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	**FIRST NAME**	**MIDDLE NAME**	**SUFFIX**
Fontaine	Jeanne	Lola	
SSN	**BIRTH DATE**	**PHONE - TYPE**	
-**-*	7/7/2004	(646) 932 - 0794 - Mobile	
EMAIL	**ARE YOU A SERVICE MEMBER?**		
jlf2215@columbia.edu	NO		

CURRENT ADDRESS				
STREET ADDRESS		**CITY**	**STATE**	**ZIP**
610W 113th ST, 1B3		New York	NY	10025
MOVE IN DATE	**MOVE OUT DATE**	**MONTHLY RENT**		
7/25/2025	current	$1,450.00 / Mo.		
REASON FOR LEAVING				
Finishing college				

PREVIOUS ADDRESS				
STREET ADDRESS		**CITY**	**STATE**	**ZIP**
600W 113th St, 7B2		New York	NY	10025
MOVE IN DATE	**MOVE OUT DATE**	**MONTHLY RENT**		
8/20/2024	7/24/2025	$1,400.00 / Mo.		

PREVIOUS ADDRESS				
STREET ADDRESS		**CITY**	**STATE**	**ZIP**
3 Rue Casimir Pinel		Paris		92200
MOVE IN DATE	**MOVE OUT DATE**	**MONTHLY RENT**		
6/1/2024	8/19/2024	$0.00 / Mo.		

PREVIOUS ADDRESS				
STREET ADDRESS		**CITY**	**STATE**	**ZIP**
Brickfield Lane, Brickworks		Dublin		D08HX7
MOVE IN DATE	**MOVE OUT DATE**	**MONTHLY RENT**		
8/25/2023	5/31/2024	$900.00 / Mo.		

EMPLOYMENT & INCOME INFORMATION			
OCCUPATION	**EMPLOYER/COMPANY**		
Research Assistant II	Nathan Kline Institute		
SUPERVISOR	**SUPERVISOR PHONE**	**SUPERVISOR EMAIL**	
DR. Carla Nasca	(845) 398 - 5412	carla.nasca@nyulangone.org	
SALARY	**START DATE**		
$46,000.00/Yr.			
EMPLOYER ADDRESS	**CITY**	**STATE**	**ZIP**
140 Old Orange Burg Rd	Orangeburg	NY	10962

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.

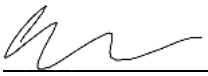
I understand that **4560 BWY Partners, LLC** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, 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)



5/17/2026
10:09 AM EDT

Jeanne Lola Fontaine *(Applicant)* *Date*

Page réservée aux autorités compétentes
pour délivrer le passeport
Página reservada a las autoridades competentes
para expedir el pasaporte / Forbeholdt de pasudstedende
myndigheder / Amtliche Vermerke
Προορίζεται για τις αρχές που είναι αρμόδιες για την
έκδοση του διαβατηρίου / Page reserved for issuing authorities
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Opmerkingen van bevoegde instanties
Página reservada às entidades competentes
para emitir o passaporte / Varattu passinantoviranomaisille
Förbehållet utlämnande myndighet.

03

Ce passeport contient un composant électronique.
Il convient d'en prendre soin, et en particulier
de ne pas le plier, le perforer, l'exposer à des températures
extrêmes ou à une humidité excessive.

This passport contains sensitive electronics.
For best performance please do not bend,
perforate or expose to extreme temperatures
or excess moisture.

Signature du titulaire/*Holder's signature*

RÉPUBLIQUE FRANÇAISE

PASSEPORT
PASSPORT

Type/*Type*: P
Code du pays/*Country code*: FRA
Passeport n°/*Passport no*: 23KK49200

Nom/*Surname (1)*: FONTAINE
Prénoms/*Given names (2)*: Jeanne, Lola
Nationalité/*Nationality (3)*: Française
Sexe/*Sex (5)*: F
Taille/*Height (12)*: 1,65 m
Couleur des yeux/*Colour of eyes (13)*: MARRON
Date de naissance/*Date of birth (6)*: 07 07 2004
Lieu de naissance/*Place of birth (8)*: SAINT-DENIS
Date de délivrance/*Date of issue (7)*: 31 10 2023
Autorité/*Authority (9)*: DUBLIN-
AMBASSADE DE FRANCE EN IRLANDE
Date d'expiration/*Date of expiry (8)*: 30 10 2033
Domicile/*Residence (11)*:
APT 112, RESIDENCE SAINT MICHEL
13 RUE DE MADAGASCAR
97400 SAINT-DENIS
FRANCE

P<FRAFONTAINE<<JEANNE<LOLA<<<<<<<<<<<<<<<<<<<<
23KK492008FRA0407078F3310300<<<<<<<<<<<<<<00

VISA

UNITED STATES OF AMERICA

Issuing Post Name
PARIS

Control Number
20241559740008

Surname
FONTAINE

Given Name
JEANNE LOLA

Visa Type /Class
R F1

Passport Number	Sex	Birth Date	Nationality
23KK49200	F	07JUL2004	FRAN

Entries	Issue Date	Expiration Date	
M	20JUN2024	17FEB2026	0110

Annotation
N0035791196
COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

U8281467

*

VNUSAFONTAINE<<JEANNE<LOLA<<<<<<<<<<<<<<<<<<<<<<

23KK492008FRA0407078F2602176F1PRSOP03I053402

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status

OMB NO. 1653-0038

SEVIS ID: N0035791196

SURNAME/PRIMARY NAME
Fontaine

PREFERRED NAME
Jeanne Lola Fontaine

COUNTRY OF BIRTH
REUNION

CITY OF BIRTH
Saint Denis

FORM ISSUE REASON
INITIAL ATTENDANCE

GIVEN NAME
Jeanne Lola

PASSPORT NAME

COUNTRY OF CITIZENSHIP
FRANCE

DATE OF BIRTH
07 JULY 2004

ADMISSION NUMBER

Class of Admission
F-1
ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME
Columbia University in the City of New York
Columbia University

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL
Tomasz Tuleja
Assistant Director

SCHOOL ADDRESS
International Students and Scholars Office, 2960 Broadway, Mail Code 5724, New York, NY 10027

SCHOOL CODE AND APPROVAL DATE
NYC214F00186000
30 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL
BACHELOR'S

PROGRAM ENGLISH PROFICIENCY
Required

START OF CLASSES
03 SEPTEMBER 2024

MAJOR 1
General Studies 24.0102

ENGLISH PROFICIENCY NOTES
Student is proficient

PROGRAM START/END DATE
03 SEPTEMBER 2024 - 20 MAY 2026

MAJOR 2
None 00.0000

EARLIEST ADMISSION DATE
04 AUGUST 2024

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	$ 58,725	Personal Funds	$ 26,508
Living Expenses	$ 29,003	CU Award	$ 32,000
Expenses of Dependents (0)	$	Family Funds	$ 29,220
Other	$	On-Campus Employment	$
TOTAL	$ 87,728	TOTAL	$ 87,728

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X
SIGNATURE OF: Tomasz Tuleja, Assistant Director

DATE ISSUED
20 May 2024

PLACE ISSUED
New York,NY

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X
SIGNATURE OF: Jeanne Lola Fontaine

22 May 2024
DATE

NAME OF PARENT OR GUARDIAN	X SIGNATURE	ADDRESS (city/state or province/country)	DATE

Research Foundation for Mental Hygiene, Inc.
150 Broadway, Suite 301, Menands, NY 12204
Phone: (518) 474-5661 Fax: (518) 474-6995

Thomas O'Hara, MBA
President

Colleen Corcoran, MPA
Interim Managing Director

May 7, 2026

Jeanne Fontaine
610 West 113th Street
New York, NY 10025

Dear Jeanne,

We are delighted to extend to you this offer of employment with the Research Foundation for Mental Hygiene, Inc. in the position of a grade 10, non-exempt, Research Support Assistant 2. This is a full-time role with a start date of June 11th, 2026, and an annual salary of $46,000.00. As part of your application, you were provided a list of your job duties, which is attached for your reference.

As Research Support Assistant 2 you will be located at 140 Old Orangeburg Road, Orangeburg, NY and reporting to Dr. Carla Nasca. Your regular scheduled work hours will be 40 hours per week working the following schedule:
Monday – Friday 8:30 AM – 5:00 PM

This offer is contingent on you providing RFMH with the enclosed Selected Applicant Supplemental Questionnaire within five (5) days and RFMH's consideration of this information. This conditional offer is also contingent upon your complying with, and satisfactorily meeting, various pre-employment background checks including clearance from the Statewide Central Register Database.

Pursuant to the Immigration and Nationality Act, the Research Foundation is required to verify identity and employment eligibility of all new hires. In order to comply with this legal obligation, you must complete an Employment Eligibility Verification Form I-9 within three (3) days of hire. We have enclosed a Form I-9 for your review. Please note that you will need to provide either one document from "List A" or one document from "List B" and one document from "List C" of the form (see page two of the enclosed I-9 form). If you anticipate having difficulty completing the Form I-9 or producing the required documents, please contact me at (845) 398-5412.

Your employment under this appointment is based on the availability of grant funds and project needs and may be terminated with or without cause or notice at any time at either your option or that of the Research Foundation.

Benefits provided by RFMH under the rules in effect on the date of appointment are subject to change as approved by the Board of Directors of the Research Foundation.

Upon acceptance of this conditional offer of employment, please acknowledge your agreement with the terms set forth by signing in the designated space below and returning the original to our office at the above address within five (5) days of the date of this letter.

We look forward to your joining us and to your success with RFMH. If you have questions regarding employment information or benefits, please do not hesitate to contact me at (845) 398-5412

Sincerely,

Randi Dymond

Randi Dymond
Human Resources Administrator

I accept the above conditional offer of employment and no oral commitments have been made concerning my employment.

Employee Name: _____ Date: _____/____/ ____

Company: Columbia University	**Net Pay:** 237.59
	Pay Begin Date: 04/16/2026
Address: 615 West 131st Street, 4th Floor HRPC	**Pay End Date:** 04/30/2026
New York, NY 10027	**Check Date:** 05/08/2026

General

Name3:	**Jeanne L. Fontaine**	**Business Unit**	CUBUS
Employee ID:	10298239	**Pay Group:**	Student Officers
SIN:		**Department:**	4048103-A&S Psychology Students
Address:	610 West 113th Street	**Location:**	Morningside
	Apt.1B3	**Job Title:**	Teaching Assistant
	New York, NY 10025	**Pay Rate:**	$266.77 Semimonthly

Tax Data

Federal Marital Status:	Single	**NY Marital Status:**	Single
Fed Allowances:	N/A	**NY Allowances:**	0
Fed Addl Percent:	N/A	**NY Addl Percent:**	0.000
Fed Addl Amount:	$0.00	**NY Addl Amount:**	$0.00

Paycheck Summary

Period	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	266.77	266.77	29.18	0.00	237.59
YTD	2,444.32	2,444.32	267.92	0.00	2,176.40

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Regular Earnings	123.126539	2.20	266.77	19.60	2,444.32
TOTAL:		**2.20**	**266.77**	**19.60**	**2,444.32**

TAXES

Description	Current	YTD
Fed Withholding	26.68	244.46
NY Withholding	0.00	0.07
NY OASDI/EE	1.30	11.70
NY NEW YORK Withholding	1.20	11.69
TOTAL:	**29.18**	**267.92**

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
TOTAL:	**0.00**	**0.00**

AFTER-TAX DEDUCTIONS

Description	Current	YTD
TOTAL:	**0.00**	**0.00**

EMPLOYER PAID BENEFITS

Description	Current	YTD
***TAXABLE**		

NET PAY DISTRIBUTION

Payment Type	Paycheck Number	Account Type	Account Number	Amount
Direct Deposit	11445068	Checking	XXXXXX3182	237.59
TOTAL:				**237.59**

Absence(s) Balance as of :

	NYSS(Hours)
Available Balance:	0.00

Company: Columbia University	**Net Pay:** 237.59
	Pay Begin Date: 05/01/2026
Address: 615 West 131st Street, 4th Floor HRPC	**Pay End Date:** 05/15/2026
New York, NY 10027	**Check Date:** 05/22/2026

General

Name3:	**Jeanne L. Fontaine**	**Business Unit**	CUBUS
Employee ID:	10298239	**Pay Group:**	Student Officers
SIN:		**Department:**	4048103-A&S Psychology Students
Address:	610 West 113th Street	**Location:**	Morningside
	Apt.1B3	**Job Title:**	Teaching Assistant
	New York, NY 10025	**Pay Rate:**	$266.77 Semimonthly

Tax Data

Federal Marital Status:	Single	**NY Marital Status:**	Single
Fed Allowances:	N/A	**NY Allowances:**	0
Fed Addl Percent:	N/A	**NY Addl Percent:**	0.000
Fed Addl Amount:	$0.00	**NY Addl Amount:**	$0.00

Paycheck Summary

Period	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	266.77	266.77	29.18	0.00	237.59
YTD	2,711.09	2,711.09	297.10	0.00	2,413.99

HOURS AND EARNINGS

		Current		YTD	
Description	**Rate**	**Hours**	**Earnings**	**Hours**	**Earnings**
Regular Earnings	123.126539	2.20	266.77	21.80	2,711.09
TOTAL:		**2.20**	**266.77**	**21.80**	**2,711.09**

TAXES

Description	Current	YTD
Fed Withholding	26.68	271.14
NY Withholding	0.00	0.07
NY OASDI/EE	1.30	13.00
NY NEW YORK Withholding	1.20	12.89
TOTAL:	**29.18**	**297.10**

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
TOTAL:	**0.00**	**0.00**

AFTER-TAX DEDUCTIONS

Description	Current	YTD
TOTAL:	**0.00**	**0.00**

EMPLOYER PAID BENEFITS

Description	Current	YTD
***TAXABLE**		

NET PAY DISTRIBUTION

Payment Type	Paycheck Number	Account Type	Account Number	Amount
Direct Deposit	11474805	Checking	XXXXXX3182	237.59
TOTAL:				**237.59**

Absence(s) Balance as of :

	NYSS(Hours)
Available Balance:	0.00

Form **1040-NR** Department of the Treasury—Internal Revenue Service **U.S. Nonresident Alien Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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 MM / DD / YYYY Spouse MM / DD / YYYY

☐ Other

Your first name and middle initial	Last name	Your identifying number (see instructions)
JEANNE L	FONTAINE	8 0 6 8 7 3 3 5 8

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
610W 113TH ST	1B3

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
NEW YORK	NY	10025

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

Filing Status Check only one box.

☒ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ Estate ☐ Trust

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

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 (see instructions)

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) Identifying number				
(4) Relationship				
(5) Check if lived with you more than half of 2025	☐ Yes	☐ Yes	☐ Yes	☐ Yes
(6) 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

Income Effectively Connected With U.S. Trade or Business

Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)			**1a**	2639
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**	
i	Reserved for future use	**1i**			
j	Reserved for future use			**1j**	
k	Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)	**1k**	0		
z	Add lines 1a through 1h			**1z**	2639
2a	Tax-exempt interest	**2a**		**b** Taxable interest	**2b**	
3a	Qualified dividends	**3a**		**b** Ordinary dividends	**3b**	
c	Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b					
4a	IRA distributions	**4a**	0	**b** Taxable amount	**4b**	0
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐					
5a	Pensions and annuities	**5a**	0	**b** Taxable amount	**5b**	0
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐					
6	Reserved for future use			**6**	
7a	Capital gain or (loss). Attach Schedule D if required			**7a**	0
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)					
8	Additional income from Schedule 1 (Form 1040), line 10			**8**	750
9	Add lines 1z, 2b, 3b, 4b, 5b, 7a, and 8. This is your **total effectively connected income**			**9**	3389
10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your **total adjustments to income**			**10**	0
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			**11a**	3389

Tax and Credits	11b	Amount from line 11a (adjusted gross income)			11b	3389
	12	**Itemized deductions** (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)			12	39
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a			
	b	Exemptions for estates and trusts only (see instructions)	13b			
	c	Additional deductions from Schedule 1-A, line 38	13c	0		
	14	Add lines 12 through 13c			14	39
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**			15	3350
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐			16	338
	17	Amount from Schedule 2 (Form 1040), line 3			17	0
	18	Add lines 16 and 17			18	338
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)			19	0
	20	Amount from Schedule 3 (Form 1040), line 8			20	0
	21	Add lines 19 and 20			21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-			22	338
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	0		
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b	0		
	c	Transportation tax (see instructions)	23c	0		
	d	Add lines 23a through 23c			23d	0
	24	Add lines 22 and 23d. This is your **total tax**			24	338
Payments and Refundable Credits	25	Federal income tax withheld from:				
	a	Form(s) W-2	25a	265		
	b	Form(s) 1099	25b	0		
	c	Other forms (see instructions)	25c	0		
	d	Add lines 25a through 25c			25d	265
	e	Form(s) 8805			25e	0
	f	Form(s) 8288-A			25f	0
	g	Form(s) 1042-S			25g	225
	26	2025 estimated tax payments and amount applied from 2024 return			26	0
	27	Reserved for future use	27			
	28	Additional child tax credit (ACTC) from Schedule 8812 (Form 1040). If you do not want to claim the ACTC, check here ☐	28	0		
	29	Credit for amount paid with Form 1040-C	29	0		
	30	Refundable adoption credit from Form 8839, line 13	30			
	31	Amount from Schedule 3 (Form 1040), line 15	31	0		
	32	Add lines 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32	0
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your **total payments**			33	490
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	152
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐			35a	152
Direct deposit? See instructions.	b	Routing number 0 2 1 0 0 0 0 2 1 **c** Type: ☐ Checking ☒ Savings				
	d	Account number 5 0 7 9 9 3 3 1 8 2				
	e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.				
	36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	0		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions			37	0
	38	Estimated tax penalty (see instructions)	38			

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	03/20/2026	STUDENT	
Phone no.	Email address		

Paid Preparer Use Only

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

NEW YORK STATE 2025

Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 806-87-3358

Box b Employer identification number (EIN): 13-5598093

Box c Employer's information

Employer's name: THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer's address *(number and street)*: 615 WEST 131ST STREET,3RD FLOOR PAYROLL

City	State	ZIP code	Country
NEW YORK	NY	10027	

Box 1 Wages, tips, other compensation	2639.00	**Box 12a** Amount	.00	Code	**Box 14a** Amount	10.00	Description: NY SDI - New York State Dis
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code	**Box 14b** Amount	.00	Description
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code	**Box 14c** Amount	.00	Description
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code	**Box 14d** Amount	.00	Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: N | Y

Box 16a NYS wages, tips, etc.: 2639.00

Box 17a NYS income tax withheld: 9.00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	2639.00	20.00	NEW YORK CITY
Locality b	.00	.00	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record:

Box b Employer identification number (EIN):

Box c Employer's information

Employer's name:

Employer's address *(number and street)*:

City	State	ZIP code	Country

Box 1 Wages, tips, other compensation	.00	**Box 12a** Amount	.00	Code	**Box 14a** Amount	.00	Description
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code	**Box 14b** Amount	.00	Description
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code	**Box 14c** Amount	.00	Description
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code	**Box 14d** Amount	.00	Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐ Corrected (W-2c) ☐

NY State information: **Box 15a** NY State: N | Y

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information: **Box 15b** other state:

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and **Yonkers** information *(see instr.)*:

	Box 18 Local wages, tips, etc.	**Box 19** Local income tax withheld	**Box 20** Locality name
Locality a	.00	.00	
Locality b	.00	.00	

102001250094

BoursoBank

Extrait de votre compte en EUR
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BOURSOBANK

MLLE FONTAINE JEANNE
13 RUE DE MADAGASCAR
RESIDENCE SAINT MICHEL
APPARTEMENT 112
97400 ST DENIS

Date	N° de RIB				Devise	Période	Montant DA*	TAEG*	Page
	Banque	Guichet	N° de compte	Clé RIB					
01/05/2026	40618	80390	00040494526	46	EUR	du 01/04/2026 au 30/04/2026	0,00 €	0,000000 %	1/3

B.I.C. BOUSFRPPXXX I.B.A.N. FR76 4061 8803 9000 0404 9452 646

MOUVEMENTS EN EUR

Date opération	Libellé	Valeur	Débit	Crédit
	SOLDE AU :	31/03/2026		1.914,45
01/04/2026	VIR SEPA MME FONTAINE AGNES Argent de Poche Rèf AGRIRERXXXXC01202604010306456656984	01/04/2026		100,00
01/04/2026	VIR INST MME FONTAINE MT OU M FON	01/04/2026		150,00
07/04/2026	VIR SEPA MME DURAND JACQUELINE PARTICIPATION MENSUELLE Rèf GV98U5P0106610	07/04/2026		50,00
07/04/2026	CARTE 01/04/26 WESTSIDE MARKET 2 CB*2539 5,69 USD / 1 euro = 1,144869215	07/04/2026	4,97	
07/04/2026	CARTE 02/04/26 SQ *CROISSANT CON CB*2539 4,60 USD / 1 euro = 1,155778894	07/04/2026	3,98	
07/04/2026	CARTE 03/04/26 MORTON WILLIAMS CB*2539 10,92 USD / 1 euro = 1,150684931	07/04/2026	9,49	
07/04/2026	CARTE 03/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,153846153	07/04/2026	1,30	
07/04/2026	CARTE 03/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,153846153	07/04/2026	1,30	

A réception d'un extrait de compte vous disposez d'un délai de quatre mois pour formuler toute réclamation auprès de votre service clientèle.
A défaut d'observation dans ce délai, nous considérons votre silence comme une approbation tacite des comptes.
* Montant de l'autorisation de découvert associée à votre compte, valeur du TAEG (Taux Annualisé Effectif Global) et total des frais bancaires pour la période.

BoursoBank

Date	N° de RIB				Devise	Période	Montant DA*	TAEG*	Page
	Banque	Guichet	N° de compte	Clé RIB					
01/05/2026	40618	80390	00040494526	46	EUR	du 01/04/2026 au 30/04/2026	0,00 €	0,000000 %	2/3

B.I.C. BOUSFRPPXXX I.B.A.N. FR76 4061 8803 9000 0404 9452 646

MOUVEMENTS EN EUR

Date opération	Libellé	Valeur	Débit	Crédit
07/04/2026	CARTE 05/04/26 MORTON WILLIAMS CB*2539 9,56 USD / 1 euro = 1,151807228	07/04/2026	8,30	
07/04/2026	CARTE 04/04/26 SAUCE, INC* WU AN CB*2539 10,31 USD / 1 euro = 1,150669642	07/04/2026	8,96	
07/04/2026	CARTE 05/04/26 WESTSIDE MARKET 2 CB*2539 8,49 USD / 1 euro = 1,151967435	07/04/2026	7,37	
07/04/2026	CARTE 04/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,153846153	07/04/2026	1,30	
07/04/2026	CARTE 05/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,153846153	07/04/2026	1,30	
09/04/2026	CARTE 07/04/26 H MART CB*2539 6,31 USD / 1 euro = 1,149362477	09/04/2026	5,49	
10/04/2026	CARTE 07/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,153846153	10/04/2026	1,30	
10/04/2026	CARTE 07/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,153846153	10/04/2026	1,30	
10/04/2026	CARTE 07/04/26 DSW 34TH STREET CB*2539 4,99 USD / 1 euro = 1,149769585	10/04/2026	4,34	
13/04/2026	CARTE 10/04/26 MORTON WILLIAMS CB*2539 9,49 USD / 1 euro = 1,164417177	13/04/2026	8,15	
13/04/2026	CARTE 09/04/26 TRADER JOE S £545 CB*2539 80,25 USD / 1 euro = 1,158510177	13/04/2026	69,27	
13/04/2026	CARTE 10/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,162790697	13/04/2026	1,29	
13/04/2026	CARTE 10/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,162790697	13/04/2026	1,29	
14/04/2026	CARTE 11/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,171875000	14/04/2026	1,28	
14/04/2026	CARTE 11/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,171875000	14/04/2026	1,28	
15/04/2026	CARTE 13/04/26 UNIVERSITY HARDWA CB*2539 3,80 USD / 1 euro = 1,169230769	15/04/2026	3,25	
17/04/2026	CARTE 14/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,171875000	17/04/2026	1,28	
17/04/2026	CARTE 14/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,171875000	17/04/2026	1,28	
17/04/2026	CARTE 15/04/26 EB *GS RAS X GSSC CB*2539 33,85 USD / 1 euro = 1,174939257	17/04/2026	28,81	

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Date	N° de RIB				Devise	Période	Montant DA*	TAEG*	Page
	Banque	Guichet	N° de compte	Clé RIB					
01/05/2026	40618	80390	00040494526	46	EUR	du 01/04/2026 au 30/04/2026	0,00 €	0,000000 %	3/3

B.I.C. BOUSFRPPXXX I.B.A.N. FR76 4061 8803 9000 0404 9452 646

MOUVEMENTS EN EUR

Date opération	Libellé	Valeur	Débit	Crédit
20/04/2026	CARTE 15/04/26 COLUMBIA DINING CB*2539 4,63 USD / 1 euro = 1,178117048	20/04/2026	3,93	
20/04/2026	CARTE 17/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,171875000	20/04/2026	1,28	
20/04/2026	CARTE 17/04/26 MTA*NYCT PAYGO CB*2539 1,50 USD / 1 euro = 1,171875000	20/04/2026	1,28	
21/04/2026	CARTE 19/04/26 DEPOP CB*2539 39,44 USD / 1 euro = 1,175909361	21/04/2026	33,54	
23/04/2026	CARTE 20/04/26 COLUMBIA DINING CB*2539 9,53 USD / 1 euro = 1,172201722	23/04/2026	8,13	
24/04/2026	CARTE 22/04/26 MORTON WILLIAMS CB*2539 5,49 USD / 1 euro = 1,170575692	24/04/2026	4,69	
27/04/2026	CARTE 23/04/26 SQ *CAFE EAST INC CB*2539 19,49 USD / 1 euro = 1,169867947	27/04/2026	16,66	
27/04/2026	CARTE 25/04/26 WESTSIDE MARKET 2 CB*2539 25,66 USD / 1 euro = 1,166894042	27/04/2026	21,99	
28/04/2026	CARTE 26/04/26 KORONET PIZZA COR CB*2539 7,76 USD / 1 euro = 1,166917293	28/04/2026	6,65	
28/04/2026	CARTE 27/04/26 EB *GS GOES TO BR CB*2539 33,85 USD / 1 euro = 1,167241379	28/04/2026	29,00	
29/04/2026	CARTE 27/04/26 COLUMBIA DINING CB*2539 6,97 USD / 1 euro = 1,169463087	29/04/2026	5,96	
29/04/2026	CARTE 27/04/26 H MART CB*2539 9,14 USD / 1 euro = 1,168797953	29/04/2026	7,82	
30/04/2026	CARTE 28/04/26 MORTON WILLIAMS CB*2539 5,35 USD / 1 euro = 1,168122270	30/04/2026	4,58	
30/04/2026	AVOIR 28/04/26 EB *GS GOES TO BR CB*2539	30/04/2026		28,79
	Nouveau solde en EUR :			1.919,85
	Montant frais bancaires* :		0,00	0,00

A réception d'un extrait de compte vous disposez d'un délai de quatre mois pour formuler toute réclamation auprès de votre service clientèle.
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BoursoBank

Extrait de votre compte en EUR
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MLLE FONTAINE JEANNE
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RESIDENCE SAINT MICHEL
APPARTEMENT 112
97400 ST DENIS

Date	N° de RIB				Devise	Période	Montant DA*	TAEG*	Page
	Banque	Guichet	N° de compte	Clé RIB					
01/04/2026	40618	80390	00040494526	46	EUR	du 28/02/2026 au 31/03/2026	0,00 €	0,000000 %	1/3

B.I.C. BOUSFRPPXXX I.B.A.N. FR76 4061 8803 9000 0404 9452 646

MOUVEMENTS EN EUR

Date opération	Libellé	Valeur	Débit	Crédit
	SOLDE AU :	27/02/2026		2.552,17
02/03/2026	VIR INST MME FONTAINE MT OU M FON	02/03/2026		150,00
02/03/2026	VIR INST M FONTAINE PHILIPPE	02/03/2026		550,00
02/03/2026	CARTE 25/02/26 KORONET PIZZA COR CB*2539 7,76 USD / 1 euro = 1,177541729	02/03/2026	6,59	
02/03/2026	CARTE 26/02/26 WESTSIDE MARKET 2 CB*2539 20,91 USD / 1 euro = 1,177364864	02/03/2026	17,76	
02/03/2026	CARTE 26/02/26 TST* JOE COFFEE - CB*2539 5,09 USD / 1 euro = 1,175519630	02/03/2026	4,33	
02/03/2026	CARTE 27/02/26 AMC 9640 ONLINE CB*2539 20,49 USD / 1 euro = 1,177586206	02/03/2026	17,40	
02/03/2026	CARTE 26/02/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,176470588	02/03/2026	2,55	
02/03/2026	CARTE 27/02/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,176470588	02/03/2026	2,55	
02/03/2026	CARTE 28/02/26 MORTON WILLIAMS - CB*2539 15,72 USD / 1 euro = 1,178410794	02/03/2026	13,34	

A réception d'un extrait de compte vous disposez d'un délai de quatre mois pour formuler toute réclamation auprès de votre service clientèle.
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BoursoBank

Date	N° de RIB				Devise	Période	Montant DA*	TAEG*	Page
	Banque	Guichet	N° de compte	Clé RIB					
01/04/2026	40618	80390	00040494526	46	EUR	du 28/02/2026 au 31/03/2026	0,00 €	0,000000 %	2/3

B.I.C. BOUSFRPPXXX I.B.A.N. FR76 4061 8803 9000 0404 9452 646

MOUVEMENTS EN EUR

Date opération	Libellé	Valeur	Débit	Crédit
03/03/2026	VIR SEPA MME DURAND JACQUELINE PARTICIPATION MENSUELLE Rèf GV98T8P0463323	03/03/2026		50,00
03/03/2026	VIR INST CONVERSATION UK LTD EUS25130-S0001-SA28736202	03/03/2026	1.097,75	
03/03/2026	VIR INST MME FONTAINE AGNES	03/03/2026		550,00
04/03/2026	CARTE 03/03/26 MAD CITY BAR FEST CB*2539 23,59 USD / 1 euro = 1,167243938	04/03/2026	20,21	
04/03/2026	CARTE 02/03/26 MORTON WILLIAMS - CB*2539 7,56 USD / 1 euro = 1,179407176	04/03/2026	6,41	
06/03/2026	CARTE 03/03/26 TRADER JOE S £545 CB*2539 78,26 USD / 1 euro = 1,167014613	06/03/2026	67,06	
09/03/2026	CARTE 04/03/26 IFC THEATRES LLC CB*2539 19,95 USD / 1 euro = 1,157192575	09/03/2026	17,24	
09/03/2026	CARTE 06/03/26 COLUMBIA DINING CB*2539 9,53 USD / 1 euro = 1,155151515	09/03/2026	8,25	
12/03/2026	CARTE 10/03/26 WESTSIDE MARKET 2 CB*2539 3,49 USD / 1 euro = 1,159468438	12/03/2026	3,01	
12/03/2026	CARTE 10/03/26 MORTON WILLIAMS - CB*2539 6,99 USD / 1 euro = 1,161129568	12/03/2026	6,02	
16/03/2026	CARTE 12/03/26 MORTON WILLIAMS - CB*2539 4,99 USD / 1 euro = 1,149769585	16/03/2026	4,34	
16/03/2026	CARTE 13/03/26 TodayTix.com CB*2539 6,25 USD / 1 euro = 1,151012891	16/03/2026	5,43	
16/03/2026	CARTE 14/03/26 MORTON WILLIAMS CB*2539 7,03 USD / 1 euro = 1,141233766	16/03/2026	6,16	
17/03/2026	CARTE 14/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,140684410	17/03/2026	2,63	
17/03/2026	CARTE 14/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,140684410	17/03/2026	2,63	
17/03/2026	CARTE 15/03/26 TST* SMASHED - HU CB*2539 5,94 USD / 1 euro = 1,140115163	17/03/2026	5,21	
17/03/2026	CARTE 16/03/26 MORTON WILLIAMS CB*2539 15,48 USD / 1 euro = 1,140751658	17/03/2026	13,57	
19/03/2026	CARTE 16/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,140684410	19/03/2026	2,63	
20/03/2026	CARTE 17/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,140684410	20/03/2026	2,63	

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BoursoBank

Date	N° de RIB				Devise	Période	Montant DA*	TAEG*	Page
	Banque	Guichet	N° de compte	Clé RIB					
01/04/2026	40618	80390	00040494526	46	EUR	du 28/02/2026 au 31/03/2026	0,00 €	0,000000 %	3/3

B.I.C. BOUSFRPPXXX I.B.A.N. FR76 4061 8803 9000 0404 9452 646

MOUVEMENTS EN EUR

Date opération	Libellé	Valeur	Débit	Crédit
20/03/2026	CARTE 17/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,140684410	20/03/2026	2,63	
20/03/2026	CARTE 17/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,145038167	20/03/2026	2,62	
23/03/2026	CARTE 18/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,145038167	23/03/2026	2,62	
23/03/2026	CARTE 19/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,145038167	23/03/2026	2,62	
23/03/2026	CARTE 19/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,145038167	23/03/2026	2,62	
23/03/2026	CARTE 20/03/26 USPS PO 359636003 CB*2539 11,95 USD / 1 euro = 1,144636015	23/03/2026	10,44	
23/03/2026	CARTE 20/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,153846153	23/03/2026	2,60	
23/03/2026	TDF EMIS VIA CB 19/03/26 Revolut CB*2539	23/03/2026	34,94	
24/03/2026	CARTE 21/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,153846153	24/03/2026	2,60	
24/03/2026	CARTE 21/03/26 TEN ICHI MART VIL CB*2539 3,70 USD / 1 euro = 1,152647975	24/03/2026	3,21	
25/03/2026	CARTE 22/03/26 TRADER JOE S £545 CB*2539 78,26 USD / 1 euro = 1,152407598	25/03/2026	67,91	
27/03/2026	VIR INST MME FONTAINE AGNES	27/03/2026		550,00
27/03/2026	CARTE 25/03/26 DEPOP CB*2539 34,19 USD / 1 euro = 1,155457924	27/03/2026	29,59	
30/03/2026	VIR INST CONVERSATION UK LTD EUS25130-S0001-SA30411635	30/03/2026	1.118,54	
30/03/2026	VIR INST M FONTAINE PHILIPPE	30/03/2026		550,00
30/03/2026	CARTE 26/03/26 USCIS ELIS I765 CB*2539 470,00 USD / 1 euro = 1,151904318	30/03/2026	408,02	
30/03/2026	CARTE 28/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,149425287	30/03/2026	2,61	
31/03/2026	CARTE 28/03/26 MTA*NYCT PAYGO CB*2539 3,00 USD / 1 euro = 1,149425287	31/03/2026	2,61	
31/03/2026	CARTE 29/03/26 MORTON WILLIAMS CB*2539 6,72 USD / 1 euro = 1,150684931	31/03/2026	5,84	
	Nouveau solde en EUR :			1.914,45
	Montant frais bancaires* :		0,00	0,00

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