550 Prospect

APPLICATION FOR RENTAL

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

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

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
Somisetty	Pranav		***-**-****	

BIRTH DATE	PHONE #1	ALTERNATE PHONE	EMAIL
4/5/1993	(732) 882-5582 Mobile	Mobile	pranavsomisetty@gmail.com

CURRENT ADDRESS

STREET ADDRESS	CITY
525 W 28th St, Apt 156	New York

STATE	ZIP	DATE IN	DATE OUT	MONTHLY RENT
NY	10001	9/1/2020	current	$8,200.00 / Mo.

LANDLORD NAME	LANDLORD PHONE
Avalon bay	(646) 507-5171

EMPLOYMENT INFORMATION

OCCUPATION	EMPLOYER/COMPANY	SALARY
Banker	Citibank	$245,000.00/Yr.

SUPERVISOR	SUPERVISOR PHONE	START DATE	END DATE
Cedric Zunino			current

EMPLOYER ADDRESS	CITY	STATE	ZIP
388 Greenwich st	New York	NY	10013

BACKGROUND INFORMATION

Have you ever filed for bankruptcy?

NO

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

NO

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

NO

ADDITIONAL INFORMATION

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

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

Streeteasy.com

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

APARTMENT APPLYING FOR

RENTER'S INSURANCE

INSURANCE SELECTION

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

I understand that a consumer report and/or an investigative consumer report may be requested in connection with my prospective or continuing housing or guarantor application with **550 Prospect** through RP On-Site LLC (On-Site). I understand that these reports may include information concerning my character, employment and income verification, general reputation, personal characteristics, public records information, criminal records information, education, qualifications, motor vehicle record, mode of living, credit and indebtedness information, and any other information which may reflect upon my potential for tenancy or guarantor status gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information.

I understand that **550 Prospect** may require income and employment verification in connection with my application. I further understand that income and employment verification require access to my employment, income, and payroll related information. I authorize and consent to the access to, use, and release of such information by On-Site, Trans Union LLC, and other applicable credit bureaus for the purpose of providing the verification services in relation to my application and during the course of any ongoing lease obligation arising from such application.

I understand that if an investigative consumer report is requested about me, I have the right to make a written request to **550 Prospect**, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by **550 Prospect** or On-Site, including but not limited to email or other electronic transmission. I understand that all notices shall be deemed received upon being sent.

By submitting this application, I certify that I have read and fully understand the disclosures and my rights detailed above and authorize On-Site to obtain, for the purpose of determining my eligibility for initial or continued tenancy or guarantor status, a consumer report and/or investigative consumer report and to disclose all information obtained by On-Site to **550 Prospect**, its affiliates, and assigns now and in the future. I also certify that I have read and fully understand my rights under the FCRA available at https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf.

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

APPLICATION FOR PRANAV SOMISETTY SUBMITTED ONLINE on July 30, 2026

Signed by Pranav Somisetty
Thu Jul 30 2026 06:55:51 PM EDT
Key: EB868FA4; IP Address: 10.33.14.4

Pranav Somisetty *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"550 Prospect"*

Application Fee for Pranav Somisetty - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
Pranav Somisetty	XXXXXXXXXXXX4726	16819167	$20.00
This card has been authorized for the amount above and will be charged when the application is processed.			

Commission On Human Rights

NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

Conditional Offer of Housing

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

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

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

Criminal Background Check

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

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

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

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

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

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

Right to Provide Support for Your Application

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

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

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

Right to an Individualized Assessment of Your Application

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

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

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

Legitimate Business Interest

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

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

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

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

Revoking a Conditional Offer of Housing

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

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

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Exemptions for Housing Providers

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

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

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

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

HOME STARTS HERE

FEE GUIDE FOR
550 Prospect

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

MOVE-IN BASICS

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

ESSENTIALS

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

SITUATIONAL FEES

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

Signed by Pranav Somisetty
Thu Jul 30 2026 06:55:51 PM EDT
Key: EB868FA4; IP Address: 10.33.14.4

Pranav Somisetty *(Tenant)* *Date*

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

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

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

Date of Issuance: 6/11/2025

FARE M.N.S REAL ESTATE NYC

California Required Notices

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

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

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

Avisos obligatorios en el estado de California

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

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

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

Rental Report for Pranav Somisetty

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 7/31/2026**.

Score for Pranav Somisetty: 854		
	Importance	**Result**
AI Score	Pass/Fail	
No Credit	Pass/Conditional	
Total annual income to rent ratio exceeds 30.0	Pass/Fail	
May have been through a bankruptcy	Pass/Fail	
No rental collections	Pass/Fail	

Credit Quick Summary	
Total annual income (reported by Applicant)	$245,000.00
Total combined annual income to rent ratio	66.15 (based on rent of $5,850.00)
Total number of accounts	17
Accounts with no late payments	17 (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	$53,869.00 ($0.00 past due)
Outstanding revolving debt	$9,537.00 (6% of limit) ($0.00 past due)
Outstanding loan balance	$44,332.00 ($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:	Pranav Somisetty	PRANAV SOMISETTY
SSN:	***-**-****	***-**-****
Birth Date:	4/**/1993	4/**/1993

Addresses	From Application	From Equifax
	525 W 28th St, Apt 156 New York, NY 10001 - US	402 CRESTSTONE CIR. PRINCETON, NJ 08540 (Applicant) Reported 7/2026 525 W 28TH ST. 156 NEW YORK, NY 10001 (Applicant) Reported 7/2026 505 W 37TH ST. 29A NEW YORK, NY 10018 (Applicant) Reported 8/2022 301 W 20TH ST. 3A NEW YORK, NY 10011 (Applicant) Reported 12/2019 2 GOLD ST. 2313 NEW YORK, NY 10038 (Applicant) Reported 7/2019

Employment	From Application	From Equifax
Applicant:	Banker Citibank $245,000.00/Yr. Total annual Income: $245,000.00	

Restricted Person Search		
Requested For Pranav Somisetty	**Requested** 7/31/2026	**Returned** 7/31/2026
Results *No Records Found*		

Risk Models

From RealPage

Risk Model Name	Score	Score Factors
RealPage AI Score (Applicant)	854	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)	803	Lack of sufficient credit history on bankcard or revolving accounts Lack of sufficient relevant first mortgage account information Total of all balances on bankcard or revolving accounts is too high Balances on bankcard or revolving accounts too high compared to credit limits

Description

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

Credit Accounts

From Equifax

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AFFINITY FEDERAL CRE (Applicant)	8/2011	5/2026					$15,889.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$348.00	$0.00	INSTALLMENT	VARIABLE/ADJUSTABLE RATE Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIZENS/FM (Joint)	7/2021	5/2026					$10,805.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$146.00	$14,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIZENS/FM (Joint)	7/2021	5/2026					$9,266.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$128.00	$15,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	3/2017	6/2026					$8,012.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$80.00	$32,582.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED/AIDVANTAG (Applicant)	9/2014	5/2026					$1,864.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$57.00	$5,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED/AIDVANTAG (Applicant)	9/2013	5/2026					$1,850.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$56.00	$5,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED/AIDVANTAG (Applicant)	11/2012	5/2026					$1,817.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$55.00	$5,500.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITIZENS/FM (Joint)	5/2023	5/2026					$1,349.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$57.00	$3,000.00	INSTALLMENT	FIXED RATE Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
BARCLAYS BANK DELAWA (Applicant)	12/2016	6/2026					$857.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$30.00	$5,156.00	REVOLVING	Rate/Status 1: Pays account as agreed			

Payment History

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

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED/AIDVANTAG (Applicant)	10/2011	5/2026					$781.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$23.00	$2,406.00	INSTALLMENT	FIXED RATE 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
DEPT OF ED/AIDVANTAG (Applicant)	9/2013	5/2026					$711.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$21.00	$2,000.00	INSTALLMENT	FIXED RATE 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)	7/2013	6/2026					$652.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$25.00	$10,731.00	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						
	7/26 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25 1/25 11/24 9/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
CITICARDS CBNA (Applicant)	8/2015	6/2026					$16.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
	$16.00	$8,845.00	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						
	7/26 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25 1/25 11/24 9/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
AFFINITY FEDERAL CRE (Applicant)	7/2012	6/2015					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$39,900.00		Rate/Status 1: Pays account as agreed			

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	7/2016	6/2026					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$8,891.00	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						
	7/26 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25 1/25 11/24 9/24						

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
JPMCB CARD SERVICES (Applicant)	10/2021	6/2026					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$5,851.00	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						
	7/26 5/26 3/26 1/26 11/25 9/25 7/25 5/25 3/25 1/25 11/24 9/24						

Rental Report for Pranav Somisetty, 7/31/2026 for 701 at 550 Prospect

Account Name	Opened	Last Active	30-59	60-89	90+	Past Due	Balance
DEPT OF ED/AIDVANTAG (Applicant)	9/2014	11/2016					$0.00
	Monthly Payment	**High Credit**	**Type**	**Comments**			
		$2,000.00	INSTALLMENT	Rate/Status 1: Pays account as agreed			

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.


SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No de Passeport / No de Pasaporte
585349549
Surname / Nom / Apellidos
SOMISETTY
Given Names / Prénoms / Nombres
PRANAV
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
05 Apr 1993
Sex / Sexe / Sexo
M
Place of birth / Lieu de naissance / Lugar de nacimiento
INDIA
Date of issue / Date de délivrance / Fecha de expedición
25 May 2018
Authority / Autorité / Autoridad
United States
Department of Stat
Date of expiration / Date d'expiration / Fecha de caducidad
24 May 2028
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
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585349549 2USA9304055M2805243116205819<38181

HR Delivery Services
3800 Citigroup Center Dr.
Tampa, FL 33610

07/26/2026

Pranav Somisetty
525 West 28th Street
New York, New York 10001, United States of America

To Whom It May Concern:

The information in this letter verifies Pranav Somisetty's employment with 00002 Citibank, N.A..

- Most Recent Hire Date*:* 06/22/2015
- Citi Service Date: 06/22/2015
- Work Location: 388 Greenwich Street, Ny- 388 Trading, New York, Ny 10013, , United States of America
- Current Job Title: Credit Portfolio Group Manager - C14
- Current Officer Title: SVP - Senior Vice President (OFFICER TITLE)
- Scheduled Hours: 40
- Full/Part Time: Full time
- Salary Rate: $178,800.00
- Commission Amounts:
- Bonus Amounts: $66,725.00

Regards,

HR Delivery Services

Citibank, N.A. 3800 Citigroup Center Drive Tampa, FL 33610 +1 (800) 8813938

Pranav Somisetty 525 West 28th Street Apartment 156 New York, NY 10001

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Pranav Somisetty	Citibank, N.A.	1010630393	07/12/2026	07/25/2026	07/31/2026	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	6,858.09	76.93	2,374.14	685.81	3,721.21
YTD	180,529.36	1,780.88	65,028.36	6,651.62	107,068.50

What money I earned

Description	Dates	Hours	Rate	Amount	YTD
ANN INCENT			0		66,725.00
CITIDIVDND			0		186.40
HOLIDAY			0		5,444.67
LIVEWELLGU			0		170.50
Planned			0		8,229.71
REGULAR	07/12/2026 - 07/25/2026	80	85.726	6,858.09	94,825.73
RSFRACRFD			0		75.96
RESTR STCK 01			0		4,185.58
Unplanned/Medical			0		685.81
What money I earned				6,858.09	180,529.36

Employee Taxes

Description	Amount	YTD
OASDI	420.44	11,077.70
Medicare	98.33	2,590.75
Federal Withholding	1,194.17	34,523.12
State Tax - NY	394.07	14,556.14
City Tax - NY	267.13	1,868.74
New York Paid Family Leave - NYPI	0.00	411.91
Employee Taxes	2,374.14	65,028.36

Pre Tax Deductions

Description	Amount	YTD
HCSA (20260101)	76.93	1,230.88
TRIPTRANS		550.00
Pre Tax Deductions	76.93	1,780.88

Post Tax Deductions

Description	Amount	YTD
LIVEWELL		100.00
RESSTKOFFS		2,436.76
Roth401K	685.81	4,114.86
Post Tax Deductions	685.81	6,651.62

Employer Paid Benefits

Description	Amount	YTD
Employer Benefit - USA	1,500.00	10,500.00
Employer Paid Benefits	1,500.00	10,500.00

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	6,781.16	178,672.52
Medicare - Taxable Wages	6,781.16	178,672.52
Federal Withholding - Taxable Wages	6,781.16	178,672.52
State Tax Taxable Wages - NJ	0.00	132,324.21
State Tax Taxable Wages - NY	6,781.16	178,672.52
City Tax Taxable Wages - NY	6,781.16	47,440.68

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	Married
Allowances	0	0
Total Dependent Amount	0	
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Medical/Illness Leave Ordinances USA	0	0	29.35
NY Prenatal Care Time	0	0	20
NYC Earned Safe and Sick Time Unpaid	0	0	32

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Citibank NA	Citibank NA ******6982	******6982		1,860.61	USD
Chase Bank	Chase	******9638		1,860.60	USD

Citibank, N.A. 3800 Citigroup Center Drive Tampa, FL 33610 +1 (800) 8813938

Pranav Somisetty 525 West 28th Street Apartment 156 New York, NY 10001

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Pranav Somisetty	Citibank, N.A.	1010630393	06/28/2026	07/11/2026	07/17/2026	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	6,858.09	76.93	2,374.12	685.81	3,721.23
YTD	173,671.27	1,703.95	62,654.22	5,965.81	103,347.29

What money I earned

Description	Dates	Hours	Rate	Amount	YTD
ANN INCENT			0		66,725.00
CITIDIVDND			0		186.40
HOLIDAY	06/28/2026 - 07/11/2026	8	85.726	685.81	5,444.67
LIVEWELLGU			0		170.50
Planned			0		8,229.71
REGULAR	06/28/2026 - 07/11/2026	72	85.726	6,172.28	87,967.64
RSFRACRFD			0		75.96
RESTR STCK 01			0		4,185.58
Unplanned/Medical			0		685.81
What money I earned				6,858.09	173,671.27

Employee Taxes

Description	Amount	YTD
OASDI	420.43	10,657.26
Medicare	98.32	2,492.42
Federal Withholding	1,194.17	33,328.95
State Tax - NY	394.07	14,162.07
City Tax - NY	267.13	1,601.61
New York Paid Family Leave - NYPI	0.00	411.91
Employee Taxes	2,374.12	62,654.22

Pre Tax Deductions

Description	Amount	YTD
HCSA (20260101)	76.93	1,153.95
TRIPTRANS		550.00
Pre Tax Deductions	76.93	1,703.95

Post Tax Deductions

Description	Amount	YTD
LIVEWELL		100.00
RESSTKOFFS		2,436.76
Roth401K	685.81	3,429.05
Post Tax Deductions	685.81	5,965.81

Employer Paid Benefits

Description	Amount	YTD
Employer Benefit - USA		9,000.00
Employer Paid Benefits	0.00	9,000.00

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	6,781.16	171,891.36
Medicare - Taxable Wages	6,781.16	171,891.36
Federal Withholding - Taxable Wages	6,781.16	171,891.36
State Tax Taxable Wages - NJ	0.00	132,324.21
State Tax Taxable Wages - NY	6,781.16	171,891.36
City Tax Taxable Wages - NY	6,781.16	40,659.52

	Federal	State
Marital Status	Married filing jointly (or Qualifying widow(er))	Married
Allowances	0	0
Total Dependent Amount	0	
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Medical/Illness Leave Ordinances USA	5.6	0	29.35
NY Prenatal Care Time	0	0	20
NYC Earned Safe and Sick Time Unpaid	0	0	32

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Citibank NA	Citibank NA ******6982	******6982		1,860.62	USD
Chase Bank	Chase	******9638		1,860.61	USD

CHASE

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

June 26, 2026 through July 24, 2026
Account Number: **000000512829638**

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

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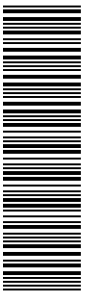

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$4,907.77**
Deposits and Additions	4,092.50
ATM & Debit Card Withdrawals	-90.00
Electronic Withdrawals	-4,645.86
Ending Balance	**$4,264.41**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$4,907.77**
06/29	06/28 Payment To Chase Card Ending IN 1453	-2,988.05	1,919.72
06/30	Polymarket Clear Purchase 000000041448653 Web ID: 1862077503	**110.79**	2,030.51
06/30	Barclaycard US Creditcard 1429381570 Web ID: 2510407970	-672.84	1,357.67
07/01	Card Purchase 06/29 Caesars NY 855-4740606 NV Card 2622	-20.00	1,337.67
07/01	Card Purchase 06/29 Caesars NY 855-4740606 NV Card 2622	-20.00	1,317.67
07/02	Citi Payroll5447 EDI Paymnt PPD ID: 1135266470	**1,860.61**	3,178.28
07/03	Online Transfer To Sav ...3125 Transaction#: 29499753080	-25.00	3,153.28
07/07	Zelle Payment To Tonima Rahman Jpm99Coo813F	-775.50	2,377.78
07/10	Bank of America Payment 1Eofe20Nx Web ID: 9416871665	-184.47	2,193.31
07/15	Card Purchase 07/15 Mgm*Betmgm CR & Db Jersey City NJ Card 2622	-50.00	2,143.31
07/17	Citi Payroll5447 EDI Paymnt PPD ID: 1135266470	**1,860.61**	4,003.92
07/21	Real Time Payment Credit Recd From Aba/Contr Bnk-042000314 From: Draftkings/Draftkings Credit Via Nuvei Ref: Ir76Jnaaffm7L5D Info: Text-Rmtinf-Draftkings Iid: 20260721042000314P1Bopfx01149319101 Recd: 20:59:26 Trn: 2641062202Gd	**260.49**	4,264.41
	Ending Balance		**$4,264.41**

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

- **$500.00+** in qualifying electronic deposits; or
  (Your total qualifying electronic deposits this period were $4,092.50. Some deposits may be listed on your previous statement)
- **$1,500.00+** balance at the beginning of each day; or

- **$5,000.00+** average beginning day balance in this account, or in combination with any other linked qualifying personal deposits or investments; or
- **Account was linked** to a qualifying checking account

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

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

CHASE

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

May 28, 2026 through June 25, 2026
Account Number: **000000512829638**

CUSTOMER SERVICE INFORMATION

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

We accept operator relay calls

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PRANAV SOMISETTY
402 CRESTSTONE CIR
PRINCETON NJ 08540-9485

04303340101000000021

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$4,022.85**
Deposits and Additions	3,712.48
ATM & Debit Card Withdrawals	-27.06
Electronic Withdrawals	-2,800.50
Ending Balance	**$4,907.77**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$4,022.85**
05/29	Citi Payroll5447 EDI Paymnt PPD ID: 1135266470	**33.34**	4,056.19
06/03	Zelle Payment To Tonima Rahman Jpm99Cjg81R5	-2,775.50	1,280.69
06/05	Citi Payroll5447 EDI Paymnt PPD ID: 1135266470	**1,839.57**	3,120.26
06/05	Online Transfer To Sav ...3125 Transaction#: 29096736876	-25.00	3,095.26
06/18	Citi Payroll5447 EDI Paymnt PPD ID: 1135266470	**1,839.57**	4,934.83
06/22	Card Purchase 06/18 Polymarket US Boca Raton FL Card 2622	-20.00	4,914.83
06/22	Card Purchase 06/19 Japanese Market Astoria NY Card 2622	-7.06	4,907.77
	Ending Balance		**$4,907.77**

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

- **$500.00+** in qualifying electronic deposits; or
  (Your total qualifying electronic deposits this period were $5,573.09. Some deposits may be listed on your previous statement)
- **$1,500.00+** balance at the beginning of each day; or
- **$5,000.00+** average beginning day balance in this account, or in combination with any other linked qualifying personal deposits or investments; or
- **Account was linked** to a qualifying checking account

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

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

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

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

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

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

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

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

JPMorgan Chase Bank, N.A. Member FDIC

June 1 - June 30, 2026
Citi Priority Account 4994846982

CITI PRIORITY SERVICES
PO Box 769007
San Antonio, Texas 78245
For banking call: Citi Priority Services at (888) 275-2484 *
For TTY: We accept 711 or other Relay Service.
Website: www.citibank.com

PRANAV SOMISETTY
525 W 28th St apt 156
New York NY 10001-5698

Effective August 1, 2026, the Online Outgoing Wire Transfer-Domestic fee will increase to $30.00 as a standard fee and $25.00 for Citi Priority. The Online Outgoing Wire Transfer-International fee will increase to $40.00 for standard and $35.00 for Citi Priority.

Your Citi Priority simplified banking Account Statement. The following summary portion of the statement is provided for informational purposes.

Value of Accounts	Last Period	This Period
Citibank Accounts		
Checking		
Checking	1,648.03	16,209.71
Citi Priority Relationship Total	**$1,648.03**	**$16,209.71**

Earnings Summary	This Period	This Year
Citibank Accounts		
Checking		
Checking	0.00	0.00
Citi Priority Relationship Total	**$0.00**	**$0.00**

* To ensure quality service, calls are randomly monitored and may be recorded.

Messages From Citi Priority

Effective April 20, 2026, No Penalty and Step Up CDs will automatically renew into the same product type, keeping their existing features, and other CD types will be permitted to convert to a No Penalty or Step Up CD at renewal. If interest is set to pay to a closed Citi account, it will be added to your CD balance. If your CD is closed, interest will be deposited into another Citi deposit account you hold or sent to you by check if you have no other Citi deposit accounts.

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-275-2484(TTY: We accept 711 or other Relay Service).

You are Citi Priority for June 2026

As a Citigroup employee in the United States, you enjoy the Citi Priority with the option to join Citigold ($100,000) and the Citigold Private Client ($500,000) Relationship Tiers with reduced sustained Combined Average Monthly Balances (CAMB). When you no longer meet employment requirements, Citi will begin evaluating your CAMB against standard Balance Ranges on the first day of the next calendar month.

Calendar Month[1]	Combined Average Monthly Balance Range[2]	Relationship Tier[3]
April 2026	$0 - $14,999	Citi Priority
May 2026	$0 - $14,999	Citi Priority
June 2026	$0 - $14,999	Citi Priority

Account Fees and Charges[4]

Account Type	Account	Monthly Service Fee	Non- Citi ATM Fee	Average Monthly Balance	Waiver Applied
Regular Checking	4994846982	None	None	N/A	No Fee - Citi Priority Waiver
Total		None	None		

Fees. When not linked to a checking account, savings account balances (excluding Citi Miles Ahead Savings) for the calendar month prior to the end of the monthly statement period will be used to determine your Average Savings Balance, which determines if you receive a monthly service fee. All fees assessed in this Statement Cycle, including Non-Citi ATM fees, will appear as charges on the first Business Day of your next Account Statement. Please refer to your Client Manual Agreement for details on how we determine your monthly fees and charges.

Checking

Checking Activity

Regular Checking 4994846982

Date	Description	Amount Subtracted	Amount Added	Balance
06/01/26	Opening Balance			1,648.03
06/03/26	ACH Electronic Credit VENMO CASHOUT		1,685.58	3,333.61
06/05/26	ACH Electronic Credit CITI PAYROLL5447 EDI PAYMNT		1,839.58	5,173.19
06/08/26	Transfer to Bankcard 04:11p #5678 ONLINE Reference # 000136	14.69		5,158.50
06/12/26	ACH Electronic Credit VENMO CASHOUT		814.50	5,973.00
06/12/26	ACH Electronic Debit FD Sptsbk Casino payment GQMCBCGCMS	75.00		5,898.00
06/17/26	Deposit 03:28p #5678 Teller		3,110.00	9,008.00
06/17/26	Deposit 03:26p #5678 Teller		3,480.00	12,488.00
06/18/26	ACH Electronic Credit CITI PAYROLL5447 EDI PAYMNT		1,839.58	14,327.58
06/22/26	Bill Payment 20260619 CHASE MASTERCARD & VISA 010089 CBOL	35.00		14,292.58
06/24/26	ACH Electronic Debit ADVS ED SERV PPD STUDNTLOAN	214.88		14,077.70
06/25/26	Deposit 11:58a #5678 Teller		928.00	15,005.70
06/25/26	Deposit 11:56a #5678 Teller		1,554.00	16,559.70
06/29/26	ACH Electronic Credit VENMO CASHOUT		30.01	16,589.71
06/29/26	ACH Electronic Debit CHASE CREDIT CRD EPAY 9490094348	4,000.00		12,589.71
06/29/26	ACH Electronic Debit CHASE CREDIT CRD EPAY 9490090355	15,000.00		2,410.29-
06/30/26	ACH Electronic Credit FID BKG SVC LLC MONEYLINE X82853270 HRK7O		4,000.00	1,589.71
06/30/26	Returned Insufficient Funds - ACH Txn		15,000.00	16,589.71
06/30/26	ACH Electronic Debit AFFINITY FCU TRANSFER 695750	380.00		16,209.71
	Total Subtracted/Added	19,719.57	34,281.25	
06/30/26	Closing Balance			16,209.71

All transaction times and dates reflected are based on Eastern Time.

Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.

Important Disclosures

Please read the paragraphs below for important information on your accounts with us. Note that some of these products may not be available in all states.

CITIBANK ACCOUNTS
The products reported on this statement have been combined onto one monthly statement at your request. Opening and closing dates of the statement period are disclosed with the opening and closing balance for each bank product in the applicable transaction activity section. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

TRANSACTIONS OUTSIDE OF YOUR HOME COUNTRY - FOR NON-US PERSONS ONLY
Transactions may be executed outside of your country and without any participation from any Citigroup or Citibank subsidiary, branch or affiliate in your country. Some products may not be registered with the Financial Regulatory body of your country governing such financial products, nor may they be governed or protected by the laws and regulations of your country. Products and services offered by Citi and its affiliates are subject to the applicable local laws and regulations of the jurisdiction where they are booked and offered. Not all accounts, products, and services as well as pricing are available in all jurisdictions or to all customers. Your country of citizenship, domicile, or residence may have laws, rules, and regulations that govern or affect your application for and use of our accounts, products and services, including laws and regulations regarding taxes, exchange and/or capital controls.

If your country of residence is other than the United States or the Commonwealth of Puerto Rico, you acknowledge that you are responsible for, and agree that you will comply with, all laws, regulations, and rules applicable to your accounts, products and services with us, including any tax, foreign exchange, or capital controls, and for all payments, reporting or filing requirements that may apply as a result of your country of citizenship, domicile, or residence.

CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT
FDIC Insurance:
Products reported in CHECKING, SAVINGS and CERTIFICATES OF DEPOSIT are insured by the Federal Deposit Insurance Corporation. Please consult your Client Manual Agreement for full details and limitations of FDIC coverage.
APY and Interest Rate:
For current interest rates and annual percentage yields, please visit Citi.com, or call 1-800-627- 3999. For TTY: we accept 711 or other Relay Service.

CERTIFICATES OF DEPOSIT
Certificates of Deposit (CD) information may show dashes in certain fields if on the date of your statement your new CD was not yet funded or your existing CD renewed but is still in its grace period.

When you initiate a payment by phone, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone. For additional information about cancelling an ACH payment, see your Client Manual Agreement for details.

IN CASE OF ERRORS
In Case of Errors or Questions about Your Electronic Fund Transfers:
If you think your statement or record is wrong, or if you need more information about a transfer on the statement or record, telephone us or write to us at the address shown on the first page of your statement as soon as possible. We must hear from you no later than 60 days after we sent you the **first** statement on which the error or problem appeared. You are entitled to remedies for error resolution for an electronic funds transfer in accordance with the Electronic Funds Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Give us the following information: (1) your name and account number, (2) the dollar amount of the suspected error, (3) describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

The following special procedures apply to errors or questions about international wire transfers or international Citibank Global Transfers to a recipient located in a foreign country:
Telephone us or write to us at the address shown in the Customer Service Information section on your statement as soon as possible. We must hear from you within 180 days of the date we indicated to you that the funds would be made available to the recipient of that transfer. At the time you contact us, we may ask for the following information: 1) your name, address and account number; 2) the name of the person receiving the funds, and if you know it, his or her telephone number and/or address; 3) the dollar amount of the transfer; 4) the reference code for the transfer; and 5) a description of the error or why you need additional information. We may also ask you to select a choice of remedy (credit to your account in an amount necessary to resolve the error or alternatively, a resend of the transfer in an amount necessary to resolve the error for those cases where bank error is found). We will determine whether an error has occurred within 90 days after you contact us. If we determine that an error has occurred, we will promptly correct that error in accordance with the error resolution procedures under the Electronic Fund Transfer Act and federal Regulation E or in accordance with the laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

IRAs AND KEOGH Plans Citibank, N.A. is custodian of your Citibank IRA and trustee of your Citibank Keogh Plan.

CHECKING PLUS DISCLOSURES
Checking Plus Line of Credit - Fixed Rate and Variable Rate
Average Daily Balance: The Average Daily Balance is computed by taking the beginning balance on your account each day, adding any new advances and adjustments as of the day they are made, and subtracting any payments as of the day received, credits as of the day issued, and any unpaid Interest Charges or other fees and charges. This gives you a daily balance. Add up all the daily balances for the statement period and divide the total by the number of days in the statement period. This gives you the Average Daily Balance. For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.
Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Payment Instructions: You can make payments online via www.citibank.com, at any Citibank branch, Citicard Banking Center, or by mail. If paying by mail, you must include your account number and send your payment to: **Citibank, N.A., PO Box 71051, Philadelphia, PA 19176-1051.** For phone payments accepted through our Collections Department, you authorize Citi to electronically debit your specified bank account by an ACH transaction in the amount and on such date that you indicated on the phone. You may cancel a one-time payment by calling the number on your statement within the timeframe disclosed to you on the phone.

Other Information: Checks drawn against a business account are not acceptable as payment for a personal loan obligation.

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown on the first page of your statement.
You are entitled to remedies for error resolution for an electronic funds transfer in accordance with the Electronic Funds Transfer Act and federal Regulation E or in accordance with laws of the state where your account is located as may be applicable. See your Client Manual Agreement for details.

Billing Rights Summary - *What To Do If You Think You Find A Mistake On Your Statement.*
If you think there is an error on your statement, write to us at the address shown on the first page of your statement (Attn: Checking Plus).

In your letter, give us the following information:
- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

CREDIT CARDS

Information about your Citibank credit card account(s) on this statement is summary information as of your last credit card statement. You will continue to receive your regular monthly credit card statement(s).

1. Your Combined Average Monthly Balance (CAMB) is the summation of the End of Day Available Now balances for all Eligible Deposit and Investment account(s) (EDI) across a calendar month divided by the number of days in that month. CAMB is based on the calendar month and is not tied to Your Statement Period. Only certain account types qualify as EDI accounts and you must be the owner (or beneficial owner) of an EDI account for it to contribute toward your CAMB. All of the EDI accounts contributing to your CAMB may not appear on this Account Statement. Some accounts that appear on this Account Statement are not EDI accounts. Please call us to learn which EDI accounts you own that contribute to your CAMB.

   Eligible Family Members who live at the same address can choose to link their EDI accounts creating a Family CAMB range. Please see definition of Eligible Family Members in the Family Link section of the Client Manual Agreement. Retirement accounts have different rules for Family Linking than other EDI accounts. You may invite or be invited by Eligible Family Members (Members) to Family Linking. Starting in the first month existing deposit customers who are Eligible Family Members ("Members") successfully join or create a Family Link, their family CAMB will include EDI accounts they own along with EDI accounts owned by Members. If you were converted to a Legacy Relationship along with owners of accounts in your Package(s) pursuant to separate notice which provided the Effective Date of that conversion, similar to Family Linking the CAMB for Members in Legacy Relationships will include all EDI accounts they own along with EDI accounts owned by Members. Your family or legacy relationship CAMB may be higher than your individual CAMB, entitling you to join a Relationship Tier or different Relationship Tier. If you no longer want to be a member of Family Linking or a Legacy Relationship or no longer qualify for Family Linking or Legacy Relationships, speak to a banker on the phone or in a branch. Please see the Client Manual Agreement for more information on Family Links and Legacy Relationships.

2. Your Relationship Tier status will determine your Annual Percentage Yield for Citi Savings accounts (but not other Savings accounts) and may impact your eligibility for Monthly Service Fee and Non-Citi ATM waivers, along with other fees, features and benefits. Customers who did not own a Citibank checking, savings, CD, IRA, or investment account (investment accounts are offered through CGMI) in the 30 calendar days prior to opening their new EDI account ("New to Relationship" customers) may choose their Relationship Tier when opening the new EDI account. Re-Tiering will begin reviewing New to Relationship customer CAMB in the first full month after account opening, but it takes three months of sustained Balance Ranges for an Up-Tiering or Re-Tiering Out change. Unless a Tier exception applies, customers are Re-Tiered automatically on the first calendar day of the month. Through Re-Tiering, if an existing customer CAMB range meets the minimum Balance Range required for a higher Relationship Tier for three consecutive calendar months, they will automatically be Up-Tiered. If an existing customer wants to maintain their Relationship Tier, they need to make sure their CAMB does not drop below their Relationship Tier's minimum Balance Range for three consecutive calendar months.

   You may be able to join Relationship Tiers faster and maintain Relationship Tiers by enrolling in Tier Acceleration. For three months after enrollment, Citi will review your "End of Day" balances on the last Business Day of the month across all EDI accounts you own ("EOD Balance"). Your EOD Balance is your Available Now Balance across eligible deposit and investment accounts at 10:30 p.m. EST. If your EOD balance meets the Balance Range for the same or a higher Relationship Tier on one or more eligible months, you will join that Relationship Tier on the first day of the next calendar month.

   Your individual Account Statement will show both your current monthly Relationship Tier and up to 3 months of CAMB and Relationship Tier history.

   Important: When customers own accounts as Joint Owners, the Relationship Tier associated with their account will be determined by the highest Relationship Tier among joint owners. The CAMB shown on a joint Account Statement will show the highest CAMB range among account owners.

   Important: On statements, Joint Account owners will see the highest balance range of CAMB and highest Relationship Tier among Joint Account owners. Family Relationship members will see the Family CAMB range. Members in a Legacy Relationship will see the Legacy Relationship CAMB range. As a result, Joint Account owners, Family Linking members, and Members of Legacy Relationships may be able to deduce approximate balances of other owners and members. When deciding to open a Joint Account, join a Family Linking, or remain in Legacy Relationships, customers should evaluate their privacy needs, along with their need for rate and fee advantages.

3. **CAMB Balance Range Chart**

	Citi Priority	**Citigold**	**Citigold Private Client**
To attain Relationship Tier	$30,000-199,999.99	$200,000-999,999.99	$1,000,000 or more
To remain in Relationship Tier	$30,000-199,999.99	$180,000-999,999.99	$800,000 or more

4. Citibank generally charges fees for its products and services. Deposit accounts are subject to service, transaction or other fees not covered by the Monthly Service Fee. For a complete list of applicable fees and to learn the impact of Relationship Tiers on those fees, please visit the Fee Schedule of the Client Manual Agreement. Please also carefully review any fee disclosures provided at the time of a transaction or when a service is provided, such as when you open a Safe Deposit Box or order checks.

Monthly Service Fee and Non-Citi ATM Fee Chart				
	Standard Fees		**Monthly Service Fee and Non-Citi ATM Fee will not be charged for months where the following situations apply**	
Description	**Monthly Service Fee**	**Non-Citi ATM Fee**	**Activity**	**Citigold Private Client, Citigold or Citi Priority Relationship Tier status**
Regular Checking**	$15	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes
Access Checking**	$5	$2.50	Enhanced Direct Deposit* of $250 or more Important: Non-Citi ATM fee is non-waivable	Yes
Citi Savings**	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes
Citi Accelerate Savings	$4.50	$2.50	Average Monthly Balance of $500 or more or Any owner also owns a checking account	Yes
Citi Miles Ahead Savings	$0	$0	N/A	N/A
COMMA Savings accounts	$0	$0	N/A	N/A

*An Enhanced Direct Deposit (EDD) is an electronic deposit through the Automated Clearing House ("ACH") Network of payroll, pension, social security, government benefits and other payments to your checking or savings account. An EDD also includes Zelle® incoming payments and other funds from person-to-person (P2P) payments when transferred through the ACH Network using providers such as Venmo or PayPal. Teller deposits, cash deposits, check deposits, wire transfers, transfers between Citibank accounts, ATM transfers and deposits, mobile check deposits, debit card funding transfers, and P2P payment transfers sent to a Citibank debit card do not qualify as EDDs. Any funds transferred from another financial institution or P2P provider through an instant transfer service will also not qualify as an EDD.

**Checking accounts and Savings accounts owned as Uniform Transfers to Minors Accounts (UTMA) are not charged a Monthly Service Fee or Non-Citi ATM Fee when the beneficiary is younger than 18 years of age.

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Form **1040** Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2025 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

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

☐ Other

Your first name and middle initial	Last name	Your social security number
Pranav	Somisetty	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Tonima	Rahman	[redacted]

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

402 CRESTSTONE CIRCLE

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. ☐

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code

PRINCETON NJ 08540

Foreign country name Foreign province/state/county Foreign postal 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**

Filing Status

Check only one box.

☐ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

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

Dependents

(see instructions)

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

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			**1a**	336,641.
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**	336,641.
2a	Tax-exempt interest **2a** 0.	**b** Taxable interest		**2b**	174.
3a	Qualified dividends **3a** 846.	**b** Ordinary dividends		**3b**	3,310.
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**	−1,595.
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			**8**	5,544.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			**9**	344,074.
10	Adjustments to income from Schedule 1, line 26			**10**	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			**11a**	344,074.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	344,074.
	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	2.
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	31,502.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	312,572.
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	60,635.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	60,635.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	12.
	21	Add lines 19 and 20	21	12.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	60,623.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	856.
	24	Add lines 22 and 23. This is your **total tax**	24	61,479.
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 59,272.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c: 232.		
	d	Add lines 25a through 25c	25d	59,504.
	26	2025 estimated tax payments and amount applied from 2024 return	26	
		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
If you have a qualifying child, you may need to attach Sch. EIC.	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	59,504.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	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	1,975.
	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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Risk Management	
Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Health Care	
Phone no. (732)882-5582	Email address		

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	

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

OMB No. 1545-0029

a Employee's soc. sec. no. [redacted]	1 Wages, tips, other comp. 225817.53	2 Federal income tax withheld 42114.00
	3 Social security wages 176100.00	4 Social security tax withheld 10918.20
b Employer ID number (EIN) 13-5266470	5 Medicare wages and tips 225817.53	6 Medicare tax withheld 3506.71

c Employer's name, address, and ZIP code
Citibank, N.A.
3800 Citigroup Center Drive
Tampa, FL 33610

d Control number
00002 Citi.388 GREENW.c.08540-9485

e Employee's name, address, and ZIP code
Pranav Somisetty
402 Crest Stone Circle
Princeton, NJ 08540-9485

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 AA 11451.34
13 Statutory employee	14 Other	12b Code DD 9996.48
Retirement plan X		12c Code
Third-party sick pay		12d Code

NJ	135-266-470/000	233929.04	45.10
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

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

OMB No. 1545-0029

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

Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.)

OMB No. 1545-0029

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

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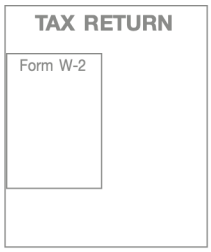

NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

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

Notice to Employee

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

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

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

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

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

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

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

(See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

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

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

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

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

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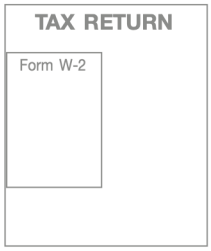

NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

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

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

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

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

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

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

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

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

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

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

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

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0029

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
[redacted]	3 Social security wages	4 Social security tax withheld
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3800 Citigroup Center Drive
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Retirement plan X		12c Code
Third-party sick pay		12d Code

NY	135266470	225817.53	17162.98
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

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

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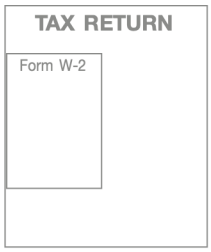

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Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

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

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

(See also *Instructions for Employee*.)

Instructions for Employee

(See also *Notice to Employee*.)

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

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

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

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

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

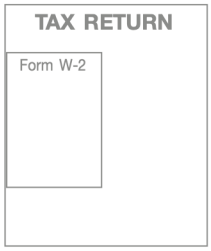
You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated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

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

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

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

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:



NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Instructions for Employee *(continued)*

Box 12 *(continued)*

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

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

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

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

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

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

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

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

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

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

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

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

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

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

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

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

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

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

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

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