



5 West 37th Street, 12th Floor New York, NY 10018

# Rental Application

534 West 42nd Street, 4

**General Information**

**Employment Letter**

**Paystub 1**

**Paystub 2**

**Credit Report**

**W2**

**Bank Statement 1**

**Bank Statement 2**

**Copy Of Photo ID**

**Other 1**

**Other 2**

**Tax Returns**

## Personal Information

**First Name:** Jarek  
**Last Name:** Peterson  
**Permanent Address:** 159 W 53rd Street, 25C  
**City:** New York  
**State:** New York  
**ZIP:** 10019  
**Email:** jarekpeterson14@gmail.com  
**SSN:** 007-92-0590  
**Date of Birth:** 02/09/1992  
**Cell Phone:** 917.833.9830  
**Other Phone:** N/A  
**Credit Report Status:** Credit Report Pending  
**Background Check Status:** Run Background Pending

## Rental Information

**Building Address:** 534 West 42nd Street  
**Apartment Number:** 4  
**Requested Start Date:** 12/01/2022  
**Lease End Date:** 12/31/2024  
**Monthly Rent:** N/A  
**Pets:** No  
**Present Landlord:** Rhiannon Lazzerin  
**Landlord Phone Number:** 929.326.4212  
**Landlord Address:** Rhiannon.Lazzerin@compass.com

## Employment Information

**Employer:** Clifford Chance US LLP  
**Employer Address:** 31 W 52nd Street  
**Contact Person:** Praveen Penmetsa  
**Contact Person Phone No.:** N/A  
**Position Title:** Associate Attorney  
**Annual Compensation:** \$225000  
**Employment Length:** 2 years  
**Employer Month:** March  
**Employer Year:** 2021

**Previous Employer:** Clifford Chance  
Deutschland LLP  
**Employer Address:** 46 Mainzer Landstrasse,  
Frankfurt, Germany  
**Contact Person:** N/A  
**Phone Number:** N/A  
**Position Title:** Law Clerk  
**Annual Compensation:** N/A  
**Employment Length:** N/A  
**Employer Month:** February  
**Employer Year:** 2020

## Financials

**Bank Name:** Citibank  
**Type of Account:** Checking  
**Account Number:** 2147483647  
**Bankin Accountant:** N/A  
**Accountant Contact Info:** N/A

## Occupants & Other Info

**Occupant Full Name:** Sarah Buschmann  
**Relationship:** Girlfriend  
**Emergency Contact Name:** Sarah Buschmann  
**Emergency Phone No:** 917.930.5391

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 and/or employment application through Oxford Property Group, and its affiliates collectively referred to as "Oxford". I understand that these reports may include information concerning my character, employment history, 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 employment gathered from any individual, organization, entity, agency, or another source which may have knowledge concerning any such items of information.

I understand that I have the right to make a written request, within a reasonable period of time, for complete and accurate disclosure of the nature and scope of the investigation requested. I understand that I have the right, upon submitting proper identification, to request from Oxford the nature and substance of the information in the consumer report or investigative consumer report, including the sources of information and the recipients of any reports on myself, which Oxford has previously obtained about me within a two-year period preceding my request.

I consent to the delivery of all notices or disclosures required by law via any medium so chosen by the property owner or Oxford, 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 Oxford to obtain, for the purpose of determining my eligibility for initial or continued tenancy, and/or employment a consumer report and/or investigative consumer report and to disclose all information obtained by Oxford to the landlord, 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://files.consumerfinance.gov/f/201504\\_cfpb\\_summary\\_your-rights-under-fcra.pdf](https://files.consumerfinance.gov/f/201504_cfpb_summary_your-rights-under-fcra.pdf)

A handwritten signature in black ink, appearing to be "John [unclear]", written over a horizontal line.

2022-10-11 03:24:11

## Response From Equifax\*

Full Name: Jarek Peterson  
SSN: 007-92-0590  
File Pulled: 10/11/2022  
User ID/Member Number: 404RE01687  
Date of Birth: 2/9/1992

## Customer Inquiry

Customer Name: Jarek Peterson  
Date of Birth: 2/9/1992  
SSN: 007-92-0590  
Address: 159 W 53rd,  
New York NY 10019  
Customer Reference Number: ADAMMAHFOUDA

## Consumer Information\*

Other Names: N/A  
Current Address: 159 W 53rd St Apt 25c, New York NY  
10019  
Date Reported Address: 10/10/2022  
Address Variance Indicator: N/A  
Current Phone Number: N/A  
Date Reported Phone: N/A

SSN Status: N/A  
SSN Match Flags: N/A  
Issue Date: N/A  
Issue State: N/A  
Death Date: N/A  
Death State: N/A  
Date File was Established: 12/10/2011  
Date of Most Recent Activity: 9/23/2022

[View All Historical Consumer Information](#)

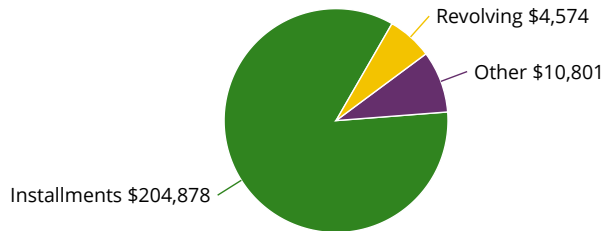
## Alerts and Triggers\*

## Address Discrepancy Indicator

- No substantial difference occurred

[View All Alerts and Triggers Details](#)

## Account Overview\*

[View Trade Summary & Account Details](#)

## Accounts Summary\*

23

Revolving: 8  
Installments: 14  
Mortgage: 0  
Line of Credit: 0  
Other: 1  
Length of Credit History: 11 years and 3 months  
Average Account Age: 6 years and 6 months  
Oldest Open Account: DISCOVER BANK (7/21/2011)  
Most Recent Account: AMERICAN EXPRESS (3/27/2022)

## Last Reported Employment\*

Data Not Available

## FICO Score 8 based on Equifax Data (NF)

781

- Proportion Of Loan Balances To Loan Amounts Is Too High
- Time Since Most Recent Account Opening Is Too Short
- Too Many Accounts With Balances
- Length Of Time Accounts Have Been Established

## Model

Data Not Available

## Potential Negative Info\*

30 Day Delinquencies: 0  
60 Day Delinquencies: 0  
90 Day Delinquencies: 0  
Bankruptcies: 0  
Collections: 0

## Recent Bankruptcy\*

Date Filed: N/A  
Type of Bankruptcy: N/A  
Date Reported: N/A  
Filer: N/A  
Intent: N/A  
Current Disposition Date: N/A  
Industry Codes: N/A  
2 Narrative Codes: N/A

[View All Bankruptcy Details](#)

## 3rd Party Collections\*

Date Reported: N/A  
Original Creditor Name: N/A  
Creditor Classification Code: N/A  
Status Code: N/A  
Original Amount: \$0  
Balance: \$0  
Last Payment Date: N/A

[View All 3rd Party Collection Details](#)

## Alerts and Triggers\*

### 1. Address Discrepancy Indicator

- No substantial difference occurred

---

## Consumer Statement

Data Not Available

---

## Bankruptcy Details\*

Data Not Available

---

## 3rd Party Collection Details\*

Data Not Available

---

## FICO Score 8 based on Equifax Data (NF)

781

- Proportion Of Loan Balances To Loan Amounts Is Too High
- Time Since Most Recent Account Opening Is Too Short
- Too Many Accounts With Balances
- Length Of Time Accounts Have Been Established

**Score Range:** N/A

**Consumer Rank:** N/A

## Trades Summary &amp; Account Status\*

	Mortgage	Revolving	Installment	Line of Credit	Other
Total Accounts	0	8	14	0	1
Total w/ Balance	0	1	10	0	1
Total Balance	\$0	\$4,574	\$204,878	\$0	\$10,801
Scheduled Payments	\$0	\$119	\$341	\$0	\$0
Actual Payments	\$0	\$0	\$12,507	\$0	\$0
Oldest Date Opened	0	7/21/2011	10/28/2011	0	3/27/2022
Newest Date Reported	0	10/6/2022	8/31/2022	0	9/23/2022
Balloon Payment	\$0	\$0	\$0	\$0	\$0
Total Credit Limit	\$0	\$62,400	\$0	\$0	\$0
Total High Credit	\$0	\$30,698	\$212,118	\$0	\$10,801
Total Past Due	\$0	\$0	\$0	\$0	\$0
30 Days	0	0	0	0	0
60 Days	0	0	0	0	0
90+ Days	0	0	0	0	0

## Historical Consumer Information\*

Address Reported	Date Reported	Status Reported
159 W 53rd St Apt 25c, New York, NY 10019	3/2021	Current
401 E 1st Ave, Stanley, WI 54768	12/2011	Former
368 Saint Nicholas Ave Apt 1a, New York, NY 10027	6/2019	Additional
183 Harvard Ave Apt 8, Allston, MA 02134	8/2018	Additional
1269 Commonwealth Ave Apt 3, Allston, MA 02134	9/2017	Additional
147 W Wilson St Apt 107, Madison, WI 53703	9/2016	Additional
529 N Pinckney St Apt 7, Madison, WI 53703	1/2016	Additional
515 N Lake St Apt 3b, Madison, WI 53703	11/2014	Additional
420 N Carroll St, Madison, WI 53703	9/2013	Additional
2110 University Ave Apt 301, Madison, WI 53726	2/2013	Additional

## Employment Information\*

Data Not Available

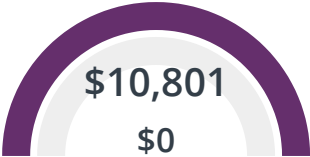
## Credit Inquiries\*

Data Not Available

## Accounts\*

**1** OTHER

**AMERICAN EXPRESS 402BB48257**



ACCOUNT NUMBER  
**N/A**

Account Type:	Credit Card	Balance:	\$10,801
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$10,801
Date Opened:	3/27/2022	Scheduled Payment:	\$0
Date Reported:	9/23/2022	Actual Payment:	\$0
Last Payment Date:		Past Due:	\$0

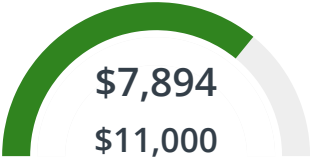
Charge Off Amount:	\$0	Date Last Activity:	9/2022	Months Reviewed:	05
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	
Narrative Codes: Credit Card					

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022			*	1	1	1	1	1				
2021												
2020												

**2** INSTALLMENTS

**SOFI BANK, NATIONAL 190BB13135**



ACCOUNT NUMBER  
**N/A**

Account Type:	Unsecured	Balance:	\$7,894
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$11,000
Date Opened:	9/9/2021	Scheduled Payment:	\$341
Date Reported:	8/31/2022	Actual Payment:	\$341
Last Payment Date:	8/2022	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	8/2022	Months Reviewed:	11
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	36 Months	Original Creditor Name:	N/A	Balloon Payment Due Date:	
Narrative Codes: Unsecured					

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1	1	1	1					
2021									1	1	1	1
2020												

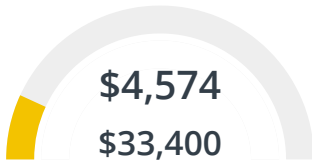
3

REVOLVING

ACCOUNT NUMBER

JPMCB - CARD SERVICE 458ON13374

N/A



Account Type:	Flexible Spending Credit Card	Balance:	\$4,574
Account Owner:	Individual Account	Credit Limit:	\$33,400
Rate/Status:	Pays account as agreed	High Credit:	\$14,503
Date Opened:	6/7/2019	Scheduled Payment:	\$119
Date Reported:	10/6/2022	Actual Payment:	\$0
Last Payment Date:	10/2022	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	10/2022	Months Reviewed:	39
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Amount In H/c Column Is Credit Limit, Flexible Spending Credit Card

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1	1	1	1	1	1			
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020										1	1	1

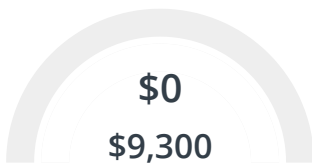
4

REVOLVING

ACCOUNT NUMBER

DISCOVER BANK 155BB03747

N/A



Account Type:	Credit Card	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$9,300
Rate/Status:	Pays account as agreed	High Credit:	\$4,367
Date Opened:	7/21/2011	Scheduled Payment:	\$0
Date Reported:	10/3/2022	Actual Payment:	\$0
Last Payment Date:	6/2021	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	6/2021	Months Reviewed:	97
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Credit Card, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	E	E	E	E	E	E	E	E	E			
2021	E	E	E	E	E	1	E	E	E	E	E	E
2020										E	E	E

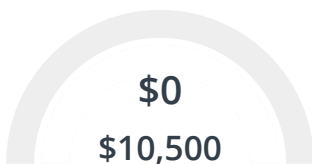
5

REVOLVING

ACCOUNT NUMBER

JPMCB - CARD SERVICE 458ON13374

N/A



Account Type:	Flexible Spending Credit Card	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$10,500
Rate/Status:	Pays account as agreed	High Credit:	\$6,629
Date Opened:	8/19/2017	Scheduled Payment:	\$0
Date Reported:	9/18/2022	Actual Payment:	\$0
Last Payment Date:	8/2020	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	8/2020	Months Reviewed:	60
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Amount In H/c Column Is Credit Limit, Flexible Spending Credit Card

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1	1	1	1	1				
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020									1	1	1	1



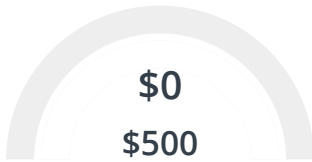
6

REVOLVING

ACCOUNT NUMBER

N/A

## ROYAL CREDIT UNION 613ON16371



Account Type:	Credit Card	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$500
Rate/Status:	Pays account as agreed	High Credit:	\$545
Date Opened:	6/18/2012	Scheduled Payment:	\$0
Date Reported:	9/16/2022	Actual Payment:	\$0
Last Payment Date:	10/2018	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	10/2018	Months Reviewed:	99
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Credit Card, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	E	E	E	E	E	E	E	E				
2021	E	E	E	E	E	E	E	E	E	E	E	E
2020									1	1	E	E

7

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$31,948
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$31,137
Date Opened:	8/25/2019	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	5/2022	Months Reviewed:	33
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Fixed Rate

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	*	1	1

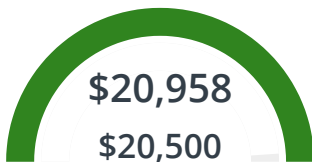
8

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$20,958
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$20,500
Date Opened:	8/25/2019	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	5/2022	Months Reviewed:	33
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Fixed Rate

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	1	1	1

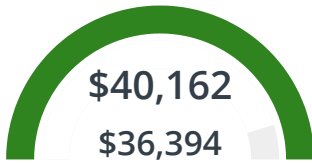
9

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$40,162
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$36,394
Date Opened:	8/26/2018	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Fixed Rate

Date Last Activity: 5/2022  
 Date Major First Delinquency Reported:  
 Creditor Classification: N/A  
 Original Creditor Name: N/A  
 Months Reviewed: 45  
 Date Closed:  
 Balloon Payment Amount: \$0  
 Balloon Payment Due Date:

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	*	1	1

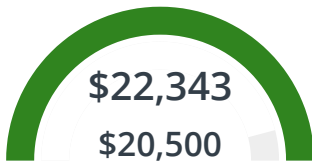
10

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$22,343
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$20,500
Date Opened:	8/26/2018	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Fixed Rate

Date Last Activity: 5/2022  
 Date Major First Delinquency Reported:  
 Creditor Classification: N/A  
 Original Creditor Name: N/A  
 Months Reviewed: 45  
 Date Closed:  
 Balloon Payment Amount: \$0  
 Balloon Payment Due Date:

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	1	1	1

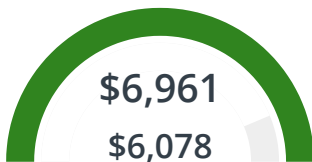
11

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$6,961
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$6,078
Date Opened:	2/13/2018	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Fixed Rate

Date Last Activity: 5/2022  
 Date Major First Delinquency Reported:  
 Creditor Classification: N/A  
 Original Creditor Name: N/A  
 Months Reviewed: 51  
 Date Closed:  
 Balloon Payment Amount: \$0  
 Balloon Payment Due Date:

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	*	1	1

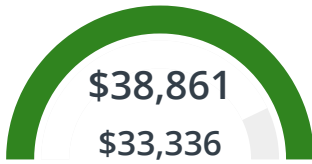
12

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$38,861
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$33,336
Date Opened:	8/27/2017	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Fixed Rate

Date Last Activity: 5/2022  
 Date Major First Delinquency Reported:  
 Creditor Classification: N/A  
 Original Creditor Name: N/A  
 Months Reviewed: 57  
 Date Closed:  
 Balloon Payment Amount: \$0  
 Balloon Payment Due Date:

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	*	1	1

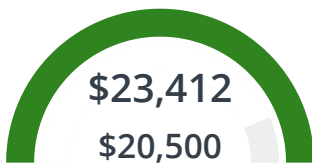
13

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$23,412
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$20,500
Date Opened:	8/27/2017	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Fixed Rate

Date Last Activity: 5/2022  
 Date Major First Delinquency Reported:  
 Creditor Classification: N/A  
 Original Creditor Name: N/A  
 Months Reviewed: 56  
 Date Closed:  
 Balloon Payment Amount: \$0  
 Balloon Payment Due Date:

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	*	1	1	1	1	1	1	1	1	1	1	1
2020					*	*	*	*	*	*	*	*

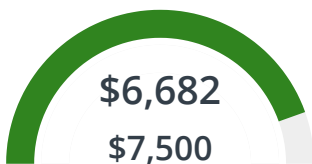
14

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$6,682
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$7,500
Date Opened:	9/26/2013	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Fixed Rate

Date Last Activity: 5/2022  
 Date Major First Delinquency Reported:  
 Creditor Classification: N/A  
 Original Creditor Name: N/A  
 Months Reviewed: 99  
 Date Closed:  
 Balloon Payment Amount: \$0  
 Balloon Payment Due Date:

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	1	1	1

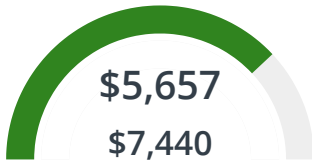
15

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FED LOAN SERVICING 496ZZ04371



Account Type:	Education Loan	Balance:	\$5,657
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$7,440
Date Opened:	1/17/2013	Scheduled Payment:	\$0
Date Reported:	5/31/2022	Actual Payment:	\$0
Last Payment Date:	5/2022	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Fixed Rate

Date Last Activity:	5/2022	Months Reviewed:	99
Date Major First Delinquency Reported:		Date Closed:	
Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Original Creditor Name:	N/A	Balloon Payment Due Date:	

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2022	1	1	1	1								
2021	1	1	1	1	1	1	1	1	1	1	1	1
2020					1	1	1	1	1	1	1	1

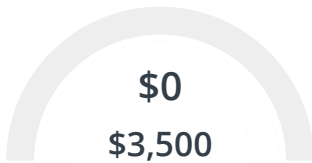
16

REVOLVING

ACCOUNT NUMBER

N/A

## COMENITYCAPITAL/BLUE 372JA00216



Account Type:	Charge Account	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$3,500
Rate/Status:	Pays account as agreed	High Credit:	\$2,000
Date Opened:	3/16/2016	Scheduled Payment:	\$0
Date Reported:	3/7/2020	Actual Payment:	\$0
Last Payment Date:	3/2017	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Account Closed By Credit Grantor

Date Last Activity:	3/2017	Months Reviewed:	47
Date Major First Delinquency Reported:		Date Closed:	2/2020
Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Original Creditor Name:	N/A	Balloon Payment Due Date:	

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2020	E	E										
2019	E	E	E	E	E	E	E	E	E	E	E	E
2018			*	*	*	*	*	*	*	E	E	E

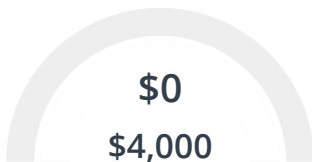
17

REVOLVING

ACCOUNT NUMBER

N/A

## BEST BUY/CBNA 362HT00120



Account Type:	Charge Account	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$4,000
Rate/Status:	Pays account as agreed	High Credit:	\$1,940
Date Opened:	7/8/2017	Scheduled Payment:	\$0
Date Reported:	12/3/2019	Actual Payment:	\$0
Last Payment Date:	7/2017	Past Due:	\$0

Charge Off Amount: \$0  
 Deferred Payment Start:  
 Terms Frequency: Monthly (Due Every Month)  
 Terms Duration: N/A  
 Narrative Codes: Account Closed Due To Inactivity

Date Last Activity:	7/2017	Months Reviewed:	28
Date Major First Delinquency Reported:		Date Closed:	8/2019
Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Original Creditor Name:	N/A	Balloon Payment Due Date:	

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2019	E	E	E	E	E	E	E	E	E	E	E	
2018	*	*	*	*	*	*	*	*	*	E	E	E
2017												*

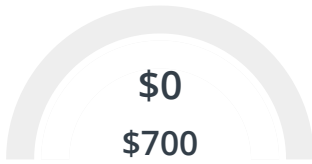
18

REVOLVING

ACCOUNT NUMBER

N/A

## SYNCB/BANANA REPUBLI 404CG01167



Account Type:	Charge Account	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$700
Rate/Status:	Pays account as agreed	High Credit:	\$313
Date Opened:	9/1/2013	Scheduled Payment:	\$0
Date Reported:	11/11/2019	Actual Payment:	\$0
Last Payment Date:	6/2017	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	6/2017	Months Reviewed:	74
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	7/2019
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Account Closed Due To Inactivity

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2019	E	E	E	E	E	E	E	E	E	E		
2018	*	*	*	*	*	*	*	*	*	E	E	E
2017											*	*

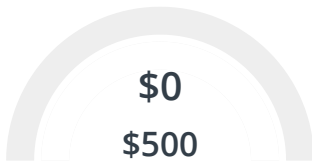
19

REVOLVING

ACCOUNT NUMBER

N/A

## SYNCB/JC PENNEYS 404DC02910



Account Type:	Charge Account	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$500
Rate/Status:	Pays account as agreed	High Credit:	\$401
Date Opened:	12/30/2012	Scheduled Payment:	\$0
Date Reported:	11/8/2019	Actual Payment:	\$0
Last Payment Date:	3/2015	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	3/2015	Months Reviewed:	83
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	4/2019
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Closed Or Paid Account/zero Balance, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2019	E	E	E	E	E	E	E	E	E	E		
2018	*	*	*	*	*	*	*	*	*	E	E	E
2017											*	*

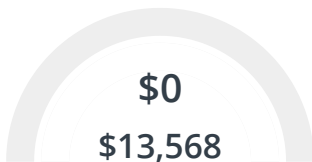
20

INSTALLMENTS

ACCOUNT NUMBER

N/A

## FIFTH THIRD BANK, N. 636BB29292



Account Type:	Auto	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$13,568
Date Opened:	8/20/2016	Scheduled Payment:	\$0
Date Reported:	12/31/2017	Actual Payment:	\$9,943
Last Payment Date:	12/2017	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	12/2017	Months Reviewed:	16
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	12/2017
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	48 Months	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Fixed Rate

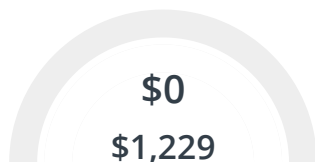
21

INSTALLMENTS

ACCOUNT NUMBER

## FED LOAN SERVICING 496ZZ04371

N/A



Account Type:	Education Loan	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$1,229
Date Opened:	10/28/2011	Scheduled Payment:	\$0
Date Reported:	5/31/2015	Actual Payment:	\$0
Last Payment Date:	4/2015	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	4/2015	Months Reviewed:	42
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	4/2015
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	
Narrative Codes: Closed Or Paid Account/zero Balance					

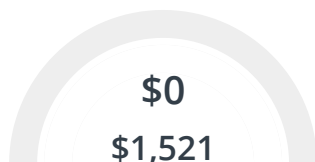
22

INSTALLMENTS

ACCOUNT NUMBER

## FED LOAN SERVICING 496ZZ04371

N/A



Account Type:	Education Loan	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$1,521
Date Opened:	10/28/2011	Scheduled Payment:	\$0
Date Reported:	2/28/2015	Actual Payment:	\$807
Last Payment Date:	2/2015	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	2/2015	Months Reviewed:	39
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	2/2015
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	
Narrative Codes: Closed Or Paid Account/zero Balance					

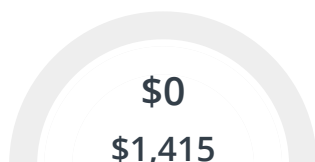
23

INSTALLMENTS

ACCOUNT NUMBER

## FED LOAN SERVICING 496ZZ04371

N/A



Account Type:	Education Loan	Balance:	\$0
Account Owner:	Individual Account	Credit Limit:	\$0
Rate/Status:	Pays account as agreed	High Credit:	\$1,415
Date Opened:	1/20/2012	Scheduled Payment:	\$0
Date Reported:	11/30/2014	Actual Payment:	\$1,416
Last Payment Date:	10/2014	Past Due:	\$0

Charge Off Amount:	\$0	Date Last Activity:	10/2014	Months Reviewed:	33
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	10/2014
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	\$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	
Narrative Codes: Closed Or Paid Account/zero Balance					

\* Data Sourced By Equifax

## End of Report Equifax and Affiliates - 10/11/2022

Equifax Information Services LLC,  
P O BOX 740241, Atlanta, GA, 30374-0241,  
1-888-EQUIFAX  
[www.equifax.com](http://www.equifax.com)

From: Jarek Peterson, Esq.  
 Sarah Buschmann  
 159 W 53<sup>rd</sup> Street, 25C  
 New York, NY 10019

**Addendum – Application for 534 West 42<sup>nd</sup> Street #4**

To the owners of apartment #4, we look forward to the opportunity to apply for this unique and thoughtfully designed apartment and hope that the information in our application and this addendum can provide the support and confidence that we are not only financially strong applicants but that we will care for and appreciate this apartment as our home in the city.

A little bit of background on each of us:

- Jarek is a capital markets and cross-border securities lawyer. Jarek received his Juris Doctor degree from Boston University School of Law, and then completed his Master of Laws degree at the Goethe University in Frankfurt, Germany. Jarek has worked at the internationally renowned law firm Clifford Chance in various positions since 2018. Jarek was admitted to the State Bar of New York in May 2022 and is a member in good standing. Jarek is currently employed as an Associate Attorney with the Clifford Chance's New York office, having returned to New York in March 2021.
- Sarah is also a capital markets lawyer. Sarah completed her German law degree at the Goethe University and has been a German-recognized lawyer since May 2020. Sarah has also worked at Clifford Chance in various positions since 2017. Sarah has temporarily stepped away from her role as an Associate Attorney to complete her Master of Laws degree at Fordham University School of Law starting in January. Her goal is to become a New York qualified lawyer and resuming her law career here in the city. Sarah will have a student visa beginning in January.

After spending the last year going back and forth between Frankfurt and New York, we are ecstatic to be in the city looking for an apartment we can soon call home. Although I have an apartment in Midtown, our goal has been to find a place that is ours together. When we saw the listing for this apartment, we knew that we had to jump on the opportunity.

We are financially stable and reliable tenants. My salary alone (currently at \$225,000.00, with an expected bonus of \$30,000.00 for a total of \$255,000.00 in 2022, and expected to increase to \$250,000.00 with an expected bonus of \$57,500, for a total of \$307,500.00 in 2023, based on publicly available information for associate salaries) exceeds the recommended 40x rent guideline for New York. At \$4,995 per month, the 40x rent guideline would require a minimum salary of approximately \$200,000. In addition to this income, our supplemental documents show a combined savings balance of more than \$110,000.

In addition to being financially sound tenants, we both have numerous reasons why we will truly appreciate this apartment. A primary search criterion was an apartment that could be a comfortable and cozy escape from work and school. Two of our favorite activities are cooking and wine tasting. Our first thought when we saw this apartment was the meticulous design that went into the kitchen and dining space (especially the garbage disposal). All we could do was think of the possibilities this space could offer. Cooking for us is not only a way to bond and relax, but a way that we interact and socialize with our friends. The built-in wine fridge was an added perc! Every time we visit Europe, we bring back new and exciting wines with the plan to share with our close friends. We will keep the fridge well stocked and cannot wait to entertain in the space!

The location of this apartment is also ideal for our situation. The location provides easy access to Fordham's Lincoln Square campus and is convenient for my current office in Midtown and our new office at 2 Manhattan West. Given our office move to the Manhattan West neighborhood, we are looking to establish ourselves in the area.

At the end of the day, we realize there will be numerous applicants for this apartment. Renting to us will not only provide you with peace of mind from a financial standpoint but will also provide peace of mind that two people are appreciating the work that you have put into turning this apartment into a home and will value it in the same way that you have. We would be happy to provide any further information or answer any further questions. Thank you for your time and consideration and we hope to move forward with you on this apartment!

Best,

Jarek and Sarah

## 02 — Employment Letter

**C L I F F O R D  
C H A N C E**

**CLIFFORD CHANCE US LLP**

31 West 52nd St.  
New York, NY 10019

TEL +1 212 878 8000  
FAX +1 212 878 8375  
[www.CliffordChance.com](http://www.CliffordChance.com)

**Praveen Penmetsa**  
Human Resources Systems Manager

DIRECT TEL +1 212 895 1390  
DIRECT FAX +1 212 878 8375  
[Praveen.Penmetsa@cliffordchance.com](mailto:Praveen.Penmetsa@cliffordchance.com)

October 11, 2022

Jarek Peterson  
159 W. 53<sup>rd</sup> Street  
Apt. 25C  
New York, NY 10019

Dear Jarek:

In response to your request, this letter confirms that you have been employed by Clifford Chance US LLP since March 15, 2021 and your title is Associate. You are paid at a semi-monthly rate of \$9,375.00, which on an annual basis is \$225,000. You were paid the following discretionary bonuses in the past year.

Date	Bonus
1/14/2022	\$24,000
12/30/2021	\$7,500

Sincerely,



Praveen Penmetsa



CO.	FILE	DEPT.	CLOCK	VCHR. NO.	020
5VJ	902157	147020		0000370155	1

CLIFFORD CHANCE US LLP  
31 WEST 52ND STREET  
NEW YORK, NY 10019  
212 878-8000

Filing Status: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

## Earnings Statement



Period Beginning: 09/01/2022  
Period Ending: 09/15/2022  
Pay Date: 09/15/2022

**JAREK PETERSON**  
159 W 53RD ST.  
APT. 25C  
NEW YORK NY 10019

Earnings	rate	salary/hours	this period	year to date
Reg Earnings	9375.00	86.67	9,375.00	157,708.32
Bonus				20,000.00
Retro				1,666.68
Special Bonus				4,000.00
<b>Gross Pay</b>			<b>\$9,375.00</b>	183,375.00

Your federal taxable wages this period are  
\$8,276.06

Deductions	Statutory		
	Federal Income Tax	-1,652.02	32,870.18
	Medicare Tax	-133.77	2,623.00
	NY State Income Tax	-520.23	11,392.44
	New York Cit Income Tax	-329.80	6,528.10
	NY SDI Tax	-1.30	22.10
	Social Security Tax		9,114.00
	NY Paid Family Leave Ins		423.71
	<b>Other</b>		
	Dental	-17.25*	293.25
	Eye Med	-3.56*	60.52
	Health	-140.63*	2,365.67
	401K	-937.50*	18,337.49
	Health Club Imp		-58.34
	Misc		1,358.77
	<b>Net Pay</b>	<b>\$5,638.94</b>	
	Checking Acct	-5,638.94	
	<b>Net Check</b>	<b>\$0.00</b>	

### Other Benefits and Information

	this period	total to date
Gil	11.52	182.52
Mcttax	31.37	615.10
Pslf-Cr Er Med	225,000.00	
Total 401K	937.50	18,337.49
Totl Hrs Worked	86.67	
401K Ytd		18,337.49

### Important Notes

YOUR COMPANY PHONE NUMBER IS 212-878-8000

BASIS OF PAY: SALARY

### Additional Tax Withholding Information

Taxable Marital Status:  
NY: Single  
New York Cit: Single  
Exemptions/Allowances:  
NY: 0  
New York Cit: 0

\* Excluded from federal taxable wages

© 2000 ADP, Inc.

CLIFFORD CHANCE US LLP  
31 WEST 52ND STREET  
NEW YORK, NY 10019  
212 878-8000

Advice number: 00000370155  
Pay date: 09/15/2022

Deposited to the account of	account number	transit ABA	amount
JAREK PETERSON	xxxxxx2128	xxxx xxxx	\$5,638.94

**NON-NEGOTIABLE**

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	020
5VJ	902157	147020		0000390160	1

CLIFFORD CHANCE US LLP  
31 WEST 52ND STREET  
NEW YORK, NY 10019  
212 878-8000

Filing Status: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

## Earnings Statement



Period Beginning: 09/16/2022  
Period Ending: 09/30/2022  
Pay Date: 09/30/2022

**JAREK PETERSON**  
159 W 53RD ST.  
APT. 25C  
NEW YORK NY 10019

Earnings	rate	salary/hours	this period	year to date
Reg Earnings	9375.00	86.67	9,375.00	167,083.32
Bonus				20,000.00
Retro				1,666.68
Special Bonus				4,000.00
<b>Gross Pay</b>			<b>\$9,375.00</b>	192,750.00

### \* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$8,334.40

Deductions	Statutory		
	Federal Income Tax	-1,670.69	34,540.87
	Medicare Tax	-134.61	2,757.61
	NY State Income Tax	-524.16	11,916.60
	New York Cit Income Tax	-332.27	6,860.37
	NY SDI Tax	-1.30	23.40
	Social Security Tax		9,114.00
	NY Paid Family Leave Ins		423.71
	<b>Other</b>		
	Dental	-17.25*	310.50
	Eye Med	-3.56*	64.08
	Health	-140.63*	2,506.30
	401K	-937.50*	19,274.99
	Health Club Imp		-116.68
	Misc		1,358.77
	<b>Adjustment</b>		
	Health Club Imp	+58.34*	
	<b>Net Pay</b>	<b>\$5,671.37</b>	
	Checking Acct	-5,671.37	
	<b>Net Check</b>	<b>\$0.00</b>	

### Other Benefits and Information

	this period	total to date
Gtl	11.52	194.04
Mcttax	31.56	646.66
Pslf-Cr Er Med	225,000.00	
Total 401K	937.50	19,274.99
Totl Hrs Worked	86.67	
401K Ytd		19,274.99

### Important Notes

YOUR COMPANY PHONE NUMBER IS 212-878-8000

BASIS OF PAY: SALARY

### Additional Tax Withholding Information

Taxable Marital Status:  
NY: Single  
New York Cit: Single  
Exemptions/Allowances:  
NY: 0  
New York Cit: 0

© 2000 ADP, Inc.

CLIFFORD CHANCE US LLP  
31 WEST 52ND STREET  
NEW YORK, NY 10019  
212 878-8000

Advice number: 00000390160  
Pay date: 09/30/2022

Deposited to the account of	account number	transit ABA	amount
JAREK PETERSON	xxxxxx2128	xxxx xxxx	\$5,671.37

THIS IS NOT A CHECK

**NON-NEGOTIABLE**



ING-DiBa AG · 60628 Frankfurt am Main

Frau  
Sarah Buschmann  
Oskar-von-Miller-Str. 19  
60314 Frankfurt

ING-DiBa AG  
Kundenbetreuer  
Theodor-Heuss-Allee 2  
60486 Frankfurt am Main

29.09.2022

#### Damit Sie den Überblick haben: Ihre Kontostände

Sehr geehrte Frau Buschmann,

vielen Dank für Ihren Auftrag. Gerne teilen wir Ihnen wie gewünscht die Kontostände mit:

<b>Girokonto</b>	<b>Saldo per</b>	<b>Euro</b>
IBAN DE92 5001 0517 5427 3818 24	29.09.2022	41.884,70
<b>Extra-Konto</b>	<b>Saldo per</b>	<b>Euro</b>
IBAN DE02 5001 0517 5569 4744 76	29.09.2022	36.579,52

Je nach Produkt und Umsatz können sich Ihre Kontostände noch ändern, wenn einzelne Buchungen noch nicht wertgestellt oder korrigiert wurden. In den ausgewiesenen Salden sind keine anteilig berechneten Zinsen enthalten.

Sie haben weitere Fragen? Auf [www.ing.de/kundenservice](http://www.ing.de/kundenservice) haben wir alles Wissenswerte für Sie zusammengefasst.

Mit freundlichen Grüßen

Ihre ING

Matthias Bayer  
Leiter Service

Frank Leitermann  
Leiter Kundenbetreuung

34STAN5093485777\_K

PAGE 1

## 2021 W-2 and EARNINGS SUMMARY



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

Employee Reference Copy		Wage and Tax Statement		2021	
Copy C for employee's records.					
d Control number	Dept.	Corp.	Employer use only		
902157 CLIF/SVJ	147020		A 410		
c Employer's name, address, and ZIP code					
CLIFFORD CHANCE US LLP 31 WEST 52ND STREET NEW YORK NY 10019					
Batch #02755					
e/f Employee's name, address, and ZIP code					
JAREK PETERSON 159 W 53RD ST. APT. 25C NEW YORK NY 10019					
b Employer's FED ID number	a Employee's SSA number				
13-5553664	XXX-XX-0590				
1 Wages, tips, other comp.	2 Federal income tax withheld				
167085.31	33732.62				
3 Social security wages	4 Social security tax withheld				
142800.00	8853.60				
5 Medicare wages and tips	6 Medicare tax withheld				
171433.49	2485.79				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
	C 128.13				
14 Other	12b D 4348.18				
24.70 SDI 385.34 NY PFL	12c DD 6650.04				
	12d				
	13 Stat emp Ret plan 3rd party sick pay				
	X				
15 State NY	Employer's state ID no.	16 State wages, tips, etc.			
13-5553664		167085.31			
17 State income tax	18 Local wages, tips, etc.				
11483.05	167085.31				
19 Local income tax	20 Locality name				
6678.83	NYC RES				

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	173,930.00	173,930.00	173,930.00	173,930.00
Plus GTL (C-Box 12)	128.13	128.13	128.13	128.13
Less 401(k) (D-Box 12)	4,348.18	N/A	N/A	4,348.18
Less Other Cafe 125	2,624.64	2,624.64	2,624.64	2,624.64
Wages Over Limit	N/A	28,633.49	N/A	N/A
Reported W-2 Wages	167,085.31	142,800.00	171,433.49	167,085.31

## 2. Employee Name and Address.

JAREK PETERSON  
159 W 53RD ST.  
APT. 25C  
NEW YORK NY 10019

© 2021 ADP, Inc.

1 Wages, tips, other comp.	2 Federal income tax withheld
167085.31	33732.62
3 Social security wages	4 Social security tax withheld
142800.00	8853.60
5 Medicare wages and tips	6 Medicare tax withheld
171433.49	2485.79
d Control number	Dept.
902157 CLIF/SVJ	147020
Corp.	Employer use only
	A 410
c Employer's name, address, and ZIP code	
CLIFFORD CHANCE US LLP 31 WEST 52ND STREET NEW YORK NY 10019	
b Employer's FED ID number	a Employee's SSA number
13-5553664	XXX-XX-0590
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 128.13
14 Other	12b D 4348.18
24.70 SDI 385.34 NY PFL	12c DD 6650.04
	12d
	13 Stat emp Ret plan 3rd party sick pay
	X
e/f Employee's name, address and ZIP code	
JAREK PETERSON 159 W 53RD ST. APT. 25C NEW YORK NY 10019	
15 State NY	Employer's state ID no.
13-5553664	
16 State wages, tips, etc.	167085.31
17 State income tax	11483.05
18 Local wages, tips, etc.	167085.31
19 Local income tax	6678.83
20 Locality name	NYC RES
Federal Filing Copy	
W-2 Wage and Tax Statement 2021	
Copy B to be filed with employee's Federal Income Tax Return.	

1 Wages, tips, other comp.	2 Federal income tax withheld
167085.31	33732.62
3 Social security wages	4 Social security tax withheld
142800.00	8853.60
5 Medicare wages and tips	6 Medicare tax withheld
171433.49	2485.79
d Control number	Dept.
902157 CLIF/SVJ	147020
Corp.	Employer use only
	A 410
c Employer's name, address, and ZIP code	
CLIFFORD CHANCE US LLP 31 WEST 52ND STREET NEW YORK NY 10019	
b Employer's FED ID number	a Employee's SSA number
13-5553664	XXX-XX-0590
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 128.13
14 Other	12b D 4348.18
24.70 SDI 385.34 NY PFL	12c DD 6650.04
	12d
	13 Stat emp Ret plan 3rd party sick pay
	X
e/f Employee's name, address and ZIP code	
JAREK PETERSON 159 W 53RD ST. APT. 25C NEW YORK NY 10019	
15 State NY	Employer's state ID no.
13-5553664	
16 State wages, tips, etc.	167085.31
17 State income tax	11483.05
18 Local wages, tips, etc.	167085.31
19 Local income tax	6678.83
20 Locality name	NYC RES
NY State Filing Copy	
W-2 Wage and Tax Statement 2021	
Copy 2 to be filed with employee's State Income Tax Return.	

1 Wages, tips, other comp.	2 Federal income tax withheld
167085.31	33732.62
3 Social security wages	4 Social security tax withheld
142800.00	8853.60
5 Medicare wages and tips	6 Medicare tax withheld
171433.49	2485.79
d Control number	Dept.
902157 CLIF/SVJ	147020
Corp.	Employer use only
	A 410
c Employer's name, address, and ZIP code	
CLIFFORD CHANCE US LLP 31 WEST 52ND STREET NEW YORK NY 10019	
b Employer's FED ID number	a Employee's SSA number
13-5553664	XXX-XX-0590
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C 128.13
14 Other	12b D 4348.18
24.70 SDI 385.34 NY PFL	12c DD 6650.04
	12d
	13 Stat emp Ret plan 3rd party sick pay
	X
e/f Employee's name, address and ZIP code	
JAREK PETERSON 159 W 53RD ST. APT. 25C NEW YORK NY 10019	
15 State NY	Employer's state ID no.
13-5553664	
16 State wages, tips, etc.	167085.31
17 State income tax	11483.05
18 Local wages, tips, etc.	167085.31
19 Local income tax	6678.83
20 Locality name	NYC RES
NY State Filing Copy	
W-2 Wage and Tax Statement 2021	
Copy 2 to be filed with employee's State Income Tax Return.	

## 2021 W-2 and EARNINGS SUMMARY



City or Local Reference Copy		Wage and Tax		2021	
W-2		Statement		OMB No. 1545-0008	
Copy 2 to be filed with employee's City or Local Income Tax Return.					
d Control number	Dept.	Corp.	Employer use only		
902157 CLIF/SVJ	147020	A	411		
c Employer's name, address, and ZIP code					
CLIFFORD CHANCE US LLP 31 WEST 52ND STREET NEW YORK NY 10019					
Batch #02755					
e/f Employee's name, address, and ZIP code					
JAREK PETERSON 159 W 53RD ST. APT. 25C NEW YORK NY 10019					
b Employer's FED ID number	a Employee's SSA number				
13-5553664	XXX-XX-0590				
1 Wages, tips, other comp.	2 Federal income tax withheld				
167085.31	33732.62				
3 Social security wages	4 Social security tax withheld				
142800.00	8853.60				
5 Medicare wages and tips	6 Medicare tax withheld				
171433.49	2485.79				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
	C 128.13				
14 Other	12b D 4348.18				
24.70 SDI	12c DD 6650.04				
	12d				
	13 Stat emp Ret plan 3rd party sick pay				
	X				
15 State Employer's state ID no.	16 State wages, tips, etc.				
17 State income tax	18 Local wages, tips, etc.				
	167085.31				
19 Local income tax	20 Locality name				
6678.83	NYC RES				

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

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

Gross Pay	NYC RES Local Wages, Tips, Etc. Box 18 of W-2
Plus GTL (C-Box 12)	173,930.00
Less 401(k) (D-Box 12)	128.13
Less Other Cafe 125	4,348.18
Reported W-2 Wages	2,624.64
	167,085.31

## 2. Employee Name and Address.

JAREK PETERSON  
159 W 53RD ST.  
APT. 25C  
NEW YORK NY 10019

© 2021 ADP, Inc.

1 Wages, tips, other comp.	2 Federal income tax withheld		
167085.31	33732.62		
3 Social security wages	4 Social security tax withheld		
142800.00	8853.60		
5 Medicare wages and tips	6 Medicare tax withheld		
171433.49	2485.79		
d Control number	Dept.	Corp.	Employer use only
902157 CLIF/SVJ	147020	A	411
c Employer's name, address, and ZIP code			
CLIFFORD CHANCE US LLP 31 WEST 52ND STREET NEW YORK NY 10019			
b Employer's FED ID number	a Employee's SSA number		
13-5553664	XXX-XX-0590		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 128.13		
14 Other	12b D 4348.18		
24.70 SDI	12c DD 6650.04		
	12d		
	13 Stat emp Ret plan 3rd party sick pay		
	X		
e/f Employee's name, address and ZIP code			
JAREK PETERSON 159 W 53RD ST. APT. 25C NEW YORK NY 10019			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
	167085.31		
19 Local income tax	20 Locality name		
6678.83	NYC RES		
City or Local Filing Copy		Wage and Tax	
W-2		Statement	
2021		OMB No. 1545-0008	
Copy 2 to be filed with employee's City or Local Income Tax Return.			

INTENTIONALLY  
LEFT BLANK

## Instructions for Employee

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

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

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR 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 Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, 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 \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

**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 Instructions for Forms 1040 and 1040-SR.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**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

**G**—Elective deferrals and employer contributions (including nonselective 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 Instructions for Forms 1040 and 1040-SR 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 Instructions for Forms 1040 and 1040-SR.

**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 Instructions for Forms 1040 and 1040-SR.

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

**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 Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

**T**—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, 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, Taxable and Nontaxable Income, 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, Health Savings Accounts (HSAs).

**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 Instructions for Forms 1040 and 1040-SR.

**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

**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, Contributions to Individual Retirement Arrangements (IRAs).

**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.

Department of the Treasury - Internal Revenue Service

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

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

### IMPORTANT NOTE:

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

TAX RETURN	
THIS FORM	OTHER
W-2	W-2'S

## Notice to Employee

**Do you have to file?** Refer to the Instructions for Forms 1040 and 1040-SR 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 credit (EIC).** You may be able to take the EIC for 2021 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 EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596, Earned Income Credit. **Any EIC 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 SSA.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**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 Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

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

**Credit for excess taxes.** If you had more than one employer in 2021 and more than \$8,853.60 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. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

Department of the Treasury - Internal Revenue Service

# 07 — Bank Statement 1

Citibank, N.A. 292 / 00282  
Sort 2224  
New York, N.Y. 10043

010/R1/04F000

000  
CITIBANK, N. A.  
**Account**  
**6798752128**

**JAREK PETERSON**  
159 W 53rd St Apt. 25C  
New York NY 10019-6068

**Statement Period**  
**Aug 1 - Aug 31, 2022**

Page 1 of 2

## CITIBANK ACCOUNT AS OF AUGUST 31, 2022

### Relationship Summary:

<b>Checking</b>	<b>\$42,854.51</b>
<b>Savings</b>	-----
<b>Investments</b>	-----
<b>(not FDIC Insured)</b>	-----
<b>Loans</b>	-----

## SUGGESTIONS AND RECOMMENDATIONS

Your Volcker Rule Disclosure and Important Notice Regarding Future Verbal and Written Communications is now available to view online. Visit [citi.com/accountagreementsandnotices](https://citi.com/accountagreementsandnotices) and click on Citi Private Bank Notices to view the notices. For questions or concerns, please contact your Private Banking team for more information.

## CITIBANK ACCOUNT PACKAGE FEES

For information on products, rates and charges, please contact your Citi Private Bank Team.

## CHECKING ACTIVITY

### Regular Checking

<b>6798752128</b>		<b>Beginning Balance:</b>		<b>\$39,039.09</b>
		<b>Ending Balance:</b>		<b>\$42,854.51</b>
<b>Date</b>	<b>Description</b>	<b>Amount Subtracted</b>	<b>Amount Added</b>	<b>Balance</b>
08/01	Outgoing Domestic Wire Transfer MOBILE 421358250223847 08011	3,350.00		35,689.09
08/04	ACH Electronic Debit CHASE CREDIT CRD EPAY 6114181721	795.09		
08/04	Debit Card Purchase 08/02 10:57a #8481 CLUBCORP SERVICE CARDX 877-5154248 TX 22215 Recreational Services	144.00		34,750.00
08/05	ACH Electronic Credit CLIFFORD CHANCE US ACH		2,258.04	37,008.04
08/08	ACH Electronic Credit VENMO CASHOUT		1,873.69	
08/08	ACH Electronic Debit NYLIFE FINANCIAL INSPAYMENT	750.00		
08/08	ACH Electronic Debit AMERICAN EXPR ACH PMT W5444 1	3,789.97		34,341.76
08/09	ACH Electronic Credit PAYPAL TRANSFER		60.02	34,401.78
08/10	ACH Electronic Debit VENMO PAYMENT 1021688289363	30.00		34,371.78
08/11	ACH Electronic Debit SoFi Bank PL PL PYMT T27731199	341.76		34,030.02
08/15	ACH Electronic Credit CLIFFORD CHANCE PAYROLL		5,638.95	39,668.97
08/16	ACH Electronic Credit PAYPAL TRANSFER		17.42	39,686.39
08/18	ACH Electronic Debit AMERICAN EXPR ACH PMT M4676	2,660.39		37,026.00
08/19	ACH Electronic Debit VENMO PAYMENT 1021847993777	26.00		37,000.00
08/22	ACH Electronic Debit VENMO PAYMENT 1021905815907	17.55		36,982.45

JAREK PETERSON

Account 6798752128 Page 2 of 2  
Statement Period - Aug 1 - Aug 31, 2022

010/R1/04F000

CHECKING ACTIVITY				Continued
Date	Description	Amount Subtracted	Amount Added	Balance
08/26	ACH Electronic Credit PAYPAL TRANSFER		200.69	37,183.14
08/31	ACH Electronic Credit CLIFFORD CHANCE PAYROLL		5,671.37	42,854.51
	<b>Total Subtracted/Added</b>	<b>11,904.76</b>	<b>15,720.18</b>	
<i>All transaction times and dates reflected are based on Eastern Time.</i>				
<sup>1</sup> <i>This date reflects the actual date your transaction was credited to your account.</i>				

CUSTOMER SERVICE INFORMATION		
IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking	800-870-1073 (For Speech and Hearing Impaired Customers Only TTY: 800-788-6775)	Citi Private Bank Client Services 153 East 53rd Street 18th Floor New York, New York 10022

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 or in all packages.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

#### CHECKING AND SAVINGS

##### FDIC Insurance:

Products reported in CHECKING and SAVINGS are insured by the Federal Deposit Insurance Corporation. Please consult your Citibank Customer Manual for full details and limitations of FDIC coverage.

#### 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 in the Customer Service Information section on 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 fund transfer in accordance with the Electronic Fund 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 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 on or after October 28, 2013:** 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 for details.

Citibank is an Equal Housing Lender.



© 2022 Citigroup Inc. Citibank, N.A. Member FDIC.  
Citibank credit cards are issued by Citibank, N.A. AAdvantage® is a registered trademark of American Airlines, Inc.  
Citi, Citi and Arc Design and other marks used herein are service marks of Citigroup Inc. or its affiliates, used and registered throughout the world.



# 08 — Bank Statement 2

Citibank, N.A. 292 / 00282  
Sort 2224  
New York, N.Y. 10043

010/R1/04F000

000  
CITIBANK, N. A.  
**Account**  
**6798752128**

**JAREK PETERSON**  
159 W 53rd St Apt. 25C  
New York NY 10019-6068

**Statement Period**  
**Sep 1 - Sep 30, 2022**

Page 1 of 4

## CITIBANK ACCOUNT AS OF SEPTEMBER 30, 2022

### Relationship Summary:

<b>Checking</b>	<b>\$46,276.97</b>
<b>Savings</b>	-----
<b>Investments</b>	-----
<b>(not FDIC Insured)</b>	-----
<b>Loans</b>	-----

## SUGGESTIONS AND RECOMMENDATIONS

Your Volcker Rule Disclosure and Important Notice Regarding Future Verbal and Written Communications is now available to view online. Visit [citi.com/accountagreementsandnotices](http://citi.com/accountagreementsandnotices) and click on Citi Private Bank Notices to view the notices. For questions or concerns, please contact your Private Banking team for more information.

## CITIBANK ACCOUNT PACKAGE FEES

For information on products, rates and charges, please contact your Citi Private Bank Team.

## CHECKING ACTIVITY

### Regular Checking

**6798752128**

**Beginning Balance:** \$42,854.51  
**Ending Balance:** \$46,276.97

Date	Description	Amount Subtracted	Amount Added	Balance
09/01	Outgoing Domestic Wire Transfer MOBILE 457884722348803 09011	3,350.00		39,504.51
09/06	Zelle Credit PAY ID:JPM999fvanqe ORG ID:JPM NAME:LUCA MENEGHI		62.00	
09/06	ACH Electronic Debit CHASE CREDIT CRD EPAY 6176270041	110.00		39,456.51
09/08	ACH Electronic Credit VENMO CASHOUT		290.00	
09/08	ACH Electronic Debit NYLIFE FINANCIAL INSPAYMENT	750.00		38,996.51
09/12	ACH Electronic Debit SoFi Bank PL PL PYMT T28401341	341.76		
09/12	Cash Withdrawal 09/11 10:19a #8481 Non Citi ATM EAU PALM BEA-668520 MANALAPAN FLUS051	103.50		38,551.25
09/15	ACH Electronic Credit CLIFFORD CHANCE PAYROLL		5,638.94	44,190.19
09/19	Deposit 09/18 02:47p #8481 Citibank ATM 787 7TH AVE, NY, NY		300.00	
09/19	ACH Electronic Debit VENMO PAYMENT 1022418876530	8.33		
09/19	ACH Electronic Debit AMERICAN EXPR ACH PMT W3682 1	4,046.00		
09/19	Debit Card Purchase 09/15 08:35a #8481 CLUBCORP SERVICE CARDX 877-5154248 TX 22259 Recreational Services	144.00		
09/19	Cash Withdrawal 09/16 11:44p #8481 ATM 253 FIRST AVE NEW YORK NYUS051	300.00		39,991.86

CHECKING ACTIVITY				Continued
Date	Description	Amount Subtracted	Amount Added	Balance
09/21	Foreign Currency Redemption		926.20	
09/21	Foreign Currency Fee	5.00		
09/21	Cash Withdrawal 09/21 10:46a #8481 Teller	921.00		39,992.06
09/23	Zelle Credit PAY ID:CTI26OahbR2f ORG ID:CTI NAME:GUILLERMO LO		1.00	
09/23	Deposit 11:31a #8481 Citibank ATM 787 7TH AVE, NY, NY		60.00	
09/23	Zelle Credit PAY ID:CTIzeehe1kwP ORG ID:CTI NAME:GUILLERMO LO		95.00	40,148.06
09/26	ACH Electronic Credit VENMO CASHOUT		483.54	
09/26	ACH Electronic Debit VENMO PAYMENT 1022515058383	1.00		
09/26	ACH Electronic Debit VENMO PAYMENT 1022534429485	25.00		40,605.60
09/30	ACH Electronic Credit CLIFFORD CHANCE PAYROLL		5,671.37	46,276.97
Total Subtracted/Added		10,105.59	13,528.05	
All transaction times and dates reflected are based on Eastern Time.				
<sup>1</sup> This date reflects the actual date your transaction was credited to your account.				
Transactions made on weekends, bank holidays or after bank business hours are not reflected in your account until the next business day.				

CUSTOMER SERVICE INFORMATION		
IF YOU HAVE QUESTIONS ON:	YOU CAN CALL:	YOU CAN WRITE:
Checking	800-870-1073 (For Speech and Hearing Impaired Customers Only TTY: 800-788-6775)	Citi Private Bank Client Services 153 East 53rd Street 18th Floor New York, New York 10022

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 or in all packages.

The products reported on this statement have been combined onto one monthly statement at your request. The ownership and title of individual products reported here may be different from the addressee(s) on the first page.

#### CHECKING AND SAVINGS

##### FDIC Insurance:

Products reported in CHECKING and SAVINGS are insured by the Federal Deposit Insurance Corporation. Please consult your Citibank Customer Manual for full details and limitations of FDIC coverage.

#### 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 in the Customer Service Information section on 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 fund transfer in accordance with the Electronic Fund 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 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 on or after October 28, 2013:** 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 for details.

JAREK PETERSON

Account 6798752128 Page 3 of 4  
Statement Period - Sep 1 - Sep 30, 2022

010/R1/04F000

Citibank is an Equal Housing Lender.



© 2022 Citigroup Inc. Citibank, N.A. Member FDIC.  
Citibank credit cards are issued by Citibank, N.A. AAdvantage® is a registered trademark of American Airlines, Inc.  
Citi, Citi and Arc Design and other marks used herein are service marks of Citigroup Inc. or its affiliates, used and registered throughout the world.

JAREK PETERSON

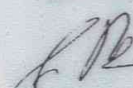
Account 6798752128 Page 4 of 4  
Statement Period - Sep 1 - Sep 30, 2022

010/R1/04F000

**This page has been intentionally left blank.**





[illegible][illegible]

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2021** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status** ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>Jarek C</b>	Last name <b>Peterson</b>	Your social security number <b>007-92-0590</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>159 W 53rd St</b>		Apt. no. <b>25C</b>	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>New York</b>	State <b>NY</b>	ZIP code <b>100196068</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for Child tax credit	(5) <input type="checkbox"/> if qualifies for Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b> 167,085.
	<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>2b</b>
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>3a</b> Qualified dividends . . . . . <b>3a</b>	<b>3b</b>
	<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>5b</b>
	<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b> 167,085.
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b> 167,085.
	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . . <b>12a</b> 12,550.	
<b>b</b> Charitable contributions if you take the standard deduction (see instructions) <b>12b</b>		
<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b> 12,550.	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12c and 13 . . . . .	<b>14</b> 12,550.	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b> 154,535.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2021)



<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	31,109.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	31,109.
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	31,109.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	31,109.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	33,733.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	33,733.
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return	<b>26</b>	
<b>27a</b>	Earned income credit (EIC) <span style="float: right;">No</span>	<b>27a</b>	
Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>			
<b>b</b>	Nontaxable combat pay election	<b>27b</b>	
<b>c</b>	Prior year (2019) earned income	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	33,733.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,624.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,624.
Direct deposit? See instructions.	<b>b</b> Routing number 021000089 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 6798752128		
<b>36</b>	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> <b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**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.) \_\_\_\_\_

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.) \_\_\_\_\_

Phone no. (917) 833-9830

Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name \_\_\_\_\_

Preparer's signature \_\_\_\_\_

Date \_\_\_\_\_

PTIN \_\_\_\_\_

Check if:

☐ Self-employedFirm's name **Self-Prepared**

Phone no. \_\_\_\_\_

Firm's address \_\_\_\_\_

Firm's EIN \_\_\_\_\_



**SCHEDULE B**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **08**

Name(s) shown on return

Jarek C Peterson

Your social security number

007-92-0590

**Part I**

**Interest**

(See instructions  
and the  
Instructions for  
Form 1040, line  
2b.)

**Note:** If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

- 2** Add the amounts on line 1 . . . . . **2**
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . . . . **4**

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II**

**Ordinary Dividends**

(See instructions  
and the  
Instructions for  
Form 1040, line  
3b.)

**Note:** If you  
received a Form  
1099-DIV or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

- 5** List name of payer ►
- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . . . **6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If  
required, failure  
to file FinCEN  
Form 114 may  
result in  
substantial  
penalties. See  
instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2021, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . . **X**
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . . **X**
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8** During 2021, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . . **X**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>



Department of Taxation and Finance

REV 02/01/22 INTUIT.CG.CFP.SP

**Nonresident and Part-Year Resident  
Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2021, through December 31, 2021, or fiscal year beginning .....

and ending .....

**IT-203****21**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial JAREK C		Your last name (for a joint return, enter spouse's name on line below) PETERSON		Your date of birth (mmddyyyy) 02091992		Your Social Security number 007920590	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 12) (number and street or PO Box) 159 W 53RD ST				Apartment number 25C		New York State county of residence NEW YORK	
City, village, or post office NEW YORK		State NY		ZIP code 10019-6068		Country	
Taxpayer's permanent home address (see instr., pg. 12) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district name MANHATTAN	
						School district code number 369	
State		ZIP code		Country		Taxpayer's date of death	
						Spouse's date of death	
				Decedent information			

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

- ① ☒ Single
- ② ☐ Married filing joint return  
(enter both spouses' Social Security numbers above)
- ③ ☐ Married filing separate return  
(enter both spouses' Social Security numbers above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

**B Did you itemize** your deductions on your 2021 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1 Did you have a financial account** located in a foreign country? (see page 13) Yes ☒ No ☐**D2 Were you required to report any nonqualified deferred compensation**, as required by IRC § 457A, on your 2021 federal return? (see page 13) Yes ☐ No ☒**E New York City part-year residents only** (see page 13)

- (1) Number of months **you** lived in NY City in 2021 ..... **10**
- (2) Number of months **your spouse** lived in NY City in 2021 .....

**F Enter your 2-character special condition code(s) if applicable** (see page 13) .....**G New York State part-year residents** (see page 14)Enter the date you moved into or out of NYS (mmddyyyy) ..... **02272021**

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS ..... ☒
- 2) Lived outside NYS; received income from NYS sources during nonresident period ..... ☐
- 3) Lived outside NYS; received no income from NYS sources during nonresident period ..... ☐

**H New York State nonresidents** (see page 14)Did you or your spouse maintain living quarters in NYS in 2021? Yes ☐ No ☐  
(if Yes, complete Form IT-203-B)**I Dependent information** (see page 14)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box. ☐

203001214555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
 007920590

REV 02/01/22 INTUIT.CS.CFP.SP

**Federal income and adjustments** (see page 16)

	Federal amount Whole dollars only	New York State amount Whole dollars only
1 Wages, salaries, tips, etc. ....	1 167085.00	1 167085.00
2 Taxable interest income .....	2 .00	2 .00
3 Ordinary dividends .....	3 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4 .00	4 .00
5 Alimony received .....	5 .00	5 .00
6 Business income or loss (submit a copy of federal Sch. C, Form 1040) .....	6 .00	6 .00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7 .00	7 .00
8 Other gains or losses (submit a copy of federal Form 4797) .....	8 .00	8 .00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	9 .00	9 .00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11 .00	11 .00
12 Rental real estate included in line 11 (federal amount) 12. .00		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13 .00	13 .00
14 Unemployment compensation.....	14 .00	14 .00
15 Taxable amount of Social Security benefits (also enter on line 26) .....	15 .00	15 .00
16 Other income (see page 22) Identify: .....	16 .00	16 .00
17 Add lines 1 through 11 and 13 through 16 .....	17 167085.00	17 167085.00
18 Total federal adjustments to income (see page 22) Identify: .....	18 .00	18 .00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19 167085.00	19 167085.00
19a Recomputed federal adjusted gross income (see page 23, Line 19a worksheets) ..	19a 167085.00	19a 167085.00

**New York additions** (see page 24)

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20 .00	20 .00
21 Public employee 414(h) retirement contributions .....	21 .00	21 .00
22 Other (Form IT-225, line 9) .....	22 .00	22 .00
23 Add lines 19a through 22 .....	23 167085.00	23 167085.00

**New York subtractions** (see page 25)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24 .00	24 .00
25 Pensions of NYS and local governments and the federal government (see page 25) .....	25 .00	25 .00
26 Taxable amount of Social Security benefits (from line 15) .....	26 .00	26 .00
27 Interest income on U.S. government bonds .....	27 .00	27 .00
28 Pension and annuity income exclusion .....	28 .00	28 .00
29 Other (Form IT-225, line 18) .....	29 .00	29 .00
30 Add lines 24 through 29 .....	30 .00	30 .00
31 New York adjusted gross income (subtract line 30 from line 23) ..	31 167085.00	31 167085.00

 32 Enter the amount from line 31, **Federal amount** column ..... 32 167085.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1 JAREK C PETERSON	Enter your Social Security number 007920590
--	--

**Standard deduction or itemized deduction** (see page 27)

33 Enter your **standard deduction** (table on page 27) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**

33	8000.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	159085.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 27)	000.00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	159085.00

**Tax computation, credits, and other taxes**

37 <b>New York taxable income</b> (from line 36)	37	159085.00
38 New York State tax on line 37 amount (see page 28)	38	10070.00
39 New York State household credit (page 28, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	10070.00
41 New York State child and dependent care credit (see page 29)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	10070.00
43 New York State earned income credit (see page 29)	43	.00
44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	10070.00

45 Income percentage (see page 29)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
	167085.00	167085.00	45 1.0000

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	10070.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	10070.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	50	10070.00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	6093.00	See instructions on pages 29 through 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	6093.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	6093.00	
56 <b>Sales or use tax</b> (See the instructions on page 31. Do not leave line 56 blank.)	56	0.00	
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00	
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	16163.00	



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
007920590

REV 02/11/22 INTUIT.CS.CFP.SP

59 Enter amount from line 58 ..... **59** 16163.00**Payments and refundable credits** (see page 32)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	52.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 10 and 11). <b>Do not send federal Form W-2 with your return.</b>
60a NYC school tax credit (rate reduction amount)	<b>60a</b>	359.00	
61 Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00	
62 Total New York State tax withheld	<b>62</b>	11483.00	
63 Total New York City tax withheld	<b>63</b>	6679.00	
64 Total Yonkers tax withheld	<b>64</b>	.00	
65 Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00	
66 Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	18573.00	

**Your refund, amount you owe, and account information** (see pages 34 through 36)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 34)	<b>67</b>	2410.00
68 Amount of line 67 available for refund (subtract line 69 from line 67)	<b>68</b>	2410.00
TIP: Use this amount to check your refund status online.		
68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	2410.00

Mark one refund choice: ☒ direct deposit to checking or savings account (fill in line 73) - or - ☐ paper check

69 Amount of line 67 that you want applied to your 2022 estimated tax (see instructions)	<b>69</b>	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	<b>70</b>	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 35)	<b>71</b>	.00
72 Other penalties and interest (see page 35)	<b>72</b>	.00
73 Account information for direct deposit or electronic funds withdrawal (see page 36). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 36) <input type="checkbox"/>		

73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 021000089 73c Account number 6798752128

74 Electronic funds withdrawal (see page 36) ..... Date ..... Amount .....00

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	Email:		
<b>▼ Paid preparer must complete ▼</b> (see instructions)			
Preparer's signature SELF-PREPARED		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's printed name		Preparer's PTIN or SSN	
Firm's name (or yours, if self-employed)		Employer identification number	
Address		Date	
Email:			
<b>▼ Taxpayer(s) must sign here ▼</b>			
Your signature			
Your occupation LAW CLERK			
Spouse's signature and occupation (if joint return)			
Date		Daytime phone number ( 917 ) 833 9830	
Email: JAREK.C.PETERSON@GMAIL.COM			

See instructions for where to mail your return.



203004214555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

**Change of City Resident Status**

New York City • Yonkers

REV 02/01/22 INTUIT.CG.CFP.SP

**IT-360.1**

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return JAREK C PETERSON	Social Security number 007920590
--	-------------------------------------

**Change of resident status** – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

Mark an **X** in only **one** box (A) ☒ **New York City change of residence** – Complete Parts 1, 2, 3, and 4.

(B) ☐ **Yonkers change of residence** – Complete Parts 1 and 5.

(C) ☐ **New York City and Yonkers change of residence** – Complete the entire form.

<b>Part 1 – New York adjusted gross income</b> (see instructions, page 3)		<b>Column A</b> Federal income and adjustments (all sources)	<b>Column B</b> Amount of Column A for New York City resident period	<b>Column C</b> Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc. ....	1	167085.00	167085.00	.00
2 Taxable interest income ....	2	.00	.00	.00
3 Ordinary dividends ....	3	.00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes ....	4	.00	.00	.00
5 Alimony received ....	5	.00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040) ....	6	.00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040) ....	7	.00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797) ....	8	.00	.00	.00
9 Taxable amount of IRA distributions ....	9	.00	.00	.00
10 Taxable amount of pensions and annuities ....	10	.00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) ....	11	.00	.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040) ....	12	.00	.00	.00
13 Unemployment compensation ....	13	.00	.00	.00
14 Taxable amount of Social Security benefits ....	14	.00	.00	.00
15 Other income .... Identify:	15	.00	.00	.00
16 Total (add lines 1 through 15) ....	16	167085.00	167085.00	.00
17 Total federal adjustments to income .... Identify:	17	.00	.00	.00
18 Federal adjusted gross income (subtract line 17 from line 16) ....	18	167085.00	167085.00	.00
18a Recomputed federal adjusted gross income (see instructions) ....	18a	167085.00	167085.00	.00
19 New York modifications ....	19	.00	.00	.00
20 New York adjusted gross income (line 18a and add or subtract line 19) ....	20	167085.00	167085.00	.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Part 2 – Itemized deductions for New York City (see instr., page 4) If you are claiming the standard deduction, do not complete Part 2.		Column A Itemized deductions (see instructions)	Column B Amount of Column A for New York City resident period
21 Medical and dental expenses .....	21	.00	.00
22 Taxes you paid .....	22	.00	.00
23 Interest you paid .....	23	.00	.00
24 Gifts to charity .....	24	.00	.00
25 Casualty and theft losses .....	25	.00	.00
26 Job expenses and certain miscellaneous deductions .....	26	.00	.00
27 Other itemized deductions .....	27	.00	.00
28 Add lines 21 through 27 .....	28	.00	.00
29 Reduction for itemized deduction limitation (see instructions) .....	29	.00	.00
30 Total itemized deductions (subtract line 29 from line 28) .....	30	.00	.00
31 State, local, and foreign <b>income</b> taxes (or general sales tax, if applicable) and other subtraction adjustments .....	31		.00
32 Subtract line 31 from line 30 .....	32		.00
33 Addition adjustments and college tuition itemized deduction (see instructions) .....	33		.00
34 Add lines 32 and 33 .....	34		.00
35 Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35) .....	35		.00
36 <b>Itemized deduction</b> (subtract line 35 from line 34, enter here and on line 44) .....	36		.00

## Part 3 – Dependent exemptions (see instructions, page 6)

37 Enter the period you were a New York City **resident** during 2021; use a two-digit number to represent the month and day  
(see instructions)

From: month (mm)  day (dd)  To: month (mm)  day (dd)

38 Enter the county where you resided while a **nonresident** of New York City ....

39 Enter the number of full months in the New York City resident period .....  10

40 Enter the prorated value of one dependent exemption (use Proration chart; see instructions, page 2) .....  .00

41 Enter the number of dependent exemptions you claimed on Form IT-201, line 36,  
or Form IT-203, line 35 .....

42 Multiply the amount on line 40 by the number of dependent exemptions claimed  
on line 41 (enter here and on line 46) .....  .00

## Part 4 – Part-year New York City resident tax (see instructions, page 6)

43 New York City adjusted gross income (see instructions) .....	43	167085.00
44 Resident period standard deduction (see instructions, page 2) <b>or</b> resident period itemized deduction (from line 36) .....	44	6667.00
45 Subtract line 44 from line 43 .....	45	160418.00
46 Dependent exemption amount (from line 42) .....	46	.00
47 <b>New York City taxable income</b> (subtract line 46 from line 45) .....	47	160418.00
48 New York City tax on line 47 amount (see instructions, page 6) .....	48	6093.00
49 Total New York City household credit and accumulation distribution credit (see instructions, page 6) .....	49	.00
50 Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0) .....	50	6093.00
51 Part-year New York City separate tax on lump-sum distributions (from Form IT-230) .....	51	.00
52 Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230) .....	52	.00
53 Add lines 50, 51, and 52 .....	53	6093.00
54 Credit for part-year New York City unincorporated business tax paid (see instructions, page 9) .....	54	.00
55 <b>Part-year New York City resident tax</b> (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0) .....	55	6093.00

NO HANDWRITTEN ENTRIES ON THIS FORM

360002214555





**Part 5 – Part-year Yonkers resident income tax surcharge** (see instructions, page 9)

	Full-year NYS resident	Part-year NYS resident
<b>56</b> Total New York State taxes (Form IT-201, line 46) .....	<b>56</b> .00	
<b>57</b> Empire State child credit (Form IT-201, line 63) .....	<b>57</b> .00	
<b>58</b> NYS child and dependent care credit (Form IT-216, line 14) .....	<b>58</b> .00	
<b>59</b> Earned income credit (Form IT-201, line 65) .....	<b>59</b> .00	
<b>60</b> Noncustodial parent New York State earned income credit (Form IT-201, line 66) .....	<b>60</b> .00	
<b>61</b> Real property tax credit (Form IT-201, line 67) .....	<b>61</b> .00	
<b>61a</b> New York City school tax credit (Form IT-201, lines 69 and 69a) .....	<b>61a</b> .00	
<b>62</b> College tuition credit (Form IT-201, line 68) .....	<b>62</b> .00	
<b>62a</b> This line intentionally left blank .....	<b>62a</b>	
<b>63</b> Amount from Form IT-201-ATT, line 13 .....	<b>63</b> .00	
<b>64</b> Add lines 57 through 63 .....	<b>64</b> .00	
<b>65</b> Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57) .....	<b>65</b> .00	
<b>66</b> Base tax (Form IT-203, line 44) .....	<b>66</b>	.00
<b>67</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>67</b>	.00
<b>68</b> Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) ..	<b>68</b>	.00
<b>69</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>69</b>	.00
<b>70</b> Add lines 68 and 69 .....	<b>70</b>	.00
<b>71</b> Total of amounts from Form IT-203-ATT, lines 9, 10, and 12 .....	<b>71</b>	.00
<b>71a</b> This line intentionally left blank .....	<b>71a</b>	
<b>71b</b> New York City school tax credit (Form IT-203, lines 60 and 60a) .....	<b>71b</b>	.00
<b>71c</b> Add lines 71 and 71b .....	<b>71c</b>	.00
<b>72</b> Subtract line 71c from line 70 (if line 71c is more than line 70, enter 0) ..	<b>72</b>	.00
<b>73</b> Income percentage (see worksheet on page 9 of the instructions) .....	<b>73</b>	
<b>74</b> Multiply line 65 by line 73. This is the net state tax for full-year state residents .....	<b>74</b> .00	
<b>75</b> Multiply line 72 by line 73. This is the net state tax for part-year state residents .....	<b>75</b>	.00
<b>76</b> Yonkers resident tax rate .....	<b>76</b> .1675	
<b>77</b> Part-year Yonkers resident income tax surcharge (Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.)	<b>77</b>	.00

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.

NO HANDWRITTEN ENTRIES ON THIS FORM

360003214555







Department of Taxation and Finance

REV 02/01/22 INTUIT.CG.CFP.SP

# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

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

## W-2 Record 1

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

007920590

Box b Employer identification number (EIN)

135553664

## Box c Employer's information

Employer's name

CLIFFORD CHANCE US LLP

Employer's address (number and street)

31 WEST 52ND STREET

City

NEW YORK

State

NY

ZIP code

10019

Country (if not United States)

Box 1 Wages, tips, other compensation

167085.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

128.00

Code

C

Box 12b Amount

4348.00

Code

D

Box 12c Amount

6650.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

25.00

Description

SDI

Box 14b Amount

385.00

Description

NY PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☒

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

167085.00

Box 17a NYS income tax withheld

11483.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

167085.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

6679.00

Locality b

.00

Box 20 Locality name

Locality a

NYC

Locality b

Do not detach.

## W-2 Record 2

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

Box b Employer identification number (EIN)

## Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

☐

Retirement plan

☐

Third-party sick pay

☐

Corrected (W-2c)

☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b



102001214555



NO HANDWRITTEN ENTRIES ON THIS FORM