27 Albany

APPLICATION FOR RENTAL

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

The undersigned hereby makes application to rent an Apartment at **27 Albany**.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Daleng	Jason	Klingpe	***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
5/6/2004	(859) 494-1689		jason.daleng@icloud.com

CURRENT ADDRESS

STREET ADDRESS	CITY
317 Valley Brook Dr.	Lexington

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
KY	40511	7/7/2024	current	$2,500.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Self (Family home)	(859) 494-1689

PREVIOUS ADDRESS

STREET ADDRESS	CITY
329 S. Martin Luther King Blvd	Lexington

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
KY	40526	8/17/2025	5/9/2026	$12,236.00 / Yr.

LANDLORD NAME	LANDLORD PHONE
University of Kentucky student housing	(859) 257-1866

EMPLOYMENT & INCOME INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Global Wealth Management	UBS	$75,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Vincent Jansen			current

EMPLOYER ADDRESS	CITY	STATE	ZIP
1000 Harbor Boulevard	Weehawken	NJ	07086

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.com

UNIT APPLYING FOR:	PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION
708	Happy to provide my employment letter. I am also applying with a roommate who has submitted his application as well.

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **27 Albany** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **27 Albany** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **27 Albany**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **27 Albany** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **27 Albany**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

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

APPLICATION FOR JASON KLINGPE DALENG SUBMITTED ONLINE on June 22, 2026

Signed by Jason Klingpe Daleng
Mon Jun 22 2026 05:56:05 PM EDT
Key: 6BAED2EC; IP Address: 10.33.14.4

Jason Klingpe Daleng *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"27 Albany"*

Application Fee for Jason Klingpe Daleng - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Jason Klingpe Daleng	XXXXXXXXXXX8080	16731440	$20.70
This card has been authorized for the amount above and will be charged when the application is processed.			

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

Conditional Offer of Housing

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

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

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

Criminal Background Check

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

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

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

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

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

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

Right to Provide Support for Your Application

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

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

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

Right to an Individualized Assessment of Your Application

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

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

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

Legitimate Business Interest

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

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

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

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

Revoking a Conditional Offer of Housing

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

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

---

Exemptions for Housing Providers

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

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

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

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

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 Jason Klingpe Daleng

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications.

Score for Jason Klingpe Daleng: 742

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

NOTIFICATION(S)

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

Credit Quick Summary	
Total annual income (reported by Applicant)	$75,000.00
Total combined annual income to rent ratio	48.81 (based on rent of $3,790.00)
Total number of accounts	2
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	0 (0 unpaid past due)
Total outstanding balance	$20,841.00 ($0.00 past due)
Outstanding revolving debt	$0.00 (0% of limit) ($0.00 past due)
Outstanding loan balance	$20,841.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Jason Klingpe Daleng	JASON DALENG
SSN:	***-**-****	***-**-****
Birth Date:	5/**/2004	5/**/2004

Addresses	From Application	From Equifax
	317 Valley Brook Dr. Lexington, KY 40511 - US	317 VALLEY BROOK DR. LEXINGTON, KY 40511 (Applicant) Reported 6/2026

Employment	From Application	From Equifax
Applicant:	Global Wealth Management UBS $75,000.00/Yr. Total annual Income: $75,000.00	

Restricted Person Search		
Requested For Jason Klingpe Daleng	**Requested** 6/22/2026	**Returned** 6/22/2026
Results *No Records Found*		

Risk Models		
From RealPage		
Risk Model Name RealPage AI Score (Applicant)	**Score** 742	**Score Factors** Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History
	Description RealPage AI Score uses machine-learning and data patterns in credit score, debt/liability types, trade lines, rental payment history, and renter behavior to achieve reduced bad debt. The RealPage AI Score range is between 1 and 1000 (the higher the score, the less risky the consumer).	

From Equifax		
Risk Model Name Credit Score (Applicant)	**Score** 746	**Score Factors** You have too few credit accounts The date that you opened your oldest account is too recent You have too many inquiries on your credit report. Too few of your bankcard or other revolving accounts have high limits
	Description This credit score is a widely used risk model that uses credit report data to predict the likelihood of default. The credit score range is between 300 and 850 (the higher the score, the less risky the consumer).	

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
SALLIE MAE (Applicant)	1/2025	5/2026				$0.00	$20,841.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$18,000.00	INSTALLMENT	STUDENT LOAN - PAYMENT DEFERRED Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	8/2024	5/2026					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,677.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Previous Credit Inquiries

From Equifax

8/2024	CAPITAL ONE BANK USA (Applicant)

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

A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

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

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

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

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

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

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

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

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

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Additional Rights in New York

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

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

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

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

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

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

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

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

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

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

KENTUCKY USA DRIVER'S LICENSE

4d DLN D20-381-758

1 DALENG
2 JASON KLINGPE
8 317 VALLEY BROOK DR
LEXINGTON, KY 40511

JD04

3 DOB 05/06/2004
4b EXP 06/06/2033
9 CLASS D
9a END NONE
12 RES 1

15 SEX M 16 HGT 6'-02" 18 EYES BRO
5 DD 20250513141359170111 REN

June 10, 2026

Jason Daleng
317 Valley Brook Dr.
Lexington, KY 40511

Dear Jason:

Welcome to UBS. We are excited to offer you a role with us as GWM AMER Client Services Representative within the GWM COO Americas Area of UBS Business Solutions US LLC (the Firm or 'UBS'). You will initially be located in our Weehawken office. We look forward to having you start with us on or about Monday, July 13, 2026 ('Start Date'). For purposes of this letter, 'UBS Group' includes UBS Group AG and all of its direct and/or indirect subsidiaries and affiliates.

This offer letter, including all of its addenda (the 'Offer Letter'), sets forth the terms of our offer and describes your compensation and benefits package. All compensation payments set forth herein and during your employment will be subject to any necessary withholdings and authorized and/or required deductions.

Base Compensation

Your position is classified as non-exempt, meaning that you are eligible for overtime at 1.5 times your hourly rate for all hours worked in excess of 40 per week, and as otherwise required by state or local laws. You will generally be expected to work 40 hours per week, which in your case would result in an annualized base compensation of approximately $75,000. (Your rate of pay is $36.06 per hour.)

You are required to record your time worked on timesheets or via the Payroll system on a daily basis and timely submit your time entries for manager approval and submission. Your schedule is subject to management's discretion. It is important that you accurately record all time worked each workday, and not work any time that you do not report. You will be paid bi-weekly on Fridays in accordance with the Firm's normal payroll practices.

Incentive Compensation Award Overview

In addition to your base compensation, you may be eligible for a discretionary incentive compensation award under UBS's discretionary performance incentive program. The program is operated at UBS's sole and exclusive discretion and may be amended or discontinued at any time.

Discretionary incentive compensation awards take into account a variety of factors including, without limitation, financial results of UBS Group AG, UBS Business Solutions US LLC division and your business area, competitive market conditions, and discretionary judgments of individual performance and contributions to business results and objectives, as well as legal and/or regulatory restrictions, which may affect individual incentive compensation award decisions. Incentive awards may be subject to mandatory deferral under the terms of the UBS Equity Ownership Plan ('EOP'), the UBS Deferred Contingent Capital Plan ('DCCP'), and/or any other plan(s) operated by UBS at that time, so that part of any award may be awarded in cash and/or deferred instruments (which may include, without limitation, restricted UBS Group AG shares, notional shares, notional funds, debt instruments, deferred cash and/or any other instruments), which are subject to certain vesting and/or forfeiture conditions, which may be linked to and conditioned upon a variety of factors including, without limitation, individual and Firm performance factors and will be subject to the terms and conditions of any such incentive award plan as the Firm may implement from time to time, in its sole and exclusive discretion.

Under the current program, to your annualized base compensation and incentive compensation award amount are used for purposes of determining the threshold for mandatory deferral. Any award granted under any UBS compensation plan will be subject to the rules of the plan at the time the award is granted. The rules of the UBS compensation plans may be amended from time to time or discontinued at the absolute discretion of UBS. Participation in the program, even for several years, does not guarantee or give rise to a legitimate expectation of any entitlement. A future incentive compensation award, if any, may be higher or lower in future years and remains in the sole and exclusive discretion of the Firm.

Please note that if, on or before the Payment Date as defined below or the date upon which any deferred compensation vests a Forfeiture Event (as defined herein) occurs, then the amount of any incentive compensation you may receive shall be reduced by such amount as UBS shall in its absolute discretion determine, taking account of your performance and/or conduct, the circumstances surrounding your performance and/or conduct, and their consequences and/or potential consequences for you and/or the Firm and/or any other UBS Group entity.

Subject to applicable law, incentive compensation awards are contingent upon your continued employment with the Firm on the incentive compensation award payment date ('Payment Date'), which is generally in or around mid-February to early March, but not later than March 15th of each subsequent calendar year. You will not be considered 'employed' if you or the Firm have given notice of termination prior to the Payment Date.

Benefits, Policies, Protection of Confidential Information and Other Obligations

You will be eligible to participate in our employee benefit plans generally available to employees subject to the terms and conditions of those plans. Detailed information about the benefit plans and about our Human Resources policies and programs will be provided to you.

You agree that you will abide by and adhere to all federal laws and rules and regulations of the various exchanges or other regulatory and/or self-regulatory organizations of which the Firm or any of its affiliates or related entities are members, as well as all licensing requirements, internal rules, including without limitation, personal trading and account centralization rules, regulations, policies and codes of conduct that the Firm has established. In addition, you will be required to complete all training mandated by the Firm within the prescribed time frame, some of which must be completed within the first thirty (30) days of your employment.

Further, certain information that you create during your employment with the Firm is considered by the UBS Group to be trade secret and confidential information. In recognition of the nature of Firm information to which you will have access, and in exchange for the terms and conditions of this Offer Letter, you agree that your employment is contingent upon your signing both the Notice of Termination, Confidentiality, Non-Solicitation and Other Employment Terms Addendum and the Agreement Concerning the Handling of Confidential Information and the Assignment of Employee Inventions, both of which are attached hereto and incorporated by reference herein.

Binding Mutual Arbitration Agreement and Class, Collective and Representative Action Waiver

UBS values each of its employees and fosters good relations with, and among, all of its employees. UBS recognizes, however, that disagreements occasionally occur between an individual employee and UBS, or between employees in a context that involves UBS. UBS believes that the resolution of such disagreements is best accomplished by internal dispute resolution and, where that fails, by external arbitration. For these reasons, UBS has adopted an Employment Arbitration Agreement and Class, Collective and Representative Action Waiver ('Arbitration Agreement') attached hereto and incorporated by reference herein. By signing this Offer Letter, you acknowledge that you have received and read the Arbitration Agreement and that you agree to all of its terms.

Identity, Employment Eligibility Verification and References and Background Check

On your first day of employment, you are required to show proof of citizenship and/or the appropriate legal right to work documentation as indicated on the List of Acceptable Documents instructions and complete Section 1 of the Form. I-9. You agree that commencement of your employment with UBS is conditioned upon you successfully completing the pre-employment screening process to the satisfaction of UBS. In circumstances where the pre-employment screening process has not been completed and/or is unlikely to be completed by the expected start date, UBS reserves the right to delay your employment start date until such date as the pre-employment screening process has been completed to the satisfaction of UBS including, but not limited to, verification of the information provided in your on-line questionnaire and completion of any applicable [e.g., criminal, credit, and/or directorship record] checks. You will not be entitled to any compensation or alleged damages in case of a delayed start date. In circumstances where you fail to pass the pre-employment screening process to the satisfaction of UBS, UBS reserves the right to withdraw the offer of employment if you do not successfully complete the pre-employment screening process.

After satisfactory completion of pre-employment screening, your employment may commence but remains contingent upon satisfactory completion of all post-employment processing, including, but not limited to, background screening, involving the verification of work history, education (including without limitation, the requirement that you provide an official transcript and proof of graduation/degree conferred from your current educational institution) and fingerprinting.

At-Will Employment

This Offer Letter does not constitute an agreement by the Firm to employ you for a specified period of time, does not constitute a promise of continued employment with the Firm for any period whatsoever, and does not in any way alter your status as an 'employee at will.' This means that the Firm may terminate your employment at any time, with or without reason, and without prior notice. You may terminate your employment at any time, with or without reason, subject to the notice provisions that may be contained in this Offer Letter or may otherwise be applicable to you.

Forfeiture Event

In this Offer Letter a 'Forfeiture Event' is any of the following events, as determined in UBS's sole discretion:

- your performance is deemed to contribute substantially to the UBS Group or part of the UBS Group incurring significant financial losses;
- your performance is deemed to contribute substantially to a significant downward restatement of any published results of the UBS Group or any business division of the UBS Group; and/or
- you engage in conduct and/or fail to discharge your supervisory or managerial responsibilities which contributes to an outcome that is detrimental to the UBS Group or part of the UBS Group, or contributes to significant reputational harm to the UBS Group or any part of the UBS Group. Such conduct and/or failure would include, but not be limited to, any material violation of applicable legal and regulatory requirements or internal policies and procedures (including, without limitation, those policies in respect of risk management, compliance, discipline and any applicable supervisory practices).

Entire Agreement

This Offer Letter, along with the addenda and attachments incorporated by reference herein, contains the entire understanding and agreement between the parties concerning the subject matter hereof, and supersedes all prior agreements, understandings, discussions, negotiations, and undertakings, whether written or oral, between the parties with respect thereof. You acknowledge and agree that the Firm has not made any representation with respect to the matters set forth in this Offer Letter, except as specifically set forth herein, and you acknowledge that you have relied on your own judgment in accepting this offer of employment, should you

choose to accept. Any waiver must be in writing and signed by two authorized officers of the Firm. The material terms and conditions of this Offer Letter and its addenda, including without limitation all terms relating to compensation and your at-will status, cannot be modified unless in a writing signed by two officers of the Firm, except to the extent that certain terms of this Offer Letter and its addenda or attachments may be modified by Firm policies as may be amended from time to time.

Governing Law

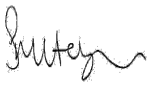
Except as otherwise specifically provided, this Offer Letter shall be governed, construed and enforced in accordance with the laws of the State of New York without regard to conflict of law principles. In the event that any provision or portion of this Offer Letter or its addenda shall be determined to be invalid or unenforceable for any reason, in whole or in part, the remaining provisions of this Offer Letter and its addenda shall be unaffected thereby and shall remain in full force and effect to the fullest extent permitted by law. You may not assign this Offer Letter or its addenda; however, the Firm may assign this Offer Letter or its addenda to any entity within the UBS Group.

Jason, we are all looking forward to working and partnering with you.

Sincerely,

UBS Business Solutions US LLC

Jason Soto
Director
Human Resources



Simone Hayes
Managing Director
Human Resources

Employee Signature

Jason K Daleng (Electronically Signed)

Signature Date

Wednesday, June 10, 2026

FIRST SOUTHERN NATIONAL BANK
204 FAIRFIELD DR.
NICHOLASVILLE, KY 40356
Tel: (859) 885-1222

JASON KLINGPE DALENG
400 WOODSPOINTE WAY
WILMORE KY 40390-1454

Statement Date: **05/15/2026** Account No.: ********3398 Page: **1**

This Statement Cycle Reflects 30 Days

ONLINE CHECKING SUMMARY

Type: **REG Status: Active

BALANCE LAST STATEMENT	DEPOSITS AND CREDITS NO.	DEPOSITS AND CREDITS TOTAL AMOUNT	CHECKS AND DEBITS NO.	CHECKS AND DEBITS TOTAL AMOUNT	SERVICE CHARGE	BALANCE THIS STATEMENT
227.07	8	3,034.50	18	2,527.29	.00	734.28

Average Balance (Ledger) **876.59+**

ALL CREDIT ACTIVITY

Date	Type	Amount	Date	Type	Amount	Date	Type	Amount
05/08/26	Deposit	100.00	05/11/26	Deposit	50.00	05/11/26	Deposit	600.00

Date	Description	Amount
04/20/26	H&R BLOCK 02 HRBLOCK RT	1,497.00
04/22/26	UNIV OF KENTUCKY PAYROLL	369.98
05/06/26	UNIV OF KENTUCKY PAYROLL	309.04
05/12/26	8307 MCD RTN OPENAI CHATGPT SUBSCR SAN FRANCISCO CA	8.48
05/12/26	CASH APP JASON DALE	100.00

ELECTRONIC DEBITS

Date	Description	Amount
04/16/26	8307 PUR NNT CHIPOTLE MEX GR672107 NEWPORT BEACH CA	9.54
04/16/26	8307 MCD PUR MCDONALDS 4819 LEXINGTON KY	8.15
04/16/26	8307 MCD PUR HIBACHI EXPRESS LEXINGTON KY	10.48
04/16/26	GOLDMAN SACHS BA TRANSFER	50.00
04/17/26	8307 MCD PUR GRUBHUB CAMPUS DINING 8888275055 CA	9.52
04/20/26	8307 MCD PUR NAYAX CANTEEN LEXING LEXINGTON KY	2.35
04/20/26	8307 MCD PUR TST OKOME ASIAN GRILL LEXINGTON KY	12.44
04/20/26	8307 MCD PUR DD DOORDASHDASHPASS 8559731040 CA	9.99
04/20/26	8307 MCD PUR HIBACHI EXPRESS LEXINGTON KY	10.48
04/20/26	KYGOV KY TAXPMNT	115.00

Continued

FIRST SOUTHERN NATIONAL BANK
204 FAIRFIELD DR.
NICHOLASVILLE, KY 40356
Tel: (859) 885-1222

ELECTRONIC DEBITS (cont.)

Date	Description	Amount
04/22/26	8307 MCD PUR ARA UK PJ BUSINESS LEXINGTON KY	5.25
04/22/26	GOLDMAN SACHS BA TRANSFER	500.00
04/27/26	8307 MCD PUR CHIPOTLE 0499 LEXINGTON KY	8.96
04/27/26	GOLDMAN SACHS BA TRANSFER	600.00
05/11/26	8307 MCD PUR OPENAI CHATGPT SUBSCR SAN FRANCISCO CA	8.48
05/11/26	CAPITAL ONE MOBILE PMT	1,100.00
05/12/26	8307 PUR NNT CHIPOTLE MEX GR261628 NEWPORT BEACH CA	18.97
05/15/26	8307 MCD PUR LINKEDIN P3017403992 MOUNTAIN VIEW CA	47.68

DAILY BALANCE SUMMARY

Beginning Ledger Balance on 04/15/26 was 227.07

Date	Balance	Date	Balance	Date	Balance
04/16/26	148.90	04/27/26	741.89	05/12/26	781.96
04/17/26	139.38	05/06/26	1,050.93	05/15/26	734.28
04/20/26	1,486.12	05/08/26	1,150.93		
04/22/26	1,350.85	05/11/26	692.45		

OVERDRAFT FEE SUMMARY

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

FIRST SOUTHERN NATIONAL BANK
204 FAIRFIELD DR.
NICHOLASVILLE, KY 40356
Tel: (859) 885-1222

JASON KLINGPE DALENG
400 WOODSPOINTE WAY
WILMORE KY 40390-1454

Statement Date: **06/15/2026** Account No.: ********3398 Page: **1**

This Statement Cycle Reflects 31 Days

ONLINE CHECKING SUMMARY

Type: **REG Status: Active

BALANCE LAST STATEMENT	DEPOSITS AND CREDITS NO.	DEPOSITS AND CREDITS TOTAL AMOUNT	CHECKS AND DEBITS NO.	CHECKS AND DEBITS TOTAL AMOUNT	SERVICE CHARGE	BALANCE THIS STATEMENT
734.28	2	109.99	10	541.79	.00	302.48

Average Balance (Ledger) **701.21+**

ALL CREDIT ACTIVITY

Date	Type	Amount	Date	Type	Amount	Date	Type	Amount
05/18/26	Deposit	100.00						

Date	Description	Amount
05/29/26	8307 MCD RTN DD DOORDASHDASHPASS 8559731040 CA	9.99

ELECTRONIC DEBITS

Date	Description	Amount
05/18/26	8307 PUR NNT CHIPOTLE MEX GR960977 NEWPORT BEACH CA	10.12
05/18/26	8307 PUR KROGER 784 LEXINGTON KY	3.79
05/18/26	8307 PUR SAMS CLUB 8188 LEXINGTON KY	35.17
05/18/26	8307 MCD PUR CHIPOTLE 4132 LEXINGTON KY	3.39
05/18/26	8307 MCD PUR CHICK-FIL-A 02206 LEXINGTON KY	8.75
05/18/26	8307 MCD PUR SAMSCLUB 8188 LEXINGTON KY	5.09
05/18/26	8307 MCD PUR DD DOORDASHDASHPASS 8559731040 CA	9.99
06/11/26	8307 MCD PUR SAMSCLUB 8188 LEXINGTON KY	30.09
06/12/26	8307 MCD PUR CHICK-FIL-A 04694 LEXINGTON KY	5.40
06/12/26	CAPITAL ONE MOBILE PMT	430.00

Continued

FIRST SOUTHERN NATIONAL BANK
204 FAIRFIELD DR.
NICHOLASVILLE, KY 40356
Tel: (859) 885-1222

DAILY BALANCE SUMMARY

Beginning Ledger Balance on 05/15/26 was 734.28

Date	Balance	Date	Balance	Date	Balance
05/18/26	757.98	06/11/26	737.88		
05/29/26	767.97	06/12/26	302.48		

OVERDRAFT FEE SUMMARY

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Marcus:
by Goldman Sachs®

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

Statement Period
05/01/2026 to 05/31/2026

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

100465-01-00

100465/1537597/STMT/100465/0000/000000/203816 000 01 000000
JASON DALENG
317 VALLEY BROOK DR
LEXINGTON KY 40511-8782

ONLINE SAVINGS ACCOUNT STATEMENT

See reverse for important information

Account Number	300058540718
Account Name	Online Savings

STATEMENT SUMMARY as of 05/31/2026

Beginning Balance	$1,162.45
Deposits and Other Credits	$3.40
Interest Paid this Period	$3.40
Withdrawals and Other Debits	$0.00
Ending Balance	**$1,165.85**

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	$4.69

ACCOUNT ACTIVITY

Date	Description	Credits	Debits	Balance
05/01/2026	Beginning Balance			$1,162.45
05/31/2026	Interest Paid	$3.40		$1,165.85
05/31/2026	**Ending Balance**			**$1,165.85**

Get the Marcus app
Scan to download or open the app.

Member FDIC

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.

2025 W-2 and EARNINGS SUMMARY

Employee Reference Copy

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

OMB No. 1545-0029

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
915852 ATLA/RLD	222000	AABB	T

c Employer's name, address, and ZIP code

LAZARD ASSET MANAGEMENT LLC
30 ROCKEFELLER PLAZA
NEW YORK NY 10112-0002

Batch #08245

e/f Employee's name, address, and ZIP code

JASON DALENG
317 VALLEY BROOK DRIVE
LEXINGTON KY 40511

b Employer's FED ID number	a Employee's SSA number
05-0530199	XXX-XX-2035

1 Wages, tips, other comp. 16128.22	2 Federal income tax withheld 1869.53
3 Social security wages 16128.22	4 Social security tax withheld 999.95
5 Medicare wages and tips 16128.22	6 Medicare tax withheld 233.86
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 6.50 SDI 62.57 NY PFL	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State NY / Employer's state ID no. 05-0530199	16 State wages, tips, etc. 16128.22
17 State income tax 768.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	16,128.22	16,128.22	16,128.22	16,128.22
Reported W-2 Wages	**16,128.22**	**16,128.22**	**16,128.22**	**16,128.22**

2. Employee Name and Address.

JASON DALENG
317 VALLEY BROOK DRIVE
LEXINGTON KY 40511

Federal Filing Copy

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

OMB No. 1545-0029

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 16128.22	2 Federal income tax withheld 1869.53
3 Social security wages 16128.22	4 Social security tax withheld 999.95
5 Medicare wages and tips 16128.22	6 Medicare tax withheld 233.86
d Control number 915852 ATLA/RLD / Dept. 222000 / Corp. AABB / Employer use only T	
c Employer's name, address, and ZIP code: LAZARD ASSET MANAGEMENT LLC, 30 ROCKEFELLER PLAZA, NEW YORK NY 10112-0002	
b Employer's FED ID number 05-0530199	a Employee's SSA number XXX-XX-2035
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 6.50 SDI 62.57 NY PFL	12b / 12c / 12d / 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: JASON DALENG, 317 VALLEY BROOK DRIVE, LEXINGTON KY 40511	
15 State NY / Employer's state ID no. 05-0530199	16 State wages, tips, etc. 16128.22
17 State income tax 768.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY.State Reference Copy

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

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 16128.22	2 Federal income tax withheld 1869.53
3 Social security wages 16128.22	4 Social security tax withheld 999.95
5 Medicare wages and tips 16128.22	6 Medicare tax withheld 233.86
d Control number 915852 ATLA/RLD / Dept. 222000 / Corp. AABB / Employer use only T	
c Employer's name, address, and ZIP code: LAZARD ASSET MANAGEMENT LLC, 30 ROCKEFELLER PLAZA, NEW YORK NY 10112-0002	
b Employer's FED ID number 05-0530199	a Employee's SSA number XXX-XX-2035
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 6.50 SDI 62.57 NY PFL	12b / 12c / 12d / 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: JASON DALENG, 317 VALLEY BROOK DRIVE, LEXINGTON KY 40511	
15 State NY / Employer's state ID no. 05-0530199	16 State wages, tips, etc. 16128.22
17 State income tax 768.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY.State Filing Copy

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

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 16128.22	2 Federal income tax withheld 1869.53
3 Social security wages 16128.22	4 Social security tax withheld 999.95
5 Medicare wages and tips 16128.22	6 Medicare tax withheld 233.86
d Control number 915852 ATLA/RLD / Dept. 222000 / Corp. AABB / Employer use only T	
c Employer's name, address, and ZIP code: LAZARD ASSET MANAGEMENT LLC, 30 ROCKEFELLER PLAZA, NEW YORK NY 10112-0002	
b Employer's FED ID number 05-0530199	a Employee's SSA number XXX-XX-2035
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 6.50 SDI 62.57 NY PFL	12b / 12c / 12d / 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: JASON DALENG, 317 VALLEY BROOK DRIVE, LEXINGTON KY 40511	
15 State NY / Employer's state ID no. 05-0530199	16 State wages, tips, etc. 16128.22
17 State income tax 768.00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Instructions for 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, 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. 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(i) 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.

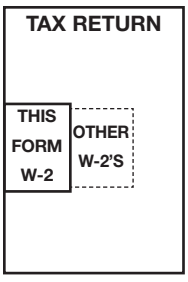
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers 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.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

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*. 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*.

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.