550 Prospect

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **550 Prospect**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Fuentes	Miguel	Matias	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
7/17/1998	(302) 332-0176 Mobile	Mobile	miguel.fuentes.new@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
500 West St	Amherst

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
MA	01002	7/1/2023	current	$1,995.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
David Wagner	(206) 409-3380

EMPLOYMENT INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Principal Associate, Data Scientist	Capital One	$201,400.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Mayana Pereira			current

EMPLOYER ADDRESS	CITY	STATE	ZIP
114 5th ave	new york	ny	10011

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Other

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION

APARTMENT APPLYING FOR

404

VEHICLE DESCRIPTION

MAKE	MODEL	YEAR	COLOR	PLATE	STATE
Toyota	Corolla Cross	2025	red	4ZWN45	MA

RENTER'S INSURANCE

INSURANCE SELECTION

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 **550 Prospect** 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 **550 Prospect** 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 **550 Prospect**, 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 **550 Prospect** 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 **550 Prospect**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

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

APPLICATION FOR MIGUEL MATIAS FUENTES SUBMITTED ONLINE on June 12, 2026

Signed by Miguel Matias Fuentes
Fri Jun 12 2026 08:41:32 PM EDT
Key: 5A84AE49; IP Address: 10.33.14.4

Miguel Matias Fuentes *(Applicant)* *Date*

ON-SITE MANAGER, INC. (OSM), a credit screening company, has been authorized to debit the bank account(s) listed below. The following charge(s) will appear on your bank statement as *"ON-SITE.COM"*

Application Fee for Miguel Matias Fuentes - Charge Details

Name on Account	Routing Number	Account Number	Reference Number	Authorized
Sophia Marie Gorowara	XXXXX1360	XXXXXX4106	16710924	$20.00

This account has been authorized for the amount above and will be debited when the application is processed.

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

As of January 1, 2025, in NYC, it is illegal for most housing providers to discriminate on the basis of a conviction history in rentals or sales, including co-ops and condos.

The protections of the NYC Fair Chance Housing Law apply to current tenants as well as applicants.

It is a violation of the Law for covered housing providers to:	
Make statements about criminal background checks or criminal records or express limitations on this basis in ads and applications	Treat applicants or tenants differently because of a conviction history except as allowed by the Fair Chance Housing Law.

Covered housing providers **may NEVER** change the terms of a sale or lease because of a conviction history. Covered housing providers **may** revoke a housing offer or decline to renew a lease **ONLY** based on limited kinds of convictions and **ONLY** when they follow the requirements of the Fair Chance Housing Law.

The NYC Fair Chance Housing Law does not require housing providers to run criminal background checks. Any housing provider can accept a renter or buyer without following the steps below. The steps below are only for covered housing providers that choose to run a background check.

If a Covered Housing Provider Chooses to Run a Criminal Background Check: You Have Rights.

Covered housing providers **must first** consider your general housing eligibility (ability to meet lease terms) AND make a conditional offer of housing. **Only after** this conditional offer is it lawful for a covered housing provider to run a criminal background check.

Before conducting a criminal background check, covered housing providers must:

- Make you a conditional offer of housing AND
- Give you a copy of this notice explaining your rights

Housing providers are also responsible for compliance with laws governing the collection and use of personal information, such as Federal and State Fair Credit Reporting Acts.

Conditional Offer of Housing

A conditional offer of housing is a **written lease, rental agreement, or agreement for a sale** that conditionally commits a unit(s) to a renter or buyer and can only be revoked in limited circumstances. Next a covered housing provider chooses either:

NOT to conduct a criminal background check	TO conduct a criminal background check
At this time, the housing provider can either finalize the offer or revoke it for a lawful, non-discriminatory purpose that is unrelated to conviction history.	It is illegal for the housing provider to seek or review your conviction history before you have a conditional offer.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

Criminal Background Check

If a covered housing provider chooses to run a criminal background check after making you a conditional offer, they may only consider **very limited** categories of convictions:

- convictions that require registration on a sex offense registry at the time of the background check
- felony convictions from the last 5 years, except those below
- misdemeanor convictions from the last 3 years, except those below

The 3 or 5 years are measured from the **actual date of release OR the sentencing date** (if the sentence does not include jail or prison time), regardless of probation or parole status.

A covered housing provider can **NEVER** consider arrests or pending cases, or:

- convictions that were sealed, expunged, are under an executive pardon or certificate of relief from disabilities, or legally nullified or vacated
- convictions for violations, which are non-criminal offenses such as disorderly conduct
- convictions under federal law or another state's law for conduct related to reproductive or gender affirming care that is lawful in New York State
- convictions under federal law or another state's law for cannabis possession that does not constitute a felony in New York State
- Adjournments in Contemplation of Dismissal (ACDs)
- adjudications as a youthful offender or for juvenile delinquency
- terminations in favor of an individual, including but not limited to, acquittals, reversals upon appeal, and exonerations)
- Dispositions of criminal matters under federal law or another state's law that are comparable to those listed here.

It is illegal for a covered housing provider to consider information in these categories. In addition, tenant screening companies may be held liable under federal fair housing laws for discriminatory decisions by housing providers.

Right to Provide Support for Your Application

After considering only reviewable convictions, a covered housing provider that wants to revoke a housing offer must **FOLLOW THE FAIR CHANCE HOUSING PROCESS** while holding a unit open. They must:

1. Give you a copy of all criminal history information they received and/or reviewed
2. Allow you 5 business days to respond by:
   - pointing out errors in the conviction history
   - identifying any information that should not have been considered (any information outside the lawfully reviewable convictions)
   - sharing information on your background, personal and professional references, and/or any information that supports your application.

You are not required to provide information to support your application at this stage. A housing provider must complete an individualized assessment even if you do not provide supporting information.

Right to an Individualized Assessment of Your Application

A covered housing provider must conduct an individualized assessment of the reviewable convictions, together with any other information that you have timely submitted.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

A covered housing provider CANNOT revoke a conditional offer of housing after running a criminal background check except in two **limited circumstances:**	
After conducting an individualized assessment if they show in writing BOTH: • a legitimate business interest AND • how the legitimate business interest is linked to your individual history.	If they show *new information, unrelated to criminal history,* that impacts your qualifications for tenancy and that they did not know at the time of your conditional offer.

Legitimate Business Interest

A covered housing provider's legitimate business interest must be specific and objective. Compliance with a particular lease term is a permissible legitimate business interest. Purely discriminatory motives, stigma, stereotypes, or assumptions never constitute a legitimate business interest.

A covered housing provider that shows a legitimate business interest must also **explain** the link between that interest and your particular individual history in light of the individual information you shared to justify a decision to revoke your conditional offer of housing. **The existence of a conviction alone never creates that link.**

The following are not legitimate business interests and do not establish a sufficient link to justify a housing provider's decision to revoke an offer:

- "I don't want a hot spot for law enforcement"
- "The applicant seems likely to commit another crime and I want tenant safety"
- "This is a family building"
- "We don't want bad guys hanging around"
- "My tenants don't want criminals"
- "My insurance rates will go up"
- "This will impact my property value"

Revoking a Conditional Offer of Housing

Before a covered housing provider can revoke a conditional offer because of your criminal history, the housing provider **MUST** take the following steps:

1. Do an individualized assessment of your reviewable convictions **AND** the information you provided
2. Give you copies of all documents that it received and/or reviewed
3. Give you a written statement that explains:
   - the decision to revoke based on your conviction history **AND** the link to a legitimate business interest
   - how your individual information and circumstances were taken into account

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Exemptions for Housing Providers

- Housing provider-occupied properties with 2 or fewer rooms or units are not covered by the NYC Fair Chance Housing Law.
- State or federally funded housing providers, including public housing authorities that are required or authorized to take specific actions related to criminal history **CAN** take such specific actions without violating the NYC Fair Chance Housing Law.

For additional information about tenants' and buyers' rights & housing providers' responsibilities under the NYC Fair Chance Housing Law, and to see this notice in multiple languages, visit NYC.gov/FairChanceHousing.

REMINDER: All New Yorkers have a right to be free from retaliation in housing. It is illegal for housing providers in NYC to punish you or treat you negatively for telling them about your rights or for reporting discrimination or harassment.

CONTACT 22 Reade Street, New York, NY 10007 212-416-0197 www.nyc.gov/HumanRights

HOME STARTS HERE

FEE GUIDE FOR
550 Prospect

Welcome! We're excited to have you here! To make things simple and clear, we've put together a list of potential fees you might encounter as a current or future resident. This way, you can easily see what your initial and monthly costs might be. To help budget your monthly fixed costs, add your base rent to the Essentials and any Personalized Add-Ons you will be selecting. Our goal is to help you plan your budget with ease, enhancing your rental home experience

MOVE-IN BASICS

Application Fee	$20.00	per leaseholder/once	required
Security Deposit (Refundable)	100.00%	per unit/once	required

ESSENTIALS

Community Amenity Fee	$75.00	per unit/month	required
Utility - Electric - Third Party	usage-based	per unit/month	required
Utility - Water/Sewer - Third Party	included in rent	per unit/month	required

SITUATIONAL FEES

Late Fee	$50.00	per occurrence
Non-Sufficient Funds (NSF)	$50.00	per occurrence
Access Device - Replacement	$40.00	per occurrence

Signed by Miguel Matias Fuentes
Fri Jun 12 2026 08:41:32 PM EDT
Key: 5A84AE49; IP Address: 10.33.14.4

Miguel Matias Fuentes *(Tenant)* *Date*

If you have any questions or just want to chat about your fees, our friendly Leasing Agents are here to help! Feel free to stop by, give us a call, or send a message - we're excited to assist you!

Standard Security Deposit subject to change based on screening results.
Resident may be responsible for maintaining insurance pursuant to the Lease.
Some fees may not apply to apartment homes subject to an affordable program.

Resident is responsible for damages that exceed ordinary wear and tear.
Some items may be taxed under applicable law.
This form does not modify the Lease.

Date of Issuance: 6/11/2025

FARE M.N.S REAL ESTATE NYC

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 Miguel Matias Fuentes

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. **Application Approved by Malgorzata Warchol on 6/14/2026**.

Score for Miguel Matias Fuentes: 793		
	Importance	**Result**
AI Score	Pass/Fail	
No Credit	Pass/Conditional	
Total annual income to rent ratio exceeds 30.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No rental collections	Pass/Fail	

Credit Quick Summary	
Total annual income (reported by Applicant)	$201,400.00
Total combined annual income to rent ratio	58.08 (based on rent of $4,200.00)
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	$30,883.00 ($0.00 past due)
Outstanding revolving debt	$664.00 (2% of limit) ($0.00 past due)
Outstanding loan balance	$30,219.00 ($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:	Miguel Matias Fuentes	MIGUEL M. FUENTES
SSN:	***-**-****	***-**-****
Birth Date:	7/**/1998	7/**/1998

Addresses	From Application	From Equifax
	500 West St Amherst, MA 01002 - US	500 WEST ST. 18 AMHERST, MA 01002 (Applicant) Reported 6/2026 200 WASHINGTON AVE. TALLEYVILLE, DE 19803 (Applicant) Reported 3/2026 183 COLONIAL VLG. AMHERST, MA 01002 (Applicant) Reported 1/2024

Employment	From Application	From Equifax
Applicant:	Principal Associate, Data Scientist Capital One $201,400.00/Yr. Total annual Income: $201,400.00	

Restricted Person Search		
Requested For Miguel Matias Fuentes	**Requested** 6/13/2026	**Returned** 6/13/2026
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	793	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description

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

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	745	The date that you opened your oldest account is too recent The balances on your accounts are too high compared to loan amounts Lack of sufficient credit history Lack of sufficient relevant real estate account information

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
ED FINANCIAL/ESA (Applicant)	8/2018	4/2026				$0.00	$8,001.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,836.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED FIXED RATE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2017	4/2026				$0.00	$7,827.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$6,573.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED FIXED RATE Rate/Status 1: Pays account as agreed			

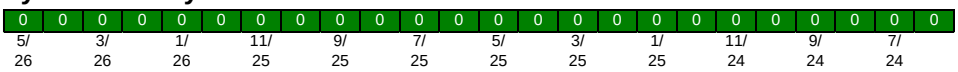
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2019	4/2026				$0.00	$7,826.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$7,072.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED FIXED RATE Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
ED FINANCIAL/ESA (Applicant)	8/2016	4/2026				$0.00	$6,565.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,500.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED FIXED RATE Rate/Status 1: Pays account as agreed			

Rental Report for Miguel Matias Fuentes, 6/13/2026 for 404 at 550 Prospect

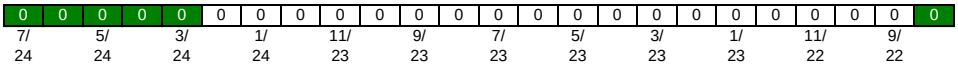
Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	1/2019	4/2026					$664.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$35.00	$6,951.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History



Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DISCOVER CARD (Applicant)	6/2018	4/2022					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$658.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History



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 b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing information in your credit report without your express authorization. A security freeze must be requested in writing by certified or overnight mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

To place a security freeze on your credit report, you must contact each of these credit reporting agencies:

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
(800) 685-1111
https://www.freeze.equifax.com

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
(888) 397-3742
https://www.experian.com/freeze/center.html

TransUnion LLC
P.O. Box 2000
Chester, PA 19022-2000
(888) 909-8872
www.transunion.com/personal-credit/credit-disputes/credit-freezes.page

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, government services or payments, insurance, rental housing, employment, investment, license, cellular phone, utilities, digital signature, Internet credit card transaction, or other services, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report to a specific party or for a period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:
1. The personal identification number or password;
2. Proper identification to verify your identity;
3. The proper information regarding the party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report; and
4. Payment of any applicable fee.

A consumer reporting agency must authorize the release of your credit report no later than three business days after receiving the above information.

A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities.

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

Additional rights under your state's law, which are also in the federal Fair Credit Reporting Act, are explained in the enclosed Summary of Your Rights under the Fair Credit Reporting Act.

MASSACHUSETTS

DRIVER'S LICENSE

USA

4a ISS 07/29/2024

4d NUMBER SA7781348

4b EXP 07/17/2029

3 DOB 07/17/1998

9 CLASS D

12 REST B

9a END NONE

1 FUENTES

2 MIGUEL MATIAS

8 500 WEST ST
APT 18
AMHERST, MA 01002-3328

18 EYES BRO

15 SEX M 16 HGT 5'-08"

DONOR

5 DD 07/30/2024 Rev 02/22/2016

07/17/98

Capital One Headquarters
1680 Capital One Drive
McLean, VA 22102

01/15/2026

Miguel Fuentes
500 West St Apt 18
Amherst, Massachusetts 01002

Dear Miguel,

Congratulations! We are excited to offer you an opportunity to join Capital One as a Principal Associate, Data Scientist - Privacy-preserving Machine Learning and Analytics!

During your interview process, we discussed the responsibilities of the role, and there's no doubt your unique skills, talents and perspective will be a valuable addition to our team. We're on a journey to bring simplicity and humanity to banking, while providing our associates the chance to do the most meaningful work of their careers - and we're thrilled to have you join us!

Capital One is pleased to confirm the following offer:

Compensation
Your base salary for this position will be $201,400.00 annually, subject to applicable taxes and withholdings. Your salary will normally be reviewed annually beginning in the first full calendar year following the beginning of your employment. If you begin employment on or after October 1, you will be eligible for your first salary increase during the year-end cycle following your one-year anniversary. Capital One pays all associates on a bi-weekly schedule. Paychecks are issued every other Friday, after the close of the pay period, and will be sent via direct deposit to your designated bank or via check to your home location. If the pay day falls on a holiday, checks will be issued on the last business day prior to the holiday.

Corporate Incentive Plan - Annual Cash Bonus
You will have an opportunity to participate in an annual cash bonus program, subject to the eligibility requirements and other terms and conditions of the Capital One Managing Vice President and Below Corporate Incentive Plan Standard ("CIP") ("CIP Cash Bonus"). Your current total range of opportunity is $0 to $20,000, which includes a target opportunity of $10,000 for "Strong" performance (i.e., performance that meets expectations). The actual CIP Cash Bonus amount will be determined based on individual performance and other factors. If your start date is before October 1, your initial CIP Cash Bonus will be prorated based on your start date with Capital One. If you start on or after October 1, your first opportunity to participate in the CIP Cash Bonus program will be for the performance year beginning in the year after your hire. Annual CIP Cash Bonuses are paid no later than March 15 of the calendar year following the performance year on which the awards are based. Proration will apply for certain other events as outlined within the CIP (e.g., unpaid leave of absence, role changes, reduced schedule). The CIP Cash Bonus is subject to approval by the Compensation Committee of the Board of Directors of Capital One (the "Compensation

Committee") or its authorized delegate. All awards under the CIP are discretionary and may be adjusted based on business circumstances.

Sign-On Bonus

You will receive as a "Sign-On Bonus" a lump sum cash payment of $30,000.00 ("Sign-On Bonus"), less applicable taxes and withholdings, within 30 days following commencement of employment.

If you voluntarily terminate your employment with Capital One, or if your employment is involuntarily terminated by Capital One for Cause (as defined below), within one year of your Start Date, you will be required and you agree to repay the above amount paid as a Sign-On Bonus ("Repayment Amount") in its entirety.

You agree that the Repayment Amount is a debt payable to Capital One that is due and demandable on the effective date of your voluntary termination or termination for Cause within the time periods referenced in the above paragraph. You further agree that you shall repay the Repayment Amount to Capital One within 30 days of the effective date of your voluntary termination or termination for Cause and that, to the extent you fail to do so, you agree and authorize that the Repayment Amount to be deducted from any remaining wages or payments you may be owed by Capital One to the extent permitted by applicable law. In the event that you fail to repay the Repayment Amount in full as required above, Capital One retains the right to collect all remaining amounts due through any means permitted by law, and you agree that if you fail to pay any such amounts in full by the date required above that in addition to such amount you shall pay to Capital One any and all costs and fees (including attorneys' fees) incurred by Capital One to collect in full such amount or any portion thereof.

The term "Cause" means any of the following during your employment, as determined by Capital One in its sole discretion: (1) failure by you to perform your duties with Capital One (other than any such failure resulting from incapacity due to physical or mental illness); (2) misconduct in the performance of your duties including, without limitation, theft, falsification of documents, mistreatment of other employees, violence, drug or alcohol use in the workplace, conduct that violates Capital One's policies against discrimination and/or harassment, and serious acts of insubordination; (3) a violation or breach by you of any agreement with Capital One or any code of conduct, business, compliance, or risk policy or standard of ethics generally applicable to associates or to associates of your level at Capital One; (4) your breach of a duty of honesty, fiduciary duty, and/or duty of good faith; (5) your conviction or entry into a pretrial diversion program for any criminal offense for which Capital One excludes from employment any employee in a similar role or position; (6) your material failure to perform any of the essential functions of your position, failure to meet the reasonable and lawful attendance expectations of Capital One for you, or your failure to remain fully engaged and meet Capital One's reasonable and good faith performance expectations (as noted above); (7) your engaging in any knowing or intentional conduct that causes material injury to Capital One; or (8) your failure to satisfy any of Capital One's pre-employment requirements, including but not limited to failure to satisfactorily complete and pass; all criminal history and other background, reference, and transcript checks required for your role; failure to comply with all policies for new hires; and failure to start work by the date.

Relocation

Because this position would require you to relocate, Capital One will provide you with comprehensive relocation support. As you consider your offer, you will be able to review the relocation benefits Capital One offers to you through Point C, your relocation benefit selection tool. You will receive 187 credits to customize your specific relocation benefits and services. This early access to Point C means you can begin reviewing your benefits and designing your relocation journey prior to accepting the position. (Note: please do not take any action regarding your relocation outside of Point C as doing so may jeopardize your eligibility for some of your benefits; see the Relocation Guide for actual terms.) Your relocation is considered taxable and any applicable federal, state, local and FICA tax liability will be paid on your behalf by Capital One.

In consideration of Capital One's payment of such relocation expenses, if you voluntarily terminate your employment from Capital One, or if your employment is involuntarily terminated by Capital One for "Cause," within two years of the effective date of your employment, you will be required and you agree to reimburse Capital One within 90 days of your termination for all expenses related to your relocation. The total expenses required for repayment will be prorated on a semi-annual basis during the two years of employment. If you receive any relocation benefits prior to your actual start date in the new role, but cease to commence employment with Capital One, you will be required to repay these expenses within 90 days of (1) the date you inform Capital One that you do not wish to accept the offer, or (2) your scheduled start date, if later. Additionally, you will be responsible for any tax liabilities, credits, and/or deductions that you may incur as a result of relocation.

The term "Cause" means any of the following during your employment, as determined by Capital One in its sole discretion: (1) failure by you to perform your duties with Capital One (other than any such failure resulting from incapacity due to physical or mental illness); (2) misconduct in the performance of your duties including, without limitation, theft, falsification of documents, mistreatment of other employees, violence, drug or alcohol use in the workplace, conduct that violates Capital One's policies against discrimination and/or harassment, and serious acts of insubordination; (3) a violation or breach by you of any agreement with Capital One or any code of conduct, business, compliance, or risk policy or standard of ethics generally applicable to associates or to associates of your level at Capital One; (4) your breach of a duty of honesty, fiduciary duty, and/or duty of good faith; (5) your conviction or entry into a pretrial diversion program for any criminal offense for which Capital One excludes from employment any employee in a similar role or position; (6) your material failure to perform any of the essential functions of your position, failure to meet the reasonable and lawful attendance expectations of Capital One for you, or your failure to remain fully engaged and meet Capital One's reasonable and good faith performance expectations (as noted above); (7) your engaging in any knowing or intentional conduct that causes material injury to Capital One; or (8) your failure to satisfy any of Capital One's pre-employment requirements, including but not limited to failure to satisfactorily complete and pass; all criminal history and other background, reference, and transcript checks required for your role; failure to comply with all policies for new hires; and failure to start work by the date.

Associates being sponsored for work authorization (e.g. H-1B, F1, TN) and receiving relocation support from Capital One must be in their destination location on/before their first day of employment.

Relocation Guide for US Domestic Moves

Benefits

As a full-time or part-time associate, you will be eligible to participate in Capital One's benefit programs subject to the terms of applicable plan and program documents. Some benefits such as the Health and Welfare plans (medical, dental, vision, life, short-term disability and long-term disability) are only available to associates who are regularly scheduled to work 20 or more Standard Hours per week. Standard Hours are the number of hours associates are scheduled to work each week, as maintained in Capital One's system of record (Workday). Standard Hours are used to determine benefits eligibility and are maintained by People Leaders in Workday. Standard Hours may not be reflective of actual hours worked in any given week.

Most benefits will be effective on your first day of employment, provided you enroll within 31 days of your hire date. For details about Capital One's benefits, please go to https://www.capitalonecareers.com/benefits. These plans and programs may, from time to time, be amended or terminated at the discretion of Capital One.

Company Onboarding

Your Onboarding Team is here to provide the support, tools, and information you need to jumpstart a successful career at Capital One.

On your first day, we'll introduce you to our company values and business strategies, and give you the opportunity to network with other new associates, experiencing our culture first-hand. Once your start date is confirmed, we'll be in touch with further details, including anything you'll need to do prior to your first day.

Please be advised that this offer letter does not constitute an employment contract for a particular term or length of employment and that your employment with Capital One is at-will. You or Capital One may terminate your employment at any time and for any reason. Capital One also reserves the right to alter or change the terms and conditions of your employment at any time and for any reason, including, but not limited to adding, modifying or discontinuing its compensation and benefit programs at any time. This letter is not a guarantee of any compensation or benefits to be paid in the future. To the extent that any benefits or compensation described in this letter are provided pursuant to a plan, the terms and conditions of such plan, as may be modified, amended, or terminated by Capital One at its discretion at any time, shall govern the terms and conditions of your eligibility for and entitlement to such benefits or compensation.

Capital One respects the intellectual property rights of third parties and fair competition. Please ensure that you have reviewed all agreements, policies and offer letters with your current and prior employer(s) (including equity and compensation agreements) to identify any restrictive agreements or provisions that limit your ability to compete or fully perform your anticipated duties at Capital One. If you identify any such agreement or provision that you have not disclosed and shared with us, please immediately notify us and arrange to provide a copy so that we can assess, and set our expectation as to your compliance with these requirements. If you have such an agreement or provision, and are prohibited from sharing it with us by your employer (or prior employer), please immediately notify us so that we may discuss.

By accepting this offer, you represent that:

- you are not subject to any agreement or other restriction that is now, or will be, in effect that prohibits you from taking this role;
- you have fully disclosed and provided Capital One with a copy of any non-compete, garden leave, and non-solicitation of customer or employee agreement or provision, or other similar restrictive agreements or provisions, to which you are a party and that is now, or will be, in effect (and which you are permitted to disclose); and,
- you are in compliance with, and will continue to comply with, all such restrictive agreements or provisions.

Your offer and employment is contingent on these representations and full disclosures.

Finally, by accepting this offer, you understand and agree that in the course of your employment with Capital One, you are not permitted to make any unauthorized use of documents or other information that is the confidential, trade secret or proprietary information of another individual or company, including your current and former employers.

This offer is contingent upon satisfactory completion and passing of all criminal history and other background, reference, and transcript checks required for your role, obtaining any required licenses and/or certifications for your role, complying with policies for new hires, starting work by the date required by the company, and signing and returning applicable agreements. If you are unable to start on your agreed upon start date, Capital One reserves the right to rescind this offer.

Miguel, if you have any questions about this offer, or if I can help you with anything as you transition, please feel free to reach out to me at any time.

If you accept these terms, please eSign at the bottom of this page.

I am sincerely excited for this new step in your career and look forward to officially welcoming you to Capital One!

Riley Anderson
Capital One Recruiting

Capital One Promotes A Drug Free Workplace

By electronically signing this document, I certify that I have read and understand the details and requirements included within this offer of employment and I agree to the stated terms without modification or condition.

Miguel Fuentes

TD Bank
America's Most Convenient Bank®

E STATEMENT OF ACCOUNT

Go paperless.
Scan the QR code to opt in to paperless statements.

MIGUEL M FUENTES
500 WEST ST APT 18
AMHERST MA 01002-3328

Page: 1 of 2
Statement Period: Apr 04 2026-May 03 2026
Cust Ref #: 4325366171-630-E-***
Primary Account #: 432-5366171

TD Convenience Checking

MIGUEL M FUENTES

Account # 432-5366171

ACCOUNT SUMMARY

Beginning Balance	12,814.76	Average Collected Balance	14,137.72
Electronic Deposits	3,104.36	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Electronic Payments	163.97	Annual Percentage Yield Earned	0.00%
Ending Balance	15,755.15	Days in Period	30

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	$0.00	$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
04/08	ACH DEPOSIT, COMMONWEALTH OF UM PAYROLL 10250045	723.42
04/15	ACH DEPOSIT, COMM. OF MASS. MASTTAXRFD XXXXX1095	217.00
04/16	ACH DEPOSIT, IRS TREAS 310 TAX REF ****01095200908	458.00
04/22	ACH DEPOSIT, COMMONWEALTH OF UM PAYROLL 10250045	723.42
05/01	ACH DEPOSIT, TD BANK NA ZELLE SOPHIA GOROWARA	982.52
	Subtotal:	3,104.36

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
04/15	ELECTRONIC PMT-WEB, EVERSOURCE WEB_PAY ****3720041326	163.97
	Subtotal:	163.97

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
04/03	12,814.76	04/16	14,049.21
04/08	13,538.18	04/22	14,772.63
04/15	13,591.21	05/01	15,755.15

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	**Ending Balance**	15,755.15
2	**Total Deposits**	+
3	**Sub Total**	
4	**Total Withdrawals**	-
5	**Adjusted Balance**	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

4 WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

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

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

E **STATEMENT OF ACCOUNT**

MIGUEL M FUENTES
500 WEST ST APT 18
AMHERST MA 01002-3328

Statement Period: May 04 2026-Jun 03 2026
Cust Ref #: 4325366171-630-E-***
Primary Account #: 432-5366171

2026 Annual Privacy Notice

Privacy Notice: Our privacy notice describes how we collect, share and protect your personal information. It has not materially changed since May 2015. For a copy, go to tdbank.com/exc/pdf/privacy_shareinformation.pdf or call 888-937-1050.

TD Convenience Checking

MIGUEL M FUENTES

Account # 432-5366171

ACCOUNT SUMMARY

Beginning Balance	15,755.15	Average Collected Balance	13,974.86
Electronic Deposits	6,332.63	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Electronic Payments	6,682.88	Annual Percentage Yield Earned	0.00%
Ending Balance	15,404.90	Days in Period	31

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	$0.00	$0.00

If you would like written communication in an alternative accessible format, please contact us at 1-866-610-8501 Ext 2030 or dial 711 for TTY, Mon-Fri 9-6 EST. We offer Large Print, Accessible PDF, Braille (uncontracted or contracted) or Audio CD.

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
05/06	ACH DEPOSIT, COMMONWEALTH OF UM PAYROLL 10250045	723.42
05/15	TD ZELLE RECEIVED, 613500G0B40O Zelle JUAN FUENTES	2,000.00
05/20	ACH DEPOSIT, COMMONWEALTH OF UM PAYROLL 10250045	723.42
06/01	ACH DEPOSIT, TD BANK NA ZELLE SOPHIA GOROWARA	982.52
06/03	ACH DEPOSIT, COMMONWEALTH OF UM PAYROLL 10250045	1,903.27
	Subtotal:	6,332.63

Electronic Payments

POSTING DATE	DESCRIPTION		AMOUNT
05/04	ELECTRONIC PMT-WEB, INNAGO LLC INNAGO LLC	IPM2JJGAM	2,027.27
05/20	ELECTRONIC PMT-WEB, CHASE CREDIT CRD EPAY ****490465		4,593.35
06/02	ELECTRONIC PMT-WEB, INNAGO LLC INNAGO LLC	I6MERGEOY	62.26
	Subtotal:		6,682.88

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	**Ending Balance**	**15,404.90**
2	**Total Deposits**	+
3	**Sub Total**	
4	**Total Withdrawals**	-
5	**Adjusted Balance**	

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

4 WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

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

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

STATEMENT OF ACCOUNT

MIGUEL M FUENTES

Statement Period: May 04 2026-Jun 03 2026
Cust Ref #: 4325366171-630-E-***
Primary Account #: 432-5366171

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
05/03	15,755.15	05/20	12,581.37
05/04	13,727.88	06/01	13,563.89
05/06	14,451.30	06/02	13,501.63
05/15	16,451.30	06/03	15,404.90

April 14, 2026

Re: Housing reference for Miguel Fuentes and Sophia Gorowara

Dear Prospective Landlord:

Miguel Fuentes and Sophia Gorowara have been leasing my two-bedroom condominium in Amherst, Massachusetts since July 2023. I am writing without reservation to recommend them as tenants.

Miguel and Sophia have been outstanding in every respect. Rent has always been paid on time. They're honest. On the occasions when they had a guest stay for an extended period, they proactively disclosed this to me, understanding that additional rental charges applied.

As the owner of a condominium in a predominantly owner-occupied complex, I am acutely aware that my neighbors did not sign up to live alongside renters. Miguel and Sophia have been thoughtful, considerate members of the Courtyard Condominium community. I have received no complaints during their entire tenancy.

As I currently live in Arizona, I rely on my tenants to be responsible stewards of the property without my being physically present. Miguel and Sophia have done exactly that. They've agreed to show the unit to prospective tenants as I prepare to re-rent it following their departure.

While I currently work in the education field, I spent a decade managing approximately 150 residential units in the Seattle area. I have worked with hundreds of tenants over the course of that career. Miguel and Sophia are among the very best. I wish they weren't leaving Amherst, but I wish them the best as they embark on new opportunities in New York City.

Please feel free to contact me with any questions at 520-554-9045 or blueagave2018@gmail.com. I am happy to speak with you directly.

Sincerely,

David Wagner
Owner of 500 West Street, Unit 18, Amherst, Massachusetts

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 01-09-25
Next Rabies Vaccination Due On: 01-09-28

VETERINARY HOSPITAL
Valley Veterinary Hospital, LLC.
320 Russell St.
Hadley, MA 01035
413-584-1223

OWNER OF ANIMAL
Miguel Fuentes
500 West St Apt 18
Amherst, MA 01002
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information:

PATIENT: Juno
SPECIES: Feline
SEX: Spayed Female
AGE: 4Y
Color and markings: Black

TAG NO: 900557
BREED: Domestic Medium Hair
WEIGHT: 10.04
MICROCHIP: 985113008539526

Signed: Malaina Rhodes, DVM

Doctor: Malaina Rhodes, DVM **License:** 8121

Rabies Vaccine Information:

MFG BY: NOBIV
BRAND: RABIES
TYPE: KIL

SER.NO: 736047
LOT EXP: 11/14/25
ADM: SQ

Vaccination History

Date Done:			Date Due:
05-06-25	MPL	FVRCP 2 Year Vaccine	
01-09-25	MPL	Rabies Vaccine 3 Year	01-09-28
03-16-24	LC	FVRCP 2 of 2	
02-19-24	LC	FVRCP 1 of 2	
01-16-24	***	Rabies Vaccine 1 Year	

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 01-09-25
Next Rabies Vaccination Due On: 01-09-28

VETERINARY HOSPITAL
Valley Veterinary Hospital, LLC.
320 Russell St.
Hadley, MA 01035
413-584-1223

OWNER OF ANIMAL
Miguel Fuentes
500 West St Apt 18
Amherst, MA 01002
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information:

PATIENT: Luna
SPECIES: Feline
SEX: Spayed Female
AGE: 4Y
Color and markings: Black/White

TAG NO: 900571
BREED: Domestic Short Hair
WEIGHT: 9.22
MICROCHIP: 985113008526747

Signed: Malaina Rhodes DVM

Doctor: Malaina Rhodes, DVM **License:** 8121

Rabies Vaccine Information:

MFG BY: NOBIV
BRAND: RABIES
TYPE: KIL

SER.NO: 736047
LOT EXP: 11/14/25
ADM: SQ

Vaccination History

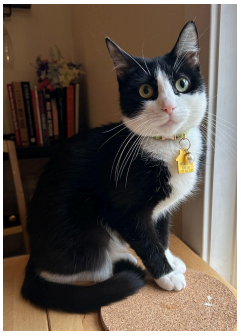
Date Done:		Date Due:
05-06-25	MPL FVRCP 2 Year Vaccine	
01-09-25	MPL Rabies Vaccine 3 Year	01-09-28
03-16-24	LC FVRCP 2 of 2	
02-19-24	LC FVRCP 1 of 2	
01-19-24	*** Rabies Vaccine 1 Year	

Tennents: Miguel Fuentes + Sophia Gorowara

Juno Gorowara-Fuentes

Age	4 years old
Breed	Domestic Medium Hair Feline, Black
Weight	10 pounds
Spayed	January 2024
Temperament	• Playful loving cat, loves scratches under her chin and behind her ears • Enjoys long naps and is often regally lounging around the house • Loves to watch birds and catching light and shadows from the sun
Living Situation	• Indoor ONLY • Litter trained
Shots	Up to date through January 2025 Next vet appointment: May 2026
Veterinary Contact	Valley Veterinary Hospital 320 Russell St, Hadley, MA 01035 (413) 584-1223

Tennents: Miguel Fuentes + Sophia Gorowara



Luna Gorowara-Fuentes

Age	4 years old
Breed	Domestic Short Hair Feline, Tuxedo
Weight	9 pounds
Spayed	January 2024
Temperament	• Calm, curious cat. A little bit shy around strangers, but always well behaved. • Enjoys long naps and cuddles with her people • Big fan of string: loves batting around balls of yarn or watching someone sew or knit.
Living Situation	• Indoor ONLY • Litter trained
Shots	Up to date through January 2025 Next vet appointment: May 2026
Veterinary Contact	Valley Veterinary Hospital 320 Russell St, Hadley, MA 01035 (413) 584-1223

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
MIGUEL M	FUENTES	222 90 1095
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	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. ☒
500 WEST ST	18	

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**
AMHERST	MA	01002	
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:
☐ 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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	40,076.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	40,076.
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	0.
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	40,076.
10	Adjustments to income from Schedule 1, line 26	10	0.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	40,076.

Attach Sch. B if required.

Tax and Credits

	11b	Amount from line 11a (adjusted gross income)	11b	40,076.
	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	15,750.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	15,750.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	24,326.
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	2,681.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	2,681.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	0.
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,681.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	2,681.

Payments and Refundable Credits

	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	3,139.	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c			25d 3,139.
	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.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):			
	27a	Earned income credit (EIC)	27a		
	b	Clergy filing Schedule SE (see instructions) ☐			
	c	If you do not want to claim the EIC, check here ☐			
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Refundable adoption credit from Form 8839, line 13	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32
	33	Add lines 25d, 26, and 32. These are your **total payments**			33 3,139.

Refund

	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	458.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	458.
Direct deposit? See instructions.	b	Routing number 031201360 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 432536617 1		
	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	0.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation: RESEARCH ASSISTANT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 678512
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. 302-332-0176 | Email address

Paid Preparer Use Only

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

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
COMMONWEALTH OF MASSACHUSETTS
UNIVERSITY OF MASSACHUSETTS
50 WASHINGTON STREET, SUITE 3000
WESTBOROUGH MA 01581

e Employee's name, address, and ZIP code — Suff.
MIGUEL MATIAS FUENTES
500 WEST STREET APT 18
AMHERST MA 01002-3328

b Employer identification number (EIN): 04-6002284
a Employee's social security no.: 222-90-1095

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
	40076.32	3139.45
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips	6 Medicare tax withheld
	9441.60	136.90
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		G 708.12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b
	UD 129.00	DD 4378.50
		12c
		12d

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	046002284	40076.32	1793.93			

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0029

Dept. of the Treasury - IRS

Visit the IRS Web Site at **www.irs.gov/efile**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
COMMONWEALTH OF MASSACHUSETTS
UNIVERSITY OF MASSACHUSETTS
50 WASHINGTON STREET, SUITE 3000
WESTBOROUGH MA 01581

e Employee's name, address, and ZIP code — Suff.
MIGUEL MATIAS FUENTES
500 WEST STREET APT 18
AMHERST MA 01002-3328

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		12c
		12d

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	046002284	40076.32	1793.93			

Copy C For EMPLOYEE'S RECORDS

OMB No. 1545-0029

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
COMMONWEALTH OF MASSACHUSETTS
UNIVERSITY OF MASSACHUSETTS
50 WASHINGTON STREET, SUITE 3000
WESTBOROUGH MA 01581

e Employee's name, address, and ZIP code — Suff.
MIGUEL MATIAS FUENTES
500 WEST STREET APT 18
AMHERST MA 01002-3328

b Employer identification number (EIN): 04-6002284
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13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b
	UD 129.00	DD 4378.50
		12c
		12d

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	046002284	40076.32	1793.93			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0029

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2025

c Employer's name, address, and ZIP code
COMMONWEALTH OF MASSACHUSETTS
UNIVERSITY OF MASSACHUSETTS
50 WASHINGTON STREET, SUITE 3000
WESTBOROUGH MA 01581

e Employee's name, address, and ZIP code — Suff.
MIGUEL MATIAS FUENTES
500 WEST STREET APT 18
AMHERST MA 01002-3328

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		G 708.12
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	12b
	UD 129.00	DD 4378.50
		12c
		12d

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	046002284	40076.32	1793.93			

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OMB No. 1545-0029 5206

Dept. of the Treasury - IRS