

## APPLICATION FOR RENTAL

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

|                                                                                             |                                                   |                                    |                                                                                                        |
|---------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------|
| BUILDING/APARTMENT:<br>Apt # 215                                                            | RENT:                                             | SECURITY DEPOSIT:                  | AGENT:                                                                                                 |
| START DATE:                                                                                 | LEASE LENGTH:                                     | BROKER:                            | BROKER PHONE:                                                                                          |
| <b>APPLICANT INFORMATION</b>                                                                |                                                   |                                    |                                                                                                        |
| FIRST NAME<br>Kamari                                                                        | M.I.<br>Brendan                                   | LAST NAME<br>Purcell               | SUFFIX<br>SSN<br>***-**-****                                                                           |
| HOME PHONE<br>(818) 732-5685                                                                | WORK PHONE                                        | CELL PHONE<br>(   )                | EMAIL<br>kamaribrendanpurcell@gmail.com                                                                |
| STREET ADDRESS                                                                              |                                                   | CITY                               | STATE      ZIP                                                                                         |
| LANDLORD/MANAGING AGENT NAME                                                                |                                                   | LANDLORD/MANAGING AGENT PHONE      | LANDLORD/MANAGING AGENT FAX      LANDLORD/MANAGING AGENT EMAIL                                         |
| MONTHLY RENT                                                                                | DATE IN                                           | DATE OUT                           | REASON FOR LEAVING<br>We would like a larger apartment.                                                |
| <b>BACKGROUND INFORMATION</b>                                                               |                                                   |                                    |                                                                                                        |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY?<br>NO                                             |                                                   |                                    |                                                                                                        |
| DO YOU HAVE ANY CRIMINAL CHARGES PENDING, AWAITING DISPOSITION OR LOOMING IN ANY WAY?<br>NO |                                                   |                                    |                                                                                                        |
| <b>BANK INFORMATION</b>                                                                     |                                                   |                                    |                                                                                                        |
| CHECKING ACCOUNT BANK NAME                                                                  | ACCOUNT NUMBER                                    |                                    | PHONE NUMBER<br>(   )                                                                                  |
| SAVINGS ACCOUNT BANK NAME                                                                   | ACCOUNT NUMBER                                    |                                    | PHONE NUMBER<br>(   )                                                                                  |
| OTHER ACCOUNT BANK NAME                                                                     | ACCOUNT NUMBER                                    |                                    | PHONE NUMBER<br>(   )                                                                                  |
| <b>EMPLOYMENT &amp; INCOME INFORMATION</b>                                                  |                                                   |                                    |                                                                                                        |
| OCCUPATION - PRESENT<br>Credit Risk Analyst                                                 | EMPLOYER/COMPANY<br>New York Federal Reserve Bank | SUPERVISOR NAME<br>Kevin Hutchings | SUPERVISOR PHONE<br>SUPERVISOR FAX<br>SUPERVISOR EMAIL<br>kevin.hutchings@ny.frb.org                   |
| OCCUPATION - <input type="checkbox"/> ADD'L <input type="checkbox"/> PREVIOUS               | EMPLOYER/COMPANY                                  | SUPERVISOR NAME                    | SUPERVISOR PHONE<br>(   )      SUPERVISOR FAX      SUPERVISOR EMAIL      ANNUAL SALARY      START DATE |
| <b>BUSINESS/CPA REFERENCES (if self-employed)</b>                                           |                                                   |                                    |                                                                                                        |
| NAME                                                                                        | ADDRESS                                           | PHONE<br>(   )                     | RELATIONSHIP                                                                                           |

I warrant that all statements above set forth are true. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby give my permission to conduct inquiries concerning my income, credit history, residence, banking relationships, character and reputation for the purpose of verifying information, provided by me, on any apartment rental/purchase application. If this application is approved, I further authorize Owner or its agent(s) to conduct further credit inquiries. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, OFAC search, and landlord/tenant court record search will be done in conjunction with my application. I hereby hold On-Site Manager, Inc., Owner, and its agents free and harmless of any liability for providing written or verbal information and/or discussing the quality of my tenancy with current and former landlords property managers, supervisors, or employers. No representations or agreements by Salespersons, Brokers or others are to be binding on Owner, and/or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I represent that Owner makes no guarantee regarding the status of this application or the availability of any apartment. If a lease is approved and executed, this completed application form becomes a part of that certain lease.

#### NEW YORK CITY TENANT FAIR CHANCE ACT

Pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq., we are required to provide you with the following disclosure:

- 1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing.
- 2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.
- 3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; [www.on-site.com/renter-relations/](http://www.on-site.com/renter-relations/).
- 4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from [www.annualcreditreport.com](http://www.annualcreditreport.com).

An electronic signature was received on June 19, 2026 by RAENITA / L / SPRIGGS.



**Signed by Kamari Brendan Purcell**

Fri Jun 19 2026 03:32:06 PM EDT

Key: A542350F; IP Address: 10.33.14.4

Kamari Brendan Purcell (Applicant)

Date

**The following charge(s) will appear on your card statement as "ClickPay"**

#### Application Fee for Kamari Brendan Purcell - Charge Details

| Name on Card                                                                                              | Account Number   | Reference Number | Authorized |
|-----------------------------------------------------------------------------------------------------------|------------------|------------------|------------|
| Raenita Spriggs                                                                                           | XXXXXXXXXXXX3822 | 16725845         | \$20.00    |
| This card has been authorized for the amount above and will be charged when the application is processed. |                  |                  |            |



## AUTHORIZATION TO RELEASE RECORDS

EMAIL TO: [verifications@on-site.com](mailto:verifications@on-site.com)

I authorize the below parties to verify any and all requested information and to provide written support as necessary to On-Site.com.

\_\_\_\_\_  
(PRINT Applicant Name)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
Date

*Please ensure that the below information is completed IN FULL. Inform your references that On-Site.com will be contacting them, and indicate the importance of a prompt response.*

**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 Kamari Brendan Purcell****The property's screening criteria result**

**8.9 / 10  
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 Kamari Brendan Purcell: 8.3 / 10**

|                                                                                        | Importance | Result |
|----------------------------------------------------------------------------------------|------------|--------|
| Total monthly income to rent ratio exceeds 3.0                                         | Extremely  |        |
| Gross monthly income after rent and estimated debt exceeds 25.0% of the monthly income | Extremely  |        |
| Maximum percentage of past due negative accounts is less than 25.0%                    | Very       |        |
| Unpaid collections and grossly delinquent past due balances do not exceed \$50.00      | Very       |        |
| May have been through a bankruptcy                                                     | Extremely  |        |



| Credit Quick Summary                                                                                                                             |                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| Custom scoring for this report:                                                                                                                  |                                          |  |
| Medical collections not considered      Student loans not considered      Do not consider foreclosures.<br>Do not consider mortgages in default. |                                          |  |
| Total monthly income (reported by Applicant)                                                                                                     | \$16,116.67                              |  |
| Total combined monthly income to rent ratio                                                                                                      | 4.85 (based on rent of \$4,150.00)       |  |
| Estimated monthly debt and rent payments                                                                                                         | \$2,100.00 (13% of monthly income)       |  |
| Total number of accounts                                                                                                                         | 3                                        |  |
| Accounts with no late payments                                                                                                                   | 2 (0 unpaid past due)                    |  |
| Accounts paid 30-59 days past due                                                                                                                | 0 (0 unpaid past due)                    |  |
| Accounts paid 60-89 days past due                                                                                                                | 0 (0 unpaid past due)                    |  |
| Accounts paid more than 90 days past due                                                                                                         | 1 (0 unpaid past due)                    |  |
| Total outstanding balance                                                                                                                        | \$871.00 (\$0.00 past due)               |  |
| Outstanding revolving debt                                                                                                                       | \$871.00 (1% 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                                   |  |

| Identity    | From Application       | From Equifax      |
|-------------|------------------------|-------------------|
| Name:       | Kamari Brendan Purcell | KAMARI B. PURCELL |
| SSN:        | ***_**_****            | ***_**_****       |
| Birth Date: | 5/**/1997              | 5/**/1997         |

| Addresses | From Application                                | From Equifax                                                                                                                                                                                                                             |
|-----------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | 2035 5th Ave Apt 16M<br>New York, NY 10035 - US | 2035 5TH AVE. 16M<br>NEW YORK, NY 10035 (Applicant)<br>Reported 6/2026<br><br>1 STUYVESANT OVAL 3F<br>NEW YORK, NY 10009 (Applicant)<br>Reported 6/2025<br><br>1701 N CHESTER AVE. 7<br>COMPTON, CA 90221 (Applicant)<br>Reported 3/2025 |

| Employment | From Application                                                                                              | From Equifax |
|------------|---------------------------------------------------------------------------------------------------------------|--------------|
| Applicant: | Credit Risk Analyst<br>New York Federal Reserve Bank<br>\$193,400.00/Yr. Total monthly Income:<br>\$16,116.67 |              |

| Restricted Person Search                |                        |                       |
|-----------------------------------------|------------------------|-----------------------|
| Requested For<br>Kamari Brendan Purcell | Requested<br>6/20/2026 | Returned<br>6/20/2026 |
| Results<br>No Records Found             |                        |                       |

## From Equifax

|                                                       |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                       |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risk Model Name</b><br>Credit Score<br>(Applicant) | <b>Score</b><br>768                                                                                                                                                                                                                       | <b>Score Factors</b><br>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>The total of all balances on your open accounts is too high |
|                                                       | <b>Description</b><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). |                                                                                                                                                                                                                                                       |

## From Equifax

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Account Name<br>WELLS FARGO<br>CARD SER<br>(Applicant) | Opened<br>9/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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Balance<br>\$871.00 |
|                                                        | Monthly<br>Payment<br>\$25.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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      |
|                                                        | Payment History                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Account Name<br>WELLS FARGO<br>CARD SER<br>(Applicant)                                                                                                                                                                                               | Opened<br>8/2025   | Last Active<br>2/2026 | 30-59     | 60-89                                 | 90+ | Past Due | Balance<br>\$0.00 |   |   |   |   |   |   |   |   |   |          |          |          |           |          |  |  |  |  |
|                                                                                                                                                                                                                                                      | Monthly<br>Payment | High Credit           | Type      | Comments                              |     |          |                   |   |   |   |   |   |   |   |   |   |          |          |          |           |          |  |  |  |  |
|                                                                                                                                                                                                                                                      |                    | \$6,087.00            | REVOLVING | Rate/Status 1: Pays account as agreed |     |          |                   |   |   |   |   |   |   |   |   |   |          |          |          |           |          |  |  |  |  |
|                                                                                                                                                                                                                                                      | Payment History    |                       |           |                                       |     |          |                   |   |   |   |   |   |   |   |   |   |          |          |          |           |          |  |  |  |  |
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| 5/<br>26                                                                                                                                                                                                                                             | 3/<br>26           | 1/<br>26              | 11/<br>25 | 9/<br>25                              |     |          |                   |   |   |   |   |   |   |   |   |   |          |          |          |           |          |  |  |  |  |

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| Account Name<br>JPMCB CARD<br>SERVICES<br>(Applicant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <div>Account Name</div> <div>DEPT OF ED/AIDVANTAG (Applicant)</div> <div>Tradeline filtered due to setting: Student loans not considered</div>                                                                                                                                                                                                                                                                                                                          | Opened          | Last Active | 30-59     | 60-89                                                                                  | 90+ | Past Due | Balance     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8/2020          | 4/2026      |           |                                                                                        |     | \$0.00   | \$24,050.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Monthly Payment | High Credit | Type      | Comments                                                                               |     |          |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | \$27,000.00 | INSTALLME | STUDENT LOAN - PAYMENT DEFERRED<br>FIXED RATE<br>Rate/Status 1: Pays account as agreed |     |          |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Payment History |             |           |                                                                                        |     |          |             |
| <div><div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div><div><div>5/26</div><div>3/26</div><div>1/26</div><div>11/25</div><div>9/25</div><div>7/25</div><div>5/25</div><div>3/25</div><div>1/25</div><div>11/24</div><div>9/24</div><div>7/24</div></div></div> |                 |             |           |                                                                                        |     |          |             |

# Rental Report for Kamari Brendan Purcell, 6/20/2026 for 215 at 1975 MADISON

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| <div>Account Name</div> <div>DEPT OF ED/AIDVANTAG (Applicant)</div> <div>Tradeline filtered due to setting: Student loans not considered</div> | Opened<br>8/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Last Active<br>4/2026      | 30-59             | 60-89                                                                                              | 90+ | Past Due<br>\$0.00 | Balance<br>\$22,755.00 |
|                                                                                                                                                | Monthly Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | High Credit<br>\$24,500.00 | Type<br>INSTALLME | Comments<br>STUDENT LOAN - PAYMENT DEFERRED<br>FIXED RATE<br>Rate/Status 1: Pays account as agreed |     |                    |                        |
|                                                                                                                                                | Payment History                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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## Rental Report for Kamari Brendan Purcell, 6/20/2026 for 215 at 1975 MADISON

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| <div>Account Name</div> <div>DEPT OF ED/AIDVANTAG (Applicant)</div> <div>Tradeline filtered due to setting: Student loans not considered</div> | Opened<br>8/2018   | Last Active<br>11/2025 | 30-59     | 60-89                                               | 90+ | Past Due | Balance<br>\$0.00 |
|                                                                                                                                                | Monthly<br>Payment | High Credit            | Type      | Comments                                            |     |          |                   |
|                                                                                                                                                |                    | \$4,753.00             | INSTALLME | FIXED RATE<br>Rate/Status 1: Pays account as agreed |     |          |                   |
|                                                                                                                                                | Payment History    |                        |           |                                                     |     |          |                   |
| <div><div>000000000000000000000000000000</div><div>12/10/8/6/4/2/12/10/8/6/4/2/<br/>252525252525242424242424</div></div>                       |                    |                        |           |                                                     |     |          |                   |

|                                                                                                                                                |                    |                       |           |                                                     |     |          |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-----------|-----------------------------------------------------|-----|----------|-------------------|
| <div>Account Name</div> <div>DEPT OF ED/AIDVANTAG (Applicant)</div> <div>Tradeline filtered due to setting: Student loans not considered</div> | Opened<br>8/2018   | Last Active<br>8/2025 | 30-59     | 60-89                                               | 90+ | Past Due | Balance<br>\$0.00 |
|                                                                                                                                                | Monthly<br>Payment | High Credit           | Type      | Comments                                            |     |          |                   |
|                                                                                                                                                |                    | \$2,747.00            | INSTALLME | FIXED RATE<br>Rate/Status 1: Pays account as agreed |     |          |                   |
|                                                                                                                                                | Payment History    |                       |           |                                                     |     |          |                   |
| <div><div>000000000000000000000000000000</div><div>9/7/5/3/1/11/9/7/5/3/1/11/<br/>252525252524242424242423</div></div>                         |                    |                       |           |                                                     |     |          |                   |

|                                                                                                                                                |                    |                        |           |                                                     |     |          |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-----------|-----------------------------------------------------|-----|----------|-------------------|
| <div>Account Name</div> <div>DEPT OF ED/AIDVANTAG (Applicant)</div> <div>Tradeline filtered due to setting: Student loans not considered</div> | Opened<br>8/2017   | Last Active<br>12/2024 | 30-59     | 60-89                                               | 90+ | Past Due | Balance<br>\$0.00 |
|                                                                                                                                                | Monthly<br>Payment | High Credit            | Type      | Comments                                            |     |          |                   |
|                                                                                                                                                |                    | \$1,300.00             | INSTALLME | FIXED RATE<br>Rate/Status 1: Pays account as agreed |     |          |                   |
|                                                                                                                                                | Payment History    |                        |           |                                                     |     |          |                   |
| <div><div>000000000000000000000000000000</div><div>1/11/9/7/5/3/1/11/9/7/5/3/<br/>252424242424242323232323</div></div>                         |                    |                        |           |                                                     |     |          |                   |



Para información en español, visite [www.consumerfinance.gov/learnmore](http://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](http://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](http://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](http://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](http://www.consumerfinance.gov/learnmore)
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

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

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

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

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

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

*David J. Oliver*  
David J. Oliver  
NEW YORK STATE  
NEW YORK STATE  
NEW YORK STATE

NEW YORK STATE  
DRIVER LICENSE



ID 256 926 417

Class D

PURCELL

KAMARI, BRENDAN

2035 5TH AVE #16M

NEW YORK, NY 10035

DOB 05/16/1997

Issued 07/01/2025

Expires 05/16/2034

E NONE

R NONE

Sex M Height 6'-00" Eyes BRO

*W L V G L*  
W L V G L

EXCELSIOR  
FLORIBUS UNDA

MAY 16 2034

PURCELL KAMARI



Internal FR

## 2025 Year-End Compensation Statement

Notice Date: 12/04/2025

### Employee Information

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Employee name:                      | Kamari Purcell                     |
| Employee ID:                        | 378851                             |
| Current job title:                  | Capital Markets Risk Lead Examiner |
| Current compensation grade profile: | 02B Expert Brooklyn Annual NYNJ    |
| Department/Division:                | 02B - LFBO Financial Risk          |
| Current manager:                    | Kevin Hutchings                    |
| Employee's FTE percentage:          | 100%                               |
| <b>Performance rating:</b>          | <b>Achieves Expectations</b>       |

### Base Pay Actions

|                                           |                                           |
|-------------------------------------------|-------------------------------------------|
| Current annual salary:                    | \$158,800.00                              |
| Merit increase amount/percent:            | \$3,700.00 / 2.33%                        |
| Promotion increase amount/percent:        | \$30,900.00 / 19.00%                      |
| New job title:                            | Capital Markets Risk Supervising Examiner |
| New compensation grade profile:           | 02B Expert Brooklyn Annual NYNJ           |
| Total year-end salary increase:           | \$34,600.00                               |
| New annual salary (Effective 01/01/2026): | \$193,400.00                              |
| 2026 salary range (min / mid / max):      | \$164,200 / \$223,300 / \$282,400         |

### Total Variable Pay

|                                      |                         |
|--------------------------------------|-------------------------|
| Year-end variable pay / payout date: | \$9,940.00 / 12/15/2025 |
| <b>*Total annual variable pay:</b>   | <b>\$9,940.00</b>       |

\*Total year-to-date variable and/or incentive pay received through a completed compensation event as of this notice date

Federal Reserve Bank of New York 33 Liberty Street New York, NY 10045 +1 212-720-5000  
Kamari Purcell 2035 5th Ave Apt 16M New York, NY 10035

| Name           | Company                          | Employee ID | Pay Period Begin | Pay Period End | Check Date | Check Number |
|----------------|----------------------------------|-------------|------------------|----------------|------------|--------------|
| Kamari Purcell | Federal Reserve Bank of New York | 378851      | 05/16/2026       | 05/31/2026     | 05/29/2026 |              |

|         | Hours Worked | Gross Pay | Pre Tax Deductions | Employee Tax | Post Tax Deductions | Net Pay   |
|---------|--------------|-----------|--------------------|--------------|---------------------|-----------|
| Current | 0.00         | 8,058.34  | 199.55             | 2,806.90     | 422.03              | 4,629.86  |
| YTD     | 0.00         | 84,302.64 | 1,995.50           | 29,799.75    | 4,366.92            | 48,140.47 |

| Earnings         |                         |       |      |          |           | Employee Tax        |          |           |
|------------------|-------------------------|-------|------|----------|-----------|---------------------|----------|-----------|
| Description      | Dates                   | Hours | Rate | Amount   | YTD       | Description         | Amount   | YTD       |
| Regular Base Pay | 05/16/2026 - 05/31/2026 | 0     | 0    | 8,058.34 | 80,583.40 | OASDI EE            | 495.01   | 5,185.69  |
| Vacation Sell    |                         |       | 0    |          | 3,719.24  | Medicare EE         | 115.77   | 1,212.78  |
|                  |                         |       |      |          |           | Federal Withholding | 1,417.73 | 15,014.63 |
|                  |                         |       |      |          |           | State Tax - NY      | 466.15   | 5,102.74  |
|                  |                         |       |      |          |           | City Tax - NY       | 312.24   | 3,283.91  |
| Earnings         |                         |       |      | 8,058.34 | 84,302.64 | Employee Tax        | 2,806.90 | 29,799.75 |

| Pre Tax Deductions     |        |          |  | Post Tax Deductions |        |          |  |
|------------------------|--------|----------|--|---------------------|--------|----------|--|
| Description            | Amount | YTD      |  | Description         | Amount | YTD      |  |
| Dental                 | 2.50   | 25.00    |  | Fitness             |        | 150.00   |  |
| Health Savings Account | 41.67  | 416.70   |  | Group Universal     | 9.40   | 90.62    |  |
| Medical                | 33.00  | 330.00   |  | Roth 401(k)         | 362.63 | 3,626.30 |  |
| Thrift Before-Tax      | 120.88 | 1,208.80 |  | United Way          | 50.00  | 500.00   |  |
| Vision                 | 1.50   | 15.00    |  |                     |        |          |  |
| Pre Tax Deductions     | 199.55 | 1,995.50 |  | Post Tax Deductions | 422.03 | 4,366.92 |  |

| Employer Paid Benefits and Imputed Income |        |          |  | Taxable Wages                       |          |           |  |
|-------------------------------------------|--------|----------|--|-------------------------------------|----------|-----------|--|
| Description                               | Amount | YTD      |  | Description                         | Amount   | YTD       |  |
| Employer Only 1%                          | 80.59  | 805.90   |  | OASDI - Taxable Wages               | 7,983.99 | 83,640.14 |  |
| HSA Employer Contribution                 |        | 600.00   |  | Medicare - Taxable Wages            | 7,983.99 | 83,640.14 |  |
| Imp Inc - Basic Life                      | 4.32   | 43.20    |  | Federal Withholding - Taxable Wages | 7,863.11 | 82,431.34 |  |
| Imp Inc - HSA Clinic Fee                  |        | 81.00    |  | State Tax Taxable Wages - NY        | 7,863.11 | 82,431.34 |  |
| Thrift/Roth Match                         | 483.51 | 4,835.10 |  | City Tax Taxable Wages - NY         | 7,863.11 | 82,431.34 |  |
| Employer Paid Benefits and Imputed Income | 568.42 | 6,365.20 |  |                                     |          |           |  |

|                        |                                     | Federal                     | State | Time Off                       |         |         |            |
|------------------------|-------------------------------------|-----------------------------|-------|--------------------------------|---------|---------|------------|
| Marital Status         | Single or Married filing separately | Single or Head of Household |       | Description                    | Accrued | Reduced | Available  |
| Allowances             | 0                                   | 0                           |       | New York Illness Time Off Plan | 0       | 8       | 72         |
| Total Dependent Amount | 0                                   |                             |       | New York PTO Time Off Plan     | 0       | 0       | 302.000334 |
| Additional Withholding | 0                                   | 0                           |       |                                |         |         |            |

| Payment Information |                |                |            |              |
|---------------------|----------------|----------------|------------|--------------|
| Bank                | Account Name   | Account Number | USD Amount | Amount       |
| Wells Fargo         | Wells Fargo CA | *****7228      |            | 4,166.87 USD |
| Goldman Sachs       | Marcus OSA     | *****3817      |            | 462.99 USD   |

Federal Reserve Bank of New York 33 Liberty Street New York, NY 10045 +1 212-720-5000  
Kamari Purcell 2035 5th Ave Apt 16M New York, NY 10035

| Name           | Company                          | Employee ID | Pay Period Begin | Pay Period End | Check Date | Check Number |
|----------------|----------------------------------|-------------|------------------|----------------|------------|--------------|
| Kamari Purcell | Federal Reserve Bank of New York | 378851      | 06/01/2026       | 06/15/2026     | 06/15/2026 |              |

|         | Hours Worked | Gross Pay | Pre Tax Deductions | Employee Tax | Post Tax Deductions | Net Pay   |
|---------|--------------|-----------|--------------------|--------------|---------------------|-----------|
| Current | 0.00         | 8,058.34  | 199.55             | 2,806.90     | 452.03              | 4,599.86  |
| YTD     | 0.00         | 92,360.98 | 2,195.05           | 32,606.65    | 4,818.95            | 52,740.33 |

| Earnings         |                         |       |      |          |           | Employee Tax        |          |           |
|------------------|-------------------------|-------|------|----------|-----------|---------------------|----------|-----------|
| Description      | Dates                   | Hours | Rate | Amount   | YTD       | Description         | Amount   | YTD       |
| Regular Base Pay | 06/01/2026 - 06/15/2026 | 0     | 0    | 8,058.34 | 88,641.74 | OASDI EE            | 495.01   | 5,680.70  |
| Vacation Sell    |                         |       | 0    |          | 3,719.24  | Medicare EE         | 115.77   | 1,328.55  |
|                  |                         |       |      |          |           | Federal Withholding | 1,417.73 | 16,432.36 |
|                  |                         |       |      |          |           | State Tax - NY      | 466.15   | 5,568.89  |
|                  |                         |       |      |          |           | City Tax - NY       | 312.24   | 3,596.15  |
| Earnings         |                         |       |      | 8,058.34 | 92,360.98 | Employee Tax        | 2,806.90 | 32,606.65 |

| Pre Tax Deductions     |        |          |  | Post Tax Deductions |        |          |  |
|------------------------|--------|----------|--|---------------------|--------|----------|--|
| Description            | Amount | YTD      |  | Description         | Amount | YTD      |  |
| Dental                 | 2.50   | 27.50    |  | Fitness             | 30.00  | 180.00   |  |
| Health Savings Account | 41.67  | 458.37   |  | Group Universal     | 9.40   | 100.02   |  |
| Medical                | 33.00  | 363.00   |  | Roth 401(k)         | 362.63 | 3,988.93 |  |
| Thrift Before-Tax      | 120.88 | 1,329.68 |  | United Way          | 50.00  | 550.00   |  |
| Vision                 | 1.50   | 16.50    |  |                     |        |          |  |
| Pre Tax Deductions     | 199.55 | 2,195.05 |  | Post Tax Deductions | 452.03 | 4,818.95 |  |

| Employer Paid Benefits and Imputed Income |        |          |  | Taxable Wages                       |          |           |  |
|-------------------------------------------|--------|----------|--|-------------------------------------|----------|-----------|--|
| Description                               | Amount | YTD      |  | Description                         | Amount   | YTD       |  |
| Employer Only 1%                          | 80.59  | 886.49   |  | OASDI - Taxable Wages               | 7,983.99 | 91,624.13 |  |
| HSA Employer Contribution                 |        | 600.00   |  | Medicare - Taxable Wages            | 7,983.99 | 91,624.13 |  |
| Imp Inc - Basic Life                      | 4.32   | 47.52    |  | Federal Withholding - Taxable Wages | 7,863.11 | 90,294.45 |  |
| Imp Inc - HSA Clinic Fee                  |        | 81.00    |  | State Tax Taxable Wages - NY        | 7,863.11 | 90,294.45 |  |
| Thrift/Roth Match                         | 483.51 | 5,318.61 |  | City Tax Taxable Wages - NY         | 7,863.11 | 90,294.45 |  |
| Employer Paid Benefits and Imputed Income | 568.42 | 6,933.62 |  |                                     |          |           |  |

|                        | Federal                             | State                       | Time Off                       |         |         |            |
|------------------------|-------------------------------------|-----------------------------|--------------------------------|---------|---------|------------|
| Marital Status         | Single or Married filing separately | Single or Head of Household | Description                    | Accrued | Reduced | Available  |
| Allowances             | 0                                   | 0                           | New York Illness Time Off Plan | 0       | 0       | 72         |
| Total Dependent Amount | 0                                   |                             | New York PTO Time Off Plan     | 0       | 0       | 302.000334 |
| Additional Withholding | 0                                   | 0                           |                                |         |         |            |

| Payment Information |                |                |            |              |
|---------------------|----------------|----------------|------------|--------------|
| Bank                | Account Name   | Account Number | USD Amount | Amount       |
| Wells Fargo         | Wells Fargo CA | *****7228      |            | 4,139.87 USD |
| Goldman Sachs       | Marcus OSA     | *****3817      |            | 459.99 USD   |

# Wells Fargo Everyday Checking

April 23, 2026 ■ Page 1 of 5



KAMARI B PURCELL  
2035 5TH AVE APT 16M  
NEW YORK NY 10035-1503

## Questions?

*Available by phone 24 hours a day, 7 days a week:*  
We accept all relay calls, including 711

**1-800-TO-WELLS** (1-800-869-3557)

*En español:* 1-877-727-2932

*Online:* [wellsfargo.com](https://www.wellsfargo.com)

*Write:* Wells Fargo Bank, N.A. (114)  
P.O. Box 6995  
Portland, OR 97228-6995

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## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

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## Other Wells Fargo Benefits

### Spot the latest tax scam

Scammers posing as a tax consulting service are calling claiming you owe back taxes or have missed filings. They urge you to call them back immediately to "resolve" your tax debt. They often insist this is your "only chance" to avoid penalties.

#### Red Flags

- Unexpected calls regarding a tax issue.
- Claims of notices sent that you never received.
- Messages saying press a number to "be removed," a common scammer tactic to confirm working phone numbers.

#### What to Do

- Let unknown callers go to voicemail.
- Do NOT call back or share personal information.
- If you have concerns, contact the IRS directly - never use the number left on a voicemail.

For more information go to [wellsfargo.com/spottaxscams](https://www.wellsfargo.com/spottaxscams)



| Statement period activity summary |                   | Account number: <b>9178087228 (primary account)</b>  |
|-----------------------------------|-------------------|------------------------------------------------------|
| Beginning balance on 3/25         | \$3,999.35        | <b>KAMARI B PURCELL</b>                              |
| Deposits/Additions                | 11,923.74         | <i>California account terms and conditions apply</i> |
| Withdrawals/Subtractions          | - 12,111.07       | For Direct Deposit use                               |
| <b>Ending balance on 4/23</b>     | <b>\$3,812.02</b> | Routing Number (RTN): 121042882                      |

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

■ Credit Account - XXXX-XXXX-XXXX-0434

Transaction history

| Date          | Check Number | Description                                                                                       | Deposits/ Additions | Withdrawals/ Subtractions | Ending daily balance |
|---------------|--------------|---------------------------------------------------------------------------------------------------|---------------------|---------------------------|----------------------|
| 3/27          |              | NY State Nysttaxrfd xxxxx1938-25 Purcell,Kamari B                                                 | 1,585.00            |                           |                      |
| 3/27          |              | IRS Treas 310 Tax Ref 032726 xxxxxxxxxxx00908 Ref*Purc*Andove*12/2025*Tax Refund*30\              | 1,932.00            |                           | 7,516.35             |
| 3/31          |              | Federal Reserve Payroll 260331 378851 Kamari Purcell                                              | 4,166.87            |                           | 11,683.22            |
| 4/1           |              | Online Transfer Ref #Ib0Xhbjrwy to Wells Fargo Active Cash VISA Card XXXXXXXXXXXX0434 on 04/01/26 |                     | 4,212.21                  |                      |
| 4/1           |              | Money Transfer authorized on 04/01 Venmo *Ruth Fox VISA Direct NY S466091543212445 Card 5736      |                     | 200.00                    |                      |
| 4/1           |              | Save As You Go Transfer Debit to XXXXXXXXXXXX1580                                                 |                     | 1.00                      | 7,270.01             |
| 4/2           |              | Advs Ed Serv Web Studntloan 260401 6Rqgsf32AL1 Kamari Bpurcell                                    |                     | 500.00                    |                      |
| 4/2           |              | Bilt Card Pmt Kamari Purcell                                                                      |                     | 1,000.00                  |                      |
| 4/2           |              | Bilt Card Housing Kamari Purcell                                                                  |                     | 3,260.00                  | 2,510.01             |
| 4/3           |              | Recurring Payment authorized on 04/02 Factor75 188-857-3572 IL S466093213963903 Card 5736         |                     | 122.91                    | 2,387.10             |
| 4/13          |              | Zelle From Krishna Anderson on 04/13 Ref # Jpm99Cczxnrg March Madness                             | 100.00              |                           |                      |
| 4/13          |              | ATM Withdrawal authorized on 04/12 286 Lenox Avenue NEW York NY 0002672 ATM ID 0393Y Card 5736    |                     | 140.00                    |                      |
| 4/13          |              | Verizon Wireless Payments 260410 047197690300001 0000000047197690300001                           |                     | 148.95                    | 2,198.15             |
| 4/15          |              | Federal Reserve Payroll 260415 378851 Kamari Purcell                                              | 4,139.87            |                           | 6,338.02             |
| 4/16          |              | Bilt Card Pmt Kamari Purcell                                                                      |                     | 2,500.00                  | 3,838.02             |
| 4/20          |              | Aspca Donation 260417 60378282 010420 Purcell, Kamari                                             |                     | 26.00                     | 3,812.02             |
| <b>Totals</b> |              |                                                                                                   | <b>\$11,923.74</b>  | <b>\$12,111.07</b>        |                      |

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](https://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

|                                                      |                                      |                                      |
|------------------------------------------------------|--------------------------------------|--------------------------------------|
| Fee period 03/25/2026 - 04/23/2026                   | Standard monthly service fee \$15.00 | You paid \$0.00                      |
| <b>How to avoid the monthly service fee</b>          | Minimum required                     | This fee period                      |
| Have any <b>ONE</b> of the following each fee period |                                      |                                      |
| • Minimum daily balance                              | \$1,500.00                           | \$2,198.15 <input type="checkbox"/>  |
| • Total amount of qualifying electronic deposits     | \$500.00                             | \$11,823.74 <input type="checkbox"/> |
| • Age of primary account owner                       | 17 - 24                              | <input type="checkbox"/>             |

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**Monthly service fee summary (continued)**

RC/RC



## IMPORTANT ACCOUNT INFORMATION

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Effective July 1, 2026, the fee for stop payment requests on checks drawn on your account, or on pre-authorized (Automated Clearing House) items, will be \$30 per item. The fee may not be applicable to all customers depending on the type of account you have. For more details, refer to the Fee and Information Schedule applicable to your account.

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NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

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### Other Wells Fargo Benefits

**Help take control of your finances with a Wells Fargo personal loan.**

Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.

**Get started at [wellsfargo.com/personalloan](https://wellsfargo.com/personalloan).**

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### Other Wells Fargo Benefits

**Wells Fargo is serious about security.**

Keeping your accounts and information secure is our priority. We use sophisticated tools to help safeguard your money - 24/7 fraud monitoring, data encryption, secure technology, and protection against suspicious activity. Visit our Security Center at [wellsfargo.com/security](https://wellsfargo.com/security) to learn more.



## Important Information You Should Know

### ■ To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts

Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

### ■ If your account has a negative balance:

Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

### ■ In case of errors or questions about your electronic transfers:

Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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

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

### ■ In case of errors or questions about other transactions (that are not electronic transfers):

Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

## Amount

- [illegible]

(Part A + Part B - Part C)  
This amount should be the same  
as the current balance shown in  
your check register. .... \$



EQUAL HOUSING  
LENDER

# Wells Fargo Everyday Checking

May 26, 2026 ■ Page 1 of 5

WELLS  
FARGO

KAMARI B PURCELL  
2035 5TH AVE APT 16M  
NEW YORK NY 10035-1503

## Questions?

*Available by phone 24 hours a day, 7 days a week:*  
We accept all relay calls, including 711

**1-800-TO-WELLS** (1-800-869-3557)

*En español:* 1-877-727-2932

*Online:* wells Fargo.com

*Write:* Wells Fargo Bank, N.A. (114)  
P.O. Box 6995  
Portland, OR 97228-6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Other Wells Fargo Benefits

### Fraud and scam tips to help keep your money and information safe

#### Quickly spot check fraud and scams

- Review check images at least monthly. If something doesn't look right, report it right away.
- Verify your recipient received the check.
- Set up "Checks posted yesterday" alerts in the Wells Fargo Mobile® app\* or online banking to be notified when a check clears.
- Be wary if anyone sends you a check and asks you to send money back. That's likely a scam.

#### Government impersonation scams

Here's what to know:

- Scammers pose as government agencies to get your money or personal information.
- Never share your Social Security or Medicare number unless you're the one who initiated the contact.
- If you have a real tax issue, the IRS will always send you a letter. **Hang up on unexpected calls from the IRS**, even if the caller already has your Social Security number.
- If anyone urges you to move your money to a different account for any reason, even to "protect it", **assume it's a scam**.



Remember, always be cautious when you're asked for your personal information or money. Don't respond until you validate "who" and "why". You are in control when it's your money.

\* Sign-up may be required. Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Statement period activity summary

|                           |            |
|---------------------------|------------|
| Beginning balance on 4/24 | \$3,812.02 |
| Deposits/Additions        | 9,606.76   |
| Withdrawals/Subtractions  | - 9,782.25 |
| Ending balance on 5/26    | \$3,636.53 |

Account number: **9178087228 (primary account)**  
**KAMARI B PURCELL**  
*California account terms and conditions apply*  
For Direct Deposit use  
Routing Number (RTN): 121042882

Overdraft Protection

Your account is linked to the following for Overdraft Protection:  
■ Credit Account - XXXX-XXXX-XXXX-0434

Transaction history

| Date   | Check Number | Description                                                                                                   | Deposits/<br>Additions | Withdrawals/<br>Subtractions | Ending daily<br>balance |
|--------|--------------|---------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------|
| 4/24   |              | Zelle to Darnita on 04/24 Ref # Wfct123Pctxm                                                                  |                        | 250.00                       | 3,562.02                |
| 4/30   |              | Federal Reserve Payroll 260430 378851 Kamari Purcell                                                          | 4,166.88               |                              | 7,728.90                |
| 5/1    |              | Online Transfer Ref #Ib0Xwcx2St to Wells Fargo Active Cash VISA Card XXXXXXXXXXXX0434 on 05/01/26             |                        | 1,815.15                     | 5,913.75                |
| 5/4    |              | Goldman Sachs Ba Transfer Purcell,Kamari Kamari Purcell                                                       | 1,000.00               |                              |                         |
| 5/4    |              | Non-WF ATM Withdrawal authorized on 05/03 2031 Penn Ave Pittsburgh PA 306123664758118 ATM ID Px2203 Card 5736 |                        | 103.75                       |                         |
| 5/4    |              | Non-Wells Fargo ATM Transaction Fee                                                                           |                        | 3.00                         |                         |
| 5/4    |              | Money Transfer authorized on 05/04 Venmo *Steven Hernandez VISA Direct NY S386124631128048 Card 5736          |                        | 250.00                       |                         |
| 5/4    |              | Bilt Card Housing Kamari Purcell                                                                              |                        | 3,260.00                     |                         |
| 5/4    |              | Save As You Go Transfer Debit to XXXXXXXXXXXX1580                                                             |                        | 1.00                         | 3,296.00                |
| 5/11   |              | Money Transfer authorized on 05/09 Venmo *Ruth Fox NEW York NY S346129578965049 Card 5736                     |                        | 200.00                       |                         |
| 5/11   |              | Verizon Wireless Payments 260511 047197690300001 0000000047197690300001                                       |                        | 148.82                       |                         |
| 5/11   |              | Save As You Go Transfer Debit to XXXXXXXXXXXX1580                                                             |                        | 1.00                         | 2,946.18                |
| 5/12   |              | AdvS Ed Serv Web Studntloan 260511 6Ru2Tlpe6G1 Kamari Bpurcell                                                |                        | 500.00                       | 2,446.18                |
| 5/14   |              | Bilt Card Pmt Kamari Purcell                                                                                  |                        | 3,023.53                     | -577.35                 |
| 5/15   |              | Federal Reserve Payroll 260515 378851 Kamari Purcell                                                          | 4,139.88               |                              |                         |
| 5/15   |              | Zelle From Krishna Anderson on 05/15 Ref # Jpm99Ch5893K Happy Birthday                                        | 300.00                 |                              | 3,862.53                |
| 5/20   |              | ATM Withdrawal authorized on 05/20 1156 Avenue of The Americ NEW York NY 0009265 ATM ID 0013W Card 5736       |                        | 200.00                       | 3,662.53                |
| 5/21   |              | Aspca Donation 260519 60999884 010520 Purcell, Kamari                                                         |                        | 26.00                        | 3,636.53                |
| Totals |              |                                                                                                               | \$9,606.76             | \$9,782.25                   |                         |

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](https://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.



Monthly service fee summary (continued)

|                                                      |                                      |                                                |
|------------------------------------------------------|--------------------------------------|------------------------------------------------|
| Fee period 04/24/2026 - 05/26/2026                   | Standard monthly service fee \$15.00 | You paid \$0.00                                |
| <b>How to avoid the monthly service fee</b>          | Minimum required                     | This fee period                                |
| Have any <b>ONE</b> of the following each fee period |                                      |                                                |
| • Minimum daily balance                              | \$1,500.00                           | -\$577.35 <input type="checkbox"/>             |
| • Total amount of qualifying electronic deposits     | \$500.00                             | \$9,306.76 <input checked="" type="checkbox"/> |
| • Age of primary account owner                       | 17 - 24                              | <input type="checkbox"/>                       |

RC/RC

 IMPORTANT ACCOUNT INFORMATION

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NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

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**Help take control of your finances with a Wells Fargo personal loan.**  
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.  
**Get started at [wellsfargo.com/personalloan](https://wellsfargo.com/personalloan).**

Other Wells Fargo Benefits

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Keeping your accounts and information secure is our priority. We use sophisticated tools to help safeguard your money - 24/7 fraud monitoring, data encryption, secure technology, and protection against suspicious activity. Visit our Security Center at [wellsfargo.com/security](https://wellsfargo.com/security) to learn more.

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## Important Information You Should Know

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Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

### ■ If your account has a negative balance:

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

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

### ■ In case of errors or questions about other transactions (that are not electronic transfers):

Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

## Amount

- [illegible]

your check register. . . . . \$

**Total \$**



FOR ALL YOUR  
LENDING

|                                                                                                                                |            |                                                |                   |                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------|-------------------|---------------------------------------------------|--|
| <b>Copy B—To Be Filed With Employee's FEDERAL Tax Return.</b>                                                                  |            |                                                | OMB No. 1545-0029 |                                                   |  |
| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1938                                                                               |            | <b>1</b> Wages, tips, other comp.<br>165078.41 |                   | <b>2</b> Federal income tax withheld<br>28659.05  |  |
| <b>b</b> Employer ID number (EIN)<br>13-5562116                                                                                |            | <b>3</b> Social security wages<br>167460.65    |                   | <b>4</b> Social security tax withheld<br>10382.56 |  |
|                                                                                                                                |            | <b>5</b> Medicare wages and tips<br>167460.65  |                   | <b>6</b> Medicare tax withheld<br>2428.18         |  |
| <b>c</b> Employer's name, address, and ZIP code<br>Federal Reserve Bank of New York<br>33 Liberty Street<br>New York, NY 10045 |            |                                                |                   |                                                   |  |
| <b>d</b> Control number                                                                                                        |            |                                                |                   |                                                   |  |
| <b>e</b> Employee's name, address, and ZIP code<br>Kamari B Purcell<br>2035 5th Ave<br>Apt 16M<br>New York, NY 10035           |            |                                                |                   |                                                   |  |
| <b>7</b> Social security tips                                                                                                  |            | <b>8</b> Allocated tips                        |                   | <b>9</b>                                          |  |
| <b>10</b> Dependent care benefits                                                                                              |            | <b>11</b> Nonqualified plans                   |                   | <b>12a</b> Code See inst. for box 12<br>C 78.48   |  |
| <b>13</b> Statutory employee                                                                                                   |            | <b>14</b> Other                                |                   | <b>12b</b> Code<br>D 2382.24                      |  |
| Retirement plan<br>X                                                                                                           |            |                                                |                   | <b>12c</b> Code<br>W 1600.00                      |  |
| Third-party sick pay                                                                                                           |            |                                                |                   | <b>12d</b> Code<br>AA 7146.24                     |  |
| NY                                                                                                                             | 13-5562116 | 165078.41                                      |                   | 10255.86                                          |  |
| <b>15</b> State Employer's state ID number                                                                                     |            | <b>16</b> State wages, tips, etc.              |                   | <b>17</b> State income tax                        |  |
| <b>18</b> Local wages, tips, etc.<br>165078.41                                                                                 |            | <b>19</b> Local income tax<br>6489.42          |                   | <b>20</b> Locality name<br>NY                     |  |

**Form W-2 Wage and Tax Statement 2025** Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service.

|                                                                                                                                |            |                                                |                   |                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------|-------------------|---------------------------------------------------|--|
| <b>Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return</b>                                              |            |                                                | OMB No. 1545-0029 |                                                   |  |
| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1938                                                                               |            | <b>1</b> Wages, tips, other comp.<br>165078.41 |                   | <b>2</b> Federal income tax withheld<br>28659.05  |  |
| <b>b</b> Employer ID number (EIN)<br>13-5562116                                                                                |            | <b>3</b> Social security wages<br>167460.65    |                   | <b>4</b> Social security tax withheld<br>10382.56 |  |
|                                                                                                                                |            | <b>5</b> Medicare wages and tips<br>167460.65  |                   | <b>6</b> Medicare tax withheld<br>2428.18         |  |
| <b>c</b> Employer's name, address, and ZIP code<br>Federal Reserve Bank of New York<br>33 Liberty Street<br>New York, NY 10045 |            |                                                |                   |                                                   |  |
| <b>d</b> Control number                                                                                                        |            |                                                |                   |                                                   |  |
| <b>e</b> Employee's name, address, and ZIP code<br>Kamari B Purcell<br>2035 5th Ave<br>Apt 16M<br>New York, NY 10035           |            |                                                |                   |                                                   |  |
| <b>7</b> Social security tips                                                                                                  |            | <b>8</b> Allocated tips                        |                   | <b>9</b>                                          |  |
| <b>10</b> Dependent care benefits                                                                                              |            | <b>11</b> Nonqualified plans                   |                   | <b>12a</b> Code<br>C 78.48                        |  |
| <b>13</b> Statutory employee                                                                                                   |            | <b>14</b> Other                                |                   | <b>12b</b> Code<br>D 2382.24                      |  |
| Retirement plan<br>X                                                                                                           |            |                                                |                   | <b>12c</b> Code<br>W 1600.00                      |  |
| Third-party sick pay                                                                                                           |            |                                                |                   | <b>12d</b> Code<br>AA 7146.24                     |  |
| NY                                                                                                                             | 13-5562116 | 165078.41                                      |                   | 10255.86                                          |  |
| <b>15</b> State Employer's state ID number                                                                                     |            | <b>16</b> State wages, tips, etc.              |                   | <b>17</b> State income tax                        |  |
| <b>18</b> Local wages, tips, etc.<br>165078.41                                                                                 |            | <b>19</b> Local income tax<br>6489.42          |                   | <b>20</b> Locality name<br>NY                     |  |

**Form W-2 Wage and Tax Statement 2025** Dept. of the Treasury - IRS

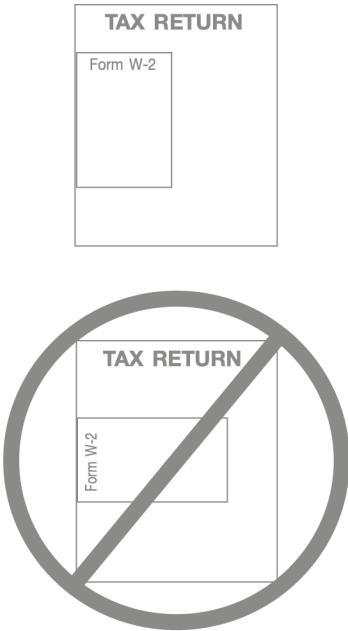
|                                                                                                                                |            |                                                |                   |                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------|-------------------|---------------------------------------------------|--|
| <b>Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)</b>                                           |            |                                                | OMB No. 1545-0029 |                                                   |  |
| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1938                                                                               |            | <b>1</b> Wages, tips, other comp.<br>165078.41 |                   | <b>2</b> Federal income tax withheld<br>28659.05  |  |
| <b>b</b> Employer ID number (EIN)<br>13-5562116                                                                                |            | <b>3</b> Social security wages<br>167460.65    |                   | <b>4</b> Social security tax withheld<br>10382.56 |  |
|                                                                                                                                |            | <b>5</b> Medicare wages and tips<br>167460.65  |                   | <b>6</b> Medicare tax withheld<br>2428.18         |  |
| <b>c</b> Employer's name, address, and ZIP code<br>Federal Reserve Bank of New York<br>33 Liberty Street<br>New York, NY 10045 |            |                                                |                   |                                                   |  |
| <b>d</b> Control number                                                                                                        |            |                                                |                   |                                                   |  |
| <b>e</b> Employee's name, address, and ZIP code<br>Kamari B Purcell<br>2035 5th Ave<br>Apt 16M<br>New York, NY 10035           |            |                                                |                   |                                                   |  |
| <b>7</b> Social security tips                                                                                                  |            | <b>8</b> Allocated tips                        |                   | <b>9</b>                                          |  |
| <b>10</b> Dependent care benefits                                                                                              |            | <b>11</b> Nonqualified plans                   |                   | <b>12a</b> Code See inst. for box 12<br>C 78.48   |  |
| <b>13</b> Statutory employee                                                                                                   |            | <b>14</b> Other                                |                   | <b>12b</b> Code<br>D 2382.24                      |  |
| Retirement plan<br>X                                                                                                           |            |                                                |                   | <b>12c</b> Code<br>W 1600.00                      |  |
| Third-party sick pay                                                                                                           |            |                                                |                   | <b>12d</b> Code<br>AA 7146.24                     |  |
| NY                                                                                                                             | 13-5562116 | 165078.41                                      |                   | 10255.86                                          |  |
| <b>15</b> State Employer's state ID number                                                                                     |            | <b>16</b> State wages, tips, etc.              |                   | <b>17</b> State income tax                        |  |
| <b>18</b> Local wages, tips, etc.<br>165078.41                                                                                 |            | <b>19</b> Local income tax<br>6489.42          |                   | <b>20</b> Locality name<br>NY                     |  |

**Form W-2 Wage and Tax Statement 2025** Dept. of the Treasury - IRS  
This information is being furnished to the IRS. 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.

|                                                                                                                                |            |                                                |                   |                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------|-------------------|---------------------------------------------------|--|
| <b>Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return</b>                                              |            |                                                | OMB No. 1545-0029 |                                                   |  |
| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1938                                                                               |            | <b>1</b> Wages, tips, other comp.<br>165078.41 |                   | <b>2</b> Federal income tax withheld<br>28659.05  |  |
| <b>b</b> Employer ID number (EIN)<br>13-5562116                                                                                |            | <b>3</b> Social security wages<br>167460.65    |                   | <b>4</b> Social security tax withheld<br>10382.56 |  |
|                                                                                                                                |            | <b>5</b> Medicare wages and tips<br>167460.65  |                   | <b>6</b> Medicare tax withheld<br>2428.18         |  |
| <b>c</b> Employer's name, address, and ZIP code<br>Federal Reserve Bank of New York<br>33 Liberty Street<br>New York, NY 10045 |            |                                                |                   |                                                   |  |
| <b>d</b> Control number                                                                                                        |            |                                                |                   |                                                   |  |
| <b>e</b> Employee's name, address, and ZIP code<br>Kamari B Purcell<br>2035 5th Ave<br>Apt 16M<br>New York, NY 10035           |            |                                                |                   |                                                   |  |
| <b>7</b> Social security tips                                                                                                  |            | <b>8</b> Allocated tips                        |                   | <b>9</b>                                          |  |
| <b>10</b> Dependent care benefits                                                                                              |            | <b>11</b> Nonqualified plans                   |                   | <b>12a</b> Code<br>C 78.48                        |  |
| <b>13</b> Statutory employee                                                                                                   |            | <b>14</b> Other                                |                   | <b>12b</b> Code<br>D 2382.24                      |  |
| Retirement plan<br>X                                                                                                           |            |                                                |                   | <b>12c</b> Code<br>W 1600.00                      |  |
| Third-party sick pay                                                                                                           |            |                                                |                   | <b>12d</b> Code<br>AA 7146.24                     |  |
| NY                                                                                                                             | 13-5562116 | 165078.41                                      |                   | 10255.86                                          |  |
| <b>15</b> State Employer's state ID number                                                                                     |            | <b>16</b> State wages, tips, etc.              |                   | <b>17</b> State income tax                        |  |
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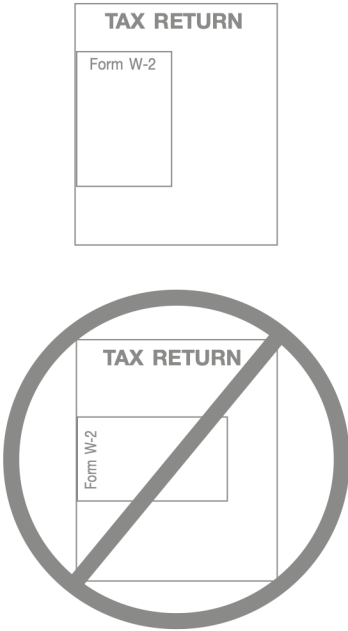
**Form W-2 Wage and Tax Statement 2025** Dept. of the Treasury - IRS  
**BW24UP** NTF 2587011 **5 BW24UP**

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**Earned income tax credit (EITC).** You may be able to take the EITC for 2025 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made

so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2025 and more than \$10,918.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,409.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also *Instructions for Employee*.)

**Instructions for Employee**

(See also *Notice to Employee*.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount

unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, you may report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,500 (Generally, \$16,500 for SIMPLE plans; \$26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,500. Deferrals under code H are limited to \$7,000.

**Instructions for Employee**

(continued)

**Box 12 (continued)**

However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E**—Elective deferrals under a section 403(b) salary reduction agreement.

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP (this includes elective deferrals made to a Roth SEP IRA)

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

**Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (this includes salary reduction contributions made to a Roth SIMPLE IRA)

**T**—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

**V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan

**Z**—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

**DD**—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

**GG**—Income from qualified equity grants under section 83(i)

**HH**—Aggregate deferrals under section 83(j) elections as of the close of the calendar year

**II**—Medicaid waiver payments excluded from gross income under Notice 2014-7

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

|                                                                                                                      |                                                                                                                                |                                                     |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| <b>Copy B—To Be Filed With Employee's FEDERAL Tax Return.</b>                                                        |                                                                                                                                | OMB No. 1545-0029                                   |  |
| <b>a</b> Employee's soc. sec. no.<br>XXX-XX-1938                                                                     | <b>1</b> Wages, tips, other comp.                                                                                              | <b>2</b> Federal income tax withheld                |  |
|                                                                                                                      | <b>3</b> Social security wages                                                                                                 | <b>4</b> Social security tax withheld               |  |
| <b>b</b> Employer ID number (EIN)<br>13-5562116                                                                      | <b>5</b> Medicare wages and tips                                                                                               | <b>6</b> Medicare tax withheld                      |  |
|                                                                                                                      | <b>c</b> Employer's name, address, and ZIP code<br>Federal Reserve Bank of New York<br>33 Liberty Street<br>New York, NY 10045 |                                                     |  |
| <b>d</b> Control number                                                                                              |                                                                                                                                |                                                     |  |
| <b>e</b> Employee's name, address, and ZIP code<br>Kamari B Purcell<br>2035 5th Ave<br>Apt 16M<br>New York, NY 10035 |                                                                                                                                |                                                     |  |
| <b>7</b> Social security tips                                                                                        | <b>8</b> Allocated tips                                                                                                        | <b>9</b>                                            |  |
| <b>10</b> Dependent care benefits                                                                                    | <b>11</b> Nonqualified plans                                                                                                   | <b>12a</b> Code See inst. for box 12<br>DD 12936.00 |  |
| <b>13</b> Statutory employee<br><br>Retirement plan<br>X<br><br>Third-party sick pay                                 | <b>14</b> Other                                                                                                                | <b>12b</b> Code                                     |  |
|                                                                                                                      |                                                                                                                                | <b>12c</b> Code                                     |  |
|                                                                                                                      |                                                                                                                                | <b>12d</b> Code                                     |  |
| <b>15</b> State Employer's state ID number                                                                           | <b>16</b> State wages, tips, etc.                                                                                              | <b>17</b> State income tax                          |  |
| <b>18</b> Local wages, tips, etc.                                                                                    | <b>19</b> Local income tax                                                                                                     | <b>20</b> Locality name                             |  |

**Form W-2 Wage and Tax Statement 2025** Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service.

|                                                                                                                      |                                                                                                                                |                                       |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
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|                                                                                                                      | <b>3</b> Social security wages                                                                                                 | <b>4</b> Social security tax withheld |  |
| <b>b</b> Employer ID number (EIN)<br>13-5562116                                                                      | <b>5</b> Medicare wages and tips                                                                                               | <b>6</b> Medicare tax withheld        |  |
|                                                                                                                      | <b>c</b> Employer's name, address, and ZIP code<br>Federal Reserve Bank of New York<br>33 Liberty Street<br>New York, NY 10045 |                                       |  |
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|                                                                                                                      |                                                                                                                                | <b>12c</b> Code                       |  |
|                                                                                                                      |                                                                                                                                | <b>12d</b> Code                       |  |
| <b>15</b> State Employer's state ID number                                                                           | <b>16</b> State wages, tips, etc.                                                                                              | <b>17</b> State income tax            |  |
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**Form W-2 Wage and Tax Statement 2025** Dept. of the Treasury - IRS

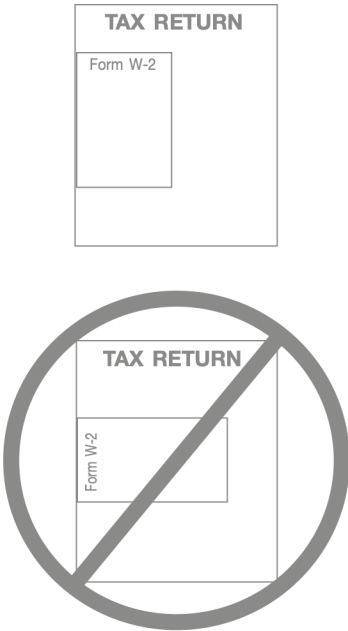
|                                                                                                                      |                                                                                                                                |                                                     |  |
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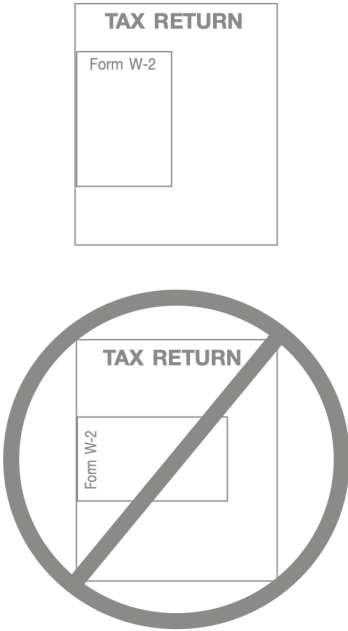
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**BW24UP** NTF 2587011 **5 BW24UP**

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**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made

so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2025 and more than \$10,918.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,409.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also *Instructions for Employee*.)

**Instructions for Employee**  
(See also *Notice to Employee*.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount

unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, you may report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,500 (Generally, \$16,500 for SIMPLE plans; \$26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,500. Deferrals under code H are limited to \$7,000.

**Instructions for Employee**  
(continued)

**Box 12 (continued)**

However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E**—Elective deferrals under a section 403(b) salary reduction agreement.

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP (this includes elective deferrals made to a Roth SEP IRA)

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

**J**—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**P**—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

**Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (this includes salary reduction contributions made to a Roth SIMPLE IRA)

**T**—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

**V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

**Y**—Deferrals under a section 409A nonqualified deferred compensation plan

**Z**—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

**DD**—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

**GG**—Income from qualified equity grants under section 83(i)

**HH**—Aggregate deferrals under section 83(j) elections as of the close of the calendar year

**II**—Medicaid waiver payments excluded from gross income under Notice 2014-7

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

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KAMARI PURCELL  
2035 5TH AVE APT 16M  
NEW YORK NY 10035-1605

## ONLINE SAVINGS ACCOUNT STATEMENT

See reverse for important information

**Account Number** 300041503817  
**Account Name** Online Savings

### STATEMENT SUMMARY as of 04/30/2026

|                              |                    |
|------------------------------|--------------------|
| Beginning Balance            | \$54,624.41        |
| Deposits and Other Credits   | \$1,082.75         |
| Interest Paid this Period    | \$159.77           |
| Withdrawals and Other Debits | \$0.00             |
| <b>Ending Balance</b>        | <b>\$55,707.16</b> |

### EARNINGS DETAILS

|                                |                          |
|--------------------------------|--------------------------|
| Statement Period               | 04/01/2026 to 04/30/2026 |
| Days in Statement Period       | 30                       |
| Annual Percentage Yield Earned | 3.60%                    |
| Total Earnings Paid This Year  | \$647.09                 |

### ACCOUNT ACTIVITY

| Date       | Description                         | Credits  | Debits | Balance            |
|------------|-------------------------------------|----------|--------|--------------------|
| 04/01/2026 | Beginning Balance                   |          |        | \$54,624.41        |
| 04/15/2026 | ACH Deposit FEDERAL RESERVE PAYROLL | \$459.99 |        | \$55,084.40        |
| 04/30/2026 | ACH Deposit FEDERAL RESERVE PAYROLL | \$462.99 |        | \$55,547.39        |
| 04/30/2026 | Interest Paid                       | \$159.77 |        | \$55,707.16        |
| 04/30/2026 | <b>Ending Balance</b>               |          |        | <b>\$55,707.16</b> |



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**In Case of Errors or Questions About Your Electronic Transfers:**

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, please telephone us at 1-855-730-7283 or write us at:

Goldman Sachs Bank USA  
PO Box 70379  
Philadelphia, PA 19176-0379

We must hear from you no later than sixty (60) days after we sent you the **FIRST** statement on which the error or problem appears.

**Give us the following information:**

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

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

**In Case of Errors or Questions About Your Non-Electronic Transactions:**

Contact us immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify us in writing no later than 30 days after the statement was made available to you. For more information, see the Deposit Account Agreement.

Goldman Sachs Bank USA  
PO Box 70379  
Philadelphia, PA 19176-0379

Statement Period  
05/01/2026 to 05/31/2026  
Page 1 of 2

Customer Service Information  
Toll-free 1-855-730-7283  
Marcus.com

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KAMARI PURCELL  
2035 5TH AVE APT 16M  
NEW YORK NY 10035-1605

ONLINE SAVINGS ACCOUNT STATEMENT

See reverse for important information

Account Number 300041503817  
Account Name Online Savings

STATEMENT SUMMARY as of 05/31/2026

|                              |             |
|------------------------------|-------------|
| Beginning Balance            | \$55,707.16 |
| Deposits and Other Credits   | \$1,084.21  |
| Interest Paid this Period    | \$161.23    |
| Withdrawals and Other Debits | \$1,000.00  |
| Ending Balance               | \$55,791.37 |

EARNINGS DETAILS

|                                |                          |
|--------------------------------|--------------------------|
| Statement Period               | 05/01/2026 to 05/31/2026 |
| Days in Statement Period       | 31                       |
| Annual Percentage Yield Earned | 3.50%                    |
| Total Earnings Paid This Year  | \$808.32                 |

ACCOUNT ACTIVITY

| Date       | Description                                                                   | Credits  | Debits     | Balance     |
|------------|-------------------------------------------------------------------------------|----------|------------|-------------|
| 05/01/2026 | Beginning Balance                                                             |          |            | \$55,707.16 |
| 05/04/2026 | ACH Withdrawal Internet transfer to WELLS FARGO BANK NA DDA account *****7228 |          | \$1,000.00 | \$54,707.16 |
| 05/15/2026 | ACH Deposit FEDERAL RESERVE PAYROLL                                           | \$459.99 |            | \$55,167.15 |
| 05/29/2026 | ACH Deposit FEDERAL RESERVE PAYROLL                                           | \$462.99 |            | \$55,630.14 |
| 05/31/2026 | Interest Paid                                                                 | \$161.23 |            | \$55,791.37 |
| 05/31/2026 | Ending Balance                                                                |          |            | \$55,791.37 |



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3. Tell us the dollar amount of the suspected error

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

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