# 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 # |
|---|---|---|---|---|
| Rahman | Tonima | | ***-**-**** | |

| BIRTH DATE | PHONE #1 | ALTERNATE PHONE | EMAIL |
|---|---|---|---|
| 6/11/1997 | (929) 426-0449 Mobile | Mobile | pranavandtonima@gmail.com |

## CURRENT ADDRESS

| STREET ADDRESS | CITY |
|---|---|
| 525 w28th , Apt #156 | New York |

| STATE | ZIP | DATE IN | DATE OUT | MONTHLY RENT |
|---|---|---|---|---|
| NY | 10001 | 9/1/2020 | current | $4,253.00 / Mo. |

| LANDLORD NAME | LANDLORD PHONE |
|---|---|
| Avalon Bay | (646) 507-5171 |

## EMPLOYMENT INFORMATION

| OCCUPATION | EMPLOYER/COMPANY | SALARY |
|---|---|---|
| Program Manager Of Product | Spring Health | $142,000.00/Yr. |

| SUPERVISOR | SUPERVISOR PHONE | START DATE | END DATE |
|---|---|---|---|
| Angela Woods | | | current |

| EMPLOYER ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 60 madison ave #2 | new york | ny | 10010 |

## 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**

701

## 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 TONIMA RAHMAN SUBMITTED ONLINE on July 30, 2026**

**Signed by Tonima Rahman**
Thu Jul 30 2026 07:22:16 PM EDT
Key: 2A31A7AD; IP Address: 10.33.14.4

Tonima Rahman *(Applicant)* *Date*

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

**Application Fee for Tonima Rahman - Charge Details**

| Name on Account | Routing Number | Account Number | Reference Number | Authorized |
|---|---|---|---|---|
| Tonima Rahman | XXXXX3103 | XXXXXX6354 | 16819256 | $20.00 |

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

Commission On Human Rights

# NYC Fair Chance Housing Notice: Criminal Records

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

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

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

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

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

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

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

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

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

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

### Conditional Offer of Housing

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

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



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

### Criminal Background Check

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

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

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

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

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

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

---

## Right to Provide Support for Your Application

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

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

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

---

## Right to an Individualized Assessment of Your Application

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



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

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

### Legitimate Business Interest

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

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

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

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

### Revoking a Conditional Offer of Housing

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

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

---

## Exemptions for Housing Providers

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

---

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

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



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

# 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 Tonima Rahman**
Thu Jul 30 2026 07:22:16 PM EDT
Key: 2A31A7AD; IP Address: 10.33.14.4

Tonima Rahman *(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 Tonima Rahman

| 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.<br>**Application Approved by Malgorzata Warchol on 7/31/2026**. |

| Score for Tonima Rahman: 817 | | |
|---|---|---|
| | **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) | $142,000.00 |
| Total combined annual income to rent ratio | 66.15 (based on rent of $5,850.00) |
| Total number of accounts | 12 |
| Accounts with no late payments | 12 (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 | $105,056.00 ($0.00 past due) |
| Outstanding revolving debt | $3,116.00 (2% of limit) ($0.00 past due) |
| Outstanding loan balance | $101,940.00 ($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:** | Tonima Rahman | TONIMA RAHMAN |
| **SSN:** | ***-**-**** | ***-**-**** |
| **Birth Date:** | 6/**/1997 | 6/**/1997 |

| Addresses | From Application | From Equifax |
|---|---|---|
| | 525 w28th , Apt #156<br>New York, NY 10001 - US | 2064 31ST ST. B5<br>ASTORIA, NY 11105 (Applicant)<br>Reported 7/2026<br><br>525 W 28TH ST. 156<br>NEW YORK, NY 10001 (Applicant)<br>Reported 7/2026 |

| Employment | From Application | From Equifax |
|---|---|---|
| **Applicant:** | Program Manager Of Product<br>Spring Health<br>$142,000.00/Yr. Total annual Income: $142,000.00 | |

| Restricted Person Search | | |
|---|---|---|
| **Requested For**<br>Tonima Rahman | **Requested**<br>7/31/2026 | **Returned**<br>7/31/2026 |
| **Results**<br>*No Records Found* | | |

| Risk Models | | |
|---|---|---|
| **From RealPage** | | |
| **Risk Model Name**<br>RealPage AI Score (Applicant) | **Score**<br>817 | **Score Factors**<br>Tradeline scoring<br>Debt-to-income ratio<br>Credit Score<br>Rental Payment History |
| | **Description**<br>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) | 768 | The date that you opened your oldest account is too recent<br>Lack of sufficient credit history<br>Lack of sufficient relevant real estate account information<br>The total of all balances on your open accounts is too high |

**Description**

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

## Credit Accounts

### From Equifax

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| ED FINANCIAL/ESA (Applicant) | 9/2022 | 5/2026 | | | | | $28,721.00 |
| **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | | |
| $236.00 | $33,000.00 | INSTALLMENT | FIXED RATE<br>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 |
|---|---|---|---|---|---|---|---|
| ED FINANCIAL/ESA (Applicant) | 8/2021 | 5/2026 | | | | | $28,489.00 |
| **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | | |
| $222.00 | $33,000.00 | INSTALLMENT | FIXED RATE<br>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 |
|---|---|---|---|---|---|---|---|
| CITIZENS/FM (Applicant) | 8/2021 | 5/2026 | | | | | $14,295.00 |
| **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | | |
| $160.00 | $14,523.00 | INSTALLMENT | 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 |
|---|---|---|---|---|---|---|---|
| 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**

| 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 |
|---|---|---|---|---|---|---|---|
| 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**

| 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 |
|---|---|---|---|---|---|---|---|
| CITIZENS/FM (Joint) | 8/2022 | 5/2026 | | | | | $9,015.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $114.00 | $9,000.00 | INSTALLMENT | 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 |
|---|---|---|---|---|---|---|---|
| AMERICAN EXPRESS (Applicant) | 10/2025 | 6/2026 | | | | | $2,745.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $7,767.00 | OPEN ACCOUNT | Rate/Status 1: Pays account as agreed | | | |
| | **Payment History** | | | | | | |

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|
| 7/ 26 | | 5/ 26 | | 3/ 26 | | 1/ 26 | | 11/ 25 |

| 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 | ACCOUNT PREVIOUSLY IN DISPUTE – NOW RESOLVED BY DATA FURNISHER<br>FIXED RATE<br>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 |
|---|---|---|---|---|---|---|---|
| JPMCB CARD SERVICES (Applicant) | 9/2020 | 6/2026 | | | | | $371.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | $35.00 | $3,995.00 | 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 | |

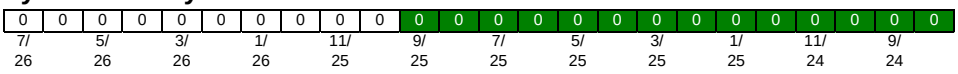
| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| NELNET LOAN SERVICIN (Applicant) | 8/2021 | 5/2022 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $33,000.00 | INSTALLMENT | Rate/Status 1: Pays account as agreed | | | |
| | **Payment History** | | | | | | |

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/ 22 | | 5/ 22 | | 3/ 22 | | 1/ 22 | | 11/ 21 | | 9/ 21 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| WELLS FARGO CARD SER (Applicant) | 12/2024 | 1/2026 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $7,228.00 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/ 26 | | 5/ 26 | | 3/ 26 | | 1/ 26 | | 11/ 25 | | 9/ 25 | | 7/ 25 | | 5/ 25 | | 3/ 25 | | 1/ 25 | |

| Account Name | Opened | Last Active | 30-59 | 60-89 | 90+ | Past Due | Balance |
|---|---|---|---|---|---|---|---|
| DISCOVER BY CAPITAL (Applicant) | 6/2016 | 7/2025 | | | | | $0.00 |
| | **Monthly Payment** | **High Credit** | **Type** | **Comments** | | | |
| | | $0.00 | REVOLVING | CONSUMER DISPUTES AFTER RESOLUTION<br>Rate/Status 1: Pays account as agreed | | | |
| | **Payment History** | | | | | | |



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

**A Summary of Your Rights Under the Fair Credit Reporting Act**

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

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

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

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

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

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

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

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

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

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

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

## A Summary of Your Additional Rights in New York

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

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

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

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

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

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.

We the People

*Of the United States,*
*in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT

# UNITED STATES OF AMERICA

Passport No. / N° du Passeport / No. de Pasaporte

P USA 574359770

Surname / Nom / Apellidos
RAHMAN

Given Names / Prénoms / Nombres
TONIMA

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
11 Jun 1997

Place of birth / Lieu de naissance / Lugar de nacimiento
NEW YORK, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición
25 Jun 2017

Date of expiration / Date d'expiration / Fecha de caducidad
24 Jun 2027

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

Sex / Sexe / Sexo
F

Authority / Autorité / Autoridad
United States
Department of State

USA

P<USARAHMAN<<TONIMA<<<<<<<<<<<<<<<<<<<<<<<<<<<<

5743597705USA9706110F2706247283488631<701274

Spring Health

60 Madison Avenue
New York, NY 10010

March 7th, 2026
Tonima Rahman

Dear Tonima,

Congratulations! I am excited to share your promotion to **Program Manager of Product Operations (IC3)** and compensation adjustment as outlined below. Thank you for your valuable and sustained contributions to our mission of eliminating every barrier to mental health.

| Effective Date | New Annual Base Pay | % Increase |
|---|---|---|
| March 1st, 2026 | 141,625.00 USD | 13.3% |

You will be paid on a semi-monthly basis, on the 15th (or closest business day) and the last business day of each month.

**Restricted Stock Units (RSUs)**

To recognize your promotion, the Board has approved an equity award of 165 RSUs. In addition, based on your performance, the Board has approved an equity award of RSUs.

Each RSU represents a right to receive one share of the Company's common stock, subject to the terms and conditions of the Company's equity incentive plan and the applicable RSU award agreement. Your RSUs vest over a four-year period, with 25% of the RSUs vesting on the fixed vesting date closest to the first anniversary of the grant date, and the remaining 75% vesting in equal quarterly installments over the following three years of your continuous service to the Company. A liquidity event or sale within 7 years of grant will also be required in order for your RSUs to vest. The RSUs will be subject to the terms and conditions of the Spring Care, Inc. 2020 Stock Plan (as amended from time to time) and the applicable restricted stock unit award agreement to be entered into between you and the Company (collectively, the "Equity Documents").

Thank you for your hard work. I'm looking forward to supporting your continued growth at Spring Health.

Warmly,
Angela Woods

**Please Note:** this statement does not modify the terms of your Offer Letter and EPIIAA. It also does not modify the at-will nature of your employment with Spring Health.

Citizens®

US702 | BR107
ROP 450
P.O. Box 7000
Providence, RI 02940

# Checking Account Statement



Beginning June 05, 2026
through July 06, 2026

TONIMA RAHMAN
2064 31ST ST APT B5
ASTORIA NY 11105-2526

**Questions? Contact us today:**

**CALL:**
Checking Account Customer Service
1-800-922-9999

**VISIT:**
Access your account online:
citizensbank.com

**MAIL:**
Citizens
Customer Service Center
P.O. Box 42001
Providence, RI 02940-2001

**TONIMA RAHMAN**
**One Deposit Checking**
**XXXXXX-635-4**

## One Deposit Checking for XXXXXX-635-4

**Balance Calculation**

| | | |
|---|---|---|
| Previous Balance | | 3,604.74 |
| Checks | - | .00 |
| Withdrawals & Debits | - | 15,838.86 |
| Deposits & Credit | + | 12,386.39 |
| **Current Balance** | = | 152.27 |

The $9.99 monthly maintenance fee is waived when you make at least 1 deposit that is posted before the end of your statement period.

You made at least 1 deposit.
Good news! The monthly maintenance fee was waived based on your account activity.

Your next statement period will end on August 06, 2026.

Please See Additional Information on Next Page

## One Deposit Checking for XXXXXX-635-4 Continued

### TRANSACTION DETAILS FOR CHECKING ACCOUNT ENDING 635-4

**Withdrawals & Debits ****
***May include checks that have been processed electronically by the payee/merchant.*

| Previous Balance |
|---|
| 3,604.74 |

| Total Withdrawals & Debits | |
|---|---|
| - | 15,838.86 |

| Date | Amount | Description |
|---|---|---|
| ***ATM/Purchases*** | | |
| 06/22 | 41.02 | 6672 DBT PURCHASE - 999999 NATURAL EYEBRO ASTORIA NY |
| ***Other Withdrawals & Debits*** | | |
| 06/05 | 1,500.00 | AMEX EPAYMENT ACH PMT 260605 M4214 |
| 06/05 | 418.49 | BILT CARD PMT 260605 |
| 06/10 | 34.00 | POPPIN NY PURCHASE 260609 EUQSQXLVNLNFW1B |
| 06/15 | 1,960.54 | AMEX EPAYMENT ACH PMT 260615 M3546 |
| 06/17 | 1,700.00 | PL*ScaldafioreRe WEB PMTS 061726 W2V5X8 |
| 06/17 | 1,000.00 | AMEX EPAYMENT ACH PMT 260617 M8560 |
| 06/18 | 212.16 | T-MOBILE PCS SVC 260617 8456692 |
| 06/22 | 1,000.00 | NOW NETWORK DEBIT<br>ZELLE DEBIT<br>NOW NET ID: 617300B0JYC1<br>EPP ID: US26062283432178<br>Zelle FARHANA RAHMAN 8006566561 |
| 06/22 | 500.00 | NOW NETWORK DEBIT<br>ZELLE DEBIT<br>NOW NET ID: 617300E0GI5O<br>EPP ID: US26062283432553<br>Zelle FARHANA RAHMAN 8006566561 |
| 06/23 | 458.72 | DEPT EDUCATION STUDENT LN 260622 6S1QEPNHAN1 |
| 06/29 | 146.97 | FIRSTMARK PAYMENTS 260626 4937839 |
| 06/30 | 500.00 | NOW NETWORK DEBIT<br>ZELLE DEBIT<br>NOW NET ID: 618100B06JE3<br>EPP ID: US26063084606044<br>Zelle DAHIKA RAHMAN 8006566561 |
| 06/30 | 128.99 | FIRSTMARK PAYMENTS 260629 4937839 |
| 07/02 | 4,252.63 | BILT CARD HOUSING 260702 |
| 07/02 | 1,928.14 | PL*ScaldafioreRe WEB PMTS 070226 F7SGY8 |
| 07/06 | 57.20 | Citizens Citizens 260702 |

**Deposits & Credits**

| Total Deposits & Credits | |
|---|---|
| + | 12,386.39 |

| Date | Amount | Description |
|---|---|---|
| 06/09 | 1,000.00 | NOW NETWORK CREDIT<br>ZELLE CREDIT<br>NOW NET ID: 616000C02EXE<br>EPP ID: US26060981647964<br>Zelle FARHANA RAHMAN 8006566561 |
| 06/15 | 3,841.54 | 174741 SPRING CA PAYROLL 260615 102411 |

Please See Additional Information on Next Page

## One Deposit Checking for XXXXXX-635-4 Continued

### Deposits & Credits (Continued)

| *Date* | *Amount* | *Description* |
|---|---|---|
| 06/17 | 600.00 | NOW NETWORK CREDIT<br>ZELLE CREDIT<br>NOW NET ID: 616800I0L6ZQ<br>EPP ID: US26061782807677<br>Zelle FARHANA RAHMAN 8006566561 |
| 06/22 | 278.17 | VENMO CASHOUT 260622<br>CITIZENS PAID EARLY |
| 06/25 | 600.00 | NOW NETWORK CREDIT<br>ZELLE CREDIT<br>NOW NET ID: 617600B07ZNG<br>EPP ID: US26062583828990<br>Zelle FARHANA RAHMAN 8006566561 |
| 06/29 | 3,841.54 | 174741 SPRING CA PAYROLL 260630<br>CITIZENS PAID EARLY |
| 07/01 | 297.00 | VENMO CASHOUT 260630 1051355920507 |
| 07/03 | 1,928.14 | PL*ScaldafioreRe WEB PMTS 070226 F7SGY8 |

### Daily Balance

| *Date* | *Balance* | *Date* | *Balance* | *Date* | *Balance* |
|---|---|---|---|---|---|
| 06/05 | 1,686.25 | 06/18 | 2,221.09 | 06/30 | 4,165.10 |
| 06/09 | 2,686.25 | 06/22 | 958.24 | 07/01 | 4,462.10 |
| 06/10 | 2,652.25 | 06/23 | 499.52 | 07/02 | -1,718.67 |
| 06/15 | 4,533.25 | 06/25 | 1,099.52 | 07/03 | 209.47 |
| 06/17 | 2,433.25 | 06/29 | 4,794.09 | 07/06 | 152.27 |

### Current Balance

= **152.27**

Citizens®

**Checking Account Balance Worksheet**

Before completing this worksheet, please be sure to adjust your checkbook register balance by

- Adding any interest earned
- Subtracting any fees or other charges

**1** Your current balance on this statement

$ _____
Current Balance

**2** List deposits which do not appear on this statement

| Date | Amount | Date | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

+ $ _____
Total of 2

**3** Subtotal by adding 1 and 2

= $ _____
Subtotal of 1 and 2

**4** List outstanding checks, transfers, debits, POS purchases or withdrawals that do not appear on this statement.

| Date/ Check No. | Amount | Date/ Check No. | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- $ _____
Total of 4

**5** Subtract 4 from 3. This should match your checkbook register balance.

= $ _____
Total

**CUSTOMER SERVICE**

If you have any questions regarding your account or discover an error, call the number shown on the front of your statement or write to us at the following address:

*Citizens*
*Customer Service Center*
*P.O. Box 42001*
*Providence, RI 02940-2001*

**Change of Address**

Please call the number shown at the front of your statement to notify us of a change of address.

**DEPOSIT ACCOUNTS ARE NON-TRANSFERABLE**

Personal deposit accounts, such as CD's and savings accounts, cannot be transferred to another person or to a corporate entity.

Citizens is a brand name of Citizens Bank, N.A. REV 12/22

## ELECTRONIC TRANSFERS

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

(For Consumer Accounts Used Primarily for Personal, Family or Household Purposes)

Telephone us at the customer service number provided on Page 1 of this statement or write to us at the customer service address provided as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number, if any.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error and, if possible, the date it appeared on your statement or receipt.
- It will be helpful to us if you also give us a telephone number at which you can be reached in case we need any further information.

For consumer accounts used primarily for personal, family, or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

(For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.)

## OVERDRAFT LINES OF CREDIT 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 customer service address provided as soon as possible.

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 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.

## INTEREST CHARGE CALCULATIONS FOR OVERDRAFT LINE OF CREDIT ACCOUNTS BASED ON AVERAGE DAILY BALANCE COMPUTATION METHOD

**Calculating your Interest Charge**

We calculate the interest charge on your Overdraft Line by applying the Daily Periodic Rate to the Average Daily Balance. Then, we multiply that result by the number of days in the billing cycle in which a balance is owed on your Overdraft Line. This gives us the total interest charge for that billing period.

**Calculating your Average Daily Balance**

To calculate the average daily balance, we take the beginning balance of you Overdraft Line each day (which does not include any unpaid interest charges or fees), add any new loan advances as of the date of those advances and subtract any payments or credits. This gives us the daily balance. Then, we add all the daily balances for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of your account.

**Credit Bureau Reporting**

We may report information about your Overdraft Line to credit bureaus for each joint account holder of your checking account. Late payments, missed payments, or other defaults on your Overdraft Line may be reflected in your credit report. If you believe we have furnished inaccurate or incomplete information to a credit reporting agency, write to us at the consumer service address provided and include your name, address, account number, and description of what you believe is inaccurate or incomplete.

***Thank you for banking with Citizens.***

Citizens®

US702 | BR107
ROP 450
P.O. Box 7000
Providence, RI 02940

# Checking Account Statement



Beginning May 07, 2026
through June 04, 2026

TONIMA RAHMAN
2064 31ST ST APT B5
ASTORIA NY 11105-2526

**Questions? Contact us today:**

**CALL:**
Checking Account Customer Service
1-800-922-9999

**VISIT:**
Access your account online:
citizensbank.com

**MAIL:**
Citizens
Customer Service Center
P.O. Box 42001
Providence, RI 02940-2001

**TONIMA RAHMAN**
**One Deposit Checking**
**XXXXXX-635-4**

## One Deposit Checking for XXXXXX-635-4

**Balance Calculation**

| | | |
|---|---|---|
| Previous Balance | | 2,306.76 |
| Checks | - | .00 |
| Withdrawals & Debits | - | 11,660.60 |
| Deposits & Credit | + | 12,958.58 |
| **Current Balance** | = | 3,604.74 |

The $9.99 monthly maintenance fee is waived when you make at least 1 deposit that is posted before the end of your statement period.

You made at least 1 deposit.
Good news! The monthly maintenance fee was waived based on your account activity.

Your next statement period will end on July 06, 2026.

Please See Additional Information on Next Page

## One Deposit Checking for XXXXXX-635-4 Continued

### TRANSACTION DETAILS FOR CHECKING ACCOUNT ENDING 635-4

**Withdrawals & Debits ****
***May include checks that have been processed electronically by the payee/merchant.*

| Previous Balance |
|---|
| 2,306.76 |

| Total Withdrawals & Debits | |
|---|---|
| - | 11,660.60 |

| Date | Amount | Description |
|---|---|---|
| ***ATM/Purchases*** | | |
| 05/13 | 26.13 | 6672 DBT PURCHASE - 0001 SEPHORA MANHAT NEW YORK NY |
| 05/18 | 10.89 | 6672 DBT PURCHASE - 1711 ZHICAY SHOE RE ASTORIA NY |
| ***Other Withdrawals & Debits*** | | |
| 05/11 | 19.00 | POPPIN NY PURCHASE 260508 08UZPJWHEZ60O4C |
| 05/12 | 1,200.00 | AMEX EPAYMENT ACH PMT 260512 M8774 |
| 05/14 | 1,700.00 | PL*ScaldafioreRe WEB PMTS 051426 XLC1T8 |
| 05/14 | 1,000.00 | AMEX EPAYMENT ACH PMT 260514 M5696 |
| 05/14 | 32.00 | POPPIN NY PURCHASE 260513 NCJTE2EZKCYUZ2C |
| 05/18 | 206.98 | T-MOBILE PCS SVC 260517 7636152 |
| 05/19 | 458.72 | DEPT EDUCATION STUDENT LN 260518 6RUM7H9UTC1 |
| 05/27 | 146.97 | FIRSTMARK PAYMENTS 260526 4937839 |
| 05/28 | 128.99 | FIRSTMARK PAYMENTS 260527 4937839 |
| 06/02 | 4,252.63 | BILT CARD HOUSING 260602 |
| 06/02 | 1,928.14 | PL*ScaldafioreRe WEB PMTS 060226 L39HV8 |
| 06/03 | 57.20 | Citizens Citizens 260602 |
| 06/04 | 492.95 | CHASE CREDIT CRD EPAY 260603 9422402780 |

**Deposits & Credits**

| Total Deposits & Credits | |
|---|---|
| + | 12,958.58 |

| Date | Amount | Description |
|---|---|---|
| 05/11 | 1,000.00 | NOW NETWORK CREDIT<br>ZELLE CREDIT<br>NOW NET ID: 613000B0BWV9<br>EPP ID: US26051087202432<br>Zelle FARHANA RAHMAN 8006566561 |
| 05/13 | 900.00 | NOW NETWORK CREDIT<br>ZELLE CREDIT<br>NOW NET ID: 613300C03O7L<br>EPP ID: US26051387588731<br>Zelle FARHANA RAHMAN 8006566561 |
| 05/14 | 3,841.54 | 174741 SPRING CA PAYROLL 260515<br>CITIZENS PAID EARLY |
| 05/27 | 600.00 | NOW NETWORK CREDIT<br>ZELLE CREDIT<br>NOW NET ID: 614700N0GL54<br>EPP ID: US26052789539065<br>Zelle FARHANA RAHMAN 8006566561 |
| 05/28 | 3,841.54 | 174741 SPRING CA PAYROLL 260529<br>CITIZENS PAID EARLY |
| 06/03 | 2,775.50 | NOW NETWORK CREDIT<br>ZELLE CREDIT<br>NOW NET ID: 615400A02QNG<br>EPP ID: US26060380654905<br>Zelle PRANAV SOMISETTY 8006566561 |

Please See Additional Information on Next Page

## One Deposit Checking for XXXXXX-635-4 Continued

### Daily Balance

| *Date* | *Balance* | *Date* | *Balance* | *Date* | *Balance* |
|---|---|---|---|---|---|
| 05/11 | 3,287.76 | 05/18 | 3,853.30 | 06/02 | 1,379.39 |
| 05/12 | 2,087.76 | 05/19 | 3,394.58 | 06/03 | 4,097.69 |
| 05/13 | 2,961.63 | 05/27 | 3,847.61 | 06/04 | 3,604.74 |
| 05/14 | 4,071.17 | 05/28 | 7,560.16 | | |

**Current Balance**

= **3,604.74**

Citizens®

**Checking Account Balance Worksheet**

Before completing this worksheet, please be sure to adjust your checkbook register balance by

- Adding any interest earned
- Subtracting any fees or other charges

**1** Your current balance on this statement

$ _____
Current Balance

**2** List deposits which do not appear on this statement

| Date | Amount | Date | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

+ $ _____
Total of 2

**3** Subtotal by adding 1 and 2

= $ _____
Subtotal of 1 and 2

**4** List outstanding checks, transfers, debits, POS purchases or withdrawals that do not appear on this statement.

| Date/ Check No. | Amount | Date/ Check No. | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- $ _____
Total of 4

**5** Subtract 4 from 3. This should match your checkbook register balance.

= $ _____
Total

**CUSTOMER SERVICE**

If you have any questions regarding your account or discover an error, call the number shown on the front of your statement or write to us at the following address:

*Citizens*
*Customer Service Center*
*P.O. Box 42001*
*Providence, RI 02940-2001*

**Change of Address**

Please call the number shown at the front of your statement to notify us of a change of address.

**DEPOSIT ACCOUNTS ARE NON-TRANSFERABLE**

Personal deposit accounts, such as CD's and savings accounts, cannot be transferred to another person or to a corporate entity.

Citizens is a brand name of Citizens Bank, N.A. REV 12/22

## ELECTRONIC TRANSFERS

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

(For Consumer Accounts Used Primarily for Personal, Family or Household Purposes)

Telephone us at the customer service number provided on Page 1 of this statement or write to us at the customer service address provided as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number, if any.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error and, if possible, the date it appeared on your statement or receipt.
- It will be helpful to us if you also give us a telephone number at which you can be reached in case we need any further information.

For consumer accounts used primarily for personal, family, or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

(For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.)

## OVERDRAFT LINES OF CREDIT 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 customer service address provided as soon as possible.

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 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.

## INTEREST CHARGE CALCULATIONS FOR OVERDRAFT LINE OF CREDIT ACCOUNTS BASED ON AVERAGE DAILY BALANCE COMPUTATION METHOD

**Calculating your Interest Charge**

We calculate the interest charge on your Overdraft Line by applying the Daily Periodic Rate to the Average Daily Balance. Then, we multiply that result by the number of days in the billing cycle in which a balance is owed on your Overdraft Line. This gives us the total interest charge for that billing period.

**Calculating your Average Daily Balance**

To calculate the average daily balance, we take the beginning balance of you Overdraft Line each day (which does not include any unpaid interest charges or fees), add any new loan advances as of the date of those advances and subtract any payments or credits. This gives us the daily balance. Then, we add all the daily balances for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of your account.

**Credit Bureau Reporting**

We may report information about your Overdraft Line to credit bureaus for each joint account holder of your checking account. Late payments, missed payments, or other defaults on your Overdraft Line may be reflected in your credit report. If you believe we have furnished inaccurate or incomplete information to a credit reporting agency, write to us at the consumer service address provided and include your name, address, account number, and description of what you believe is inaccurate or incomplete.

***Thank you for banking with Citizens.***

**SPRING CARE INC**
60 Madison Ave
2nd FL
New York, NY 10010

Direct Deposit Advice

**Check Date**
July 15, 2026

**Voucher Number**
106926

| Direct Deposits | Type | Account | Amount |
|---|---|---|---|
| Citizens Bank NA | C | ***6354 | 3,841.54 |
| **Total Direct Deposits** | | | **3,841.54** |

174741 7000-7104-NULL 102411 106926 90086 **174741**
**Tonima Rahman**
525 w28th street
Apt 156
New York, NY 10001



## Non Negotiable - This is not a check - Non Negotiable

## SPRING CARE INC

**Tonima Rahman**

**Earnings Statement**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Employee ID | **102411** | Fed Taxable Income | **5,765.28** | Check Date | **July 15, 2026** | Voucher Number | **106926** |
| Location | **7000-7104-NULL** | Fed Filing Status | **M** | Period Beginning | **July 1, 2026** | Net Pay | **3,841.54** |
| Salary | **$5,901.04** | State Filing Status | **M-0** | Period Ending | **July 15, 2026** | Total Hours Worked | **86.67** |

| Earnings | Rate | Hours | Amount | YTD |
|---|---|---|---|---|
| GROUP TE | | 0.00 | 6.00 | 78.00 |
| Holiday | | | | 961.44 |
| Referral B | | | | 1,000.00 |
| Regular | 68.0889 | 86.67 | 5,901.04 | 72,981.24 |
| **Gross Earnings** | | **86.67** | **5,907.04** | **75,020.68** |

| Taxes | Amount | YTD |
|---|---|---|
| FITW | 912.81 | 11,481.48 |
| MED | 84.45 | 1,071.54 |
| NY | 310.60 | 3,976.58 |
| NY-NYC1 | 221.95 | 2,820.67 |
| NYPSL-E | 25.52 | 324.12 |
| NYSDI-E | 1.30 | 16.90 |
| SS | 361.11 | 4,581.82 |
| **Taxes** | **1,917.74** | **24,273.11** |

| Deductions | Amount | YTD |
|---|---|---|
| 401k | 59.01 | 472.08 |
| Dental Ins | 2.01 | 26.13 |
| GROUP TERM LIFE - FLAT AM | 6.00 | 78.00 |
| HSA | 20.83 | 270.79 |
| HSA EMPLOYER CONTRIB | 41.67 | 541.71 |
| Medical Ins | 56.91 | 739.83 |
| Pretax Parking | | 45.20 |
| Roth 401k | | 1,664.06 |
| Vision | 3.00 | 39.00 |
| **Deductions** | **189.43** | **3,876.80** |

| Direct Deposits | Type | Account | Amount |
|---|---|---|---|
| Citizens Bank NA | C | ***6354 | 3,841.54 |
| **Total Direct Deposits** | | | **3,841.54** |

| Time Off | Available Plan Year to Use | Used | Current Earned |
|---|---|---|---|
| Flexible | 0.00 | 0.00 | 0.00 |
| New York | 0.00 | 0.00 | 0.00 |
| NY Paid | 20.00 | 0.00 | 0.00 |
| Paid Sick | 80.00 | 0.00 | 0.00 |

| Benefits | Amount | YTD |
|---|---|---|
| 401k Match | 59.01 | 1,026.78 |
| ER Cost of | 11.45 | 143.45 |
| ER Cost of | 13.63 | 177.19 |
| HSA | 41.67 | 541.71 |

**SPRING CARE INC**
60 Madison Ave
2nd FL
New York, NY 10010

Direct Deposit Advice

**Check Date**
June 30, 2026

**Voucher Number**
105200

| Direct Deposits | Type | Account | Amount |
|---|---|---|---|
| Citizens Bank NA | C | ***6354 | 3,841.54 |
| **Total Direct Deposits** | | | **3,841.54** |

174741 7000-7104-NULL 102411 105200 88649 **174741**
**Tonima Rahman**
525 w28th street
Apt 156
New York, NY 10001



## Non Negotiable - This is not a check - Non Negotiable

## SPRING CARE INC

**Tonima Rahman**

**Earnings Statement**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Employee ID | **102411** | Fed Taxable Income | **5,765.28** | Check Date | **June 30, 2026** | Voucher Number | **105200** |
| Location | **7000-7104-NULL** | Fed Filing Status | **M** | Period Beginning | **June 16, 2026** | Net Pay | **3,841.54** |
| Salary | **$5,901.04** | State Filing Status | **M-0** | Period Ending | **June 30, 2026** | Total Hours Worked | **86.67** |

| Earnings | Rate | Hours | Amount | YTD |
|---|---|---|---|---|
| GROUP TE | | 0.00 | 6.00 | 72.00 |
| Holiday | | | | 961.44 |
| Referral B | | | | 1,000.00 |
| Regular | 68.0889 | 86.67 | 5,901.04 | 67,080.20 |
| **Gross Earnings** | | **86.67** | **5,907.04** | **69,113.64** |

| Taxes | Amount | YTD |
|---|---|---|
| FITW | 912.81 | 10,568.67 |
| MED | 84.45 | 987.09 |
| NY | 310.60 | 3,665.98 |
| NY-NYC1 | 221.95 | 2,598.72 |
| NYPSL-E | 25.52 | 298.60 |
| NYSDI-E | 1.30 | 15.60 |
| SS | 361.11 | 4,220.71 |
| **Taxes** | **1,917.74** | **22,355.37** |

| Deductions | Amount | YTD |
|---|---|---|
| 401k | 59.01 | 413.07 |
| Dental Ins | 2.01 | 24.12 |
| GROUP TERM LIFE - FLAT AM | 6.00 | 72.00 |
| HSA | 20.83 | 249.96 |
| HSA EMPLOYER CONTRIB | 41.67 | 500.04 |
| Medical Ins | 56.91 | 682.92 |
| Pretax Parking | | 45.20 |
| Roth 401k | | 1,664.06 |
| Vision | 3.00 | 36.00 |
| **Deductions** | **189.43** | **3,687.37** |

| Direct Deposits | Type | Account | Amount |
|---|---|---|---|
| Citizens Bank NA | C | ***6354 | 3,841.54 |
| **Total Direct Deposits** | | | **3,841.54** |

| Time Off | Available to Use | Plan Year Used | Current Earned |
|---|---|---|---|
| Flexible | 0.00 | 0.00 | 0.00 |
| New York | 0.00 | 0.00 | 0.00 |
| NY Paid | 20.00 | 0.00 | 0.00 |
| Paid Sick | 80.00 | 0.00 | 0.00 |

| Benefits | Amount | YTD |
|---|---|---|
| 401k Match | 59.01 | 967.77 |
| ER Cost of | 11.45 | 132.00 |
| ER Cost of | 13.63 | 163.56 |
| HSA | 41.67 | 500.04 |

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 | |