

Rental Application for 4560 BWY Partners, LLC

APPLICATION FOR RENTAL

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

APPLICANT INFORMATION			
LAST NAME Treat		FIRST NAME Joshua	
MIDDLE NAME Christian		SUFFIX	
SSN ***-**-****	BIRTH DATE 1/21/1998	PHONE - TYPE (316) 285-3613 - Mobile	
EMAIL Joshtreat3@gmail.com	ARE YOU A SERVICE MEMBER? NO		
CURRENT ADDRESS			
STREET ADDRESS 400 W 37th Street, APT 6Y		CITY New York	STATE NY
ZIP 10018			
MOVE IN DATE 7/25/2025	MOVE OUT DATE current	MONTHLY RENT \$4,061.00 / Mo.	
REASON FOR LEAVING Rent price			
PREVIOUS ADDRESS			
STREET ADDRESS 3650 N Woodlawn Blvd, Apt 825		CITY Wichita	STATE KS
ZIP 67220			
MOVE IN DATE 1/27/2023	MOVE OUT DATE 8/2/2025	MONTHLY RENT \$1,185.00 / Mo.	
EMPLOYMENT & INCOME INFORMATION			
OCCUPATION Sr. Analyst - Treasury		EMPLOYER/COMPANY American Express	
SUPERVISOR Kerryn Bimrose		SUPERVISOR PHONE (646) 334-6538	SUPERVISOR EMAIL Kerryn.A.Bimrose@aexp.com
SALARY \$99,182.00/Yr.		START DATE	
EMPLOYER ADDRESS 200 Vesey St		CITY New York	STATE NY
ZIP 10281			
PETS			
1. TYPE cat	BREED American Longhair	NAME Norman	
SEX male	AGE 7	WEIGHT 14	COLOR Orange
IS IT A SERVICE OR ASSISTANCE ANIMAL? No			
NEW YORK CITY TENANT FAIR CHANCE ACT			
Pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq., we are required to provide you with the following disclosure:			
1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing. 2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report. 3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; www.on-site.com/renter-relations/. 4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from www.annualcreditreport.com.			

ACKNOWLEDGEMENTS

☒ I have been provided with the Fair Chance Act disclosure, pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq.

APPLICATION CONSENT

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **4560 BWY Partners, LLC** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **4560 BWY Partners, LLC** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **4560 BWY Partners, LLC**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **4560 BWY Partners, LLC** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **4560 BWY Partners, LLC**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at <https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf>.

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



Signed by Joshua Christian Treat

Thu Jun 25 2026 03:41:31 PM EDT

Key: 1EA9C627; IP Address: 23.205.103.135

Joshua Christian Treat (*Applicant*)

Date



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 Joshua Christian Treat**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 Joshua Christian Treat: 922

	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
6/25/2026		Identity Verification Submitted for Joshua Christian Treat
6/25/2026		Identity Verification Passed for Joshua Christian Treat
6/25/2026		The Class Action Waiver and Arbitration Agreement consent for Joshua Christian Treat (Jostreat3@gmail.com) has been received.
6/25/2026		Joshua Christian Treat has finished signing Online Application Form.
6/25/2026		Application fees for Joshua Christian Treat and Dave Joshua Saceda Del Mar in the amount of \$40.00 were authorized by credit card.
6/25/2026		Identity Verification Submitted for Dave Joshua Saceda Del Mar
6/25/2026		Identity Verification Passed for Dave Joshua Saceda Del Mar
6/25/2026		The Class Action Waiver and Arbitration Agreement consent for Dave Joshua Saceda Del Mar (delmar2dave@gmail.com) has been received.
6/25/2026		Dave Joshua Saceda Del Mar has finished signing Online Application Form.



Rental Report for Joshua Christian Treat, 6/25/2026 for 5H at 4560 BWY Partners, LLC

6/25/2026		Application fees for Joshua Christian Treat and Dave Joshua Saceda Del Mar in the amount of \$40.00 were paid by credit card.
6/26/2026		Joshua Christian Treat (Joshtreat3@gmail.com) was sent a copy of their Rental Report.
6/26/2026		Dave Joshua Saceda Del Mar (delmar2dave@gmail.com) was sent a copy of their Rental Report.

Credit Quick Summary		
Total annual income (reported by Applicant)	\$99,182.00	
Total combined annual income to rent ratio	55.59 (based on rent of \$2,879.00)	
Total number of accounts	10	
Accounts with no late payments	10 (0 unpaid past due)	
Accounts paid 30-59 days past due	0 (0 unpaid past due)	
Accounts paid 60-89 days past due	0 (0 unpaid past due)	
Accounts paid more than 90 days past due	0 (0 unpaid past due)	
Total outstanding balance	\$5,609.00 (\$0.00 past due)	
Outstanding revolving debt	\$5,609.00 (11% of limit) (\$0.00 past due)	
Outstanding loan balance	\$0.00 (\$0.00 past due)	
Bankruptcies, foreclosures, and legal items	0	
Collection total balance (includes past due)	\$0.00	
Rental History records found	3	

Identity	From Application	From Equifax
Name:	Joshua Christian Treat	JOSHUA C. TREAT JOSH TREAT
SSN:	***_**_****	***_**_****
Birth Date:	1/**/1998	1/**/1998

Addresses	From Application	From Equifax
	400 W 37th Street, APT 6Y New York, NY 10018 - US	400 W 37TH ST. 6Y NEW YORK, NY 10018 (Applicant) Reported 6/2026 3650 N WOODLAWN BLVD 825 WICHITA, KS 67220 (Applicant) Reported 8/2025 3450 N RIDGEWOOD ST. 724 WICHITA, KS 67220 (Applicant) Reported 4/2025 3503 W 48TH ST S WICHITA, KS 67217 (Applicant) Reported 3/2025 1300 MEADOWLARK BL E 2710 DERBY, KS 67037 (Applicant) Reported 3/2025 1940 S WOODLAWN BLVD 203 WICHITA, KS 67218 (Applicant) Reported 3/2025

Employment	From Application	From Equifax
Applicant:	Sr. Analyst - Treasury American Express \$99,182.00/Yr. Total annual Income: \$99,182.00	

Restricted Person Search		
Requested For Joshua Christian Treat	Requested 6/25/2026	Returned 6/25/2026
Results No Records Found		

Rental History Records
From Equifax
There are no rental history records on file with Equifax

From RealPage					
Landlord LA CROSSE APARTMENTS (Applicant)	On-Time Payments 15	Late Payments 0	Late Fees \$0.00	Rent \$946.00	Current Balance
Tenant JOSHUA TREAT					
NSF Checks				Proper Notice	
Lease Dates 2/1/2024–			Deposit Returned NA	Re-rent NA	Landlord Phone # (316) 685-4111

Landlord LA CROSSE APARTMENTS (Applicant)	On-Time Payments 14	Late Payments 0	Late Fees \$0.00	Rent \$915.00	Current Balance
Tenant JOSHUA TREAT					
NSF Checks				Proper Notice	
Lease Dates 1/27/2023–			Deposit Returned NA	Re-rent NA	Landlord Phone # (316) 685-4111

Landlord LA CROSSE APARTMENTS (Applicant)	On-Time Payments 5	Late Payments 0	Late Fees \$0.00	Rent \$1,170.00	Current Balance \$0.00
Tenant JOSHUA TREAT					
NSF Checks				Proper Notice Yes	
Lease Dates 5/1/2025–7/31/2025			Deposit Returned Yes	Re-rent NA	Landlord Phone # (316) 685-4111

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	Score 922	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 776	Score Factors The date that you opened your oldest account is too recent Lack of sufficient credit history Lack of sufficient relevant real estate account information The total of all balances on your open accounts is too high
	Description This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).	

From Equifax

Account Name JPMCB CARD SERVICES (Applicant)	Opened 12/2021	Last Active 5/2026	30-59	60-89	90+	Past Due	Balance \$2,077.00
	Monthly Payment \$40.00	High Credit \$5,415.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History 0 6/26 4/26 2/26 12/25 10/25 8/25 6/25 4/25 2/25 12/24 10/24 8/24						

Account Name AMERICAN EXPRESS (Joint)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	9/2023	4/2026					\$2,064.00
	Monthly Payment	High Credit	Type	Comments			
		\$2,085.00	OPEN ACCOUNT	Rate/Status 1: Pays account as agreed			
	Payment History						
	0000000000000000000000000 5/263/261/2611/259/257/255/253/251/2511/249/247/24						

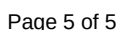
Account Name JPMCB CARD SERVICES (Joint)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	6/2022	5/2026					\$1,144.00
	Monthly Payment	High Credit	Type	Comments			
		\$3,840.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
00							

Account Name JPMCB CARD SERVICES (Applicant)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	4/2023	4/2026					\$229.00
	Monthly Payment	High Credit	Type	Comments			
	\$40.00	\$2,397.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25 1/25 11/24 9/24 7/24						

Account Name CAPITAL ONE BANK USA (Joint)	Opened 2/2025	Last Active 5/2026	30-59	60-89	90+	Past Due	Balance \$95.00
	Monthly Payment \$25.00	High Credit \$2,895.00	Type REVOLVING	Comments Rate/Status 1: Pays account as agreed			
	Payment History						
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 6/26 4/26 2/26 12/25 10/25 8/25 6/25 4/25						

Rental Report for Joshua Christian Treat, 6/25/2026 for 5H at 4560 BWY Partners, LLC

Account Name MAZDA FINANCIAL SERV (Applicant)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	5/2021	4/2025					\$0.00
	Monthly Payment	High Credit	Type	Comments			
		\$24,335.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			
	Payment History						
	0000000000000000000000000000 6/254/252/2512/2410/248/246/244/242/2412/2310/238/23						
Account Name WELLS FARGO CARD SER (Applicant)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	8/2025	1/2026					\$0.00
	Monthly Payment	High Credit	Type	Comments			
		\$4,478.00	REVOLVING	ACCOUNT CLOSED AT CONSUMER'S REQUEST Rate/Status 1: Pays account as agreed			
	Payment History						
	00000000 3/261/2611/259/25						
Account Name JPMCB CARD SERVICES (Joint)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	8/2024	5/2026					\$0.00
	Monthly Payment	High Credit	Type	Comments			
		\$1,919.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0000000000000000000000000000 6/264/262/2612/2510/258/256/254/252/2512/2410/24						
Account Name DISCOVER CARD (Joint)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	4/2020	11/2022					\$0.00
	Monthly Payment	High Credit	Type	Comments			
		\$1,171.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0000000000000000000000000000 5/263/261/2611/259/257/255/253/251/2511/249/247/24						
Account Name AMERICAN EXPRESS (Joint)	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
	10/2022						\$0.00
	Monthly Payment	High Credit	Type	Comments			
		\$577.00	REVOLVING	Rate/Status 1: Pays account as agreed			
	Payment History						
	0000000000000000000000000000 6/264/262/2612/2510/258/256/254/252/2512/2410/248/24						



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.

Michael J. Decker
Commissioner of Motor Vehicles

NEW YORK STATE USA

DRIVER LICENSE



ID **523 607 343**

Class **D**

TREAT

JOSHUA, CHRISTIAN

**400 W 37TH ST APT 6Y
NEW YORK, NY 10018**

DOB **01/21/1998**

Issued **12/19/2025**

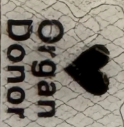
Expires **01/21/2030**

E **NONE**

R **B**

Sex **M** Height **6'-00"** Eyes **BRO**

EXCELSTOR
FLUIDUS UNUM



Joshua Treat
J TREAT

TREAT JOSHUA



American Express National Bank
World Financial Center
200 Vesey Street
New York, NY 10285

June 28, 2026

EMPLOYMENT VERIFICATION

To Whom It May Concern:

This letter is to confirm the employment information for:

Employee Name:	Joshua Treat
Job Title:	Sr Analyst-Treasury
Employment Status:	Active
Original Hire Date:	June 16, 2025
Most Recent Hire/Rehire Date:	June 16, 2025
Annual Base Salary:	\$99,182.50
Known Home Address:	400 W 37th St Apt 6Y New York, NY 10018 United States

If you have any questions regarding this letter, please contact the American Express Colleague Service Center at 1-855-783-4772.

Sincerely,

Pritika Shukla

Pritika Shukla
American Express
Human Resources



Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 5/29/2026
Pay Period: 5/16/2026 - 5/31/2026
Time Collection: 5/4/2026 - 5/17/2026
Deposit Advice #: 271635873
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

Employer Name: American Express National Bank
Employer Phone: 1-844-778-2639
Employer Address: 2401 W Behrend Dr #55
Payroll MC 24-02-11
Phoenix, AZ 85027

	Current 5/16/2026 - 5/31/2026			YTD As of 5/31/2026	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings			\$4,132.60		\$49,443.26
Regular Wages			\$4,132.60		\$40,361.71
Blue Award GU					\$324.12
Paid Sick					\$782.43
Annual Incentive					\$7,975.00
Taxable Benefits			\$4.47		\$428.00
Life Ins Imp Inc			\$4.47		\$44.40
Blue Award					\$383.60
Pre-Tax Deductions			\$449.67		\$2,925.48
HSA EE Contribution			\$94.44		\$777.76
Medical Coverage			\$183.97		\$1,172.14
Vision Coverage			\$7.62		\$54.48
Dental Coverage			\$20.86		\$148.42
Life Insurance			\$1.49		\$14.84
AD&D Pre-Tax			\$1.29		\$12.84
Transit Before Tax			\$140.00		\$745.00
Taxes			\$896.54		\$14,245.28
Fed W/H			\$285.28		\$5,812.94
Social Security			\$228.62		\$2,910.64
Medicare			\$53.46		\$680.71
NY W/H			\$175.42		\$2,840.29
NY DT EE			\$1.30		\$13.00
NY FamLeave Ins			\$17.87		\$213.76
NYCCityW/H			\$134.59		\$1,773.94
Post-Tax Deductions			\$297.74		\$3,480.52
401K Roth OT/IncPay					\$638.00
401K Roth Base Pay			\$289.28		\$2,757.92
Critical Illness			\$3.47		\$34.70
Group Accident			\$4.99		\$49.90
	Routing #	Account #	Amount		Amount
Net Pay			\$2,488.65		\$28,791.98
Direct Deposit	124303243	XXXXXXXXX5767	\$2,488.65		

Accruals & Balances			
Paid Time Off Balance:	78.50 Hours	Paid Time Off Taken:	24.00 Hours
Paid Sick Balance:	56.00 Hours		
Paid Sick Carry Over	7.83 Hours		
Balance:			



Employer Name: American Express National Bank
Employer Phone: 1-844-778-2639
Employer Address: 2401 W Behrend Dr #55
Payroll MC 24-02-11
Phoenix, AZ 85027

Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 5/29/2026
Pay Period: 5/16/2026 - 5/31/2026
Time Collection: 5/4/2026 - 5/17/2026
Deposit Advice #: 271635873
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

Supplemental Earnings Statement					
Earnings	Begin Date	End Date	Hours/Units	Rate	Amount
Regular Wages	5/16/2026	5/31/2026			\$4,132.60
Life Ins Imp Inc	5/16/2026	5/31/2026			\$4.47
Total Hours Paid					



Employer Name: American Express National Bank
Employer Phone: 1-844-778-2639
Employer Address: 2401 W Behrend Dr #55
Payroll MC 24-02-11
Phoenix, AZ 85027

Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 5/15/2026
Pay Period: 5/1/2026 - 5/15/2026
Time Collection: 4/20/2026 - 5/3/2026
Deposit Advice #: 263692135
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

	Current 5/1/2026 - 5/15/2026			YTD As of 5/15/2026	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings			\$4,213.59		\$45,310.66
Regular Wages			\$4,023.60		\$36,229.11
Blue Award GU			\$80.99		\$324.12
Paid Sick			\$109.00		\$782.43
Annual Incentive					\$7,975.00
Taxable Benefits			\$100.32		\$423.53
Life Ins Imp Inc			\$4.47		\$39.93
Blue Award			\$95.85		\$383.60
Pre-Tax Deductions			\$309.67		\$2,475.81
HSA EE Contribution			\$94.44		\$683.32
Medical Coverage			\$183.97		\$988.17
Vision Coverage			\$7.62		\$46.86
Dental Coverage			\$20.86		\$127.56
Life Insurance			\$1.49		\$13.35
AD&D Pre-Tax			\$1.29		\$11.55
Transit Before Tax					\$605.00
Taxes			\$1,019.25		\$13,348.74
Fed W/H			\$340.98		\$5,527.66
Social Security			\$248.26		\$2,682.02
Medicare			\$58.06		\$627.25
NY W/H			\$204.37		\$2,664.87
NY DT EE			\$1.30		\$11.70
NY FamLeave Ins			\$18.22		\$195.89
NYCCityW/H			\$148.06		\$1,639.35
Post-Tax Deductions			\$297.74		\$3,182.78
401K Roth OT/IncPay					\$638.00
401K Roth Base Pay			\$289.28		\$2,468.64
Critical Illness			\$3.47		\$31.23
Group Accident			\$4.99		\$44.91
	Routing #	Account #	Amount		Amount
Net Pay			\$2,586.93		\$26,303.33
Direct Deposit	124303243	XXXXXXXXX5767	\$2,586.93		

Accruals & Balances			
Paid Time Off Balance:	102.50 Hours	Paid Time Off Taken:	8.00 Hours
Paid Sick Balance:	56.00 Hours		
Paid Sick Carry Over Balance:	7.83 Hours	Paid Sick Carry Over Taken:	2.00 Hours



Employer Name: American Express National Bank
Employer Phone: 1-844-778-2639
Employer Address: 2401 W Behrend Dr #55
Payroll MC 24-02-11
Phoenix, AZ 85027

Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 5/15/2026
Pay Period: 5/1/2026 - 5/15/2026
Time Collection: 4/20/2026 - 5/3/2026
Deposit Advice #: 263692135
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

Supplemental Earnings Statement					
Earnings	Begin Date	End Date	Hours/Units	Rate	Amount
Regular Wages	5/1/2026	5/15/2026			\$4,023.60
Blue Award GU	5/1/2026	5/15/2026			\$80.99
Paid Sick	4/27/2026	5/3/2026			\$109.00
Life Ins Imp Inc	5/1/2026	5/15/2026			\$4.47
Blue Award	5/1/2026	5/15/2026			\$95.85
Total Hours Paid					



Employer Name: American Express National Bank
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Payroll MC 24-02-11
Phoenix, AZ 85027

Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 4/30/2026
Pay Period: 4/16/2026 - 4/30/2026
Time Collection: 4/6/2026 - 4/19/2026
Deposit Advice #: 253402742
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

	Current 4/16/2026 - 4/30/2026			YTD As of 4/30/2026	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings			\$4,132.60		\$41,097.07
Regular Wages			\$4,023.60		\$32,205.51
Blue Award GU					\$243.13
Paid Sick			\$109.00		\$673.43
Annual Incentive					\$7,975.00
Taxable Benefits			\$4.47		\$323.21
Life Ins Imp Inc			\$4.47		\$35.46
Blue Award					\$287.75
Pre-Tax Deductions			\$449.67		\$2,166.14
HSA EE Contribution			\$94.44		\$588.88
Medical Coverage			\$183.97		\$804.20
Vision Coverage			\$7.62		\$39.24
Dental Coverage			\$20.86		\$106.70
Life Insurance			\$1.49		\$11.86
AD&D Pre-Tax			\$1.29		\$10.26
Transit Before Tax			\$140.00		\$605.00
Taxes			\$896.55		\$12,329.49
Fed W/H			\$285.28		\$5,186.68
Social Security			\$228.62		\$2,433.76
Medicare			\$53.47		\$569.19
NY W/H			\$175.42		\$2,460.50
NY DT EE			\$1.30		\$10.40
NY FamLeave Ins			\$17.87		\$177.67
NYCCityW/H			\$134.59		\$1,491.29
Post-Tax Deductions			\$297.74		\$2,885.04
401K Roth OT/IncPay					\$638.00
401K Roth Base Pay			\$289.28		\$2,179.36
Critical Illness			\$3.47		\$27.76
Group Accident			\$4.99		\$39.92
	Routing #	Account #	Amount		Amount
Net Pay			\$2,488.64		\$23,716.40
Direct Deposit	124303243	XXXXXXXXX5767	\$2,488.64		

Accruals & Balances			
Paid Time Off Balance:	110.50 Hours	Paid Time Off Taken:	3.00 Hours
Paid Sick Balance:	56.00 Hours		
Paid Sick Carry Over Balance:	9.83 Hours		

Messages from your Employer	
New York State Paid Family Leave (NYPFL) deductions resumed in Q2 for employees who had not yet reached the maximum annual contribution of \$411.91.	



Employer Name: American Express National Bank
Employer Phone: 1-844-778-2639
Employer Address: 2401 W Behrend Dr #55
Payroll MC 24-02-11
Phoenix, AZ 85027

Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 4/30/2026
Pay Period: 4/16/2026 - 4/30/2026
Time Collection: 4/6/2026 - 4/19/2026
Deposit Advice #: 253402742
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

Supplemental Earnings Statement					
Earnings	Begin Date	End Date	Hours/Units	Rate	Amount
Regular Wages	4/16/2026	4/30/2026			\$4,023.60
Paid Sick	4/13/2026	4/19/2026			\$109.00
Life Ins Imp Inc	4/16/2026	4/30/2026			\$4.47
Total Hours Paid					



Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 4/15/2026
Pay Period: 4/1/2026 - 4/15/2026
Time Collection: 3/23/2026 - 4/5/2026
Deposit Advice #: 244956330
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

Employer Name: American Express National Bank
Employer Phone: 1-844-778-2639
Employer Address: 2401 W Behrend Dr #55
Payroll MC 24-02-11
Phoenix, AZ 85027

	Current 4/1/2026 - 4/15/2026			YTD As of 4/15/2026	
	Hours/Units	Rate	Amount	Hours/Units	Amount
Earnings			\$4,186.58		\$36,964.47
Regular Wages			\$3,914.61		\$28,181.91
Blue Award GU			\$53.98		\$243.13
Paid Sick			\$217.99		\$564.43
Annual Incentive					\$7,975.00
Taxable Benefits			\$68.37		\$318.74
Life Ins Imp Inc			\$4.47		\$30.99
Blue Award			\$63.90		\$287.75
Pre-Tax Deductions			\$309.67		\$1,716.47
HSA EE Contribution			\$94.44		\$494.44
Medical Coverage			\$183.97		\$620.23
Vision Coverage			\$7.62		\$31.62
Dental Coverage			\$20.86		\$85.84
Life Insurance			\$1.49		\$10.37
AD&D Pre-Tax			\$1.29		\$8.97
Transit Before Tax					\$465.00
Taxes			\$992.25		\$11,432.94
Fed W/H			\$328.01		\$4,901.40
Social Security			\$244.61		\$2,205.14
Medicare			\$57.21		\$515.72
NY W/H			\$197.47		\$2,285.08
NY DT EE			\$1.30		\$9.10
NY FamLeave Ins			\$18.10		\$159.80
NYCCityW/H			\$145.55		\$1,356.70
Post-Tax Deductions			\$297.74		\$2,587.30
401K Roth OT/IncPay					\$638.00
401K Roth Base Pay			\$289.28		\$1,890.08
Critical Illness			\$3.47		\$24.29
Group Accident			\$4.99		\$34.93
	Routing #	Account #	Amount		Amount
Net Pay			\$2,586.92		\$21,227.76
Direct Deposit	124303243	XXXXXXXXX5767	\$2,586.92		

Accruals & Balances			
Paid Time Off Balance:	116.00 Hours	Paid Time Off Taken:	8.00 Hours
Paid Sick Balance:	56.00 Hours		
Paid Sick Carry Over	11.83 Hours		
Balance:			



Employer Name: American Express National Bank
Employer Phone: 1-844-778-2639
Employer Address: 2401 W Behrend Dr #55
Payroll MC 24-02-11
Phoenix, AZ 85027

Employee Name: Joshua Treat
Employee #: 7308229
Employee Address: 400 W 37th St
Apt 6Y
New York, NY 10018
FEIN: 112869526
Basis of Payment: Salary
SSN: XXX-XX-XXXX

Pay Date: 4/15/2026
Pay Period: 4/1/2026 - 4/15/2026
Time Collection: 3/23/2026 - 4/5/2026
Deposit Advice #: 244956330
Pay Frequency: Semi-Monthly
Pay Rate: \$4,132.60
Federal Filing Status: Married
Federal 2c/Extra Withholding: No/\$25.00
Local Exemptions: 0 (New York City)
State Filing Status: Married (NY)
State Exemptions: 0 (NY)

Supplemental Earnings Statement					
Earnings	Begin Date	End Date	Hours/Units	Rate	Amount
Regular Wages	4/1/2026	4/15/2026			\$3,914.61
Blue Award GU	4/1/2026	4/15/2026			\$53.98
Paid Sick	3/23/2026	3/29/2026			\$217.99
Life Ins Imp Inc	4/1/2026	4/15/2026			\$4.47
Blue Award	4/1/2026	4/15/2026			\$63.90
Total Hours Paid					



American Express® Rewards Checking Statement

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JOSHUA TREAT

Statement Date: 04/30/2026 Account Ending: *5767 Account Name: Rewards Checking

Statement Summary

Interest Summary

Beginning Balance as of 04/01/2026	\$2,698.95	Earned Period	04/01/2026 - 04/30/2026
Total Credits This Period	\$6,235.75	Days in Statement Period	30
Total Debits This Period	-\$6,330.58	Interest Rate	1.00%
Ending Balance as of 04/30/2026	\$2,604.12	Annual Percentage Yield Earned	0.99%
		Interest Earned This Period	\$0.19
		Interest Paid This Year	\$1.55

Account Activity

Date	Description	Credits	Debits	Balance
04/01/2026	Beginning Balance			\$2,698.95
04/01/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX4105 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002514754715		-\$840.00	\$1,858.95
04/01/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX7560 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002514763017		-\$1,805.63	\$53.32
04/15/2026	Online Transfer / Payment: Credit American Express PAYROLL *****1601 XXXXXXXXXXXX8636 Joshua Treat External - BANK OF NEW YORK MELLON ID 009002526165048	\$2,586.92		\$2,640.24
04/15/2026	Internal Transfer Debit: Savings -6596 ID 009002526851286		-\$400.00	\$2,240.24

Continued on next page

Account Details

Contact Us

JOSHUA TREAT
400 W 37TH ST
APT 6Y
NEW YORK NY 10018-5638

24/7 Account Access. World-Class Service.
americanexpress.com/rewardscheckingdashboard
1-877-221-2639
P.O. Box 31492, Salt Lake City, UT 84131

To view your point balance or to learn more
about the Membership Rewards® Program,
visit membershiprewards.com

Statement Date: 04/30/2026 **Account Ending:** *5767 **Account Name:** Rewards Checking

Date	Description	Credits	Debits	Balance
04/15/2026	Internal Transfer Debit: Savings -1465 ID 009002526847584		-\$450.00	\$1,790.24
04/16/2026	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 X7230 JOSHUA TREAT External - WELLS FARGO BANK NA (MINNESOTA) ID 009002526414284		-\$817.13	\$973.11
04/16/2026	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 X8766 JOSHUA TREAT External - WELLS FARGO BANK NA (MINNESOTA) ID 009002527024746		-\$100.00	\$873.11
04/16/2026	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 X6356 JOSHUA TREAT External - WELLS FARGO BANK NA (MINNESOTA) ID 009002527031215		-\$182.87	\$690.24
04/16/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX9277 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002527033423		-\$500.00	\$190.24
04/16/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX7342 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002527039621		-\$119.27	\$70.97
04/17/2026	Online Transfer / Payment: Debit PLANET FITNESS H IClub Fees *****0019 XXXXXXXXXXXX0451 Josh Treat R External - REGIONS BANK ID 009002527345327		-\$15.68	\$55.29
04/29/2026	Internal Transfer Credit: Savings -6596 ID 009002537634363	\$1,100.00		\$1,155.29
04/30/2026	Online Transfer / Payment: Credit American Express PAYROLL *****1601 XXXXXXXXXXXX5999 Joshua Treat External - BANK OF NEW YORK MELLON ID 009002539060500	\$2,488.64		\$3,643.93
04/30/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX0760 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002539843850		-\$1,100.00	\$2,543.93

Continued on next page



American Express® Rewards Checking Statement

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JOSHUA TREAT

Statement Date: 04/30/2026 **Account Ending:** *5767 **Account Name:** Rewards Checking

Date	Description	Credits	Debits	Balance
04/30/2026	Internal Transfer Credit: Savings -1465 ID 009002539921871	\$60.00		\$2,603.93
04/30/2026	Interest Deposit ID 009002540383990	\$0.19		\$2,604.12
04/30/2026 Ending Balance				\$2,604.12

Important Notice

In Case of Errors or Questions About Your Electronic Transfers:

Direct inquiries to 1-877-221-2639 or write us at P.O. Box 31492 Salt Lake City, UT 84131 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared.

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

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



American Express® Rewards Checking Statement

p. 1/3

JOSHUA TREAT

Statement Date: 05/31/2026

Account Ending: *5767

Account Name: Rewards Checking

Statement Summary

Interest Summary

Beginning Balance as of 05/01/2026	\$2,604.12	Earned Period	05/01/2026 - 05/31/2026
Total Credits This Period	\$5,326.05	Days in Statement Period	31
Total Debits This Period	-\$5,158.91	Interest Rate	1.00%
Ending Balance as of 05/31/2026	\$2,771.26	Annual Percentage Yield Earned	1.01%
		Interest Earned This Period	\$0.47
		Interest Paid This Year	\$2.02

Account Activity

Date	Description	Credits	Debits	Balance
05/01/2026	Beginning Balance			\$2,604.12
05/01/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX1635 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002543387721		-\$1,683.13	\$920.99
05/01/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX4899 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002543484316		-\$870.72	\$50.27
05/15/2026	Online Transfer / Payment: Credit American Express PAYROLL *****1601 XXXXXXXXXXXX0190 Joshua Treat External - BANK OF NEW YORK MELLON ID 009002550703865	\$2,586.93		\$2,637.20
05/15/2026	Internal Transfer Debit: Savings -6596 ID 009002551731077		-\$50.00	\$2,587.20

Continued on next page

Account Details

Contact Us

JOSHUA TREAT
400 W 37TH ST
APT 6Y
NEW YORK NY 10018-5638

24/7 Account Access. World-Class Service.
americanexpress.com/rewardscheckingdashboard
1-877-221-2639
P.O. Box 31492, Salt Lake City, UT 84131

To view your point balance or to learn more
about the Membership Rewards® Program,
visit membershiprewards.com

Statement Date: 05/31/2026 **Account Ending:** *5767 **Account Name:** Rewards Checking

Date	Description	Credits	Debits	Balance
05/18/2026	Online Transfer / Payment: Debit PLANET FITNESS H IClub Fees *****0019 XXXXXXXXXXXX0993 Josh Treat R External - REGIONS BANK ID 009002552183168		-\$15.68	\$2,571.52
05/18/2026	Online Transfer / Payment: Debit VENMO PAYMENT *****0019 XXXXXXXXXX6041 JOSHUA TREAT External - WELLS FARGO BANK NA (MINNESOTA) ID 009002553204379		-\$25.00	\$2,546.52
05/18/2026	Online Transfer / Payment: Debit AMEX EPAYMENT ACH PMT *****0019 X0336 JOSHUA TREAT External - WELLS FARGO BANK NA (MINNESOTA) ID 009002553217260		-\$1,858.12	\$688.40
05/18/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX0497 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002552253481		-\$300.00	\$388.40
05/18/2026	Online Transfer / Payment: Debit CHASE CREDIT CRD EPAY *****0021 XXXXXX8156 JOSHUA C TREAT External - JPMORGAN CHASE ID 009002553300499		-\$356.26	\$32.14
05/29/2026	Online Transfer / Payment: Credit American Express PAYROLL *****1601 XXXXXXXXXXXX2666 Joshua Treat External - BANK OF NEW YORK MELLON ID 009002557750779	\$2,488.65		\$2,520.79
05/29/2026	Internal Transfer Credit: Savings -6596 ID 009002558947029	\$250.00		\$2,770.79
05/31/2026	Interest Deposit ID 009002560454320	\$0.47		\$2,771.26
05/31/2026	Ending Balance			\$2,771.26



American Express® Rewards Checking Statement

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JOSHUA TREAT

Statement Date: 05/31/2026 **Account Ending:** *5767 **Account Name:** Rewards Checking

Important Notice

In Case of Errors or Questions About Your Electronic Transfers:

Direct inquiries to 1-877-221-2639 or write us at P.O. Box 31492 Salt Lake City, UT 84131 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared.

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

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

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 JOSHUA C	Last name TREAT	Your social security number 512 15 9312
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If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
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Home address (number and street). If you have a P.O. box, see instructions. 400 W 37th St	Apt. no. 6Y	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. ☒
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City, town, or post office. If you have a foreign address, also complete spaces below. New York	State NY	ZIP code 100185638	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) ☐ Qualifying surviving spouse (QSS)
Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ 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

Dependents	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	90,678.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	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 31	1f		
	g	Wages from Form 8919, line 6	1g		
	h	Other earned income (see instructions). Enter type and amount: _____	1h	0.	
	i	Nontaxable combat pay election (see instructions)	1i		
	z	Add lines 1a through 1h	1z	90,678.	
	Attach Sch. B if required.	2a	Tax-exempt interest	2a	0.
3a		Qualified dividends	3a	10.	
c		Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b			
4a		IRA distributions	4a		
c		Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐			
5a		Pensions and annuities	5a		
c		Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐			
6a		Social security benefits	6a		
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			
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	90,912.		
10	Adjustments to income from Schedule 1, line 26	10			
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	90,912.		

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	90,912.
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	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	75,162.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	11,453.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,453.
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	11,453.
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	11,453.

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	12,050.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,050.
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	12,050.

Refund

Direct deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	597.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	597.
b	Routing number <u>1 2 4 0 8 5 0 6 6</u>	c	Type: ☐ Checking ☒ Savings
d	Account number <u>3 2 0 0 4 5 7 0 6 5 9 6</u>		
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	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes . Complete below. ☒ No		
Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Treasury Analyst	
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. (316)285-3613		Email address	

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name	Self-Prepared			Phone no.
Firm's address				Firm's EIN