _____
- C** Net qualified pension plan startup costs _____

- D** Enter the number of employees who received at least \$5,000 of compensation during the tax year before the first credit year that applies to the pension plan startup costs credit _____
- E** Enter the number of employees eligible to participate in the pension plan. _____

Small Employer Pension Contributions

- F** Total **qualified** employer pension costs _____
- G** Less: Allowed employer pension credit from Form 8881, line 6g _____
- H** Net qualified employer pension costs 0.

- I** Enter the number of employees in the year before you first claimed small employer pension plan startup credit. _____
- J** Enter employer contributions made to the plan, don't include (i) elective deferrals, (ii) contributions made to employees whose wages paid to the employees were in excess of \$100,000 and (iii) any amount of contribution to an employee to whom made contributions of more than \$1,000 _____
- K** Enter employer contributions made to employees for whom you made more than \$1,000. If this is the first or second year of the plan, do not include contributions of more than \$1,000 per employee. If this is the third year of the plan, do not include contributions of more than \$1,333 per employee. If this is the fourth year of the plan, do not include contributions of more than \$2,000 per employees. If this is the fifth year of the plan, do not include contributions of more than \$4,000 per employee. _____

L Plan year. Check one:

- 1st or 2nd plan year ▶ ☐
- 3rd plan year ▶ ☐
- 4th plan year ▶ ☐
- 5th plan year ▶ ☐
- 6th or over plan year ▶ ☐

Auto-Enrollment Credit

- M** Did you provide an auto-enrollment option for retirement savings? ☐ Yes ☐ No

Military Spouse Participation Credit

- N** Enter the number of military spouse employees participating in an eligible plan _____
- O** Enter the total amount of contributions made to eligible military spouse employees. Do not enter more than \$300 per employee _____

Schedule C (Health Services): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>		
A	QBI worksheet to report (double-click to link)	Vivian Nwankwo
B	Trade or Business Name	Vivian Nwankwo
C	Trade or Business ID Number	
D 1	Is this a Specified Service Trade or Business (SSTB)?	☐ Yes ☐ No
2	If No, is income attributable to a SSTB? (see Help)	☐ Yes ☐ No
3	QBI worksheet for SSTB income (this will auto-populate if Yes)	
4	Percentage of qualified income attributable to SSTB	%
E 1	Tentative Sch C profit (loss) from this business	-2,752.
2 a	Former Employer Expenses	
b	Former Employer Income	
c	Net Gain Former Employer	
d	Foreign Expenses	
e	Foreign Income	
f	Foreign Net Gain	
	Total adjustments to qualified business income	
3	Tentative Sch C profit (loss) from qualified business	-2,752.
4 a	Calculated QBI allowed after passive/at-risk limits	-2,752.
b	Adjustments to allowed QBI	
c	Allowable QBI after loss limits	-2,752.
5	Self employed deductions connected to this business	
a	Self employed health insurance for this business	0.
b	Total deduction for 1/2 self employment tax	
c	Deduction for 1/2 S.E. tax connected to this business	0.
d	Total deduction for S.E. retirement contributions	
e	S.E. retirement deduction connected to this business	0.
	Total self employed deductions connected to this business	0.
6	Sch C profit (loss) after S.E. deductions	-2,752.
7	Additional deductions related to this business reported on separate schedules	
8	Net profit (loss) after adjustments, limitations, and deductions	-2,752.
9	Allowable Sch C profit (loss) allocated to SSTB	0.
10	Allowable Sch C profit (loss) from this business	-2,752.
F 1	Ordinary gain (loss) from business assets	0.
2	Ordinary gain (loss) adjustments	
3	Qualified ordinary gain (loss)	0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.
b	Adjustments to allowed QBI	
c	Allowable short-term qualified gain (loss) after passive/at-risk limits	0.
5	Allowable ordinary gain (loss) allocated to SSTB	0.
6	Allowable ordinary gain (loss)/recapture from this business	0.
G 1	Section 1231 gain (loss) from business assets	0.
2	Section 1231 gain (loss) adjustments	
3	Section 1231 gain (loss) from qualified business	0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.
b	Adjustments to allowed QBI	
c	Allowable ordinary 1231 qualified gain (loss)	0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB	0.
6	Allowable ordinary 1231 gain (loss) from this business	0.

Schedule C (Health Services): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-2,752.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wsht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	0.
2 Adjustments	
3 Qualified UBIA	0.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	

Schedule C (Health Services): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2024 Smart Worksheet, Continued		
	Regular Tax	QBI
Disallowed Section 179 Deduction by Year		
Before 2018 . . . A Section 179 carryover.		0.
2018 B Section 179 carryover.		
2019 C Section 179 carryover.		
2020 D Section 179 carryover.		
2021 E Section 179 carryover.		
2022 F Section 179 carryover.		
2023 G Section 179 carryover.		
Disallowed At-Risk Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
2021 M Operating loss		
N Form 4797 ordinary loss		
O Form 4797 long-term loss		
2022 P Operating loss		
Q Form 4797 ordinary loss		
R Form 4797 long-term loss		
2023 S Operating loss		
T Form 4797 ordinary loss		
U Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020 J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		
2021 M Operating loss		
N Form 4797 ordinary loss		
O Form 4797 long-term loss		
2022 P Operating loss		
Q Form 4797 ordinary loss		
R Form 4797 long-term loss		
2023 S Operating loss		
T Form 4797 ordinary loss		
U Form 4797 long-term loss		

Schedule C (Health Services): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	-2,752.	-2,752.	-2,752.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss.			
H Passive disallowed loss			
I Net profit (loss) allowed	-2,752.	-2,752.	-2,752.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss.			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

Schedule C (Health Services): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)			
		Regular Tax	QBI
At-risk loss carryforwards to 2025			
Before 2018	A Operating loss		0 .
	B Form 4797 ordinary loss		0 .
	C Form 4797 long-term loss		0 .
2018	D Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	P Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	S Operating loss		
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		
2024	V Operating loss		
	W Form 4797 ordinary loss		
	X Form 4797 long-term loss		

Passive losses		Regular Tax	QBI
Passive loss carryforwards to 2025			
Before 2018	A Operating Loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating Loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	P Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	S Operating loss		
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		
2024	V Operating loss		
	W Form 4797 ordinary loss		
	X Form 4797 long-term loss		

Paid Preparer Smart Worksheet

If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for, and amount of, the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC).

A Enter paid preparer code from Firm/Preparer Info. cfs

New York Medical Behavioral Health Servi
205 Hudson St Fl 9
New York, NY 10013

VIVIAN NWANKWO
9 RIEDER CT
SOMERSET, NJ 08873-2816

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. New York Medical Behavioral Health Servi 205 Hudson St Fl 9 New York, NY 10013 0000000000		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year <u>2024</u>		Nonemployee Compensation
PAYER'S TIN 83-2675429	RECIPIENT'S TIN XXXXXX3138	1 Nonemployee compensation \$ 26,057.08		
RECIPIENT'S name Vivian Nwankwo Street address (including apt. no.) 9 Rieder Ct City or town, state or province, country, and ZIP or foreign postal code Somerset, NJ 08873-2816 Account number (see instructions) 87969		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐ 3 4 Federal income tax withheld \$ 5 State tax withheld \$ 6 State/Payer's state no. NJ 7 State income \$ 26,057.08		
Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.				

Form **1099-NEC** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. New York Medical Behavioral Health Servi 205 Hudson St Fl 9 New York, NY 10013 0000000000		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year <u>2024</u>		Nonemployee Compensation
PAYER'S TIN 83-2675429	RECIPIENT'S TIN XXXXXX3138	1 Nonemployee compensation \$ 26,057.08		
RECIPIENT'S name Vivian Nwankwo Street address (including apt. no.) 9 Rieder Ct City or town, state or province, country, and ZIP or foreign postal code Somerset, NJ 08873-2816 Account number (see instructions) 87969		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐ 3 4 Federal income tax withheld \$ 5 State tax withheld \$ 6 State/Payer's state no. NJ 7 State income \$ 26,057.08		
Copy 2 To be filed with recipient's state income tax return, when required.				

Form **1099-NEC** (Rev. 1-2024) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2024

c Employer's name, address, and ZIP code GENPSYCH LLC 380 FOOTHILL ROAD BRIDGEWATER NJ 08807		d Control number 0940-P4126985 0004011134 - LIVING		Copy C, for employee's records Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
		b Employer identification number (EIN) 46-3349394		a Employee's social security number 557-93-3138	
e Employee's name, address, and ZIP code VIVIAN C NWANKWO 9 RIEDER COURT SOMERSET NJ 08873		12 See instructions for box 12		14 Other UI/HC/WD 179.78	
		13 Statutory employee		15 Medicare wages and tips 111538.49	
				16 Federal income tax withheld 18763.20	
				17 Social security wages 111538.49	
				18 Social security tax withheld 6915.39	
				19 Medicare tax withheld 1617.31	
				20 Allocated Tips	
				21 Nonqualified plans	
15 State NJ	Employer's state ID number 463-349-394/000 FLI	16 State wages, tips, etc. 111538.49	17 State income tax 5006.34 100.34	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

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 GENPSYCH LLC 380 FOOTHILL ROAD BRIDGEWATER NJ 08807		d Control number 0940-P4126985 0004011134 - LIVING		Copy B, to be filed with employee's FEDERAL tax return Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
		b Employer identification number (EIN) 46-3349394		a Employee's social security number 557-93-3138	
e Employee's name, address, and ZIP code VIVIAN C NWANKWO 9 RIEDER COURT SOMERSET NJ 08873		12 See instructions for box 12		14 Other UI/HC/WD 179.78	
		13 Statutory employee		15 Medicare wages and tips 111538.49	
				16 Federal income tax withheld 18763.20	
				17 Social security wages 111538.49	
				18 Social security tax withheld 6915.39	
				19 Medicare tax withheld 1617.31	
				20 Allocated Tips	
				21 Nonqualified plans	
15 State NJ	Employer's state ID number 463-349-394/000 FLI	16 State wages, tips, etc. 111538.49	17 State income tax 5006.34 100.34	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

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 GENPSYCH LLC 380 FOOTHILL ROAD BRIDGEWATER NJ 08807		d Control number 0940-P4126985 0004011134 - LIVING		Copy 2, to be filed with employee's tax return for NJ Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
		b Employer identification number (EIN) 46-3349394		a Employee's social security number 557-93-3138	
e Employee's name, address, and ZIP code VIVIAN C NWANKWO 9 RIEDER COURT SOMERSET NJ 08873		12 See instructions for box 12		14 Other UI/HC/WD 179.78	
		13 Statutory employee		15 Medicare wages and tips 111538.49	
				16 Federal income tax withheld 18763.20	
				17 Social security wages 111538.49	
				18 Social security tax withheld 6915.39	
				19 Medicare tax withheld 1617.31	
				20 Allocated Tips	
				21 Nonqualified plans	
15 State NJ	Employer's state ID number 463-349-394/000 FLI	16 State wages, tips, etc. 111538.49	17 State income tax 5006.34 100.34	18 Local wages, tips, etc.	19 Local income tax
20 Locality name					

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		d Control number		Void X		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
		b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation	
e Employee's name, address, and ZIP code		13 Statutory employee		Retirement plan		3 Social security wages	
		12 See instructions for box 12		14 Other		4 Social security tax withheld	
						5 Medicare wages and tips	
						6 Medicare tax withheld	
						7 Social Security Tips	
						8 Allocated Tips	
						9 Dependent care benefits	
						10 Nonqualified plans	
15 State NJ	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	