Rental Application for **4560 BWY Partners, LLC**

APPLICATION FOR RENTAL

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

APPLICANT INFORMATION			
LAST NAME	**FIRST NAME**	**MIDDLE NAME**	**SUFFIX**
Rivera Sojo	Julian		
SSN	**BIRTH DATE**	**PHONE - TYPE**	
-**-*	7/7/1992	(617) 543-1395 - Mobile	
EMAIL	**ARE YOU A SERVICE MEMBER?**		
julianrivera1714@gmail.com	NO		

CURRENT ADDRESS			
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
63 West 104 Street	New York	NY	10025
MOVE IN DATE / **MOVE OUT DATE**	**MONTHLY RENT**		
1/3/2025 / current	$4,200.00 / Mo.		
REASON FOR LEAVING			
Divorce			

PREVIOUS ADDRESS			
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
529 West 151 Street Apt 34	New York	NY	10031
MOVE IN DATE / **MOVE OUT DATE**	**MONTHLY RENT**		
7/1/2022 / 6/30/2024	$2,600.00 / Mo.		

PREVIOUS ADDRESS			
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
100 United Nations Plaza Apt 23 D	New York	NY	10017
MOVE IN DATE / **MOVE OUT DATE**	**MONTHLY RENT**		
6/30/2024 / 1/3/2025	$4,200.00 / Mo.		

EMPLOYMENT & INCOME INFORMATION			
OCCUPATION	**EMPLOYER/COMPANY**		
Director of Operations	The Equity Project Charter School		
SUPERVISOR	**SUPERVISOR PHONE**	**SUPERVISOR EMAIL**	
Aaron Villela	(646) 229-3409	aaron.villela@tepcharter.org	
SALARY	**START DATE**		
$128,000.00/Yr.			
EMPLOYER ADDRESS	**CITY**	**STATE**	**ZIP**
4280 Broadway, New York, NY 10033	New York	NY	10033
OTHER INCOME DESCRIPTION			**MONTHLY INCOME**
Savngs Account Interest			$3,136.96/Yr.
OTHER INCOME DESCRIPTION			**MONTHLY INCOME**
Retirement account earnings			$1,440.00/Yr.

VEHICLE INFORMATION		
1. MAKE	**MODEL**	**YEAR**
Kia	Rio	2022
COLOR	**PLATE**	**STATE**
Black	KXW7527	NY

NEW YORK CITY TENANT FAIR CHANCE ACT

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

1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a tenant screening report on you, and the Owner may use this report to determine your suitability for housing.

2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.

3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; www.on-site.com/renter-relations/.

4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from www.annualcreditreport.com.

ACKNOWLEDGEMENTS

☒ I have been provided with the Fair Chance Act disclosure, pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq.

APPLICATION CONSENT

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **4560 BWY Partners, LLC** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **4560 BWY Partners, LLC** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **4560 BWY Partners, LLC**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **4560 BWY Partners, LLC** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **4560 BWY Partners, LLC**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

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

Signed by Julian Rivera Sojo
Sat Jun 20 2026 05:15:34 PM EDT
Key: 9CD1EF3D; IP Address: 23.38.164.82

Julian Rivera Sojo *(Applicant)* *Date*

California Required Notices

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

An investigative consumer reporting agency shall provide a consumer seeking to obtain a copy of a report or making a request to review a file, a written notice in simple, plain English and Spanish setting forth the terms and conditions of his or her right to receive all disclosures, as provided in CA Civil Code Section 1786.26.

This report was prepared using software provided by RP On-Site LLC, which can be contacted at: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Avisos obligatorios en el estado de California

El presente informe no garantiza la exactitud ni la veracidad de la información con respecto al tema de investigación, sino únicamente que es una copia exacta de los registros públicos y es posible que la información generada como consecuencia del robo de identidad, incluidos los registros de antecedentes delictivos, se haya asociado por error con el consumidor objeto del presente informe.

Una agencia de investigación de verificación de crédito proporcionará al consumidor que desee obtener una copia de un informe o que solicite la revisión de un archivo un aviso por escrito en inglés y español, escrito en un lenguaje simple y claro, que establezca los términos y condiciones de su derecho a recibir todas las divulgaciones conforme a la Sección 1786.26 del Código Civil de California.

Este informe se preparo con el software proporcionado pro RP On-Site LLC, que puede contractarse en: 2201 Lakeside Blvd., Richardson, TX 75082; 1-877-222-0384; or https://www.on-site.com/request-rental-report-or-submit-dispute/.

Rental Report for Julian Rivera Sojo

The property's screening criteria result	
APPROVE	This application meets your requirements based on your Property's Screening Criteria. On-Site makes no independent assessment of an applicant's qualifications. **Application Approved by Malgorzata Warchol on 6/21/2026**.

Score for Julian Rivera Sojo: 846		
	Importance	**Result**
AI Score	Pass/Fail	
Total annual income to rent ratio exceeds 40.0	Pass/Conditional	
May have been through a bankruptcy	Pass/Fail	
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.

Lease Notebook

Date	User	Note
6/20/2026		Identity Verification Submitted for Julian Rivera Sojo
6/20/2026		Identity Verification Passed for Julian Rivera Sojo
6/20/2026		The Class Action Waiver and Arbitration Agreement consent for Julian Rivera Sojo (julianrivera1714@gmail.com) has been received.
6/20/2026		Julian Rivera Sojo has finished signing Online Application Form.
6/20/2026		Application fees for Julian Rivera Sojo in the amount of $20.00 were authorized by credit card.
6/21/2026		Application fees for Julian Rivera Sojo in the amount of $20.00 were paid by credit card.

Credit Quick Summary	
Total annual income (reported by Applicant)	$132,576.96
Total combined annual income to rent ratio	40.48 (based on rent of $3,275.00)
Total number of accounts	3
Accounts with no late payments	3 (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	$2,363.00 ($0.00 past due)
Outstanding revolving debt	$2,363.00 (21% of limit) ($0.00 past due)
Outstanding loan balance	$0.00 ($0.00 past due)
Bankruptcies, foreclosures, and legal items	0
Collection total balance (includes past due)	$0.00
Rental History records found	0

Identity	From Application	From Equifax
Name:	Julian Rivera Sojo	JULIAN RIVERA SOJO JULIAN RIVERA-SOJO JULIAN RIVERA SOJO
SSN:	***-**-****	***-**-****
Birth Date:	7/**/1992	7/**/1992

Addresses	From Application	From Equifax
	63 West 104 Street New York, NY 10025 - US	63 W 104TH ST. 404 NEW YORK, NY 10025 (Applicant) Reported 6/2026 93 ENDICOTT ST. 3 BOSTON, MA 02113 (Applicant) Reported 6/2026 37 TILESTON ST. 1F BOSTON, MA 02113 (Applicant) Reported 5/2026 100 UNITED NATIONS PLZ. 23D NEW YORK, NY 10017 (Applicant) Reported 1/2025 529 W 151ST ST. 34 NEW YORK, NY 10031 (Applicant) Reported 6/2024

Employment	From Application	From Equifax
Applicant:	Director of Operations The Equity Project Charter School $128,000.00/Yr. Total annual Income: $132,576.96	

Restricted Person Search		
Requested For Julian Rivera Sojo	**Requested** 6/21/2026	**Returned** 6/21/2026
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	846	Tradeline scoring Debt-to-income ratio Credit Score Rental Payment History

Description

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

From Equifax

Risk Model Name	Score	Score Factors
Credit Score (Applicant)	796	Lack of sufficient credit history on bankcard or revolving accounts Lack of sufficient relevant first mortgage account information You have either very few loans or too many loans with recent delinquencies The date that you opened your oldest account is too recent

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
JPMCB CARD SERVICES (Applicant)	5/2014	4/2026					$2,015.00

Monthly Payment	High Credit	Type	Comments
$35.00	$3,213.00	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	0	0
5/ 26		3/ 26		1/ 26		11/ 25		9/ 25		7/ 25		5/ 25		3/ 25		1/ 25		11/ 24		9/ 24		7/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CAPITAL ONE BANK USA (Applicant)	9/2019	5/2026					$348.00

Monthly Payment	High Credit	Type	Comments
$25.00	$4,020.00	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	0	0
6/ 26		4/ 26		2/ 26		12/ 25		10/ 25		8/ 25		6/ 25		4/ 25		2/ 25		12/ 24		10/ 24		8/ 24	

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BANK OF AMERICA (Applicant)	2/2016	12/2023					$0.00

Monthly Payment	High Credit	Type	Comments
	$4,054.00	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	0	0
6/ 26		4/ 26		2/ 26		12/ 25		10/ 25		8/ 25		6/ 25		4/ 25		2/ 25		12/ 24		10/ 24		8/ 24	

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

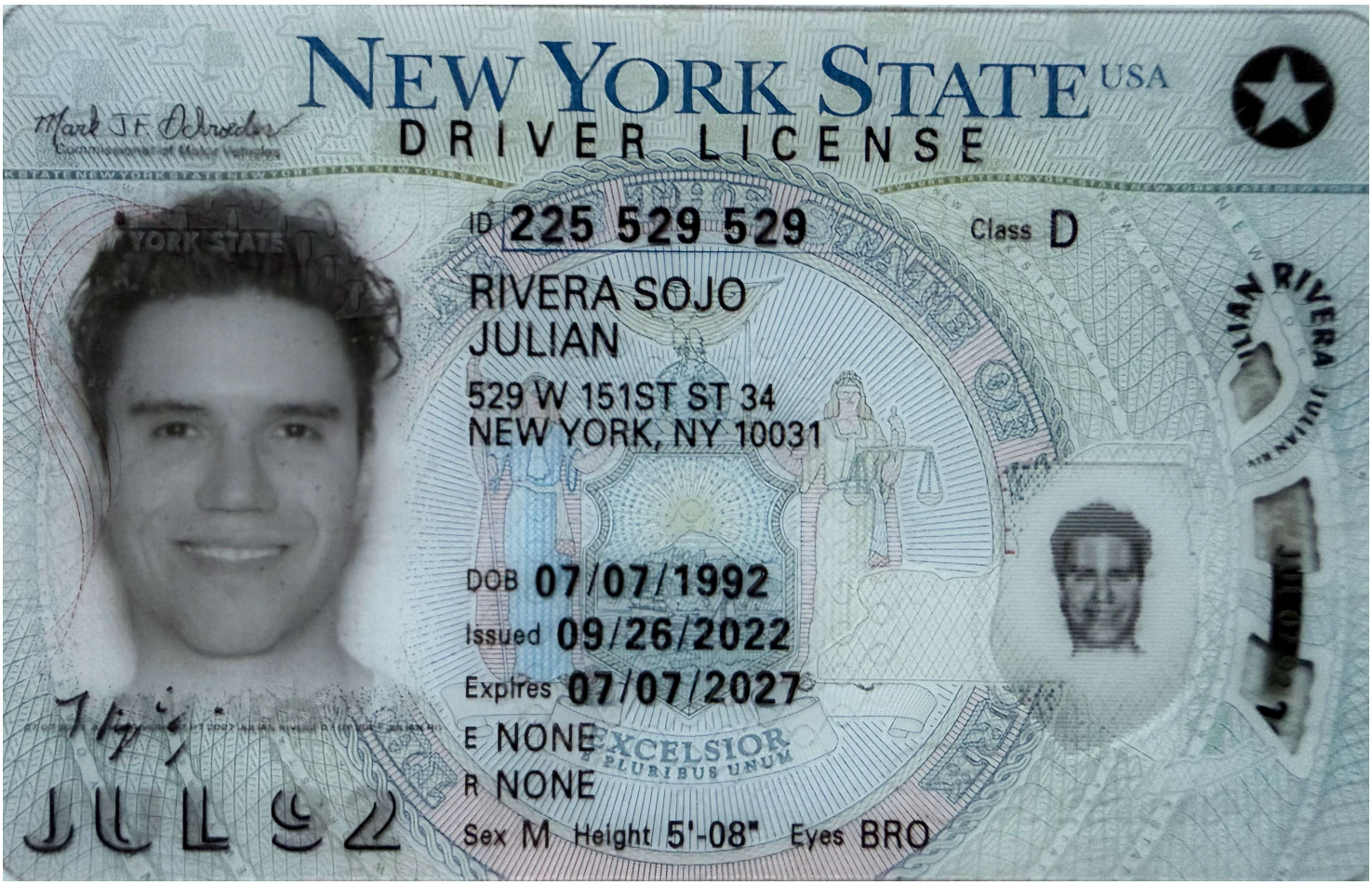
However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit mortgage, 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.


NEW YORK STATE USA
DRIVER LICENSE
Mark J.F. Schroeder
Commissioner of Motor Vehicles
ID 225 529 529
Class D
RIVERA SOJO
JULIAN
529 W 151ST ST 34
NEW YORK, NY 10031
DOB 07/07/1992
Issued 09/26/2022
Expires 07/07/2027
E NONE
R NONE
Sex M Height 5'-08" Eyes BRO
EXCELSIOR
E PLURIBUS UNUM
JULIAN RIVERA

CHARTER SCHOOL

The Equity Project (TEP) Charter School
549 Audubon Avenue, Trailer 30
New York, New York, 10040

Telephone 646 254 6451
Facsimile 212 202 3584
www.tepcharter.org

Proof of Employment

June 16, 2026

To Whom It May Concern:

This letter serves to verify that Julian Rivera has been employed full-time by the Equity Project Charter School since July 22, 2022. He is currently employed as the Early Childhood Director of Operations and earns an annual salary of $112,000.

Effective July 1, 2026, Mr. Rivera will be promoted to the position of Middle School Director of Operations. Upon assuming this role, his annual salary will increase to $128,000.

Should you require any additional information, please do not hesitate to contact me.

Thank you,

Lucitania Gonzalez

Lucitania Gonzalez
Director of HR & Payroll
The Equity Project Charter School
Phone: 646.254.6451

Earnings Statement

The Equity Project Charter School
549 Audubon Ave.
Trailer 30
New York, NY 10040
Phone: 6462546451
FEIN: 900354470

Julian Rivera Sojo
SSN: ***-**-8872
63 W 104th St Apt 404
New York, NY 10025
Compensation Type: Salary
Worker Type: Full Time

Period Beginning:	May 17, 2026
Period Ending:	May 31, 2026
Pay Day:	Jun 15, 2026
Net Pay:	**$2,873.48**

Regular Earnings	HOURS	RATE	CURRENT	YTD
Regular Earnings	-	-	4,666.67	
		Total	4,666.67	50,041.02

Total Earnings	**4,666.67**	**50,041.02**

Reimbursements	CURRENT	YTD
There are no reimbursements.		

Deductions	CURRENT	YTD
403B %	326.67	3,502.90
Health Benefits	206.06	2,104.52
Voluntary Life Insurance	2.66	50.90
Total	535.39	5,658.32

Taxes	CURRENT	YTD
Federal - Federal Income Tax	541.55	5,728.31
Federal - FICA	276.56	2,972.08
Federal - Medicare	64.68	695.09
New York - City Withholding - NY City Resident	152.87	1,637.38
New York - FLI Withholding - NY	20.16	216.18

Employer Contributions	CURRENT	YTD
There are no deductions.		

PTO Balances	OLD BALANCE	HOURS USED	AVAILABLE BALANCE

Notes

Taxes		CURRENT	YTD
New York - SDI Withholding - NY		1.30	14.30
New York - State Withholding - NY		200.68	2,147.95
	Total	1,257.80	13,411.29

Net Pay	2,873.48	30,971.41

Earnings Statement

The Equity Project Charter School
549 Audubon Ave.
Trailer 30
New York, NY 10040
Phone: 6462546451
FEIN: 900354470

Julian Rivera Sojo
SSN: ***-**-8872
63 W 104th St Apt 404
New York, NY 10025
Compensation Type: Salary
Worker Type: Full Time

Period Beginning:	May 01, 2026
Period Ending:	May 16, 2026
Pay Day:	May 29, 2026
Net Pay:	**$2,873.48**

Regular Earnings	HOURS	RATE	CURRENT	YTD
Regular Earnings	-	-	4,666.67	
		Total	4,666.67	45,374.35

Total Earnings	**4,666.67**	**45,374.35**

Reimbursements	CURRENT	YTD
There are no reimbursements.		

Deductions	CURRENT	YTD
403B %	326.67	3,176.23
Health Benefits	206.06	1,898.46
Voluntary Life Insurance	2.66	48.24
Total	535.39	5,122.93

Taxes	CURRENT	YTD
Federal - Federal Income Tax	541.55	5,186.76
Federal - FICA	276.56	2,695.52
Federal - Medicare	64.68	630.41
New York - City Withholding - NY City Resident	152.87	1,484.51
New York - FLI Withholding - NY	20.16	196.02

Employer Contributions	CURRENT	YTD
There are no deductions.		

PTO Balances	OLD BALANCE	HOURS USED	AVAILABLE BALANCE

Notes

Taxes		CURRENT	YTD
New York - SDI Withholding - NY		1.30	13.00
New York - State Withholding - NY		200.68	1,947.27
	Total	1,257.80	12,153.49

Net Pay	2,873.48	28,097.93

Julian Rivera Sojo
63 W 104th St
Apt 404
New York NY 10025

Thanks for saving with Capital One 360®

Here's your **May 2026** bank statement.

STATEMENT PERIOD
May 1 - May 31, 2026

$86,124.49

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	May 1	May 31
360 Checking...2007	$104.14	**$107.78**
360 Checking...3909	$10.00	**$10.00**
360 Performance Savings...6587	$91,998.94	**$86,006.71**
All Accounts	$92,113.08	**$86,124.49**

Cashflow Summary

+ $218.20 INTEREST EARNED THIS PERIOD

360 Checking - 36160162007

JOINT WITH TARA TRASK

0.11%	$0.16	31
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 1	**Opening Balance**			**$104.14**
May 2	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $4,253.00**	$4,357.14
May 2	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $619.00**	$4,976.14
May 2	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $2,000.00**	$6,976.14
May 2	Zelle money sent to DAISY LUNA	Debit	**- $478.00**	$6,498.14
May 2	Zelle money sent to TARA TRASK	Debit	**- $1,500.00**	$4,998.14
May 3	Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $9,386.00**	$14,384.14
May 3	Withdrawal to 360 Performance Savings XXXXXXX3952	Debit	**- $9,386.00**	$4,998.14
May 4	Withdrawal from OPENIGLOO PURCHASE O	Debit	**- $4,871.00**	$127.14
May 10	N - Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $394.00**	$521.14
May 10	Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $246.00**	$767.14
May 10	Zelle money sent to DAISY LUNA	Debit	**- $394.00**	$373.14
May 13	Withdrawal from CAPITAL ONE CRCARDPMT	Debit	**- $245.91**	$127.23
May 16	N - Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $484.00**	$611.23
May 16	Zelle money sent to DAISY LUNA	Debit	**- $483.00**	$128.23
May 22	N - Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $606.00**	$734.23
May 22	N D - Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $406.50**	$1,140.73
May 22	Zelle money sent to DAISY LUNA	Debit	**- $507.00**	$633.73
May 22	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $3,140.00**	$3,773.73
May 22	Zelle money sent to TARA TRASK	Debit	**- $2,490.00**	$1,283.73
May 24	Zelle money sent to TARA TRASK	Debit	**- $1,175.00**	$108.73
May 29	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $313.00**	$421.73
May 29	Da - Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $554.00**	$975.73
May 29	Zelle money sent to DAISY LUNA	Debit	**- $394.00**	$581.73

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 29	Zelle money sent to TARA TRASK	Debit	**- $394.00**	$187.73
May 29	Withdrawal to 360 Performance Savings XXXXXXX3952	Debit	**- $80.00**	$107.73
May 30	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $1,000.00**	$1,107.73
May 30	Zelle money sent to TARA TRASK	Debit	**- $1,000.00**	$107.73
May 31	Monthly Interest Paid	Credit	**+ $0.05**	$107.78
May 31	**Closing Balance**			**$107.78**

360 Checking - 36405473909

0.00%
ANNUAL PERCENTAGE YIELD (APY) EARNED

$0.00
YTD INTEREST AND BONUSES

31
DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 1	**Opening Balance**			**$10.00**
May 31	**Closing Balance**			**$10.00**

360 Performance Savings - 36227046587

3.10%
ANNUAL PERCENTAGE YIELD (APY) EARNED

$1,128.61
YTD INTEREST AND BONUSES

31
DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 1	**Opening Balance**			**$91,998.94**
May 3	Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $9,386.00**	$82,612.94
May 10	N - Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $394.00**	$82,218.94
May 10	Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $246.00**	$81,972.94
May 15	Deposit from The Equity Proje PAYROLL	Credit	**+ $2,729.81**	$84,702.75
May 16	N - Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $484.00**	$84,218.75
May 22	N - Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $606.00**	$83,612.75
May 29	Deposit from The Equity Proje PAYROLL	Credit	**+ $2,729.81**	$86,342.56
May 29	Da - Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $554.00**	$85,788.56

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
May 31	Monthly Interest Paid	Credit	+ $218.15	$86,006.71
May 31	**Closing Balance**			**$86,006.71**

Note: The last four digits of your external accounts may not match your actual account numbers. This is because some banks may issue a virtual or tokenized number for security. To learn more about tokenized account numbers, contact your external bank.

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of 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.

Julian Rivera Sojo
63 W 104th St
Apt 404
New York NY 10025

Thanks for saving with Capital One 360®

Here's your **April 2026** bank statement.

STATEMENT PERIOD
Apr 1 - Apr 30, 2026

$92,113.08

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Apr 1	Apr 30
360 Checking...2007	$101.95	**$104.14**
360 Checking...3909	$0.00	**$10.00**
360 Performance Savings...6587	$90,652.80	**$91,998.94**
All Accounts	$90,754.75	**$92,113.08**

Cashflow Summary

+ $226.55 INTEREST EARNED THIS PERIOD

360 Checking - 36160162007

JOINT WITH TARA TRASK

0.11%	$0.11	30
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Apr 1	**Opening Balance**			**$101.95**
Apr 1	Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $3,640.00**	$3,741.95
Apr 2	Withdrawal from OPENIGLOO PURCHASE O	Debit	**- $3,640.45**	$101.50
Apr 3	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $450.00**	$551.50
Apr 3	Zelle money sent to DAISY LUNA	Debit	**- $450.00**	$101.50
Apr 3	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $700.00**	$801.50
Apr 3	Zelle money sent to TARA TRASK	Debit	**- $700.00**	$101.50
Apr 8	Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $690.00**	$791.50
Apr 11	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $462.00**	$1,253.50
Apr 11	Zelle money sent to DAISY LUNA	Debit	**- $462.00**	$791.50
Apr 13	Withdrawal from CAPITAL ONE CRCARDPMT	Debit	**- $686.39**	$105.11
Apr 15	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $1,200.00**	$1,305.11
Apr 15	Zelle money sent to TARA TRASK	Debit	**- $1,200.00**	$105.11
Apr 17	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $855.00**	$960.11
Apr 17	Zelle money sent to DAISY LUNA	Debit	**- $428.00**	$532.11
Apr 17	Zelle money sent to TARA TRASK	Debit	**- $428.00**	$104.11
Apr 23	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $2,500.00**	$2,604.11
Apr 23	Zelle money sent to TARA TRASK	Debit	**- $2,500.00**	$104.11
Apr 25	Deposit from 360 Performance Savings XXXXXXX3952	Credit	**+ $507.00**	$611.11
Apr 25	Zelle money sent to DAISY LUNA	Debit	**- $507.00**	$104.11
Apr 30	Monthly Interest Paid	Credit	**+ $0.03**	$104.14
Apr 30	**Closing Balance**			**$104.14**

360 Checking - 36405473909

0.00%	$0.00	30
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Apr 8	**Opening Balance**			**$0.00**
Apr 8	Deposit from 360 Performance Savings XXXXXXX6587	Credit	**+ $10.00**	$10.00
Apr 30	**Closing Balance**			**$10.00**

360 Performance Savings - 36227046587

3.18%	$910.46	30
ANNUAL PERCENTAGE YIELD (APY) EARNED	YTD INTEREST AND BONUSES	DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Apr 1	**Opening Balance**			**$90,652.80**
Apr 1	Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $3,640.00**	$87,012.80
Apr 8	Withdrawal to 360 Checking XXXXXXX2007	Debit	**- $690.00**	$86,322.80
Apr 8	Withdrawal to 360 Checking XXXXXXX3909	Debit	**- $10.00**	$86,312.80
Apr 15	Deposit from The Equity Proje PAYROLL	Credit	**+ $2,729.81**	$89,042.61
Apr 24	Interest Rate Change from 3.154% to 3.057%			$89,042.61
Apr 30	Deposit from The Equity Proje PAYROLL	Credit	**+ $2,729.81**	$91,772.42
Apr 30	Monthly Interest Paid	Credit	**+ $226.52**	$91,998.94
Apr 30	**Closing Balance**			**$91,998.94**

Note: The last four digits of your external accounts may not match your actual account numbers. This is because some banks may issue a virtual or tokenized number for security. To learn more about tokenized account numbers, contact your external bank.

If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at capitalone.com and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about, and provide an explanation of 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.

CAPITAL ONE N.A.
PO BOX 30249
SALT LAKE CITY, UT 84130-0249

JULIAN RIVERA SOJO
63 W 104TH ST APT 404
NEW YORK, NY 10025-4364

For questions please call: 1-800-655-2265

☐ CORRECTED (if checked) **Date Created 01/09/2026**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

CAPITAL ONE N.A.
1680 CAPITAL ONE DR
MCLEAN, VA 22102

Payer's RTN (optional)

OMB No. 1545-0112

Form **1099-INT**
(Rev. January 2024)

For calendar year
2025

Interest Income

1 Interest income: $3,136.96

2 Early withdrawal penalty

3 Interest on U.S. Savings Bonds and Treasury obligations

PAYER'S TIN: 72-0210640

RECIPIENT'S TIN: ***-**-8872

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

JULIAN RIVERA SOJO
63 W 104TH ST APT 404
NEW YORK, NY 10025-4364

4 Federal income tax withheld

5 Investment expenses

6 Foreign tax paid

7 Foreign country or U.S. territory

8 Tax-exempt interest

9 Specified private activity bond interest

10 Market discount

11 Bond premium

12 Bond premium on Treasury obligations

13 Bond premium on tax-exempt bond

Copy B

For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Account number (see instructions): See Detail Below

FATCA filing requirement ☐

14 Tax-exempt and tax credit bond CUSIP no.

15 State

16 State identification no.

17 State tax withheld

Form **1099-INT** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

** See Details

Product Description	Account Number	Interest Income	Early Withdrawal Penalty	Fed Income Tax Withheld	State Income Tax Withheld
SAVINGS	**********6587	$3,136.96			
		$3,136.96			

1099-INT Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Payer's Routing Transit Number (RTN). A payer may include the RTN to identify the bank or financial institution where your account is held.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. **Note:** This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. territory to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See *Box 4* above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099INT*.

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

MTRS
MASSACHUSETTS TEACHERS' RETIREMENT SYSTEM

Massachusetts Teachers' Retirement System
500 Rutherford Ave., Charlestown, MA 02129-1628 • Phone 617-679-MTRS • Fax 617-679-1661 • www.mass.gov/mtrs

MTRS Membership and Account Summary

Generated by: Julian Rivera Sojo
Generated on: 06/19/2026 10:38 a.m.

Membership information

Name	Julian Rivera Sojo
Member Number	955754
Membership Status	Inactive
Membership Tier	Tier 2 (established membership on or after 4/2/2012)
RetirementPlus Status	Participating
Contribution Rate	11%

Annuity savings account details

a) **Retirement contributions, posted to your account[1] through** December 31, 2023 **and service purchase payments, if any, to date** (b + c) **$17,689.26**

- b) Pre-tax amount $17,689.26
- c) After-tax amount $0.00

d) **Actual interest accrued[2]** (current as of December 31, 2023) **$40.91**

Note: All interest is pre-tax. In the event you take a refund of your account, the amount of interest you may receive may be different from the amount of actual interest accrued; see below for details.

e) **Current account balance[3]** (a + d) **$17,730.17**

Note: The MTRS is a defined benefit plan pursuant to Internal Revenue Code section 401(a). Your MTRS account may not be attached or assigned as a matter of law, and no portion may be withdrawn without your official resignation or termination. For information about your annuity savings account, including what you may do with it when you leave active service, please visit our website at www.mass.gov/mtrs.

IMPORTANT NOTES AND DISCLAIMERS

[1] **Posting of retirement contributions to your account:** Your retirement contributions are deducted from your paycheck and forwarded to us for crediting to your account by your employer (your school district). This Summary reflects the contributions that have been posted to your account through the date indicated. Because there may be a delay between the time that your contributions are forwarded to us and when they are credited to your account, this Summary may not reflect all of your contributions to date.

[2] **How your interest is credited—and calculated in the event you leave service and take a refund of your account:** Provided you are not subject to any forfeiture provisions due to criminal conviction, the amount of refundable interest you are entitled to receive is based on whether your leaving service was voluntary or involuntary, and how much creditable service you have. If you leave (or left) service by:

- RESIGNING VOLUNTARILY, and you have:
  - ☐ LESS than ten years of creditable service, you will receive interest at the rate of 3% on your accumulated total deductions.
  - ☐ TEN or more years of creditable service, you will receive interest at the regular rate at which it has been credited to your account (in other words, the actual amount of interest you have accrued).
- BEING INVOLUNTARILY TERMINATED, you will receive interest at the regular rate at which it has been credited to your account (in other words, the actual amount of interest you have accrued).

Although your annual statements will continue to reflect interest each year, **if you leave MTRS service and apply for a refund more than two years after the date of your resignation or termination, you are eligible to receive the interest accumulated only for the two years immediately following that date.** If, however, you leave your funds on account and later return to a position which requires membership in a Massachusetts public retirement system, all interest reported on your statements will be credited.

Additionally, if you take a refund of your account in the form of a lump-sum payment directly to you (and not as a rollover to an eligible account), the MTRS must withhold 20% of the pre-tax total pursuant to federal tax withholding requirements.

Interest is credited on your calendar year contributions on an annual basis, on December 31 of the following calendar year. For example, the interest on your calendar year 2013 contributions will be credited on December 31, 2014.)

NOTE: If you are in Membership Tier 1 and, after April 2, 2012, you take a refund of your account and later return to Massachusetts public service, you will then be considered a new member, in Tier 2, and subject to the provisions of Chapter 176 of the Acts of 2011. Under Tier 2, you will be subject to a less advantageous benefit structure that includes: a new age factor table that will require you to work longer for the same or a similar benefit under Tier 1; an increase in the salary average period used in the retirement benefit calculation formula from 3 years to 5 years; and, an increase in the minimum retirement age from 55 to 60.

[3] **You do not have access to these funds while you are an active member:** The MTRS is a defined benefit plan pursuant to Internal Revenue Code section 401(a). Your MTRS account may not be attached or assigned as a matter of law, and no portion may be withdrawn without your official resignation or termination.
For information about your annuity savings account, including what you may do with it when you leave active service, please visit our website at www.mass.gov/mtrs.

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

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
Tara	Trask	004 92 9632
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Julian	Rivera Sojo	662 25 8872

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒
63 W 104th St	404	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**
New York	NY	100254364	
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status

Check only one box.

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

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ **Yes** ☒ **No**

Dependents

(see instructions)

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	Hugo			
(2) Last name	Rivera Trask			
(3) SSN	210-83-0878			
(4) Relationship	Son			
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	214,181.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 31			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions). Enter type and amount:			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	214,181.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a		2 ☐ Line 3b		
4a	IRA distributions	4a	b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover		2 ☐ QCD 3 ☐		
5a	Pensions and annuities	5a	b Taxable amount	5b	
c	Check if (see instructions) 1 ☐ Rollover		2 ☐ PSO 3 ☐		
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	17,726.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	231,907.
10	Adjustments to income from Schedule 1, line 26			10	300.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	231,607.

Tax and Credits

	11b	Amount from line 11a (adjusted gross income)	11b	231,607.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for— • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31,500.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	31,500.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	200,107.
	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	33,852.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	33,852.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,200.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,200.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	31,652.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	31,652.

Payments and Refundable Credits

	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	31,693.	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c			25d 31,693.
	26	2025 estimated tax payments and amount applied from 2024 return			26
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):			
	27a	Earned income credit (EIC)	27a		
	b	Clergy filing Schedule SE (see instructions) ☐			
	c	If you do not want to claim the EIC, check here ☐			
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Refundable adoption credit from Form 8839, line 13	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32
	33	Add lines 25d, 26, and 32. These are your **total payments**			33 31,693.

Refund

	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	41.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	41.
Direct deposit? See instructions.	b	Routing number 0 1 1 0 0 0 1 3 8 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 0 0 4 6 3 6 0 1 4 3 0 1		
	36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	

Amount You Owe

	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation: Non-Profit Director	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation: School Administrator	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (617) 504-4333	Email address		

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

Paid Preparer Use Only

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

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
Tara Trask & Julian Rivera Sojo	004-92-9632

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . _____

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k*.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: Other Income from box 3 of 1099-Misc 17,726.	8z	17,726.		
9	Total other income. Add lines 8a through 8z			9	17,726.
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	17,726.

Part II Adjustments to Income

11	Educator expenses		11	300.
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____ _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	300.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return: Tara Trask & Julian Rivera Sojo

Your social security number: 004-92-9632

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			**1**	231,607.
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**	0.		
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	0.
3	Add lines 1 and 2d			**3**	231,607.
4	Number of qualifying children under age 17 with the required social security number	**4**	1		
5	Multiply line 4 by $2,200			**5**	2,200.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,200.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	0.
11	Multiply line 10 by 5% (0.05)			**11**	0.
12	Is the amount on line 8 more than the amount on line 11?			**12**	2,200.
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	33,852.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	2,200.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use	15	
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit	16a	0.
b	Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the **smaller** of line 16a or line 16b	17	
18a	Earned income (see instructions) — 18a		
b	Nontaxable combat pay (see instructions) — 18b		
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result — 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount $5,100 or more? ☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions — 21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 — 22		
23	Add lines 21 and 22 — 23		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11. — 24		
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the **larger** of line 20 or line 25	26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.		

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	

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

NEW YORK STATE 2025

Department of Taxation and Finance

Amended Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201-X

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

and ending ...

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

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
TARA		TRASK	02031991	004929632
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number
JULIAN		RIVERA SOJO	07071992	662258872

Mailing address *(number and street or PO Box)*	Apartment number	New York State county of residence
63 W 104TH ST	404	NEW YORK

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	100254364	UNITED STATES	MANHATTAN

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

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

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

① ☐ Single

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

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

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

⑤ ☐ Qualifying surviving spouse

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

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

D1 Did you file an **amended federal** return? *(see instructions)* ..... Yes ☐ No ☒

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

If ***Yes***:

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

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

If ***No:***

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

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

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

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

(1) Number of months **you** lived in NYC in 2025 12

(2) Number of months **your spouse** lived in NYC in 2025 12

G Enter your **2-character special condition codes if applicable** *(see instructions)* .....

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*
HUGO		RIVERA TRASK	SON	210830878	04152025

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

361001254555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
004929632

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

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	214181.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an ***X*** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an ***X*** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00
12	Rental real estate included in line 11 — 12 .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	15	.00
16	Other income *Identify:* 1099-MISC BOX 3	16	17726.00
17	Add lines **1 through 11** and **13 through 16**	17	231907.00
18	Total federal adjustments to income *Identify:* EDUCATOR EXPENSE	18	300.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	19	231607.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	**New York's** 529 college savings program distributions	22	.00
23	Other *(Form IT-225, line 9)*	23	.00
24	Add lines **19** through **23**	24	231607.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)* — 25 .00		
26	Pensions of NYS and local governments and the federal government — 26 .00		
27	Taxable amount of Social Security benefits *(from line 15)* — 27 .00		
28	Interest income on U.S. government bonds — 28 .00		
29	Pension and annuity income exclusion — 29 .00		
30	**New York's** 529 college savings program deduction/earnings — 30 .00		
31	Other *(Form IT-225, line 18)* — 31 .00		
32	Add lines 25 through 31	32	.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	33	231607.00

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Standard deduction or itemized deduction

34	Enter your **standard deduction** *(from table below)* **or** your **itemized deduction** *(from Form IT-196)* Mark an ***X*** in the appropriate box: [X] **Standard** - **or** - [ ] **Itemized**	**34**	16050.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, enter **0**)*	**35**	215557.00
36	Dependent exemption amount *(multiply the number of dependents listed in item H by 1,000)*	**36**	1000.00
37	**Taxable income** *(subtract line 36 from line 35)*	**37**	214557.00

New York State standard deduction table

Filing status *(from Page 1)*	**Standard deduction** *(enter on line 34 above)*
① Single and you marked item C ***Yes***	$ 3,100
① Single and you marked item C ***No***	8,000
② Married filing joint return	16,050
③ Married filing separate return	8,000
④ Head of household (with qualifying person)	11,200
⑤ Qualifying surviving spouse	16,050

(continued on page 4)

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Your Social Security number: 004929632

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

Tax calculation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 3)*			**38**	214557.00
39	NYS tax on line 38 amount			**39**	12873.00
40	NYS household credit	**40**	.00		
41	Resident credit	**41**	.00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42**	.00		
43	Add lines 40, 41, and 42			**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, enter **0**)*			**44**	12873.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*			**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*			**46**	12873.00

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

47	NYC taxable income	**47**	214557.00		
47a	NYC resident tax on line 47 amount	**47a**	8092.00		
48	NYC household credit	**48**	.00		
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, enter **0**)*	**49**	8092.00		
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00		
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00		
52	Add lines 49, 50, and 51	**52**	8092.00		
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00		
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, enter **0**)*	**54**	8092.00		
54a	MCTMT net earnings base for Zone 1	**54a**	.00		
54b	MCTMT net earnings base for Zone 2	**54b**	.00		
54c	MCTMT for Zone 1	**54c**	.00		
54d	MCTMT for Zone 2	**54d**	.00		
54e	Total MCTMT *(add lines 54c and 54d)*	**54e**	.00		
55	Yonkers resident income tax surcharge	**55**	.00		
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00		
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00		
58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)*			**58**	8092.00
59	Sales or use tax **as reported on your original return** *(see instructions. **Do not leave line 59 blank.**)*			**59**	0.00
60	Voluntary contributions **as reported on your original return** *(or as adjusted by the Tax Department; see instructions)*			**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines **46, 58, 59,** and **60**)*			**61**	20965.00

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62 Enter amount from line 61 ..... **62** 20965.00

Payments and refundable credits

63	Empire State child credit		**63**	.00
64	NYS/NYC child and dependent care credit		**64**	.00
65	NYS earned income credit (EIC)		**65**	.00
66	NYS noncustodial parent EIC		**66**	.00
67	Real property tax credit		**67**	.00
68	College tuition credit		**68**	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***		**69**	125.00
69a	NYC school tax credit (rate reduction amount)		**69a**	477.00
70	NYC earned income credit		**70**	.00
70a	NYC income tax elimination credit		**70a**	.00
71	Other refundable credits *(Form IT-201-ATT, line 18)*		**71**	.00
72	Total **New York State** tax withheld		**72**	11214.00
73	Total **New York City** tax withheld		**73**	8061.00
74	Total **Yonkers** tax withheld		**74**	.00
75	Total estimated tax payments / Amount paid with Form IT-370		**75**	.00
76	Amount paid with original return, plus additional tax paid after your original return was filed *(see instructions)*		**76**	0.00

⚠ You must submit all required forms. Failure to do so will result in an adjustment to your return.

See *Important information* in the instructions.

77 **Total payments** *(add lines 63 through 76)* **77** 19877.00

78 **Overpayment**, if any, as shown on original return or previously adjusted by NY State *(see instr.)* ... **78** 125.00

78a Amount from original **Form IT-201, line 79** *(see instructions)* **78a** .00

79 Subtract line 78 from line 77 ..... **79** 19752.00

Your refund

80 If line 79 is **more than** line 62, subtract line 62 from line 79 and indicate how you want your **refund**

Mark one refund choice: ☐ **direct deposit** *(fill in lines 82 through 82c)* - **or** - ☐ **paper check** ..... **80** .00

Amount you owe

81 If line 79 is **less than** line 62, subtract line 79 from line 62 *(see instructions)* **81** 1213.00

To pay by electronic funds withdrawal, mark an ***X*** in the box ☒ and fill in lines 82 through 82d. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

Account information

82 Account information for direct deposit or electronic funds withdrawal *(see instructions)*

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an ***X*** in this box *(see instructions)* ..... ☐

82a Account type: ☒ Personal checking - **or** - ☐ Personal savings - **or** - ☐ Business checking - **or** - ☐ Business savings

82b Routing number 011000138 **82c** Account number 004636014301

82d Electronic funds withdrawal *(see instructions)* ..... Date 04152026 Amount 1213.00

Your Social Security number
004929632

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

83 Reasons for amending your return *(mark an **X** in all applicable boxes; see instructions)*

83a Federal audit change *(complete lines 84 through 91 below)* ☐ **83b** Worthless stock/securities ☐
83c Claim of right ☐ **83d** Wages ☐ **83e** Military ☐
83f Court ruling ☐ **83g** Workers' compensation ☐ **83h** Treaties/visa ☐
83i Tax shelter transaction ☐ **83j** Credit claim ☐ **83k** Protective claim *(see instructions)* ☐
83l Net operating loss *(see instructions)*. Mark an **X** in the box ☐ and enter the year of the loss
83m Report Social Security number (SSN) ☐ Prior identification number Date SSN was issued
83n Other. Mark an **X** in the box ☒ and explain: TURBOTAX SOFTWARE HAD AN ERROR AND DIDN'T INCLUDE ANY W2 AND 1099-MISC INFO ENTERED FOR MY FEDERAL RETURN ON MY STATE RETURN!
83o To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information: Partnership ☐ S corporation ☐

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		

If you marked an *X* in box 83a above, you must complete lines 84 through 91 below. All others may skip lines 84 through 91 and go directly to the *Third-party designee* question. You must sign your amended return below.

84 Enter the date *(mmddyyyy)* of the final federal determination
(Explain)

85 Do you concede the federal audit changes *(If **No**, explain below.)* Yes ☐ No ☐

86 List federal changes

86a		.00
86b		.00
86c		.00
86d		.00
86e		.00

87	Net federal changes (increase or decrease)	.00
88	Federal taxable income *(mark an **X** in one box)* Per return ☐ Previously adjusted ☐	.00
89	Corrected federal taxable income	.00

90 Federal credits disallowed Earned income credit ☐ Amount disallowed
Child care credit ☐ Amount disallowed

91 Federal penalties assessed
91a Fraud ☐ **91b** Negligence ☐ **91c** Other *(explain below)* ☐

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

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

▼ Taxpayers must sign here ▼	
Your signature	
Your occupation NON-PROFIT DIRECTOR	
Spouse's signature and occupation *(if joint return)* SCHOOL ADMINISTRATOR	
Date	Daytime phone number (617)504 4333
Email: TARAELYSETRASK@GMAIL.COM	

See instructions for where to mail your return.

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

NEW YORK STATE 2025

Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

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

and ending ...

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

Your first name	MI	Your last name *(for a **joint return**, enter spouse's name on line below)*	Your date of birth *(mmddyyyy)*	Your Social Security number
TARA		TRASK	02031991	004929632
Spouse's first name	MI	Spouse's last name	Spouse's date of birth *(mmddyyyy)*	Spouse's Social Security number
JULIAN		RIVERA SOJO	07071992	662258872

Mailing address ***(see instructions)*** *(number and street or PO Box)*	Apartment number	New York State county of residence
63 W 104TH ST	404	NEW YORK

City, village, or post office	State	ZIP code	Country	School district name
NEW YORK	NY	100254364	UNITED STATES	MANHATTAN

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

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

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

① ☐ Single

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

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

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

⑤ ☐ Qualifying surviving spouse

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

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

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

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

If ***Yes***:

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

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

If ***No***:

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

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

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

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

(1) Number of months **you** lived in NYC in 2025 12

(2) Number of months **your spouse** lived in NYC in 2025 12

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

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth *(mmddyyyy)*
HUGO		RIVERA TRASK	SON	210830878	04152025

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

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For office use only

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Your Social Security number: 004929632

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

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	214181.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4	.00
5	Alimony received	5	.00
6	Business income or loss *(submit a copy of federal Schedule C, Form 1040)*	6	.00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7	.00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ☐	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box ☐	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *(submit copy of federal Schedule E, Form 1040)*	11	.00
12	Rental real estate included in line 11 — 12: .00		
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits *(also enter on line 27)*	15	.00
16	Other income *Identify:* 1099-MISC BOX 3	16	17726.00
17	Add lines **1 through 11** and **13 through 16**	17	231907.00
18	Total federal adjustments to income *Identify:* EDUCATOR EXPENSE	18	300.00
19	Federal adjusted gross income *(subtract line 18 from line 17)*	19	231607.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	**New York's** 529 college savings program distributions	22	.00
23	Other *(Form IT-225, line 9)*	23	.00
24	Add lines **19** through **23**	24	231607.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes *(from line 4)*	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits *(from line 15)*	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	**New York's** 529 college savings program deduction/earnings	30	.00
31	Other *(Form IT-225, line 18)*	31	.00
32	Add lines 25 through 31	32	.00
33	**New York adjusted gross income** *(subtract line **32** from line **24**)*	33	231607.00

Standard deduction or itemized deduction

34	Enter your **standard deduction or** your **itemized deduction** *(from Form IT-196)* Mark an **X** in the appropriate box: ☒ **Standard** - or - ☐ **Itemized**	34	16050.00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, enter **0**)*	35	215557.00
36	Dependent exemption amount *(multiply the number of dependents listed in item H by 1,000)*	36	1000.00
37	**Taxable income** *(subtract line 36 from line 35)*	37	214557.00

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Tax calculation, credits, and other taxes

38	**Taxable income** *(from line 37 on page 2)*		**38**	214557.00
39	NYS tax on line 38 amount		**39**	12873.00
40	NYS household credit	**40** .00		
41	Resident credit	**41** .00		
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	**42** .00		
43	Add lines 40, 41, and 42		**43**	.00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, enter **0**)*		**44**	12873.00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*		**45**	.00
46	**Total New York State taxes** *(add lines 44 and 45)*		**46**	12873.00

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

47	NYC taxable income	**47**	214557.00
47a	NYC resident tax on line 47 amount	**47a**	8092.00
48	NYC household credit	**48**	.00
49	Subtract line 48 from line 47a *(if line 48 is more than line 47a, enter **0**)*	**49**	8092.00
50	Part-year NYC resident tax *(Form IT-360.1)*	**50**	.00
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	**51**	.00
52	Add lines 49, 50, and 51	**52**	8092.00
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	**53**	.00
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, enter **0**)*	**54**	8092.00
54a	MCTMT net earnings base for Zone 1..	**54a**	.00
54b	MCTMT net earnings base for Zone 2 ..	**54b**	.00
54c	MCTMT for Zone 1	**54c**	.00
54d	MCTMT for Zone 2	**54d**	.00
54e	Total MCTMT *(add lines 54c and 54d)*	**54e**	.00
55	Yonkers resident income tax surcharge	**55**	.00
56	Yonkers nonresident earnings tax *(Form Y-203)*	**56**	.00
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	**57**	.00

See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.

See instructions to calculate the MCTMT for each zone.

58	**Total New York City and Yonkers taxes / surcharges and MCTMT** *(add lines 54 and 54e through 57)* ..	**58**	8092.00
59	**Sales or use tax** ***(do not leave blank)***	**59**	0.00
60	**Voluntary contributions** *(Form IT-227, Part 2, line 1)*	**60**	.00
61	**Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions** *(add lines 46, 58, 59, and 60)*	**61**	20965.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number: 004929632

62 Enter amount from line 61 ..... **62** 20965.00

Payments and refundable credits

63	Empire State child credit	**63**	.00
64	NYS/NYC child and dependent care credit	**64**	.00
65	NYS earned income credit (EIC)	**65**	.00
66	NYS noncustodial parent EIC	**66**	.00
67	Real property tax credit	**67**	.00
68	College tuition credit	**68**	.00
69	NYC school tax credit (fixed amount) ***(also complete F on page 1)***	**69**	125.00
69a	NYC school tax credit (rate reduction amount)	**69a**	477.00
70	NYC earned income credit	**70**	.00
70a	NYC income tax elimination credit	**70a**	.00
71	Other refundable credits *(Form IT-201-ATT, line 18)*	**71**	.00
72	Total **New York State** tax withheld	**72**	11214.00
73	Total **New York City** tax withheld	**73**	8061.00
74	Total **Yonkers** tax withheld	**74**	.00
75	Total estimated tax payments **and** amount paid with Form IT-370	**75**	.00

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

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

76 **Total payments** *(add lines 63 through 75)* **76** 19877.00

Your refund, amount you owe, and account information

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

78 Amount of line 77 **available for refund** *(subtract line 79 from line 77)* ..... **78** .00

TIP: Use this amount to check your refund status online.

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

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

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

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

See instructions for payment options.

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

80 Amount you **owe** *(if line 76 is **less than** line 62, subtract line 76 from line 62).* To pay by electronic funds withdrawal, mark an ***X*** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. **80** 1088.00

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

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

See instructions for the proper assembly of your return.

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

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

83b Routing number _____ **83c** Account number _____

84 Electronic funds withdrawal ..... Date _____ Amount .00

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

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

▼ **Taxpayers must sign here** ▼
Your signature
Your occupation: NON-PROFIT DIRECTOR
Spouse's signature and occupation *(if joint return)*: SCHOOL ADMINISTRATOR
Date / Daytime phone number: (617)504 4333
Email: TARAELYSETRASK@GMAIL.COM

See instructions for where to mail your return.

201004254555

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

NEW YORK STATE 2025

Department of Taxation and Finance

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

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record: 004929632

Box b Employer identification number (EIN): 133234632

Box c Employer's information

Employer's name: THE ASIA SOCIETY

Employer's address *(number and street)*: 725 PARK AVE

City	State	ZIP code	Country
NEW YORK	NY	10021	

Box 1 Wages, tips, other compensation	124592.00	**Box 12a** Amount	44.00	Code	C	**Box 14a** Amount	299.00	Description	DTL
Box 8 Allocated tips	.00	**Box 12b** Amount	.00	Code		**Box 14b** Amount	3046.00	Description	FMD
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code		**Box 14c** Amount	4032.00	Description	MEP
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code		**Box 14d** Amount	355.00	Description	NLF

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

NY State information: **Box 15a** NY State: NY

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

	Box 16a NYS wages, tips, etc.	Box 17a NYS income tax withheld
	124592.00	6860.00
Box 16b Other state wages, tips, etc.	.00	
Box 17b Other state income tax withheld		.00

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

	Box 18 Local wages, tips, etc.	Box 19 Local income tax withheld	Box 20 Locality name
Locality a	124592.00	4801.00	NYC
Locality b	.00	.00	

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record: 662258872

Box b Employer identification number (EIN): 900354470

Box c Employer's information

Employer's name: THE EQUITY PROJECT CHARTER SCHOOL

Employer's address *(number and street)*: 549 AUDUBON AVE. TRAILER 30

City	State	ZIP code	Country
NEW YORK	NY	10040	

Box 1 Wages, tips, other compensation	89589.00	**Box 12a** Amount	5817.00	Code	E	**Box 14a** Amount	355.00	Description	NY FLI
Box 8 Allocated tips	.00	**Box 12b** Amount	1048.00	Code	D D	**Box 14b** Amount	31.00	Description	NY SDI
Box 10 Dependent care benefits	.00	**Box 12c** Amount	.00	Code		**Box 14c** Amount	.00	Description	
Box 11 Nonqualified plans	.00	**Box 12d** Amount	.00	Code		**Box 14d** Amount	.00	Description	

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

NY State information: **Box 15a** NY State: NY

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

	Box 16a NYS wages, tips, etc.	Box 17a NYS income tax withheld
	89589.00	4354.00
Box 16b Other state wages, tips, etc.	.00	
Box 17b Other state income tax withheld		.00

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

	Box 18 Local wages, tips, etc.	Box 19 Local income tax withheld	Box 20 Locality name
Locality a	89589.00	3260.00	NYC
Locality b	.00	.00	

NO HANDWRITTEN ENTRIES ON THIS FORM

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