# Rental Application for **The Hartby**

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 |
|---|---|---|---|
| AGUDELO | CRISTIAN | DANIEL | |

| SSN | BIRTH DATE | PHONE - TYPE |
|---|---|---|
| ***-**-**** | 12/2/1990 | (908) 316 - 7267 - Mobile |

| ID TYPE | NUMBER | COUNTRY |
|---|---|---|
| PASSPORT | PAO458625 | ES |

| EMAIL | ARE YOU A SERVICE MEMBER? | HOW DID YOU HEAR ABOUT THIS PROPERTY? |
|---|---|---|
| cristian.agudelo@undp.org | NO | Other Guide |

## CURRENT ADDRESS

| STREET ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 1278 1st Av | New York | NY | 10065 |

| MOVE IN DATE | MOVE OUT DATE | MONTHLY RENT |
|---|---|---|
| 5/11/2024 | current | $3,200.00 / Mo. |

**REASON FOR LEAVING**

newer and calmer space

## EMPLOYMENT & INCOME INFORMATION

| OCCUPATION | EMPLOYER/COMPANY |
|---|---|
| Partnerships & Ecosystem Specialist | United Nations Development Programme |

| SUPERVISOR | SUPERVISOR PHONE | SUPERVISOR EMAIL |
|---|---|---|
| Joan Manda | (646) 528 - 0642 | joan.manda@undp.org |

| SALARY | START DATE |
|---|---|
| $13,432.21/Mo. | 4/13/2023 |

| EMPLOYER ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 1 United Nations Plaza | New York | NY | 10017 |

## 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 **The Hartby** 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 **The Hartby** 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 **The Hartby**, 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 **The Hartby** 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 **The Hartby**, 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 CRISTIAN DANIEL AGUDELO**
Tue May 12 2026 08:06:45 PM EDT
Key: 7F84EE43; IP Address: 23.198.14.133

CRISTIAN DANIEL AGUDELO *(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 CRISTIAN DANIEL AGUDELO

| 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 CRISTIAN DANIEL AGUDELO: 744**

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

**NOTIFICATION(S)**

**APPLICANT: Applicant Social Security Number Has Never Been Issued or was Issued After June 2011 (Equifax)**
The social security number listed on the application has never been issued or was issued after June 2011. This could mean that the number was entered incorrectly, it is a Credit Privacy Number (CPN), or it was accurately issued after 2011. You should verify the information thoroughly before proceeding.

| Credit Quick Summary | |
|---|---|
| Total annual income (reported by Applicant) | $161,186.52 |
| Total **verified** annual income | $219,489.12 |
| Total **verified** combined annual income to rent ratio | 93.18 (based on rent of $3,550.00) |
| Total number of accounts | 5 |
| Accounts with no late payments | 5 (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 | $5,202.00 ($0.00 past due) |
| Outstanding revolving debt | $5,202.00 (59% 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 | 0 |

| Identity | From Application | From Equifax |
|---|---|---|
| **Name:** | CRISTIAN DANIEL AGUDELO | CRISTIAN AGUDELO |
| **SSN:** | ***-**-**** | ***-**-**** |
| **Birth Date:** | 12/**/1990 | 12/**/1990 |

| Addresses | From Application | From Equifax |
|---|---|---|
| | 1278 1st Av<br>New York, NY 10065 - US | 1278 1ST AVE. 11<br>NEW YORK, NY 10065 (Applicant)<br>Reported 5/2026 |

| Employment | From Application | From Equifax |
|---|---|---|
| **Applicant:** | Partnerships & Ecosystem Specialist<br>United Nations Development Programme<br>$13,432.21/Mo. Total annual Income: $161,186.52 | |

| Income Verifications |
|---|

| Requested For | | Requested Date | |
|---|---|---|---|
| CRISTIAN DANIEL AGUDELO | | 5/12/2026 | |
| **Date**<br>5/12/2026 | **Consumer Provided Income Source**<br>Bank connection | **Total Deposits (90 Days)**<br>$54,872.27 | **Verified Annual Income**<br>$219,489.13<br>*Income amount used in scoring |
| **Bank Institution**<br>Chase | **Account Type**<br>Checking | **Account Holder**<br>CRISTIAN AGUDELO | **Total Deposits (90 Days)**<br>$54,872.27 |
| **Date**<br>2/23/2026 | **Income Source**<br>UNITED NATIONS D 6113000785 3427735885 CTX ID: 3752197789 | | **Amount**<br>$9,414.81 |
| **Date**<br>2/27/2026 | **Income Source**<br>UNITED NATIONS D 6113000785 3427735885 CTX ID: 3752197789 | | **Amount**<br>$906.00 |
| **Date**<br>3/18/2026 | **Income Source**<br>UNITED NATIONS D 6113000785 3427735885 CTX ID: 3752197789 | | **Amount**<br>$9,414.81 |
| **Date**<br>4/23/2026 | **Income Source**<br>UNITED NATIONS D 6113000785 3427735885 CTX ID: 3752197789 | | **Amount**<br>$9,623.36 |
| **Date**<br>3/9/2026 | **Income Source**<br>Transfer from CD XXXXXXXX8090 | | **Amount**<br>$25,513.29 |

| **Restricted Person Search** | | |
|---|---|---|
| **Requested For**<br>CRISTIAN DANIEL AGUDELO | **Requested**<br>5/12/2026 | **Returned**<br>5/12/2026 |
| **Results**<br>*No Records Found* | | |

**Risk Models**

**From RealPage**

| **Risk Model Name** | **Score** | **Score Factors** |
|---|---|---|
| RealPage AI Score (Applicant) | 744 | Tradeline scoring<br>Debt-to-income ratio<br>Credit Score<br>Rental Payment History |
| | **Description**<br>RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer). | |

**From Equifax**

| **Risk Model Name** | **Score** | **Score Factors** |
|---|---|---|
| Credit Score (Applicant) | 703 | The date that you opened your oldest account is too recent<br>Lack of sufficient credit history<br>Lack of sufficient relevant real estate account information<br>You have too many accounts that were opened recently |
| | **Description**<br>This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer). | |

## Credit Accounts

### From Equifax

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| JPMCB CARD SERVICES (Applicant) | 6/2025 | 4/2026 | | | | | $5,202.00 |
| | **Monthly Payment** $52.00 | **High Credit** $5,202.00 | **Type** REVOLVING | **Comments** Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| 5/26 | 3/26 | 1/26 | 11/25 | 9/25 | 7/25 |
|---|---|---|---|---|---|
| 0 0 0 0 0 0 0 0 0 0 0 | | | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| ESUSU / L+M WORKFORC (Applicant) | 2/2026 | 1/2026 | | | | | $0.00 |
| | **Monthly Payment** $3,391.00 | **High Credit** $3,391.00 | **Type** OPEN ACCOUNT | **Comments** Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| 3/26 |
|---|
| 0 |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| CAPITAL ONE BANK USA (Joint) | 6/2025 | 10/2025 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** $129.00 | **Type** REVOLVING | **Comments** Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| 4/26 | 2/26 | 12/25 | 10/25 | 8/25 |
|---|---|---|---|---|
| 0 0 0 0 0 0 0 0 0 0 | | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| CREDIT ONE BANK (Applicant) | 9/2025 | 9/2025 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** $126.00 | **Type** REVOLVING | **Comments** Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| 4/26 | 2/26 | 12/25 | 10/25 |
|---|---|---|---|
| 0 0 0 0 0 0 0 | | | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| SYNCB/TJX CO DC (Applicant) | 8/2025 | | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** $0.00 | **Type** REVOLVING | **Comments** Rate/Status 1: Pays account as agreed | | | |

**Payment History**

| 4/26 | 2/26 | 12/25 | 10/25 |
|---|---|---|---|
| 0 0 0 0 0 0 0 0 | | | |

## Previous Credit Inquiries

### From Equifax

| | |
|---|---|
| 6/2025 | CAPITAL ONE (Applicant) |

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

**A Summary of Your Rights Under the Fair Credit Reporting Act**

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

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

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

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

  **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

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

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

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

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

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

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

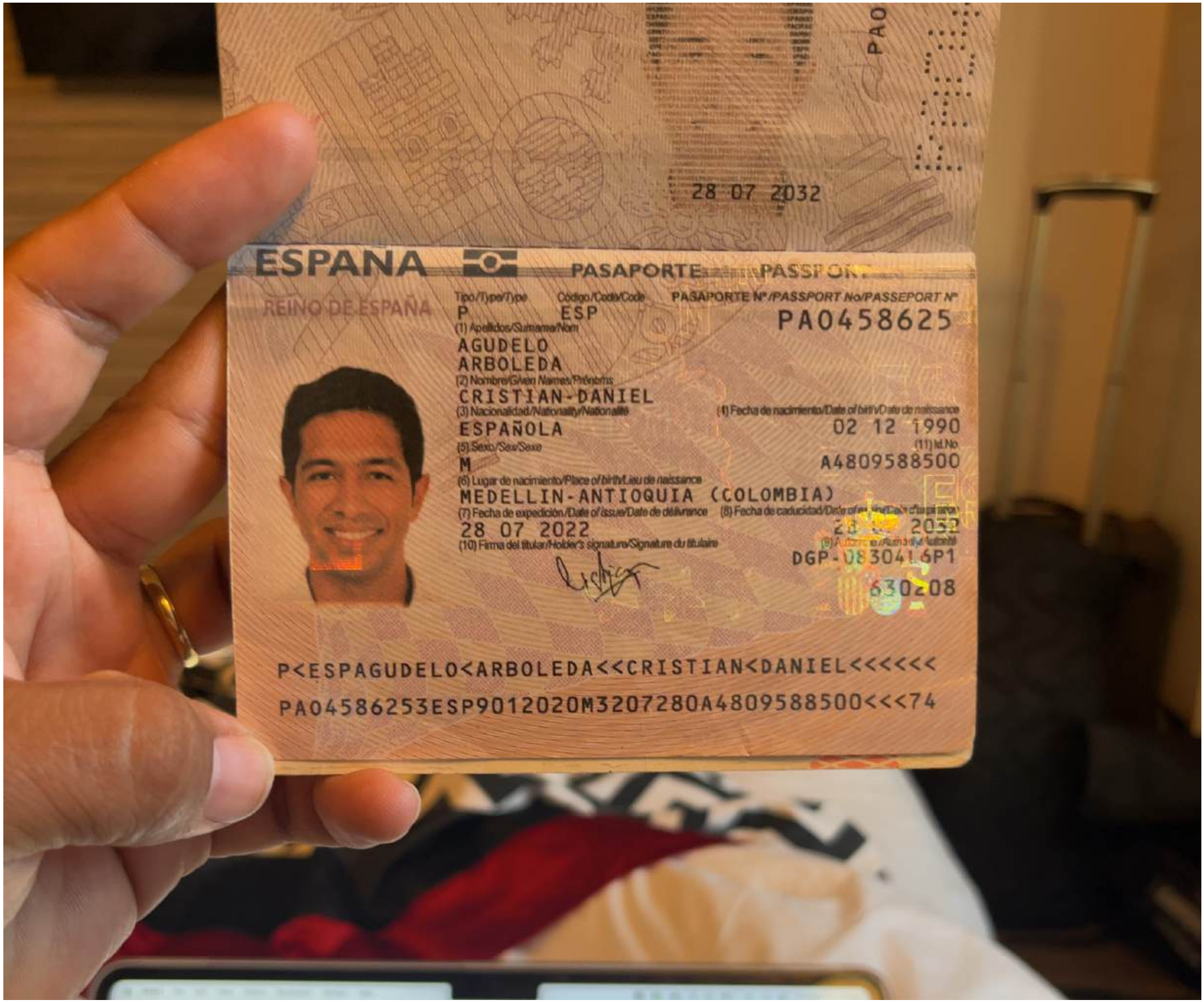
1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment 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.


28 07 2032
ESPANA
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PASAPORTE Nº /PASSPORT No/PASSEPORT Nº
PA0458625
(1) Apellidos/Surname/Nom
AGUDELO
ARBOLEDA
(2) Nombre/Given Names/Prénoms
CRISTIAN-DANIEL
(3) Nacionalidad/Nationality/Nationalité
ESPAÑOLA
(4) Fecha de nacimiento/Date of birth/Date de naissance
02 12 1990
(5) Sexo/Sex/Sexe
M
(11) Id No
A4809588500
(6) Lugar de nacimiento/Place of birth/Lieu de naissance
MEDELLIN-ANTIOQUIA (COLOMBIA)
(7) Fecha de expedición/Date of issue/Date de délivrance
28 07 2022
(8) Fecha de caducidad/Date of
2032
(10) Firma del titular/Holder's signature/Signature du titulaire
DGP-083041 6P1
630208
P<ESPAGUDELO<ARBOLEDA<<CRISTIAN<DANIEL<<<<<<
PA04586253ESP9012020M3207280A4809588500<<<74

**United Nations Development Programme**

13 May 2026

TO WHOM IT MAY CONCERN

This is to certify that Cristian Agudelo (national of Spain, date of birth 02 December 1990 ) is a staff member of the United Nations Development Programme.

| | |
|---|---|
| Date of Appointment: | 15 April 2025 |
| Type of Appointment: | International Professional - TA |
| Functional Title: | Partnerships & Ecosystem Specialist |
| Duty Station: | DS - New York, United States |

During the period of his employment, Cristian Agudelo is accorded the status of an official of the Organization for the purpose of article V of the Convention and Privileges and Immunities of the United Nations. Under section 18 (b) thereof, officials of the Organization are exempt from taxation on the salaries and emoluments paid by the Organization in countries who have signed the article.

Best regards

Manager
Human Resources
Global Shared Services Centre

# STATEMENTS OF EARNINGS AND DEDUCTIONS

| | | | | | |
|---|---|---|---|---|---|
| Employee ID: | 71474481 | BU/Dept: | UNDP-HQ/15010 - RBA Office of Director | Pension No: | 805485 |
| Name: | Cristian Daniel AGUDELO ARBOLEDA | Location: | 4560/DS - New York, United States | Pension UID: | 001611799 |
| Pay Date: | 31/03/2026 | Grade/Step: | P3/5 | Pension Remun: | 180471.000000 |
| Pay Period: | 01/03/2026 to 31/03/2026 | Currency: | USD | Dependent Spouse: | N |
| Contract Type: | TA | Net Base Salary: | 6,522.17 | Dependent Children: | |

| | Current Month | Retroactive | Total |
|---|---|---|---|
| **EARNINGS** | | | |
| Gross Salary | 8,198.00 | | 8,198.00 |
| Post Adjustment(75.60%) | 4,930.76 | | 4,930.76 |
| **Total Earnings** | 13,128.76 | | 13,128.76 |
| **DEDUCTIONS** | | | |
| AETNA Medical Deduction | 734.13 | | 734.13 |
| CIGNA Dental Deduction | 28.63 | | 28.63 |
| Life Insurance Contribution | 84.00 | | 84.00 |
| OSLA Contribution | 3.26 | | 3.26 |
| Pension Contribution | 1,188.10 | | 1,188.10 |
| Staff Assessment - Deduction | 1,675.83 | | 1,675.83 |
| **Total Deductions** | 3,713.96 | | 3,713.96 |
| **NET PAY** | 9,414.80 | | 9,414.81 |
| **EMPLOYER CONTRIBUTION** | | | |
| Employer Medical AETNA | 678.03 | | 678.03 |
| Employer Medical CIGNA | 38.31 | | 38.31 |
| Employer Pension Contribution | 2,376.20 | | 2,376.20 |
| **Total Employer Contribution** | 3,092.54 | | 3,092.54 |

| Payment Mode | Name of Bank/Third Party | Payment Ref | Amount in Base Curr | Amount in Disbur. Curr | Exchg Rate |
|---|---|---|---|---|---|
| International Transfer | JPMORGAN CHASE BANK, N.A. | 3342289462 | 9,414.81 USD | 9,414.81 USD | 1.0000 |

Estimated Annual Leave Balance: 17.5
Estimated Home Leave Points:

# STATEMENTS OF EARNINGS AND DEDUCTIONS

**Year to Date Payments for the period From:** 01/01/2026 to 31/03/2026

| | | | |
|---|---|---|---|
| Employee ID: | 71474481 | BU/Dept: | UNDP-HQ/15010 - RBA Office of Director |
| Name: | Cristian Daniel AGUDELO ARBOLEDA | Location: | DS - New York, United States |

| EARNINGS | Year to Date |
|---|---|
| Gross Salary | 24,594.00 |
| Post Adjustment | 14,603.14 |
| **Total Earnings** | 39,197.14 |

| DEDUCTIONS | Year to Date |
|---|---|
| AETNA Medical Deduction | 2,190.27 |
| CIGNA Dental Deduction | 85.42 |
| Life Insurance Contribution | 252.00 |
| OSLA Contribution | 9.78 |
| Pension Contribution | 3,544.68 |
| Staff Assessment - Deduction | 5,027.50 |
| **Total Deductions** | 11,109.67 |

| EMPLOYER CONTRIBUTION | Year to Date |
|---|---|
| Employer Medical AETNA | 2,046.21 |
| Employer Medical CIGNA | 115.40 |
| Employer Pension Contribution | 7,089.37 |
| **Total Employer Contribution** | 9,250.97 |

# STATEMENTS OF EARNINGS AND DEDUCTIONS

| | | | | | |
|---|---|---|---|---|---|
| Employee ID: | 71474481 | BU/Dept: | UNDP-HQ/15010 - RBA Office of Director | Pension No: | 805485 |
| Name: | Cristian Daniel AGUDELO ARBOLEDA | Location: | 4560/DS - New York, United States | Pension UID: | 001611799 |
| Pay Date: | 30/04/2026 | Grade/Step: | P3/6 | Pension Remun: | 184693.000000 |
| Pay Period: | 01/04/2026 to 30/04/2026 | Currency: | USD | Dependent Spouse: | N |
| Contract Type: | TA | Net Base Salary: | 6,666.42 | Dependent Children: | |

| | Current Month | Retroactive | Total |
|---|---|---|---|
| **EARNINGS** | | | |
| Gross Salary | 8,392.50 | | 8,392.50 |
| Post Adjustment(75.60%) | 5,039.81 | | 5,039.81 |
| **Total Earnings** | 13,432.31 | | 13,432.31 |
| **DEDUCTIONS** | | | |
| AETNA Medical Deduction | 750.37 | | 750.37 |
| CIGNA Dental Deduction | 29.27 | | 29.27 |
| Life Insurance Contribution | 84.00 | | 84.00 |
| OSLA Contribution | 3.33 | | 3.33 |
| Pension Contribution | 1,215.90 | | 1,215.90 |
| Staff Assessment - Deduction | 1,726.08 | | 1,726.08 |
| **Total Deductions** | 3,808.95 | | 3,808.95 |
| **NET PAY** | 9,623.37 | | 9,623.36 |
| **EMPLOYER CONTRIBUTION** | | | |
| Employer Medical AETNA | 661.79 | | 661.79 |
| Employer Medical CIGNA | 37.67 | | 37.67 |
| Employer Pension Contribution | 2,431.79 | | 2,431.79 |
| **Total Employer Contribution** | 3,131.26 | 0.00 | 3,131.26 |

| Payment Mode | Name of Bank/Third Party | Payment Ref | Amount in Base Curr | Amount in Disbur. Curr | Exchg Rate |
|---|---|---|---|---|---|
| International Transfer | JPMORGAN CHASE BANK, N.A. | 3427735885 | 9,623.36 USD | 9,623.36 USD | 1.0000 |

Estimated Annual Leave Balance: 5
Estimated Home Leave Points:

# STATEMENTS OF EARNINGS AND DEDUCTIONS

**Year to Date Payments for the period From:** 01/01/2026 to 30/04/2026

| | | | |
|---|---|---|---|
| Employee ID: | 71474481 | BU/Dept: | UNDP-HQ/15010 - RBA Office of Director |
| Name: | Cristian Daniel AGUDELO ARBOLEDA | Location: | DS - New York, United States |

| EARNINGS | Year to Date |
|---|---|
| Gross Salary | 32,986.50 |
| Post Adjustment | 19,642.95 |
| **Total Earnings** | 52,629.45 |

| DEDUCTIONS | Year to Date |
|---|---|
| AETNA Medical Deduction | 2,940.64 |
| CIGNA Dental Deduction | 114.69 |
| Life Insurance Contribution | 336.00 |
| OSLA Contribution | 13.12 |
| Pension Contribution | 4,760.58 |
| Staff Assessment - Deduction | 6,753.58 |
| **Total Deductions** | 14,918.61 |

| EMPLOYER CONTRIBUTION | Year to Date |
|---|---|
| Employer Medical AETNA | 2,708.00 |
| Employer Medical CIGNA | 153.07 |
| Employer Pension Contribution | 9,521.16 |
| **Total Employer Contribution** | 12,382.23 |

CHASE

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

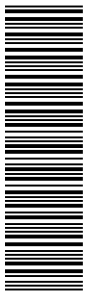
February 27, 2026 through March 25, 2026
Account Number: **000000550619392**

## CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

00506494 DRE 802 219 08526 NNNNNNNNNNN 1 000000000 18 0000
CRISTIAN AGUDELO
1278 1ST AVE
APT 11
NEW YORK NY 10065




## CHECKING SUMMARY

Chase Premier Plus Checking

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$8,965.94** |
| Deposits and Additions | 37,334.27 |
| ATM & Debit Card Withdrawals | -668.17 |
| Electronic Withdrawals | -15,322.82 |
| **Ending Balance** | **$30,309.22** |

| | |
|---|---|
| Annual Percentage Yield Earned This Period | 0.01% |
| Interest Paid This Period | $0.17 |
| Interest Paid Year-to-Date | $0.26 |

Interest paid in 2025 for account 000000550619392 was $0.02.

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$8,965.94** |
| 02/27 | United Nations D 6058000545 5704130752 CTX ID: 3752191523 | **906.00** | 9,871.94 |
| 02/27 | Card Purchase 02/26 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 9,868.94 |
| 02/27 | Card Purchase 02/26 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 9,865.94 |
| 02/27 | Card Purchase 02/26 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 9,862.94 |
| 02/27 | Card Purchase 02/26 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 9,859.94 |
| 02/27 | Recurring Card Purchase 02/27 Apple.Com/Bill 866-712-7753 CA Card 8812 | -10.99 | 9,848.95 |
| 03/02 | Card Purchase 02/27 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 9,845.95 |
| 03/02 | Card Purchase 02/27 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 9,842.95 |
| 03/02 | Card Purchase 02/28 Fine Fare Supermarket New York NY Card 8812 | -86.20 | 9,756.75 |
| 03/02 | Card Purchase 02/28 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 9,753.75 |
| 03/02 | Card Purchase 03/01 New York City Ballet 212-870-5570 NY Card 8812 | -108.00 | 9,645.75 |
| 03/02 | Card Purchase 02/28 Mta*Nyct Paygo New York NY Card 8812 | -2.00 | 9,643.75 |
| 03/02 | Card Purchase 03/01 Tst* 23441 - Compass - New York NY Card 8812 | -18.64 | 9,625.11 |
| 03/02 | Card Purchase With Pin 03/02 Trader Joe S #57 405 E Newyork NY Card 8812 | -3.30 | 9,621.81 |
| 03/03 | Recurring Card Purchase 03/02 Apple.Com/Bill 866-712-7753 CA Card 8812 | -21.76 | 9,600.05 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 03/09 | Remote Online Deposit 1 | **1,500.00** | 11,100.05 |
| 03/09 | Transfer From CD Xxxxxxxx8090 | **25,513.29** | 36,613.34 |
| 03/09 | Card Purchase 03/08 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 36,610.34 |
| 03/09 | Zelle Payment To Giorgio Arcelli (Ues Apart) 28367551122 | -1,000.00 | 35,610.34 |
| 03/09 | 03/09 Payment To Chase Card Ending IN 6798 | -1,112.62 | 34,497.72 |
| 03/10 | Card Purchase 03/09 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 34,494.72 |
| 03/10 | Card Purchase 03/09 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 34,491.72 |
| 03/10 | Card Purchase 03/09 K-Street Food New York NY Card 8812 | -55.67 | 34,436.05 |
| 03/10 | Heritage Holding Payment 902559419 Web ID: 1841393599 | -3,391.00 | 31,045.05 |
| 03/10 | Venmo Payment 1048806611694 Web ID: 3264681992 | -5.00 | 31,040.05 |
| 03/10 | Card Purchase With Pin 03/10 Duane Reade Sto 711 3R New York NY Card 8812 | -11.18 | 31,028.87 |
| 03/11 | Card Purchase 03/10 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 31,025.87 |
| 03/11 | Card Purchase 03/10 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 31,022.87 |
| 03/11 | Venmo Payment 1048839099229 Web ID: 3264681992 | -5.00 | 31,017.87 |
| 03/12 | Card Purchase 03/11 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 31,014.87 |
| 03/12 | Card Purchase 03/11 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 31,011.87 |
| 03/12 | Card Purchase 03/12 Dd *Sushikingbyk-Str Doordash.Com CA Card 8812 | -6.51 | 31,005.36 |
| 03/12 | Card Purchase 03/11 Ror Madison Pharmacy I New York NY Card 8812 | -12.99 | 30,992.37 |
| 03/13 | Recurring Card Purchase 03/13 Apple.Com/Bill 866-712-7753 CA Card 8812 | -9.99 | 30,982.38 |
| 03/13 | Card Purchase With Pin 03/13 Duane Reade Sto 711 3R New York NY Card 8812 | -66.61 | 30,915.77 |
| 03/16 | Card Purchase 03/13 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 30,912.77 |
| 03/16 | Card Purchase 03/13 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 30,909.77 |
| 03/16 | 03/14 Payment To Chase Card Ending IN 6798 | -2,299.11 | 28,610.66 |
| 03/17 | Wise Inc Wise Trnwise Web ID: 9453233521 | -3,005.10 | 25,605.56 |
| 03/18 | United Nations D 6077000737 3342289462 CTX ID: 3752197789 | **9,414.81** | 35,020.37 |
| 03/19 | Card Purchase 03/18 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 35,017.37 |
| 03/19 | Card Purchase 03/18 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 35,014.37 |
| 03/19 | Card Purchase 03/18 K-Street Food New York NY Card 8812 | -23.58 | 34,990.79 |
| 03/20 | Card Purchase 03/19 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 34,987.79 |
| 03/20 | Card Purchase 03/19 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 34,984.79 |
| 03/20 | Card Purchase 03/20 Cpl*Canteen Vending F 800-628-8363 NY Card 8812 | -3.35 | 34,981.44 |
| 03/20 | Card Purchase 03/20 Cpl*Canteen Vending F 800-628-8363 NY Card 8812 | -3.10 | 34,978.34 |
| 03/23 | Card Purchase 03/20 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 34,975.34 |
| 03/23 | Card Purchase 03/20 Cpl*Canteen Vending F 800-628-8363 NY Card 8812 | -3.10 | 34,972.24 |
| 03/23 | Card Purchase 03/20 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 34,969.24 |
| 03/23 | Venmo Payment 1049050491184 Web ID: 3264681992 | -5.00 | 34,964.24 |
| 03/23 | Recurring Card Purchase 03/21 Apple.Com/Bill 866-712-7753 CA Card 8812 | -76.20 | 34,888.04 |
| 03/23 | 03/21 Payment To Chase Card Ending IN 6798 | -1,469.89 | 33,418.15 |
| 03/23 | Card Purchase 03/21 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 33,415.15 |
| 03/23 | Card Purchase 03/21 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 33,412.15 |
| 03/23 | Card Purchase 03/21 Fine Fare Supermarket New York NY Card 8812 | -62.00 | 33,350.15 |
| 03/23 | Card Purchase 03/22 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 33,347.15 |
| 03/23 | Card Purchase 03/22 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 33,344.15 |
| 03/23 | Venmo Payment 1049105735028 Web ID: 3264681992 | -10.00 | 33,334.15 |
| 03/23 | Wise Inc Wise Trnwise Web ID: 9453233521 | -3,005.10 | 30,329.05 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 03/24 | Card Purchase 03/23 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 30,326.05 |
| 03/24 | Card Purchase 03/23 Mta*Nyct Paygo New York NY Card 8812 | -2.00 | 30,324.05 |
| 03/25 | Venmo Payment 1049147691703 Web ID: 3264681992 | -15.00 | 30,309.05 |
| 03/25 | Interest Payment | **0.17** | 30,309.22 |
| | **Ending Balance** | | **$30,309.22** |

**You were not charged a Monthly Service Fee** on your CHASE PREMIER PLUS CHECKING account since you had **ONE** of the following during the monthly statement period:

- **$15,000.00+ average beginning day balance in this account, or in combination with any other linked qualifying personal deposits or investments; or**
- **Account was linked** to a qualifying checking account; or
- **Account was linked** to a qualifying Chase first mortgage enrolled in automatic payments from your Chase account (You do not have a qualifying Chase mortgage)

For more information about the qualifying accounts, deposits, investments or transactions to waive the Monthly Service Fee on this account (if applicable), or if you have any questions, please refer to the Additional Banking Services and Fees at **chase.com/disclosures** or call us at the number listed on this statement.

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

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

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

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

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

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

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

**JPMorgan Chase Bank, N.A. Member FDIC**

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

March 26, 2026 through April 24, 2026
Account Number: **000000550619392**

## CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

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CRISTIAN AGUDELO
1278 1ST AVE
APT 11
NEW YORK NY 10065

0505690020100000022

## Exciting news: Enhanced benefits for Chase Premier Plus Checking[SM]

As of March 15, 2026, **you won't pay a Chase fee** for:

- ATM use across the globe, including:
  - **Non-Chase ATM transactions**: A savings of up to $5 per withdrawal. Please know that Surcharge Fees from the ATM owner/network still apply.[1]
  - **Foreign Exchange Rate Adjustments**: When withdrawing cash from an ATM.[1]
- Using your Chase Debit Card:
  - **Non-ATM Cash transactions**: When withdrawing cash from another financial institution (e.g. at a teller).
  - **Debit Card Foreign Exchange Rate Adjustments**: When making card purchases or non-ATM cash transactions in a currency other than U.S. dollars.

And of course you won't pay a fee when using any of our more than 14,000 Chase ATMs.

For more information, please see the Additional Banking Services and Fees document at **chase.com/disclosures**. If you have any questions, please call us at the number on this statement.

[1] The "No Chase Fee" benefit applies based on your account having this benefit when the debit card or ATM transaction is posted on the account.

## CHECKING SUMMARY

Chase Premier Plus Checking

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$30,309.22** |
| Deposits and Additions | 13,123.53 |
| ATM & Debit Card Withdrawals | -591.03 |
| Electronic Withdrawals | -26,692.76 |
| **Ending Balance** | **$16,148.96** |
| | |
| Annual Percentage Yield Earned This Period | 0.01% |
| Interest Paid This Period | $0.17 |
| Interest Paid Year-to-Date | $0.43 |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$30,309.22** |
| 03/26 | Card Purchase 03/26 Amazon Mktpl*B58Pk1Q Amzn.Com/Bill WA Card 8812 | -145.49 | 30,163.73 |
| 03/26 | Card Purchase 03/25 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 30,160.73 |
| 03/26 | Recurring Card Purchase 03/25 Amazon Prime*Tb2Yy2C Amzn.Com/Bill WA Card 8812 | -14.99 | 30,145.74 |
| 03/26 | Card Purchase 03/26 Amazon Mktpl*B52NH9Q Amzn.Com/Bill WA Card 8812 | -186.17 | 29,959.57 |
| 03/26 | Card Purchase 03/25 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,956.57 |
| 03/26 | Recurring Card Purchase 03/26 Tmobile*Auto Pay 800-937-8997 WA Card 8812 | -120.68 | 29,835.89 |
| 03/26 | Wise Inc Wise Trnwise Web ID: 9453233521 | -3,005.10 | 26,830.79 |
| 03/27 | Card Purchase 03/26 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 26,827.79 |
| 03/27 | Recurring Card Purchase 03/26 Apple.Com/Bill 866-712-7753 CA Card 8812 | -40.26 | 26,787.53 |
| 03/27 | Card Purchase 03/26 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 26,784.53 |
| 03/27 | Recurring Card Purchase 03/27 Apple.Com/Bill 866-712-7753 CA Card 8812 | -10.99 | 26,773.54 |
| 03/30 | Remote Online Deposit 1 | **1,500.00** | 28,273.54 |
| 03/30 | Remote Online Deposit 1 | **1,500.00** | 29,773.54 |
| 03/30 | Card Purchase 03/27 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,770.54 |
| 03/30 | Card Purchase 03/27 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,767.54 |
| 03/30 | Card Purchase 03/27 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,764.54 |
| 03/30 | Card Purchase 03/27 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,761.54 |
| 03/30 | Card Purchase 03/29 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,758.54 |
| 03/30 | Card Purchase 03/29 St. Patricks Nyc Saintpatricks NY Card 8812 | -10.00 | 29,748.54 |
| 03/30 | Card Purchase 03/29 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,745.54 |
| 03/30 | Card Purchase 03/29 Mta*Nyct Paygo New York NY Card 8812 | -3.00 | 29,742.54 |
| 03/30 | Wise Inc Wise Trnwise Web ID: 9453233521 | -300.51 | 29,442.03 |
| 03/31 | Card Purchase 03/30 Mta*Nyct Paygo New York NY Card 8812 | -2.00 | 29,440.03 |
| 03/31 | Zelle Payment To Giorgio Arcelli (Ues Apart) 28644765929 | -1,500.00 | 27,940.03 |
| 04/06 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 25,936.63 |
| 04/08 | Zelle Payment From Artak Melkonyan 35P022Yia06T | **200.00** | 26,136.63 |
| 04/13 | Recurring Card Purchase 04/13 Apple.Com/Bill 866-712-7753 CA Card 8812 | -9.99 | 26,126.64 |
| 04/13 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 24,123.24 |
| 04/13 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 22,119.84 |
| 04/13 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 20,116.44 |
| 04/13 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 18,113.04 |
| 04/13 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 16,109.64 |
| 04/13 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 14,106.24 |
| 04/13 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,003.40 | 12,102.84 |
| 04/14 | Zelle Payment From Celine-Deon Abigail Palmer 28824545505 | **200.00** | 12,302.84 |
| 04/14 | Zelle Payment From Denis Whelan Wfct122Ld9Vg | **100.00** | 12,402.84 |
| 04/16 | Card Purchase 04/16 Clipper Transit Fare San Francisco CA Card 8812 | -2.85 | 12,399.99 |
| 04/17 | Card Purchase 04/17 Tst* Tastes On The Fly- San Mateo CA Card 8812 | -14.61 | 12,385.38 |
| 04/20 | Wise Inc Wise Trnwise Web ID: 9453233521 | -2,504.25 | 9,881.13 |
| 04/20 | Wise Inc Wise Trnwise Web ID: 9453233521 | -400.68 | 9,480.45 |
| 04/20 | Wise Inc Wise Trnwise Web ID: 9453233521 | -300.51 | 9,179.94 |
| 04/20 | Wise Inc Wise Trnwise Web ID: 9453233521 | -100.17 | 9,079.77 |
| 04/21 | Wise Inc Wise Trnwise Web ID: 9453233521 | -200.34 | 8,879.43 |
| 04/22 | Wise Inc Wise Trnwise Web ID: 9453233521 | -100.17 | 8,779.26 |
| 04/22 | Wise Inc Wise Trnwise Web ID: 9453233521 | -300.51 | 8,478.75 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 04/22 | Wise Inc Wise Trnwise Web ID: 9453233521 | -150.26 | 8,328.49 |
| 04/23 | United Nations D 6113000785 3427735885 CTX ID: 3752197789 | **9,623.36** | 17,951.85 |
| 04/23 | Wise Inc Wise Trnwise Web ID: 9453233521 | -200.34 | 17,751.51 |
| 04/23 | Wise Inc Wise Trnwise Web ID: 9453233521 | -300.51 | 17,451.00 |
| 04/24 | Wise Inc Wise Trnwise Web ID: 9453233521 | -701.19 | 16,749.81 |
| 04/24 | Wise Inc Wise Trnwise Web ID: 9453233521 | -400.68 | 16,349.13 |
| 04/24 | Wise Inc Wise Trnwise Web ID: 9453233521 | -200.34 | 16,148.79 |
| 04/24 | Interest Payment | **0.17** | 16,148.96 |
| | **Ending Balance** | | **$16,148.96** |



**You were not charged a Monthly Service Fee** on your CHASE PREMIER PLUS CHECKING account since you had **ONE** of the following during the monthly statement period:

- **$15,000.00+ average beginning day balance in this account, or in combination with any other linked qualifying personal deposits or investments; or**
- **Account was linked** to a qualifying checking account; or
- **Account was linked** to a qualifying Chase first mortgage enrolled in automatic payments from your Chase account (You do not have a qualifying Chase mortgage)

For more information about the qualifying accounts, deposits, investments or transactions to waive the Monthly Service Fee on this account (if applicable), or if you have any questions, please refer to the Additional Banking Services and Fees at **chase.com/disclosures** or call us at the number listed on this statement.

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

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

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

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

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

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

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

**JPMorgan Chase Bank, N.A. Member FDIC**

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# Rental Application for **The Hartby**

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 |
|---|---|---|---|
| FLORES | PAOLA | YARENY | |

| SSN | BIRTH DATE | PHONE - TYPE |
|---|---|---|
| ***-**-**** | 6/25/1995 | (929) 216 - 3145 - Mobile |

| ID TYPE | NUMBER | STATE |
|---|---|---|
| STATE ID | 780817924 | NY |

| EMAIL | ARE YOU A SERVICE MEMBER? | HOW DID YOU HEAR ABOUT THIS PROPERTY? |
|---|---|---|
| LIBELULIN.406@GMAIL.COM | NO | Other Guide |

## CURRENT ADDRESS

| STREET ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 1278 1st Avenue | New York | NY | 10065 |

| MOVE IN DATE | MOVE OUT DATE | MONTHLY RENT |
|---|---|---|
| 5/10/2024 | current | $3,200.00 / Mo. |

**REASON FOR LEAVING**

We are looking for a new and calmer space and more amenities.

## EMPLOYMENT & INCOME INFORMATION

| OCCUPATION | EMPLOYER/COMPANY |
|---|---|
| PROJECT MANAGER | HLZAE INC |

| SUPERVISOR | SUPERVISOR PHONE | SUPERVISOR EMAIL |
|---|---|---|
| Fortunato Zanghi | (212) 757 - 5659 | fortunatoz@ajlpconsulting.com |

| SALARY | START DATE |
|---|---|
| $5,994.00/Mo. | 8/28/2019 |

| EMPLOYER ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 40 WORTH STREET | NEW YORK | NY | 10013 |

## 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 **The Hartby** 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 **The Hartby** 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 **The Hartby**, 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 **The Hartby** 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 **The Hartby**, 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)

5/12/2026
08:07 PM EDT

PAOLA YARENY FLORES *(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 PAOLA YARENY FLORES

| 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 PAOLA YARENY FLORES: 751 | | |
|---|---|---|
| | **Importance** | **Result** |
| AI Score | Pass/Fail | |
| No Credit | Pass/Conditional | |
| Total annual income to rent ratio exceeds 40.0 | Pass/Fail | |
| May have been through a bankruptcy | Pass/Fail | |
| No rental collections | Pass/Fail | |

| Credit Quick Summary | |
|---|---|
| Total annual income (reported by Applicant) | $71,928.00 |
| Total **verified** annual income | $111,311.52 |
| Total **verified** combined annual income to rent ratio | 93.18 (based on rent of $3,550.00) |
| Total number of accounts | 6 |
| Accounts with no late payments | 6 (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 | $214,640.00 ($0.00 past due) |
| Outstanding revolving debt | $0.00 (0% of limit) ($0.00 past due) |
| Outstanding loan balance | $214,640.00 ($0.00 past due) |
| Bankruptcies, foreclosures, and legal items | 0 |
| Collection total balance (includes past due) | $0.00 |
| Rental History records found | 0 |

| Identity | From Application | From Equifax |
|---|---|---|
| **Name:** | PAOLA YARENY FLORES | PAOLA FLORES |
| **SSN:** | ***-**-**** | ***-**-**** |
| **Birth Date:** | 6/**/1995 | 6/**/1995 |

| Addresses | From Application | From Equifax |
|---|---|---|
| | 1278 1st Avenue<br>New York, NY 10065 - US | 1278 1ST AVE. 11<br>NEW YORK, NY 10065 (Applicant)<br>Reported 5/2026<br><br>2412 SW 93RD ST.<br>OKLAHOMA CITY, OK 73159 (Applicant)<br>Reported 4/2026<br><br>272 W 139TH ST. 4E<br>NEW YORK, NY 10030 (Applicant)<br>Reported 4/2026<br><br>1530 SHERIDAN AVE. 3C<br>BRONX, NY 10457 (Applicant)<br>Reported 9/2022 |

| Employment | From Application | From Equifax |
|---|---|---|
| **Applicant:** | PROJECT MANAGER<br>HLZAE INC<br>$5,994.00/Mo. Total annual Income: $71,928.00 | |

| Income Verifications |
|---|

| Requested For | | Requested Date | |
|---|---|---|---|
| PAOLA YARENY FLORES | | 5/12/2026 | |
| **Date** | **Consumer Provided Income Source** | **Total Deposits (90 Days)** | **Verified Annual Income** |
| 5/12/2026 | Bank connection | $27,827.87 | $111,311.52<br>*Income amount used in scoring |
| **Bank Institution** | **Account Type** | **Account Holder** | **Total Deposits (90 Days)** |
| Chase | Checking | PAOLA YARENY FLORES | $27,827.88 |
| **Bank Institution** | **Account Type** | **Account Holder** | **Total Deposits (90 Days)** |
| Chase | Savings | PAOLA YARENY FLORES | $0.00 |

| Date | Income Source | Amount |
|---|---|---|
| 2/13/2026 | HLZAE INC PAYROLL PPD ID: 9111111103 | $2,920.21 |
| 2/27/2026 | HLZAE INC PAYROLL PPD ID: 9111111103 | $2,920.20 |
| 3/13/2026 | HLZAE INC PAYROLL PPD ID: 9111111103 | $2,920.22 |
| 3/27/2026 | HLZAE INC PAYROLL PPD ID: 9111111103 | $9,612.66 |
| 4/10/2026 | HLZAE INC PAYROLL PPD ID: 9111111103 | $3,459.99 |
| 4/24/2026 | HLZAE INC PAYROLL PPD ID: 9111111103 | $2,997.30 |
| 5/8/2026 | HLZAE INC PAYROLL PPD ID: 9111111103 | $2,997.30 |

**Restricted Person Search**

| Requested For | Requested | Returned |
|---|---|---|
| PAOLA YARENY FLORES | 5/12/2026 | 5/12/2026 |

**Results**
*No Records Found*

**Risk Models**

**From RealPage**

| Risk Model Name | Score | Score Factors |
|---|---|---|
| RealPage AI Score (Applicant) | 751 | Tradeline scoring<br>Debt-to-income ratio<br>Credit Score<br>Rental Payment History |

**Description**
RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).

**From Equifax**

| Risk Model Name | Score | Score Factors |
|---|---|---|
| Credit Score (Applicant) | 770 | The date that you opened your oldest account is too recent<br>Lack of sufficient credit history<br>The balances on your accounts are too high compared to loan amounts<br>Open real estate account balances are too high compared to their loan amounts |

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

## Credit Accounts

### From Equifax

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| ROCKET MORTGAGE (Applicant) | 6/2022 | 2/2026 | | | | | $214,640.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| $1,891.00 | $226,980.00 | MORTGAGE | FREDDIE MAC ACCOUNT<br>FIXED RATE<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| 3/26 | 1/26 | 11/25 | 9/25 | 7/25 | 5/25 | 3/25 | 1/25 | 11/24 | 9/24 | 7/24 | 5/24 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| WFBNA HOME LENDING (Applicant) | 6/2022 | 4/2023 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $226,980.00 | MORTGAGE | FREDDIE MAC ACCOUNT<br>Rate/Status 1: Pays account as agreed |

**Payment History**

| 6/23 | 4/23 | 2/23 | 12/22 | 10/22 | 8/22 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| JPMCB CARD SERVICES (Applicant) | 10/2025 | 4/2026 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $2,321.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| 5/26 | 3/26 | 1/26 | 11/25 |
|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| SYNCB/MATHIS BROTHER (Applicant) | 7/2022 | 6/2023 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $1,031.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| 4/26 | 2/26 | 12/25 | 10/25 | 8/25 | 6/25 | 4/25 | 2/25 | 12/24 | 10/24 | 8/24 | 6/24 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| JPMCB CARD SERVICES (Applicant) | 1/2022 | 3/2026 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $449.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| 4/26 | 2/26 | 12/25 | 10/25 | 8/25 | 6/25 | 4/25 | 2/25 | 12/24 | 10/24 | 8/24 | 6/24 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| CAPITAL ONE BANK USA (Joint) | 10/2020 | 2/2026 | | | | | $0.00 |

| Monthly Payment | High Credit | Type | Comments |
|---|---|---|---|
| | $247.00 | REVOLVING | Rate/Status 1: Pays account as agreed |

**Payment History**

| 4/26 | 2/26 | 12/25 | 10/25 | 8/25 | 6/25 | 4/25 | 2/25 | 12/24 | 10/24 | 8/24 | 6/24 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

**A Summary of Your Rights Under the Fair Credit Reporting Act**

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

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

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

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

  **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

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

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

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

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

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

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


intel
CORE
i9
NVIDIA
GEFORCE
RTX Studio
NEW YORK STATE
USA
IDENTIFICATION CARD
ENHANCED
ID 780 817 924
Class ID
FLORES
PAOLA,YARENY
272 W 139TH ST 4E
NEW YORK, NY 10030
Sex F Height 5'-08" Eyes BRO
DOB 06/25/1995
Expires 06/25/2030
E NONE
R NONE
Issued 11/02/2021
Organ Donor
EXCELSIOR
JUN 95

May 12, 2026

Re: Verification of Employment for Paola Flores

To Whom It May Concern:

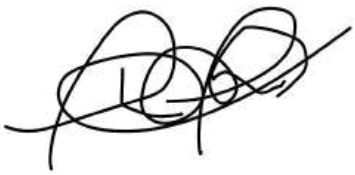
This letter confirms that Paola Flores has been employed since August 27, 2019. As of June 30, 2025, Ms. Flores became an employee of HLZAE, Inc., a wholly owned subsidiary of Milrose Consultants, LLC, following an acquisition.

Below are details regarding Ms. Flores' employment:

- **Title:** Project Manager - Surface Design
- **Employment Status:** Full-time (40 hours per week)
- **Compensation:** $3,846.16 bi-weekly ($100,000 annualized)
- **Year-to-Date Earnings:** $39 448 18 base salary

If additional information is required, please feel free to contact me.

Sincerely,



Charlie Crespo
*Director, HR – Employee Benefits*
Tel: 212-894-0165
Email: ccrespo@milrose.com

| CO. | FILE | DEPT. | CLOCK | VCHR. NO. | 020 |
|---|---|---|---|---|---|
| 2CH | 000214 | 450-00 | XN50P | 0000170036 | 1 |

# Earnings Statement

*HLZAE INC*
*498 SEVENTH AVE 17TH FL*
*NEW YORK, NY 10018*

Period Beginning: 04/04/2026
Period Ending: 04/17/2026
Pay Date: 04/24/2026

**PAOLA YARENY FLORES**
**12506 ALTAMIRA STREET**
**AUSTIN TX 78748**

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

| Earnings | rate | salary/hours | this period | year to date |
|---|---|---|---|---|
| Regular | 3955.78 | 80.00 | 3,955.78 | 34,834.68 |
| Retro Pay | | | | 657.72 |
| **Gross Pay** | | | **$3,955.78** | 35,492.40 |

| Deductions | Statutory | | |
|---|---|---|---|
| | Federal Income Tax | -492.12 | 4,404.80 |
| | Social Security Tax | -234.39 | 2,102.72 |
| | Medicare Tax | -54.82 | 491.77 |
| | **Other** | | |
| | Medical | -177.15* | 1,594.35 |
| | **Net Pay** | **$2,997.30** | |
| | CHECKING 1 | -2,997.30 | |
| | **Net Check** | **$0.00** | |

| Other Benefits and Information | this period | total to date |
|---|---|---|
| Gtl | 1.95 | 16.85 |
| Totl Hrs Worked | 80.00 | |

**Important Notes**

COMPANY PH#:(212) 894-0165

BASIS OF PAY: SALARY

**Additional Tax Withholding Information**

Exemptions/Allowances:
TX: No State Income Tax

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $3,780.58



HLZAE INC
498 SEVENTH AVE 17TH FL
NEW YORK, NY 10018

**Advice number:** **00000170036**
Pay date: 04/24/2026

| Deposited to the account of | account number | transit ABA | amount |
|---|---|---|---|
| **PAOLA YARENY FLORES** | xxxxx9135 | xxxx xxxx | $2,997.30 |



**NON-NEGOTIABLE**

| CO. | FILE | DEPT. | CLOCK | VCHR. NO. | 020 |
|---|---|---|---|---|---|
| 2CH | 000214 | 450-00 | XN50P | 0000190036 | 1 |

# Earnings Statement

*HLZAE INC*
*498 SEVENTH AVE 17TH FL*
*NEW YORK, NY 10018*

Period Beginning: 04/18/2026
Period Ending: 05/01/2026
Pay Date: 05/08/2026

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

**PAOLA YARENY FLORES**
**12506 ALTAMIRA STREET**
**AUSTIN TX 78748**

| Earnings | rate | salary/hours | this period | year to date |
|---|---|---|---|---|
| Regular | 3955.78 | 80.00 | 3,955.78 | 38,790.46 |
| Retro Pay | | | | 657.72 |
| **Gross Pay** | | | **$3,955.78** | 39,448.18 |

| Deductions | Statutory | | |
|---|---|---|---|
| | Federal Income Tax | -492.12 | 4,896.92 |
| | Social Security Tax | -234.40 | 2,337.12 |
| | Medicare Tax | -54.81 | 546.58 |
| | **Other** | | |
| | Medical | -177.15* | 1,771.50 |
| | **Net Pay** | **$2,997.30** | |
| | CHECKING 1 | -2,997.30 | |
| | **Net Check** | **$0.00** | |

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $3,780.58

| Other Benefits and Information | this period | total to date |
|---|---|---|
| Gtl | 1.95 | 18.80 |
| Totl Hrs Worked | 80.00 | |

## Important Notes

COMPANY PH#:(212) 894-0165

BASIS OF PAY: SALARY

## Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax



HLZAE INC
498 SEVENTH AVE 17TH FL
NEW YORK, NY 10018

**Advice number:** **00000190036**
Pay date: 05/08/2026

| Deposited to the account of | account number | transit ABA | amount |
|---|---|---|---|
| **PAOLA YARENY FLORES** | xxxxx9135 | xxxx xxxx | $2,997.30 |



**NON-NEGOTIABLE**

CHASE

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

February 27, 2026 through March 25, 2026
Primary Account: **000000302769135**

**CUSTOMER SERVICE INFORMATION**

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

We accept operator relay calls

00331905 DRE 802 219 08526 NNNNNNNNNNN 1 000000000 18 0000

PAOLA YARENY FLORES
1278 1ST AVE APT 11
NEW YORK NY 10065-5624

03190502010000000022

## CONSOLIDATED BALANCE SUMMARY

**ASSETS**

| **Checking & Savings** | ACCOUNT | BEGINNING BALANCE THIS PERIOD | ENDING BALANCE THIS PERIOD |
|---|---|---|---|
| Chase College Checking | 000000302769135 | $2,666.44 | $841.96 |
| Chase Savings | 000003871911971 | 38,000.30 | 33,550.57 |
| **Total** | | **$40,666.74** | **$34,392.53** |
| **TOTAL ASSETS** | | **$40,666.74** | **$34,392.53** |

## CHASE COLLEGE CHECKING

PAOLA YARENY FLORES

Account Number: 000000302769135

## CHECKING SUMMARY

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$2,666.44** |
| Deposits and Additions | 12,378.42 |
| ATM & Debit Card Withdrawals | -3,917.93 |
| Electronic Withdrawals | -10,284.97 |
| **Ending Balance** | **$841.96** |

**You were not charged a Monthly Service Fee on your CHASE COLLEGE CHECKING account since you had ONE of the following during the monthly statement period:**

- **$500.00+** in qualifying electronic deposits; or
  (Your total qualifying electronic deposits this period were $5,840.42. Some deposits may be listed on your previous statement)
- **$1,500.00+** average ending day balance in this account; or
- **Account was linked** to a qualifying checking account

For more information about the qualifying accounts, deposits, investments or transactions to waive the Monthly Service Fee on this account (if applicable), or if you have any questions, please refer to the Additional Banking Services and Fees at **chase.com/disclosures** or call us at the number listed on this statement.

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$2,666.44** |
| 02/27 | Hlzae Inc Payroll PPD ID: 9111111101 | **2,920.20** | 5,586.64 |
| 02/27 | Online Transfer To Sav ...1971 Transaction#: 27876197526 | -50.00 | 5,536.64 |
| 02/27 | Recurring Card Purchase 02/27 Apple.Com/Bill 866-712-7753 CA Card 1378 | -9.99 | 5,526.65 |
| 03/02 | Wise Inc Wise Trnwise Web ID: 9453233521 | -58.10 | 5,468.55 |
| 03/02 | Rocket Mortgage Loan 0915964 Web ID: 0000452701 | -2,044.82 | 3,423.73 |
| 03/04 | Card Purchase 03/03 United 01623804460 United.Com TX Card 1378 | -88.70 | 3,335.03 |
| 03/04 | Card Purchase 03/03 United 01643754491 United.Com TX Card 1378 | -41.60 | 3,293.43 |
| 03/04 | Card Purchase With Pin 03/04 Uber *Trip San Francisco CA Card 1378 | -27.95 | 3,265.48 |
| 03/04 | Card Purchase With Pin 03/04 Uber *Trip San Francisco CA Card 1378 | -14.94 | 3,250.54 |
| 03/05 | Card Purchase 03/04 Giv*Sts Simon An 281-3679885 TX Card 1378 | -6.15 | 3,244.39 |
| 03/05 | Card Purchase With Pin 03/05 Uber *Trip San Francisco CA Card 1378 | -13.95 | 3,230.44 |
| 03/05 | Card Purchase With Pin 03/05 Ubr* Pending.Uber.CO San Francisco CA Card 1378 | -17.98 | 3,212.46 |
| 03/06 | Card Purchase 03/06 Flix 122-2237631 TX Card 1378 | -40.82 | 3,171.64 |
| 03/06 | Card Purchase 03/05 Giv*Sts Simon An 281-3679885 TX Card 1378 | -6.15 | 3,165.49 |
| 03/06 | Card Purchase With Pin 03/06 Ubr* Pending.Uber.CO San Francisco CA Card 1378 | -22.98 | 3,142.51 |
| 03/06 | Card Purchase With Pin 03/06 Uber *Trip San Francisco CA Card 1378 | -12.95 | 3,129.56 |
| 03/09 | Card Purchase 03/09 Thepdfaid Dover De Card 1378 | -1.95 | 3,127.61 |
| 03/09 | Card Purchase 03/09 Vpdfhouse.Com Wilmington De Card 1378 | -1.95 | 3,125.66 |
| 03/09 | Card Purchase 03/07 Lyft *Ride Fri 7Pm Lyft.Com CA Card 1378 | -81.75 | 3,043.91 |
| 03/10 | Zelle Payment From Silvia Flores 0Pe0Qbr19Y2Q | **60.00** | 3,103.91 |
| 03/10 | Instamed Memorial H PPD ID: 9221883201 | -100.00 | 3,003.91 |
| 03/11 | Card Purchase With Pin 03/11 Uber Technologies, Inc Wilmington De Card 1378 | -8.96 | 2,994.95 |
| 03/11 | Zelle Payment To Silvia Jpm99C8Pq0Sq | -90.00 | 2,904.95 |
| 03/11 | Card Purchase With Pin 03/11 Uber Technologies, Inc Wilmington De Card 1378 | -4.00 | 2,900.95 |
| 03/11 | Card Purchase With Pin 03/11 Uber *Trip San Francisco CA Card 1378 | -39.99 | 2,860.96 |
| 03/13 | Hlzae Inc Payroll PPD ID: 9111111101 | **2,920.22** | 5,781.18 |
| 03/13 | Zelle Payment From Amy Pulliam 2Hl0228Sby2U | **890.00** | 6,671.18 |
| 03/13 | 03/13 Payment To Chase Card Ending IN 4993 | -214.77 | 6,456.41 |
| 03/13 | Payment Sent 03/13 Rmtly* D4498 Remitly.Com WA Card 1378 | -303.99 | 6,152.42 |
| 03/16 | Online Transfer From Sav ...1971 Transaction#: 28453706596 | **1,000.00** | 7,152.42 |

## TRANSACTION DETAIL *(continued)*

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| 03/16 | Recurring Card Purchase 03/16 Thepdfaid Dover De Card 1378 | -49.00 | 7,103.42 |
| 03/16 | Recurring Card Purchase 03/16 Vpdfhouse.Com Wilmington De Card 1378 | -39.00 | 7,064.42 |
| 03/16 | 03/16 Payment To Chase Card Ending IN 5806 | -6,185.62 | 878.80 |
| 03/16 | Capital One Mobile Pmt CA0601231E7Ad6D Web ID: 9279744380 | -125.37 | 753.43 |
| 03/17 | Recurring Card Purchase 03/16 Apple.Com/Bill 866-712-7753 CA Card 1378 | -2.99 | 750.44 |
| 03/19 | Recurring Card Purchase 03/18 Apple.Com/Bill 866-712-7753 CA Card 1378 | -76.20 | 674.24 |
| 03/20 | Reversal: Thepdfaid Dover De 03/16 Claimid: 2651673 32360001 0 3/16/2026 | **49.00** | 723.24 |
| 03/20 | Reversal: Vpdfhouse.Com Wilmington De 03/16 Claimid: 3151661 14570001 0 3/16/2026 | **39.00** | 762.24 |
| 03/20 | Zelle Payment From Amy Pulliam 2Hl022Fyu7Xg | **1,000.00** | 1,762.24 |
| 03/23 | Online Transfer From Sav ...1971 Transaction#: 28519269682 | **2,000.00** | 3,762.24 |
| 03/23 | Payment Sent 03/21 Rmtly* M5745 Remitly.Com WA Card 1378 | -3,003.99 | 758.25 |
| 03/23 | Capital One Mobile Pmt CA0C89C4D7B5Dfb Web ID: 9279744380 | -214.25 | 544.00 |
| 03/25 | Online Transfer From Sav ...1971 Transaction#: 28564427204 | **1,500.00** | 2,044.00 |
| 03/25 | Wise Inc Wise Trnwise Web ID: 9453233521 | -1,202.04 | 841.96 |
| | **Ending Balance** | | **$841.96** |

## CHASE SAVINGS

PAOLA YARENY FLORES

Account Number: 000003871911971

## SAVINGS SUMMARY

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$38,000.30** |
| Deposits and Additions | 50.27 |
| Electronic Withdrawals | -4,500.00 |
| **Ending Balance** | **$33,550.57** |

| | |
|---|---|
| Annual Percentage Yield Earned This Period | 0.01% |
| Interest Paid This Period | $0.27 |
| Interest Paid Year-to-Date | $0.93 |

Interest paid in 2025 for account 000003871911971 was $2.84.

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$38,000.30** |
| 02/27 | Online Transfer From Chk ...9135 Transaction#: 27876197526 | **50.00** | 38,050.30 |
| 03/16 | 03/16 Online Transfer To Chk ...9135 Transaction#: 28453706596 | -1,000.00 | 37,050.30 |
| 03/23 | 03/21 Online Transfer To Chk ...9135 Transaction#: 28519269682 | -2,000.00 | 35,050.30 |
| 03/25 | 03/25 Online Transfer To Chk ...9135 Transaction#: 28564427204 | -1,500.00 | 33,550.30 |
| 03/25 | Interest Payment | **0.27** | 33,550.57 |
| | **Ending Balance** | | **$33,550.57** |

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $35,050)

---

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

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

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

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

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

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

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

**JPMorgan Chase Bank, N.A. Member FDIC**

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

March 26, 2026 through April 24, 2026
Primary Account: **000000302769135**

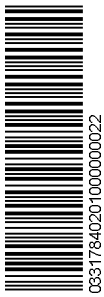
**CUSTOMER SERVICE INFORMATION**

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

We accept operator relay calls

00331784 DRE 802 219 11526 NNNNNNNNNNN 1 000000000 18 0000

PAOLA YARENY FLORES
1278 1ST AVE APT 11
NEW YORK NY 10065-5624




## CONSOLIDATED BALANCE SUMMARY

**ASSETS**

| **Checking & Savings** | ACCOUNT | BEGINNING BALANCE THIS PERIOD | ENDING BALANCE THIS PERIOD |
|---|---|---|---|
| Chase College Checking | 000000302769135 | $841.96 | $8,521.53 |
| Chase Savings | 000003871911971 | 33,550.57 | 39,600.89 |
| **Total** | | **$34,392.53** | **$48,122.42** |
| **TOTAL ASSETS** | | **$34,392.53** | **$48,122.42** |

## CHASE COLLEGE CHECKING

PAOLA YARENY FLORES

Account Number: 000000302769135

## CHECKING SUMMARY

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$841.96** |
| Deposits and Additions | 20,509.95 |
| ATM & Debit Card Withdrawals | -1,730.28 |
| Electronic Withdrawals | -11,100.10 |
| **Ending Balance** | **$8,521.53** |

**You were not charged a Monthly Service Fee on your CHASE COLLEGE CHECKING account since you had ONE of the following during the monthly statement period:**

- **$500.00+** in qualifying electronic deposits; or
  (Your total qualifying electronic deposits this period were $16,069.95. Some deposits may be listed on your previous statement)
- **$1,500.00+** average ending day balance in this account; or
- **Account was linked** to a qualifying checking account

For more information about the qualifying accounts, deposits, investments or transactions to waive the Monthly Service Fee on this account (if applicable), or if you have any questions, please refer to the Additional Banking Services and Fees at **chase.com/disclosures** or call us at the number listed on this statement.

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$841.96** |
| 03/27 | Hlzae Inc Payroll PPD ID: 9111111103 | **9,612.66** | 10,454.62 |
| 03/27 | Recurring Card Purchase 03/27 Apple.Com/Bill 866-712-7753 CA Card 1378 | -9.99 | 10,444.63 |
| 03/30 | Card Purchase 03/27 Shein.Com 844-8022500 NY Card 1378 | -23.85 | 10,420.78 |
| 03/30 | 03/29 Online Transfer To Sav ...1971 Transaction#: 28619562707 | -8,500.00 | 1,920.78 |
| 03/30 | Wise Inc Wise Trnwise Web ID: 9453233521 | -200.34 | 1,720.44 |
| 03/31 | Payment Sent 03/30 Rmtly* R23988374107 Remitly.Com WA Card 1378 | -503.99 | 1,216.45 |
| 04/01 | Online Transfer To Sav ...1971 Transaction#: 28228766336 | -50.00 | 1,166.45 |
| 04/02 | Online Transfer From Sav ...1971 Transaction#: 28666284245 | **1,000.00** | 2,166.45 |
| 04/03 | Rocket Mortgage Loan 2239319 Web ID: 0000452701 | -1,891.47 | 274.98 |
| 04/06 | 04/06 Payment To Chase Card Ending IN 4993 | -72.95 | 202.03 |
| 04/09 | Online Transfer From Sav ...1971 Transaction#: 28756725213 | **1,000.00** | 1,202.03 |
| 04/09 | Payment Sent 04/09 Rmtly* R30835829109 Remitly.Com WA Card 1378 | -503.99 | 698.04 |
| 04/09 | Zelle Payment To Beto 28759319707 | -150.00 | 548.04 |
| 04/10 | Hlzae Inc Payroll PPD ID: 9111111101 | **3,459.99** | 4,008.03 |
| 04/10 | Zelle Payment From Diana Valenzuela Ripoll 27690449079 | **50.00** | 4,058.03 |
| 04/10 | Payment Sent 04/10 Rmtly* R39805148269 Remitly.Com WA Card 1378 | -503.99 | 3,554.04 |
| 04/10 | Wise Inc Wise Trnwise Web ID: 9453233521 | -200.34 | 3,353.70 |
| 04/13 | Online Transfer From Sav ...1971 Transaction#: 28788638400 | **500.00** | 3,853.70 |
| 04/15 | Zelle Payment To Beto 28830075021 | -20.00 | 3,833.70 |
| 04/16 | Zelle Payment From Amy Pulliam 2Hl0K5520Fdm | **890.00** | 4,723.70 |
| 04/16 | Card Purchase 04/16 Intuit *Turbotax Cl.Intuit.Com CA Card 1378 | -86.01 | 4,637.69 |
| 04/16 | Card Purchase 04/16 Intuit *Turbotax Cl.Intuit.Com CA Card 1378 | -69.68 | 4,568.01 |
| 04/16 | Card Purchase 04/16 Clipper Transit Fare San Francisco CA Card 1378 | -2.85 | 4,565.16 |
| 04/16 | Card Purchase With Pin 04/16 Uber Technologies, Inc Wilmington De Card 1378 | -22.94 | 4,542.22 |
| 04/17 | Zelle Payment From Amy Pulliam 2Hl0K5631Bfk | **1,000.00** | 5,542.22 |
| 04/17 | Recurring Card Purchase 04/16 Apple.Com/Bill 866-712-7753 CA Card 1378 | -2.99 | 5,539.23 |
| 04/17 | Nys Dtf Pit Tax Paymnt PPD ID: N146013200 | -15.00 | 5,524.23 |
| 04/24 | Hlzae Inc Payroll PPD ID: 9111111103 | **2,997.30** | 8,521.53 |
| | **Ending Balance** | | **$8,521.53** |

CHASE

March 26, 2026 through April 24, 2026
Primary Account: **000000302769135**

## CHASE SAVINGS

PAOLA YARENY FLORES

Account Number: 000003871911971

## SAVINGS SUMMARY

| | AMOUNT |
|---|---|
| **Beginning Balance** | **$33,550.57** |
| Deposits and Additions | 8,550.32 |
| Electronic Withdrawals | -2,500.00 |
| **Ending Balance** | **$39,600.89** |

| | |
|---|---|
| Annual Percentage Yield Earned This Period | 0.01% |
| Interest Paid This Period | $0.32 |
| Interest Paid Year-to-Date | $1.25 |

## TRANSACTION DETAIL

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|---|---|---|---|
| | **Beginning Balance** | | **$33,550.57** |
| 03/30 | Online Transfer From Chk ...9135 Transaction#: 28619562707 | **8,500.00** | 42,050.57 |
| 04/01 | Online Transfer From Chk ...9135 Transaction#: 28228766336 | **50.00** | 42,100.57 |
| 04/02 | 04/02 Online Transfer To Chk ...9135 Transaction#: 28666284245 | -1,000.00 | 41,100.57 |
| 04/09 | 04/09 Online Transfer To Chk ...9135 Transaction#: 28756725213 | -1,000.00 | 40,100.57 |
| 04/13 | 04/11 Online Transfer To Chk ...9135 Transaction#: 28788638400 | -500.00 | 39,600.57 |
| 04/24 | Interest Payment | **0.32** | 39,600.89 |
| | **Ending Balance** | | **$39,600.89** |

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of $300.00 or more.
(Your minimum daily balance was $33,550)

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

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

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

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

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

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

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

**JPMorgan Chase Bank, N.A. Member FDIC**

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Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual 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 Spouse

☐ Other

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| Paola Y | Flores | 213 \| 49 \| 3182 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |
| | | 793 \| 48 \| 5660 |

| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒ |
|---|---|---|
| 1278 1st Ave | 11 | |

| City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code | **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse** |
|---|---|---|---|
| New York | NY | 100655624 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

## Filing Status

Check only one box.

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

## Digital Assets

At any time during 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)** 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

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

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

Attach Sch. B if required.

| | | | | | |
|---|---|---|---|---|---|
| **1a** | Total amount from Form(s) W-2, box 1 (see instructions) | | | 1a | 88,919. |
| **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 | 88,919. |
| **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** | **b** Taxable amount | 4b | |
| **c** | Check if (see instructions) **1** ☐ Rollover | | **2** ☐ QCD **3** ☐ | | |
| **5a** | Pensions and annuities | **5a** | **b** Taxable amount | 5b | |
| **c** | Check if (see instructions) **1** ☐ Rollover | | **2** ☐ PSO **3** ☐ | | |
| **6a** | Social security benefits | **6a** | **b** Taxable amount | 6b | |
| **c** | If you elect to use the lump-sum election method, check here (see instructions) ☐ | | | | |
| **d** | If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐ | | | | |
| **7a** | Capital gain or (loss). Attach Schedule D if required | | | 7a | |
| **b** | Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss) | | | | |
| **8** | Additional income from Schedule 1, line 10 | | | 8 | |
| **9** | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income** | | | 9 | 88,919. |
| **10** | Adjustments to income from Schedule 1, line 26 | | | 10 | |
| **11a** | Subtract line 10 from line 9. This is your **adjusted gross income** | | | 11a | 88,919. |

**Tax and Credits**

| | | | | |
|---|---|---|---|---|
| | 11b | Amount from line 11a (adjusted gross income) | 11b | 88,919. |
| | 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 | | |
| **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. | e | **Standard deduction or itemized deductions** (from Schedule A) | 12e | 22,772. |
| | 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 | 22,772. |
| | 15 | Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** | 15 | 66,147. |
| | 16 | **Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ | 16 | 9,462. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 9,462. |
| | 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 | 9,462. |
| | 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 | 9,462. |

**Payments and Refundable Credits**

| | | | | | |
|---|---|---|---|---|---|
| | 25 | Federal income tax withheld from: | | | |
| | a | Form(s) W-2 | 25a | 12,636. | |
| | b | Form(s) 1099 | 25b | | |
| | c | Other forms (see instructions) | 25c | | |
| | d | Add lines 25a through 25c | | | 25d 12,636. |
| | 26 | 2025 estimated tax payments and amount applied from 2024 return | | | 26 |
| If you have a qualifying child, you may need to attach Sch. EIC. | 27a | If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): 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 12,636. |

**Refund**

| | | | | |
|---|---|---|---|---|
| | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** | 34 | 3,174. |
| | 35a | Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ | 35a | 3,174. |
| Direct deposit? See instructions. | b | Routing number 0 2 1 0 0 0 0 2 1 **c** Type: ☒ Checking ☐ Savings | | |
| | d | Account number 3 0 2 7 6 9 1 3 5 | | |
| | 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: JR. PROJECT MANAGER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (929)216-3145 | Email address | | |

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

**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 | |

**SCHEDULE A (Form 1040)**

Department of the Treasury
Internal Revenue Service

# Itemized Deductions

**Attach to Form 1040 or 1040-SR.**

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

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2025**

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: Paola Y Flores

**Your social security number:** 213-49-3182

| | | | | | | |
|---|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution:** Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | 0. | | |
| | 2 | Enter amount from Form 1040 or 1040-SR, line 11b (2: 88,919.) | | | | |
| | 3 | Multiply line 2 by 7.5% (0.075) | 3 | 6,669. | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | 0. |
| **Taxes You Paid** | 5 | State and local taxes (SALT). | | | | |
| | a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐ | 5a | 5,293. | | |
| | b | State and local real estate taxes (see instructions) | 5b | 3,488. | | |
| | c | State and local personal property taxes | 5c | | | |
| | d | Add lines 5a through 5c | 5d | 8,781. | | |
| | e | Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than $500,000 ($250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions | 5e | 8,781. | | |
| | 6 | Other taxes. List type and amount: | 6 | | | |
| | 7 | Add lines 5e and 6 | | | 7 | 8,781. |
| **Interest You Paid** | 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐ | | | | |
| **Caution:** Your mortgage interest deduction may be limited. See instructions. | a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 11,691. | | |
| | b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | | | |
| | c | Points not reported to you on Form 1098. See instructions for special rules | 8c | | | |
| | d | Reserved for future use | 8d | | | |
| | e | Add lines 8a through 8c | 8e | 11,691. | | |
| | 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | | | |
| | 10 | Add lines 8e and 9 | | | 10 | 11,691. |
| **Gifts to Charity** | 11 | Gifts by cash or check. If you made any gift of $250 or more, see instructions | 11 | 2,300. | | |
| **Caution:** If you made a gift and got a benefit for it, see instructions. | 12 | Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 | 12 | | | |
| | 13 | Carryover from prior year | 13 | | | |
| | 14 | Add lines 11 through 13 | | | 14 | 2,300. |
| **Casualty and Theft Losses** | 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | 15 | |
| **Other Itemized Deductions** | 16 | Other—from list in instructions. List type and amount: | | | 16 | |
| **Total Itemized Deductions** | 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12e | | | 17 | 22,772. |
| | 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | | | |

Department of Taxation and Finance

# Tips for Estimated Tax

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at *www.tax.ny.gov* to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for* ***Individuals.***

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number –** Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name –** Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces provided (for example, *John O. Smith)*. Your name **must** agree with the name on your New York State income tax return.
- **Foreign addresses –** Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office* box). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers –** Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank**.

**Do not** staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

## Need help?

Visit our website at ***www.tax.ny.gov***

- get information and manage your taxes online
- check for new online services and features

**Telephone assistance**

| | |
|---|---|
| Automated income tax refund status: | 518-457-5149 |
| Personal Income Tax Information Center: | 518-457-5181 |
| To order forms and publications: | 518-457-5431 |
| Text Telephone (TTY) or TDD equipment users | Dial 7-1-1 for the New York Relay Service |

◄ Detach (cut) here ►

Department of Taxation and Finance

# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 03/25/26 INTUIT.CG.CFP.SP

**IT-2105**

**Calendar-year filer due dates:** April 15, 2026; June 15, 2026; September 15, 2026; and January 15, 2027. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and ***2026 IT-2105*** on your payment. Make payable to ***NYS Income Tax.*** Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | |
|---|---|
| Full SSN or taxpayer ID number: 213493182 | Enter your **2-character special condition code if applicable** *(see instr.)* ..... |
| Taxpayer's first name and middle initial: PAOLA Y | Taxpayer's last name: FLORES |
| Mailing address *(number and street or PO Box; see instructions)*: 1278 1ST AVE | Apartment number: 11 |
| City, village, or post office: NEW YORK | State: NY / ZIP code: 10065-5624 |
| Taxpayer's email address: LIBELULIN.406@GMAIL.COM | |

**Estimated tax amounts**

| | Dollars | Cents |
|---|---|---|
| New York State | 288 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| **Total** payment | 288 | 00 |

**STOP:** Pay this electronically on our website

0601264555 213493182 8

Department of Taxation and Finance

# Tips for Estimated Tax

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at *www.tax.ny.gov* to pay your estimated tax electronically.

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To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number –** Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name –** Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces provided (for example, *John O. Smith)*. Your name **must** agree with the name on your New York State income tax return.
- **Foreign addresses –** Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office* box). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers –** Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank**.

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## Need help?

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| | |
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◄ Detach (cut) here ►

Department of Taxation and Finance

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New York State • New York City • Yonkers • MCTMT

REV 03/25/26 INTUIT.CG.CFP.SP

**IT-2105**

**Calendar-year filer due dates:** April 15, 2026; June 15, 2026; September 15, 2026; and January 15, 2027. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and ***2026 IT-2105*** on your payment. Make payable to ***NYS Income Tax.*** Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | |
|---|---|
| Full SSN or taxpayer ID number: 213493182 | Enter your **2-character special condition code if applicable** *(see instr.)* ..... |
| Taxpayer's first name and middle initial: PAOLA Y | Taxpayer's last name: FLORES |
| Mailing address *(number and street or PO Box; see instructions)*: 1278 1ST AVE | Apartment number: 11 |
| City, village, or post office: NEW YORK | State: NY / ZIP code: 10065-5624 |
| Taxpayer's email address: LIBELULIN.406@GMAIL.COM | |

**Estimated tax amounts**

| | Dollars | Cents |
|---|---|---|
| New York State | 288 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| **Total** payment | 288 | 00 |

**STOP:** Pay this electronically on our website

0601264555 213493182 8

Department of Taxation and Finance

# Tips for Estimated Tax

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| Personal Income Tax Information Center: | 518-457-5181 |
| To order forms and publications: | 518-457-5431 |
| Text Telephone (TTY) or TDD equipment users | Dial 7-1-1 for the New York Relay Service |

◄ Detach (cut) here ►

Department of Taxation and Finance

# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 03/25/26 INTUIT.CG.CFP.SP

**IT-2105**

**Calendar-year filer due dates:** April 15, 2026; June 15, 2026; September 15, 2026; and January 15, 2027. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and ***2026 IT-2105*** on your payment. Make payable to ***NYS Income Tax.*** Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | |
|---|---|
| Full SSN or taxpayer ID number: 213493182 | Enter your **2-character special condition code if applicable** *(see instr.)* ..... |
| Taxpayer's first name and middle initial: PAOLA Y | Taxpayer's last name: FLORES |
| Mailing address *(number and street or PO Box; see instructions)*: 1278 1ST AVE | Apartment number: 11 |
| City, village, or post office: NEW YORK | State: NY / ZIP code: 10065-5624 |
| Taxpayer's email address: LIBELULIN.406@GMAIL.COM | |

**Estimated tax amounts**

| | Dollars | Cents |
|---|---|---|
| New York State | 288 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| **Total** payment | 288 | 00 |

**STOP:** Pay this electronically on our website

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Department of Taxation and Finance

# Tips for Estimated Tax

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at *www.tax.ny.gov* to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for* ***Individuals.***

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number –** Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name –** Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces provided (for example, *John O. Smith)*. Your name **must** agree with the name on your New York State income tax return.
- **Foreign addresses –** Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office* box). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers –** Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank**.

**Do not** staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

## Need help?

Visit our website at ***www.tax.ny.gov***

- get information and manage your taxes online
- check for new online services and features

**Telephone assistance**

| | |
|---|---|
| Automated income tax refund status: | 518-457-5149 |
| Personal Income Tax Information Center: | 518-457-5181 |
| To order forms and publications: | 518-457-5431 |
| Text Telephone (TTY) or TDD equipment users | Dial 7-1-1 for the New York Relay Service |

◄ Detach (cut) here ►

Department of Taxation and Finance

# Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 03/25/26 INTUIT.CG.CFP.SP

**IT-2105**

**Calendar-year filer due dates:** April 15, 2026; June 15, 2026; September 15, 2026; and January 15, 2027. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and ***2026 IT-2105*** on your payment. Make payable to ***NYS Income Tax.*** Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

| | |
|---|---|
| Full SSN or taxpayer ID number: 213493182 | Enter your **2-character special condition code if applicable** *(see instr.)* ..... |
| Taxpayer's first name and middle initial: PAOLA Y | Taxpayer's last name: FLORES |
| Mailing address *(number and street or PO Box; see instructions)*: 1278 1ST AVE | Apartment number: 11 |
| City, village, or post office: NEW YORK | State: NY / ZIP code: 10065-5624 |
| Taxpayer's email address: LIBELULIN.406@GMAIL.COM | |

**Estimated tax amounts**

| | Dollars | Cents |
|---|---|---|
| New York State | 287 | 00 |
| New York City | | 00 |
| Yonkers | | 00 |
| MCTMT | | 00 |
| **Total** payment | 287 | 00 |

**STOP:** Pay this electronically on our website

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REV 03/25/26 INTUIT.CG.CFP.SP

NEW YORK STATE 2025

Department of Taxation and Finance

# Resident Income Tax Return

**New York State • New York City • Yonkers • MCTMT**

# IT-201

**For the full year January 1, 2025, through December 31, 2025, or fiscal year beginning ...** 25

**and ending ...**

**For help completing your return, see Form IT-201-I, *Instructions for Form IT-201*.**

| **Your** first name | MI | Your last name *(for a **joint return**, enter spouse's name on line below)* | Your date of birth *(mmddyyyy)* | Your Social Security number |
|---|---|---|---|---|
| PAOLA | Y | FLORES | 06251995 | 213493182 |
| **Spouse's** first name | MI | Spouse's last name | Spouse's date of birth *(mmddyyyy)* | Spouse's Social Security number |
| | | | | 793485660 |

| Mailing address ***(see instructions)*** *(number and street or PO Box)* | Apartment number | New York State county of residence |
|---|---|---|
| 1278 1ST AVE | 11 | NEW YORK |

| City, village, or post office | State | ZIP code | Country | School district name |
|---|---|---|---|---|
| NEW YORK | NY | 100655624 | UNITED STATES | MANHATTAN |

| **Taxpayer's permanent home address** ***(see instructions)*** *(number and street or rural route)* | Apartment number | School district code number ..... 369 |
|---|---|---|
| | | |

| City, village, or post office | State | ZIP code | Decedent information | Taxpayer's date of death *(mmddyyyy)* | Spouse's date of death *(mmddyyyy)* |
|---|---|---|---|---|---|
| | **NY** | | | | |

**A Filing status** *(mark an **X** in one box):*

① ☐ Single

② ☐ Married filing joint return *(enter spouse's Social Security number above)*

③ ☒ Married filing separate return *(enter spouse's Social Security number above)*

④ ☐ Head of household *(with qualifying person)*

⑤ ☐ Qualifying surviving spouse

**B** **Did you itemize** your deductions on your 2025 federal income tax return? ..... Yes ☒ No ☐

**C** **Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒

**D1** Did you have a financial account located in a foreign country? ..... Yes ☐ No ☒

**D2** (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2025? ... Yes ☐ No ☒

If ***Yes***:

(2) Number of months **you** lived in Yonkers in 2025 .....

(3) Number of months **your spouse** lived in Yonkers in 2025

If ***No***:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2025? ..... Yes ☐ No ☒

**E** (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2025? ..... Yes ☒ No ☐

(2) Enter the number of days spent in NYC in 2025 *(any part of a day spent in NYC is considered a day)*..... 181

**F** **NYC residents and NYC part-year residents only**:

(1) Number of months **you** lived in NYC in 2025 ..... 6

(2) Number of months **your spouse** lived in NYC in 2025 .....

**G** Enter your **2-character special condition codes if applicable** .....

**H Dependent information**

| First name | MI | Last name | Relationship | Social Security number | Date of birth *(mmddyyyy)* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than 7 dependents, mark an ***X*** in the box. ☐

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*For office use only*

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 213493182

REV 03/25/26 INTUIT.CG.CFP.SP

## Federal income and adjustments

Whole dollars only

| | | | |
|---|---|---|---|
| **1** | Wages, salaries, tips, etc. | **1** | 88919.00 |
| **2** | Taxable interest income | **2** | .00 |
| **3** | Ordinary dividends | **3** | .00 |
| **4** | Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)* | **4** | .00 |
| **5** | Alimony received | **5** | .00 |
| **6** | Business income or loss *(submit a copy of federal Schedule C, Form 1040)* | **6** | .00 |
| **7** | Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)* | **7** | .00 |
| **8** | Other gains or losses *(submit a copy of federal Form 4797)* | **8** | .00 |
| **9** | Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐ | **9** | .00 |
| **10** | Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐ | **10** | .00 |
| **11** | Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)* | **11** | .00 |
| **12** | Rental real estate included in line 11 — **12** .00 | | |
| **13** | Farm income or loss *(submit a copy of federal Schedule F, Form 1040)* | **13** | .00 |
| **14** | Unemployment compensation | **14** | .00 |
| **15** | Taxable amount of Social Security benefits *(also enter on line 27)* | **15** | .00 |
| **16** | Other income *Identify:* | **16** | .00 |
| **17** | Add lines **1 through 11** and **13 through 16** | **17** | 88919.00 |
| **18** | Total federal adjustments to income *Identify:* | **18** | .00 |
| **19** | Federal adjusted gross income *(subtract line 18 from line 17)* | **19** | 88919.00 |

## New York additions

| | | | |
|---|---|---|---|
| **20** | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | **20** | .00 |
| **21** | Public employee 414(h) retirement contributions from your wage and tax statements | **21** | .00 |
| **22** | **New York's** 529 college savings program distributions | **22** | .00 |
| **23** | Other *(Form IT-225, line 9)* | **23** | .00 |
| **24** | Add lines **19** through **23** | **24** | 88919.00 |

## New York subtractions

| | | | |
|---|---|---|---|
| **25** | Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)* | **25** | .00 |
| **26** | Pensions of NYS and local governments and the federal government | **26** | .00 |
| **27** | Taxable amount of Social Security benefits *(from line 15)* | **27** | .00 |
| **28** | Interest income on U.S. government bonds | **28** | .00 |
| **29** | Pension and annuity income exclusion | **29** | .00 |
| **30** | **New York's** 529 college savings program deduction/earnings | **30** | .00 |
| **31** | Other *(Form IT-225, line 18)* | **31** | .00 |
| **32** | Add lines 25 through 31 | **32** | .00 |
| **33** | **New York adjusted gross income** *(subtract line **32** from line **24**)* | **33** | 88919.00 |

## Standard deduction or itemized deduction

| | | | |
|---|---|---|---|
| **34** | Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)*<br>Mark an ***X*** in the appropriate box: ☐ **Standard** - **or** - ☒ **Itemized** | **34** | 17479.00 |
| **35** | Subtract line 34 from line 33 *(if line 34 is more than line 33, enter **0**)* | **35** | 71440.00 |
| **36** | Dependent exemption amount *(multiply the number of dependents listed in item H by 1,000)* | **36** | .00 |
| **37** | **Taxable income** *(subtract line 36 from line 35)* | **37** | 71440.00 |

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## Tax calculation, credits, and other taxes

| | | | | | |
|---|---|---|---|---|---|
| **38** | **Taxable income** *(from line 37 on page 2)* | | | **38** | 71440.00 |
| **39** | NYS tax on line 38 amount | | | **39** | 3765.00 |
| **40** | NYS household credit | **40** | .00 | | |
| **41** | Resident credit | **41** | .00 | | |
| **42** | Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)* | **42** | .00 | | |
| **43** | Add lines 40, 41, and 42 | | | **43** | .00 |
| **44** | Subtract line 43 from line 39 *(if line 43 is more than line 39, enter **0**)* | | | **44** | 3765.00 |
| **45** | Net other NYS taxes *(Form IT-201-ATT, line 30)* | | | **45** | .00 |
| **46** | **Total New York State taxes** *(add lines 44 and 45)* | | | **46** | 3765.00 |

## New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | | |
|---|---|---|---|---|
| **47** | NYC taxable income | **47** | .00 | **See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.** |
| **47a** | NYC resident tax on line 47 amount | **47a** | .00 | |
| **48** | NYC household credit | **48** | .00 | |
| **49** | Subtract line 48 from line 47a *(if line 48 is more than line 47a, enter **0**)* | **49** | .00 | |
| **50** | Part-year NYC resident tax *(Form IT-360.1)* | **50** | 1395.00 | |
| **51** | Other NYC taxes *(Form IT-201-ATT, line 34)* | **51** | .00 | |
| **52** | Add lines 49, 50, and 51 | **52** | 1395.00 | |
| **53** | NYC nonrefundable credits *(Form IT-201-ATT, line 10)* | **53** | .00 | |
| **54** | Subtract line 53 from line 52 *(if line 53 is more than line 52, enter **0**)* | **54** | 1395.00 | |
| **54a** | MCTMT net earnings base for Zone 1 | **54a** | .00 | |
| **54b** | MCTMT net earnings base for Zone 2 | **54b** | .00 | |
| **54c** | MCTMT for Zone 1 | **54c** | .00 | **See instructions to calculate the MCTMT for each zone.** |
| **54d** | MCTMT for Zone 2 | **54d** | .00 | |
| **54e** | Total MCTMT *(add lines 54c and 54d)* | **54e** | .00 | |
| **55** | Yonkers resident income tax surcharge | **55** | .00 | |
| **56** | Yonkers nonresident earnings tax *(Form Y-203)* | **56** | .00 | |
| **57** | Part-year Yonkers resident income tax surcharge *(Form IT-360.1)* | **57** | .00 | |

| | | | |
|---|---|---|---|
| **58** | **Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)* | **58** | 1395.00 |
| **59** | **Sales or use tax** ***(do not leave blank)*** | **59** | 0.00 |
| **60** | **Voluntary contributions** *(Form IT-227, Part 2, line 1)* | **60** | .00 |
| **61** | **Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)* | **61** | 5160.00 |

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Your Social Security number: 213493182

**62** Enter amount from line 61 ..... **62** 5160.00

## Payments and refundable credits

| | | | |
|---|---|---|---|
| **63** | Empire State child credit | **63** | .00 |
| **64** | NYS/NYC child and dependent care credit | **64** | .00 |
| **65** | NYS earned income credit (EIC) | **65** | .00 |
| **66** | NYS noncustodial parent EIC | **66** | .00 |
| **67** | Real property tax credit | **67** | .00 |
| **68** | College tuition credit | **68** | .00 |
| **69** | NYC school tax credit (fixed amount) ***(also complete F on page 1)*** | **69** | 31.00 |
| **69a** | NYC school tax credit (rate reduction amount) | **69a** | 83.00 |
| **70** | NYC earned income credit | **70** | .00 |
| **70a** | NYC income tax elimination credit | **70a** | .00 |
| **71** | Other refundable credits *(Form IT-201-ATT, line 18)* | **71** | .00 |
| **72** | Total **New York State** tax withheld | **72** | 2991.00 |
| **73** | Total **New York City** tax withheld | **73** | 2040.00 |
| **74** | Total **Yonkers** tax withheld | **74** | .00 |
| **75** | Total estimated tax payments **and** amount paid with Form IT-370 | **75** | .00 |

If applicable, complete **Forms IT-2 and IT-1099-R** and submit them with your return.

**Do not send federal Form W-2 with your return.**

**76** **Total payments** *(add lines 63 through 75)* ..... **76** 5145.00

## Your refund, amount you owe, and account information

**77** **Amount overpaid** *(if line 76 is **more than** line 62, subtract line 62 from line 76)* ..... **77** .00

**78** Amount of line 77 **available for refund** *(subtract line 79 from line 77)* ..... **78** .00
**TIP:** Use this amount to check your refund status online.

**78a** Amount of line 78 that you want to deposit into a NYS 529 account *(Form IT-195, line 4) (also submit Form IT-195)* **78a** .00

**78b** Total refund after NYS 529 account deposit *(subtract line 78a from line 78)* ..... **78b** .00

**Mark one refund choice:** ☐ **direct deposit** to checking or savings account *(fill in line 83)* **- or -** ☐ **paper check**

**Refund?** Direct deposit is the easiest, fastest way to get your refund.

**See instructions for payment options.**

**79** Amount of line 77 that you want applied to your 2026 estimated tax *(see instructions)* ..... **79** .00

**80** Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62).* To pay by electronic funds withdrawal, mark an ***X*** in the box ☒ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. ..... **80** 15.00

**81** Estimated tax penalty *(include this amount in line 80 or reduce the overpayment on line 77)* ..... **81** .00

**82** Other penalties and interest ..... **82** .00

**See instructions for the proper assembly of your return.**

**83** Account information for direct deposit or electronic funds withdrawal.
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box..... ☐

**83a** Account type: ☒ Personal checking **- or -** ☐ Personal savings **- or -** ☐ Business checking **- or -** ☐ Business savings

**83b** Routing number 021000021 **83c** Account number 302769135

**84** Electronic funds withdrawal ..... Date 04152026 Amount 15.00

| | | | |
|---|---|---|---|
| **Third-party designee?** *(see instr.)* **Yes** ☐ **No** ☐ | Print designee's name | Designee's phone number ( ) | Personal identification number (PIN) |
| | Email: | | |

| | | |
|---|---|---|
| ▼ **Paid preparer must complete** ▼ *(see instructions)* | Preparer's NYTPRIN | NYTPRIN excl. code |
| Preparer's signature SELF-PREPARED | Preparer's printed name | |
| Firm's name *(or yours, if self-employed)* | Preparer's PTIN or SSN | |
| Address | Employer identification number | |
| | Date | |
| Email: | | |

| | |
|---|---|
| ▼ **Taxpayers must sign here** ▼ | |
| Your signature | |
| Your occupation JR. PROJECT MANAGER | |
| Spouse's signature and occupation *(if joint return)* | |
| Date | Daytime phone number ( 929 )216 3145 |
| Email: LIBELULIN.406@GMAIL.COM | |

**See instructions for where to mail your return.**

201004254555

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

NEW YORK STATE 2025

Department of Taxation and Finance

# New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

# IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

| Name(s) as shown on your Form IT-201 or IT-203 | Your Social Security number |
|---|---|
| PAOLA Y FLORES | 213493182 |

## Medical and dental expenses *(see instructions)*

**Caution:** Do not include expenses reimbursed or paid by others.

| | | | | |
|---|---|---|---|---|
| 1 | Medical and dental expenses | 1 | .00 | |
| 2 | Enter amount from Form IT-201 or IT-203, line 19 | 2 | .00 | |
| 3 | Multiply line 2 by 10% (0.10) | 3 | .00 | |
| 4 | Subtract line 3 from line 1 *(if line 3 is more than line 1, leave blank)* | | | 4 .00 |

## Taxes you paid *(see instructions)*

| | | | | |
|---|---|---|---|---|
| 5 | State and local *(Mark an X in only one box)* a ☒ Income taxes - or - b ☐ General sales tax | 5 | 5293.00 | |
| 6 | State and local real estate taxes | 6 | 3488.00 | |
| 7 | State and local personal property taxes | 7 | .00 | |
| 8 | Other taxes. List type and amount _____ | 8 | .00 | |
| 9 | Add lines 5 through 8 | | | 9 8781.00 |

## Interest you paid *(see instructions)*

| | | | | |
|---|---|---|---|---|
| 10 | Home mortgage interest and points reported to you on federal Form 1098 | 10 | 11691.00 | |
| 11 | Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address _____ | 11 | .00 | |
| 12 | Points not reported to you on federal Form 1098 | 12 | .00 | |
| 13 | Reserved | 13 | | |
| 14 | Investment interest | 14 | .00 | |
| 15 | Add lines 10 through 14 | | | 15 11691.00 |

## Gifts to charity *(see instructions)*

| | | | | | |
|---|---|---|---|---|---|
| 16 | Gifts by cash or check | | | 16 | 2300.00 |
| 16a | Qualified contributions included in line 16 | 16a | .00 | | |
| 16b | Contributions to New York Charitable Gifts Trust Fund included in line 16a | 16b | .00 | | |
| 17 | Other than by cash or check | | | 17 | .00 |
| 18 | Carryover from prior year | | | 18 | .00 |
| 19 | Add lines 16, 17, and 18 | | | | 19 2300.00 |

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NO HANDWRITTEN ENTRIES ON THIS FORM

| Your Social Security number |
|---|
| 213493182 |

## Casualty and theft losses

| | | | |
|---|---|---|---|
| **20** | Casualty or theft loss(es) other than federal qualified disaster losses *(see instructions)* ..... | **20** | .00 |

## Job expenses and certain miscellaneous deductions *(see instructions)*

| | | | | | |
|---|---|---|---|---|---|
| **21** | Unreimbursed employee expenses – job travel, union dues, etc. ..... | **21** | .00 | | |
| **22** | Job related education expenses ..... | **22** | .00 | | |
| **23** | Tax preparation fees ..... | **23** | .00 | | |
| **24** | Other expenses – investment, safe deposit box, etc. List type and amount _____ _____ | **24** | .00 | | |
| **25** | Add lines 21 through 24 ..... | **25** | .00 | | |
| **26** | Enter amount from Form IT-201 or IT-203, line 19 ..... | **26** | .00 | | |
| **27** | Multiply line 26 by 2% (0.02) ..... | **27** | .00 | | |
| **28** | Subtract line 27 from line 25 *(if line 27 is more than line 25, leave blank)* ..... | | | **28** | .00 |

## Other itemized deductions

| | | | | | |
|---|---|---|---|---|---|
| **29** | Gambling losses *(see instructions)* ..... | **29** | .00 | | |
| **30** | Casualty and theft losses of income-producing property *(see instructions)* ..... | **30** | .00 | | |
| **31** | Federal estate tax on income in respect of a decedent *(see instructions)* ..... | **31** | .00 | | |
| **32** | Deduction for amortizable bond premiums *(see instructions)* | **32** | .00 | | |
| **33** | An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument | **33** | .00 | | |
| **34** | Deduction for repayment of amounts under a claim of right if over $3000 *(see instructions)* ..... | **34** | .00 | | |
| **35** | Certain unrecovered investments in a pension *(see instructions)* | **35** | .00 | | |
| **36** | Impairment-related work expenses of a disabled person *(see instructions)* ..... | **36** | .00 | | |
| **37** | Federal qualified disaster loss *(see instructions)* ..... | **37** | .00 | | |
| **38** | Other itemized deductions from partnerships *(see instructions)* | **38** | .00 | | |
| **39** | Add lines 29 through 38 ..... | | | **39** | .00 |

## Total itemized deductions *(see instructions)*

Is Form IT-201 or IT-203, line 19, over $204,400? *(Mark an **X** in the appropriate box)*

☒ If ***No***, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

☐ If ***Yes***, your deduction may be limited. See the *Line 40, Total itemized deductions worksheet,* in the instructions to compute the amount to enter on line 40.

| | | | |
|---|---|---|---|
| **40** ..... | **40** | 22772.00 |

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NO HANDWRITTEN ENTRIES ON THIS FORM

**Adjustments** *(see instructions)*

| | | |
|---|---|---|
| **41** State, local, and foreign income taxes *(or general sales tax, if applicable)*, and other subtraction adjustments *(see instructions)* | **41** | 5293.00 |
| **42** Subtract line 41 from line 40 *(see instructions)* | **42** | 17479.00 |
| **43** College tuition itemized deduction *(Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)* | **43** | .00 |
| **44** Addition adjustments *(see instructions)* | **44** | .00 |
| **45** Add lines 42, 43, and 44 | **45** | 17479.00 |
| **46** Itemized deduction adjustment *(see instructions)* | **46** | .00 |
| **47** Itemized deduction after adjustment *(see instructions)* | **47** | 17479.00 |
| **48** College tuition itemized deduction *(Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272,* Claim for College Tuition Credit or Itemized Deduction*) (see instructions)* | **48** | .00 |
| **49** **New York State itemized deduction** *(add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)* | **49** | 17479.00 |

NO HANDWRITTEN ENTRIES ON THIS FORM

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REV 03/25/26 INTUIT.CG.CFP.SP

NEW YORK STATE 2025

Department of Taxation and Finance

# Change of City Resident Status

**New York City • Yonkers**

# IT-360.1

**Submit this form with Form IT-201 or Form IT-203.**

| Names as shown on return | Social Security number |
|---|---|
| PAOLA Y FLORES | 213493182 |

**Change of city resident status –** If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 *(see instructions, Form IT-360.1-I)*.

For income tax purposes, New York City includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island.

Mark an ***X*** in only **one** box **(A)** [X] **New York City change of residence –** Complete Parts 1, 2, 3, and 4.

**(B)** [ ] **Yonkers change of residence –** Complete Parts 1 and 5.

**(C)** [ ] **New York City and Yonkers change of residence –** Complete the entire form.

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| **Part 1 – New York adjusted gross income** *(see instructions)* | | **Column A** Federal income and adjustments *(all sources)* | **Column B** Amount of Column A for New York City resident period | **Column C** Amount of Column A for Yonkers resident period |
|---|---|---|---|---|
| **1** Wages, salaries, tips, etc | **1** | 88919.00 | 54711.00 | .00 |
| **2** Taxable interest income | **2** | .00 | .00 | .00 |
| **3** Ordinary dividends | **3** | .00 | .00 | .00 |
| **4** Taxable refunds, credits, or offsets of state and local income taxes | **4** | .00 | .00 | .00 |
| **5** Alimony received | **5** | .00 | .00 | .00 |
| **6** Business income or loss *(submit copy of federal Schedule C, Form 1040)* | **6** | .00 | .00 | .00 |
| **7** Capital gain or loss *(submit copy of federal Schedule D, Form 1040)* | **7** | .00 | .00 | .00 |
| **8** Other gains or losses *(submit copy of federal Form 4797)* | **8** | .00 | .00 | .00 |
| **9** Taxable amount of IRA distributions | **9** | .00 | .00 | .00 |
| **10** Taxable amount of pensions and annuities | **10** | .00 | .00 | .00 |
| **11** Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)* | **11** | .00 | .00 | .00 |
| **12** Farm income or loss *(submit copy of federal Schedule F, Form 1040)* | **12** | .00 | .00 | .00 |
| **13** Unemployment compensation | **13** | .00 | .00 | .00 |
| **14** Taxable amount of Social Security benefits | **14** | .00 | .00 | .00 |
| **15** Other income *Identify:* | **15** | .00 | .00 | .00 |
| **16** Total *(add lines 1 through 15)* | **16** | 88919.00 | 54711.00 | .00 |
| **17** Total federal adjustments to income *Identify:* | **17** | .00 | .00 | .00 |
| **18** Federal adjusted gross income *(subtract line 17 from line 16)* | **18** | 88919.00 | 54711.00 | .00 |
| **19** New York modifications *(submit schedule)* | **19** | .00 | .00 | .00 |
| **20 New York adjusted gross income** *(combine line 18 and line 19)* | **20** | 88919.00 | 54711.00 | .00 |

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## Part 2 – Itemized deductions for New York City *(see instructions)*

If you are claiming the standard deduction, do not complete Part 2.

| | | Column A Itemized deductions *(see instructions)* | Column B Amount of Column A for New York City resident period |
|---|---|---|---|
| **21** Medical and dental expenses | **21** | .00 | .00 |
| **22** Taxes you paid | **22** | 8781.00 | 7562.00 |
| **23** Interest you paid | **23** | 11691.00 | 5800.00 |
| **24** Gifts to charity | **24** | 2300.00 | 2300.00 |
| **25** Casualty and theft losses | **25** | .00 | .00 |
| **26** Job expenses and certain miscellaneous deductions | **26** | .00 | .00 |
| **27** Other itemized deductions | **27** | .00 | .00 |
| **28** Add lines 21 through 27 | **28** | 22772.00 | 15662.00 |
| **29** Reduction for itemized deduction limitation *(see instructions)* | **29** | .00 | .00 |
| **30** Total itemized deductions *(subtract line 29 from line 28)* | **30** | 22772.00 | 15662.00 |

| | | |
|---|---|---|
| **31** State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments | **31** | .00 |
| **32** Subtract line 31 from line 30 | **32** | 15662.00 |
| **33** Addition adjustments and college tuition itemized deduction *(see instructions)* | **33** | .00 |
| **34** Add lines 32 and 33 | **34** | 15662.00 |
| **35** Itemized deduction adjustment *(if line 20, Column B, is more than $100,000, see instructions; all others enter **0** on line 35)* | **35** | 0.00 |
| **36** **Itemized deduction** *(see instructions, enter here and on line 44)* | **36** | 15662.00 |

## Part 3 – Dependent exemptions *(see instructions)*

**37** Enter the period you were a New York City **resident** during 2025; use a two-digit number to represent the month and day *(see instructions)*

From: month *(mm)* 01 day *(dd)* 01 To: month *(mm)* 06 day *(dd)* 30

**38** This line intentionally left blank

| | | |
|---|---|---|
| **39** Enter the number of full months in the New York City resident period | **39** | 6 |
| **40** Enter the prorated value of one dependent exemption *(use* Proration chart; *see instructions)* | **40** | .00 |
| **41** Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35 | **41** | |
| **42** Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 *(enter here and on line 46)* | **42** | .00 |

## Part 4 – Part-year New York City resident tax *(see instructions)*

| | | |
|---|---|---|
| **43** New York City adjusted gross income *(see instructions)* | **43** | 54711.00 |
| **44** Resident period standard deduction *(see instructions)* **or** resident period itemized deduction *(from line 36)* | **44** | 15662.00 |
| **45** Subtract line 44 from line 43 | **45** | 39049.00 |
| **46** Dependent exemption amount *(from line 42)* | **46** | .00 |
| **47** **New York City taxable income** *(subtract line 46 from line 45)* | **47** | 39049.00 |
| **48** New York City tax on line 47 amount *(see instructions)* | **48** | 1395.00 |
| **49** Total New York City household credit and accumulation distribution credit *(see instructions)* | **49** | .00 |
| **50** Subtract line 49 from line 48 *(if line 49 is larger than line 48, enter **0**)* | **50** | 1395.00 |
| **51** Part-year New York City separate tax on lump-sum distributions *(from Form IT-230)* | **51** | .00 |
| **52** Part-year New York City resident tax on capital gain portion of lump-sum distributions *(from Form IT-230)* | **52** | .00 |
| **53** Add lines 50, 51, and 52 | **53** | 1395.00 |
| **54** Credit for part-year New York City unincorporated business tax paid *(see instructions)* | **54** | .00 |
| **55** **Part-year New York City resident tax** *(subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter **0**)* | **55** | 1395.00 |

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## Part 5 – Part-year Yonkers resident income tax surcharge *(see instructions)*

| | | | Full-year NYS resident | Part-year NYS resident |
|---|---|---|---|---|
| **56** | Total New York State taxes *(Form IT-201, line 46)* | **56** | .00 | |
| **57** | Empire State child credit *(Form IT-201, line 63)* | **57** | .00 | |
| **58** | NYS child and dependent care credit *(Form IT-216, line 14)* | **58** | .00 | |
| **59** | Earned income credit *(Form IT-201, line 65)* | **59** | .00 | |
| **60** | Noncustodial parent New York State earned income credit *(Form IT-201, line 66)* | **60** | .00 | |
| **61** | Real property tax credit *(Form IT-201, line 67)* | **61** | .00 | |
| **61a** | New York City school tax credit *(Form IT-201, lines 69 and 69a)* | **61a** | .00 | |
| **62** | College tuition credit *(Form IT-201, line 68)* | **62** | .00 | |
| **62a** | This line intentionally left blank | **62a** | | |
| **63** | New York State refundable credits *(see instructions)* | **63** | .00 | |
| **64** | Add lines 57 through 63 | **64** | .00 | |
| **65** | Subtract line **64** from line **56** *(if line 64 is more than line 56, enter **0** here and on Form IT-201, line 57)* | **65** | .00 | |
| **66** | Base tax *(Form IT-203, line 44)* | **66** | | .00 |
| **67** | New York State nonrefundable credits *(Form IT-203-ATT, line 8)* | **67** | | .00 |
| **68** | Subtract line 67 from line 66 *(if line 67 is more than line 66, enter **0**)* | **68** | | .00 |
| **69** | Net other New York State taxes *(Form IT-203-ATT, line 33)* | **69** | | .00 |
| **70** | Add lines 68 and 69 | **70** | | .00 |
| **71** | New York State refundable credits *(see instructions)* | **71** | | .00 |
| **71a** | This line intentionally left blank | **71a** | | |
| **71b** | New York City school tax credit *(Form IT-203, lines 60 and 60a)* | **71b** | | .00 |
| **71c** | Add lines 71 and 71b | **71c** | | .00 |
| **72** | Subtract line **71c** from line **70** *(if line 71c is more than line 70, enter **0**)* | **72** | | .00 |
| **73** | Income percentage *(see worksheet in the instructions)* | **73** | | |
| **74** | Multiply line **65** by line **73**. This is the net state tax for full-year state residents | **74** | .00 | |
| **75** | Multiply line 72 by line 73. This is the net state tax for part-year state residents | **75** | | .00 |
| **76** | Yonkers resident tax rate | **76** | .1675 | |

**77 Part-year Yonkers resident income tax surcharge**

***(Full-year NYS residents:** Multiply line 74 by line 76. **Part-year NYS residents:** Multiply line 75 by line 76.)* **77** .00

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

If you received wages or net earnings from self-employment from Yonkers sources during your nonresident period, see Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I.

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NEW YORK STATE 2025

Department of Taxation and Finance

REV 03/25/26 INTUIT.CG.CFP.SP

# 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: 213493182

**Box b** Employer identification number (EIN): 132612739

**Box c Employer's** information

**Employer's** name: HLZAE INC

**Employer's** address *(number and street)*: 498 SEVENTH AVE 17TH FL

| City | State | ZIP code | Country |
|---|---|---|---|
| NEW YORK | NY | 10018 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Box 1** Wages, tips, other compensation | 34208.00 | **Box 12a** Amount | 2640.00 | Code | D D | **Box 14a** Amount | 2.00 | Description | SDI |
| **Box 8** Allocated tips | .00 | **Box 12b** Amount | 15.00 | Code | C | **Box 14b** Amount | 18.00 | Description | PFL |
| **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.: 34208.00

**Box 17a** NYS income tax withheld: 210.00

**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 | |

**Do not detach.**

## W-2 Record 2

**Box a Employee's** Social Security number for this W-2 Record: 213493182

**Box b** Employer identification number (EIN): 010584674

**Box c Employer's** information

**Employer's** name: EXTENSIS IV INC / SURFACE DESIGN ARCHITECTS, PLLC

**Employer's** address *(number and street)*: 485 ROUTE 1 SOUTH, BUILDING E

| City | State | ZIP code | Country |
|---|---|---|---|
| ISELIN | NJ | 08830 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Box 1** Wages, tips, other compensation | 54711.00 | **Box 12a** Amount | 3828.00 | Code | D D | **Box 14a** Amount | 226.00 | Description | NYPFL |
| **Box 8** Allocated tips | .00 | **Box 12b** Amount | 1708.00 | Code | D | **Box 14b** Amount | 16.00 | Description | NYSDI |
| **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.: 54711.00

**Box 17a** NYS income tax withheld: 2781.00

**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 | 54711.00 | 2040.00 | NYC |
| Locality b | .00 | .00 | |

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