

Board Package for:

Southridge Cooperative, Section 3

33-44 91st Street

New York, NY 11372

Co-Op Sale

Unit **1V**

Initiated By:

David Barriga

(P) 7182137391

Buyer: Lhakpa Dhondhen, Tsering
Yangzom

Shareholder: Ravi Thakur

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1. Deal Parties

Deal Parties

Property Name: Southridge Cooperative, Section 3
Property Address: 33-44 91st Street New York NY 11372
Start Date:

Unit: 1V
Todays Date: 04/11/2024
End Date:

Shares: 199
Purchase Price: \$340,000.00

Buyer

Full Name: Lhakpa Dhondhen
Address: 89-10 WHITNEY AVENUE. APT 1K
Email: l_ghasa2007@yahoo.com
Cell #:
Office #:
Fax #:

Buyer

Full Name: Tsering Yangzom
Address: 89-10 WHITNEY AVENUE. APT 1K
Email: tsering2012@yahoo.com
Cell #:
Office #:
Fax #:

Buyer Agent

Full Name: Andrew McCorkle
Firm: The Gonzalez Property Group
Brokerage License #: 10491211950
Agent/Broker License #: 10401361625
Firm Address: 260 MADISON AVENUE 8th FLOOR
Email: andrew@gonzalezpg.com
Office #:
Cell #: 347-456-5061
Fax #:

Buyer Attorney

Full Name: Justin Waiser
Firm:
Address: 118-21 QUEENS BIVD SUITE 615
Office #: 917-821-9514
Email: justin@wslawny.com
Fax #:

Shareholder

Full Name: Ravi Thakur
Address: 33-44 91st Street Apt 1V
Email: ravithakur@yahoo.com
Office #:
Cell #:
Fax #:

Shareholder Agent

Full Name: David Barriga
Firm: Douglas Elliman
Brokerage License #: 10391201024
Agent/Broker License #: 10301212793
Firm Address: 36-29 Bell Blvd Bayside NY 11360
Email: david.barriga@elliman.com
Office #:
Cell #: 718-213-7391
Fax #:

Shareholder Attorney

Full Name: Jason Kim
Firm: MMPS Law Firm
Address: 1981 Marcus Avenue
Office #: 347-755-5503
Email: srana@mmmps.com
Fax #:

Package Processor

Full Name: Cody Masino
Email: cmasino@davidassociates.biz
Office #: 718-521-5761
Cell #:
Fax #:
Title:

Package Processor

Full Name: Mary Clark
Email: mclark@davidassociates.biz
Office #: (718) 521-5768
Cell #:
Fax #:
Title:

2. Cover Letter



David Associates
6860 Austin Street, Suite 406
Forest Hills, NY 11375

Building Address: 34-44 91st street Jackson heights

Unit: 1V

Cooperative Sale Application

Packages are now processed digitally via BoardPackager:
<https://davidassociates.boardpackager.com/buildings>

Thank you for your inquiry regarding the sale of a unit at Southbridge coop. In order for the Board of Directors to consider the applicant(s) as a bona fide applicant(s), the documentation outlined herein must be completed online through BoardPackager.

Please refer to the below guidelines and regulations to complete your package:

1. Incomplete packages will not be processed or sent to the Board. ALL DOCUMENTS MUST BE SUBMITTED AT ONE TIME. All common charges and sundry charges must be current.
2. Neither The Work Number nor any other third-party employment verification services are accepted. You must provide an employment verification letter or CPA letter which will verify/confirm salary and/or additional income.
3. If any documentation in your application is in a language other than English, this **documentation must be translated into English and certified** that the translation is accurate.
4. **For Estate Sales:** All estate documents must be reviewed by building attorney at the estate's expense.
5. Social Security Numbers and Bank Account Numbers (excluding last four digits) should be removed or blacked out on BoardPackager. This includes references to any portion of the social security numbers in the following documents: Application, Bank Statements, Bank Reference Letters, Contract of Sale, Financials, Brokerage Statements, Tax Returns & W2s. **ONLY the credit authorization form should include Social Security Numbers.**

Failure to comply with the requests will result in the package being rejected.

Document Requirements and Information:

1. Kindly refer to BoardPackager for the list of document requirements
2. Please insert a letter of explanation in place of any documentation that is not applicable.
3. If appropriate, be sure to include any additional documentation required for this deal (Estate Documents, Trust Agreement, etc.).

Fee Schedule and Information:

1. Please refer to BoardPackager for the title and amounts of all application fees.
2. **No personal checks will be accepted, Bank checks only.** No exceptions.
3. All fees, deposits, and arrears must be paid in full prior to any move-ins.

Need Assistance?

- For the application procedures, kindly refer to BoardPackager to contact the Property Manager/Transfer Agent for information. [\(718\) 521-5760](tel:7185215760)
- For the BoardPackager platform: info@boardpackager.com [\(800\) 690-8299](tel:8006908299)

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:

- **Pet Policy:** Only cats are allowed. No more than two cats allowed.
- **Flip Tax:** (due at closing) is calculated at \$50.00 per share and is paid by seller.
- **Open House Policy:** not permitted.
- **Gifting:** not permitted.
- **Co-Signors:** not permitted.
- **Subletting:** not permitted.
- **Time Frame:** processing of your application takes approximately 1-2 weeks
- **Incomplete Applications:** will be returned to sender.
- **Special Instructions:** Do not bound or staple applications together. Binder clip or rubber band is required and should be placed around each application. Do not make double side copies of the application.
- **Application:** the original application and all submitted documents become the property of the cooperative/condo corporation. If the application is approved, the original application will not be returned for any reason. In the event an application is denied, the original application will be returned if requested in writing within 30 days of issuance of the denial letter
- **Power of Attorneys:** if the seller or buyer are being represented by a POA (power of attorney representative), please make sure to include a copy of the POA within the submission along with a full force affidavit if the POA was issued over 12 months ago (please contact your attorney for further details).
- **Estate Sales:** For all Estate sales, a copy of the death certificate and a copy of the letter of testamentary indicating who the executor of the estate is should be included.
- **Move in/out security deposits:** are refundable only after the move is complete, the House Rules have been adhered to, and no damage has been done to any part of the building. All Buyers and Sellers are permitted to move in and/or move out from Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m. The service entrance must be used for all moves. The moving party must notify the Management Office three (3) days in advance of moving so building staff can prepare the elevators and/or hallways. Any move which violates these terms is subject to a non-refundable administrative fee of \$200.00.

Buyer's Requirements:

- **Buyer's annual base income:** must be at least eight (8) times the annual maintenance. If there are two (2) Buyers the annual gross base combined income must be nine (9) times the annual maintenance.
- **Debt to Income Ratio:** cannot exceed 30%
- **Maximum Financing:** will be permitted up to 80% of the purchase price (down payment cannot be lower than 20%)
- **Fees:** must be submitted in the form of money order or certified check.
- **Buyer(s) must have:** sufficient assets to pay for the shares of the stock appurtenant to the apartment.
- **Mortgages:** must be applied for in the name of the applicant(s) only.
- **A Maximum of two (2) names can be on the:** contract of sale, mortgage and stock certificate.
- **Interviews:** all adult (s) who will reside in apartment & are not listed on application as an applicant must be present at the interview along with applicant (s).
- **Buyer must be employed at present job for:** at least two (2) years.
- **The number of occupants of the apartment must not violate the Fire Code, Real Property Law and/or any other applicable law. The maximum number of people allowed to reside in each apartment are:**
 - I. **3 ½ Rooms:** Two (2) Adults and one (1) Child
 - II. **4 ½ Rooms:** Two (2) Adults and two (2) Children OR Three (3) Adults
 - III. **5 ½ Rooms:** Two (2) Adults and four (4) Children OR Three (3) Adults and two (2) Children OR Four (4) Adults

Please be advised: These requirements are subject to change at any time.

IMPORTANT INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

PROTECTING YOUR PRIVACY

In order to protect your privacy please remove/blackout your social security number from each financial institution document inserted into the application.

- Financial condition (net worth)
- Tax returns
- Personal loans
- Bank statements
 - IRA
 - CD's
 - Savings

The Credit Agency & Criminal Background Check Authorization Forms in the application are the only forms that require your Social Security number. The Credit Agency Authorization Form containing your Social Security number will be shredded in our office as soon as we submit the information to the Credit Agency and obtain your reports.

If you have any questions, please contact the Management Office.

33-44 91st Unit 1V
Jackson Heights, NY 11372
April 2nd, 2024

Dear board members, my name is Tsering Yangzom and my husband's name is Lhakpa Dhondhen. We have been together for thirteen years now. We have two handsome boys. My husband and I are both great providers and wonderful parents. Our children love us dearly. We have brought our children up to have the utmost respect for those in our community. We are very happy family who has a deep understanding of one another where we can easily resolve any issues that come up as a family.

We have lived in our current apartment for almost nine years, and we have never had any complaints from our neighbors. We are well loved by our current neighbors and the building super. We have always abided by our current building's protocols, and we pay rent on time. We love our community and offer help to our neighbors whenever our assistance is needed.

I work in Elmhurst Hospital as a full time Patient Care Associate on the B4 Med/Surge floor. I am in DC 37 which is a health care union. My managers, supervisors and nurses always thank me for how hard I work and how respectful I am to my colleagues. I am also recognized by my managers, supervisors, and nurses in regards to how excellent my patient care is. I am exceptional at taking care of all my patients and treat them as if they were my own family members. I work full time plus I attend college at night to become a registered nurse which is my lifelong goal that I work hard at every day.

My Husband works full time for F&O refinishing services as a journeyman. He also drives Uber and Lyft for extra income on the side. He is an incredibly hard working and personable man. We will pay for the Coop with our own money which we have saved and earned for a very long time. We will not use any gift to purchase this apartment. We are not in any worry or concern about our ability to pay the monthly maintenance fee.

Lhakpa Dhondhen Tsering Yangzom

We are a hard-working family, and we will be a wonderful addition to your coop community. My family is very excited to purchase shares in this coop. My eldest son received an offer letter at Louis Armstrong Middle School and is excited to transition to the school. Along with being connected to the Jackson Heights community we are also pleased that we will live alongside 34th ave. The size of this coop is perfectly matched for our family. It is wonderful to see how well maintained the inside of the building is, and how quiet it is. We will be sure to maintain these magnificent coop community standards and provide help to our neighbors whenever needed and strictly follow the building's rules and regulations.

Sincerely,

Lhakpa Dhondhen & Tsering Yangzom

Lhakpa Dhondhen Tsering Yangzom

3. Purchase Application



David Associates
6860 Austin Street, Suite 406
Forest Hills, NY 11375

INSTRUCTIONS: Please read these instructions carefully. Properly filling out this form and complying with all of the instructions will enable the Committee on Admissions and the Managing Agent to process your application as quickly as possible.

(1) **Who must submit this application?** Each person whose name is to appear on the share certificate must complete and submit this original application set. Properly filling out this form and complying with all instructions will enable the Committee on admissions and Managing Agent to process your application as quickly as possible.

(2) **To whom do I submit this application?** Completed application set(s) and all requested documentation to David Associates, Agent, 108-18 Queens Blvd. Suite 602 Forest Hills, NY 11375.

(3) **What credit information is needed in connection with this application?** The Board of Directors requires a credit report on each applicant whose name is to appear on the share certificate. The credit report(s) must be available to the board members at the time of your interview. Enclose with your original application set(s) a separate check for \$75.00 (non-refundable) to cover the costs of obtaining and reviewing each report. Notwithstanding the above, agreements received by the Board of Directors at least 2 weeks prior to the next scheduled board meeting will likely be considered at that meeting. A member of the Board will notify you of your interview date, if applicable.

(4) **What supporting documents must accompany with this application?** Text printed in underlined italics on the application form.

(5) **When will I be interviewed?** The Board of Directors may interview you but will not grant approval of your application until it has received your Lender's signed commitment letter. If your application is received too late to be voted on at a regular monthly meeting, action may be delayed until the next meeting. While the Board of Directors will attempt to promptly review your application and interview you, the Corporation, Board of Directors and its agents assume no responsibility for expenses or liabilities resulting from a delay in its review.

(6) **What must I know about my financing?** You should inform your Lender that the Corporation will execute only an unaltered standard Aztech Document Systems Inc. recognition agreement. Any other form, including "adapted" Aztech text, will have to be read by the Corporation's transfer attorney at additional cost to you. When your Recognition Agreement has been signed by you and your Lender, it should be sent to the Managing Agent for the Corporation's signature and application of the Corporate Seal. Unsigned agreements will be returned to you.

This application form was modeled in part with participation by the Council of New York City Cooperatives.

APARTMENT # 1V Date: 03/22/2024

1. Name of applicant TSERING YANGZOM Birth Date: 10/17/1988
Name of co-applicant LHAKPA DHONDHEN Birth Date: 07/10/1972

2. Purchase price \$ \$340,000.00 Deposit \$ \$0.00 Held by _____
Financing \$ \$0.00 Name of lender _____ Interest rate _____
Maintenance \$ \$700.00
Special conditions if any _____

NOTE: *Attach a copy of your financing commitment.* The commitment sent to David Associates, Agent must be a signed original. *Attach a signed copy of your purchase contract.*

APPLICATION TO PURCHASE APARTMENT SHARES

3. Applicant's address: 8910 WHITNEY AVE APT 1K ELMHURST NY 11373
 Own Rent Landlord's name, address and tel. #: 718-358-4700 Citizen of: _____
Previous address: 9202 50TH AVE ELMHURST NY 11373
Co-Applicant's address: 8910 WHITNEY AVE 1K ELMHURST NY 11373
 Own Rent Landlord's name, address and tel. #: 718-358-4700 Citizen of: _____
Previous address: 9202 50TH AVE ELMHURST NY 11373
4. Applicant's Tel.#s: Home (000) 000-0000 Work (000) 000-0000 Cell 646-593-0469 Email TSERING2012@YAHOO.COM
Co-applicants Tel# Home (000) 000-0000 Work (000) 000-0000 Cell 929-346-8081 Email lhasa2007@yahoo.com
5. Applicant: employer's name and address: NYC Health and Hospitals, 79-01 Broadway, Queens, NY 11373
Position held: Patient Care Associate Med/Surgery How long: 2 Years Salary \$ 58498
Co-Applicant: employer's name and address: F&O REFINISHING & UNIQUE SERVICES 974 BERGEN ST, BROOKLYN NY 11216
Position held: Journeyman/Uber lyft How long: 7 Years/2+ Years Salary \$ 84000
6. Name and tel. # of person who will verify employment Applicant DEKYI 929-288-6860
Name and tel. # of person who will verify employment Co-applicant TENZIN TSEPHEL 646-378-8025
7. Applicant's Driver's lie. # 4768 State: NY Soc. sec.# 3022 Date of Birth 10/17/1988
Co-Applicant's Driver's lie.# 8479 State: NY Soc. sec.# 2228 Date of Birth 07/10/1972
- NOTE: Attach SIGNED copy of your most recent filed Federal Tax Return(s). Include a copy of each W2 Form which accompanied the return and three of your most recent pay stubs.
- NOTE: Attach a legible copy of two of the following documents: state driver's license, passport photo page, alien registration card, employee picture I.D. card, plus social security card.
8. Names and relationships of all other persons presently residing with applicant: TENCHOE DHONDHEN, TENZIN KUNGA (SONS)
9. Names and relationships of all other persons who will reside with applicant in the apt. to be purchased: _____
TENCHOE DHONDHEN, TENZIN KUNGA (SONS)
10. Does applicant have any other business or residence address? NO
if yes, provide address: _____
11. Does applicant own, rent or use any other residential dwelling unit? NO
if yes, provide address: _____
12. Educational/professional background: Applicant COLLEGE Co-applicant HIGH SCHOOL
13. Do applicants intend to live in the apartment immediately after acquisition of the shares? YES
if no, explain: _____
14. Have applicants any outstanding judgments against them? NO
if yes, explain: _____
15. In the last ten years, has either applicant been declared bankrupt? NO

APPLICATION TO PURCHASE APARTMENT SHARES

16. Have either applicant had property foreclosed upon you or given title or deed in lieu thereof? NO
17. Is either applicant a co-maker or endorser on a note or other debt? NO
18. Is either applicant presently a party in a law suit? NO
if yes, provide name of case(s) and court: _____
19. Is either applicant obligated to pay alimony, child support, or separate maintenance NO
if yes, set forth amount \$ _____
20. Applicant's Bank: Checking: CITI BANK branch: _____ a/c#: 5328
Savings: CITI branch: _____ a/c#: 5336
Co-applicant's Bank: checking: CHASE JOINT ACCOUNT branch: _____ a/c#: 5870
Savings: Chase branch: _____ a/c#: 5130
21. Does either applicant claim any form of diplomatic immunity NO
If yes, explain: _____
22. Please provide any comments you feel will be helpful to the members of the admissions committee in considering this application:

23. NOTE: Enclose 2 personal and two business and employment references with this application.

NOTE: Be sure to sign (i) the acknowledgment below on this page (ii) the Purchasers LEAD BASED PAINT DISCLOSURE, (iii) the CARPETING RULE AGREEMENT, and the PURCHASER'S AFFIDAVIT RE: COMPUTATION OF TRANSFER FEES. Have your Seller sign and deliver to you the SELLING SHAREHOLDERS' LEAD BASED PAINT DISCLOSURE CERTIFICATION. You must include this disclosure with you original application set. Your contract of sale/purchase must contain a representation that the required disclosure was made by the SELLER and received by the Buyer. Please give the MOVE-OUT REQUEST to your SELLER.

I, my mortgage broker, mortgage lender, attorney, the Corporation's attorney, or other party related to my purchase may request the use of facsimile transmission in lieu of overnight delivery or messenger service in order to speed the purchase process. I understand that I will be billed separately for same-day delivery, overnight delivery, and facsimile charges. I have read the Corporation's HOUSE RULES, MOVE IN/MOVE OUT PROCEDURES, and MOVE IN and MOVE OUT FORMS which are included with this application.

CREDIT AUTHORIZATION: The undersigned authorize(s) the Board of Directors and its Agents to contact any of the employers, banks, landlords, institutions, references, etc. Described herein and to use any consumer reporting agency, credit bureau or other investigative agency in order to elicit information bears upon this application. This authorization shall extend to each adult person who is to reside in the apartment whether or not named on the share certificate.

Name of applicant (print) TSERING YANGZOM

Signature of applicant: X  Date: 03/22/2024

Name of co-applicant (print) LHAKPA DHONDHEN

Signature of co-applicant: X  Date: 03/22/2024

33-44 91st Unit 1V

Jackson Heights, NY 11372

April 17th, 2024

Income for 2023

Tsering Yangzom: Base Salary of \$48,283.00, overtime pay: \$10,215.00

Lhakpa Dhondhen: Base Salary of \$29,040.00, Uber & Lyft Earnings: \$55,003.56

Sincerely,

Lhakpa Dhondhen & Tsering Yangzom

Lhakpa dhondhen Tsering yangzom

4. Financial Statement

Financial Statement

Applicant: TSERING YANGZOM

Co-Applicant: LHAKPA DHONDHEN

Address: 8910 WHITNEY AVE APT 1K ELMHURST NY11373

Address: 8910 WHITNEY AVE APT1K ELMHURST NY 11373

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the:

23 day of MARCH 2024

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks	\$194,995.84	\$181,566.99	Notes Payable	\$0.00	\$0.00
Money Market Funds	\$0.00	\$0.00	To Banks	\$0.00	\$0.00
Contract Deposit	\$34,000.00	\$0.00	To Relatives	\$0.00	\$0.00
Investments: Stocks & Bonds (Schedule A)	\$0.00	\$0.00	To Others	\$0.00	\$0.00
Investments in Own Business	\$0.00	\$0.00	Installment Accounts Payable:	\$0.00	\$0.00
Accounts and Notes Receivable	\$0.00	\$0.00	Automobile	\$0.00	\$0.00
Real Estate Owned (Schedule B)	\$0.00	\$0.00	Other	\$0.00	\$0.00
Automobiles:			Other Accounts Payable	\$0.00	\$0.00
Year/Make	\$0.00	\$0.00	Mortgages Payable on Real Estate (Schedule C)	\$0.00	\$0.00
Personal Property and Furniture	\$0.00	\$0.00	Unpaid Real Estate Taxes	\$0.00	\$0.00
Life Insurance Cash Surrender Value	\$0.00	\$0.00	Unpaid Income Taxes	\$0.00	\$0.00
Retirement Funds/ IRA	\$0.00	\$0.00	Chattel Mortgages	\$0.00	\$0.00
401K	\$0.00	\$0.00	Loans on Life Insurance Policies (Include Premium Advances)	\$0.00	\$0.00
KEOGH	\$0.00	\$0.00	Outstanding Credit Card Debt	\$0.00	\$0.00
Profit Sharing/Pension Plan	\$0.00	\$0.00	Other Debts - itemize	\$0.00	\$0.00
Other Retirement	\$0.00	\$0.00	TOTAL LIABILITIES	\$0.00	\$0.00
Other Assets	\$0.00	\$0.00	COMBINED LIABILITIES	\$0.00	\$0.00
TOTAL ASSETS	\$228,995.84	\$185,100.99	NET WORTH	\$228,995.84	\$185,100.99
COMBINED ASSETS		\$414,096.83			

SOURCES OF INCOME / MONTHLY			PROJECTED EXPENSES / MONTHLY		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Base Salary	\$4,023.58	\$2,420.00	Maintenance	\$700.00	\$0.00
Overtime Wages	\$851.28	\$0.00	Apartment Financing	\$0.00	\$0.00
Bonus and Commissions	\$0.00	\$0.00	Other Mortgages	\$0.00	\$0.00
Dividends and Interest Income	\$0.00	\$0.00	Bank Loans	\$0.00	\$0.00
Real Estate Income (Net)	\$0.00	\$0.00	Auto Loans	\$0.00	\$0.00
Other Income - itemize	\$0.00	\$4,583.63	Other:	\$0.00	\$0.00
TOTAL	\$4,874.86	\$7,003.63	TOTAL	\$700.00	\$0.00
COMBINED TOTAL		\$11,878.49	COMBINED TOTAL	\$700.00	\$0.00

Financial Statement Continued

GENERAL INFORMATION			CONTINGENT LIABILITIES	
	Applicant	Co-Applicant		
Personal Bank Accounts at	CHASE BANK CITIBANK	CHASE BANK CITIBANK	An Endorser or Co-maker on Notes	NA
Savings and Loan Accounts at	NA		Alimony Payments (Annual)	NA
Purpose of Loan	NA		Child Support	NA
			Are you a defendant in any legal action?	NA
			Are there any unsatisfied judgments?	NA
			Have you ever taken bankruptcy? Explain: NEVER EVER IN OUR LIFE.	

Itemized Schedules

Please include verification statements and proof of liquid assets as required by your coop or condo.

A: ITEMIZED SCHEDULE OF STOCKS AND BONDS

Amount/ No. of Shares	Description	Marketable Value	Non-Marketable Value
NA			
NA			
NA			
NA			
NA			

B: ITEMIZED SCHEDULE OF REAL ESTATE

Description and Location	Date Acquired	Cost	Actual Value	Mortgage Amount	Maturity Date	Monthly Operating Costs	Residential or Commercial (If commercial, what are the gross rents?)
NA	MM/DD/YYYY				MM/DD/YYYY		
NA	MM/DD/YYYY				MM/DD/YYYY		
NA	MM/DD/YYYY				MM/DD/YYYY		
NA	MM/DD/YYYY				MM/DD/YYYY		
NA	MM/DD/YYYY				MM/DD/YYYY		

C: ITEMIZED SCHEDULE OF MORTGAGES PAYABLE

To Whom Payable	Mortgage Amount	Principal Remaining	Maturity Date
NA			MM/DD/YYYY
NA			MM/DD/YYYY
NA			MM/DD/YYYY
NA			MM/DD/YYYY

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is complete, true, and correct. The information is submitted as being a true and accurate statement of the financial condition of the undersigned on the 11 day of April 2024.

X lhakpa dhondhen
Applicant

MM/DD/YYYY 03/29/2024
Date

X Tsering Yangzom
Co-Applicant

MM/DD/YYYY 03/29/2024
Date

33-44 91st Unit 1V
Jackson Heights, NY 11372
April 2nd, 2024

Dear Board Members, I wanted to explain the difference in income between our REBNY financial form versus our 2023 tax return. The reason why there is a difference in gross income is due to tax write offs for my uber/lyft job. The taxes show our income after the tax write offs. We won't be taking a mortgage or any loans for our home. Therefore we won't have monthly mortgage payments. Our sole expense will be the monthly \$700 maintenance payment. We feel financially comfortable with that payment since we make combined \$94,107.00 even after my Uber business income expenses are considered. Our debt to income ratio will be 9%. Please note that these savings are from years of hard earned income, none of which has been gifted. We are excited to be potential new shareholders in this wonderful coop.

Sincerely,

Lhakpa Dhondhen & Tsering Yangzom

Lhakpa Dhondhen *Tsering Yangzom*

33-44 91st Unit 1V

Jackson Heights, NY 11372

June 8th, 2024

Dear Board members, I want to explain my overtime wages in the REBNY Financial form. During the year 2023 while working at Elmhurst Hospital I would get a uniform allowance, night differential pay, retroactive pay adjustments, healthcare worker bonus, group legal benefit and holiday pay. All of these payments are displayed on my 2023 pay statements listed below. Also please refer to my W2 for 2023.

Sincerely,

Tserin Yangzom

Tsering Yangzom

33-44 91st Unit 1V
Jackson Heights, NY 11372
June 3rd, 2024

Dear Board Members, I want to explain how I came to the \$4,583.63 per month other income figure on the 2023 REBNY Financial form. I took the figures from both my Uber 2023 tax summary of \$13,355.10 and the amount of \$41,648.51 from my 2023 Lyft 1099 and added them together. This total for the year 2023 is \$55,003.61. This number divided over the course of 12 months is \$4,583.63/month for the year 2023.

Sincerely,

Lhakpa Dhondhen

Lhakpa Dhondhen

5. Contract of Sale

123 - Contract of sale cooperative apartment, 7-01

Prepared by the Committee on Condominiums and Cooperatives of the Real Property Section of the New York State Bar Association

CONSULT YOUR LAWYER BEFORE SIGNING THIS AGREEMENT

Contract of Sale - Cooperative Apartment

This Contract is made as of April 8, 2023 between the "Seller" and the "Purchaser" identified below.

I Certain Definitions and Information

1.1 The "Parties" are:

1.1.1 "Seller": RAVI THAKUR

Prior names used by Seller:

Address: 33-44 91st Street, Unit 1V, Jackson Heights, NY 11372

S. S. No.:

Attorney to provide

1.1.2 "Purchaser": LHAKPA DONDHEN and TSEIRING

Address: 89-10 Whitney Avenue, Unit 1K Elmhurst, New York 11373

S. S. No.:

Attorney to provide

1.2 The "Attorneys" are (name, address and telephone, fax):

1.2.1 "Seller's Attorney"

Jason Kim, Esq. //ATTN: Safian Rana Mavrides, Moyal, Packman & Szukla, LLP 1981 Marcus Avenue, Suite E117 Lake Success, New York 11042 Tel: 516-358-7200 x 425 | Fax: 516-504-3034 Email: jrana@mjmps.com; jldm@mjmps.com

1.2.2 "Purchaser's Attorney"

Justin Walser, Esq. William A. Slosky, P.C. 118-21 Queens Boulevard, Suite 520 Forest Hills, New York 11375 Tel: 917-821-9514 718-263-7192 Email: justin@wslawny.com

1.3 The "Escrowee" is the [Seller's] [Purchaser's] Attorney.

1.4 The Managing Agent is (name, address and telephone, fax):

David's Associates | ATTN: Mary Clark 10818 Queens Blvd #302 Forest Hills, NY 11375 Tel: 718-521-5768 mclark@davidassociates.biz

1.5 The real estate "Broker(s)" (see ¶ 12) is/are:

David Barriga by Douglas Elliman and Andrew McCortide by The Gonzalez Property Group LLC

1.6 The name of the cooperative housing corporation ("Corporation") is: Southridge Cooperative Section #3, Inc.

1.7 The "Unit" number is: 1V

1.8 The Unit is located in "Premises" known as: 33-44 91st Street, Unit 1V, Jackson Heights, NY 11372

1.9 The "Shares" are the 199 shares of the Corporation allocated to the Unit.

1.10 The "Lease" is the Corporation's proprietary lease or occupancy agreement for the Unit, given by the Corporation which expires on

1.11 "Personalty" is the following personal property, to the extent existing in the Unit on the date hereof: the refrigerators, freezers, ranges, ovens, stoves, built-in microwave ovens, dishwashers, garbage disposal units, cabinets and counters, lighting fixtures, chandeliers, wall-to-wall carpeting, plumbing and heating fixtures, central airconditioning and/or window or sleeve units, washing machines, dryers, screens and storm windows, window treatments, switch plates, door hardware, BUILT IN mirrors, built-ins not excluded in Paragraph 1, 12, and all as may presently exist in its "as is" condition.

1.12 Specifically excluded from this sale is all personal property not included in ¶ 1.11 and:

1.13 The sale does not include Seller's interest in [Storage]/[Servant's Run]/[Parking Space] ("Included Interests")

1.14 The "Closing" is the transfer of ownership of the Shares and Lease.

1.15 The date scheduled for Closing is on or about thirty (30) days from the date hereof ("Scheduled Closing Date") at 10:00 AM (Sec ¶ 9 and 10).

1.16 The "Purchase Price" is: \$340,000.00

1.16.1 The "Contract Deposit" is: \$34,000.00

1.16.2 The "Balance" of the Purchase Price due at Closing is: \$306,000.00 (Sec ¶ 2.2.2)

1.17 The monthly "Maintenance" charge is \$700.00 (\$25.00 (energy), \$50 (A/C - 2 units @ \$25/per unit - optional) (taxes, water, gas and electric included), to be verified by Purchaser (Sec ¶ 4). STET

1.18 The "Assessment", if any, payable to the Corporation, at the date of this Contract is NONE, to be verified by Purchaser, payable as follows: STET

1.19 Seller Purchaser shall pay the Corporation's flip tax, transfer fee (apart from the transfer agent fee) and/or waiver of option fee ("Flip Tax"), of \$50 per share due from Seller.

1.20 Financing Options (Delete 2 of the following: 1.20.1, 1.20.2 or 1.20.3)

1.20.1 Purchaser may apply for financing in connection with this sale and Purchaser's obligation to purchase under this Contract is contingent upon issuance of a Loan Commitment Letter by the Loan Commitment Date (¶ 18.1.2).

~~1.20.2 Purchaser may apply for financing in connection with this sale but Purchaser's obligation to purchase under this Contract is not contingent upon issuance of a Loan Commitment Letter.~~

1.20.3 Purchaser shall not apply for financing in connection with this sale.

~~1.21 If § 1.20.1 or 1.20.2 applies, the "Financing Terms" for § 1.8 are: A loan of \$NONE for a term of 30 years or such lesser amount or shorter term as applied for or acceptable to Purchaser, and the "Loan Commitment Date" for § 1.8 is 30 calendar days after the Delivery Date.~~

~~1.22 The "Delivery Date" of this Contract is the date on which a fully executed counterpart of this Contract is deemed given to and received by Purchaser or Purchaser's Attorney as provided in § 1.7.2.~~

1.23 All "Proposed Occupants" of the Unit are:

1.23.1 persons and relationship to Purchaser: **PURCHASERS**

1.23.2 pets: **AS PER HOUSE RULES**

1.24 The Contract Deposit shall be held in ~~a non~~ [an] IOLA escrow account. If the account is a non-IOLA account then interest shall be paid to the Party entitled to the Contract Deposit. The Party receiving the interest shall pay any income taxes thereon. The escrow account shall be a segregated bank account at

Depository: **JPMorgan Chase Bank**

Address: **225 Fifth Avenue, New York, NY 10001 (See § 27)**

1.25 This Contract is ~~not~~ [not] continued on attached rider(s).

2 Agreement to Sell and Purchase; Purchase Price; Escrow

2.1 Seller agrees to sell to Purchaser, and Purchaser agrees to purchase from Seller, the Seller's Shares, Lease, Personality and any Included Interests and all other items included in this sale, for the Purchase Price and upon the terms and conditions set forth in this Contract.

2.2 The Purchase Price is payable to Seller by Purchaser as follows:

2.2.1 the Contract Deposit at the time of signing this Contract, by Purchaser's good check to the order of Escrowee; and

2.2.2 the Balance at Closing, only by cashier's or official bank check or certified check of Purchaser payable to the direct order of Seller. The check(s) shall be drawn on and payable by a branch of a commercial or savings bank, savings and loan association or trust company located in the same City or County as the Unit. Seller may direct, on reasonable Notice (defined in § 17) prior to Closing, that all or a portion of the Balance shall be made payable to persons other than Seller (see § 17.7).

3 Personality

3.1 Subject to any rights of the Corporation or any holder of a mortgage to which the Lease is subordinate, this sale includes all of the Seller's interest, if any, in the Personality and the Included Interests.

3.2 No consideration is being paid for the Personality or for the Included Interests; nothing shall be sold to Purchaser if the Closing does not occur.

3.3 Prior to Closing, Seller shall remove from the Unit all the furniture, furnishings and other property not included in this sale, and repair any damage caused by such removal.

4 Representations and Covenants

4.1 Subject to any matter affecting title to the Premises (as to which Seller makes no representations or covenants), Seller represents and covenants that:

4.1.1 Seller is, and shall at Closing be, the sole owner of the Shares, Lease, Personality and Included Interests, with the full right, power and authority to sell and assign them. Seller shall make timely provision to satisfy existing security interest(s) in the Shares and Lease and have the same delivered at Closing (See § 10.1);

4.1.2 the Shares were duly issued, fully paid for and are non-assessable;

4.1.3 the Lease is, and will at Closing be, in full force and effect and no notice of default under the Lease is now or will at Closing be in effect;

4.1.4 the Maintenance and Assessments payable as of the date hereof are as specified in § 1.17 and 1.18;

4.1.5 as of this date, Seller neither has actual knowledge nor has received any written notice of any increase in Maintenance or any Assessment which has been adopted by the Board of Directors of the Corporation and is not reflected in the amounts set forth in §§ 1.17 and 1.18;

4.1.6 Seller has not made any material alterations or additions to the Unit without any required consent of the Corporation or, to Seller's actual knowledge, without compliance with all applicable law. This provision shall not survive Closing.

4.1.7 Seller has not entered into, shall not enter into, and has no actual knowledge of any agreement (other than the Lease) affecting title to the Unit or its use and/or occupancy after Closing, or which would be binding on or adversely affect Purchaser after Closing (e.g. a sublease or alteration agreement);

4.1.8 Seller has been known by no other name for the past 10 years except as set forth in § 1.1.1.

4.1.9 at Closing in accordance with § 15.2:

4.1.9.1 there shall be no judgments outstanding against Seller which have not been bonded against collection out of the Unit ("Judgments");

4.1.9.2 the Shares, Lease, Personality and any Included Interests shall be free and clear of liens (other than the Corporation's general lien on the Shares for which no monies shall be owed), encumbrances and adverse interests ("Liens");

4.1.9.3 all sums due to the Corporation shall be fully paid by Seller to the end of the payment period immediately preceding the date of Closing;

4.1.9.4 Seller shall not be indebted for labor or material which might give rise to the filing of a notice of mechanic's lien against the Unit or the Premises; and

4.1.9.5 no violations shall be of record which the owner of the Shares and Lease would be obligated to remedy under the Lease.

4.2 Purchaser represents and covenants that:

4.2.1 Purchaser is acquiring the Shares and Lease for residential occupancy of the Unit solely by the Proposed Occupants identified in § 1.23

4.2.2 Purchaser is not, and within the past 7 years has not been, the subject of a bankruptcy proceeding;

4.2.3 if § 1.20.3 applies, Purchaser shall not apply for financing in connection with this purchase.

4.2.4 Each individual comprising Purchaser is over the age of 18 and is purchasing for Purchaser's own account (beneficial and of record);

4.2.5 Purchaser shall not make any representations to the Corporation contrary to the foregoing and shall provide all documents in support thereof required by the Corporation in connection with Purchaser's application for approval of this transaction; and

4.2.6 there are not now and shall not be at Closing any unpaid tax liens or monetary judgments against Purchaser.

4.3 Each Party covenants that its representations and covenants contained in § 4 shall be true and complete at Closing and, except for § 4.1.6, shall survive Closing but any action based thereon must be instituted within one year after Closing.

5 Corporate Documents

Purchaser has examined and is satisfied with, or (except as to any matter represented in this Contract by Seller) accepts and assumes the risk of not having examined, the Lease, the Corporation's Certificate of Incorporation, By-laws, House Rules, minutes of shareholders' and directors' meetings, most recent audited financial statement and most recent statement of tax deductions available to the Corporation's shareholders under Internal Revenue Code ("IRC") §216 (or any successor statute).

6 Required Approval and References

6.1 This sale is subject to the unconditional consent of the Corporation.

6.2 Purchaser shall in good faith:

6.2.1 submit to the Corporation or the Managing Agent an application with respect to this sale on the form required by the Corporation, containing such data and together with such documents as the Corporation requires, and pay the applicable fees and charges that the Corporation imposes upon Purchaser. All of the foregoing shall be submitted within ~~15~~ ¹⁵ business days after the Delivery Date, or, if § 1.20.1 or 1.20.2 applies and the Loan Commitment Letter is required by the Corporation, within 3 business days after the earlier of (i) the Loan Commitment Date (defined in § 1.2.1) or (ii) the date of receipt of the Loan Commitment Letter (defined in § 18.1.2);

NO: STET

6.2.2 attend (and cause any Proposed Occupant to attend) one or more personal interviews, as requested by the Corporation; and

6.2.3 promptly submit to the Corporation such further references, data and documents reasonably requested by the Corporation.

6.3 Either Party, after learning of the Corporation's decision, shall promptly advise the other Party thereof. If the Corporation has not made a decision on or before the Scheduled Closing Date, the Closing shall be adjourned for 30 business days for the purpose of obtaining such consent. If such consent is not given by such adjourned date, either Party may cancel this Contract by Notice, provided that the Corporation's consent is not issued before such Notice of cancellation is given. If such consent is refused at any time, either Party may cancel this Contract by Notice. In the event of cancellation pursuant to this ¶ 6.3, the Escrowee shall refund the Contract Deposit to Purchaser.

6.4 If such consent is refused, or not given, due to Purchaser's bad faith conduct, Purchaser shall be in default and ¶ 13.1 shall govern.

7 Condition of Unit and Personalty; Possession

7.1 Seller makes no representation as to the physical condition or state of repair of the Unit, the Personalty, the Included Interests or the Premises. Purchaser has inspected or waived inspection of the Unit, the Personalty and the Included Interests and shall take the same "as is", as of the date of this Contract, except for reasonable wear and tear. However, at the time of Closing, the appliances shall be in working order and required smoke detector(s) shall be installed and operable.

7.2 At Closing, Seller shall deliver possession of the Unit, Personalty and Included Interests in the condition required by ¶ 7.1, broomclean, vacant and free of all occupants and rights of possession.

8 Risk of Loss

8.1 The provisions of General Obligations Law Section 5-1311, as modified herein, shall apply to this transaction as if it were a sale of realty. For purposes of this paragraph, the term "Unit" includes built-in Personalty.

8.2 Destruction shall be deemed "material" under GOL 5-1311, if the reasonably estimated cost to restore the Unit shall exceed 5% of the Purchase Price.

8.3 In the event of any destruction of the Unit or the Premises, when neither legal title nor the possession of the Unit has been transferred to Purchaser, Seller shall give Notice of the loss to Purchaser ("Loss Notice") by the earlier of the date of Closing or 7 business days after the date of the loss.

8.4 If there is material destruction of the Unit without fault of Purchaser, this Contract shall be deemed canceled in accordance with ¶ 16.3, unless Purchaser elects by Notice to Seller to complete the purchase with an abatement of the Purchase Price; or

8.5 Whether or not there is any destruction of the Unit, if, without fault of Purchaser, more than 10% of the units in the Premises are rendered uninhabitable, or reasonable access to the Unit is not available, then Purchaser shall have the right to cancel this Contract in accordance with ¶ 16.3 by Notice to Seller.

8.6 Purchaser's Notice pursuant to ¶ 8.4 or ¶ 8.5 shall be given within 7 business days following the giving of the Loss Notice except that if Seller does not give a Loss Notice, Purchaser's Notice may be given at any time at or prior to Closing.

8.7 In the event of any destruction of the Unit, Purchaser shall not be entitled to an abatement of the Purchase Price (i) that exceeds the reasonably estimated cost of repair and restoration or (ii) for any loss that the Corporation is obliged to repair or restore; but Seller shall assign to Purchaser, without recourse, Seller's claim, if any, against the Corporation with respect to such loss.

9 Closing Location

The Closing shall be held at the location designated by the Corporation or, if no such designation is made, at the office of Seller's Attorney.

10 Closing

10.1 At Closing, Seller shall deliver or cause to be delivered:

10.1.1 Seller's certificate for the Shares duly endorsed for transfer to Purchaser or accompanied by a separate duly executed stock power to Purchaser, and in either case, with any guarantee of Seller's signature required by the Corporation;

10.1.2 Seller's counterpart original of the Lease, all assignments and assumptions in the chain of title and a duly executed assignment thereof to Purchaser in the form required by the Corporation;

10.1.3 FIRPTA documents required by ¶ 25;

10.1.4 keys to the Unit, building entrance(s), and, if applicable, garage, mailbox, storage unit and any locks in the Unit;

10.1.5 if requested, an assignment to Purchaser of Seller's interest in the Personalty and Included Interests;

10.1.6 any documents and payments to comply with ¶ 15.2

10.1.7 If Seller is unable to deliver the documents required in ¶ 10.1.1 or 10.1.2 then Seller shall deliver or cause to be delivered all documents and payments required by the Corporation for the issuance of a new certificate for the Shares or a new Lease.

10.2 At Closing, Purchaser shall:

10.2.1 pay the Balance in accordance with ¶ 2.2.2;

10.2.2 execute and deliver to Seller and the Corporation an agreement assuming the Lease, in the form required by the Corporation; and

10.2.3 if requested by the Corporation, execute and deliver counterparts of a new lease substantially the same as the Lease, for the balance of the Lease term, in which case the Lease shall be canceled and surrendered to the Corporation together with Seller's assignment thereof to Purchaser.

10.3 At Closing, the Parties shall complete and execute all documents necessary:

10.3.1 for Internal Revenue Service ("IRS") form 1099-S or other similar requirements;

10.3.2 to comply with smoke detector requirements and any applicable transfer tax filings; and

10.3.3 to transfer Seller's interest, if any, in and to the Personalty and Included Interests.

10.4 Purchaser shall not be obligated to close unless, at Closing, the Corporation delivers:

10.4.1 to Purchaser a new certificate for the Shares in the name of Purchaser; and

10.4.2 a written statement by an officer or authorized agent of the Corporation consenting to the transfer of the Shares and Lease to Purchaser and setting forth the amounts of and payment status of all sums owed by Seller to the Corporation, including Maintenance and any Assessments, and the dates to which each has been paid.

11 Closing Fees, Taxes and Apportionments

11.1 At or prior to Closing,

11.1.1 Seller shall pay, if applicable:

11.1.1.1 the cost of stock transfer stamps; and

11.1.1.2 transfer taxes, except as set forth in ¶ 11.1.2.2

11.1.2 Purchaser shall pay, if applicable:

11.1.2.1 any fee imposed by the Corporation relating to Purchaser's financing; and

11.1.2.2 transfer taxes imposed by statute primarily on Purchaser (e.g., the "mansion tax").

11.2 The Flip Tax, if any, shall be paid by the Party specified in ¶ 1.19.

11.3 Any fee imposed by the Corporation and not specified in this Contract shall be paid by the Party upon whom such fee is expressly imposed by the Corporation, and if no Party is specified by the Corporation, then such fee shall be paid by Seller.

11.4 The Parties shall apportion as of 11:59 P.M. of the day preceding the Closing, the Maintenance, and any other periodic charges due the Corporation (other than Assessments) and STAR Tax Exemption (if the Unit is the beneficiary of same), based on the number of the days in the month of Closing.

11.5 Assessments, whether payable in a lump sum or installments, shall not be apportioned, but shall be paid by the Party who is the owner of the Shares on the date specified by the Corporation for payment. Purchaser shall pay any installments payable after Closing provided Seller had the right and elected to pay the Assessment in installments.

11.6 Each Party shall timely pay any transfer taxes for which it is primarily liable pursuant to law by cashier's, official bank, certified, or attorney's escrow check. This ¶ 11.6 shall survive Closing.

11.7 Any computational errors or omissions shall be corrected within 6 months after Closing. This ¶ 11.7 shall survive Closing.

12 Broker

12.1 Each Party represents that such Party has not dealt with any person acting as a broker, whether licensed or unlicensed, in connection with this transaction other than the Broker(s) named in ¶ 1.5.

12.2 Seller shall pay the Broker's commission pursuant to a separate agreement. The Broker(s) shall not be deemed to be a third-party beneficiary of this Contract.

12.3 This ¶ 12 shall survive Closing, cancellation or termination of this Contract.

13 Defaults, Remedies and Indemnities

13.1 In the event of a default or misrepresentation by Purchaser, Seller's sole and exclusive remedies shall be to cancel this Contract, retain the Contract Deposit as liquidated damages and, if applicable, Seller may enforce the indemnity in ¶ 13.3 as to brokerage commission or sue under ¶ 13.4. Purchaser prefers to limit Purchaser's exposure for actual damages to the amount of the Contract Deposit, which Purchaser agrees constitutes a fair and reasonable amount of compensation for Seller's damages under the circumstances and is not a penalty. The principles of real property law shall apply to this liquidated damages provision.

13.2 In the event of a default or misrepresentation by Seller, Purchaser shall have such remedies as Purchaser is entitled to at law or in equity, including specific performance, because the Unit and possession thereof cannot be duplicated.

13.3 Subject to the provisions of ¶ 4.3, each Party indemnifies and holds harmless the other against and from any claim, judgment, loss, liability, cost or expense resulting from the indemnitor's breach of any of its representations or covenants stated to survive Closing, cancellation or termination of this Contract. Purchaser indemnifies and holds harmless Seller against and from any claim, judgment, loss, liability, cost or expense resulting from the Lease obligations accruing from and after the Closing. Each indemnity includes, without limitation, reasonable attorneys' fees and disbursements, court costs and litigation expenses arising from the defense of any claim and enforcement or collection of a judgment under this indemnity, provided the indemnitee is given Notice and opportunity to defend the claim. This ¶ 13.3 shall survive Closing, cancellation or termination of this Contract.

13.4 In the event any instrument for the payment of the Contract Deposit fails of collection, Seller shall have the right to sue on the uncollected instrument. In addition, such failure of collection shall be a default under this Contract, provided Seller gives Purchaser Notice of such failure of collection and, within 3 business days after Notice is given, Escrowee does not receive from Purchaser an uncashed good certified check, bank check or immediately available funds in the amount of the uncollected funds. Failure to cure such default shall entitle Seller to the remedies set forth in Paragraph 13.1 and to retain all sums as may be collected and/or recovered.

14 Entire Agreement; Modification

14.1 All prior oral or written representations, understandings and agreements had between the Parties with respect to the subject matter of this Contract, and with the Escrowee as to ¶ 27, are merged in this Contract, which alone fully and completely expresses the Parties' and Escrowee's agreement.

14.2 The Attorneys may extend in writing any of the time limitations stated in this Contract. Any other provision of this Contract may be changed or waived only in writing signed by the Party or Escrowee to be charged.

15 Removal of Liens and Judgments

15.1 Purchaser shall deliver or cause to be delivered to Seller or Seller's Attorney, not less than 10 calendar days prior to the Scheduled Closing Date a Lien and Judgment search, except that Liens or Judgments first disclosed in a continuation search shall be reported to Seller within 2 business days after receipt thereof, but not later than the Closing. Seller shall have the right to adjourn the Closing pursuant to ¶ 16 to remove any such Liens and Judgments. Failure by Purchaser to timely deliver such search or continuation search shall not constitute a waiver of Seller's covenants in ¶ 4 as to Liens and Judgments. However, if the Closing is adjourned solely by reason of untimely delivery of the Lien and Judgment search, the apportionments under Paragraph 11.3 shall be made as of 11:59 P.M. of the day preceding the Scheduled Closing Date in ¶ 1.15.

15.2 Seller, at Seller's expense, shall obtain and deliver to the Purchaser the documents and payments necessary to secure the release, satisfaction, termination and discharge or removal of record of any Liens and Judgments. Seller may use any portion of the Purchase Price for such purposes.

15.3 This ¶ 15 shall survive Closing.

16 Seller's Inability

16.1 If Seller shall be unable to transfer the items set forth in ¶ 2.1 in accordance with this Contract for any reason other than Seller's failure to make a required payment or other willful act or omission, then Seller shall have the right to adjourn the Closing for periods not exceeding 60 calendar days in the aggregate, but not extending beyond the expiration of Purchaser's Loan Commitment Letter, if ¶ 1.20.1 or 1.20.2 applies.

16.2 If Seller does not elect to adjourn the Closing or (if adjourned) on the adjourned date of Closing Seller is still unable to perform, then unless Purchaser elects to proceed with the Closing without abatement of the Purchase Price, either Party may cancel this Contract on Notice to the other Party given at any time thereafter.

16.3 In the event of such cancellation, the sole liability of Seller shall be to cause the Contract Deposit to be refunded to Purchaser and to reimburse Purchaser for the actual costs incurred for Purchase's lien and title search, if any.

17 Notices and Contract Delivery

17.1 Any notice or demand ("Notice") shall be in writing and delivered either by hand, overnight delivery or certified or registered mail, return receipt requested, to the Party and simultaneously, in like manner, to such Party's Attorney, if any, and to Escrowee at their respective addresses or to such other address as shall hereafter be designated by Notice given pursuant to this ¶ 17.

17.2 The Contract may be delivered as provided in ¶ 17.1 or by ordinary mail.

17.3 The Contract or each Notice shall be deemed given and received:

17.3.1 on the day delivered by hand;

17.3.2 on the business day following the date sent by overnight delivery;

17.3.3 on the 5th business day following the date sent by certified or registered mail; or

17.3.4 as to the Contract only, 3 business days following the date of ordinary mailing.

17.4 A Notice to Escrowee shall be deemed given only upon actual receipt by Escrowee.

17.5 The Attorneys are authorized to give and receive any Notice on behalf of their respective clients.

17.6 Failure or refusal to accept a Notice shall not invalidate the Notice.

17.7 Notice pursuant to ¶¶ 2.2.2 and 13.4 may be delivered by confirmed facsimile to the Party's Attorney and shall be deemed given when transmission is confirmed by sender's facsimile machine.

18 Financing Provisions

~~18.1 The provisions of ¶¶ 18.1 and 18.2 are applicable only if ¶ 1.20.1 or 1.20.2 applies.~~

~~18.1.1 An "Institutional Lender" is any of the following that is authorized under Federal or New York State law to issue a loan secured by the Shares and Lease and is currently extending similarly secured loan commitments in the county in which the Unit is located: a bank, savings bank, savings and loan association, trust company, credit union of which Purchaser is a member, mortgage banker, insurance company or governmental entity.~~

~~18.1.2 A "Loan Commitment Letter" is a written offer from an Institutional Lender to make a loan on the Financing Terms (see ¶ 1.21) at prevailing fixed or adjustable interest rates and on other customary terms generally being offered by Institutional Lenders making cooperative share loans. An offer to make a loan conditional upon obtaining an appraisal satisfactory to the Institutional Lender shall not become a Loan Commitment Letter unless and until such condition is met. An offer conditional upon any factor concerning Purchaser (e.g. sale of current home, payment of outstanding debt, no material adverse change in Purchaser's financial condition, etc.) is a Loan Commitment Letter whether or not such condition is met. Purchaser accepts the risk that, and cannot cancel this Contract if, any condition concerning Purchaser is not met.~~

~~18.2 Purchaser, directly or through a mortgage broker registered pursuant to Article 12-D of the Banking Law, shall diligently and in good faith:~~

~~18.2.1 apply only to an Institutional Lender for a loan on the Financing Terms (see ¶ 1.21) on the form required by the Institutional Lender containing truthful and complete information, and submit such application together with such documents as the Institutional Lender~~

requires, and pay the applicable fees and charges of the Institutional Lender, all of which shall be performed within 5 business days after the

— ~~Delivery Date;~~
 — ~~18.3.2 promptly submit to the Institutional Lender such further references, data and documents requested by the Institutional Lender; and~~

— ~~18.3.3 accept a Loan Commitment Letter meeting the Financing Terms and comply with all requirements of such Loan Commitment Letter (or any other loan commitment letter accepted by Purchaser) and of the Institutional Lender in order to close the loan; and~~

— ~~18.3.4 furnish Seller with a copy of the Loan Commitment Letter promptly after Purchaser's receipt thereof;~~

— ~~18.3.5 Purchaser is not required to apply to more than one Institutional Lender.~~

~~18.3 If Paragraph 1.20.1 applies, then~~

— ~~18.3.1 provided Purchaser has complied with all applicable provisions of ¶ 18.2 and this ¶ 18.3, Purchaser may cancel this Contract as set forth below; if~~

— ~~18.3.1.1 any Institutional Lender denies Purchaser's application in writing prior to the Loan Commitment Date (see Paragraph 1.21); or~~

— ~~18.3.1.2 a Loan Commitment Letter is not issued by the Institutional Lender on or before the Loan Commitment Date; or~~

— ~~18.3.1.3 any requirement of the Loan Commitment Letter other than one concerning Purchaser is not met (e.g. failure of the Corporation to execute and deliver the Institutional Lender's recognition agreement or other document, financial condition of the Corporation, owner occupancy quota, etc.); or~~

— ~~18.3.1.4 (i) the Closing is adjourned by Seller or the Corporation for more than 30 business days from the Scheduled Closing Date and (ii) the Loan Commitment Letter expires on a date more than 30 business days after the Scheduled Closing Date and before the new date set for Closing pursuant to this ¶ and (iii) Purchaser is unable in good faith to obtain from the Institutional Lender an extension of the Loan Commitment Letter or a new Loan Commitment Letter on the Financing Terms without paying additional fees to the Institutional Lender, unless Seller agrees, by Notice to Purchaser within 5 business days after receipt of Purchaser's Notice of cancellation on such ground, that Seller will pay such additional fees and Seller pays such fees when due. Purchaser may not object to an adjournment by Seller for up to 30 business days solely because the Loan Commitment Letter would expire before such adjourned Closing date.~~

— ~~18.3.2 Purchaser shall deliver Notice of cancellation to Seller within 5 business days after the Loan Commitment Date if cancellation is pursuant to ¶ 18.3.1.1 or 18.3.1.2 and on or prior to the Scheduled Closing Date if cancellation is pursuant to ¶ 18.3.1.3 or 18.3.1.4.~~

— ~~18.3.3 If cancellation is pursuant to Paragraph 18.3.1.1, then Purchaser shall deliver to Seller, together with Purchaser's Notice, a copy of the Institutional Lender's written denial of Purchaser's loan application. If cancellation is pursuant to ¶ 18.3.1.2, then Purchaser shall deliver to Seller together with Purchaser's Notice evidence that a requirement of the Institutional Lender was not met.~~

— ~~18.3.4 Seller may cancel this Contract by Notice to Purchaser, sent within 5 days after the Loan Commitment Date, if Purchaser shall not have sent by then either (i) Purchaser's Notice of cancellation or (ii) a copy of the Loan Commitment Letter to Seller, which cancellation shall become effective if Purchaser does not deliver a copy of such Loan Commitment Letter to Seller within 10 business days after the Loan Commitment Date.~~

— ~~18.3.5 Failure by either Purchaser or Seller to deliver Notice of cancellation as required by this ¶ 18.3 shall constitute a waiver of the right to cancel under this ¶ 18.3.~~

— ~~18.3.6 If this Contract is canceled by Purchaser pursuant to this ¶ 18.3, then thereafter neither Party shall have any further rights against or obligations or liabilities to the other by reason of this Contract, except that the Contract Deposit shall be promptly refunded to Purchaser and except as set forth in ¶ 12. If this Contract is canceled by Purchaser pursuant to ¶ 18.3.1.4, then Seller shall reimburse Purchaser for any non-refundable financing and inspection expenses and other sums reimbursable pursuant to ¶ 16.~~

— ~~18.3.7 Purchaser cannot cancel this Contract pursuant to 18.3.1.4 and cannot obtain a refund of the Contract Deposit if the Institutional Lender fails to fund the loan;~~

— ~~18.3.7.1 because a requirement of the Loan Commitment Letter concerning Purchaser is not met (e.g. Purchaser's financial condition or employment status suffers an adverse change; Purchaser fails to satisfy a condition relating to the sale of an existing residence, etc.); or~~

— ~~18.3.7.2 due to the expiration of a Loan Commitment Letter issued with an expiration date that is not more than 30 business days after the Scheduled Closing Date;~~

~~19 Singular/Plural and Joint/Several~~

The use of the singular shall be deemed to include the plural and vice versa, whenever the context so requires. If more than one person constitutes Seller or Purchaser, their obligations as such Party shall be joint and several.

~~20 No Survival~~

No representation and/or covenant contained herein shall survive Closing except as expressly provided. Payment of the Balance shall constitute a discharge and release by Purchaser of all of Seller's obligations hereunder except those expressly stated to survive Closing.

~~21 Inspections~~

Purchaser and Purchaser's representatives shall have the right to inspect the Unit within 48 hours prior to Closing, and at other reasonable times upon reasonable request to Seller.

~~22 Governing Law and Venue~~

This Contract shall be governed by the laws of the State of New York without regard to principles of conflict of laws. Any action or proceeding arising out of this Contract shall be brought in the county or Federal district where the Unit is located and the Parties hereby consent to said venue.

~~23 No Assignment by Purchaser; Death of Purchaser~~

23.1 Purchaser may not assign this Contract or any of Purchaser's rights hereunder. Any such purported assignment shall be null and void.

23.2 This Contract shall terminate upon the death of all persons comprising Purchaser and the Contract Deposit shall be refunded to the Purchaser. Upon making such refund and reimbursement, neither Party shall have any further liability or claim against the other hereunder, except as set forth in ¶ 12.

~~24 Cooperation of Parties~~

24.1 The Parties shall each cooperate with the other, the Corporation and Purchaser's Institutional Lender and title company, if any, and obtain, execute and deliver such documents as are reasonably necessary to consummate this sale.

24.2 The Parties shall timely file all required documents in connection with all governmental filings that are required by law. Each Party represents to the other that its statements in such filings shall be true and complete. This ¶ 24.2 shall survive Closing.

~~25 FIRPTA~~

The parties shall comply with IRC §§ 897, 1445 and the regulations thereunder as same may be amended ("FIRPTA"). If applicable, Seller shall execute and deliver to purchaser at Closing a Certification of Non-Foreign Status ("CNS") or deliver a Withholding Certificate from the IRS. If Seller fails to deliver a CNS or a Withholding Certificate, Purchaser shall withhold from

the Balance, and remit to the IRS, such sum as may be required by law. Seller hereby waives any right of action against Purchaser on account of such withholding and remittance. This ¶ 25 shall survive Closing.

~~26 Additional Requirements~~

26.1 Purchaser shall not be obligated to close unless all of the following requirements are satisfied at the time of the Closing:

26.1.1 the Corporation is in good standing;

26.1.2 the Corporation has fee or leasehold title to the Premises, whether or not marketable or insurable; and

26.1.3 there is no pending in rem action, tax certificate/lien sale or foreclosure action of any underlying mortgage affecting the Premises.

26.2 If any requirement in ¶ 26.1 is not satisfied at the time of the Closing, Purchaser shall give Seller Notice and if the same is not satisfied within a reasonable period of time thereafter, then either Party may cancel this Contract (pursuant to ¶ 16.3) by Notice.

~~27 Escrow Terms~~

27.1 The Contract Deposit shall be deposited by Escrowee in an escrow account as set forth in ¶ 1.24 and the proceeds held and disbursed in accordance with the terms of this Contract. At Closing, the Contract Deposit shall be paid by Escrowee to Seller. If the Closing does not occur and either Party gives Notice to Escrowee demanding payment of the Contract Deposit, Escrowee shall give prompt Notice to the other Party of such demand. If Escrowee does not receive a Notice of objection to the proposed payment from such other Party within 10 business days after the giving of Escrowee's Notice, Escrowee is hereby authorized and directed to make such payment to the demanding party. If Escrowee does receive such a Notice of objection within said period, or if for any reason Escrowee in good faith elects not to make such payment, Escrowee may continue to hold the Contract Deposit until otherwise directed by a joint Notice by the Parties or a final, non-appealable judgment, order or decree of a court of competent jurisdiction. However, Escrowee shall have the right at any time to deposit the Contract Deposit and the interest thereon, if any, with the clerk of a court in the county as set forth in ¶ 22 and shall give Notice of such deposit to each Party. Upon disposition of the Contract Deposit and interest thereon, if any, in accordance with this ¶ 27, Escrowee shall be released and discharged of all escrow obligations and liabilities.

27.2 The Party whose Attorney is Escrowee shall be liable for loss of the Contract Deposit. If the Escrowee is Seller's attorney, then Purchaser shall be credited with the amount of the contract Deposit at Closing.

27.3 Escrowee will serve without compensation. Escrowee is acting solely as a stakeholder at the Parties' request and for their convenience. Escrowee shall not be liable to either Party for any act or omission unless it involves bad faith, willful disregard of this Contract or gross negligence. In the event of any dispute, Seller and

Purchaser shall jointly and severally (with right of contribution) defend (by attorneys selected by Escrowee), indemnify and hold harmless Escrowee from and against any claim, judgment, loss, liability, cost and expenses incurred in connection with the performance of Escrowee's acts or omissions not involving bad faith, willful disregard of this Contract or gross negligence. This indemnity includes, without limitation, reasonable attorneys' fees either paid to retain attorneys or representing the fair value of legal services rendered by Escrowee to itself and disbursements, court costs and litigation expenses.

27.4 Escrowee acknowledges receipt of the Contract Deposit, by check subject to collection.

27.5 Escrowee agrees to the provisions of this ¶ 27.

27.6 If Escrowee is the Attorney for a Party, Escrowee shall be permitted to represent such Party in any dispute or lawsuit.

27.7 This ¶ 27 shall survive Closing, cancellation or termination of this Contract.

28 Margin Headings

The margin headings do not constitute part of the text of this Contract.

29 Miscellaneous

This Contract shall not be binding unless and until Seller delivers a fully executed counterpart of this Contract to Purchaser (or Purchaser's Attorney) pursuant to ¶ 17.2 and 17.3. This Contract shall bind and inure to the benefit of the Parties hereto and their respective heirs, personal and legal representatives and successors in interest.

30 Lead Paint

If applicable, the complete and fully executed Disclosure of Information on Lead Based Paint and or Lead-Based Paint Hazards is attached hereto and made a part hereof.

In Witness Whereof, the Parties hereto have duly executed this Contract as of the date first above written.

ESCROW TERMS AGREED TO:

[Signature]
ESCROWEE

SELLER: _____
DocuSigned by:
[Signature]
RAVI NARAYAN 1A33596444B

PURCHASER: _____
[Signature]
LHAKPA DHONDHEN

[Signature]
TSERING DHONDHEN

Rider to, and Part of, Contract of Sale Between and _____ as Seller on _____ as Purchaser for Unit _____ at _____

Suggested Purchaser's representations for use when applicable:

31. Purchaser's Additional Representations and Covenants

31.1 Supplementing ¶ 4.2 of the Contract, Purchaser also represents and covenants that:

~~31.1.1 Purchaser has, and will at Closing have, available unencumbered cash and cash equivalents (including publicly traded securities) in a sum at least equal to (and having a then current value of) the Balance; and~~

~~31.1.2 Purchaser has, and will at and immediately following the Closing have, a positive net worth.~~

~~31.2 the Maintenance and the monthly amount of the Assessment (if any) do not aggregate more than 25% of the current total gross monthly income of the individuals comprising the Purchaser;~~

~~31.3 (if ¶ 1.20.1 or ¶ 1.20.2 applies) the monthly debt service (interest and amortization of principal, if any) of the proposed financing, together with the Maintenance and the monthly Assessment amount (if any), do not aggregate more than 35% of said current total gross monthly income.~~

~~32. Supplementing paragraph 4.1, Seller has no actual knowledge of a material default or condition which the Lessee is required to cure under the Lease and which remains uncured. If, prior to Closing, Seller acquires knowledge of a such default or condition which the Lessee would be required to cure, then Seller shall cure same at or prior to Closing. This provision shall not survive closing.~~

The Parties have duly executed this Rider as of the same date as the Contract.

SELLER: _____ PURCHASER: _____

6. If Financing

33-44 91st Unit 1V
Jackson Heights, NY 11372
April 2nd, 2024

Dear Board Members,

The purchase of 1V at 33-44 91 Street is an all-cash deal where financing will not be needed. The all-cash deal will not use any gift money whatsoever. The cash utilized for this deal is coming from our own savings over years of hard work.

Sincerely,

Lhakpa Dhondhen & Tsering Yangzom

Lhakpa dhondhen Tsering Yangzom

7. Tax Returns + W-2's

FOR TAX YEAR 2023

LHAKPA DHONDHEN & TSERING YANGZOM

Prime Tax

4016 74TH STREET
Elmhurst, NY 11373

(917) 858-1168

Prime Tax

4016 74TH STREET
Elmhurst, NY 11373
myprimetax@gmail.com
Phone: (917)858-1168 | Fax:

April 15, 2024

LHAKPA DHONDHEN & TSERING YANGZOM
8910 WHITNEY AVE APT 1K
Elmhurst, NY 11373

Subject: Preparation of Your 2023 Tax Returns

LHAKPA DHONDHEN & TSERING YANGZOM:

Thank you for choosing Prime Tax to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (917)858-1168.

Sincerely,

NAMGYAL DORJEE
Prime Tax

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

Prime Tax

4016 74TH STREET
Elmhurst, NY 11373
myprimetax@gmail.com
Phone: (917)858-1168 | Fax:

April 15, 2024

LHAKPA DHONDHEN & TSERING YANGZOM
8910 WHITNEY AVE APT 1K
Elmhurst, NY 11373

LHAKPA DHONDHEN & TSERING YANGZOM:

Enclosed is your 2023 Form 1040-X, Amended U.S. Individual Income Tax Return, prepared from the information provided. Your return has been e-filed with the IRS and was accepted on March 22, 2024.

Your amended return reflects neither a refund nor a balance due.

Enclosed is your 2023 New York amended Income Tax return, prepared from the information provided. Your return was e-filed with the New York taxing authority and was accepted on March 22, 2024.

Your New York amended Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (917)858-1168.

Sincerely,

NAMGYAL DORJEE
Prime Tax

Prime Tax

4016 74TH STREET
Elmhurst, NY 11373
myprimetax@gmail.com
Phone: (917)858-1168 | Fax:

April 15, 2024

LHAKPA DHONDHEN & TSERING YANGZOM
8910 WHITNEY AVE APT 1K
Elmhurst, NY 11373

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (917)858-1168.

Sincerely,

NAMGYAL DORJEE
Prime Tax

Prime Tax

4016 74TH STREET
 Elmhurst, NY 11373
 myprimetax@gmail.com
 Phone: (917)858-1168 | Fax:

Customer Name	Customer Information	
LHAKPA DHONDHEN & TSERING YANGZOM 8910 WHITNEY AVE APT 1K Elmhurst, NY 11373	Invoice #:	
	Date:	April 15, 2024
	Phone:	(929)346-8081
	E-mail:	l_hasa2007@yahoo.com

Your 2023 tax return was prepared by NAMGYAL DORJEE.

Description		Fee
Federal And Supplemental Forms		
Form 1040-X	Amended Income Tax Return	
Form 1040	U.S. Individual Income Tax Return	
Form 1040ES April	Estimated Tax Voucher 1	
Form 1040ES June	Estimated Tax Voucher 2	
Form 1040ES September	Estimated Tax Voucher 3	
Form 1040ES January	Estimated Tax Voucher 4	
Schedule 1	Additional Income and Adjustments to Income	
Schedule 2	Additional Taxes	
Schedule 3	Additional Credits and Payments	
Schedule 8812	Qualifying Children and Other Dependents Credit	
Schedule C	Profit or Loss from Business	
Schedule SE	Self Employment Tax	
Form 2441	Child and Dependent Care Expenses	
Form 8867	Paid Preparer's Due Diligence Checklist	
Form 8879	E-File Signature Authorization	
Form 8995	Qualified Business Income Deduction - Simple	
Form 9325	General Information for Electronic Filing	
Form W-2	Wage and Tax Statement	
Form W-2	Wage and Tax Statement	
Form W-2	Wage and Tax Statement	
Due Diligence	Additional Due Diligence	
Fed Withholdings	Form 1040 - Federal Withholding From All Sources	
QBI Explanation	Explanation of Qualified Business Income Amount	
Tax Computation	Computation of Regular Tax	
Wks 2441	Form 2441 - Prior Year Expenses Worksheet	
Wks 8812 - CTC	Schedule 8812 Worksheet - Child Tax Credit	
Wks CRED_LMT	Credit Limit Worksheet	
Wks EIC B	EIC Worksheet B	
Wks EIC Investment Limit	Investment Income Limitation	
Wks ES	Estimated Tax Worksheet	
Overflow	Itemized Listing Attachment	
Comparison	Tax Year Comparison Sheet	
Comparison Sch C	Schedule C Comparison Sheet	

ES Summary	Estimated Tax Summary Page	
W-2 Listing	Listing of All Forms W-2	
New York Forms		
NY SUM	NY Return Summary	
NY 201X	Amended Resident Income Tax Return - Page 1	
NY 201X Pg 2	Amended Resident Income Tax Return - Page 2	
NY 201X Pg 3	Amended Resident Income Tax Return - Page 3	
NY 201X Pg 4	Amended Resident Income Tax Return - Page 4	
NY 201X Pg 5	Amended Resident Income Tax Return - Page 5	
NY 201X Pg 6	Amended Resident Income Tax Return - Page 6	
NY AMD	Amended Tax Return Supporting Statement	
NY FAGI	Supporting Statement Federal Adjustments to Income	
NY 225	New York State Modifications	
NY-COMP	NY State Comparison	
NY 213	Claim for Empire State Child Credit	
NY 216	Claim for Child and Dependent Care Credit	
NY W2	Summary of W-2 Statements	
NY W2	Summary of W-2 Statements	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY TR579	E-file Signature Authorization	
NY TR5732	NY E-file Requirements	
NY WK AGI	State Adjustment Gross Income Worksheet	
NY WK SE	State Self Employment Tax Worksheet	
NY EF ACK	NY EF Acknowledgement Page	
NY EF ACK	NY EF Acknowledgement Page	

Total Forms	62	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**Thank you for participating in IRS *e-file*.

Taxpayer name

LHAKPA DHONDHEN & TSERING YANGZOM

Taxpayer address (optional)

8910 WHITNEY AVE APT 1K**Elmhurst, NY 11373**

1. Your federal income tax return for 2023 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Prime Tax.
2. Your return was accepted on 03-22-2024 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 1114832024082tn1k35o.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Form **1040-X**

Department of the Treasury - Internal Revenue Service
Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) **2023** **or fiscal year** (enter month and year ended)

Your first name and middle initial LHAKPA		Last name DHONDHEN	Your social security number ██████-2228
If joint return, spouse's first name and middle initial TSERING		Last name YANGZOM	Spouse's social security number ██████-3022
Home address (number and street). If you have a P.O. box, see instructions. 8910 WHITNEY AVE		Apt. no. 1K	Presidential Election Campaign Check here if you, or your spouse if filing jointly, didn't previously want \$3 to go to this fund, but now do. 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 Elmhurst		State NY	
Foreign country name		Foreign province/state/county	
ZIP code 11373		Foreign postal code	

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

Use Part III on page 2 to explain any changes.

Income and Deductions

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1 94,107		94,107
2 Itemized deductions or standard deduction	2 27,700		27,700
3 Subtract line 2 from line 1	3 66,407		66,407
4a Reserved for future use	4a		
b Qualified business income deduction	4b 1,210		1,210
5 Taxable income. Subtract line 4b from line 3. If the result for column C if zero or less, enter -0- in column C	5 65,197		65,197

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions): TABLE	6 7,381		7,381
7 Nonrefundable credits. If a general business credit carryback is included, check here <input type="checkbox"/>	7 4,113		4,113
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 3,268		3,268
9 Reserved for future use	9		
10 Other taxes	10 919		919
11 Total tax. Add lines 8 and 10	11 4,187		4,187

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12 1,575		1,575
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14		
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		2,612
17 Total payments. Add lines 12 through 15, column C, and line 16	17		4,187

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19		4,187
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return.	21		
22 Amount of line 21 you want refunded to you	22		
23 Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1040-X (Rev. 2-2024)

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents.

Enter the information for the return year entered at the top of page 1.

		A. Original number of dependents reported or as previously adjusted	B. Net change - amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24		
25	Your dependent children who lived with you	25	2	2
26	Reserved for future use	26		
27	Other dependents	27		
28	Reserved for future use	28		
29	Reserved for future use	29		
30	List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) Check the box if qualified for (see instructions):	
				Child tax credit	Credit for other dependents
	TENCHOE DHONDHEN	[REDACTED]-5854	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TENZIN KUNGA	[REDACTED]-8189	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

NAME CORRECTION: Last name spelled wrong, the correct last name is DHONDHEN

Sign Here	Remember to keep a copy of this form for your records.			
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	15125	03-13-2024		
Paid Preparer Use Only	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.)
	24745	03-13-2024		
	Phone no. 929-346-8081	Email address 1_lhasa2007@yahoo.com		
	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
NAMGYAL DORJEE	04-15-2024	P02029402		
Print/Type preparer's name NAMGYAL DORJEE				
Firm's name Prime Tax			Firm's EIN 85-3758466	
Firm's address 4016 74TH STREET Elmhurst, NY 11373			Phone no. 917-858-1168	

For forms and publications, visit www.irs.gov/Forms.

Form 1040 U.S. Individual Income Tax Return 2023

Department of the Treasury-Internal Revenue Service

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning , 2023, ending See separate instructions.

Your first name and middle initial LHA KPA Last name DHONDHEN Your social security number -2228

If joint return, spouse's first name and middle initial T S E R I N G Last name YANGZOM Spouse's social security number 3022

Home address (number and street). If you have a P.O. box, see instructions. 8910 WHITNEY AVE Apt. no. 1K Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. Elmhurst State NY ZIP code 11373

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Head of household (HOH) Married filing separately (MFS) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? 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, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check if qualifies for Child tax credit, Credit for other dependents. Rows include TENCHOE and TENZIN.

Income section table with columns 1a-1h and 1i-1z. Total amount from Form(s) W-2, box 1 is 88,038. Total income is 94,567. Adjusted gross income is 94,107. Taxable income is 65,197.

Table for tax-exempt interest, qualified dividends, IRA distributions, pensions and annuities, and social security benefits.

Table for capital gain or (loss), additional income from Schedule 1, adjustments to income, and standard deduction or itemized deductions.

Table with columns for line numbers (16-24) and amounts. Section: Tax and Credits. Total tax: 4,187.

Table with columns for line numbers (25-33) and amounts. Section: Payments. Total payments: 1,575.

If you have a qualifying child, attach Sch. EIC.

Table with columns for line numbers (34-36) and amounts. Section: Refund. Total refund: 0.

Table with columns for line numbers (37-38) and amounts. Section: Amount You Owe. Total amount owed: 2,612.

Third Party Designee section. Includes fields for name, phone, and PIN. Selected: No.

Sign Here section. Includes signature lines for preparer and spouse, with date and occupation fields.

Paid Preparer Use Only section. Includes fields for preparer's name, firm's name, address, and EIN.

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2023

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

LHAKPA DHONDHEN & TSERING YANGZOM

2228

Part I Additional Income

Table with 10 main rows and sub-rows (a-z) for 'Other income'. Includes columns for line numbers and amounts. Total additional income is 6,509.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	460
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	460

SCHEDULE 2
(Form 1040)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074
2023
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
LHAKPA DHONDHEN & TSERING YANGZOM

Your social security number
██████-██-2228

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	0

Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	919
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

LHAKPA DHONDHEN & TSERING YANGZOM

Your social security number

██████████-2228

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	113
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32.	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911.	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	8	113

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount: _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	0

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Business (Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 09

Name of proprietor: LHAKPA DHONDHEN. Social security number (SSN): 2228. Principal business or profession: CAB SERVICE. Business name: UBER AND LYFT. Business address: 8910 WHITNEY AVE APT 1K, Elmhurst, NY 11373. Accounting method: Cash. Did you materially participate? Yes.

Part I Income table with 7 rows. Line 1: 55,560. Line 2: 0. Line 3: 55,560. Line 4: Gross profit 55,560. Line 7: Gross income 55,560.

Part II Expenses table with 31 rows. Line 8: Advertising 22,556. Line 18: Office expense 20,280. Line 27a: Other expenses 6,215. Line 28: Total expenses 49,051. Line 29: Tentative profit 6,509. Line 31: Net profit or loss 6,509.

Name(s) LHAKPA DHONDHEN SSN 060-011-2228

Part III Cost of Goods Sold (see instructions)

- 33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
35 Inventory at beginning of year.
36 Purchases less cost of items withdrawn for personal use
37 Cost of labor.
38 Materials and supplies
39 Other costs
40 Add lines 35 through 39
41 Inventory at end of year
42 Cost of goods sold.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business.

- 43 When did you place your vehicle in service for business purposes?
44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:
a Business b Commuting c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

Table with 2 columns: Expense Category and Amount. Rows include GAS (5,214), PHONE (600), CAR WASH (401), and Total other expenses (6,215).

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person
with self-employment income

LHAKPA DHONDHEN

██████████-2228

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	6,509
3 Combine lines 1a, 1b, and 2	3	6,509
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	6,011
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	6,011

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
--	-----------	--

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
---	-----------	--

6 Add lines 4c and 5b	6	6,011
--	----------	-------

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
--	----------	---------

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	29,040
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	

d Add lines 8a, 8b, and 8c	8d	29,040
---	-----------	--------

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	131,160
---	----------	---------

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	10	745
--	-----------	-----

11 Multiply line 6 by 2.9% (0.029)	11	174
---	-----------	-----

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	919
---	-----------	-----

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	460
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

Form **2441**

Child and Dependent Care Expenses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **21**

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

LHAKPA DHONDHEN & TSERING YANGZOM

666-94-2228

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

Part I Persons or Organizations Who Provided the Care - You must complete this part.

If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
TOWN HALL	5337 72ND ST	[REDACTED] 9702	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	566
	Maspeth, NY			
	11378			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits?

No Complete only Part II below.

Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
First	Last			
TENCHOE	DHONDHEN	[REDACTED]-5854	<input type="checkbox"/>	283
TENZIN	KUNGA	[REDACTED]-8189	<input type="checkbox"/>	283
			<input type="checkbox"/>	

3	Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	3	566																																																																								
4	Enter your earned income . See instructions	4	35,089																																																																								
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	58,998																																																																								
6	Enter the smallest of line 3, 4, or 5	6	566																																																																								
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	94,107																																																																								
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: <table border="1"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0-</td> <td>15,000</td> <td>.35</td> <td>\$25,000-</td> <td>27,000</td> <td>.29</td> <td>\$37,000-</td> <td>39,000</td> <td>.23</td> </tr> <tr> <td>15,000-</td> <td>17,000</td> <td>.34</td> <td>27,000-</td> <td>29,000</td> <td>.28</td> <td>39,000-</td> <td>41,000</td> <td>.22</td> </tr> <tr> <td>17,000-</td> <td>19,000</td> <td>.33</td> <td>29,000-</td> <td>31,000</td> <td>.27</td> <td>41,000-</td> <td>43,000</td> <td>.21</td> </tr> <tr> <td>19,000-</td> <td>21,000</td> <td>.32</td> <td>31,000-</td> <td>33,000</td> <td>.26</td> <td>43,000-</td> <td>No limit</td> <td>.20</td> </tr> <tr> <td>21,000-</td> <td>23,000</td> <td>.31</td> <td>33,000-</td> <td>35,000</td> <td>.25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23,000-</td> <td>25,000</td> <td>.30</td> <td>35,000-</td> <td>37,000</td> <td>.24</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	If line 7 is:			If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0-	15,000	.35	\$25,000-	27,000	.29	\$37,000-	39,000	.23	15,000-	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22	17,000-	19,000	.33	29,000-	31,000	.27	41,000-	43,000	.21	19,000-	21,000	.32	31,000-	33,000	.26	43,000-	No limit	.20	21,000-	23,000	.31	33,000-	35,000	.25				23,000-	25,000	.30	35,000-	37,000	.24				8	X. 20
If line 7 is:			If line 7 is:			If line 7 is:																																																																					
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23,000-	25,000	.30	35,000-	37,000	.24																																																																						
9a	Multiply line 6 by the decimal amount on line 8	9a	113																																																																								
b	If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	9b																																																																									
c	Add lines 9a and 9b and enter the result	9c	113																																																																								
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	7,381																																																																								
11	Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	11	113																																																																								

For Paperwork Reduction Act Notice, see your tax return instructions.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	94,107
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	94,107
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000 }	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	4,000
13	Enter the amount from the Credit Limit Worksheet A	13	7,268
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.	14	4,000

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2023

Part II-A Additional Child Tax Credit for All Filers

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

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.								<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.							16a	0
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27							16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.								
17	Enter the smaller of line 16a or line 16b							17	
18a	Earned income (see instructions)					18a			
b	Nontaxable combat pay (see instructions)					18b			
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result							19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.							20	

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28							27	0
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Form **8995**

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: UBER AND LYFT	██████████-2228	6,049
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	6,049
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	6,049
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	1,210
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	1,210
11	Taxable income before qualified business income deduction (see instructions)	11	66,407
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	66,407
14	Income limitation. Multiply line 13 by 20% (0.20)	14	13,281
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	1,210
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

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

Form **8995** (2023)

EEA

Amount from Form 1040, line 11 **94,107**
Amount from Form 1040, line 12 **27,700**
Line 11 above is the difference between these amounts **66,407**

Form **8867**
(Rev. November 2023)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

2023

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return LHAKPA DHONDHEN & TSERING YANGZOM		Taxpayer identification number ██████-2228
Preparer's name NAMGYAL DORJEE		Preparer tax identification number P02029402

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: School Records _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 11-2023)

EEA

Part II	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)		
	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)		
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)	
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)	
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Due Diligence - Notes

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

000-000-2228

Use the notes fields below to document any additional inquiries made by the tax return preparer to help determine if the information furnished by the taxpayer is complete and correct.

Date of interview

Name of taxpayer interviewed

Taxpayer interviewed by

03-13-2024

lhakpa Dhondhen

Namgyal Dorjee

Note: **Schoolverificcation letttrs for the dependents**

Note:

Note:

Note:

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
Paid preparer's signature	Date		
	04-15-2024		

Form **8879**
 (Rev. January 2021)
 Department of the Treasury
 Internal Revenue Service

IRS e-file Signature Authorization
****AMENDED****
 ▶ ERO must obtain and retain completed Form 8879.
 ▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074
2023

Submission Identification Number (SID) **1114832024082tn1k35o**

Taxpayer's name LHAKPA DHONDHEN	Social security number 9-99-9999-2228
Spouse's name TSERING YANGZOM	Spouse's social security number 9-99-9999-3022

Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	94,107
2 Total tax	2	4,187
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1,575
4 Amount you want refunded to you	4	
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize Prime Tax ERO firm name to enter or generate my PIN 15125 as my signature on the income tax return (original or amended) I am now authorizing. ****AMENDED****
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize Prime Tax ERO firm name to enter or generate my PIN 24745 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 111483-11377
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ NAMGYAL DORJEE Date ▶ 04-15-2024

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

1040

Overflow Statement

2023

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

LHAKPA DHONDHEN & TSERING YANGZOM

Tax Identification Number

~~000-91~~-2228

Schedule C, Line 10 - Commissions and Fees

Description	Amount
LYFT FEES	\$ 17,152
UBER FEES	5,404
Total:	\$ 22,556

Estimated Tax Worksheet for Next Year

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

1.	Wages	1.	
2.	Interest and Dividend income	2.	
3.	Capital gain income	3.	
4.	Taxable IRA/Pension income	4.	
5.	Taxable Social Security income	5.	
6.	Business income	6.	
7.	Other income	7.	
8.	Total income (add lines 1 thru 7)	8.	
9.	Adjustments to income	9.	
10.	Adjusted gross income (subtract line 9 from line 8)	10.	
11a.	Itemized deductions	11a.	
11b.	Standard deduction	11b.	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.	
13.	Estimated Section 199A deduction for qualified trade or business income	13.	
14.	Projected taxable income (subtract line 13 from line 12)	14.	
15.	Projected Tax	15.	
16.	Alternative Minimum Tax	16.	
17.	Total tax	17.	
18a.	Child Tax Credit and Other Dependent Credit	18a.	
18b.	Other projected Credits	18b.	
18c.	Total projected credits	18c.	
19.	Subtract line 18d from line 17	19.	
20.	Projected SE Tax - Taxpayer	20.	
21.	Projected SE Tax - Spouse	21.	
22.	Other taxes	22.	
23a.	Add lines 19 through 22	23a.	
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit, refundable American opportunity credit, and refundable credit from Form 8885	23b.	
c.	Total 2024 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	23c.	
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	24a.	
b.	Required annual payment based on prior year's tax (see instructions)	24b.	4,187
c.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	24c.	4,187
25.	Projected Withholding	25.	1,575
26.	Projected Net Tax (subtract line 25 from line 24c)	26.	2,612

Estimates will be computed on \$2,612. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.

The Estimated Tax Worksheet for Next Year (WK_ES) does not take every tax scenario into account. The worksheet recomputes calculations for taxable Social Security, Schedule A, and tax including capital gains tax rates, as well as Child Tax Credit (CTC), Additional Child Tax Credit (ACTC), and self-employment (SE) tax. If other calculations are needed for an accurate estimated tax determination, (Ex. Form 8959, Form 8960), use the Tax Planner.

Summary of Estimates

2024

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

[REDACTED]-2228

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2024	06-17-2024	09-16-2024	01-15-2025	Total
Total Installment Amount	660	660	660	660	2,640
Overpayment Applied	0	0	0	0	0
Net Installment Due	660	660	660	660	2,640

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation					

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2023 PG01

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

Description

Amount

W2 - JACKSON HEIGHTS CARE CNTR LLC
W2 - NEW YORK CITY HEALTH AND HOSPITALS
W2 - F&O REFINISHING & UNIQUE SERVIES I
W-2 Subtotal

110
905
560
1,575

Total Withholdings

1,575

W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM		FEDERAL			STATE 06891 -2228		CITY/LOCAL		
T/S	Employer Name	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE	Gross	W/H
S	JACKSON HEIGHTS CARE CNTR LL	500	110	NY	500		NY		
S	NEW YORK CITY HEALTH AND HOS	58,498	905	NY	58,498	2,520	NY	58,498	1,803
T	F&O REFINISHING & UNIQUE SER	29,040	560	NY	29,040	948	NY	29,040	691
Taxpayer Totals		29,040	560		29,040	948		29,040	691
Spouse Totals		58,998	1,015		58,998	2,520		58,998	1,803
Totals		88,038	1,575		88,038	3,468		87,538	2,494

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

[REDACTED]-2228

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions \$ 7,381

\$ 7,381 Tax computed using only available method

Credit Limit Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

■■■■■■■■■■-2228

1. Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	1.	7,381	
2. Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.		
3. Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10	3.	7,381	
4. Amount from Form 2441, line 11	4.	113	
5. Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.	7,268	
6. Amount from Schedule R, line 22	6.		
7. Enter amount from Form 8863, line 18	7.		
8. Subtract line 6 from line 5. If zero or less, enter -0-	8.	7,268	
9. Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.		
10. Enter amount from Form 8863, line 9	10.		
11. Subtract line 9 from line 8. If zero or less, enter -0-	11.	7,268	
12. Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.		
13. Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.	0	
14. Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.	7,268	
15. Amount from Form 8880, line 12	15.		
16. Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 31	16.	7,268	
17. Amount from Form 5695, line 32	17.		
18. Reserved	18.		
19. Reserved	19.		
20. Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8936, line 17	20.	7,268	
21. Amount from Form 8936, line 18	21.		
22. Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 12	22.	7,268	
23. Amount from Form 8936, line 13	23.		
24. Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	24.	4,000	
25. Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.	3,268	
26. Amount from Form 8396, line 9	26.		
27. Subtract line 26 from line 25. If zero or less, enter -0-	27.	3,268	
28. Amount from Form 8839, line 14	28.		
29. Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	29.		
30. Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.	3,268	
31. Amount from Form 8859, line 3	31.		
32. Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.	3,268	

**Worksheet B
Form 1040****Earned Income Credit (EIC) - Line 27**

(Keep for your records)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN**██████-2228****Use this worksheet if you answered "Yes" to Step 5, question 2.**

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1 Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE	1a. Enter the amount from Schedule SE, Part I, line 3.	1a	6,509
	b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.	1b	
	c. Combine lines 1a and 1b.	1c	6,509
	d. Enter the amount from Schedule SE, Part I, line 13.	1d	460
	e. Subtract line 1d from line 1c.	1e	6,049
	Part 2		
Self-Employed NOT Required To File Schedule SE For example, your net earnings from self-employment were less than \$400.	2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.		
	a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.	2a	
	b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	2b	
c. Combine lines 2a and 2b.	2c		
<i>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.</i>			
Part 3			
Statutory Employees Filing Schedule C	3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.	3	
Part 4			
All Filers Using Worksheet B	4. Combine lines 1e, 2c, and 3. This is your total self-employed income.	4	6,049

Need more information or forms? Visit IRS.gov.

Form 1040 or 1040-SR

Investment Income for the Earned Income Credit

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

Interest and Dividends

- 1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 20
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2.
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3.
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4.

Capital Gain Net Income

- 5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5.
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6.
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7.

Royalties and Rental Income From Personal Property

- 8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) 8.

Passive Activities

- 9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. 0
10. Adjustment from EIC screen 10.
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your investment income 11. 20
12. Is the amount on line 11 more than \$11,000?
[] Yes. You can't take the credit.
[X] No. Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Worksheet for 2022 Expenses Paid in 2023

(This page is not filed with the return. It is for your records only)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

- | | | |
|---|-----|-------|
| 1. Enter the amount reported on your 2022 Form 2441, line 3 | 1. | 0 |
| 2. Enter your 2022 qualified expenses paid in 2023 | 2. | 0 |
| 3. Add the amounts on lines 1 and 2 | 3. | 0 |
| 4. Enter \$3,000 if you had one qualifying person (\$6,000 if you had two or more) | 4. | 3,000 |
| 5. Enter any dependent care benefits received for 2022 and deducted on your return and/or excluded from your income (from your 2022 Form 2441, lines 24 and 25) | 5. | 0 |
| 6. Subtract the amount on line 5 from the amount on line 4 and enter the result | 6. | 3,000 |
| 7. Compare your earned income for 2022 and your spouse's earned income for 2022 and enter the smaller amount | 7. | 0 |
| 8. Compare the amounts on lines 3, 6, and 7, and enter the smallest amount | 8. | 0 |
| 9. Enter the amount on which you figured the credit for 2022 (from your 2022 Form 2441, line 6) | 9. | 0 |
| 10. Subtract the amount on line 9 from the amount on line 8 and enter the result. If zero or less, stop here. You can't increase your 2023 credit by any previous year's expenses | 10. | 0 |
| 11. Enter your 2022 adjusted gross income (from your 2022 Form 1040, 1040-SR, or 1040-NR, line 11) | 11. | |
| 12. Find your 2022 adjusted gross income in the table below and enter the corresponding decimal amount here | 12. | |

IF your 2022 adjusted gross income was:

IF your 2022 adjusted gross income was

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0-	15,000	.35	\$25,000-	27,000	.29	\$37,000-	39,000	.23
15,000-	17,000	.34	27,000-	29,000	.28	39,000-	41,000	.22
17,000-	19,000	.33	29,000-	31,000	.27	41,000-	43,000	.21
19,000-	21,000	.32	31,000-	33,000	.26	43,000-	No limit	.20
21,000-	23,000	.31	33,000-	35,000	.25			
23,000-	25,000	.30	35,000-	37,000	.24			

13. Multiply line 10 by line 12 and enter the amount here and on Form 2441, line 9b 13.
14. Name, address, and identifying number of persons or organizations who provided the care:
15. First and last name and taxpayer identification number of the qualifying person that received the care:

Attach to your tax return a copy of this worksheet or a statement explaining how you figured the credit for prior year expenses that includes all the same information that is in the worksheet, including the name, address, and taxpayer identification number of the persons or organizations providing the care and the name and taxpayer identification number of the person for whom you paid for care.

Credit Limit Worksheet A

Schedule 8812

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **1.** 7,381

2. Add the following amounts (if applicable) from:

- Schedule 3, Line 1 + _____
- Schedule 3, Line 2 + 113
- Schedule 3, Line 3 + _____
- Schedule 3, Line 4 + _____
- Schedule 3, line 5b + _____
- Schedule 3, line 6d + _____
- Schedule 3, line 6f + _____
- Schedule 3, line 6l + _____
- Schedule 3, line 6m + _____

Enter the total. **2.** 113

3. Subtract line 2 from line 1 **3.** 7,268

Complete Credit Limit Worksheet B **only** if you meet all of the following.

- 1. You are claiming one or more of the following credits.
 - a. Mortgage interest credit, Form 8396.
 - b. Adoption credit, Form 8839.
 - c. Residential clean energy credit, Form 5695, Part I.
 - d. District of Columbia first-time homebuyer credit, Form 8859.

- 2. You are not filing Form 2555.
- 3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B **4.** 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 **5.** 7,268

QBI Explanation Worksheet

Form 1040

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

██████████-2228

Name of business activity	As reported	As allowed on 1040 after limitations
Schedule C: UBER AND LYFT		
1. Ordinary business income (loss)	6,509	6,509
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		460
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		6,049
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- Form 8995, line 1
- Form 8995-A, line 2
- Form 8995-A, Schedule A, line 2
- Form 8995-A, Schedule A, line 16
- Form 8995-A, Schedule B, line 3
- Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet

List of items that will carryover to the 2024 tax return

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDHEN & TSERING YANGZOM

2228

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	_____
Contributions subject to 60% of AGI limitations	_____
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	_____
Contributions subject to 30% of AGI limitations	_____
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	_____
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	_____
State/local taxes paid in 2024 to flow to the Schedule A	_____
State donations and contributions carryover	_____
State overpayment applied to next year	_____

Expenses

Office in home operating expenses	_____
Office in home excess casualty losses and depreciation	_____
Disallowed investment interest expense AMT _____ Reg. Tax _____	_____
Section 179 expense	_____
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	_____

Losses

Short-term capital loss AMT _____ Reg. Tax _____	_____
Long-term capital loss AMT _____ Reg. Tax _____	_____
Net operating loss AMT _____ Reg. Tax _____	_____
Excess business loss from Form 461 (becomes part of NOL next year) AMT _____ Reg. Tax _____	_____
Qualified REIT and PTP loss carryover	_____
QBI loss carryover	_____
Nonrecaptured net section 1231 losses from WK_1231C AMT _____ Reg. Tax _____	_____

Credits

Mortgage interest credit	_____
Credit for prior year minimum tax	_____
Foreign Tax credit AMT _____ Reg. Tax _____	_____
District of Columbia first time home owner's credit	_____
Residential clean energy credit	_____

Other

Preparer Fee	_____
Overpayment applied to next year's estimates	_____
Estimated Tax Payment 1 _____ 660 Estimated Tax Payment 2 _____ 660	_____
Estimated Tax Payment 3 _____ 660 Estimated Tax Payment 4 _____ 660	_____
Federal tax liability for 2210 calculation	4,187
State tax liability for state 2210 calculation	6,396
IRA basis Taxpayer _____ Spouse _____	_____
Disaster distributions taxable in 2024 Taxpayer _____ Spouse _____	_____
Disaster distributions taxable in 2025 Taxpayer _____ Spouse _____	_____
Excess repayments from 8915-F Taxpayer _____ Spouse _____	_____

Passive Activity

At Risk Limitations

TAX RETURN COMPARISON
2021 / 2022 / 2023

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return LHAKPA DHONDHEN & TSERING YANGZOM		Identifying number ██████████-2228		
	2021	2022	2023	Difference 2022-2023
Filing Status		Married Joint	Married Joint	
Number of Dependents		2	2	
Income				
Wages, salaries, tips, etc.		48,952	88,038	39,086
Taxable interest and dividends		10	20	10
Taxable state and local refunds				
Alimony				
Business income (loss)		9,274	6,509	(2,765)
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income		58,236	94,567	36,331
Adjusted Gross Income				
Half of self-employment tax			460	460
IRA deduction				
Other adjustments		655		(655)
Total Adjusted Gross Income		57,581	94,107	36,526
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Other deductions				
Total itemized deductions				
Standard deduction		25,900	27,700	1,800
Total deductions claimed		25,900	27,700	1,800
Qualified Business Income Deduction		1,724	1,210	(514)
Tax and Credits				
Taxable Income		29,957	65,197	35,240
Tax		3,186	7,381	4,195
Credits		3,186	4,113	927
Self-employment tax		1,310	919	(391)
Other taxes				
Total Tax		1,310	4,187	2,877
Payments				
Withholdings		424	1,575	1,151
Estimated tax payments				
Earned income credit				
Other payments and credits				
Estimated tax penalty				
Overpayment		78		(78)
Overpayment applied				
Refund		78		(78)
Balance Due			2,612	2,612
Marginal tax rate		12.00	12.00	
Effective tax rate		10.64	11.32	0.68

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2023

Name of proprietor

Tax ID Number

LHAKPA DHONDHEN**██████████-2228**Principal business: **CAB SERVICE**Business name: **UBER AND LYFT**

	2022	2023	Difference
Income			
Gross Receipts or sales	57,626	55,560	(2,066)
Returns & allowances			
Cost of goods sold			
Gross profit	57,626	55,560	(2,066)
Other income			
Gross income	57,626	55,560	(2,066)
Expenses			
Advertising			
Car and truck expenses			
Commissions and fees	21,712	22,556	844
Contract labor			
Depletion			
Depreciation & section 179			
Employee benefit programs			
Insurance			
Mortgage interest			
Other interest			
Legal & Professional services			
Office expense			
Pension & profit-sharing			
Rent or lease - machinery	20,280	20,280	
Rent or lease - other property			
Repairs & maintenance			
Supplies			
Taxes and licenses			
Travel			
Deductible meals			
Utilities			
Wages			
Other expenses	6,360	6,215	(145)
Total expenses	48,352	49,051	699
Business use of home			
Net profit or (loss)	9,274	6,509	(2,765)
Allowed on return after Form 6198 and Form 8582 limitations	9,274	6,509	(2,765)

**2023 IT-201-X Filing Instructions
LHAKPA DHONDHEN & TSERING YANGZOM**

Form filed:

IT-201-X and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Other instructions:

The return reflects neither a refund nor a balance due

NYEF_ACK	Acknowledgement and General Information for Taxpayers Who File Returns Electronically	2023
Name(s) as shown on return LHAKPA DHONDHEN & TSERING YANGZOM	Identification Number ***-**-2228	
Address 8910 WHITNEY AVE APT 1K Elmhurst, NY 11373		
Thank you for participating in e-file. 1. <input checked="" type="checkbox"/> Your 2023 state income tax return for <u>NY201</u> was filed electronically. The electronic filing services were provided by <u>Prime Tax</u> . 2. <input checked="" type="checkbox"/> Your return was accepted on <u>03-13-2024</u> using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The submission ID assigned to this return is <u>1114832024073x3rcsi4</u> .		
PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.		

NYEF_ACK	Acknowledgement and General Information for Taxpayers Who File Returns Electronically	2023
Name(s) as shown on return LHAKPA DHONDHEN & TSERING YANGZOM	Identification Number ***-**-2228	
Address 8910 WHITNEY AVE APT 1K Elmhurst, NY 11373		
Thank you for participating in e-file. 1. <input checked="" type="checkbox"/> Your 2023 state income tax return for <u>NY201X</u> was filed electronically. The electronic filing services were provided by <u>Prime Tax</u> . 2. <input checked="" type="checkbox"/> Your return was accepted on <u>03-22-2024</u> using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The submission ID assigned to this return is <u>1114832024082fhkvvam</u> .		
PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.		

Return Information

New York Return Summary

2023

(Do NOT file this form with your return. It is for your records only.)

Form with fields for Your Name (LHAKPA DHONDHEN), Spouse's Name (TSERING YANGZOM), Mailing Address (8910 WHITNEY AVE APT 1K, ELMHURST NY 11373), New York State county of residence (QUEENS), School district name (QUEENS), School district code no. (519), Your e-mail (L_LHASA2007@YAHOO.COM), Your phone no. (929 346 8081), Spouse's e-mail, and Spouse's phone no.

Form with fields for Form filed (IT-201-X), Filing status (MARRIED JOINTLY), NYS residency (FULL-YEAR RESIDENT), NYC residency (FULL-YEAR RESIDENT), and Yonkers residency (NONRESIDENT).

Table with 2 columns: Description and Federal Amount. Rows include Total income (94567), Total federal adjustments to income (460), Federal adjusted gross income (FAGI) (94107), Total NY additions to income, Total NY subtractions from income (2000), and NY adjusted gross income (92107).

Table with 1 column: Description and NYS Amount (IT-203). Rows include Total refundable credits and payments (6972), Estimated tax penalty, Overpayment, Refund, and Other penalties and interest.

Miscellaneous Information box with field for Advanced payments received (STAR).

Table with 2 columns: Description and Amount. Rows include Standard or Itemized deduction (16050), Dependent exemptions (2000), NYS taxable income (74057), Total NYS taxes after nonrefundable credits (3741), Total NYC taxes after nonrefundable credits (2655), MCTMT, Yonkers tax, Sales or use tax, Voluntary contributions, and Total taxes and voluntary contributions (6396).

Table with 2 columns: Description and Amount. Rows include Total refundable credits and payments (6972), Estimated tax penalty, Overpayment, Refund, and Other penalties and interest.

Form of Refund or Payment (for IT-201/X or IT-203-X):

Table with 2 columns: Description and Amount. Rows include Common Refundable Credits: NYS noncustodial parent EIC (IT-209), NYS Earned Income Credit (IT-215), Empire State Child Credit (IT-213) (660), Real property tax credit (IT-214), NYS child and dependent care credit (IT-216) (68), and College and tuition credit (IT-272).

Table with 2 columns: Description and Amount. Rows include NYC Earned Income Credit (IT-209 or IT-215), NYC child and dependent care credit (IT-216), NYC school tax credit (fixed amount) (125), and NYC school tax credit (rate reduction) (157).

Form IT-204-LL (Partnership, LLC, and LLP Filing Fee) with fields for You and Spouse.

Form NYC-1127 (Nonresident Employees of the City of NY) with fields for NYS taxable income, Total taxes, Credits and payments, Refund, and Balance due.

Form NYC-202/S (UBT Return for Individuals) with columns for You and Spouse. Rows include Taxable income, Uninc. Business Tax, Total credits, Total payments, Penalties and interest, Net overpayment (Applied to 2024 ES), Refund, and Balance due.

**Department of
Taxation and Finance**

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.**Attention tax return preparer:**

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.**Avoid penalties and e-file this return.****Attention taxpayer:**

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

Amended Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201-X

For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... and ending ...

23

See the instructions, Form IT-201-X-I, for help completing your amended return.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
LHAKPA		DHONDHEN	07101972	000-91-2228
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
TSERING		YANGZOM	10171988	005-77-3022
Mailing address (number and street or PO Box)			Apartment number	New York State county of residence
8910 WHITNEY AVE			1K	QUEENS
City, village, or post office		State	ZIP code	Country
ELMHURST		NY	11373	
Taxpayer's permanent home address (number and street or rural route)			Apartment number	School district code number
				519
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

- A Filing status**
(mark an X in one box):
- (1) Single
 - (2) Married filing joint return
(enter spouse's Social Security number above)
 - (3) Married filing separate return
(enter spouse's Social Security number above)
 - (4) Head of household *(with qualifying person)*
 - (5) Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? . . . Yes No

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

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

D2 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? . Yes No
If Yes:

(2) Number of months **you** lived in Yonkers in 2023 . . .

(3) Number of months **your spouse** lived in Yonkers in 2023

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 . . Yes No

E (1) Did you or your spouse **maintain living quarters in NYC** (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? Yes No

(2) Enter the number of days spent in NYC in 2023 *(any part of a day spent in NYC is considered a day)* . .

F NYC residents and NYC part-year residents only:
(1) Number of months **you** lived in NYC in 2023 12

(2) Number of months **your spouse** lived in NYC in 2023 12

G Enter your **2-character special condition code(s) if applicable** *(see instructions)*



H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
TENZIN		KUNGA	SON	776-07-8189	11302014
TENCHOE		DHONDHEN	SON	500-91-5854	08242013

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



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Your Social Security number
000-94-2228

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	88038.00
2	Taxable interest income	2	20.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040).	6	6509.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040).	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040).	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040).	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27).	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	94567.00
18	Total federal adjustments to income Identify: SEE ATTACHMENT NY FAGI	18	460.00
19	Federal adjusted gross income (subtract line 18 from line 17).	19	94107.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments).	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	94107.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15).	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings.	30	.00
31	Other (Form IT-225, line 18)	31	2000.00
32	Add lines 25 through 31	32	2000.00
33	New York adjusted gross income (subtract line 32 from line 24).	33	92107.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

361002231024



Name(s) as shown on page 1
LHAKPA DHONDHEN AND TSERING YANGZOM

Your Social Security number
~~868 91~~ 2228

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Standard deduction or itemized deduction

- 34** Enter your **standard deduction** (from table below) or your **itemized deduction** (from Form IT-196)
 Mark an **X** in the appropriate box: **Standard** - or - **Itemized**
- 35** Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)
- 36** Dependent exemptions (enter the number of dependents listed in item H).
- 37** **Taxable income** (subtract line 36 from line 35)

34	16050.00
35	76057.00
36	2 000.00
37	74057.00

New York State standard deduction table	
Filing status <small>(from the front page)</small>	Standard deduction <small>(enter on line 34 above)</small>
(1) Single and you marked item C Yes	\$ 3,100
(1) Single and you marked item C No	8,000
(2) Married filing joint return	16,050
(3) Married filing separate return	8,000
(4) Head of household (with qualifying person)	11,200
(5) Qualifying surviving spouse	16,050

(continued on page 4)



Your Social Security number	
	2228

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 3)	38	74057.00
39	NYS tax on line 38 amount	39	3741.00
40	NYS household credit	40	.00
41	Resident credit	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	3741.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	3741.00

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

47	NYC taxable income	47	74057.00
47a	NYC resident tax on line 47 amount	47a	2655.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	2655.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	2655.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	2655.00
54a	MCTMT net earnings base for Zone 1	54a	.00
54b	MCTMT net earnings base for Zone 2	54b	.00
54c	MCTMT base for Zone 1	54c	.00
54d	MCTMT base for Zone 2	54d	.00
54e	Total MCTMT (add lines 54c and 54d)	54e	.00
55	Yonkers resident income tax surcharge	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57)	58	2655.00
59	Sales or use tax as reported on your original return (see instructions. Do not leave line 59 blank.)	59	0.00
60	Voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instructions)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	6396.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.




Name(s) as shown on page 1
LHAKPA DHONDHEN AND TSERING YANGZOM

Your Social Security number
[REDACTED] 2228

62 Enter amount from line 61 62 6396.00

Payments and refundable credits

63	Empire State child credit	63	660.00
64	NYS/NYC child and dependent care credit	64	68.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) <i>(also complete F on page 1)</i>	69	125.00
69a	NYC school tax credit (rate reduction amount)	69a	157.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits <i>(Form IT-201-ATT, line 18)</i>	71	.00
72	Total New York State tax withheld	72	3468.00
73	Total New York City tax withheld	73	2494.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments / Amount paid with Form IT-370	75	.00
76	Amount paid with original return, plus additional tax paid after your original return was filed <i>(see instructions)</i>	76	.00
77	Total payments <i>(add lines 63 through 76)</i>	77	6972.00

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

See *Important information* in the instructions.



78 **Overpayment**, if any, as shown on original return or previously adjusted by NY State *(see instr.)*. 78 576.00

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

79 Subtract line 78 from line 77 79 6396.00

Your refund

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

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

Amount you owe

81 If line 79 is **less than** line 62, subtract line 79 from line 62 *(see instructions)*. 81 .00

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

Account information

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

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

82a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

82b Routing number 82c Account number

82d Electronic funds withdrawal *(see instructions)*. . . . Date Amount .00

361005231024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Your Social Security number
000-91-2228

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

- 83a Federal audit change (complete lines 84 through 91 below)
83b Worthless stock/securities
83c Claim of right
83d Wages
83e Military
83f Court ruling
83g Workers' compensation
83h Treaties/visa
83i Tax shelter transaction
83j Credit claim
83k Protective claim
83l Net operating loss
83m Report Social Security number (SSN)
83n Other. Mark an X in the box X and explain: SEE FORM NY_AMD
83o To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information: Partnership S corporation

Table with 3 columns: Name of partnership or S corporation, Identifying number, Principal business activity. Includes address of partnership or S corporation.



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

- 84 Enter the date (mmddyyyy) of the final federal determination
85 Do you concede the federal audit changes (If No, explain below.) Yes No

86 List federal changes

Table with 2 columns: Federal change (86a-86e) and Amount. Values range from .00 to .00.

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

- 90 Federal credits disallowed: Earned income credit, Child care credit, Amount disallowed

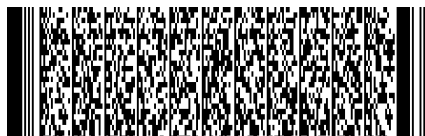
- 91 Federal penalties assessed: 91a Fraud, 91b Negligence, 91c Other (explain below)

Third-party designee? Print designee's name, Designee's phone number, Personal identification number (PIN), Email.

Paid preparer must complete (see instructions): Preparer's signature, Preparer's printed name (NAMGYAL DORJEE), Preparer's PTIN or SSN (P02029402), Employer identification number (85 3758466), Date (03132024), Firm's name (PRIME TAX), Address (4016 74TH STREET, ELMHURST NY 11373), Email (MYPRIMETAX@GMAIL.COM).

Taxpayer(s) must sign here: Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number (929 346 8081), Email (L_LHASA2007@YAHOO.COM).

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Amended Return Explanation	New York Supporting Statements	2023
Name(s) as shown on return LHAKPA DHONDHEN AND TSERING YANGZOM		Your Social Security Number [REDACTED] 2228
<p>Reason(s) for amending your return</p> <p>NAME CORRECTION: LAST NAME SPELLED WRONG, THE CORRECT LAST NAME IS DHONDHEN</p>		

Federal Adjustments to Income	New York Supporting Statements	2023
Name(s) as shown on return LHAKPA DHONDHEN AND TSERING YANGZOM		Your Social Security Number 060-04 2228
DESCRIPTION		AMOUNT
HALF OF SE TAX		460.
<hr/> TOTAL ADJUSTMENTS		460.



Department of Taxation and Finance

New York State Modifications
Attachment to Form IT-201, IT-203, IT-204, or IT-205

IT-225

Table with 2 columns: Name(s) as shown on return, Identifying number as shown on return. Row 1: LHAKPA DHONDHEN AND TSERING YANGZOM, 06004 2228

Complete all parts that apply to you; see instructions (Form IT-225-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an X in the box identifying the return you are filing: IT-201 [X] IT-203 [] IT-204 [] IT-205 []

Schedule A - New York State additions (enter whole dollars only)

Part 1 - Individuals, partnerships, and estates or trusts

1 New York State additions

Table with 3 columns: Number, A - Total amount, B - NYS allocated amount. Rows 1a-1g.

Summary table for Part 1 with 2 columns: Line number, Amount. Rows 2, 3, 4.

Part 2 - Partners, shareholders, and beneficiaries

Warning icon: Form IT-201 filers: do not enter EA-113; Form IT-203 filers: do not enter EA-113; Form IT-205 filers: do not enter EA-113 or EA-201

5 New York State additions

Table with 3 columns: Number, A - Total amount, B - NYS allocated amount. Rows 5a-5g.

Summary table for Part 2 with 2 columns: Line number, Amount. Rows 6, 7, 8.

Summary table for Part 2 with 2 columns: Line number, Amount. Row 9.

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM.

225001231024



Schedule B - New York State subtractions (enter whole dollars only)

Part 1 - Individuals, partnerships, and estates or trusts

10 New York State subtractions

Table with 3 columns: Number, A - Total amount, B - NYS allocated amount. Rows 10a-10g.

Summary rows 11-13 for Part 1. Row 11: Total (add column A, lines 10a through 10g) 2000.00. Row 12: Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-225, if any .00. Row 13: Add lines 11 and 12 2000.00.

Part 2 - Partners, shareholders, and beneficiaries

Warning icon: Form IT-201 filers: do not enter ES-106, ES-107, or ES-125. Form IT-203 filers: do not enter ES-106, ES-107, or ES-125. Form IT-205 filers: do not enter ES-125.

14 New York State subtractions

Table with 3 columns: Number, A - Total amount, B - NYS allocated amount. Rows 14a-14g.

Summary rows 15-17 for Part 2. Row 15: Total (add column A, lines 14a through 14g) .00. Row 16: Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-225, if any .00. Row 17: Add lines 15 and 16 .00.

Row 18: Total subtractions (add lines 13 and 17; see instructions) 2000.00.

NO HANDWRITTEN ENTRIES ON THIS FORM.





Department of Taxation and Finance

Claim for Empire State Child Credit

Tax Law - Section 606(c-1)

IT-213

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

Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
LHAKPA DHONDHEN	060-04 2228
Spouse's name	Spouse's SSN
TSERING YANGZOM	005-77 3022

Determine eligibility

- Were you (and your spouse if filing a joint New York State return) New York State residents for the full year? Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- Did you claim the federal child tax credit or additional child tax credit? Yes No
- Is your federal adjusted gross income on Form IT-201, line 19 (*see instructions*)
 - \$110,000 or less and your filing status is (2) married filing joint return;
 - \$75,000 or less and your filing status is (1) single, (4) head of household, or (5) qualifying surviving spouse; **or**
 - \$55,000 or less and your filing status is (3) married filing separate return? Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit (*see instructions*)
- Enter the number of qualifying children who have an individual taxpayer identification number (ITIN) and those without an SSN by the due date of the return (*see instructions*)

Enter child information

List below the name, SSN or ITIN, and date of birth for each child included on line 4 or 5.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
TENZIN		KUNGA		060-04 8189	11302014
TENCHOE		DHONDHEN		005-77 5854	08242013

Use Form IT-213-ATT if you have additional children to report.

NO HANDWRITTEN ENTRIES ON THIS FORM.

213001231024



Credit calculation

If you answered Yes to question 2, you must complete Worksheet A and Worksheet B in the instructions before you continue with line 6.

If you answered No to question 2, skip lines 6 through 8, and enter 0 on line 9; continue with line 10.

Whole dollars only

6	Enter the amount from Worksheet A, line 13 (see instructions)	6	2000	.00
7	Enter your additional child tax credit amount from Worksheet B (see instructions).	7		.00
8	Add lines 6 and 7	8	2000	.00
9	Multiply line 8 by 33% (.33)	9	660	.00

If you marked the No box on line 3, skip lines 10 through 13, and enter the amount from line 9 on line 14.

All others continue with line 10.

10	Enter the number of children from line 4	10	2	
11	Enter the number of children from line 5	11	0	
12	Add lines 10 and 11	12	2	.00
13	Multiply line 12 by 100	13	200	.00
14	Empire State child credit (enter the amount from line 9 or line 13, whichever is greater)	14	660	.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 15 and 16. All others enter the line 14 amount on Form IT-201, line 63.

Spouses required to file separate New York State returns (see instructions)

15	Enter the full-year resident spouse's share of the line 14 amount; do not leave line 15 blank. Enter here and on Form IT-201, line 63.	15		.00
16	Enter the part-year resident or nonresident spouse's share of the line 14 amount; do not leave line 16 blank Enter the line 16 amount and code 213 on Form IT-203-ATT, line 12.	16		.00

NO HANDWRITTEN ENTRIES ON THIS FORM.





Department of Taxation and Finance

Claim for Child and Dependent Care Credit
 New York State • New York City
 Tax Law - Section 606(c)

IT-216

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

Name(s) as shown on return LHAKPA DHONDHEN AND TSERING YANGZOM	Your Social Security number ██████████ 2228
---	--

1 Is your New York State filing status *Married filing separate return*, and did you check box A on your federal Form 2441, *Child and Dependent Care Expenses?* (If yes, see instructions) Yes No

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
1st Care provider	TOWN HALL	██████████ 9702	566.00
	B - Number and street City State ZIP code		
	5337 72ND ST MASPETH NY 11378		
2nd Care provider	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
	B - Number and street City State ZIP code		.00

3 Total number of qualifying persons you are claiming **3** **2**
List in order from youngest to oldest. (If you are claiming more than five qualifying persons, see instructions.)

A	B	C	D	E	F		
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social Security number	Date of birth (mmddyyyy)
TENZIN		KUNGA		283.00	<input type="checkbox"/>	██████████ 8189	11302014
TENCHOE		DHONDHEN		283.00	<input type="checkbox"/>	██████████ 5854	08242013
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 566.00

3b Enter the amount from Worksheet 1, line 16, if applicable (see instr.) **3b** .00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the **smallest** of:

- line 3a above; or
- line 3b above; or
- 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons

Whole dollars only

5	566.00
6	35089.00

6 Enter your earned income (see instructions) **6**

7 If your filing status is (2) *Married filing joint return*, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) **7**

7	58998.00
----------	----------

8 Enter the smallest of line 5, 6, or 7 **8**

8	566.00
----------	--------

9 Enter the amount from Form IT-201, line 19 or IT-203, line 19, *Federal amount* column **9** 94107.00

10 Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instr. **10** .2

10	.2
-----------	----

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) **11**

11	113.00
-----------	--------

NO HANDWRITTEN ENTRIES ON THIS FORM.

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IT-216 (2023) (Page 2)

12	Amount from line 11	12	113.00
13	Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		92107.00
	Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13	0.600
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>)	14	68.00

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40 If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.	15	.00
16	Subtract line 15 from line 14. This is your excess child and dependent care credit	16	.00
17	Enter the amount from Form IT-203-ATT, line 29 (<i>If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>) If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.	17	.00
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	.00
19	Enter the amount from line 19, Column D, of <i>Part-year resident income allocation worksheet</i> , in Form IT-203-I.	19	.00
20	Enter the amount from Form IT-203, line 19, <i>Federal amount</i> column.	20	.00
21	Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000) (<i>see instructions</i>)	21	
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit	22	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* in the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23	.00
IT-201 filers:			
24	Refundable New York City child and dependent care credit (<i>from Worksheet 2, line 7 or line 13</i>)	24	.00
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25	.00
26	Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a	26	.00

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-203, line 52	27	.00
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a	28	.00

Part-year New York City resident filers only:

29	Enter the amount from Worksheet 2, line 10	29	.00
30	Enter the amount from Worksheet 2, line 11	30	.00

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Department of Taxation and Finance

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.

W-2 Record 1

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

██████████ 3022

Box b Employer identification number (EIN)

13 4149621

Box c Employer's information

Employer's name			
JACKSON HEIGHTS CARE CNTR LLC			
Employer's address (number and street)			
80 BUSINESS PARK DRIVE SUITE 100			
City	State	ZIP code	Country
ARMONK	NY	10504	

Box 1 Wages, tips, other compensation
500.00

Box 12a Amount
.00

Box 14a Amount
3.00
Description
UI/DB

Box 8 Allocated tips
.00

Box 12b Amount
.00

Box 14b Amount
500.00
Description
HWB

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Box 14c Amount
.00
Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Box 14d Amount
.00
Description

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

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
500.00

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

W-2 Record 2

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

██████████ 3022

Box b Employer identification number (EIN)

13 2655001

Box c Employer's information

Employer's name			
NEW YORK CITY HEALTH AND HOSPITALS			
Employer's address (number and street)			
1400 PELHAM PARKWAY			
City	State	ZIP code	Country
BRONX	NY	10461	

Box 1 Wages, tips, other compensation
58498.00

Box 12a Amount
27484.00

Box 14a Amount
259.00
Description
NY PFL

Box 8 Allocated tips
.00

Box 12b Amount
.00

Box 14b Amount
107.00
Description
GLG 1ML

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Box 14c Amount
582.00
Description
UNIFORM

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Box 14d Amount
1500.00
Description
HWB

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

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
58498.00

Box 17a NYS income tax withheld
2520.00

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 58498.00
Locality b .00

Box 19 Local income tax withheld
Locality a 1803.00
Locality b .00

Box 20 Locality name
Locality a NYC
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM.

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Department of Taxation and Finance

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.

W-2 Record 1

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

000-91-2228

Box b Employer identification number (EIN)

46 4962323

Box c Employer's information

Employer's name			
F&O REFINISHING & UNIQUE SERVIES IN			
Employer's address (number and street)			
974 BERGEN ST STE B			
City	State	ZIP code	Country
BROOKLYN	NY	11216	

Box 1 Wages, tips, other compensation
29040.00

Box 12a Amount
.00

Box 14a Amount
22.00
Description
NY SDI

Box 8 Allocated tips
.00

Box 12b Amount
.00

Box 14b Amount
111.00
Description
NY PFL

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Box 14c Amount
.00
Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Box 14d Amount
.00
Description

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

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
29040.00

Box 17a NYS income tax withheld
948.00

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 29040.00
Locality b .00

Box 19 Local income tax withheld
Locality a 691.00
Locality b .00

Box 20 Locality name
Locality a NYC
Locality b

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

Box 1 Wages, tips, other compensation
.00

Box 12a Amount
.00

Box 14a Amount
.00
Description

Box 8 Allocated tips
.00

Box 12b Amount
.00

Box 14b Amount
.00
Description

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Box 14c Amount
.00
Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Box 14d Amount
.00
Description

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

NY State information:

Box 15a NY State
NY

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

NO HANDWRITTEN ENTRIES ON THIS FORM.

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**New York
Worksheet**

Worksheet A for Form IT-213, Line 6

2023

(Keep for your records)

Your name as shown on return

Your social security number

LHAKPA DHONDHEN AND TSERING YANGZOM

~~060-91~~ 2228

Worksheet A: Part 1

- 1 Multiply the number of children from Form IT-213, line 4 by \$1,000 and enter the result **1** 2000
- 2 Enter your FAGI from Form IT-201, line 19 **2** 94107
- 3 If you filed federal Form 1040, enter the total of any:
 - Exclusion of income from Puerto Rico, plus
 - Amounts from federal Forms 2555, lines 45 and 50; and 4563, line 15 **3** _____
 If you filed federal Form 1040NR, enter **0**.
- 4 Add lines 2 and 3. Enter the total **4** 94107
- 5 Enter the amount shown below for your filing status **5** 110000
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying surviving spouse - \$75,000
 - Married filing separately - \$55,000
- 6 Is the amount on line 4 more than the amount on line 5?
 - No. Leave line 6 blank. Enter **0** on line 7 and go to line 8.
 - Yes. Subtract line 5 from line 4.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
 For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000 **6** _____
- 7 Multiply the amount on line 6 by 5% (.05). Enter the result **7** 0
- 8 Is the amount on line 1 more than the amount on line 7?
 - No. **Stop** here. Enter **0** on Form IT-213, line 6 and **0** on Form IT-213, line 7.
 - Yes. Subtract line 7 from line 1. Enter the result and complete Part 2 **8** 2000

Worksheet A: Part 2

- 9 Enter your 2023 federal tax (Form 1040 or Form 1040NR, line 18) **9** 7381
- 10 Enter the credits claimed on your 2023 **federal** income tax return, if applicable:
 - a. Form 1040, Schedule 3, line 1 **a** _____
 - b. Form 1040, Schedule 3, line 2 **b** 113
 - c. Form 1040, Schedule 3, line 3 **c** _____
 - d. Form 1040, Schedule 3, line 4 **d** _____
 - e. Form 1040, Schedule 3, line 5b **e** _____
 - f. Form 1040, Schedule 3, line 6d **f** _____
 - g. Form 1040, Schedule 3, line 6f **g** _____
 - h. Form 1040, Schedule 3, line 6l **h** _____
 - i. Form 1040, Schedule 3, line 6m **i** _____
 Add lines a through i **10** 113
- 11 Did you claim any of the following federal credits on your 2023 federal income tax return?
 - Mortgage interest credit (federal Form 8396)
 - Adoption credit (federal Form 8839)
 - Residential clean energy credit (federal Form 5695, Part 1)
 - District of Columbia first-time homebuyer credit (federal Form 8859)
 - No. Enter the amount from line 10.
 - Yes. If you filed federal Form 2555, enter the amount from line 10. Otherwise, complete the *Line 11 Worksheet on next page*, to compute the amount to enter here **11** 113
- 12 Subtract line 11 from line 9. Enter the result **12** 7268
- 13 Is the amount on line 8 of this worksheet more than the amount on line 12?
 - No. **Stop** here. Enter the amount from line 8 here and on Form IT-213, line 6; and enter **0** on Form IT-213, line 7.
 - Yes. Enter the amount from line 12 here and on Form IT-213, line 6; and complete Worksheet B:
Additional child tax credit amount **13** 2000

**New York
Worksheet**

Line 11 for Worksheet A

2023

(Keep for your records)

Your name as shown on return

Your social security number

LHAKPA DHONDHEN AND TSERING YANGZOM

██████████ 2228

Note: You will need your completed federal worksheets contained in the federal instructions for Schedule 8812, to complete lines 2, 6, and 9 of this worksheet.

- 1 Enter the amount from line 8 of Worksheet A **1** _____
- 2 Enter your earned income from the federal instructions for Schedule 8812,
Earned Income Worksheet, line 7 **2** _____
- 3 Is the amount on line 2 more than \$3,000?
 No. Leave line 3 blank. Enter **0** on line 4 and go to line 5.
 Yes. Subtract \$3,000 from the amount on line 2 and enter the result **3** _____
- 4 Multiply the amount on line 3 by 15% (.15) and enter the result **4** _____ **0**
- 5 Is the amount on line 1 of Worksheet A \$3,000 or more?
 No.
 - If line 4 is zero, do not complete the rest of the worksheet. Instead, **go back to Worksheet A** and do the following: Enter the amount from line 10 on line 11 and complete lines 12 and 13.
 - If line 4 is more than zero, enter **0** on line 6 and go to line 7. Yes. If line 4 is equal to or more than line 1, enter **0** on line 6 and go to line 7. Otherwise, continue with line 6.
- 6 Enter the amount from your federal instructions for Schedule 8812, *Credit Limit Worksheet B*,
line 11, if applicable **6** _____
- 7 Enter the larger of line 4 or line 6 **7** _____
- 8 Is the amount on line 7 more than the amount on line 1?
 No. Subtract line 7 from line 1 and enter the result here.
 Yes. Enter **0** **8** _____
- 9 Enter the amount from your federal instructions for Schedule 8812, *Credit Limit Worksheet B*, line 15, if applicable **9** _____
- 10 Enter the amount from line 10 of *Worksheet A* **10** _____
- 11 Add lines 9 and 10, enter the result here and on line 11 of *Worksheet A* **11** _____

**New York
Worksheet**

New York City school tax credit (NYC residents only)

2023

(Keep for your records)

Name(s) as shown on return

LHAKPA DHONDHEN AND TSERING YANGZOM

Your social security number

060 04 2228

**Table 1 - Full-year New York City residents:
New York City school tax credit table**

Filing status:	If your income (see below) is:	Your credit* is:
<ul style="list-style-type: none"> — Single, filing status (1), or — Married filing separate return, filing status (3), or — Head of household, filing status (4) 	\$250,000 or less	\$ 63
<ul style="list-style-type: none"> — Married filing joint return, filing status (2) — Qualifying surviving spouse filing status (5) 	\$250,000 or less	\$ 125

* The statutory credit amounts have been rounded.

**Table 2 - Part-year New York City residents:
New York City school tax credit proration chart**

Resident period (number of months)	If your income (see below) is \$250,000 or less, and	
	Your filing status is (1), (3) or (4), your credit* is:	Your filing status is (2) or (5), your credit* is:
1	\$ 5	\$ 10
2	10	21
3	16	31
4	21	42
5	26	52
6	31	63
7	36	73
8	42	83
9	47	94
10	52	104
11	57	115
12	63	125

* The statutory credit amounts have been rounded.

Income, for purposes of determining your New York City school tax credit, means your federal adjusted gross income from Form IT-201, line 19, (or IT-203, line 19, Federal amount column), minus distributions from an individual retirement account and an individual retirement annuity, from Form IT-201, line 9, if they were included in your federal adjusted gross income.

New York City school tax credit worksheet

1. Full-year resident's credit from Table 1 above	1	_____ 125 .
2. Part-year resident's allowable credit from Table 2 above	2	_____
3. Add lines 1 and 2. This is your New York City school tax credit . Enter here and on Form IT-201, line 69.	3	_____ 125 .

**New York
Worksheet**

NYC School Tax Credit (Rate Reduction Amount) Worksheet:

- Must be a NYC Full or Part Year Resident.
- Taxable income must not be more than \$500,000

2023

Name(s) as shown on return

LHAKPA DHONDHEN AND TSERING YANGZOM

Your social security number

000-94 2228

Calculation of NYC school tax credit (rate reduction amount) for married filing jointly and qualifying widow(er)		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 21,600	.171% of taxable income
21,600	500,000	\$37 plus .228% of the excess over \$21,600

Calculation of NYC school tax credit (rate reduction amount) for single and married filing separately		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 12,000	.171% of taxable income
12,000	500,000	\$21 plus .228% of the excess over \$12,000

Calculation of NYC school tax credit (rate reduction amount) for head of household		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 14,400	.171% of taxable income
14,400	500,000	\$25 plus .228% of the excess over \$14,400

- 1 NYC Taxable Income, from IT-201, Line 47 (NYC full year resident),
or from IT-360.1 Line 47 (Part year NYC residents), or from NYC-1127, line 1 (NYC
full year employment) **1** 74057.

- 2 **If only one spouse was a full-year resident of NYC:**
NYC Taxable Income of the full-year NYC resident spouse **2** _____

- 3 Add lines 1 and 2 **3** 74057.

- 4 NYC School Tax Credit, rate reduction amount, include on Form IT-201, Line 69a
(Or Form IT-203, Line 60a), or NYC-1127, Schedule B, line A1 **4** 157.

Amended Resident Income Tax Return Worksheet for Form IT-201-X

2023

Keep for your records - Do not mail to New York

Your first name and middle initial LHAKPA	Your last name (for a joint return , enter spouse's name on line below) DHONDHEN	Your social security number ██████████ 2228
Spouse's first name and middle initial TSERING	Spouse's last name YANGZOM	Spouse's social security number ██████████ 3022

Part 1 - Amending your New York State income tax return (see instructions)

	(A) Original return	(B) Increase or decrease	(C) Amended return
Federal income and adjustments			
1 Wages, salaries, tips, etc 1.	88038.		88038.
2 Taxable interest income 2.	20.		20.
3 Ordinary dividends 3.			
4 Taxable refunds, credits, or offsets of state and local income taxes 4.			
5 Alimony received 5.			
6 Business income or loss 6.	6509.		6509.
7 Capital gain or loss 7.			
8 Other gains or losses 8.			
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/> 9.			
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> 10.			
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc 11.			
12 Rental real estate included in line 11 12.			
13 Farm income or loss 13.			
14 Unemployment compensation 14.			
15 Taxable amount of Social Security benefits 15.			
16 Other income 16.			
17 Add lines 1 through 11 and 13 through 16 17.	94567.		94567.
18 Total federal adjustments to income 18.	460.		460.
19 Federal adjusted gross income (subtract line 18 from line 17) 19.	94107.		94107.
New York additions			
20 Interest income on state and local bonds and obligations 20.			
21 Public employee 414(h) retirement contributions from your wage and tax statements 21.			
22 New York's 529 college savings program distributions 22.			
23 Other 23.			
24 Add lines 19 through 23 24.	94107.		94107.
New York subtractions			
25 Taxable refunds, credits, or offsets of state and local income taxes 25.			
26 Pensions of NYS and local governments and the federal government 26.			
27 Taxable amount of Social Security benefits 27.			
28 Interest income on U.S. government bonds 28.			
29 Pension and annuity income exclusion 29.			
30 New York's 529 college savings program deduction/earnings 30.			
31 Other 31.	2000.		2000.
32 Add lines 25 through 31 32.	2000.		2000.
33 New York adjusted gross income (subtract line 32 from line 24) 33.	92107.		92107.

Part 1 - Amending your New York State income tax return (continued)

	(A) Original return	(B) Increase or decrease	(C) Amended return
Standard deduction or itemized deduction			
34 Mark an X in one box and attach amended federal Sch A:			
Original:	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Itemized	
Amended:	<input checked="" type="checkbox"/> Standard	<input type="checkbox"/> Itemized	
34	16050.		16050.
35 Subtract line 34 from line 33	76057.		76057.
36 Dependent exemptions	2000.		2000.
37 Taxable income (subtract line 36 from line 35)	74057.		74057.
Tax computation, credits, and other taxes			
38 Taxable income (from line 37)	74057.		74057.
39 NYS tax on line 38 amount	3741.		3741.
40 NYS household credit			
41 Resident credit			
42 Other NYS nonrefundable credits			
43 Add lines 40, 41, and 42			
44 Subtract line 43 from line 39	3741.		3741.
45 Net other NYS taxes			
46 Total New York State taxes (add lines 44 and 45)	3741.		3741.
New York City and Yonkers taxes, credits, and surcharges and MCTMT			
47 NYC taxable income	74057.		74057.
47a NYC resident tax on line 47 amount	2655.		2655.
48 NYC household credit			
49 Subtract line 48 from line 47a	2655.		2655.
50 Part-year NYC resident tax			
51 Other NYC taxes			
52 Add lines 49, 50, and 51	2655.		2655.
53 NYC nonrefundable credits			
54 Subtract line 53 from line 52	2655.		2655.
54a MCTMT net earnings base for Zone 1			
54b MCTMT net earnings base for Zone 2			
54c MCTMT base for Zone 1			
54d MCTMT base for Zone 2			
54e Total MCTMT (add lines 54c and 54d)			
55 Yonkers resident income tax surcharge			
56 Yonkers nonresident earnings tax			
57 Part-year Yonkers resident income tax surcharge			
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57)	2655.		2655.
59 Sales or use tax as reported on your original return	0.		0.
60 Voluntary contributions as reported on your original return			
61 Total NYS, NYC, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	6396.		6396.

Page 3 of 3 NYWK201X (2023)

LHAKPA DHONDHEN AND TSERING YANGZOM

~~868-94~~ 2228

	(A) Original return	(B) Increase or decrease	(C) Amended return
62 Enter amount from line 61 62.	6396.		6396.
Payments and refundable credits			
63 Empire State child credit 63.	660.		660.
64 NYS/NYC child and dependent care credit 64.	68.		68.
65 NYS earned income credit (EIC) 65.			
66 NYS noncustodial parent EIC 66.			
67 Real property tax credit 67.			
68 College tuition credit 68.			
69 NYC school tax credit (fixed amount) 69.	125.		125.
69a NYC school tax credit (rate reduction amount) . . . 69a.	157.		157.
70 NYC earned income credit 70.			
70a This line intentionally left blank 70a.			
71 Other refundable credits 71.			
72 Total New York State tax withheld 72.	3468.		3468.
73 Total New York City tax withheld 73.	2494.		2494.
74 Total Yonkers tax withheld 74.			
75 Total estimated tax payments / Amount paid with Form IT-370 75.			
76 Amount paid with original return, plus additional tax paid after your original return was filed . . . 76.			
77 Total payments (add lines 63 through 76) 77.	6972.		6972.



New York State E-File Signature Authorization for Tax Year 2023
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name LHAKPA DHONDHEN	Spouse's name <i>(jointly filed return only)</i> TSERING YANGZOM
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

FORM IT-201-X

Part A - Tax return information

1 Federal adjusted gross income <i>(from applicable line)</i>	1.	94107.
2 Refund	2.	
3 Amount you owe	3.	
4 Financial institution routing number	4.	
5 Financial institution account number	5.	
6 Account type: <input type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date 03132024
Spouse's signature <i>(jointly filed return only)</i>	Date 03132024

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
Paid preparer's signature NAMGYAL DORJEE	Print name NAMGYAL DORJEE	Date 03132024

NYWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2023 AGI FD/ST Summary		
Name(s) as shown on state return LHAKPA DHONDHEN & TSERING YANGZOM			Social Security Number 000-94-2228		
Federal 1040 Income and Adjustments	Federal		State		
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse	
Federal 1040					
1 Wages, salaries, tips, etc.	1	29,040	58,998	29,040	58,998
2b Taxable interest	2b	20		20	
3b Ordinary dividends	3b				
4b Taxable amount of IRA distributions	4b				
5b Taxable amount of Pensions and annuities	5b				
6b Taxable amount of Social security benefits	6b				
7 Capital gain or (loss)	7				
8 Other income from Schedule 1	8	6,509		6,509	
9 Total income (Sum of Lines 1-8)	9	35,569	58,998	35,569	58,998
10 Adjustments to income from Schedule 1	10	460		460	
11 Adjusted Gross Income (line 9 - line 10)	11	35,109	58,998	35,109	58,998
Schedule 1 - Additional Income					
1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3	6,509		6,509	
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5				
6 Farm income or (loss)	6				
7 Unemployment compensation	7				
8 Other income.	8				
10 Total Additional Income (Sum of lines 1-8)	10	6,509		6,509	
Schedule 1 - Adjustments to Income					
11 Educator Expenses	11				
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	12				
13 Health savings account deduction	13				
14 Moving expenses	14				
15 Deductible part of self-employment tax	15	460		460	
16 Self-employed SEP, SIMPLE, and qualified plans	16				
17 Self-employed health insurance deduction	17				
18 Penalty on early withdrawal of savings	18				
19a Alimony paid	19a				
20 IRA deduction.	20				
21 Student loan interest deduction	21				
22 Reserved	22				
23 Archer MSA Deduction	23				
24 Other Deductions (see STWK_ADJ)	24				
26 Total Adjustments to income (Sum of lines 11-24)	26	460		460	

NYWK_SE	For your records only. Self-Employment Tax Worksheet	2023 SE Tax STATE Summary
Name(s) as shown on state return LHAKPA DHONDHEN		Social Security Number 000-91-2228
Part I Self-Employment Tax		
Note: If your only income subject to self-employment tax is church employee income , see instructions for how to report your income and the definition of church employee income.		
<p>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I. <input type="checkbox"/></p> <p>Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.</p>		
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ.	1b	()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	6,509
3 Combine lines 1a, 1b, and 2	3	6,509
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	6,011
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	6,011
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	6,011
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	29,040
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	29,040
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	131,160
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	745
11 Multiply line 6 by 2.9% (0.029)	11	174
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 or Form 1040-SS, Part I, line 3	12	919
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 15	13	460
Part II Optional Methods To Figure Net Earnings (see instructions)		
Farm Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than \$9,840, or (b) your net farm profits ² were less than \$7,103.		
14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	
<p>¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.</p> <p>² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.</p> <p>³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.</p> <p>⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.</p>		

NY-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return LHAKPA DHONDHEN & TSERING YANGZOM				Taxpayer ID Number [REDACTED]-2228
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status		MFJ	MFJ	
Gross Income		58,236	94,567	36,331
Additions				
Subtractions			2,000	2,000
Exemptions		2,000	2,000	
Standard Deduction		16,050	16,050	
Itemized Deduction				
Deductions		16,050		(16,050)
Taxable Income		39,531	74,057	34,526
Actual State Income		39,531	74,057	34,526
State Income Tax		3,222	6,396	3,174
Local Taxes		1,340	2,655	1,315
Use Tax				
Contributions				
Income Tax Withheld		3,372	5,962	2,590
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund		1,128		(1,128)
Balance Due				
Marginal tax rate		5.850000	5.500000	(0.350000)
Effective tax rate		8.150000	8.640000	0.490000

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
 NYC HEALTH & HOSPITALS
 CORP SERVICES, BLDG #4, 11TH FL
 1400 PELHAM PARKWAY
 BRONX NY 10461

e Employee's name, address, and ZIP code
 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST NY 11373

OMB No. 1545-0048

7 Social security tps		1 Wages, tps, other compensation		2 Federal income tax withheld		
		58498.43		904.81		
8 Allocated tps		3 Social security wages		4 Social security tax withheld		
		58498.43		3626.90		
9		5 Medicare wages and tps		6 Medicare tax withheld		
		58498.43		848.23		
10 Dependent care benefits		11 Nonqualified plans		12a DD		
				27484.26		
b Employer identification number (EIN)		14 Other		12b		
13-2655001		NY PPL		259.34		
a Employee's social security number		Uniform		12c		
[REDACTED]		582.00				
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third party sick pay		GLgML		12d		
		107.00				
		HWB		12e		
		1500.00				
15 State	Employer's state ID number	16 State wages, tps, etc.	17 State income tax	18 Local wages, tps, etc.	19 Local income tax	20 Locality name
NY	132655001	58498.43	2519.85	58498.43	1803.43	NYC

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

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, this information is being furnished to the Internal Revenue Service. If you are required to file a tax return, this information is being furnished to the Internal Revenue Service.

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
 NYC HEALTH & HOSPITALS
 CORP SERVICES, BLDG #4, 11TH FL
 1400 PELHAM PARKWAY
 BRONX NY 10461

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 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST NY 11373

OMB No. 1545-0048

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		58498.43		904.81		
8 Allocated tps		3 Social security wages		4 Social security tax withheld		
		58498.43		3626.90		
9		5 Medicare wages and tps		6 Medicare tax withheld		
		58498.43		848.23		
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12		
				DD 27484.26		
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13-2655001		NY PPL		259.34		
a Employee's social security number		Uniform		12c		
[REDACTED]		582.00				
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third party sick pay		GLgML		12d		
		107.00				
		HWB		12e		
		1500.00				
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NY	132655001	58498.43	2519.85	58498.43	1803.43	NYC

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

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
 NYC HEALTH & HOSPITALS
 CORP SERVICES, BLDG #4, 11TH FL
 1400 PELHAM PARKWAY
 BRONX NY 10461

e Employee's name, address, and ZIP code
 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST NY 11373

OMB No. 1545-0048

7 Social security tps		1 Wages, tps, other compensation		2 Federal income tax withheld		
		58498.43		904.81		
8 Allocated tps		3 Social security wages		4 Social security tax withheld		
		58498.43		3626.90		
9		5 Medicare wages and tps		6 Medicare tax withheld		
		58498.43		848.23		
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12		
				DD 27484.26		
b Employer identification number (EIN)		14 Other		12b		
13-2655001		NY PPL		259.34		
a Employee's social security number		Uniform		12c		
[REDACTED]		582.00				
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third party sick pay		GLgML		12d		
		107.00				
		HWB		12e		
		1500.00				
15 State	Employer's state ID number	16 State wages, tps, etc.	17 State income tax	18 Local wages, tps, etc.	19 Local income tax	20 Locality name
NY	132655001	58498.43	2519.85	58498.43	1803.43	NYC

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

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2023**

OMB No. 1545-0008

c Employer's name, address, and ZIP code

NYC HEALTH & HOSPITALS
CORP SERVICES, BLDG #4, 11TH FL
1400 PELHAM PARKWAY
BRONX NY 10461

e Employee's name, address, and ZIP code

TSERING YANGZOM
89-10 WHITNEY AVE. APT. 1K
ELMHURST NY 11373

15 State NY	Employer's state ID number 132655001	16 State wages, tips, etc. 58498.43	17 State income tax 2519.85	18 Local wages, tips, etc. 58498.43	19 Local income tax 1803.43	20 Locality name NYC
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Copy—2 To Be Filed with Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

*No 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.

Form **W-2 Wage and Tax Statement** **2023**

OMB No. 1545-0008

c Employer's name, address, and ZIP code

NYC HEALTH & HOSPITALS
CORP SERVICES, BLDG #4, 11TH FL
1400 PELHAM PARKWAY
BRONX NY 10461

e Employee's name, address, and ZIP code

TSERING YANGZOM
89-10 WHITNEY AVE. APT. 1K
ELMHURST NY 11373

15 State NY	Employer's state ID number 132655001	16 State wages, tips, etc. 58498.43	17 State income tax 2519.85	18 Local wages, tips, etc. 58498.43	19 Local income tax 1803.43	20 Locality name NYC
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Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2023**

OMB No. 1545-0008

c Employer's name, address, and ZIP code

NYC HEALTH & HOSPITALS
CORP SERVICES, BLDG #4, 11TH FL
1400 PELHAM PARKWAY
BRONX NY 10461

e Employee's name, address, and ZIP code

TSERING YANGZOM
89-10 WHITNEY AVE. APT. 1K
ELMHURST NY 11373

15 State NY	Employer's state ID number 132655001	16 State wages, tips, etc. 58498.43	17 State income tax 2519.85	18 Local wages, tips, etc. 58498.43	19 Local income tax 1803.43	20 Locality name NYC
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Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS



2023

W-2
Wage and Tax Statement

To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008

a Control number 10233	1 Wages, tips, other comp. 500.00	2 Federal income tax withheld 110.00
b Employer's EIN 13-4149621	3 Social security wages 500.00	4 Social security tax withheld 31.00
d Employee's SSN 3022	5 Medicare wages and tips 500.00	6 Medicare tax withheld 7.25
c Employer's name, address and ZIP code JACKSON HEIGHTS CARE CNTR LLC 70-05 35TH AVE JACKSON HEIGHTS NY 11372-3970		
3 Statutory employee	Retirement plan	Third-party sick pay
e Employee's name, address and ZIP code TSERING YANGZOM 89-10 WHITNEY AVE APT. 1K ELMHURST NY 11373		
7 Social security tips	8 Allocated tips	9
0 Dependent care benefits	11 Nonqualified plans	
2 See instructions for box 12		14 Other UI/DB 2.88 HWB 500.00
5 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
8 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

2023

W-2
Wage and Tax Statement

To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008

a Control number 10233	1 Wages, tips, other comp. 500.00	2 Federal income tax withheld 110.00
b Employer's EIN 13-4149621	3 Social security wages 500.00	4 Social security tax withheld 31.00
d Employee's SSN 3022	5 Medicare wages and tips 500.00	6 Medicare tax withheld 7.25
c Employer's name, address and ZIP code JACKSON HEIGHTS CARE CNTR LLC 70-05 35TH AVE JACKSON HEIGHTS NY 11372-3970		
13 Statutory employee	Retirement plan	Third-party sick pay
e Employee's name, address and ZIP code TSERING YANGZOM 89-10 WHITNEY AVE APT. 1K ELMHURST NY 11373		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	
12 See instructions for box 12		14 Other UI/DB 2.88 HWB 500.00
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Dept. of the Treasury - IRS

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.

a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN) 46-4962323		1 Wages, tips, other compensation 29040.00	
c Employer's name, address, and ZIP code F & O Refinishing & Unique Services 974 Bergen Street, Suite B Brooklyn NY 11216		3 Social security wages 29040.00	4 Social security tax withheld 1800.48
		5 Medicare wages and tips 29040.00	6 Medicare tax withheld 421.08
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial Lhakpa		11 Nonqualified plans	
Last name Dhondhen		12a See instructions for box 12	
8910 Whitney Ave 1K		12b	
Elmhurst NY 11373		12c	
f Employee's address and ZIP code		12d	
15 State NY	16 State wages, tips, etc. 29040.00	17 State income tax 948.20	18 Local wages, tips, etc. 29040.00
15 State NY	16 State wages, tips, etc. 29040.00	17 State income tax 948.20	18 Local wages, tips, etc. 29040.00
19 Local income tax 691.24		20 Locality name New York City	

W-2 Wage and Tax Statement

2023

Department of the Treasury — Internal Revenue Service
Safe, accurate, FAST! Use 

Form W-2 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Lyft, Inc
185 Berry St. Suite 5000
San Francisco, CA 94107

Have questions?
Visit our Help Center:
<https://lyft.com/driver/taxes>

Lhakpa Dhondhen
8910 WHITNEY AVE APT 1K
ELMHURST, NY 11373

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see www.irs.gov/GigEconomy.

See the separate instructions for your income tax return for using the information reported on this form.

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

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

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

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

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Lyft, Inc 185 Berry St. Suite 5000 San Francisco, CA 94107		FILER'S TIN 20-8809830	OMB No. 1545-2205 2023 Form 1099-K	Payment Card and Third Party Network Transactions
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/>		PAYEE'S TIN XXX-XX-2228	Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.	
Check to indicate transactions reported are: Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/> Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		1a Gross amount of payment card/third party network transactions \$ 41,648.51		2 Merchant category code 4121
PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Lhakpa Dhondhen 8910 WHITNEY AVE APT 1K ELMHURST, NY 11373		3 Number of payment transactions 1,578	4 Federal income tax withheld \$	
PSE'S name and telephone number		5a January \$ 3,414.94	5b February \$ 2,876.90	
Account number (see instructions) 1335866465440475380		5c March \$ 4,254.60	5d April \$ 5,145.54	
		5e May \$ 4,022.56	5f June \$ 3,758.76	
		5g July \$ 3,992.70	5h August \$ 1,436.25	
		5i September \$ 5,157.65	5j October \$ 3,011.33	
		5k November \$ 1,646.26	5l December \$ 2,931.02	
		6 State NY	7 State identification no. \$	
			8 State income tax withheld \$	

Lyft, Inc
185 Berry St. Suite 5000
San Francisco, CA 94107

Have questions?
Visit our Help Center:
<https://lyft.com/driver/taxes>

Lhakpa Dhondhen
8910 WHITNEY AVE APT 1K
ELMHURST, NY 11373

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see www.irs.gov/GigEconomy.

See the separate instructions for your income tax return for using the information reported on this form.

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

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

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

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

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Lyft, Inc 185 Berry St. Suite 5000 San Francisco, CA 94107		FILER'S TIN 20-8809830	OMB No. 1545-2205	2023 Form 1099-K	Payment Card and Third Party Network Transactions	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> <input type="checkbox"/>		PAYEE'S TIN XXX-XX-2228	1a Gross amount of payment card/third party network transactions \$ 41,648.51			2 Merchant category code 4121
Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/> <input type="checkbox"/>		3 Number of payment transactions 1,578					4 Federal income tax withheld $
Check to indicate transactions reported are: Payment card <input type="checkbox"/> <input type="checkbox"/>		PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Lhakpa Dhondhen 8910 WHITNEY AVE APT 1K ELMHURST, NY 11373		Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.		
Third party network <input checked="" type="checkbox"/> <input type="checkbox"/>		5a January \$ 3,414.94	5b February \$ 2,876.90			
PSE'S name and telephone number		5c March \$ 4,254.60	5d April \$ 5,145.54			
Account number (see instructions) 1335866465440475380		5e May \$ 4,022.56	5f June \$ 3,758.76			
		5g July \$ 3,992.70	5h August \$ 1,436.25			
		5i September \$ 5,157.65	5j October \$ 3,011.33			
		5k November \$ 1,646.26	5l December \$ 2,931.02			
		6 State NY	7 State identification no. \$			
		8 State income tax withheld \$				

FOR TAX YEAR 2022

LHAKPA DHONDEN & TSERING YANGZOM

Maxx LLC

4014 74TH ST

ELMHURST, NY 11373

(917)858-1168

Maxx LLC

4014 74TH ST
ELMHURST, NY 11373
myprimetax@gmail.com

Phone: (917)858-1168 | Fax: (718)899-0398

April 15, 2024

LHAKPA DHONDEN & TSERING YANGZOM
8910 WHITNEY AVE APT 1K
Elmhurst, NY 11373

LHAKPA DHONDEN & TSERING YANGZOM:

Below is a summary of your 2022 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$78 Refund	Direct Deposit to **5870
New York Income Tax	\$1,128 Refund	Direct Deposit to **5870

The following returns were e-filed and accepted:

- * Federal Income Tax - accepted March 28, 2023
- * New York Income Tax - accepted March 28, 2023

Sincerely,

NAMGYAL DORJEE
Maxx LLC

Maxx LLC

4014 74TH ST
 ELMHURST, NY 11373
 myprimetax@gmail.com
 Phone: (917)858-1168 | Fax: (718)899-0398

Customer Name	Customer Information	
LHAKPA DHONDEN & TSERING YANGZOM 8910 WHITNEY AVE APT 1K Elmhurst, NY 11373	Invoice #:	
	Date:	April 15, 2024
	Phone:	(929)346-8081
	E-mail:	

Your 2022 tax return was prepared by NAMGYAL DORJEE.

Description	Fee
Federal And Supplemental Forms	
Form 1040	U.S. Individual Income Tax Return
Schedule 1	Additional Income and Adjustments to Income
Schedule 2	Additional Taxes
Schedule 3	Additional Credits and Payments
Schedule C	Profit or Loss from Business
Schedule SE	Self Employment Tax
Form 2441	Child and Dependent Care Expenses
Schedule 8812	Qualifying Children and Other Dependents Credit
Form 8867	Paid Preparer's Due Diligence Checklist
Form 8879	E-File Signature Authorization
Form 9325	General Information for Electronic Filing
Form W-2	Wage and Tax Statement
Form W-2	Wage and Tax Statement
Form W-2	Wage and Tax Statement
Fed Withholdings	Form 1040 - Federal Withholding From All Sources
Form 8995	Qualified Business Income Deduction - Simple
QBI Explanation	Explanation of Qualified Business Income Amount
Tax Computation	Computation of Regular Tax
Wks CRED LMT	Credit Limit Worksheet
Wks 8812 - CTC	Schedule 8812 Worksheet - Child Tax Credit
Overflow	Itemized Listing Attachment
Interest Listing	Listing of all Interest
W-2 Listing	Listing of All Forms W-2
New York Forms	
NY SUM	NY Return Summary
NY 201	Resident Income Tax Return - Page 1
NY 201 Pg 2	Resident Income Tax Return - Page 2
NY 201 Pg 3	Resident Income Tax Return - Page 3
NY 201 Pg 4	Resident Income Tax Return - Page 4
NY FAGI	Supporting Statement Federal Adjustments to Income
NY 213	Claim for Empire State Child Credit
NY 216	Claim for Child and Dependent Care Credit
NY W2	Summary of W-2 Statements

NY W2	Summary of W-2 Statements	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY WKS	NY State Calculation Worksheet	
NY TR579	E-file Signature Authorization	
NY TR5732	NY E-file Requirements	
NY WK AGI	State Adjustment Gross Income Worksheet	
NY WK SE	State Self Employment Tax Worksheet	
NY EF ACK	NY EF Acknowledgement Page	

Total Forms	41	Forms Subtotal	0.00
		Total Balance Due	0.00

Payment due upon receipt. Thank you for your business!

Form **9325**
(January 2017)**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**Thank you for participating in IRS *e-file*.

Taxpayer name

LHAKPA DHONDEN & TSERING YANGZOM

Taxpayer address (optional)

8910 WHITNEY AVE APT 1K**Elmhurst, NY 11373**

1. Your federal income tax return for 2022 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Maxx LLC.
2. Your return was accepted on 03-28-2023 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 1145562023087rbrscr1.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give you refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

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

Your first name and middle initial LHAKPA	Last name DHONDEN	Your social security number ██████-2228
If joint return, spouse's first name and middle initial TSERING	Last name YANGZOM	Spouse's social security number ██████-3022
Home address (number and street). If you have a P.O. box, see instructions. 8910 WHITNEY AVE		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Elmhurst		
State NY	ZIP code 11373	
Foreign country name	Foreign province/state/county	Foreign postal code

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) 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, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	TENCHOE	DHONDHEN	██████-5854	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TENZIN	KUNGA	██████-8189	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	48,952
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	48,952

Attach Sch. B if required.	2a Tax-exempt interest	2a		b Taxable interest	2b	10
	3a Qualified dividends	3a		b Ordinary dividends	3b	
	4a IRA distributions	4a		b Taxable amount	4b	
	5a Pensions and annuities	5a		b Taxable amount	5b	
	6a Social security benefits	6a		b Taxable amount	6b	
		c If you elect to use the lump-sum election method, check here (see instructions)				

Standard Deduction for- ● Single or Married filing separately, \$12,950 ● Married filing jointly or Qualifying surviving spouse, \$25,900 ● Head of household, \$19,400 ● If you checked any box under Standard Deduction, see instructions.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
	8 Other income from Schedule 1, line 10	8	9,274
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	58,236
	10 Adjustments to income from Schedule 1, line 26	10	655
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	57,581
	12 Standard deduction or itemized deductions (from Schedule A)	12	25,900
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	1,724
	14 Add lines 12 and 13	14	27,624
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	29,957	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	3,186
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,186
	19	Child tax credit or credit for other dependents from Schedule 8812	19	3,036
	20	Amount from Schedule 3, line 8	20	150
	21	Add lines 19 and 20	21	3,186
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,310
24	Add lines 22 and 23. This is your total tax	24	1,310	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	424
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	424
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	964
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	964
	33	Add lines 25d, 26, and 32. These are your total payments	33	1,388

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	78
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	78
	b	Routing number <u> </u> 0 2 1		
	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account number <u> </u> 5 8 7 0		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
	38	Estimated tax penalty (see instructions)	38	

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
15125	03-28-2023		
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.)
24745	03-28-2023		
Phone no. 929-346-8081	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
NAMGYAL DORJEE	04-15-2024	P02029402	<input type="checkbox"/> Self-employed
Preparer's name	Phone no. 917-858-1168		
Firm's name	Firm's EIN 86-3144273		
Firm's address 4014 74TH ST ELMHURST, NY 11373			

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

LHAKPA DHONDEN & TSERING YANGZOM

~~XXXXXXXXXX~~-2228

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	9,274
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	9,274

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	655
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	655

**SCHEDULE 2
(Form 1040)**

Additional Taxes

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

2022
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

LHAKPA DHONDEN & TSERING YANGZOM

Your social security number

██████-2228

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 ..	3	0

Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	1,310
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here	8	<input type="checkbox"/>
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2022

EEA

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy. If you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			1,310

**SCHEDULE 3
(Form 1040)**

Additional Credits and Payments

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

LHAKPA DHONDEN & TSERING YANGZOM

[REDACTED]-2228

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	150
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	150

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2022

EEA

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	0

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor

LHAKPA DHONDEN

Social security number (SSN)

██████████-2228

A Principal business or profession, including product or service (see instructions)

CAB SERVICE

B Enter code from instructions

485300

C Business name. If no separate business name, leave blank.

UBER AND LYFT

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) **8910 WHITNEY AVE APT 1K**

City, town or post office, state, and ZIP code **Elmhurst, NY 11373**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses. Yes No

H If you started or acquired this business during 2022, check here Yes No

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	57,626
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	57,626
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	57,626
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	57,626

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	21,712	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	20,280
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	6,360
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	48,352
29 Tentative profit or (loss). Subtract line 28 from line 7	29	9,274

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.
Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.
 • If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.
 • If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
 • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
 • If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

Name(s)

SSN

LHAKPA DHONDEN

[REDACTED] -2228

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

GAS	5,760
PHONE	600
48 Total other expenses. Enter here and on line 27a	6,360

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2022
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with self-employment income **2228**

LHAKPA DHONDEN

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 9,274

3 Combine lines 1a, 1b, and 2 **3** 9,274

4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 8,565

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue **4c** 8,565

5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

6 Add lines 4c and 5b **6** 8,565

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 **7** 147,000

8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 **8a** 17,028

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 17,028

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 129,972

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124). **10** 1,062

11 Multiply line 6 by 2.9% (0.029) **11** 248

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 **12** 1,310

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15 **13** 655

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$9,060, or (b) your net farm profits² were less than \$6,540.

14 Maximum income for optional methods **14** 6,040

15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$6,040. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A minus the amount you would have entered on line 1b had you not used the optional method.
³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.
⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2441 for instructions and the latest information.

2022 Attachment Sequence No. 21

Name(s) shown on return

Your social security number

LHAKPA DHONDEN & TSERING YANGZOM

2228

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under Married Persons Filing Separately. If you meet these requirements, check this box . . .

B If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under If You or Your Spouse Was a Student or Disabled, check this box

Part I Persons or Organizations Who Provided the Care - You must complete this part.

If you have more than three care providers, see the instructions and check this box

Table with 5 columns: (a) Care provider's name, (b) Address, (c) Identifying number, (d) Was the care provider your household employee in 2022?, (e) Amount paid. Row 1: TOWN HALL, 5337 72ND ST, Maspeth, NY 11378, [redacted] 702, No, 750.

Did you receive dependent care benefits? No -> Complete only Part II below. Yes -> Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than three qualifying persons, see the instructions and check this box

Table with 4 columns: (a) Qualifying person's name (First/Last), (b) Qualifying person's social security number, (c) Check here if the qualifying person was over age 12 and was disabled, (d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a). Row 1: TENCHOE, DHONDHEN, [redacted] 5854, No, 750.

3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 750

4 Enter your earned income. See instructions 4 25,647

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 31,924

6 Enter the smallest of line 3, 4, or 5 6 750

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 57,581

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

Table for line 8: If line 7 is: Over But not over Decimal amount is. Rows for ranges like \$0-15,000 (.35), \$25,000-27,000 (.29), \$37,000-39,000 (.23), etc.

9a Multiply line 6 by the decimal amount on line 8 9a 150

b If paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b

c Add lines 9a and 9b and enter the result 9c 150

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 10 3,186

11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 11 150

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2022

Department of the Treasury
Internal Revenue Service

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

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

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

LHAKPA DHONDEN & TSERING YANGZOM

2228

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	57,581
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	57,581
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000
9	Enter the amount shown below for your filing status. • Married filing jointly-\$400,000 • All other filing statuses-\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.	12	4,000
13	Enter the amount from the Credit Limit Worksheet A	13	3,036
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.	14	3,036

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2022

EEA

Part II-A Additional Child Tax Credit for All Filers

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

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B and enter -0- on line 27	16a 964
b	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 3,000
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17 964
18a	Earned income (see instructions)	18a 57,571
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19 55,071
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input checked="" type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20 8,261

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

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

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27 964
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Paid Preparer's Due Diligence Checklist

(Rev. November 2022)

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

2022

Department of the Treasury
Internal Revenue Service

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return LHAKPA DHONDEN & TSERING YANGZOM		Taxpayer identification number 2228
Preparer's name NAMGYAL DORJEE		Preparer tax identification number P02029402

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: School Records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IRS e-file Signature Authorization

2022

Department of the Treasury
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶ **1145562023087rbrscr1**

Taxpayer's name LHAKPA DHONDEN	Social security number ██████-██-2228
Spouse's name TSERING YANGZOM	Spouse's social security number ██████-██-3022

Part I Tax Return Information - Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	57,581
2 Total tax	2	1,310
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	424
4 Amount you want refunded to you	4	78
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only Refund will be deposited to: RTN=021000021 Acct=Ends in 5870

I authorize Maxx LLC to enter or generate my PIN 15125 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize Maxx LLC to enter or generate my PIN 24745 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 114556-05250
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ NAMGYAL DORJEE Date ▶ 04-15-2024

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Credit Limit Worksheet A

Schedule 8812

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDEN & TSERING YANGZOM

2228

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR 1. 3,186

2. Add the following amounts (if applicable) from:

- Schedule 3, Line 1
Schedule 3, Line 2
Schedule 3, Line 3
Schedule 3, Line 4
Schedule 3, line 6d
Schedule 3, line 6e
Schedule 3, line 6f
Schedule 3, line 6l
Form 5695, line 30

Enter the total. 2. 150

3. Subtract line 2 from line 1 3. 3,036

Complete Credit Limit Worksheet B only if you meet all of the following.

- 1. You are claiming one or more of the following credits.
a. Mortgage interest credit, Form 8396.
b. Adoption credit, Form 8839.
c. Residential clean energy credit, Form 5695, Part I.
d. District of Columbia first-time homebuyer credit, Form 8859.

- 2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are not completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B 4. 0

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 5. 3,036

1040

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2022

Page 1

Name(s) as shown on return

Tax Identification Number

LHAKPA DHONDEN & TSERING YANGZOM

-2228

Schedule C, Line 10 - Commissions and Fees

Description	Amount
LYFT FEES	\$ 21,175
UBER FEES	537
Total:	\$ 21,712

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2022 PG01

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDEN & TSERING YANGZOM

[REDACTED]-2228

Description

Amount

W2 - NEW YORK CITY HEALTH AND HOSPITALS

16

W2 - F&O REFINISHING & UNIQUE SERVICES I

408

W-2 Subtotal

424

Total Withholdings

424

W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

LHAKPA DHONDEN & TSERING YANGZOM

Social Security No.

2228

CITY/LOCAL

T/S	Employer Name	FEDERAL			STATE			CITY/LOCAL		
		Gross	W/H	STATE CODE	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE
S	JACKSON HEIGHTS CARE CNTR LL	10,789		NY	10,789	415	NY	10,789		
S	NEW YORK CITY HEALTH AND HOS	21,135	16	NY	21,135	900	NY	21,135		
T	F&O REFINISHING & UNIQUE SER	17,028	408	NY	17,028	657	NY	17,028		
	Taxpayer Totals	17,028	408		17,028	657		17,028		466
	Spouse Totals	31,924	16		31,924	1,315		31,924		934
	Totals	48,952	424		48,952	1,972		48,952		1,400

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDEN & TSERING YANGZOM

-2228

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions \$ 3,186

\$ 3,186 Tax computed using only available method

Credit Limit Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDEN & TSERING YANGZOM

2228

1.	Amount from line 18 of Form 1040, 1040-SR, or 1040-NR minus Schedule 3, line 6l	1.	<u>3,186</u>
2.	Foreign tax credit amount from Schedule 3 (Form 1040), line 1	2.	<u> </u>
3.	Subtract line 2 from line 1. If zero or less, enter -0-. Enter this amount on Form 2441, line 10	3.	<u>3,186</u>
4.	Amount from Form 2441, line 11	4.	<u>150</u>
5.	Subtract line 4 from line 3. If zero or less, enter -0-. Enter this amount on Schedule R, line 21	5.	<u>3,036</u>
6.	Amount from Schedule R, line 22	6.	<u> </u>
7.	Enter amount from Form 8863, line 18	7.	<u> </u>
8.	Subtract line 6 from line 5. If zero or less, enter -0-	8.	<u>3,036</u>
9.	Enter the smaller of line 7 or line 8. Nonrefundable lifetime learning credit	9.	<u> </u>
10.	Enter amount from Form 8863, line 9	10.	<u> </u>
11.	Subtract line 9 from line 8. If zero or less, enter -0-	11.	<u>3,036</u>
12.	Enter the smaller of line 10 or line 11. Nonrefundable American Opportunity credit	12.	<u> </u>
13.	Add line 9 and line 12. Enter this amount on Form 8863, line 19	13.	<u>0</u>
14.	Subtract line 13 from line 8. If zero or less, enter -0-. Enter this amount on Form 8880, line 11	14.	<u>3,036</u>
15.	Amount from Form 8880, line 12	15.	<u> </u>
16.	Subtract line 15 from line 14. If zero or less, enter -0-. Enter this amount on Form 5695, line 29	16.	<u>3,036</u>
17.	Amount from Form 5695, line 30	17.	<u> </u>
18.	Reserved	18.	<u> </u>
19.	Reserved	19.	<u> </u>
20.	Subtract line 17 from line 16. If zero or less, enter -0-. Enter this amount on Form 8910, line 14	20.	<u>3,036</u>
21.	Amount from Form 8910, line 15	21.	<u> </u>
22.	Subtract line 21 from line 20. If zero or less, enter -0-. Enter this amount on Form 8936, line 22	22.	<u>3,036</u>
23.	Amount from Form 8936, line 23	23.	<u> </u>
24.	Amount from line 19 of Form 1040, 1040-SR or 1040-NR, or amount from line 14 of Credit Limit Worksheet B (Form 8812), if present in the return	24.	<u>3,036</u>
25.	Subtract lines 23 and 24 from line 22. If zero or less, enter -0-. Enter this amount on Form 8396, line 8	25.	<u>0</u>
26.	Amount from Form 8396, line 9	26.	<u> </u>
27.	Subtract line 26 from line 25. If zero or less, enter -0-	27.	<u>0</u>
28.	Amount from Form 8839, line 14	28.	<u> </u>
29.	Enter the smaller of line 27 or line 28. Enter this amount on Form 8839, lines 15 and 16	29.	<u> </u>
30.	Subtract line 29 from line 27. If zero or less, enter -0-. Enter this amount on Form 8859, line 2	30.	<u>0</u>
31.	Amount from Form 8859, line 3	31.	<u> </u>
32.	Subtract line 31 from line 30. If zero or less, enter -0-. Enter this amount on Form 5695, line 14	32.	<u>0</u>

Earned Income Worksheet

Schedule 8812

(Keep for your records)

2022

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDEN & TSERING YANGZOM

-2228

Before you begin:

- Use this worksheet only if you were sent here from the Credit Limit Worksheet B, earlier, or the instructions for line 18a.
• Disregard community property laws when figuring the amounts to enter on this worksheet.
• If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a. Enter the amount from line 1z of Form 1040, 1040-SR, or line 1040-NR 1a. 48,952

b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 18b. This amount will be reported either on line 1i of Form 1040 or 1040-SR, or should be shown in Form(s) W-2, box 12, with code Q 1b.

Next, if you are filing Schedule C, F, or SE, or you received a Schedule K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.

2. a. Enter any statutory employee income reported on line 1 of Schedule C 2a.

b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. Do not include on this line any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property 2b. 9,274

c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. Do not include on this line any amounts exempt from self-employment tax 2c.

d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c 2d.

e. If line 2c is a profit, enter the smaller of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c 2e.

3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, stop. Do not complete the rest of this worksheet. Instead, enter -0- on line 3 of Credit Limit Worksheet B or line 18a of Schedule 8812, whichever applies 3. 58,226

4. Enter the Medicaid waiver payment amounts excluded from income on Schedule 1 (Form 1040) line 8s, unless you choose to include these amounts in earned income. See the instructions for Schedule 1, line 8s. If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of the Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0- 4.

5. Enter the amount from Schedule 1 (Form 1040), line 15 5. 655

6. Add lines 4 and 5 6. 655

7. Subtract line 6 from line 3 7. 57,571

- If you were sent here from Credit Limit Worksheet B, enter this amount on line 3 of that worksheet.
• If you were sent here from the instructions for line 18a, enter this amount on line 18a of Schedule 8812.

* If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE. Put your name and social security number on Schedule SE and attach it to your return.

Qualified Business Income Deduction Simplified Computation

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

LHAKPA DHONDEN & TSERING YANGZOM

2228

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: UBER AND LYFT	2228	8,619
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	8,619	
3	Qualified business net (loss) carryforward from the prior year	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	8,619	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		1,724
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		1,724
11	Taxable income before qualified business income deduction (see instructions)	31,681	
12	Net capital gain (see instructions)	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	31,681	
14	Income limitation. Multiply line 13 by 20% (0.20)		6,336
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		1,724
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		(0)

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

EEA

Amount from Form 1040, line 11 57,581
 Amount from Form 1040, line 12 25,900
 Line 11 above is the difference between these amounts 31,681

QBI Explanation Worksheet

Form 1040

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDEN & TSERING YANGZOM

2228

Name of business activity Schedule C: UBER AND LYFT

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	9,274	9,274
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		655
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		8,619
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- Form 8995, line 1
- Form 8995-A, line 2
- Form 8995-A, Schedule A, line 2
- Form 8995-A, Schedule A, line 16
- Form 8995-A, Schedule B, line 3
- Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Carryover Worksheet

List of items that will carryover to the 2023 tax return

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

LHAKPA DHONDEN & TSERING YANGZOM

-2228

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	.....
Contributions subject to 60% of AGI limitations	.....
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	.....
Contributions subject to 30% of AGI limitations	.....
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	.....
Taxable state and local refunds to Schedule 1 (Form 1040) line 1	.....
State/local taxes paid in 2023 to flow to the Schedule A	.....
State donations and contributions carryover	.....
State overpayment applied to next year	.....

Expenses

Office in home operating expenses	.....
Office in home excess casualty losses and depreciation	.....
Disallowed investment interest expense	.....	AMT
Section 179 expense	.....	Reg. Tax
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	.....
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	.....

Losses

Short-term capital loss	.....
Long-term capital loss	.....
Net operating loss	.....
Excess business loss from Form 461 (becomes part of NOL next year)	.....
Qualified REIT and PTP loss carryover	.....
QBI loss carryover	.....
Nonrecaptured net section 1231 losses from WK_1231C	.....	AMT

Credits

Mortgage interest credit	.....
Credit for prior year minimum tax	.....
Foreign Tax credit	.....	AMT
District of Columbia first time home owner's credit	.....	Reg. Tax
Residential clean energy credit	.....

Other

Preparer Fee	.....
Overpayment applied to next year's estimates	.....
Estimated Tax Payment 1	.....	Estimated Tax Payment 2
Estimated Tax Payment 3	.....	Estimated Tax Payment 4
Federal tax liability for 2210 calculation	.....	346
State tax liability for state 2210 calculation	.....	3,222
IRA basis	.....	Taxpayer Spouse
Disaster distributions taxable in 2023	.....	Taxpayer Spouse
Disaster distributions taxable in 2024	.....	Taxpayer Spouse
Excess repayments from 8915-F	.....	Taxpayer Spouse

Passive Activity

At Risk Limitations

Account Transaction Summary**2022**

Name(s) as shown on return

Your ID Number

LHAKPA DHONDEN & TSERING YANGZOM

XXX-XX-2228

Account #1
Financial Institution CHASE BANK
Routing Transit Number ████████0021
Account Number ████████5870
Account Type checking

Federal Main Form
Federal Deposit 78

State Main Form(s)
NY Deposit 1,128

Net Deposit 1,206

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize Maxx LLC to use this account.

Your Signature_____
Date_____
Spouse's Signature (If Married Filing Jointly)_____
Date

**2022 IT-201 Filing Instructions
LHAKPA DHONDEN & TSERING YANGZOM**

Form filed:

IT-201 and supplemental forms and schedules

Filing method:

Your return has been e-filed, do not mail your return

Due date:

04-18-2023

Refund:

\$1,128.00

Transaction method:

The refund will be directly deposited into your checking account at Chase Bank ending in 5870.

NYEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2022

Name(s) as shown on return

LHAKPA DHONDEN & TSERING YANGZOM

Identification Number

***-**-2228

Address

8910 WHITNEY AVE APT 1K
Elmhurst, NY 11373

Thank you for participating in IRS e-file.

1. Your 2022 state income tax return for NY201 was filed electronically.
The electronic filing services were provided by Maxx LLC.

2. Your return was accepted on 03-28-2023 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 11455620230874rszdvv.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Return Information

New York Return Summary

2022

(Do NOT file this form with your return. It is for your records only.)

Form with fields for Your Name (LHAKPA DHONDEN), Spouse's Name (TSERING YANGZOM), Mailing Address (8910 WHITNEY AVE APT 1K, ELMHURST NY 11373), New York State county of residence (QUEENS), School district name (QUEENS), School district code no. (519), Your e-mail, Spouse's e-mail, Your phone no. (929 346 8081), Spouse's phone no.

Form with fields for Form filed (IT-201), Filing status (MARRIED JOINTLY), NYS residency (FULL-YEAR RESIDENT), NYC residency (FULL-YEAR RESIDENT), and Yonkers residency (NONRESIDENT).

Table with 2 columns: Description and Federal Amount. Rows include Total income (58236), Total federal adjustments to income (655), Recomputed federal adjusted gross income (57581), Total NY additions to income, Total NY subtractions from income, and NY adjusted gross income (57581).

Table with 2 columns: Description and NYS Amount (IT-203). Rows include Total income, Total federal adjustments to income, Recomputed federal adjusted gross income, Total NY additions to income, Total NY subtractions from income, and NY adjusted gross income.

Miscellaneous Information box with field for Advanced payments received (HTRC).

Table with 2 columns: Description and Amount. Rows include Standard or Itemized deduction (16050), Dependent exemptions (2000), NYS taxable income (39531), Total NYS taxes after nonrefundable credits (1882), Total NYC taxes after nonrefundable credits (1340), MCTMT, Yonkers tax, Sales or use tax, Voluntary contributions, and Total taxes and voluntary contributions (3222).

Table with 2 columns: Description and Amount. Rows include Total refundable credits and payments (4350), Estimated tax penalty, Overpayment (1128), Amount applied to your 2023 estimated tax, Amount deposited into a NYS 529 account, Refund (1128), Other penalties and interest, and Balance Due.

Form of Refund or Payment (for IT-201/X or IT-203-X): DIRECT DEPOSIT

Common Refundable Credits

Table with 2 columns: Description and Amount. Rows include NYS noncustodial parent EIC (IT-209), NYS Earned Income Credit (IT-215), Empire State Child Credit (IT-213) (660), Real property tax credit (IT-214), NYS child and dependent care credit (IT-216) (115), and College and tuition credit (IT-272).

Table with 2 columns: Description and Amount. Rows include NYC Earned Income Credit (IT-209 or IT-215), NYC child and dependent care credit (IT-216), NYC school tax credit (fixed amount) (125), and NYC school tax credit (rate reduction) (78).

Form IT-204-LL (Partnership, LLC, and LLP Filing Fee)

Table with 3 columns: Description, You, and Spouse. Row for NYS filing fee due.

Form NYC-1127 (Nonresident Employees of the City of NY)

Table with 3 columns: Description, You, and Spouse. Rows include NYS taxable income, Total taxes, Credits and payments, Refund, and Balance due.

Form NYC-202/S (UBT Return for Individuals)

Table with 3 columns: Description, You, and Spouse. Rows include Taxable income, Uninc. Business Tax, Total credits, Total payments, Penalties and interest, Net overpayment (Applied to 2023 ES), Refund, and Balance due.



New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning ... **22**
and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
LHAKPA		DHONDEN	07101972	██████████ 2228
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
TSERING		YANGZOM	10171988	██████████ 3022
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
8910 WHITNEY AVE			1K	QUEENS
City, village, or post office	State	ZIP code	Country	School district name
ELMHURST	NY	11373		QUEENS
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district code number
				519
City, village, or post office	State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)
	NY			
				Spouse's date of death (mmddyyyy)

A Filing status

(1) Single

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

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

(4) Head of household (with qualifying person)

(5) Qualifying surviving spouse

B Did you itemize your deductions on your 2022 federal income tax return? Yes No

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

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

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a homeowner tax rebate credit? (see instructions) Yes No

(2) Enter the amount00

E

(1) Did you or your spouse maintain living quarters in NYC during 2022? Yes No

(2) Enter the number of days spent in NYC in 2022 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only

(1) Number of months you lived in NYC in 2022

(2) Number of months your spouse lived in NYC in 2022

G Enter your 2-character special condition code(s) if applicable



H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
TENZIN		KUNGA	SON	██████████ 8189	11302014
TENCHOE		DHONDHEN	SON	██████████ 5854	08242013

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



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Your Social Security number
XXXXXXXXXX 2228

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	48952 .00
2	Taxable interest income	2	10 .00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	9274 .00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11 12 .00		
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	58236 .00
18	Total federal adjustments to income Identify: SEE ATTACHMENT NY FAGI	18	655 .00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	57581 .00
19a	Recomputed federal adjusted gross income (see Line 19a worksheet)	19a	57581 .00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	57581 .00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	57581 .00

Standard deduction or itemized deduction

34	Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	16050 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	41531 .00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	2 000.00
37	Taxable income (subtract line 36 from line 35)	37	39531 .00

201002221024



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Name(s) as shown on page 1
 LHAKPA DHONDEN AND TSERING YANGZOM

Your Social Security number
 [REDACTED] 2228

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	39531 .00
39	NYS tax on line 38 amount	39	1882 .00
40	NYS household credit	40	.00
41	Resident credit	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	1882 .00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	1882 .00

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

47	NYC taxable income	47	39531 .00
47a	NYC resident tax on line 47 amount	47a	1340 .00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	1340 .00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	1340 .00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	1340 .00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	1340 .00
59	Sales or use tax (do not leave blank)	59	0 .00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	3222 .00

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



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

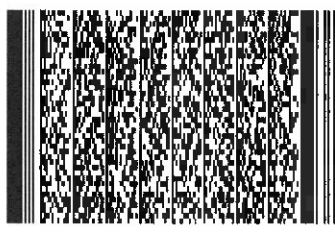


Your Social Security number
[REDACTED] 2228

62 Enter amount from line 61 62 3222 .00

Payments and refundable credits

63	Empire State child credit	63	660 .00
64	NYS/NYC child and dependent care credit	64	115 .00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	125 .00
69a	NYC school tax credit (rate reduction amount)	69a	78 .00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	1972 .00
73	Total New York City tax withheld	73	1400 .00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	4350 .00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	1128 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77) TIP: Use this amount to check your refund status online.	78	1128 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	1128 .00

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

Refund? Direct deposit is the easiest, fastest way to get your refund.
See instructions for payment options.

79	Amount of line 77 that you want applied to your 2023 estimated tax (see instructions)	79	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)	81	.00
82	Other penalties and interest	82	.00

See instructions for the proper assembly of your return.

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

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

83b Routing number [REDACTED] 0021 83c Account number [REDACTED] 5870

84 Electronic funds withdrawal Date [REDACTED] Amount [REDACTED] .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete (see instructions) ▼		Preparer's NYTPRN	NYTPRN excl. code 018
Preparer's signature	Preparer's printed name NAMGYAL DORJEE		
Firm's name (or yours, if self-employed) MAXX LLC	Preparer's PTIN or SSN [REDACTED] 9402		
Address 4014 74TH ST ELMHURST NY 11373	Employer identification number [REDACTED] 4273		
Email: MYPRIMETAX@GMAIL.COM	Date 03282023		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 929 346 8081
Email:	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM.

Federal Adjustments
to Income

New York Supporting Statements

2022

Name(s) as shown on return

Your Social Security Number

LHAKPA DHONDEN AND TSERING YANGZOM

 2228

DESCRIPTION

AMOUNT

HALF OF SE TAX

655.

TOTAL ADJUSTMENTS

655.



Claim for Empire State Child Credit

Tax Law - Section 606(c-1)

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

Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
LHAKPA DHONDEN	[REDACTED] 2228
Spouse's name	Spouse's SSN
TSERING YANGZOM	[REDACTED] 3022

Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for the full year? . . . 1 Yes No
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents? 2 Yes No
- 3 Is your NY recomputed federal adjusted gross income on Form IT-201, line 19a (*see instructions*)
 - \$110,000 or less and your filing status is (2) married filing joint return;
 - \$75,000 or less and your filing status is (1) single, (4) head of household, or (5) qualifying surviving spouse; or
 - \$55,000 or less and your filing status is (3) married filing separate return? 3 Yes No
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the federal child tax credit, additional child tax credit, or credit for other dependents (*see instructions*) 4
- 5 Enter the number of children from line 4 that were **at least four but less than 17** years of age on December 31 . . . 5
If you entered 0 on line 5, **stop**; you do not qualify for this credit.

Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmdyyy)
TENZIN		KUNGA		[REDACTED] 8189	11302014
TENCHOE		DHONDHEN		[REDACTED] 5854	08242013

Use Form IT-213-ATT if you have additional children to report.

NO HANDWRITTEN ENTRIES ON THIS FORM.

213001221024



Compute credit

If you answered Yes to question 2, you must complete Worksheet A or B and Worksheet C in the instructions before you continue with line 6.

If you answered No to question 2, skip lines 6 through 12, and enter 0 on line 13; continue with line 14.

Whole dollars only

6 Enter the amount from Worksheet A, line 10 or Worksheet B, line 13 (see instructions) 6 2000 .00

7 Enter your additional child tax credit amount from Worksheet C (see instructions) 7 .00

8 Add lines 6 and 7 8 2000 .00

If the amount on line 8 is zero, skip lines 9 through 12, and enter 0 on line 13; continue with line 14.

If the amount on line 8 is more than zero, continue with line 9.

9 Enter the number of children from line 4 9 2

10 Divide line 8 by line 9 10 1000 .00

11 Enter the number of children from line 5 11 2

12 Multiply line 10 by line 11 12 2000 .00

13 Multiply line 12 by 33% (.33) 13 660 .00

If you marked the No box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

All others continue with line 14.

14 Enter the number of children from line 5 14 2

15 Multiply line 14 by 100 15 200 .00

16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater) 16 660 .00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Spouses required to file separate New York State returns (see instructions)

17 Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank. 17 .00
Enter here and on Form IT-201, line 63.

18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank 18 .00
Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.

NO HANDWRITTEN ENTRIES ON THIS FORM.





Department of Taxation and Finance

Claim for Child and Dependent Care Credit

IT-216

New York State • New York City
Tax Law - Section 606(c)

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

Name(s) as shown on return LHAKPA DHONDEN AND TSERING YANGZOM	Your Social Security number ██████████ 2228
--	--

1 Have you already filed your New York State income tax return? Yes No

If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
1st Care provider	TOWN HALL	██████████ 9702	750.00
	B - Number and street City State ZIP code 5337 72ND ST MASPETH NY 11378		
2nd Care provider	A - Care provider name (first name, middle initial, and last name, or business name)	C - Identifying number (SSN or EIN)	D - Amount paid (see instr.)
	B - Number and street City State ZIP code		.00

3 Total number of qualifying persons you are claiming 3 1

List in order from youngest to oldest. (If you are claiming more than five qualifying persons, see instructions.)

A	B	C	D	E	F		
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social Security number	Date of birth (mmddyyyy)
TENCHOE		DHONDHEN		750.00	<input type="checkbox"/>	██████████ 5854	08242013
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a 750.00

3b Enter the amount from Worksheet 1, line 16, if applicable (see instr.) 3b .00

4 Can you claim an exemption for all the qualifying persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the **smallest** of:
 - line 3a above; or
 - line 3b above; or
 - 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons

	Whole dollars only
5	750.00
6	25647.00

6 Enter your earned income (see instructions) 6 31924.00

7 If your filing status is (2) Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7 750.00

8 Enter the smallest of line 5, 6, or 7 8 57581.00

9 Enter the amount from Form IT-201, line 19a or IT-203, line 19a, Federal amount column 9 57581.00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instr. 10 .2

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) 11 150.00

NO HANDWRITTEN ENTRIES ON THIS FORM.



NO HANDWRITTEN ENTRIES ON THIS FORM.

12 Amount from line 11	12	150.00
13 Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		57581.00
Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line		
	13	0.764
14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>)	14	115.00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40	15	.00
If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.		
16 Subtract line 15 from line 14. This is your excess child and dependent care credit	16	.00
17 Enter the amount from Form IT-203-ATT, line 29 (<i>if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>)	17	.00
If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.		
18 Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	.00
19 Amount from line 19, Column D, of <i>Part-year resident income allocation worksheet</i> , in Form IT-203-I - If you did not file Form IT-558, enter this amount (<i>see instructions</i>) - If you filed Form IT-558, add to or subtract from this amount any amounts on line 2 and line 4 of <i>Line 19a New York State amount column worksheet</i> , in Form IT-203-I (that is related to your NYS resident period), and enter the result. (<i>see instr.</i>)	19	.00
20 Enter the amount from Form IT-203, line 19a, <i>Federal amount column</i>	20	.00
21 Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000) (<i>see instructions</i>)	21	
22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit ..	22	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year and your recomputed federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* in the instructions) and you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see the instructions.

23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23	.00
IT-201 filers:		
24 Refundable New York City child and dependent care credit (<i>from Worksheet 2, line 7 or line 13</i>)	24	.00
25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25	.00
26 Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a	26	.00

IT-203 filers:

27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 8</i>); also enter this amount on Form IT-203, line 52	27	.00
28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 2, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a	28	.00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 2, line 10	29	.00
30 Enter the amount from Worksheet 2, line 11	30	.00





Department of Taxation and Finance

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.

W-2 Record 1

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

██████████ 3022

Box b Employer identification number (EIN)

13 4149621

Box c Employer's information

Employer's name			
JACKSON HEIGHTS CARE CNTR LLC			
Employer's address (number and street)			
80 BUSINESS PARK DRIVE SUITE 100			
City	State	ZIP code	Country
ARMONK	NY	10504	

Box 1 Wages, tips, other compensation
10789.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00

Box 12b Amount
.00

Box 12c Amount
.00

Box 12d Amount
.00

Box 14a Amount
66.00
Description
UI/DB

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.
10789.00

Box 17a NYS income tax withheld
415.00

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.):
Locality a Box 18 Local wages, tips, etc.
10789.00
Locality b .00

Locality a Box 19 Local income tax withheld
296.00
Locality b .00

Locality a Box 20 Locality name
NYC
Locality b

W-2 Record 2

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

██████████ 3022

Box b Employer identification number (EIN)

13 2655001

Box c Employer's information

Employer's name			
NEW YORK CITY HEALTH AND HOSPITALS			
Employer's address (number and street)			
1400 PELHAM PARKWAY			
City	State	ZIP code	Country
BRONX	NY	10461	

Box 1 Wages, tips, other compensation
21135.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
2615.00

Box 12b Amount
.00

Box 12c Amount
.00

Box 12d Amount
.00

Box 14a Amount
108.00
Description
NY PFL

Box 14b Amount
54.00
Description
GLG 1ML

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.
21135.00

Box 17a NYS income tax withheld
900.00

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.):
Locality a Box 18 Local wages, tips, etc.
21135.00
Locality b .00

Locality a Box 19 Local income tax withheld
638.00
Locality b .00

Locality a Box 20 Locality name
NYC
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM.

102001221024





Summary of W-2 Statements

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.

W-2 Record 1

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

██████████ 2228

Box b Employer identification number (EIN)

46 4962323

Box c Employer's information

Employer's name			
F&O REFINISHING & UNIQUE SERVIES IN			
Employer's address (number and street)			
974 BERGEN ST STE B			
City	State	ZIP code	Country
BROOKLYN	NY	11216	

Box 1 Wages, tips, other compensation
17028.00

Box 12a Amount
.00

Box 14a Amount
.00

Box 8 Allocated tips
.00

Box 12b Amount
.00

Box 14b Amount
.00

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Box 14c Amount
.00

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Box 14d Amount
.00

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

NY State information: Box 15a NY State NY

Box 16a NYS wages, tips, etc. 17028.00

Box 17a NYS income tax withheld 657.00

Other state information: Box 15b other state I

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 17028.00 Locality b .00

Box 19 Local income tax withheld Locality a 466.00 Locality b .00

Box 20 Locality name NYC

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

Box 1 Wages, tips, other compensation
.00

Box 12a Amount
.00

Box 14a Amount
.00

Box 8 Allocated tips
.00

Box 12b Amount
.00

Box 14b Amount
.00

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Box 14c Amount
.00

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Box 14d Amount
.00

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

NY State information: Box 15a NY State NY

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information: Box 15b other state I

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

NO HANDWRITTEN ENTRIES ON THIS FORM.



(Keep for your records)

Your name as shown on return

Your social security number

LHAKPA DHONDEN AND TSERING YANGZOM

2228

Do not use Worksheet A, but use Worksheet B instead, if on your 2022 federal income tax return you:

- claimed any of the following federal tax credits; adoption credit, mortgage interest credit, carryforward of District of Columbia first-time homebuyer credit, or residential energy efficient property credit; or
excluded income from Puerto Rico; or
were required to attach federal Form 2555 or Form 4563.

Part 1

- 1 Multiply the number of children from Form IT-213, line 4 by \$1,000 and enter the result 1 2000
2 Enter your NY recomputed FAGI from Form IT-201, line 19a 2 57581
3 Enter the amount shown below for your filing status 3 110000
4 Is the amount on line 2 more than the amount on line 3?
5 Multiply the amount on line 4 by 5% (.05). Enter the result 5 0
6 Is the amount on line 1 more than the amount on line 5?
7 Enter your 2022 federal tax (Form 1040 or Form 1040NR, line 18) 7 3186

Part 2

- 8 Are the amounts on Form IT-201 lines 19 and 19a the same?
a Form 1040, Schedule 3, Additional Credits and Payments, line 1 a
b Form 1040, Schedule 3, line 2 b 150
c Form 1040, Schedule 3, line 3 c
d Form 1040, Schedule 3, line 4 d
e Form 1040, Schedule 3, line 6l e
f Form 8910, Alternative Motor Vehicle Credit, line 15 f
g Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit, line 23 g
h Schedule R, Credit for the Elderly or the Disabled, line 22 h
9 Are the amounts on lines 7 and 8 the same?
10 Is the amount on line 6 more than the amount on line 9?
10 2000

If you answered Yes on line 9 or 10 above, complete Worksheet C: Additional child tax credit amount.

(Keep for your records)

Name(s) as shown on return

LHAKPA DHONDEN AND TSERING YANGZOM

Your social security number

2228

**Table 1 - Full-year New York City residents:
New York City school tax credit table**

Filing status:	If your income (see below) is:	Your credit* is:
— Single, filing status (1), or — Married filing separate return, filing status (3), or — Head of household, filing status (4)	\$250,000 or less	\$ 63
— Married filing joint return, filing status (2) — Qualifying widow(er) filing status (5)	\$250,000 or less	\$ 125

* The statutory credit amounts have been rounded.

**Table 2 - Part-year New York City residents:
New York City school tax credit proration chart**

Resident period (number of months)	If your income (see below) is \$250,000 or less, and	
	Your filing status is (1), (3) or (4), your credit* is:	Your filing status is (2) or (5), your credit* is:
1	\$ 5	\$ 10
2	10	21
3	16	31
4	21	42
5	26	52
6	31	63
7	36	73
8	42	83
9	47	94
10	52	104
11	57	115
12	63	125

* The statutory credit amounts have been rounded.

*** Income**, for purposes of determining your New York City school tax credit, means your recomputed federal AGI from Form IT-201, line 19a, (or IT-203, line 19a, Federal amount column), minus distributions from an individual retirement account and an individual retirement annuity, from Form IT-201, line 9, if they were included in your recomputed federal AGI.

New York City school tax credit worksheet

1. Full-year resident's credit from Table 1 above	1	125.
2. Part-year resident's allowable credit from Table 2 above	2	
3. Add lines 1 and 2. This is your New York City school tax credit. Enter here and on Form IT-201, line 69.	3	125.

NYC School Tax Credit (Rate Reduction Amount) Worksheet:

- Must be a NYC Full or Part Year Resident.
- Taxable income must not be more than \$500,000

2022

Name(s) as shown on return

LHAKPA DHONDEN AND TSERING YANGZOM

Your social security number

2228

Calculation of NYC school tax credit (rate reduction amount) for married filing jointly and qualifying widow(er)		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 21,600	.171% of taxable income
21,600	500,000	\$ 37 plus .228% of the excess over \$21,600

Calculation of NYC school tax credit (rate reduction amount) for single and married filing separately		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 12,000	.171% of taxable income
12,000	500,000	\$ 21 plus .228% of the excess over \$12,000

Calculation of NYC school tax credit (rate reduction amount) for head of household		
If city taxable income is:		The credit is:
over	but not over	
\$ 0	\$ 14,400	.171% of taxable income
14,400	500,000	\$ 25 plus .228% of the excess over \$14,400

- 1 NYC Taxable Income, from IT-201, Line 47 (NYC full year resident),
or from IT-360.1 Line 47 (Part year NYC residents), or from NYC-1127, line 1 (NYC
full year employment) 1 39531.
- 2 **If only one spouse was a full-year resident of NYC:**
NYC Taxable Income of the full-year NYC resident spouse 2 _____
- 3 Add lines 1 and 2 3 39531.
- 4 NYC School Tax Credit, rate reduction amount, include on Form IT-201, Line 69a
(Or Form IT-203, Line 60a), or NYC-1127, Schedule B, line A1 4 78.

Form W-2 Wage and Tax Statement		Federal Filing Copy – COPY B To Be Filed With Employee's FEDERAL Tax Return.		2022
		OMB No. 1545-0008		
i Control number 10233	1 Wages, tips, other comp. 10788.66	2 Federal income tax withheld		
Employer's EIN 13-4149621	3 Social security wages 10788.66	4 Social security tax withheld 668.88		
Employee's SSN 3022	5 Medicare wages and tips 10788.66	6 Medicare tax withheld 156.45		
Employer's name, address and ZIP code JACKSON HEIGHTS CARE CNTR LLC 70-05 35TH AVE JACKSON HEIGHTS NY 11372-3970				
Statutory employee		Retirement plan	Third-party sick pay	
Employee's name, address and ZIP code TSERING YANGZOM 89-10 WHITNEY AVE APT. 1K ELMHURST NY 11373				
Social security tips		8 Allocated tips	9	
Dependent care benefits		11 Nonqualified plans		
See instructions for box 12		14 Other UI/DB 65.67		
State NY	Employer's state ID no. 134149621	16 State wages, tips, etc. 10788.66	17 State income tax 414.98	
Local wages, tips, etc. 10788.66		19 Local income tax 295.97	20 Locality name NYLOC	

is information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement		State or Local Copy – COPY 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2022
		OMB No. 1545-0008		
a Control number 10233	1 Wages, tips, other comp. 10788.66	2 Federal income tax withheld		
b Employer's EIN 13-4149621	3 Social security wages 10788.66	4 Social security tax withheld 668.88		
d Employee's SSN 3022	5 Medicare wages and tips 10788.66	6 Medicare tax withheld 156.45		
c Employer's name, address and ZIP code JACKSON HEIGHTS CARE CNTR LLC 70-05 35TH AVE JACKSON HEIGHTS NY 11372-3970				
13 Statutory employee		Retirement plan	Third-party sick pay	
e Employee's name, address and ZIP code TSERING YANGZOM 89-10 WHITNEY AVE APT. 1K ELMHURST NY 11373				
7 Social security tips		8 Allocated tips	9	
10 Dependent care benefits		11 Nonqualified plans		
12 See instructions for box 12		14 Other UI/DB 65.67		
15 State NY	Employer's state ID no. 134149621	16 State wages, tips, etc. 10788.66	17 State income tax 414.98	
18 Local wages, tips, etc. 10788.66		19 Local income tax 295.97	20 Locality name NYLOC	

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2022**

Employer's name, address, and ZIP code
 NYC HEALTH & HOSPITALS
 CORP SERVICES, BLDG #4, 11TH FL
 1400 PELHAM PARKWAY
 BRONX NY 10461

Employee's name, address, and ZIP code
 TSERING YANGZOM
 39-10 WHITNEY AVE. APT. 1K
 ELMHURST NY 11373

State NY **Employer's state ID number** 132655001 **State wages, tips, etc.** 21135.23

OMB No. 1545-0008

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	21135.23	15.87
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	21135.23	1310.38
9	5 Medicare wages and tips	6 Medicare tax withheld
	21135.23	306.46
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		DD 2615.26
13 Statutory employee <input type="checkbox"/> Retiree plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	14 Other	12b
	NY PFL 108.00	
	GLg1ML 53.50	12c
		12d
17 State income tax	18 Local wages, tips, etc.	19 Local income tax
899.98	21135.23	637.76
		20 Locality name
		NYC

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

Dept. of the Treasury - IRS

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.

Form **W-2 Wage and Tax Statement** **2022**

Employer's name, address, and ZIP code
 NYC HEALTH & HOSPITALS
 CORP SERVICES, BLDG #4, 11TH FL
 1400 PELHAM PARKWAY
 BRONX NY 10461

Employee's name, address, and ZIP code
 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST NY 11373

State NY **Employer's state ID number** 132655001 **State wages, tips, etc.** 21135.23

OMB No. 1545-0008

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	21135.23	15.87
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	21135.23	1310.38
9	5 Medicare wages and tips	6 Medicare tax withheld
	21135.23	306.46
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		DD 2615.26
13 Statutory employee <input type="checkbox"/> Retiree plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	14 Other	12b
	NY PFL 108.00	
	GLg1ML 53.50	12c
		12d
17 State income tax	18 Local wages, tips, etc.	19 Local income tax
899.98	21135.23	637.76
		20 Locality name
		NYC

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

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2022**

Employer's name, address, and ZIP code
 NYC HEALTH & HOSPITALS
 CORP SERVICES, BLDG #4, 11TH FL
 1400 PELHAM PARKWAY
 BRONX NY 10461

Employee's name, address, and ZIP code
 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST NY 11373

State NY **Employer's state ID number** 132655001 **State wages, tips, etc.** 21135.23

OMB No. 1545-0008

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
	21135.23	15.87
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	21135.23	1310.38
9	5 Medicare wages and tips	6 Medicare tax withheld
	21135.23	306.46
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		DD 2615.26
13 Statutory employee <input type="checkbox"/> Retiree plan <input checked="" type="checkbox"/> Third party sick pay <input type="checkbox"/>	14 Other	12b
	NY PFL 108.00	
	GLg1ML 53.50	12c
		12d
17 State income tax	18 Local wages, tips, etc.	19 Local income tax
899.98	21135.23	637.76
		20 Locality name
		NYC

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

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS



**COPY 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return**

1 Wages, tips, other compensation 17028.00		2 Federal income tax withheld 407.74	
3 Social security wages 17028.00		4 Social security tax withheld 1055.74	
a Employee's social security number [REDACTED]	5 Medicare wages and tips 17028.00	6 Medicare tax withheld 246.91	
c Employer's name, address, and ZIP code F & O REFINISHING & UNIQUE SERVICES INC 974 BERGEN ST STE B BROOKLYN NY 11216			
e Employee's name LHAKPA DHONDHEN 8910 WHITNEY AVENUE, 1K ELMHURST NY 11373			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 46-4962323		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory Retirement Third-party sick employee plan pay			12e \$
15 State NY	Employer's state ID number 464962323	16 State wages, tips, etc. 17028.00	17 State income tax 657.10
18 Local wages, tips, etc. 17028.00		19 Local income tax 465.50	20 Locality name NY CIT

Form W-2 Wage and Tax Statement **2022** Department of the Treasury-Internal Revenue Service**COPY B - To Be Filed With
Employee's FEDERAL Tax Return.**This information is being furnished to
the Internal Revenue Service.

1 Wages, tips, other compensation 17028.00		2 Federal income tax withheld 407.74	
3 Social security wages 17028.00		4 Social security tax withheld 1055.74	
a Employee's social security number [REDACTED]	5 Medicare wages and tips 17028.00	6 Medicare tax withheld 246.91	
c Employer's name, address, and ZIP code F & O REFINISHING & UNIQUE SERVICES INC 974 BERGEN ST STE B BROOKLYN NY 11216			
e Employee's name LHAKPA DHONDHEN 8910 WHITNEY AVENUE, 1K ELMHURST NY 11373			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 46-4962323		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory Retirement Third-party sick employee plan pay			12e \$
15 State NY	Employer's state ID number 464962323	16 State wages, tips, etc. 17028.00	17 State income tax 657.10
18 Local wages, tips, etc. 17028.00		19 Local income tax 465.50	20 Locality name NY CIT

Form W-2 Wage and Tax Statement **2022** Department of the Treasury-Internal Revenue Service
LHAKPA

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2023 or fiscal year (enter month and year ended)

Form header section containing personal information: Your first name and middle initial (LHAKPA), Last name (DHONDHEN), Your social security number (-2228), Spouse's first name and middle initial (TSERING), Last name (YANGZOM), Spouse's social security number (-3022), Home address (8910 WHITNEY AVE), Apt. no. (1K), City, town or post office (Elmhurst), State (NY), ZIP code (11373), Foreign country name, Foreign province/state/county, Foreign postal code, and Presidential Election Campaign checkboxes.

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single [] Married filing jointly [x] Married filing separately [] Head of household (HOH) [] Qualifying surviving spouse (QSS) []

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part III on page 2 to explain any changes.

Table with 3 columns: Description, A. Original amount reported or as previously adjusted (see instructions), B. Net change - amount of increase or (decrease) - explain in Part III, C. Correct amount. Rows include Income and Deductions (Adjusted gross income, Itemized deductions, Taxable income), Tax Liability (Tax method, Nonrefundable credits, Total tax), Payments (Federal income tax withheld, Total payments), and Refund or Amount You Owe (Overpayment, Amount you owe, Amount applied to your tax).

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1040-X (Rev. 2-202)

Thank you for the opportunity to be of service. If you have any questions, contact our office at (917)858-1168.

Sincerely,


04-15-2025

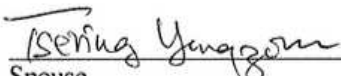
NAMGYAL DORJEE
Prime Tax

(Both spouses must sign for preparation of joint returns.)

Accepted By:



Taxpayer


Spouse

04/15/2024

Date

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return 2022**

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 surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial LHAKPA	Last name DHONDEN	Your social security number [REDACTED]-2228
If joint return, spouse's first name and middle initial TSERING	Last name YANGZOM	Spouse's social security number [REDACTED]-3022
Home address (number and street). If you have a P.O. box, see instructions. 8910 WHITNEY AVE		Apt. no. 1K
City, town, or post office. If you have a foreign address, also complete spaces below. Elmhurst		State NY
Foreign country name		ZIP code 11373
Foreign province/state/county		Foreign postal code

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) 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, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
	TENCHOE	DHONDHEN	[REDACTED] 5854	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TENZIN	KUNGA	[REDACTED] 8189	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	48,952
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h	1z	48,952
	2a Tax-exempt interest 2a	b Taxable interest	
	3a Qualified dividends 3a	b Ordinary dividends	10
	4a IRA distributions 4a	b Taxable amount	
	5a Pensions and annuities 5a	b Taxable amount	
	6a Social security benefits 6a	b Taxable amount	
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 10	8	9,274
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	58,236
	10 Adjustments to income from Schedule 1, line 26	10	655
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	57,581
	12 Standard deduction or itemized deductions (from Schedule A)	12	25,900
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	1,724
	14 Add lines 12 and 13	14	27,624
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	29,957

Attach Sch. B if required.

Standard Deduction for-
 • Single or Married filing separately, \$12,950
 • Married filing jointly or Qualifying surviving spouse, \$25,900
 • Head of household, \$19,400
 • If you checked any box under **Standard Deduction**, see instructions.

2nd page signature

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	3,186
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,186
	19	Child tax credit or credit for other dependents from Schedule 8812	19	3,036
	20	Amount from Schedule 3, line 8	20	150
	21	Add lines 19 and 20	21	3,186
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	()
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,310
	24	Add lines 22 and 23. This is your total tax	24	1,310

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	424
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	424
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	964
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	964
	33	Add lines 25d, 26, and 32. These are your total payments	33	1,386

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	76
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	76
Direct deposit? See instructions.	b	Routing number [redacted]	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number [redacted]		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
	38	Estimated tax penalty (see instructions)	38	

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

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
15125 [Signature]	03-28-2023		
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.)
24745 [Signature]	03-28-2023		
Phone no. 929-346-8081	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
NAMGYAL DORJEE [Signature]	04-15-2024	P02029402	<input type="checkbox"/> Self-employed
Preparer's name NAMGYAL DORJEE	Phone no. 917-858-1168		
Firm's name Maxx LLC			
Firm's address 4014 74TH ST ELMHURST, NY 11373		Firm's EIN 86-3144273	

Part I Dependents		A. Original number of dependents reported or as previously adjusted	B. Net change - amount of increase or (decrease)	C. Correct number
Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.				
24	Reserved for future use	24		
25	Your dependent children who lived with you	25	2	2
26	Reserved for future use	26		
27	Other dependents	27		
28	Reserved for future use	28		
29	Reserved for future use	29		
30	List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):		(b) Social security number	(c) Relationship to you	(d) Check the box if qualified for (see instructions):	
If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name Last name			Child tax credit	Credit for other dependents
	TENCHOE DHONDHEN	[REDACTED]	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TENZIN KUNGA	[REDACTED]	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

NAME CORRECTION: Last name spelled wrong, the correct last name is DHONDHEN

Remember to keep a copy of this form for your records.
Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	15125	03-13-2024		
	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.)
	24745	03-13-2024		
	Phone no. 929-346-8081	Email address 1 lhasa2007@yahoo.com		
Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	NAMGYAL DORJEE	04-15-2024	P02029402	
	Print/Type preparer's name NAMGYAL DORJEE			
	Firm's name Prime Tax		Firm's EIN 85-3758466	
Firm's address 4016 74TH STREET Elmhurst, NY 11373		Phone no. 917-858-1168		

Lhakpa Dhondhen

Code: [REDACTED]

Tax Summary for 2023

Thanks for doing driving with Uber in 2023. Below is a breakdown of your earnings over the year that may help you file your taxes.

Driving Totals	413	3,598
Online Miles shows all of the miles you drove while online, including off trip miles.	COMPLETED TRIPS	ONLINE MILES



Your Gross Payment

Total Trip Earnings from Uber plus any other additional earnings



Expenses, Fees and Tax

Expenses, Fees and Tax. For a complete breakdown, please refer to table 1 on page 2.



Your Net Payout

Not for tax filing purposes. This amount represents what was paid in your bank account.

Reportable Payments

Gross Trip Earnings + \$12,335.65
Total Additional Earnings + \$1,019.45

\$13,355.10

Expenses, Fees and Tax

+ \$4,832.00

\$4,832.00

Net Earnings

+ \$7,950.63

Reimbursements: Tolls, Airport fees and Surcharges

+ \$572.47

\$8,523.10



1515 3rd Street

San Francisco, CA 94158

Uber Tax ID Number: [REDACTED] 7441

Lhakpa Dhondhen

Code: [REDACTED]

Tax Summary for 2023

Table 1 - Expenses, Fees, Tax and Reimbursement

All items marked with a * may be tax deductible. Your online mileage may also be deductible. Need help filing? Get help from the tax experts. Visit t.uber.com/turbotax or consult a tax professional for more information.

Expenses, Fees and Tax	
Uber service fee/other adjustments*	\$3,290.61
Split fare fee*	\$0.50
Airport and city fees collected*	\$477.88
Sales tax and other taxes*	\$1,063.01
Reimbursements	
Tolls, airport fees and surcharges*	\$572.47
TOTAL EXPENSES, FEES, TAX AND REIMBURSEMENTS	\$5,404.47

Uber Service Fee / Other Adjustments includes both the Uber Service Fee and certain other items such as: 1) pricing adjustments due to Uber-provided rider promotions, or 2) differences between the rider's upfront price and your earnings.

Table - 2 Additional Payments from Uber or Subsidiaries

Incentives	\$1,017.51
Other Miscellaneous Payment	\$1.94
TOTAL ADDITIONAL EARNINGS	\$1,019.45

This is not an official tax document. Uber does not offer any tax advice.

Check with a tax professional or go to t.uber.com/taxes-faq for more information.



1515 3rd Street

San Francisco, CA 94158

Uber Tax ID Number [REDACTED] 7441

Lhakpa Dhondhen

Code: [REDACTED]

Tax Summary for 2023

Table 3 - Completed trips and online miles per month

Driving total per month	Completed trips	Online miles
January	0	11
February	14	184
March	10	129
April	8	98
May	2	74
June	2	108
July	0	0
August	23	227
September	23	263
October	81	681
November	138	927
December	112	895
Driving Totals	413	3,598

This is not an official tax document. Uber does not offer any tax advice.

Check with a tax professional or go to uber.com/taxes-faq for more information.

Lhakpa Dhondhen

Code: [REDACTED]

Tax Summary for 2022

Thanks for doing driving with Uber in 2022. Below is a breakdown of your earnings over the year that may help you file your taxes.

Driving Totals	37	468
Online Miles shows all of the miles you drove while online, including off trip miles.	COMPLETED TRIPS	ONLINE MILES



Your Gross Payment

Total Trip Earnings from Uber plus any other additional earnings

Reportable Payments

Gross Trip Earnings + \$1,295.92
Total Additional Earnings + \$267.23

\$1,563.15



Expenses, Fees and Tax

Expenses, Fees and Tax. For a complete breakdown, please refer to table 1 on page 2.

Expenses, Fees and Tax

+ \$456.75

\$456.75



Your Net Payout

Not for tax filing purposes. This amount represents what was paid in your bank account.

Net Earnings

+ \$1,025.55

Reimbursements: Tolls, Airport fees and Surcharges

+ \$80.85

\$1,106.40



1515 3rd Street

San Francisco, CA 94158

Uber Tax ID Number: [REDACTED] 7441

Lhakpa Dhondhen

Code: [REDACTED]

Tax Summary for 2022

Table 1 - Expenses, Fees, Tax and Reimbursement

All items marked with a * may be tax deductible. Your online mileage may also be deductible. Need help filing? Get help from the tax experts. Visit t.uber.com/turbotax or consult a tax professional for more information.

Expenses, Fees and Tax	
Uber service fee/other adjustments*	\$313.16
Booking fee*	\$0.50
Airport and city fees collected*	\$60.98
Sales tax and other taxes*	\$82.11
Reimbursements	
Tolls, airport fees and surcharges*	\$80.85
TOTAL EXPENSES, FEES, TAX AND REIMBURSEMENTS	\$537.60

Uber Service Fee / Other Adjustments includes both the Uber Service Fee and certain other items such as: 1) pricing adjustments due to Uber-provided rider promotions, or 2) differences between the rider's upfront price and your earnings.

Table - 2 Additional Payments from Uber or Subsidiaries

Incentives	\$266.64
Other Miscellaneous Payment	\$0.59
TOTAL ADDITIONAL EARNINGS	\$267.23

This is not an official tax document. Uber does not offer any tax advice.

Check with a tax professional or go to t.uber.com/taxes-faq for more information.



1515 3rd Street

San Francisco, CA 94158

Uber Tax ID Number: [REDACTED] 7441

Lhakpa Dhondhen

Code: [REDACTED]

Tax Summary for 2022

Table 3 - Completed trips and online miles per month

Driving total per month	Completed trips	Online miles
January	0	0
February	2	27
March	2	43
April	0	0
May	0	0
June	3	64
July	14	92
August	2	111
September	10	60
October	1	49
November	0	0
December	3	21
Driving Totals	37	468

This is not an official tax document. Uber does not offer any tax advice.

Check with a tax professional or go to uber.com/taxes-faq for more information.

8. Landlord Reference Letter

Antonios Feggoudakis
REAL ESTATE- MANAGEMENT
142-30 SANFORD AVE
FLUSHING, N.Y. 11355
(718) 358-4700 . FAX: (718) 358-7474

March 26th, 2024

Re: Tenant Verification

To: Whom It May Concern

This is to verify that **Lhakpa Dhondhen**, currently resides as a tenant at our property located at:

**89-10Whitney Ave Apt 1K
Elmhurst, NY 11373**

the tenant(s) has been living at this address since **May 2015** till present.

The current monthly rent is **\$ 1,014.32.**

If we can provide any further information, do not hesitate to contact the office at the number listed above.

Yours Sincerely,

89-10 Antonios Realty LLC

May 7, 2024

CHECK # 227 05/07



\$184,364.52

-\$1,014.32

Apr 8, 2024

CHECK # 226 04/08



\$179,088.29

-\$1,014.32

Mar 8, 2024

CHECK # 199 03/08



\$149,280.39

-\$1,014.32

Mar 8, 2024

CHECK # 199 03/08



\$149,280.39

-\$1,014.32

11 6 2024

Feb 12, 2024

CHECK # 198 02/12



\$145,200.03

-\$1,014.32

Jan 9, 2024

CHECK # 195 01/09



\$143,985.15

-\$1,014.32

Dec 5, 2023

CHECK # 193 12/05



\$140,027.54

-\$1,014.32

Oct 31, 2023

CHECK # 192 10/31



\$133,954.70

-\$1,014.32

Oct 5, 2023

CHECK # 190 10/05



\$132,025.43

-\$1,014.32

9. Personal Loans

33-44 91st Unit 1V
Jackson Heights, NY 11372
April 7nd, 2024

Dear Board Members,

We have no personal loans; we have worked hard to ensure that we are debt free. We will maintain our debt free status for the entirety of our lives as this allows us to save for the future.

Sincerely,

Lhakpa Dhondhen & Tsering Yangzom

Lhakpa dhondhen *Tsering Yangzom*

10. Employer Reference Letter

HUMAN RESOURCES
78-05 41st Avenue
Elmhurst, NY 11373
718-334-4821

EMPLOYMENT VERIFICATION

Date: April 16, 2024
Name: Tsering Yangzom
Title: Patient Care Associate
Department: Medicine- Surgery
Date of Entry in Title: 07-11-2022 to Present

TO WHOM IT MAY CONCERN:

Please be advised that the above-named individual is employed by Elmhurst Hospital Center. Ms. Tsering Yangzom original date of appointment with New York City's Health + Hospital is 07/11/2022. Ms. Yangzom annual salary is \$48,283.00 and works a 37.5 per hour week. Ms Yangzom hourly rate is \$24.67.

Should you need further information, please contact our office at (718) 334-2874. Email Trossid@nychhc.org

Sincerely,



Dawn Trossi
Personnel Representative
Human Resources Department

F & O

Refinishing & Unique Services

3/25/24

To Whom It May Concern:

Re: Lhakpa Dhondhen

This is in response to your request for verification of employment.

Lhakpa Dhondhen has been employed by F & O Refinishing & Unique Services, Inc. since 5/2017 and is currently working as an Apprentice/Journeyman making \$16.50 an hour and working 40 hours a week.

If you have any questions, please contact Floyd Bartholomew at 646-752-5686.

Regards,

Floyd Bartholomew

President

F & O Refinishing & Unique Services, Inc.



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 03/10/2024	Business Unit: ELM01
Pay End Date: 03/23/2024	Advice #: 00000005478902
	Advice Date: 03/29/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID: 19J1N7862	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
---	---	--

HOURS AND EARNINGS							TAXES		
--- Current - ---				----- YTD -----					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Wages	03/23/2024	-	75.00	1,851.95	525.00	12,963.65	Fed Withholding	0.00	0.00
Holiday Premium		-	-	0.00	-	370.00	Fed MED/EE	26.86	193.34
							Fed OASDI/EE	114.82	826.69
							NY FL/EE	6.90	49.73
							NY Withholding	74.48	541.72
							NY NEW YORK Withholding	55.10	401.05
TOTAL:			75.00	1,851.95	525.00	13,333.65	TOTAL:	278.16	2,012.53

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
Pension Arrears- Fix Amt-Pre	21.83	109.15		DC37-Loc420 Dues-AmbulanceTech	32.25	224.75	
Tier 6 with 3.50% Contribution	64.82	401.87					
TOTAL:	86.65	511.02		TOTAL:	32.25	224.75	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.16	118.90	1,454.89
YTD	13,333.65	12,822.63	2,012.53	735.77	10,585.35

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5478902			1,454.89
TOTAL:			1,454.89

Your PeopleSoft Self Service UserID is: YANGZOMT6
Please contact the Help Desk at 877-934-8442 with any log in issues

RETAIN THIS STATEMENT OF EARNINGS AND DEDUCTIONS
NEW YORK CITY HEALTH + HOSPITALS



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 02/25/2024	Business Unit: ELM01
Pay End Date: 03/09/2024	Advice #: 00000005434549
	Advice Date: 03/15/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoe-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID: 19J1N7862	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
--- Current - ---				----- YTD -----					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Holiday Premium	02/19/2024	-	-	92.50	-	370.00	Fed Withholding	0.00	0.00
Regular Wages	03/09/2024	-	75.00	1,851.95	450.00	11,111.70	Fed MED/EE	28.19	166.48
							Fed OASDI/EE	120.56	711.87
							NY FL/EE	7.26	42.83
							NY Withholding	79.57	467.24
							NY NEW YORK Withholding	58.94	345.95
TOTAL:			75.00	1,944.45	450.00	11,481.70	TOTAL:	294.52	1,734.37

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
Pension Arrears- Fix Amt-Pre	21.83	87.32	DC37-Loc420 Dues-AmbulanceTech	32.25	192.50		
Tier 6 with 3.50% Contribution	68.06	337.05					
TOTAL:	89.89	424.37	TOTAL:	32.25	192.50		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,944.45	1,854.56	294.52	122.14	1,527.79
YTD	11,481.70	11,057.33	1,734.37	616.87	9,130.46

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5434549			1,527.79
TOTAL:			1,527.79

Your PeopleSoft Self Service UserID is: YANGZOMT6
Please contact the Help Desk at 877-934-8442 with any log in issues

RETAIN THIS STATEMENT OF EARNINGS AND DEDUCTIONS
NEW YORK CITY HEALTH + HOSPITALS



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 02/11/2024	Business Unit: ELM01
Pay End Date: 02/24/2024	Advice #: 00000005390333
	Advice Date: 03/01/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID: 19J1N7862	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
---	---	--

HOURS AND EARNINGS							TAXES		
--- Current - ---				----- YTD -----					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Wages	02/24/2024	-	75.00	1,851.95	375.00	9,259.75	Fed Withholding	0.00	0.00
Holiday Premium		-	-	0.00	-	277.50	Fed MED/EE	26.85	138.29
							Fed OASDI/EE	114.82	591.31
							NY FL/EE	6.90	35.57
							NY Withholding	74.48	387.67
							NY NEW YORK Withholding	55.10	287.01
TOTAL:			75.00	1,851.95	375.00	9,537.25	TOTAL:	278.15	1,439.85

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
Pension Arrears- Fix Amt-Pre	21.83	65.49	DC37-Loc420 Dues-AmbulanceTech	32.25	160.25		
Tier 6 with 3.50% Contribution	64.82	268.99					
TOTAL:	86.65	334.48	TOTAL:	32.25	160.25		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.15	118.90	1,454.90
YTD	9,537.25	9,202.77	1,439.85	494.73	7,602.67

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5390333			1,454.90
TOTAL:			1,454.90

Your PeopleSoft Self Service UserID is: YANGZOMT6
Please contact the Help Desk at 877-934-8442 with any log in issues

RETAIN THIS STATEMENT OF EARNINGS AND DEDUCTIONS
NEW YORK CITY HEALTH + HOSPITALS



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 01/28/2024	Business Unit: ELM01
Pay End Date: 02/10/2024	Advice #: 00000005345222
	Advice Date: 02/16/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID: 19J1N7862	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
--- Current - ---				----- YTD -----					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Wages	02/10/2024	-	75.00	1,851.95	300.00	7,407.80	Fed Withholding	0.00	0.00
Holiday Premium		-	-	0.00	-	277.50	Fed MED/EE	26.86	111.44
							Fed OASDI/EE	114.82	476.49
							NY FL/EE	6.91	28.67
							NY Withholding	74.48	313.19
							NY NEW YORK Withholding	55.10	231.91
TOTAL:			75.00	1,851.95	300.00	7,685.30	TOTAL:	278.17	1,161.70

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
Pension Arrears- Fix Amt-Pre	21.83	43.66	DC37-Loc420 Dues-AmbulanceTech	32.25	128.00		
Tier 6 with 3.50% Contribution	64.82	204.17					
TOTAL:	86.65	247.83	TOTAL:	32.25	128.00		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.17	118.90	1,454.88
YTD	7,685.30	7,437.47	1,161.70	375.83	6,147.77

NET PAY DISTRIBUTION				
Payment Type	Account Type	Account #	Amount	
Advice #5345222			1,454.88	
TOTAL:			1,454.88	

Your PeopleSoft Self Service UserID is: YANGZOMT6
Please contact the Help Desk at 877-934-8442 with any log in issues

RETAIN THIS STATEMENT OF EARNINGS AND DEDUCTIONS
NEW YORK CITY HEALTH + HOSPITALS



Earnings Statement

Pay period: Feb 17, 2024 - Feb 23, 2024 Pay Day: Mar 6, 2024
Lhakpa Dhondhen's bank account (. . . 5870): \$559.34

Company
F & O Refinishing & Unique
Services
974 Bergen Street
Suite B
Brooklyn, NY 11216
646-752-5686

Employee
Lhakpa Dhondhen
XXX-XX-2228
8910 Whitney Ave
1K
Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
<u>Regular Hours</u> | Hourly	\$16.50	40.0	\$660.00	\$6,600.00
Totals		40.0	\$660.00	\$6,600.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
<u>Federal Income Tax</u>	\$9.85	\$98.50
<u>Social Security</u>	\$40.92	\$409.20
<u>Medicare</u>	\$9.57	\$95.70
<u>NY State Withholdings Tax</u>	\$21.55	\$215.50
<u>NY SDI</u>	\$0.60	\$5.40
<u>NY Family Leave Insurance</u>	\$2.46	\$22.14
<u>New York City Tax</u>	\$15.71	\$157.10

Employer Taxes

Company Tax	Current	Year To Date
<u>Social Security</u>	\$40.92	\$409.20
<u>Medicare</u>	\$9.57	\$95.70
<u>FUTA</u>	\$3.96	\$39.60
<u>NY SUI</u>	\$16.01	\$160.10
<u>NY Reemployment</u>	\$0.50	\$5.00

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
<u>Gross Earnings</u>	\$660.00	\$6,600.00
<u>Pre-Tax Deductions/Contributions</u>	\$0.00	\$0.00
<u>Taxes</u>	\$100.66	\$1,003.54
<u>Post-Tax Deductions/Contributions</u>	\$0.00	\$0.00
<u>Net Pay</u>	\$559.34	\$5,596.46
<u>Total Reimbursements</u>	\$0.00	\$0.00
<u>Check Amount</u>	\$559.34	\$5,596.46
<u>Total Hours Worked</u>	40.0	400.0



Earnings Statement

Pay period: Feb 10, 2024 - Feb 16, 2024 Pay Day: Feb 23, 2024
Lhakpa Dhondhen's bank account (. . . 5870): \$559.34

Company

F & O Refinishing & Unique
Services
974 Bergen Street
Suite B
Brooklyn, NY 11216
646-752-5686

Employee

Lhakpa Dhondhen
XXX-XX-2228
8910 Whitney Ave
1K
Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
<u>Regular Hours</u> | Hourly	\$16.50	40.0	\$660.00	\$5,940.00
Totals		40.0	\$660.00	\$5,940.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
<u>Federal Income Tax</u>	\$9.85	\$88.65
<u>Social Security</u>	\$40.92	\$368.28
<u>Medicare</u>	\$9.57	\$86.13
<u>NY State Withholdings Tax</u>	\$21.55	\$193.95
<u>NY SDI</u>	\$0.60	\$4.80
<u>NY Family Leave Insurance</u>	\$2.46	\$19.68
<u>New York City Tax</u>	\$15.71	\$141.39

Employer Taxes

Company Tax	Current	Year To Date
<u>Social Security</u>	\$40.92	\$368.28
<u>Medicare</u>	\$9.57	\$86.13
<u>FUTA</u>	\$3.96	\$35.64
<u>NY SUI</u>	\$16.01	\$144.09
<u>NY Reemployment</u>	\$0.50	\$4.50

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
<u>Gross Earnings</u>	\$660.00	\$5,940.00
<u>Pre-Tax Deductions/Contributions</u>	\$0.00	\$0.00
<u>Taxes</u>	\$100.66	\$902.88
<u>Post-Tax Deductions/Contributions</u>	\$0.00	\$0.00
<u>Net Pay</u>	\$559.34	\$5,037.12
<u>Total Reimbursements</u>	\$0.00	\$0.00
<u>Check Amount</u>	\$559.34	\$5,037.12
<u>Total Hours Worked</u>	40.0	360.0



Earnings Statement

Pay period: Feb 3, 2024 - Feb 9, 2024 Pay Day: Feb 16, 2024
Lhakpa Dhondhen's bank account (. . . 5870): \$559.34

Company

F & O Refinishing & Unique
Services
974 Bergen Street
Suite B
Brooklyn, NY 11216
646-752-5686

Employee

Lhakpa Dhondhen
XXX-XX-2228
8910 Whitney Ave
1K
Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Hourly	\$16.50	40.0	\$660.00	\$5,280.00
Totals		40.0	\$660.00	\$5,280.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	\$9.85	\$78.80
Social Security	\$40.92	\$327.36
Medicare	\$9.57	\$76.56
NY State Withholdings Tax	\$21.55	\$172.40
NY SDI	\$0.60	\$4.20
NY Family Leave Insurance	\$2.46	\$17.22
New York City Tax	\$15.71	\$125.68

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$40.92	\$327.36
Medicare	\$9.57	\$76.56
FUTA	\$3.96	\$31.68
NY SUI	\$16.01	\$128.08
NY Reemployment	\$0.50	\$4.00

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
Gross Earnings	\$660.00	\$5,280.00
Pre-Tax Deductions/Contributions	\$0.00	\$0.00
Taxes	\$100.66	\$802.22
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$559.34	\$4,477.78
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$559.34	\$4,477.78
Total Hours Worked	40.0	320.0



Earnings Statement

Pay period: Jan 27, 2024 - Feb 2, 2024 Pay Day: Feb 12, 2024
Lhakpa Dhondhen's bank account (. . . 5870): \$559.34

Company
F & O Refinishing & Unique
Services
974 Bergen Street
Suite B
Brooklyn, NY 11216
646-752-5686

Employee
Lhakpa Dhondhen
XXX-XX-2228
8910 Whitney Ave
1K
Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
<u>Regular Hours</u> | Hourly	\$16.50	40.0	\$660.00	\$4,620.00
Totals		40.0	\$660.00	\$4,620.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
<u>Federal Income Tax</u>	\$9.85	\$68.95
<u>Social Security</u>	\$40.92	\$286.44
<u>Medicare</u>	\$9.57	\$66.99
<u>NY State Withholdings Tax</u>	\$21.55	\$150.85
<u>NY SDI</u>	\$0.60	\$3.60
<u>NY Family Leave Insurance</u>	\$2.46	\$14.76
<u>New York City Tax</u>	\$15.71	\$109.97

Employer Taxes

Company Tax	Current	Year To Date
<u>Social Security</u>	\$40.92	\$286.44
<u>Medicare</u>	\$9.57	\$66.99
<u>FUTA</u>	\$3.96	\$27.72
<u>NY SUI</u>	\$16.01	\$112.07
<u>NY Reemployment</u>	\$0.50	\$3.50

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
<u>Gross Earnings</u>	\$660.00	\$4,620.00
<u>Pre-Tax Deductions/Contributions</u>	\$0.00	\$0.00
<u>Taxes</u>	\$100.66	\$701.56
<u>Post-Tax Deductions/Contributions</u>	\$0.00	\$0.00
<u>Net Pay</u>	\$559.34	\$3,918.44
<u>Total Reimbursements</u>	\$0.00	\$0.00
<u>Check Amount</u>	\$559.34	\$3,918.44
<u>Total Hours Worked</u>	40.0	280.0



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	05/05/2024	Business Unit:	ELM01
Pay End Date:	05/18/2024	Advice #:	00000005657784
		Advice Date:	05/24/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-MEDICAL/SURGICAL INPATIENT B4 Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID: 1911N7862	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
--- Current ---							--- YTD ---		
Description	Em End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Wages	05/18/2024	-	75.00	1,851.95	825.00	20,371.45	Fed Withholding	0.00	0.00
Holiday Premium		-	-	0.00	-	370.00	Fed MED/EE	26.85	300.75
							Fed OASDI/EE	114.82	1,285.97
							NY FLI/EE	6.91	77.37
							NY Withholding	74.48	839.64
							NY NEW YORK Withholding	55.10	621.45
TOTAL:			75.00	1,851.95	825.00	20,741.45	TOTAL:	278.16	3,125.18

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
Pension Arrears- Fix Amt-Pre	21.83	196.47		DC37-Loc420 Dues-Ambulance Tech	32.25	353.75	
Tier 6 with 3.50% Contribution	64.82	661.15					
TOTAL:	86.65	857.62		TOTAL:	32.25	353.75	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.16	118.90	1,454.89
YTD	20,741.45	19,883.83	3,125.18	1,211.37	16,404.90

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5657784			1,454.89
TOTAL:			1,454.89



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 04/21/2024
 Pay End Date: 05/04/2024

Mail drop ID: H01
 Business Unit: ELM01
 Advice #: 00000005612729
 Advice Date: 05/10/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA: Federal NY State
	Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID: 1911N7862	Tax Status: Married Allowances: N/A Addl. Amount:

HOURS AND EARNINGS							TAXES		
--- Current ---							--- YTD ---		
Description	Err End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Wages	05/04/2024	-	75.00	1,851.95	750.00	18,519.50	Fed Withholding	0.00	0.00
Holiday Premium		-	-	0.00	-	370.00	Fed MED/EE	26.86	273.90
							Fed OASDI/EE	114.82	1,171.15
							NY FL/EE	6.91	70.46
							NY Withholding	74.48	765.16
							NY NEW YORK Withholding	55.10	566.35
TOTAL:			75.00	1,851.95	750.00	18,889.50	TOTAL:	278.17	2,847.02

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
Pension Arrears- Fix Amt-Pre	21.83	174.64	DC37-Loc420 Dues-Ambulance Tech	32.25	321.50		
Tier 6 with 3.50% Contribution	64.82	596.33					
TOTAL:	86.65	770.97	TOTAL:	32.25	321.50		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.17	118.90	1,454.88
YTD	18,889.50	18,118.53	2,847.02	1,092.47	14,950.01

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5612729			1,454.88
TOTAL:			1,454.88



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	HG1
Pay Begin Date:	04/07/2024	Business Unit:	ELM01
Pay End Date:	04/20/2024	Advice #:	00000005567929
		Advice Date:	04/26/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department:	2410101143-ELM01 B4 MED/SURG	TAX DATA:	Federal	NY State
	Location:	ELMHURST MAIN BUILDING 4 FL	Tax Status:	Married	Married
	Job Title:	Patient Care Assoc-Med/Surgery	Allowances:	N/A	2
	Pay Rate:	\$48,283.00 Annual	Addl. Amount:		
Pension ID:	1911N7862				

HOURS AND EARNINGS						TAXES			
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Wages	04/20/2024	-	75.00	1,851.95	675.00	16,667.55	Fed Withholding	0.00	0.00
Holiday Premium		-	-	0.00	-	370.00	Fed MED EE	26.85	247.04
							Fed OASDI/EE	114.82	1,056.33
							NY FLI/EE	6.91	63.55
							NY Withholding	74.48	690.68
							NY NEW YORK Withholding	55.10	511.25
TOTAL:			75.00	1,851.95	675.00	17,037.55	TOTAL:	278.16	2,568.85

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
Pension Arrears- Fix Amt-Pre	21.83	152.81		DC37-Loc-420 Dues-Ambulance Tech	32.25	289.25	
Tier 6 with 3.50% Contribution	64.82	531.51					
TOTAL:	86.65	684.32		TOTAL:	32.25	289.25	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.16	118.90	1,454.89
YTD	17,037.55	16,353.23	2,568.85	973.57	13,495.13

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5567929			1,454.89
TOTAL:			1,454.89



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 03/24/2024	Business Unit: ELM01
Pay End Date: 04/06/2024	Advice #: 00000005523290
	Advice Date: 04/12/2024

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med Surgery Pay Rate: \$48,283.00 Annual Pension ID: 1911N7862	TAX DATA: Federal Tax Status: Married Allowances: N/A Addl. Amount:	NY State Married 2
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HOURS AND EARNINGS						TAXES			
Description	Emp End Dt	Rate	Hours	Earnings	YTD Hours	YTD Earnings	Description	Current	YTD
Regular Wages	04/06/2024	-	75.00	1,851.95	600.00	14,815.60	Fed Withholding	0.00	0.00
Holiday Premium				0.00		370.00	Fed MED/EE	26.85	220.19
							Fed OASDI/EE	114.82	941.51
							NY FL/EE	6.91	56.64
							NY Withholding	74.48	616.20
							NY NEW YORK Withholding	55.10	456.15
TOTAL:			75.00	1,851.95	600.00	15,185.60	TOTAL:	278.16	2,290.69

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
Pension Arrears- Fix Amt-Pre	21.83	130.98	DC37/Loc420 Dues-Ambulance Tech	32.25	257.00
Tier 6 with 3.50% Contribution	64.82	466.69			
TOTAL:	86.65	597.67	TOTAL:	32.25	257.00

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.16	118.90	1,454.89
YTD	15,185.60	14,587.93	2,290.69	854.67	12,040.24

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5523290			1,454.89
TOTAL:			1,454.89



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 03/24/2024
 Pay End Date: 04/06/2024

Mail drop ID: IIG1
 Business Unit: ELM01
 Advice #: 000000005523290
 Advice Date: 04/12/2024

Employee ID: 100173533
 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST, NY 11373

Department: 2410101143-ELM01 B4 MED/SURG
 Location: ELMHURST MAIN BUILDING 4 FL
 Job Title: Patient Care Assoc-Med/Surgery
 Pay Rate: \$48,283.00 Annual
 Pension ID: 19JIN7862

TAX DATA: Federal NY State
 Tax Status: Married Married
 Allowances: N/A 2
 Addl. Amount:

HOURS AND EARNINGS							TAXES			
Description	Erm End Dt	Current			YTD		Description	Current	YTD	
		Rate	Hours	Earnings	Hours	Earnings				
Regular Wages	04/06/2024	-	75.00	1,851.95	600.00	14,815.60	Fed Withholding	0.00	0.00	
Holiday Premium		-	-	0.00	-	370.00	Fed MED/EE	26.85	220.19	
							Fed OASD/EE	114.82	941.51	
							NY FL/EE	6.91	56.64	
							NY Withholding	74.48	616.20	
							NY NEW YORK Withholding	55.10	456.15	
TOTAL:			75.00	1,851.95	600.00	15,185.60	TOTAL:	278.16	2,290.69	

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
Pension Arrears- Fix Amt-Pre	21.83	130.98		DC37-Loc420 Dues-AmbulanceTech	32.25	257.00	
Tier 6 with 3.50% Contribution	64.82	466.69					
TOTAL:	86.65	597.67		TOTAL:	32.25	257.00	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.16	118.90	1,454.89
YTD	15,185.60	14,587.93	2,290.69	854.67	12,040.24

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5523290			1,454.89
TOTAL:			1,454.89



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 03/10/2024
 Pay End Date: 03/23/2024

Mail drop ID: IIG1
 Business Unit: ELM01
 Advice #: 00000005478902
 Advice Date: 03/29/2024

Employee ID: 100173533
 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST, NY 11373

Department: 2410101143-ELM01 B4 MED SURG
 Location: ELMHURST MAIN BUILDING 4 FL
 Job Title: Patient Care Assoc-Med Surgery
 Pay Rate: \$48,283.00 Annual
 Pension ID: 19J1N7862

TAX DATA: Federal NY State
 Tax Status: Married Married
 Allowances: N/A 2
 Add. Amount:

HOURS AND EARNINGS							TAXES		
Description	Current			YTD			Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings				
Regular Wages		75.00	1,851.95	525.00	12,963.65	Fed Withholding	0.00	0.00	
Holiday Premium			0.00		370.00	Fed MED EE	26.86	193.34	
						Fed OASDI/EE	114.82	826.69	
						NY FLIEE	6.90	49.73	
						NY Withholding	74.48	541.72	
						NY NEW YORK Withholding	55.10	401.05	
TOTAL:		75.00	1,851.95	525.00	13,333.65	TOTAL:	278.16	2,012.53	

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
Pension Arrears- Fix Amt-Pre	21.83	109.15	DC 37-Loc 420 Dues-Ambulance Tech	32.25	224.75		
Tier 6 with 3.50% Contribution	64.82	401.87					
TOTAL:	86.65	511.02	TOTAL:	32.25	224.75		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,851.95	1,765.30	278.16	118.90	1,454.89
YTD	13,333.65	12,822.63	2,012.53	735.77	10,585.35

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5478902			1,454.89
TOTAL:			1,454.89

Earnings Statement

Pay period: May 11, 2024 - May 17, 2024 Pay Day: May 30, 2024 Lhakpa Dhondhen's bank account (. . . 5870): \$559.34

Company

F & O Refinishing & Unique Services
974 Bergen Street
Suite B
Brooklyn, NY 11216
646-752-5686

Employee

Lhakpa Dhondhen
XX X-XX-2228
8910 Whitney Ave
1K
Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Hourly	\$16.50	40.0	\$660.00	\$13,860.00
Totals		40.0	\$660.00	\$13,860.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	\$9.85	\$206.65
Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
NY State Withholdings Tax	\$21.55	\$452.55
NY SDI	\$0.00	\$11.40
NY Family Leave Insurance	\$2.46	\$46.74
New York City Tax	\$15.71	\$329.91

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
FUTA	\$0.00	\$42.00
NY SUI	\$0.00	\$253.15
NY Reemployment	\$0.00	\$9.40

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
Gross Earnings	\$660.00	\$13,860.00
Pre-Tax Deductions/Contributions	\$0.00	\$0.00
Taxes	\$100.66	\$2,107.74
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$559.34	\$11,752.26
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$559.34	\$11,752.26
Total Hours Worked	40.0	840.0

Earnings Statement

Pay period: May 4, 2024 - May 10, 2024 Pay Day: May 24, 2024 Lhakpa Dhondhen's bank account (. . . 5870): \$559.34

Company

F & O Refinishing & Unique Services
974 Bergen Street
Suite B
Brooklyn, NY 11216
646-752-5686

Employee

Lhakpa Dhondhen
XX X-XX-2228
8910 Whitney Ave
1K
Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Hourly	\$16.50	40.0	\$660.00	\$13,200.00
Totals		40.0	\$660.00	\$13,200.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	\$9.85	\$197.00
Social Security	\$40.92	\$818.40
Medicare	\$9.57	\$191.40
NY State Withholdings Tax	\$21.55	\$431.00
NY SDI	\$0.00	\$10.80
NY Family Leave Insurance	\$2.46	\$44.28
New York City Tax	\$15.71	\$314.20

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$40.92	\$818.40
Medicare	\$9.57	\$191.40
FUTA	\$0.00	\$42.00
NY SUI	\$0.00	\$253.15
NY Reemployment	\$0.00	\$9.40

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
Gross Earnings	\$660.00	\$13,200.00
Pre-Tax Deductions/Contributions	\$0.00	\$0.00
Taxes	\$100.66	\$2,007.08
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$559.34	\$11,192.92
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$559.34	\$11,192.92
Total Hours Worked	40.0	800.0

Earnings Statement

Pay period: May 11, 2024 - May 17, 2024 Pay Day: May 30, 2024
 Lhakpa Dhondhen's bank account (. . . 5870):
\$559.34

Company

F & O Refinishing & Unique Services
 974 Bergen Street
 Suite B
 Brooklyn, NY 11216
 646-752-5686

Employee

Lhakpa Dhondhen
 XX-XX-2228
 8910 Whitney Ave
 1K
 Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Hourly	\$16.50	40.0	\$660.00	\$13,860.00
Totals		40.0	\$660.00	\$13,860.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	\$9.85	\$206.65
Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
NY State Withholdings Tax	\$21.55	\$452.55
NY SDI	\$0.00	\$11.40
NY Family Leave Insurance	\$2.46	\$46.74
New York City Tax	\$15.71	\$329.91

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
FUTA	\$0.00	\$42.00
NY SUI	\$0.00	\$253.15
NY Reemployment	\$0.00	\$9.40

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
Gross Earnings	\$660.00	\$13,860.00
Pre-Tax Deductions/Contributions	\$0.00	\$0.00
Taxes	\$100.66	\$2,107.74
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$559.34	\$11,752.26
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$559.34	\$11,752.26
Total Hours Worked	40.0	840.0

Earnings Statement

Pay period: May 11, 2024 - May 17, 2024 Pay Day: May 30, 2024
 Lhakpa Dhondhen's bank account (. . . 5870):
\$559.34

Company

F & O Refinishing & Unique Services
 974 Bergen Street
 Suite B
 Brooklyn, NY 11216
 646-752-5686

Employee

Lhakpa Dhondhen
 XX-XX-2228
 8910 Whitney Ave
 1K
 Elmhurst, NY 11373

Employee Gross Earnings

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Regular Hours Hourly	\$16.50	40.0	\$660.00	\$13,860.00
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NY SDI	\$0.00	\$11.40
NY Family Leave Insurance	\$2.46	\$46.74
New York City Tax	\$15.71	\$329.91

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
FUTA	\$0.00	\$42.00
NY SUI	\$0.00	\$253.15
NY Reemployment	\$0.00	\$9.40

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
Gross Earnings	\$660.00	\$13,860.00
Pre-Tax Deductions/Contributions	\$0.00	\$0.00
Taxes	\$100.66	\$2,107.74
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$559.34	\$11,752.26
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$559.34	\$11,752.26
Total Hours Worked	40.0	840.0

Earnings Statement

Pay period: May 11, 2024 - May 17, 2024 Pay Day: May 30, 2024
 Lhakpa Dhondhen's bank account (. . . 5870):
\$559.34

Company

F & O Refinishing & Unique Services
 974 Bergen Street
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 Brooklyn, NY 11216
 646-752-5686

Employee

Lhakpa Dhondhen
 XX-XX-2228
 8910 Whitney Ave
 1K
 Elmhurst, NY 11373

Employee Gross Earnings

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Totals		40.0	\$660.00	\$13,860.00

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Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
FUTA	\$0.00	\$42.00
NY SUI	\$0.00	\$253.15
NY Reemployment	\$0.00	\$9.40

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
Gross Earnings	\$660.00	\$13,860.00
Pre-Tax Deductions/Contributions	\$0.00	\$0.00
Taxes	\$100.66	\$2,107.74
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$559.34	\$11,752.26
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$559.34	\$11,752.26
Total Hours Worked	40.0	840.0

Earnings Statement

Pay period: May 11, 2024 - May 17, 2024 Pay Day: May 30, 2024
 Lhakpa Dhondhen's bank account (. . . 5870):
\$559.34

Company

F & O Refinishing & Unique Services
 974 Bergen Street
 Suite B
 Brooklyn, NY 11216
 646-752-5686

Employee

Lhakpa Dhondhen
 XX-XX-2228
 8910 Whitney Ave
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 Elmhurst, NY 11373

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Hourly	\$16.50	40.0	\$660.00	\$13,860.00
Totals		40.0	\$660.00	\$13,860.00

Employee Taxes Withheld

Employee Tax	Current	Year To Date
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Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
NY State Withholdings Tax	\$21.55	\$452.55
NY SDI	\$0.00	\$11.40
NY Family Leave Insurance	\$2.46	\$46.74
New York City Tax	\$15.71	\$329.91

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$40.92	\$859.32
Medicare	\$9.57	\$200.97
FUTA	\$0.00	\$42.00
NY SUI	\$0.00	\$253.15
NY Reemployment	\$0.00	\$9.40

Employee Deductions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Employer Contributions

Description	Type	Current	Year To Date
None	-	\$0.00	\$0.00

Summary

Description	Current	Year To Date
Gross Earnings	\$660.00	\$13,860.00
Pre-Tax Deductions/Contributions	\$0.00	\$0.00
Taxes	\$100.66	\$2,107.74
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$559.34	\$11,752.26
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$559.34	\$11,752.26
Total Hours Worked	40.0	840.0

May 14, 2024

UBER USA 6787 EDI PAYMNT QQTIONET29UK5YV
CCD ID: 3320456349

\$181,989.71

\$342.91

STRIPE Lyft 04-02 ST-Z9U9A9L9D1V5 CCD
ID: 4270465600

\$180,269.09

\$181.92

Apr 2, 2024

UBER USA 6787 EDI PAYMNT XVVARCVGVSQR0EJ
CCD ID: 3320456349

\$180,087.17

\$335.13

Apr 10, 2024

STRIPE Lyft 04-09 ST-G5A2P3O6Y3M9 CCD
ID: 4270465600

\$180,337.04

\$283.03

Apr 9, 2024

UBER USA 6787 EDI PAYMNT N2UNV0TACK2F6VR
CCD ID: 3320456349

\$180,054.01

\$965.72

Apr 16, 2024

UBER USA 6787 EDI PAYMNT IMJZ7A76T9XIY4J

CCD ID: 3320456349

\$181,334.43

\$440.95

Apr 15, 2024



F O Refinishing PAY 294281 PPD ID: 9138864001

\$180,896.38

\$559.34

Apr 10, 2024

STRIPE Lyft 04-09 ST-G5A2P3O6Y3M9 CCD

ID: 4270465600

\$180,337.04

\$283.03

STRIPE Lyft 04-02 ST-Z9U9A9L9D1V5 CCD
ID: 4270465600

\$180,269.09

\$181.92

Apr 2, 2024

UBER USA 6787 EDI PAYMNT XVVARCVGVSQR0EJ
CCD ID: 3320456349

\$180,087.17

\$335.13

STRIPE Lyft 05-07 ST-R7Y4X7R1U5L4 CCD
ID: 4270465600

\$184,509.27

\$144.75

May 7, 2024

CHECK # 227 05/07

\$184,364

NATIONAL BANK OF MICHIGAN 0074784

976000

\$185,378.84

UBER USA 6787 EDI PAYMNT WVIIXX1EUVZ9G4G
CCD ID: 3320456349

\$185,401.54

\$342.91

May 1, 2024

STRIPE Lyft 04-30 ST-Y7I7J0E3Z1M3 CCD
ID: 4270465600

\$184,636.23

\$529.74

Apr 30, 2024

UBER USA 6787 EDI PAYMNT
EQNLHLMWZLCV0NU CCD ID: 3320456349

\$184,106.49

\$295.05

Apr 23, 2024

UBER USA 6787 EDI PAYMNT

W50HN8Z8MHQ2YPZ CCD ID: 3320456349

\$182,933.83

\$901.78

Apr 18, 2024

F O Refinishing PAY 371733 PPD ID: 9138864001

\$182,032.05

\$559.34

Apr 17, 2024

STRIPE Lyft 04-16 ST-L1S9A9A3N5H3 CCD
ID: 4270465600

\$181,472.71

\$138.28

Apr 16, 2024

UBER USA 6787 EDI PAYMNT IMJZ7A76T9XIY4J
CCD ID: 3320456349

\$181,334.43

\$440.95

6:28



TOTAL CHECKING (...5870)



Search or filter

May 29, 2024

STRIPE Lyft 05-28 ST-O9Q1R7O1P9Y5 CCD
ID: 4270465600

\$184,746.86 \$237.44

UBER USA 6787 EDI PAYMNT ZY9HQZ5HI2TSMNL
CCD ID: 3320456349

\$184,509.42 \$409.05

May 24, 2024

F O Refinishing PAY 446811 PPD ID: 9138864001

\$184,100.37 \$559.34

May 22, 2024

STRIPE Lyft 05-21 ST-H9T8F3F1R9W3 CCD
ID: 4270465600

\$183,541.03 \$454.11

May 21, 2024

UBER USA 6787 EDI PAYMNT RF0VPVMTYN2QAIY
CCD ID: 3320456349

\$183,086.92 \$379.91

May 15, 2024

STRIPE Lyft 05-14 ST-E5S1F2L3P1V9 CCD
ID: 4270465600

\$182,707.01 \$157.96

F O Refinishing PAY 154235 PPD ID: 9138864001

6:30



TOTAL CHECKING (...5870)



🔍 Search or filter

Apr 30, 2024

UBER USA 6787 EDI PAYMNT
EQNLHLMWZLCV0NU CCD ID: 3320456349

\$184,106.49 \$295.05

Apr 24, 2024

STRIPE Lyft 04-23 ST-P4G6Z1P8F1G5 CCD
ID: 4270465600

\$183,811.44 \$318.27

F O Refinishing PAY 509401 PPD ID: 9138864001

\$183,493.17 \$559.34

Apr 23, 2024

UBER USA 6787 EDI PAYMNT
W50HN8Z8MHQ2YPZ CCD ID: 3320456349

\$182,933.83 \$901.78

Apr 18, 2024

F O Refinishing PAY 371733 PPD ID: 9138864001

\$182,032.05 \$559.34

Apr 17, 2024

STRIPE Lyft 04-16 ST-L1S9A9A3N5H3 CCD
ID: 4270465600

\$181,472.71 \$138.28

Apr 16, 2024

UBER USA 6787 EDI PAYMNT IMJZ7A76T9XIY4J

May 29, 2024

STRIPE Lyft 05-28 ST-O9Q1R7O1P9Y5 CCD
ID: 4270465600

\$184,746.86

\$237.44

UBER USA 6787 EDI PAYMNT ZY9HQZ5HI2TSMNL
CCD ID: 3320456349

\$184,509.42

\$409.05

May 22, 2024

STRIPE Lyft 05-21 ST-H9T8F3F1R9W3 CCD
ID: 4270465600

\$183,541.03

\$454.11

May 21, 2024

UBER USA 6787 EDI PAYMNT RF0VPVMTYN2QAIY
CCD ID: 3320456349

\$183,086.92

\$379.91



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 12/31/2023	Business Unit: ELM01
Pay End Date: 01/13/2024	Advice #: 000000005253462
	Advice Date: 01/19/2024

Employee ID: 100173533	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA: Federal	NY State
TSERING YANGZOM	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status: Married	Married
89-10 WHITNEY AVE. APT. 1K	Job Title: Patient Care Assoc-Med/Surgery	Allowances: N/A	2
ELMHURST, NY 11373	Pay Rate: \$48,283.00 Annual	Addl. Amount:	
	Pension ID: 19J1N7862		

HOURS AND EARNINGS						TAXES			
--- Current ---						--- YTD ---			
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Holiday Premium	12/25/2023	-	-	92.50	-	185.00	Fed Withholding	0.00	0.00
Holiday Premium	01/01/2024	-	-	92.50	-	0.00	Fed MED/EE	29.54	56.39
Regular Wages	01/13/2024	-	75.00	1,851.95	150.00	3,703.90	Fed OASD/EE	126.29	241.11
							NY FL/EE	6.08	14.51
							NY Withholding	84.66	159.14
							NY NEW YORK Withholding	62.77	117.87
TOTAL:			75.00	2,036.95	150.00	3,888.90	TOTAL:	309.34	589.02

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
Tier 6 with 3.50% Contribution	71.29	71.29	DC37-Loc420 Dues-Ambulance Tech	32.25	63.50		
TOTAL:	71.29	71.29	TOTAL:	32.25	63.50		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,036.95	1,965.66	309.34	103.54	1,624.07
YTD	3,888.90	3,817.61	589.02	134.79	3,165.09

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5253462			1,624.07
TOTAL:			1,624.07



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	11/19/2023	Business Unit:	ELM01
Pay End Date:	12/02/2023	Advice #:	00000005122834
		Advice Date:	12/08/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
---	---	---

HOURS AND EARNINGS							TAXES		
Description	Em End Dt	Current		YTD			Description	Current	YTD
		Rate	Hours	Hours	Earnings	Earnings			
Uniform Allowance	11/29/2023	-	-	-	582.00	582.00	Fed Withholding	0.00	904.81
Regular Wages	12/02/2023	-	75.00	1,851.95	1,875.00	44,410.00	Fed MED/EE	35.29	821.37
Retroactive pay adjustment	-	-	-	0.00	-	99.38	Fed OASDI/EE	150.90	3,512.08
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY FL/EE	11.08	250.92
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY Withholding	106.49	2,445.37
Grp.Legal.Benefit	-	-	-	0.00	-	107.00	NY NEW YORK Withholding	79.25	1,748.33
CONTINUED NEXT PAGE							TOTAL:	383.01	9,682.88

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Loc420 Dues-AmbulanceTech	31.25	781.25		
TOTAL:	0.00	0.00	TOTAL:	31.25	781.25		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,433.95	2,433.95	383.01	31.25	2,019.69
YTD	56,539.48	56,646.48	9,682.88	781.25	46,075.35

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5122834			2,019.69
TOTAL:			2,019.69



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IGI
Pay Begin Date:	10/08/2023	Business Unit:	ELM01
Pay End Date:	10/21/2023	Advice #:	00000004994766
		Advice Date:	10/27/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES			
		--- Current ---		--- YTD ---						
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD	
Shift Differential	10/07/2023	-	-	92.50	-	3,508.84	Fed Withholding	0.00	904.81	
Shift Differential	10/14/2023	-	-	92.50	-	0.00	Fed MED EE	29.54	724.39	
Regular Wages	10/21/2023	-	75.00	1,851.95	1,650.00	38,854.15	Fed OASDI/EE	126.29	3,097.37	
Retroactive pay adjustment	-	-	-	0.00	-	99.38	NY FL/EE	9.27	220.48	
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY Withholding	84.66	2,159.61	
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY NEW YORK Withholding	62.77	1,536.02	
CONTINUED NEXT PAGE							TOTAL:	312.53	8,642.68	

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
			DC37-Loc420 Dues-AmbulanceTech	31.25	687.50
TOTAL:	0.00	0.00	TOTAL:	31.25	687.50

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,036.95	2,036.95	312.53	31.25	1,693.17
YTD	49,957.63	49,957.63	8,642.68	687.50	40,627.45

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4994766			1,693.17
TOTAL:			1,693.17



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 10/22/2023
 Pay End Date: 11/04/2023

Mail drop ID: HIG1
 Business Unit: ELM01
 Advice #: 00000005037301
 Advice Date: 11/09/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
---	---	---

HOURS AND EARNINGS							TAXES		
Description	Em End Dt	Rate	Hours	Earnings	YTD		Description	Current	YTD
					Hours	Earnings			
Shift Differential	10/21/2023	-	-	74.00	-	3,675.34	Fed Withholding	0.00	904.81
Shift Differential	10/28/2023	-	-	92.50	-	0.00	Fed MED/EE	29.26	753.65
Regular Wages	11/04/2023	75.00	75.00	1,851.95	1,725.00	40,706.10	Fed OASD/EE	125.15	3,222.52
Retroactive pay adjustment	-	-	-	0.00	-	99.38	NY FL/EE	9.19	229.67
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY Withholding	83.64	2,243.25
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY NEW YORK Withholding	62.01	1,598.03
CONTINUED NEXT PAGE							TOTAL:	309.25	8,951.93

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
			DC37-Loc420 Does-Ambulance Tech	31.25	718.75
TOTAL:	0.00	0.00	TOTAL:	31.25	718.75

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,018.45	2,018.45	309.25	31.25	1,677.95
YTD	51,976.08	51,976.08	8,951.93	718.75	42,305.40

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5037301			1,677.95
TOTAL:			1,677.95



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 06/18/2023
 Pay End Date: 07/01/2023

Mail drop ID: IIG1
 Business Unit: ELM01
 Advice #: 00000004645006
 Advice Date: 07/07/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA:	Federal	NY State
	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status: Married	Married	Married
Job Title: Patient Care Assoc-Med/Surgery	Pay Rate: \$48,283.00 Annual	Allowances: N/A		2
Pension ID:		Addl. Amount:		

HOURS AND EARNINGS							TAXES		
Description	Ern End Dt	Current		YTD		Earnings	Description	Current	YTD
		Rate	Hours	Hours	Earnings				
Shift Differential	06/17/2023	-	-	-	-	89.80	Fed Withholding	0.00	574.81
Retroactive pay adjustment		-	-	-	-	99.38	Fed MED/EE	30.90	466.62
Shift Differential	06/24/2023	-	-	-	-	89.80	Fed OASDI/EE	132.11	1,995.19
Regular Wages		-	75.00	-	1,050.00	1,851.95	NY FLI/EE	9.69	146.42
Retroactive pay adjustment		-	-	-	-	0.00	NY Withholding	94.07	1,468.09
Holiday Premium		-	-	-	-	0.00	NY NEW YORK Withholding	66.67	1,034.60
TOTAL:			75.00		1,050.00	2,130.93	TOTAL:	333.44	5,685.73

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD	
			DC37-Loc420 Dues-Ambulance Tech	31.25	437.50	
TOTAL:	0.00	0.00	TOTAL:	31.25	437.50	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,130.93	2,130.93	333.44	31.25	1,766.24
YTD	32,180.55	32,180.55	5,685.73	437.50	26,057.32

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4645006			1,766.24
TOTAL:			1,766.24



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 11/20/2022
 Pay End Date: 12/03/2022

Mail drop ID: IIG1
 Business Unit: ELM01
 Advice #: 00000004000986
 Advice Date: 12/09/2022

Employee ID: 100173533
 TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST, NY 11373

Department: 2410101143-ELM01 B4 MED/SURG
 Location: ELMHURST MAIN BUILDING 4 FL
 Job Title: Patient Care Assoc-Med/Surgery
 Pay Rate: \$44,186.00 Annual
 Pension ID:

TAX DATA: Federal NY State
 Tax Status: Married Married
 Allowances: N/A 2
 Addl. Amount:

HOURS AND EARNINGS							TAXES		
Description	Ecn End Dt	Current		Earnings	YTD		Description	Current	YTD
		Rate	Hours		Hours	Earnings			
Holiday Premium	11/08/2022	-	-	84.65	-	169.30	Fed Withholding	0.00	15.87
Shift Differential	11/19/2022	-	-	169.30	-	1,252.82	Fed MED/EE	30.47	279.43
Holiday Premium	11/24/2022	-	-	84.65	-	0.00	Fed OASDI/EE	130.27	1,194.81
Shift Differential	11/26/2022	-	-	67.72	-	0.00	NY FL/EE	10.74	98.48
Regular Wages		-	75.00	1,694.81	750.00	16,948.10	NY Withholding	92.33	821.51
Grp Legal Benefit		-	-	0.00	-	53.50	NY NEW YORK Withholding	65.44	582.16
CONTINUED NEXT PAGE							TOTAL:	329.25	2,992.26

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
			DC37-Loc420 Dues-Ambulance Tech	31.25	218.75
TOTAL:	0.00	0.00	TOTAL:	31.25	218.75

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,101.13	2,101.13	329.25	31.25	1,740.63
YTD	19,217.62	19,271.12	2,992.26	218.75	16,006.61

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4000986			1,740.63
TOTAL:			1,740.63



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	02/26/2023	Business Unit:	ELM01
Pay End Date:	03/11/2023	Advice #:	00000004309771
		Advice Date:	03/17/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$44,186.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Holiday Premium	02/20/2023	-	-	84.65	-	169.30	Fed Withholding	0.00	0.00
Shift Differential	02/25/2023	-	-	50.79	-	948.08	Fed MED/EE	27.77	163.65
Shift Differential	03/04/2023	-	-	84.65	-	0.00	Fed OASDI/EE	118.73	699.75
Regular Wages		-	75.00	1,694.81	450.00	10,168.86	NY FLL/EE	8.71	51.35
							NY Withholding	81.44	476.74
							NY NEW YORK Withholding	57.71	337.82
TOTAL:			75.00	1,914.90	450.00	11,286.24	TOTAL:	294.36	1,729.31

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
				DC37-Loc420 Dues-Ambulance Tech	31.25	187.50	
TOTAL:	0.00	0.00		TOTAL:	31.25	187.50	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,914.90	1,914.90	294.36	31.25	1,589.29
YTD	11,286.24	11,286.24	1,729.31	187.50	9,369.43

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4309771			1,589.29
TOTAL:			1,589.29



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 05/07/2023	Business Unit: ELM01
Pay End Date: 05/20/2023	Advice #: 000000004515051
	Advice Date: 05/26/2023

Employee ID: 100173533	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA: Federal	NY State
TSERING YANGZOM	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status: Married	Married
89-10 WHITNEY AVE. APT. 1K	Job Title: Patient Care Assoc-Med/Surgery	Allowances: N/A	2
ELMHURST, NY 11373	Pay Rate: \$44,186.00 Annual	Addl. Amount:	
	Pension ID:		

HOURS AND EARNINGS						TAXES			
--- Current ---						--- YTD ---			
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Regular Wages		-	75.00	1,694.81	825.00	18,642.91	Fed Withholding	0.00	359.95
Retroactive pay adjustment		-	-	0.00	-	3,000.00	Fed MED/EE	24.58	339.87
Holiday Premium		-	-	0.00	-	169.30	Fed OASDI/EE	105.08	1,453.23
Shift Differential		-	-	0.00	-	1,626.97	NY FLI/EE	7.71	106.65
							NY Withholding	68.56	1,048.48
							NY NEW YORK Withholding	48.58	735.66
TOTAL:			75.00	1,694.81	825.00	23,439.18	TOTAL:	254.51	4,043.84

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Loc420 Dues-AmbulanceTech	31.25	343.75		
TOTAL:	0.00	0.00	TOTAL:	31.25	343.75		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,694.81	1,694.81	254.51	31.25	1,409.05
YTD	23,439.18	23,439.18	4,043.84	343.75	19,051.59

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4515051			1,409.05
TOTAL:			1,409.05



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 04/23/2023
 Pay End Date: 05/06/2023

Mail drop ID: IIG1
 Business Unit: ELM01
 Advice #: 00000004473147
 Advice Date: 05/12/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$44,186.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
Description	Ern End Dt	Rate	Hours	Earnings	YTD		Description	Current	YTD
					Hours	Earnings			
Shift Differential	04/22/2023	-	-	84.65	-	-	Fed Withholding	359.95	359.95
Shift Differential	04/29/2023	-	-	84.65	-	-	Fed MED EE	70.53	315.29
Regular Wages	-	-	75.00	1,694.81	750.00	16,948.10	Fed OASDUEE	301.57	1,348.15
Retroactive pay adjustment	-	-	-	3,000.00	-	3,000.00	NY FLIEE	22.13	98.94
Holiday Premium	-	-	-	0.00	-	169.30	NY Withholding	267.68	979.92
							NY NEW YORK Withholding	182.39	687.08
TOTAL:			75.00	4,864.11	750.00	21,744.37	TOTAL:	1,204.25	3,789.33

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
DC37-Loc420 Dues-Ambulance Tech				31.25			
TOTAL:	0.00	0.00	TOTAL:	31.25	312.50		

TOTAL:		TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	21,744.37	4,864.11	4,864.11	1,204.25	31.25	3,628.61
YTD		21,744.37	21,744.37	3,789.33	312.50	17,642.54

NET PAY DISTRIBUTION			Amount
Payment Type	Account Type	Account #	
Advice #4473147			3,628.61
TOTAL:			3,628.61



Pay Group:	BI-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	04/23/2023	Business Unit:	ELM01
Pay End Date:	05/06/2023	Advice #:	00000004473147
		Advice Date:	05/12/2023

Employee ID: 100173533	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA: Federal	NY State
TSERING YANGZOM	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status: Married	Married
89-10 WHITNEY AVE. APT. 1K	Job Title: Patient Care Assoc-Med/Surgery	Allowances: N/A	2
ELMHURST, NY 11373	Pay Rate: \$44,186.00 Annual	Addl. Amount:	
Pension ID:			

HOURS AND EARNINGS							TAXES		
--- Current ---				--- YTD ---					
Description	Err End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	04/22/2023	-	-	84.65	-	1,626.97	Fed Withholding	359.95	359.95
Shift Differential	04/29/2023	-	-	84.65	-	0.00	Fed MED/EE	70.53	315.29
Regular Wages	-	-	75.00	1,694.81	750.00	16,948.10	Fed OASD/EE	301.57	1,348.15
Retroactive pay adjustment	-	-	-	3,000.00	-	3,000.00	NY FLI/EE	22.13	98.94
Holiday Premium	-	-	-	0.00	-	169.30	NY Withholding	267.68	979.92
							NY NEW YORK Withholding	182.39	687.08
TOTAL:			75.00	4,864.11	750.00	21,744.37	TOTAL:	1,204.25	3,789.33

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
			DC37-Loc420 Dues-AmbulanceTech	31.25	312.50
TOTAL:	0.00	0.00	TOTAL:	31.25	312.50

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	4,864.11	4,864.11	1,204.25	31.25	3,628.61
YTD	21,744.37	21,744.37	3,789.33	312.50	17,642.54

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4473147			3,628.61
TOTAL:			3,628.61



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IG1
Pay Begin Date:	05/21/2023	Business Unit:	ELM01
Pay End Date:	06/03/2023	Advice #:	00000004558647
		Advice Date:	06/09/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$45,512.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
		--- Current ---			--- YTD ---				
Description	Err End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	05/06/2023	-	-	84.65	-	1,965.57	Fed Withholding	110.39	470.34
Shift Differential	05/20/2023	-	-	169.30	-	0.00	Fed MED/EE	48.28	388.15
Retroactive pay adjustment	-	-	-	1,245.62	-	4,245.62	Fed OASDI/EE	206.45	1,659.68
Shift Differential	05/27/2023	-	-	84.65	-	0.00	NY FLI/EE	15.15	121.80
Regular Wages	-	-	75.00	1,745.67	900.00	20,388.58	NY Withholding	164.21	1,212.69
Holiday Premium	-	-	-	0.00	-	169.30	NY NEW YORK Withholding	117.18	852.84
TOTAL:			75.00	3,329.89	900.00	26,769.07	TOTAL:	661.66	4,705.50

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
			DC37-Loc420 Dues-Ambulance Tech	31.25	375.00
TOTAL:	0.00	0.00	TOTAL:	31.25	375.00

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	3,329.89	3,329.89	661.66	31.25	2,636.98
YTD	26,769.07	26,769.07	4,705.50	375.00	21,688.57

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4558647			2,636.98
TOTAL:			2,636.98



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	06/04/2023	Business Unit:	ELM01
Pay End Date:	06/17/2023	Advice #:	00000004603168
		Advice Date:	06/23/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$46,877.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS						TAXES			
--- Current ---						--- YTD ---			
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Holiday Premium	05/29/2023	-	-	87.19	-	256.49	Fed Withholding	104.47	574.81
Retroactive pay adjustment	-	-	-	1,308.15	-	5,553.77	Fed MED EE	47.57	435.72
Shift Differential	06/03/2023	-	-	69.75	-	2,052.76	Fed OASDI/EE	203.40	1,863.08
Shift Differential	06/10/2023	-	-	17.44	-	0.00	NY FLEEE	14.93	136.73
Regular Wages	-	75.00	-	1,798.02	975.00	22,186.60	NY Withholding	161.33	1,374.02
							NY NEW YORK Withholding	115.09	967.93
TOTAL:			75.00	3,280.55	975.00	30,049.62	TOTAL:	646.79	5,352.29

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
			DC37-Loc420 Does-Ambulance Tech	31.25	406.25
TOTAL:	0.00	0.00	TOTAL:	31.25	406.25

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	3,280.55	3,280.55	646.79	31.25	2,602.51
YTD	30,049.62	30,049.62	5,352.29	406.25	24,291.08

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4603168			2,602.51
TOTAL:			2,602.51



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	08/08/2023	Business Unit:	ELM01
Pay End Date:	08/08/2023	Advice #:	00000004762227
		Advice Date:	08/09/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal Tax Status: Married Allowances: N/A Addl. Amount:	NY State Married 2
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HOURS AND EARNINGS							TAXES		
--- Current ---				--- YTD ---					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Healthcare Worker Bonus	08/08/2023	-	-	1,500.00	-	1,500.00	Fed Withholding	330.00	904.81
Retroactive pay adjustment	-	-	-	0.00	-	99.38	Fed MED/EE	21.75	548.78
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	Fed OASD/EE	93.00	2,346.51
Holiday Premium	-	-	-	0.00	-	348.99	NY FL/EE	0.00	165.38
Regular Wages	-	-	-	0.00	1,200.00	27,742.45	NY Withholding	0.00	1,650.66
Shift Differential	-	-	-	0.00	-	2,602.36	NY NEW YORK Withholding	0.00	1,163.98
TOTAL:		0.00		1,500.00	1,200.00	37,846.95	TOTAL:	444.75	6,780.12

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Loc420 Dues-Ambulance Tech	0.00	500.00		
TOTAL:	0.00	0.00	TOTAL:	0.00	500.00		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,500.00	1,500.00	444.75	0.00	1,055.25
YTD	37,846.95	37,846.95	6,780.12	500.00	30,566.83

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4762227			1,055.25
TOTAL:			1,055.25



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 08/13/2023
 Pay End Date: 08/26/2023

Mail drop ID: HIG1
 Business Unit: ELM01
 Advice #: 00000004825489
 Advice Date: 09/01/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS						TAXES			
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	08/19/2023	-	-	74.00	-	2,768.86	Fed Withholding	0.00	904.81
Regular Wages	08/26/2023	-	75.00	1,851.95	1,350.00	31,446.35	Fed MED/EE	27.92	604.90
Retroactive pay adjustment	-	-	-	0.00	-	99.38	Fed OASDI/EE	119.41	2,586.48
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY FL/EE	8.76	182.99
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY Withholding	82.08	1,815.90
Holiday Premium	-	-	-	0.00	-	348.99	NY NEW YORK Withholding	58.17	1,281.09
TOTAL:			75.00	1,925.95	1,350.00	41,717.35	TOTAL:	296.34	7,376.17

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Loc420 Dues-Ambulance Tech	31.25	562.50		
TOTAL:	0.00	0.00	TOTAL:	31.25	562.50		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,925.95	1,925.95	296.34	31.25	1,598.36
YTD	41,717.35	41,717.35	7,376.17	562.50	33,778.68

NET PAY DISTRIBUTION		
Payment Type	Account Type	Account #
Advice #4825489		
TOTAL:		1,598.36



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IG1
Pay Begin Date:	08/13/2023	Business Unit:	ELM01
Pay End Date:	08/26/2023	Advice #:	00000004825489
		Advice Date:	09/01/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
--- Current ---				--- YTD ---					
Description	Err End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	08/19/2023	-	-	74.00	-	2,768.86	Fed Withholding	0.00	904.81
Regular Wages	08/26/2023	-	75.00	1,851.95	1,350.00	31,446.35	Fed MED/EE	27.92	604.90
Retroactive pay adjustment	-	-	-	0.00	-	99.38	Fed OASD/EE	119.41	2,586.48
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY FL/EE	8.76	182.99
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY Withholding	82.08	1,815.90
Holiday Premium	-	-	-	0.00	-	348.99	NY NEW YORK Withholding	58.17	1,281.09
TOTAL:			75.00	1,925.95	1,350.00	41,717.35	TOTAL:	296.34	7,376.17

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD	
			DC37-Loc420 Dues-AmbulanceTech	31.25	562.50	
TOTAL:	0.00	0.00	TOTAL:	31.25	562.50	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,925.95	1,925.95	296.34	31.25	1,598.36
YTD	41,717.35	41,717.35	7,376.17	562.50	33,778.68

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4825489			1,598.36
TOTAL:			1,598.36



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	09/24/2023	Business Unit:	ELM01
Pay End Date:	10/07/2023	Advice #:	000000004952415
		Advice Date:	10/13/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal Tax Status: Married Allowances: N/A Addl. Amount:	NY State Married 2
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HOURS AND EARNINGS							TAXES		
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	09/23/2023	-	-	184.99	-	3,323.84	Fed Withholding	0.00	904.81
Shift Differential	09/30/2023	-	-	92.50	-	0.00	Fed MED/EE	30.88	694.85
Regular Wages	10/07/2023	-	75.00	1,851.95	1,575.00	37,002.20	Fed OASDI/EE	132.02	2,971.08
Retroactive pay adjustment	-	-	-	0.00	-	99.38	NY FLL/EE	9.68	211.21
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY Withholding	89.74	2,074.95
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY NEW YORK Withholding	66.61	1,473.25
CONTINUED NEXT PAGE							TOTAL:	328.93	8,330.15

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
				DC 37-Loc 420 Dues-Ambulance Tech	31.25	656.25	
TOTAL:	0.00	0.00		TOTAL:	31.25	656.25	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,129.44	2,129.44	328.93	31.25	1,769.26
YTD	47,920.68	47,920.68	8,330.15	656.25	38,934.28

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4952415			1,769.26
TOTAL:			1,769.26



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	11/05/2023	Business Unit:	ELM01
Pay End Date:	11/18/2023	Advice #:	00000005079993
		Advice Date:	11/24/2023

Employee ID: 100173533	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA:	Federal	NY State
TSERING YANGZOM	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status:	Married	Married
89-10 WHITNEY AVE. APT. 1K	Job Title: Patient Care Assoc-Med/Surgery	Allowances:	N/A	2
ELMHURST, NY 11373	Pay Rate: \$48,283.00 Annual	Adtl. Amount:		
	Pension ID:			

HOURS AND EARNINGS							TAXES		
--- Current ---				--- YTD ---					
Description	Err End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	11/04/2023	-	-	92.50	-	3,767.84	Fed Withholding	0.00	904.81
Holiday Premium	11/07/2023	-	-	92.50	-	626.49	Fed MED/EE	32.43	786.08
Holiday Premium	11/11/2023	-	-	92.50	-	0.00	Fed OASDI/EE	138.66	3,361.18
Regular Wages	11/18/2023	-	75.00	1,851.95	1,800.00	42,558.05	NY FL/EE	10.17	239.84
Grp.Legal.Benefit	11/18/2023	-	-	107.00	-	107.00	NY Withholding	95.63	2,338.88
Retroactive pay adjustment		-	-	0.00	-	99.38	NY NEW YORK Withholding	71.05	1,669.08
CONTINUED NEXT PAGE							TOTAL:	347.94	9,299.87

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
				DC37-Loc420 Dues-Ambulance Tech	31.25	750.00	
TOTAL:	0.00	0.00		TOTAL:	31.25	750.00	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,129.45	2,236.45	347.94	31.25	1,750.26
YTD	54,105.53	54,212.53	9,299.87	750.00	44,055.66

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5079993			1,750.26
TOTAL:			1,750.26



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 11/05/2023	Business Unit: ELM01
Pay End Date: 11/18/2023	Advice #: 00000005079993
	Advice Date: 11/24/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$48,283.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
Description	Err End Dt	Current			YTD		Description	Current	YTD
		Rate	Hours	Earnings	Hours	Earnings			
Shift Differential	11/04/2023	-	-	92.50	-	3,767.84	Fed Withholding	0.00	904.81
Holiday Premium	11/07/2023	-	-	92.50	-	626.49	Fed MED/EE	32.43	786.08
Holiday Premium	11/11/2023	-	-	92.50	-	0.00	Fed OASD/EE	138.66	3,361.18
Regular Wages	11/18/2023	-	75.00	1,851.95	1,800.00	42,558.05	NY FL/EE	10.17	239.84
Gip.Legal.Benefit	11/18/2023	-	-	107.00	-	107.00	NY Withholding	95.63	2,338.88
Retroactive pay adjustment		-	-	0.00	-	99.38	NY NEW YORK Withholding	71.05	1,669.08
CONTINUED NEXT PAGE							TOTAL:	347.94	9,299.87

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD	
			DC37-Loc420 Dues-Ambulance Tech	31.25	750.00	
TOTAL:	0.00	0.00	TOTAL:	31.25	750.00	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,129.45	2,236.45	347.94	31.25	1,750.26
YTD	54,105.53	54,212.53	9,299.87	750.00	44,055.66

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5079993			1,750.26
TOTAL:			1,750.26



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	09/10/2023	Business Unit:	ELM01
Pay End Date:	09/23/2023	Advice #:	00000004910243
		Advice Date:	09/29/2023

Employee ID: 100173533	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA:	Federal	NY State
TSERING YANGZOM	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status:	Married	Married
89-10 WHITNEY AVE. APT. 1K	Job Title: Patient Care Assoc-Med/Surgery	Allowances:	N/A	2
ELMHURST, NY 11373	Pay Rate: \$48,283.00 Annual	Addl. Amount:		
	Pension ID:			

HOURS AND EARNINGS							TAXES		
--- Current ---				--- YTD ---					
Description	Err End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Holiday Premium	09/04/2023	-	-	92.50	-	441.49	Fed Withholding	0.00	904.81
Shift Differential	09/09/2023	-	-	184.99	-	3,046.35	Fed MED/EE	30.87	663.97
Regular Wages	09/23/2023	-	75.00	1,851.95	1,500.00	35,150.25	Fed OASD/EE	132.03	2,839.06
Retroactive pay adjustment	-	-	-	0.00	-	99.38	NY FL/EE	9.69	201.53
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY Withholding	89.74	1,985.21
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY NEW YORK Withholding	66.61	1,406.64
TOTAL:			75.00	2,129.44	1,500.00	45,791.24	TOTAL:	328.94	8,001.22

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
				DC37-Loe420 Dues-AmbulanceTech	31.25	625.00	
TOTAL:	0.00	0.00		TOTAL:	31.25	625.00	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,129.44	2,129.44	328.94	31.25	1,769.25
YTD	45,791.24	45,791.24	8,001.22	625.00	37,165.02

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4910243			1,769.25
TOTAL:			1,769.25



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 07/16/2023	Business Unit: ELM01
Pay End Date: 07/29/2023	Advice #: 00000004727618
	Advice Date: 08/04/2023

Employee ID: 100173533	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA: Federal	NY State
TSERING YANGZOM	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status: Married	Married
89-10 WHITNEY AVE. APT. 1K	Job Title: Patient Care Assoc-Med/Surgery	Allowances: N/A	2
ELMHURST, NY 11373	Pay Rate: \$48,283.00 Annual	Add. Amount:	
	Pension ID:		

HOURS AND EARNINGS							TAXES		
Current				YTD					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	07/15/2023	-	-	92.50	-	2,602.36	Fed Withholding	0.00	574.81
Shift Differential	07/22/2023	-	-	92.50	-	0.00	Fed MED/EE	29.53	527.03
Regular Wages	07/29/2023	-	75.00	1,851.95	1,200.00	27,742.45	Fed OASDI/EE	126.29	2,253.51
Retroactive pay adjustment	-	-	-	0.00	-	99.38	NY FL/EE	9.27	165.38
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY Withholding	88.58	1,650.66
Holiday Premium	-	-	-	0.00	-	348.99	NY NEW YORK Withholding	62.77	1,163.98
TOTAL:			75.00	2,036.95	1,200.00	36,346.95	TOTAL:	316.44	6,335.37

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Loc420 Dues-AmbulanceTech	31.25	500.00		
TOTAL:	0.00	0.00	TOTAL:	31.25	500.00		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,036.95	2,036.95	316.44	31.25	1,689.26
YTD	36,346.95	36,346.95	6,335.37	500.00	29,511.58

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4727618			1,689.26
TOTAL:			1,689.26



Pay Group: B1-Bi-Weekly 1	Mail drop ID: IIG1
Pay Begin Date: 11/19/2023	Business Unit: ELM01
Pay End Date: 12/02/2023	Advice #: 00000005122834
	Advice Date: 12/08/2023

Employee ID: 100173533	Department: 2410101143-ELM01 B4 MED/SURG	TAX DATA: Federal	NY State
TSERING YANGZOM	Location: ELMHURST MAIN BUILDING 4 FL	Tax Status: Married	Married
89-10 WHITNEY AVE. APT. 1K	Job Title: Patient Care Assoc-Med Surgery	Allowances: N/A	2
ELMHURST, NY 11373	Pay Rate: \$48,283.00 Annual	Addl. Amount:	
	Pension ID:		

HOURS AND EARNINGS							TAXES		
--- Current ---				--- YTD ---					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Uniform Allowance	11/29/2023	-	-	582.00	-	582.00	Fed Withholding	0.00	904.81
Regular Wages	12/02/2023	-	75.00	1,851.95	1,875.00	44,410.00	Fed MED/EE	35.29	821.37
Retroactive pay adjustment	-	-	-	0.00	-	99.38	Fed OASD/EE	150.90	3,512.08
Retroactive pay adjustment	-	-	-	0.00	-	5,553.77	NY FL/EE	11.08	250.92
Healthcare Worker Bonus	-	-	-	0.00	-	1,500.00	NY Withholding	106.49	2,445.37
Grp Legal Benefit	-	-	-	0.00	-	107.00	NY NEW YORK Withholding	79.25	1,748.33
CONTINUED NEXT PAGE							TOTAL:	383.01	9,682.88

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Loc420 Dues-Ambulance Tech	31.25	781.25		
TOTAL:	0.00	0.00	TOTAL:	31.25	781.25		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,433.95	2,433.95	383.01	31.25	2,019.69
YTD	56,539.48	56,646.48	9,682.88	781.25	46,075.35

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #5122834			2,019.69
TOTAL:			2,019.69

NYC HEALTH+ HOSPITALS

Employee ID: 100173533
TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST, NY 11373

Pay Group: 01-Bi-Weekly 1
 Pay Begin Date: 09/25/2022
 Pay End Date: 10/06/2022

Department: 2410101143-ELM01 04 MED SURG
 Location: ELMHURST MAIN BUILDING 4 FL
 Job Title: Patient Care Assoc-Med/Surgery
 Pay Rate: \$44.186.00 Annual
 Pension ID:

Mail drop ID: 001
 Business Unit: ELM01
 Advice #: 000000003821357
 Advice Date: 10/14/2022

TAX DATA: Federal NY State
 Tax Status: Married Married
 Allowances: N/A
 Adtl Amount:

HOURS AND EARNINGS

Description	Current			YTD			TAXES		
	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD	
Shift Differential	-	-	84.65	-	507.90	Fed Withholding	0.00	15.87	
Shift Differential	-	-	169.30	-	1016.86	Fed MED EE	28.26	167.10	
Regular Wages	-	75.00	1,694.81	450.00	847.40	Fed OASDI EE	120.83	714.50	
Other Additional Regular	-	-	0.00	-	-	NY F.L.I.E.E.	9.96	58.89	
TOTAL:	75.00	1,948.76	450.00	11,524.16	301.58	NY Withholding	83.42	490.65	
						NY NEW YORK Withholding	59.11	347.70	

BEFORE-TAX DEDUCTIONS

Description	Current	YTD	Description	Current	YTD
	0.00	0.00	JC 37-Loc420 Does-Ambulance Tech	31.25	93.75
TOTAL:	0.00	0.00	TOTAL:	31.25	93.75

TOTAL GROSS F.F.D. TAXABLE GROSS

	TOTAL GROSS	F.F.D. TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,948.76	1,948.76	301.58	31.25	1,615.93
YTD	11,524.16	11,524.16	1,794.71	93.75	9,635.70

NET PAY DISTRIBUTION

Payment Type	Account Type	Account #	Amount
Advice #3821357			1,615.93
TOTAL:			1,615.93



Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 09/25/2022
 Pay End Date: 10/08/2022

Mail drop ID: IIG1
 Business Unit: ELM01
 Advice #: 00000003821357
 Advice Date: 10/14/2022

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$44,186.00 Annual Pension ID:	TAX DATA: Federal Tax Status: Married Allowances: N/A Addl. Amount:	NY State Married 2
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HOURS AND EARNINGS						TAXES		
Description	Ern End Dt	Current		YTD		Description	Current	YTD
		Rate	Hours	Earnings	Hours				Earnings
Shift Differential	09/03/2022	.	.	84.65	.	Fed Withholding	0.00	15.87
Shift Differential	09/24/2022	.	.	169.30	.	Fed MED/EE	28.26	167.10
Regular Wages	.	.	75.00	1,694.81	450.00	Fed OASD/EE	120.83	714.50
Other Additional Regular	.	.	.	0.00	.	NY FLEE	9.96	58.89
						NY Withholding	83.42	490.65
						NY NEW YORK Withholding	59.11	347.70
TOTAL:			75.00	1,948.76	450.00	TOTAL:	301.58	1,794.71

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Loc420 Dues-Ambulance Tech	31.25	93.75		
TOTAL:	0.00	0.00	TOTAL:	31.25	93.75		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,948.76	1,948.76	301.58	31.25	1,615.93
YTD	11,524.16	11,524.16	1,794.71	93.75	9,635.70

NET PAY DISTRIBUTION		
Payment Type	Account Type	Account #
Advice #3821357		
TOTAL:		1,615.93



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	11/20/2022	Business Unit:	ELM01
Pay End Date:	12/03/2022	Advice #:	00000004000986
		Advice Date:	12/09/2022

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$44,186.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS							TAXES		
--- Current ---			--- YTD ---						
Description	Err End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Holiday Premium	11/08/2022	-	-	84.65	-	169.30	Fed Withholding	0.00	15.87
Shift Differential	11/19/2022	-	-	169.30	-	1,252.82	Fed MED/EE	30.47	279.43
Holiday Premium	11/24/2022	-	-	84.65	-	0.00	Fed OASDI/EE	130.27	1,194.81
Shift Differential	11/26/2022	-	-	67.72	-	0.00	NY FL/EE	10.74	98.48
Regular Wages		-	75.00	1,694.81	750.00	16,948.10	NY Withholding	92.33	821.51
Grp.Legal.Benefit		-	-	0.00	-	53.50	NY NEW YORK Withholding	65.44	582.16
CONTINUED NEXT PAGE							TOTAL:	329.25	2,992.26

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
				DC37-Loc420 Dues-Ambulance Tech	31.25	218.75	
TOTAL:	0.00	0.00	TOTAL:	31.25	218.75		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,101.13	2,101.13	329.25	31.25	1,740.63
YTD	19,217.62	19,271.12	2,992.26	218.75	16,006.61

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4000986			1,740.63
TOTAL:			1,740.63

NYC HEALTH+ HOSPITALS

Employee ID: 100173533
TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST, NY 11373

Pay Group: B1-Bi-Weekly 1
 Pay Begin Date: 12/18/2022
 Pay End Date: 12/31/2022

Department: 2410101143-ELM01 B4 MED/SURG
 Location: ELMHURST MAIN BUILDING 4 FL
 Job Title: Patient Care Assoc-Med/Surgery
 Pay Rate: \$44,186.00 Annual
 Pension ID:

Mail drop ID: BGI
 Business Unit: ELM01
 Advice #: 000090064082388
 Advice Date: 01/06/2023

TAX DATA: Federal NY State
 Tax Status: Married Married
 Allowances: N/A
 Adtl. Amount:

HOURS AND EARNINGS

Description	Current			YTD		
	Err. End Dt	Rate	Hours	Hours	Earnings	Earnings
Shift Differential	12/17/2022	-	-	-	84.65	169.30
Shift Differential	12/24/2022	-	-	-	84.65	0.00
Holiday Premium	12/25/2022	-	-	-	84.65	84.65
Regular Wages			75.00	75.00	1,694.81	1,694.81
TOTAL:			75.00	75.00	1,948.76	1,948.76

Description	TAXES	
	Current	YTD
Fed Withholding	0.00	0.00
Fed MED/EE	28.26	28.26
Fed OASD/EE	120.82	120.82
NY FL/EE	9.96	9.96
NY Withholding	83.42	83.42
NY NEW YORK Withholding	59.11	59.11
TOTAL:	301.57	301.57

BEFORE-TAX DEDUCTIONS

Description	Current		YTD	
	Current	YTD	Current	YTD
TOTAL:	0.00	0.00	0.00	0.00

AFTER-TAX DEDUCTIONS	
Description	Current
DC37-Loc420 Dues-AmbulanceTech	31.25
TOTAL:	31.25

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,948.76	1,948.76	301.57	31.25	1,615.94
YTD	1,948.76	1,948.76	301.57	31.25	1,615.94

NET PAY DISTRIBUTION

Payment Type	Account Type	Account #	Amount
Advice #4082388			1,615.94
TOTAL:			1,615.94

**NYC
HEALTH+
HOSPITALS**

Pay Group: B1-Bi-Weekly J	Mail drop ID: BGI
Pay Begin Date: 12/18/2022	Business Unit: ELM01
Pay End Date: 12/31/2022	Advice #: 00000004082388
	Advice Date: 01/06/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 241010143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$44,186.00 Annual Person ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A Add. Amount:
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HOURS AND EARNINGS						TAXES			
Description	En End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	12/17/2022	-	-	84.65	-	169.30	Fed Withholding	0.00	0.00
Shift Differential	12/24/2022	-	-	84.65	-	0.00	Fed MED E.E.	28.26	28.26
Holiday Premium	12/25/2022	-	-	84.65	-	84.65	Fed OASD E.E.	120.82	120.82
Regular Wages	-	75.00	75.00	1,694.81	75.00	1,694.81	NY FLIFE	9.96	9.96
							NY Withholding	83.42	83.42
							NY NEW YORK Withholding	59.11	59.11
TOTAL:			75.00	1,948.76	75.00	1,948.76	TOTAL:	301.57	301.57

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD	Description	Current	YTD		
			DC37-Lox420 Dues-Ambulance Tech	31.25	31.25		
TOTAL:	0.00	0.00	TOTAL:	31.25	31.25		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current 1,948.76	1,948.76	301.57	31.25	1,615.94
YTD 1,948.76	1,948.76	301.57	31.25	1,615.94

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4082388			1,615.94
TOTAL:			1,615.94



Pay Group: 01-25-Weekly
 Pay Range Code: 00160002
 Pay End Date: 12/31/2021
 Institution ID: 001
 Business Unit: ELAB01
 Address: 0000000000
 Active Flag: 00000001

Employee ID: 0007353
 Department: 34100146-ELAB 194 MEDS/NRS
 Location: ELAB01ST/MAIN BUILDING 4/F
 Job Title: Patient Care - Assoc Med/Surgery
 Pay Rate: 94,166.07/Annual
 Position ID:
 Tax Status: Married
 Allowance: W4
 Full Amount:

HOURS AND EARNINGS

TOTAL

Description	Pay/Rate ID	Current		OTD		Description	Amount
		Rate	Hours	Rate	Hours		
Sick Differential	00170002	-	-	94.57	-	Fee/Withholding	100
Sick Differential	00180002	-	-	94.57	-	Fee/MEDSEE	300
Holiday Premium	00190002	-	-	94.57	-	Fee/DAEDSEE	1200
Regain - Wage		-	7.50	1,940.17	7.50	NO FLEE	1000
						NO Withholding	1040
						NO NEW YORK Withholding	1000
TOTAL:			7.50	1,940.17	7.50	TOTAL:	3040

BEFORE TAX DEDUCTIONS

AFTER TAX DEDUCTIONS

Description	Current	OTD	Description	Amount
			DIFFERENTIAL Days - Institution/Year	3.125
TOTAL:	0.00	0.00	TOTAL:	3.125

	TOTAL GROSS	FEED FORWARD GROSS	TOTAL TAXES	TOTAL DEDUCTIONS
Current	1,940.17	1,940.17	30.57	3.125
OTD	1,940.17	1,940.17	30.57	3.125

NET PAY DISTRIBUTION

Payment Type	Account Type	Amount
Salary	4002500	1,940.17
TOTAL:		1,940.17

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**NYC
HEALTH+
HOSPITALS**

Employee ID: 100173533
TSERING YANGZOM
 89-10 WHITNEY AVE. APT. 1K
 ELMHURST, NY 11373

<u>Description</u>	<u>Emp End Dt</u>
Shift Differential	12/17/2022
Shift Differential	12/24/2022
Holiday Premium	12/25/2022
Regular Wages	

TOTAL: BEFORE-TAX DED Current

Description

TOTAL: 0.00
TOTAL GROSS
 1,948.76
 1,948.76

Current
 YTD

FED



Pay Group:	B1-Bi-Weekly 1	Mail drop ID:	IIG1
Pay Begin Date:	02/26/2023	Business Unit:	ELM01
Pay End Date:	03/11/2023	Advice #:	00000004309771
		Advice Date:	03/17/2023

Employee ID: 100173533 TSEHING YANGZOM 89-10 WHITNEY AVE, APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$44,186.00 Annual Pension ID:	TAX DATA: Federal NY State Tax Status: Married Married Allowances: N/A 2 Addl. Amount:
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HOURS AND EARNINGS						TAXES		
Description	Ern End Dt	Current		YTD		Description	Current	YTD
		Rate	Hours	Earnings	Hours				Earnings
Holiday Premium	02/20/2023	-	-	84.65	-	Fed Withholding	0.00	0.00
Shift Differential	02/25/2023	-	-	50.79	-	Fed MED EE	27.77	163.65
Shift Differential	03/04/2023	-	-	84.65	-	Fed OASDI EE	118.73	699.75
Regular Wages		-	75.00	1,694.81	450.00	NY FLI EE	8.71	51.35
						NY Withholding	81.44	476.74
						NY NEW YORK Withholding	57.71	337.82
TOTAL:			75.00	1,914.90	450.00	TOTAL:	294.36	1,729.31

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			
Description	Current	YTD		Description	Current	YTD	
				DC37-Loc420 Dues-Ambulance Tech	31.25	187.50	
TOTAL:	0.00	0.00		TOTAL:	31.25	187.50	

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,914.90	1,914.90	294.36	31.25	1,589.29
YTD	11,286.24	11,286.24	1,729.31	187.50	9,369.43

NET PAY DISTRIBUTION			
Payment Type	Account Type	Account #	Amount
Advice #4309771			1,589.29
TOTAL:			1,589.29



Pay Group:	B1-Bi-Weekly I	Mail drop ID:	IIG1
Pay Begin Date:	04/23/2023	Business Unit:	ELM01
Pay End Date:	05/06/2023	Advice #:	00000004473147
		Advice Date:	05/12/2023

Employee ID: 100173533 TSERING YANGZOM 89-10 WHITNEY AVE. APT. 1K ELMHURST, NY 11373	Department: 2410101143-ELM01 B4 MED/SURG Location: ELMHURST MAIN BUILDING 4 FL Job Title: Patient Care Assoc-Med/Surgery Pay Rate: \$44,186.00 Annual Pension ID:	TAX DATA: Federal Tax Status: Married Allowances: N/A Addl. Amount:	NY State Married 2
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HOURS AND EARNINGS						TAXES			
		--- Current ---		--- YTD ---					
Description	Ern End Dt	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Shift Differential	04/22/2023	-	-	84.65	-	1,626.97	Fed Withholding	359.95	359.95
Shift Differential	04/29/2023	-	-	84.65	-	0.00	Fed MED/EE	70.53	315.29
Regular Wages		-	75.00	1,694.81	750.00	16,948.10	Fed OASDI/EE	301.57	1,348.15
Retroactive pay adjustment		-	-	3,000.00	-	3,000.00	NY FLI/EE	22.13	98.94
Holiday Premium		-	-	0.00	-	169.30	NY Withholding	267.68	979.92
							NY NEW YORK Withholding	182.39	687.08
TOTAL:			75.00	4,864.11	750.00	21,744.37	TOTAL:	1,204.25	3,789.33

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		
Description	Current	YTD	Description	Current	YTD
			DC37-Loc420 Dues-AmbulanceTech	31.25	312.50
TOTAL:	0.00	0.00	TOTAL:	31.25	312.50

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	4,864.11	4,864.11	1,204.25	31.25	3,628.61
YTD	21,744.37	21,744.37	3,789.33	312.50	17,642.54

NET PAY DISTRIBUTION		
Payment Type	Account Type	Account #
Advice #4473147		
		3,628.61
TOTAL:		3,628.61



Balance • \$0.00

UberX \$13.73
3:53 PM

April 25

UberX \$4.93
8:52 PM

UberX \$19.53
8:23 PM

UberX \$69.11
6:46 PM

UberX \$9.84
4:57 PM

UberX \$34.32
4:41 PM

April 23

UberX VIP \$24.21
6:29 PM

UberX \$5.39
5:57 PM

UberX \$8.99
4:50 PM

April 22

UberX \$13.59
7:55 PM

Fare Adjustment \$2.79
6:26 PM



Balance • \$0.00

	UberX 10:22 AM	\$5.40
	UberX 9:37 AM	\$6.68
	UberX 9:26 AM	\$21.70
	UberX Share 7:55 AM	\$5.39
	UberX 7:48 AM	\$36.38
	UberX Share 7:16 AM	\$19.81

April 20

	Fare Adjustment 7:44 PM	\$8.39
	UberX 7:28 PM	\$5.50
	UberX 7:13 PM	\$6.11
	UberX 7:02 PM	\$5.40
	Fare Adjustment 6:40 PM	\$5.09
	UberX 6:40 PM	\$30.38



	UberX Share 10:43 AM	\$19.43
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May 17

	Fare Adjustment 11:54 PM	\$5.00
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	UberX 10:55 PM	\$24.65
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	Fare Adjustment 7:16 PM	\$14.08
---	----------------------------	---------

	UberX 7:05 PM	\$55.10
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	UberX 6:01 PM	\$7.42
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May 15

	Fare Adjustment 9:17 AM	\$2.00
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May 13

	Weekly payout 5:41 AM	-\$342.91
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May 8

	Fare Adjustment 11:54 PM	\$34.01
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	UberX VIP	\$122.96
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Balance • \$0.00

ED	UberX 2:38 PM	\$12.26
ED	UberX 2:18 PM	\$7.88
ED	UberX 12:11 PM	\$6.05
ED	UberX 12:00 PM	\$18.93
↕	Fare Adjustment 11:31 AM	\$1.00
ED	UberX 11:30 AM	\$7.99
ED	UberX 10:34 AM	\$28.69
↕	Fare Adjustment 8:15 AM	\$11.38
ED	UberX 8:14 AM	\$33.21
ED	UberX 7:44 AM	\$12.27
ED	UberX 7:14 AM	\$5.40
ED	UberX 6:54 AM	\$15.53
UberX	<hr/>	\$19.17



Weekly payout

-\$342.91

5:02 AM

May 5



Fare Adjustment

\$4.27

3:16 PM



Fare Adjustment

\$5.00

10:51 AM



UberX

\$23.80

10:40 AM



UberX

\$9.77

10:18 AM



UberX

\$15.95

10:02 AM



Fare Adjustment

\$1.00

9:49 AM



UberX

\$13.39

9:38 AM



UberX

\$28.72

9:16 AM



UberX

\$12.53

7:55 AM

May 4



UberX

\$26.93

4:46 PM



- UberX 3:45 PM \$5.59
- UberX 3:32 PM \$20.15
- UberX 2:57 PM \$28.40

May 7

- UberX 11:10 PM \$13.78
- UberX 10:50 PM \$8.61
- UberX 9:13 PM \$10.50
- UberX 8:54 PM \$6.72
- UberX 8:17 PM \$7.10

May 6

- Fare Adjustment 1:34 PM \$4.81
- Weekly payout 5:02 AM -\$342.91

May 5

- Fare Adjustment \$4.27



Balance • \$0.00

	UberX 6:05 PM	\$10.70
	UberX VIP 5:47 PM	\$19.67
	UberX 5:17 PM	\$33.90
	Fare Adjustment 3:11 PM	\$3.58
	UberX 1:48 PM	\$38.20
	UberX 12:09 PM	\$64.44
	Uber Pet 10:48 AM	\$10.37
	UberX 10:38 AM	\$19.85

April 19

	UberX VIP 8:39 PM	\$37.30
	UberX 8:18 PM	\$18.39
	UberX 7:47 PM	\$3.75
	UberX 7:33 PM	\$10.89



Balance • \$0.00

- UberX \$19.17
6:32 AM
- UberX \$5.40
5:41 AM
- UberX \$16.39
5:26 AM

April 29

- Weekly payout -\$295.05
4:29 AM

April 27

- UberX \$9.85
10:56 AM
- Fare Adjustment \$1.00
10:23 AM

April 26

- UberX \$6.82
10:43 PM
- UberX \$5.99
8:43 PM
- UberX \$8.83
8:28 PM
- UberX \$22.61
6:06 PM
- UberX \$12.72



Balance • \$0.00

	UberX 6:26 PM	\$20.78
	UberX 5:47 PM	\$7.35
	UberX 5:23 PM	\$5.39
	Weekly payout 4:34 AM	-\$901.78

April 21

	UberX 3:04 PM	\$136.44
	UberX 1:44 PM	\$5.56
	UberX 1:30 PM	\$27.46
	Fare Adjustment 1:29 PM	\$5.00
	Fare Adjustment 11:21 AM	\$10.04
	UberX 11:21 AM	\$34.51
	UberX 10:50 AM	\$7.61
	Fare Adjustment 10:23 AM	\$3.00



Balance • \$0.00





	UberX VIP 10:52 PM	\$122.96
	UberX 9:45 PM	\$27.41
	UberX 9:12 PM	\$20.28
	UberX 8:36 PM	\$12.90
	UberX 7:30 PM	\$11.31
	UberX 6:40 PM	\$5.38
	Fare Adjustment 4:13 PM	\$3.00
	UberX 3:45 PM	\$5.59
	UberX 3:32 PM	\$20.15
	UberX 2:57 PM	\$28.40

May 7



	UberX 11:10 PM	\$13.78
	UberX 10:50 PM	\$8.61



Balance • \$0.00

-  UberX 6:39 PM \$87.52
-  UberX 5:18 PM \$7.26
-  UberX 5:07 PM \$13.96
-  UberX VIP 4:50 PM \$33.88



May 22

-  UberX 9:00 PM \$53.66
-  UberX 8:10 PM \$5.39

May 20

-  Weekly payout 4:50 AM -\$379.91

May 19

-  UberX 9:02 PM \$6.56
-  UberX 8:51 PM \$44.74
-  UberX 8:06 PM \$5.39
-  UberX  \$6.23



May 25

	Fare Adjustment 1:52 PM	\$3.00
	UberX 1:51 PM	\$3.75
	UberX 1:29 PM	\$24.04
	UberX 12:57 PM	\$3.75
	UberX 12:47 PM	\$6.48
	UberX 12:35 PM	\$17.12
	UberX 12:12 PM	\$28.05
	UberX 11:40 AM	\$27.90
	Uber Pet 10:31 AM	\$12.39

May 24

	UberX 10:25 PM	\$17.55
	UberX 10:04 PM	\$8.72



May 29

	UberX 8:42 PM	\$36.50
	UberX 7:59 PM	\$6.11
	Fare Adjustment 7:51 PM	\$2.00
	UberX 7:47 PM	\$13.41
	UberX 7:21 PM	\$21.58
	UberX 5:46 PM	\$10.11

May 27

	UberX 7:22 PM	\$7.44
	UberX 7:07 PM	\$7.33
	UberX 5:06 PM	\$21.07
	Weekly payout 5:38 AM	-\$409.05

May 26

	UberX	\$5.39
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May 31

	UberX 10:41 PM	\$5.39
	Fare Adjustment 8:52 PM	\$4.00
	UberX 8:41 PM	\$31.43
	UberX 7:52 PM	\$27.75
	UberX Share 7:42 PM	\$34.83
	Fare Adjustment 7:42 PM	\$7.20
	UberX 7:22 PM	\$11.95
	UberX 6:48 PM	\$7.14
	UberX 6:02 PM	\$23.46

May 29

	UberX 8:42 PM	\$36.50
	UberX 7:59 PM	\$6.11
	Fare Adjustment	\$2.00



\$0.00

Payout scheduled: June 10

Cash out

Summary

June 3



Weekly payout

-\$438.78

5:26 AM

June 2



Fare Adjustment

\$2.19

10:05 PM



UberX

\$10.65

12:00 AM

June 1



UberX

\$15.33

11:41 PM



UberX

\$12.90

11:22 PM



UberX

\$24.70

11:05 PM



UberX Share

\$10.21

10:42 PM



UberX

\$41.41

10:26 PM



Balance • \$0.00

	UberX 7:48 PM	\$6.23
	UberX 7:32 PM	\$12.98
	UberX 7:01 PM	\$11.31
	UberX 8:29 AM	\$24.83
	UberX 7:56 AM	\$6.11
	UberX 5:18 AM	\$12.01

May 18

	UberX 8:08 PM	\$28.91
	Fare Adjustment 4:52 PM	\$5.00
	UberX 4:49 PM	\$13.00
	UberX 12:51 PM	\$61.22
	Fare Adjustment 11:14 AM	\$3.00
	Uber Pet 11:12 AM	\$10.94





Balance • \$0.00


- 
UberX \$5.39
 7:37 PM


- 
UberX \$31.65
 7:28 PM


May 25


- 
Fare Adjustment \$3.00
 1:52 PM


- 
UberX \$3.75
 1:51 PM


- 
UberX \$24.04
 1:29 PM


- 
UberX \$3.75
 12:57 PM

- 
UberX \$6.48
 12:47 PM

- 
UberX \$17.12
 12:35 PM

- 
UberX \$28.05
 12:12 PM

- 
UberX \$27.90
 11:40 AM

- 
Uber Pet \$12.39
 10:31 AM

May 24



May 29

	UberX 8:42 PM	\$36.50
	UberX 7:59 PM	\$6.11
	Fare Adjustment 7:51 PM	\$2.00
	UberX 7:47 PM	\$13.41
	UberX 7:21 PM	\$21.58
	UberX 5:46 PM	\$10.11

May 27

	UberX 7:22 PM	\$7.44
	UberX 7:07 PM	\$7.33
	UberX 5:06 PM	\$21.07
	Weekly payout 5:38 AM	-\$409.05

May 26

... \$



Balance

\$0.00

Payout scheduled: June 10

Cash out

Summary

June 3

	Weekly payout	-\$438.78
	5:26 AM	

June 2


	Fare Adjustment	\$2.19
	10:05 PM	

	UberX	\$10.65
	12:00 AM	

June 1

	UberX	\$15.33
	11:41 PM	

	UberX	\$12.90
	11:22 PM	

	UberX	\$24.70
	11:05 PM	

	UberX Share	\$10.21
	10:42 PM	

	UberX	\$41.41
	10:26 PM	



Wallet

Balance

\$0.00



Payout scheduled: June 10

Cash out

Payout activity

[See all](#)

Last payouts

\$438.78

Initiated Jun 3, 2024



Weekly payment

\$409.05

Initiated May 27, 2024



Weekly payment



Payment Methods



Help



March 28

	Fare Adjustment	\$3.14
	12:17 PM	

March 25

	Weekly payout	-\$349.93
	4:27 AM	

March 24

	UberX	\$14.85
	9:23 PM	

	UberX	\$27.83
	8:48 PM	

	UberX	\$11.22
	8:18 PM	

	UberX Share	\$58.92
	5:55 PM	

	UberX	\$5.28
	4:20 PM	

	UberX	\$5.58
	2:56 PM	

	UberX Share	\$54.86
	2:45 PM	

	UberX	\$10.14
	1:54 PM	

	UberX	\$9.35
	1:05 PM	

7:25



Balance • \$0.00

April 6

	UberX Share 11:46 PM	\$17.45
	UberX Share 11:34 PM	\$19.53
	UberX Share 11:04 PM	\$8.04
	UberX VIP 10:47 PM	\$31.48
	UberX 9:16 PM	\$16.56
	UberX Share 7:39 PM	\$5.39
	UberX 7:22 PM	\$20.21
	UberX 5:09 PM	\$12.38
	UberX 8:44 AM	\$42.12
	UberX 6:52 AM	\$28.68
	UberX 6:27 AM	\$5.84
	UberX 6:18 AM	\$7.72



Balance • \$0.00

	UberX	\$13.67
	10:34 AM	

March 29

	UberX Share	\$23.19
	11:03 PM	

	UberX	\$5.39
	10:39 PM	

	UberX	\$22.86
	10:28 PM	

	UberX	\$6.62
	9:58 PM	

	UberX	\$6.51
	9:45 PM	

	UberX	\$57.99
	8:37 PM	

	Fare Adjustment	\$4.96
	6:42 PM	

	UberX	\$15.11
	6:41 PM	

	UberX Share	\$6.63
	6:15 PM	

	UberX	\$9.90
	6:04 PM	

March 28



Balance • \$0.00

	UberX 12:51 PM	\$14.11
	UberX 11:59 AM	\$30.70
	UberX 10:50 AM	\$32.69
	UberX 8:58 AM	\$5.88

April 4

	UberX 9:40 PM	\$6.62
	UberX 8:50 PM	\$52.36
	UberX 1:01 PM	\$36.58

April 1

	Weekly payout 4:29 AM	-\$335.13
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March 30

	UberX 11:12 PM	\$11.80
	UberX 10:41 PM	\$9.74
	UberX VIP	\$13.63



Balance • \$0.00

	10:23 PM	
UberX	9:48 PM	\$11.31
UberX	9:31 PM	\$32.55
UberX	1:40 PM	\$5.39
UberX	1:27 PM	\$26.89
Fare Adjustment	12:58 PM	\$2.55
UberX	12:58 PM	\$16.50
Fare Adjustment	12:15 PM	\$1.00
Fare Adjustment	11:56 AM	\$1.00
UberX	11:23 AM	\$6.72
Fare Adjustment	11:06 AM	\$3.00
UberX VIP	11:05 AM	\$11.67
UberX VIP	10:44 AM	\$5.41



↕	Fare Adjustment 4:34 PM	\$10.19
ED	UberX 3:35 PM	\$60.24
↕	Fare Adjustment 2:38 PM	\$4.59
ED	UberX 2:28 PM	\$12.45
ED	UberX 1:21 PM	\$10.18
ED	UberX 12:03 PM	\$5.38
ED	UberX 11:55 AM	\$8.10
ED	UberX 11:38 AM	\$7.24
ED	UberX 11:09 AM	\$33.34
ED	Uber Pet 10:26 AM	\$8.40
ED	UberX 10:17 AM	\$10.64
ED	UberX 12:08 AM	\$14.22



April 5

	UberX Share 9:51 PM	\$33.28
	UberX VIP 9:21 PM	\$51.65
	Fare Adjustment 8:39 PM	\$5.00
	UberX 8:39 PM	\$26.03
	UberX 8:15 PM	\$12.68
	UberX 7:55 PM	\$5.40
	UberX 4:54 PM	\$55.13
	Fare Adjustment 3:41 PM	\$3.00
	UberX VIP 3:39 PM	\$15.53
	UberX 3:01 PM	\$12.24
	UberX 1:30 PM	\$5.39
	UberX 1:18 PM	\$5.43

Andrew

now



To you & My Wife

If the board doesn't approve you I've been told that you will get your deposit back

4:58 AM

April 7

	UberX VIP 9:28 PM	\$16.28
	Fare Adjustment 9:23 PM	\$3.58
	UberX 9:02 PM	\$17.69
	UberX 8:39 PM	\$23.68
	UberX 8:17 PM	\$8.23
	Fare Adjustment 8:09 PM	\$1.00
	UberX 8:00 PM	\$5.38
	UberX 7:51 PM	\$36.59
	UberX Share 7:21 PM	\$9.90
	UberX 7:07 PM	\$5.39
	UberX	\$27.93



April 8



Weekly payout
4:38 AM

-\$965.72

April 7



UberX VIP
9:28 PM

\$16.28



Fare Adjustment
9:23 PM

\$3.58



UberX
9:02 PM

\$17.69



UberX
8:39 PM

\$23.68



UberX
8:17 PM

\$8.23



Fare Adjustment
8:09 PM

\$1.00



UberX
8:00 PM

\$5.38



UberX
7:51 PM

\$36.59



UberX Share
7:21 PM

\$9.90



UberX
7:07 PM

\$5.39

UberX

\$27.00



Balance • \$0.00

	UberX VIP 11:01 PM	\$71.16
	UberX 10:07 PM	\$9.54
	Fare Adjustment 9:33 PM	\$7.98
	UberX 9:32 PM	\$21.78
	UberX 8:55 PM	\$15.84
	UberX VIP 8:25 PM	\$7.46
	Fare Adjustment 8:06 PM	\$1.00
	UberX 8:04 PM	\$13.82
	UberX 7:37 PM	\$31.90
	UberX 6:46 PM	\$20.95
	UberX 5:44 PM	\$6.57

April 9

	Fare Adjustment 7:13 AM	\$5.00
--	----------------------------	--------



Balance • \$0.00

April 13

	UberX 7:57 PM	\$14.56
	UberX 7:37 PM	\$14.05
	UberX 6:50 PM	\$8.35
	Fare Adjustment 6:37 PM	\$4.40
	UberX 5:45 PM	\$12.31
	UberX Share 5:30 PM	\$7.76
	UberX 5:16 PM	\$6.71
	UberX 4:45 PM	\$8.73

April 12

	UberX 11:41 PM	\$11.26
	UberX 11:27 PM	\$14.22
	Fare Adjustment 11:10 PM	\$22.28
	UberX VIP	\$71.16



Balance • \$0.00



Weekly payout

-\$440.95

4:36 AM

April 14



UberX

\$8.74

9:54 PM



UberX

\$6.65

9:42 PM



UberX

\$21.96

9:34 PM



UberX

\$13.00

9:07 PM



UberX

\$8.71

8:48 PM



UberX

\$14.86

8:36 PM



UberX

\$5.40

8:10 PM



UberX

\$5.40

7:55 PM



Fare Adjustment

\$4.00

6:35 PM



UberX

\$6.07

6:35 PM



UberX

\$8.53

6:13 PM

7:23



7:15 PM

UberX \$28.57
7:02 PM

UberX \$10.94
6:00 PM

UberX \$8.11
5:35 PM

April 18

UberX \$10.28
3:07 PM

UberX Share \$29.08
2:41 PM

UberX \$7.03
12:56 PM

UberX \$30.21
12:36 PM

April 17

UberX \$13.16
9:05 PM

Fare Adjustment \$3.00
8:43 PM

UberX \$5.40
8:42 PM



Apr 08 - Apr 14, 2024

Lhakpa Dhondhen



\$138.28

Net earnings

11

Rides

2h 52m

Booked time

5h 45m

Online time

Earnings

Ride earnings \$121.10

Tips \$10.24

4/12/24 \$6.94




Net earnings \$138.28

Payout Activity








April 16, 2024 at 12:09 PM EDT **\$138.28**
Weekly payout



Balance • \$0.00

-  **UberX** \$3.75
8:37 PM
-  **UberX** \$5.40
8:10 PM
-  **UberX** \$6.55
7:59 PM

April 15

-  **UberX** \$12.11
10:09 PM
-  **UberX** \$10.80
9:43 PM
-  **UberX** \$5.39
9:22 PM
-  **UberX Share** \$37.04
9:14 PM
-  **UberX** \$5.40
8:36 PM
-  **Fare Adjustment** \$5.00
12:50 PM
-  **Weekly payout** -\$440.95
4:36 AM

April 14

-  **UberX** \$8.74
9:54 PM



Apr 22 - Apr 28, 2024

Lhakpa Dhondhen



\$529.74

Net earnings

31

Rides

10h 26m

Booked time

16h 36m

Online time

Earnings

Ride earnings \$470.23

Tips \$17.79

4/23/24 \$6.94

4/25/24 \$20.00

4/26/24 \$6.94

Cancel earnings \$7.84

Net earnings \$529.74



← Back to all of 2024

Mar 25 - Mar 31, 2024

Lhakpa Dhondhen



\$181.92

Net earnings

15

Rides

4h 14m

Booked time

7h 0m

Online time

Earnings

Ride earnings \$168.11

Tips \$13.81

Net earnings \$181.92

Payout Activity

April 02, 2024 at 09:39 AM EDT \$181.92
Weekly payout



Apr 01 - Apr 07, 2024

Lhakpa Dhondhen



\$283.03

Net earnings

19

Rides

5h 27m

Booked time

13h 15m

Online time

Earnings

Ride earnings \$233.20

Other bonuses \$4.00

Tips \$4.00

4/6/24 \$33.88

4/7/24 \$6.94

TLC rate adjustments \$1.01

Net earnings \$283.03



Apr 15 - Apr 21, 2024

Lhakpa Dhondhen



\$318.27

Net earnings

19

Rides

6h 45m

Booked time

14h 44m

Online time

Earnings

Ride earnings \$255.65

Tips \$28.74

4/18/24 \$6.94

4/19/24 \$26.94

Net earnings \$318.27

Payout Activity



Apr 29 - May 05, 2024

Lhakpa Dhondhen



\$144.75

Net earnings

11

Rides

3h 2m

Booked time

5h 32m

Online time

Earnings

Ride earnings \$142.75

Tips \$2.00

Net earnings \$144.75

Payout Activity

May 07, 2024 at 07:33 AM EDT \$144.75
Weekly payout

Total Payouts \$144.75



May 06 - May 12, 2024

Lhakpa Dhondhen



\$157.96

Net earnings

12

Rides

3h 49m

Booked time

6h 50m

Online time

Earnings

Ride earnings \$152.96

Tips \$5.00

Net earnings \$157.96

Payout Activity

May 14, 2024 at 07:02 AM EDT \$157.96
Weekly payout



May 13 - May 19, 2024

Lhakpa Dhondhen



\$454.11

Net earnings

24

Rides

9h 8m

Booked time

13h 41m

Online time

Earnings

Ride earnings \$400.61

Tips \$17.15

5/17/24 \$13.88

5/18/24 \$20.00

TLC rate adjustments \$2.47

Net earnings \$454.11



May 13 - May 19, 2024

Lhakpa Dhondhen



\$454.11

Net earnings

24

Rides

9h 8m

Booked time

13h 41m

Online time

Earnings

Ride earnings \$400.61

Tips \$17.15

5/17/24 \$13.88

5/18/24 \$20.00

TLC rate adjustments \$2.47

Net earnings \$454.11

Payout Activity



May 20 - May 26, 2024

Lhakpa Dhondhen



\$237.44

Net earnings

16

Rides

5h 28m

Booked time

9h 15m

Online time

Earnings

Ride earnings \$209.44

Tips \$8.00

5/24/24 \$20.00

Net earnings \$237.44

Payout Activity

May 28, 2024 at 02:21 PM EDT **\$237.44**
Weekly payout

11. Personal Reference Letters

Letter of Recommendation

Dear Board Members

To whom it may concern,

I am writing to wholeheartedly recommend Lhakpa Dhondhen for residency within your cooperative community. As a close friend of Lhakpa Dhondhen, for 30 plus years I have had the pleasure of witnessing first hand qualities that I believe make him an ideal candidate for your co-op.

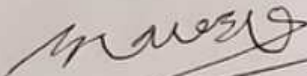
Lhakpa Dhondhen is a person of high integrity and reliability, always demonstrating respect and consideration for others. His genuine kindness and willingness to help out whenever needed have impressed me deeply. He is well- organized, responsible, and maintains his living space with great care, ensuring it is both welcoming and respecting community standards.

Moreover, Lhakpa Dhondhen is an engaged community member, keen on contributing positively wherever he resides. He possesses excellent communication skills, making him great neighbor who is both approachable and cooperative. His respectful nature ensures harmonious relationships with those around him, further contributing to a positive living environment for everyone. I have been living in this co-op for a while and believe Lhakpa Dhondhen will be a great neighbor.

I have no doubt that Lhakpa Dhondhen will be a valuable addition to your cooperative, bringing with him not only a commitment to maintaining the high standards of your community but also a warm and friendly presence that will enrich the lives of all residents.

Please feel free to contact me should you require any further information or clarification regarding Lhakpa Dhondhen's character and our experiences together.

Sincerely,



Kelsang Chopel
(347) - 233 - 9866
94-31 60th Avenue unit 4E
Elmhurst NY 11373

33-44 91 street
Jackson Heights NY 11372

March 23, 2024

Dear Board Member,

I am writing to offer my full support for Mr. Lhakpa Dhondhen's application for residency in your building. Having known Mr. Dhondhen for many years, I can attest to his outstanding character, unwavering integrity, and strong sense of community. He is a person of exceptional moral fiber, always ready to assist others, and his dedication to his work and family is commendable. Mr. Dhondhen's active involvement in community initiatives speaks to his genuine kindness and willingness to go above and beyond. I am confident that his respectful demeanor and friendly nature would contribute positively to your building's atmosphere. I wholeheartedly endorse Mr. Dhondhen's application and believe he would be a valuable addition to your community.

If you have any question, please feel free to contact me at 347-652-5605 or to my email at dyangzom7631@gmail.com if you require further information.

Sincerely,



Deki Yangzom

33-44 91street
Jackson Heights NY 11372

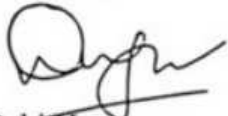
March 23, 2024

Dear Board Member,

I am writing to offer my full support for Mr. Lhakpa Dhondhen's application for residency in your building. Having known Mr. Dhondhen for many years, I can attest to his outstanding character, unwavering integrity, and strong sense of community. He is a person of exceptional moral fiber, always ready to assist others, and his dedication to his work and family is commendable. Mr. Dhondhen's active involvement in community initiatives speaks to his genuine kindness and willingness to go above and beyond. I am confident that his respectful demeanor and friendly nature would contribute positively to your building's atmosphere. I wholeheartedly endorse Mr. Dhondhen's application and believe he would be a valuable addition to your community.

If you have any question, please feel free to contact me at 347-652-5605 or to my email at dyangzom7631@gmail.com if you require further information.

Sincerely,



Dekl Yangzom

33-44 91st street Unit 1V
Jackson Heights NY 11372

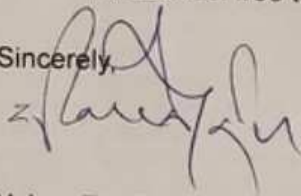
March 24, 2024

Dear Board Members,

This is a letter of recommendation for Lhakpa Dhondhen who is applying to purchase an apartment within your building. I have known him for over 30 years. We used to work closely at Whole Foods. Lhakpa is a very respectable man inside and outside of work, and is a very humble yet honest friend. I know that he would be a great neighbor and a welcomed addition to your community. I sincerely recommend that you approve his Application.

Please feel free to call me at 646-249-0073 or email me at nyima2001@gmail.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Nyima Tsering", written over the word "Sincerely,".

Nyima Tsering

33-44 91st Unit 1V
Jackson Heights, NY 11372
March 23rd, 2024

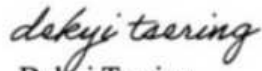
Dear Board Members,

I am writing to offer my enthusiastic recommendation for Tsering Yangzom as a potential buyer for a coop unit. I have known Tsering Yangzom for many years and can attest to their reliability, integrity, and responsibility.

Tsering Yangzom is a highly dependable individual with a strong work ethic and excellent communication skills. They have demonstrated the ability to meet commitments and work collaboratively with others, making them an ideal candidate for membership in your cooperative community.

I am confident that Tsering Yangzom will contribute positively to your cooperative and uphold its values and standards. Please feel free to call me (929-288-6860) or email me (drogongdekyi@gmail.com) if you require any further information.

Sincerely,



Dekyi Tsering.

Dear Board Member's Name,

I am writing to provide a glowing referral for Tsering Yangzom, who is currently in the process of purchasing a house within your cooperative community. Having known Tsering for an extended period, I am confident in her ability to be a valuable addition to your cooperative.

Tsering Yangzom is a person of impeccable character, possessing qualities of reliability, honesty, and integrity. Throughout our acquaintance, I have observed her unwavering commitment to her responsibilities and her genuine desire to contribute positively to any community she is a part of.

Beyond her character, Tsering is also highly organized, detail-oriented, and proactive in her approach to tasks. She possesses excellent communication skills and is adept at fostering positive relationships with others. These qualities make her not only a suitable candidate for homeownership within your cooperative but also a potential asset to your community.

I wholeheartedly endorse Tsering Yangzom as a worthy candidate for membership within your cooperative. I am confident that she will uphold the values and standards of your community while also enriching it with her presence.

Please do not hesitate to contact me at +1 (917) 615-4222 or via email at Dyoudon45@gmail.com if you require any further information regarding Tsering's character, background, or suitability for membership in your cooperative.

Thank you for considering Tsering Yangzom's application.

Sincerely,
Dorjee Youdon

A handwritten signature in black ink, appearing to read 'Dorjee', with a stylized flourish at the end.

Board of Directors
33-44 91st Street
Jackson Heights
N.Y. 11372

Dear Members of the Board,

It is with great pleasure that I write this letter on behalf of Tsering Yangzom who would like to purchase a cooperative apartment in your building.

I have known Tsering for many years and I feel fortunate to consider her a good friend. Tsering is reliable, trustworthy and mature and is known for her warmth of character and generosity of spirit. She is fiscally responsible and would never take on commitments that she could not keep. She is always eager to help out her friends whenever they need advice or assistance and I have relied upon her sound advice often over these many years.

In all of my years as a New Yorker and as an apartment dweller myself, I have seen residents who are good neighbors and those who are not. It is my humble and honest opinion that Tsering would be a superb addition to your building and a considerate neighbor to other residents.

Please feel free to contact me if you have additional questions.

Sincerely,



Sonam Hortsang
4172 Denman Street 1E Elmhurst
NY 11373 kthortsang@gmail.com
9299280506

12. Substantiating Documentation

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. Those balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Interest Checking
 ██████████328

Beginning Balance:	\$128,487.63
Ending Balance:	\$222,672.88

Date	Description	Amount Subtracted	Amount Added	Balance
03/15	ACH Electronic Credit NYC HHC DIR DEP		1,527.79	130,015.42
03/29	ACH Electronic Credit NYC HHC DIR DEP		1,454.89	131,470.31
04/02	Transfer Money Market 10:36a #1085 Teller 37-57 74TH STREET, QUEENS, NY		36,631.58	
04/02	Deposit 10:23a Teller		55,419.72	223,521.61
04/08	Check # 151	850.00		222,671.61
04/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.01%		1.27	222,672.88
	Total Subtracted/Added	850.00	95,035.25	

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

SAVINGS ACTIVITY

Citi® Savings
 ██████████5336

Beginning Balance:	\$37,131.58
Ending Balance:	\$500.67

Date	Description	Amount Subtracted	Amount Added	Balance
04/02	Transfer to Checking 10:36a #1085 Teller 37-57 74TH STREET, QUEENS, NY	36,631.58		500.00
04/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.03%		0.67	500.67
	Total Subtracted/Added	36,631.58	0.67	

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



JACKSON HGTS/74TH
37-57 74TH STREET
JACKSON HGTS, NY 11372

04/16/2024

Reference Letter

To Whom It May Concern:

This is to certify that the title of the following account(s) reflects
TSERING YANGZOM
of
8910 WHITNEY AVE APT 1K
ELMHURST, NY 11373

as an account holder.

Account Type	Account Number	Balance	Date Opened
INTEREST CHECKING	██████ 5328	\$190,127.77	05/09/2019
CITI SAVINGS	██████ 5336	\$500.67	05/09/2019

The above mentioned balance(s) represents the accumulation of successive deposits.

Sincerely,

MICHAEL MAYORGA

Client Financial Analyst

Customer Name TSERING YANGZOM

Account Number *****5328

Account Type INTEREST CHECKING

Date	Description	Credit Amount	Debit Amount	Balance
04/15/2024	Check		34000.00	190127.77
04/12/2024	ACH Electronic Credit	1454.89		224127.77
04/09/2024	Interest Payment	1.27		222672.88
04/08/2024	Check Deposit from Lhakpa's account to Tsering's account		850.00	222671.61
04/02/2024	Deposit 10.23aTeller35	55419.72		223521.61
04/02/2024	Transfer Money Market 10.36a #1085	38631.58		168101.89
03/29/2024	ACH Electronic Credit Tsering transfer from savings to checking account	1454.89		131470.31

Customer Name TSERING YANGZOM

Account Number *****5336

Account Type CITI SAVINGS

Date	Description	Credit Amount	Debit Amount	Balance
04/09/2024	Interest Payment	0.67		500.67
Tsering transfer from savings to checking account				
04/02/2024	Transfer to Checking 10:36a #1085		36831.58	500.00



Transaction Activity

Customer Name LHAKPA DHONDHEN

Account Number *****1473

Account Type REGULAR CHECKING

Date	Description	Credit Amount	Debit Amount	Balanc
04/12/2024	Cash Withdrawal 04/12 02:58p #8663Teller86		577.31	2802.69
04/12/2024	Deposit 02:58p #8663Teller86	380.00		3380.00
	Cash withdrawn from Lhakpa's account & transfered to Tsering's account			
04/02/2024	Cash Withdrawal 04/02 10:22a #8663Teller35		40152.74	3000.00
03/12/2024	Cash Withdrawal 03/12 02:51p #8663Teller45		357.53	43152.74
02/12/2024	Cash Withdrawal 02/12 02:27p #8663Teller44		544.70	43510.27
02/12/2024	Deposit 02:27p #8663Teller44	550.00		44054.97

Customer Name LHAKPA DHONDHEN

Account Number *****1481

Account Type SAVINGS PLUS ACCOUNT

Cash withdrawn from Lhakpa's account & transfered to Tsering account

Date	Description	Credit Amount	Debit Amount	Balance
04/02/2024	Cash Withdrawal 04/02 10:23a #8663Teller35		15266.98	500.00

#Contract #

Customer Name TSERING YANGZOM

Account Number *****5328

Account Type INTEREST CHECKING

Date	Description	Credit Amount	Debit Amount	Balanc
04/15/2024	Check Contract money taken out of account		34000.00	190127.77
04/12/2024	ACH Electronic Credit	1454.89		224127.77
04/09/2024	Interest Payment	1.27		222672.88
04/06/2024	Check Transfer from Lhakpa's Citi account		850.00	222671.61
04/02/2024	Deposit 10:23aTeller35	55419.72		223521.61
04/02/2024	Transfer Money Market 10:36a #1085	36631.58		168101.89
03/29/2024	ACH Electronic Credit	1454.89		131470.31

33-44 91st Unit 1V
Jackson Heights, NY 11372
April 2nd, 2024

Dear Board Members,

In regard to the \$95,035.25 dollars transferred into my wifes account, \$36,631.58 was transferred from her citi savings account ending in 5328 into her citi checking account. The reminder of that money in the amount of \$55,419.72 was transferred from my (Lhakpa) savings account at citi to my wifes checking account. It was supposed to be a transfer however the teller made an error and withdrew the money from my savings account at citi and then deposited the funds into my wife's account as a deposit. There was one withdrawal from my savings account ending in 1473 in the amount of \$40,152.74. The second withdrawal was from my other savings account ending in 1481 in the amount of \$15,266.98.

Sincerely,

Lhakpa Dhondhen & Tsering Yangzom

Lhakpa Dhondhen Tsering Yangzom

TSERING YANGZOM
8910 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442

Statement Period
May 10 - May 31, 2024

CITIBANK ACCOUNT PACKAGE AS OF MAY 31, 2024

Relationship Summary:

Checking	\$194,495.15
Savings	\$500.69
Investments (not FDIC Insured)	-----
Loans	-----

Effective May 7, 2024, the Certificate of Deposit (CD) terms within your corresponding agreement are updated to reiterate that you agree to leave your funds in the CD account for the first six days after account opening or renewal. Please refer to your corresponding agreement for more information.

Checking	Balance
Interest Checking	\$194,495.15
Savings	Balance
Citi® Savings	\$500.69
Total Checking and Savings at Citibank	\$194,995.84

SUGGESTIONS AND RECOMMENDATIONS

Your next Account Statement will be a simplified banking statement because at least one owner of an account on this statement has converted to simplified banking. Please keep this last package-based Account Statement for your records. If you have not yet converted, learn more about how simplified banking will impact you and your accounts by viewing your simplified banking snapshot and early access at citi.com/earlyaccess. For any questions, please contact us at 888-248-4226 or visit your local branch. For TTY: We accept 711 or other Relay Service.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range
Monthly Service Fee	\$100,000-\$249,999 None

CITIBANK ACCOUNT PACKAGE FEES	Continued
<p>All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).</p> <p>Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.</p>	

CHECKING ACTIVITY				
Interest Checking				
[REDACTED] 5328		Beginning Balance:	\$191,584.27	
		Ending Balance:	\$194,495.15	
Date	Description	Amount Subtracted	Amount Added	Balance
05/10	ACH Electronic Credit NYC HHC DIR DEP		1,454.88	193,039.15
05/24	ACH Electronic Credit NYC HHC DIR DEP		1,454.89	194,494.04
05/31	Interest paid for 22 days, Annual Percentage Yield Earned 0.01%		1.11	
05/31	Product Conversion: from Int Checking to Reg Checking			194,495.15
Total Subtracted/Added		0.00	2,910.88	

SAVINGS ACTIVITY				
Citi® Savings				
[REDACTED] 5336		Beginning Balance:	\$500.68	
		Ending Balance:	\$500.69	
Date	Description	Amount Subtracted	Amount Added	Balance
05/31	Interest paid for 22 days, Annual Percentage Yield Earned 0.03%		0.01	500.69

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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

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TSERING YANGZOM
8910 WHITNEY AVE APT 1K 11373-3442
ELMHURST NY

Statement Period
Apr 10 - May 9, 2024

CITIBANK ACCOUNT PACKAGE AS OF MAY 9, 2024

Relationship Summary:

Checking	\$191,584.27
Savings	\$500.68
Investments (not FDIC Insured)	-----
Loans	-----

Checking	Balance
Interest Checking	\$191,584.27
Savings	Balance
Citi@ Savings	\$500.68
Total Checking and Savings at Citibank	\$192,084.95

SUGGESTIONS AND RECOMMENDATIONS

As previously communicated, at least one owner of an account on this statement will convert to simplified banking on 06/23/24. If you have not yet converted, learn more about how simplified banking will impact you and your accounts by viewing your simplified banking snapshot and early access at citi.com/earlyaccess. For any questions, please contact us at 888-248-4226 or visit your local branch. For TTY: We accept 711 or other Relay Service.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range
Monthly Service Fee	\$100,000-\$249,999 None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY				
Interest Checking				
██████████ 5328		Beginning Balance:		\$222,672.88
		Ending Balance:		\$191,584.27
Date	Description	Amount Subtracted	Amount Added	Balance
04/12	ACH Electronic Credit NYCHHC DIR DEP		1,454.89	224,127.77
04/15	Check # 152	34,000.00		190,127.77
04/26	ACH Electronic Credit NYCHHC DIR DEP		1,454.89	191,582.66
05/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.01%		1.61	191,584.27
Total Subtracted/Added		34,000.00	2,911.39	
<i>All transaction times and dates reflected are based on Eastern Time.</i>				

SAVINGS ACTIVITY				
Citi® Savings				
██████████ 5336		Beginning Balance:		\$500.67
		Ending Balance:		\$500.68
Date	Description	Amount Subtracted	Amount Added	Balance
05/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.02%		0.01	500.68

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

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Important Disclosures

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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:**

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TSERING YANGZOM
 8910 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442

Statement Period
 Oct 10 - Nov 9, 2023

CITIBANK ACCOUNT PACKAGE AS OF NOVEMBER 9, 2023

Relationship Summary:

Checking	\$115,569.92
Savings	\$37,127.86
Investments (not FDIC Insured)	----
Loans	----

The consumer Privacy Notice is now available. To view it online, visit www.citi.com/accountagreementsandnotices and click on "Privacy Notice" under "Banking Package Client Manual - Consumer Accounts & Marketplace Addendums, Fact Sheets, and Notices".

Checking	Balance
Interest Checking	\$115,569.92
Savings	Balance
Citi® Savings	\$37,127.86
Total Checking and Savings at Citibank	\$152,697.78

Citi's general policy is to make funds available from your check deposits no later than the next business day after the business day of deposit. Should we apply longer delays in accordance with our standard schedule, the following enhancements are effective October 21, 2023: the first \$225 of our total check deposits on a business day will be available next business day; amounts of \$5,525 or less will be available on the second business day; and amounts above \$5,525 available on the third business day.

SUGGESTIONS AND RECOMMENDATIONS

The September 7, 2023 Edition of the Client Manual - Consumer Accounts and Marketplace Addendum can be viewed at www.citi.com/accountagreementsandnotices by clicking on Client Manual - Consumer Accounts and Marketplace Addendum (CMMA) under the Banking Package Client Manual - Consumer Accounts & Marketplace Addendums, Fact Sheets, and Notices section. Please refer to Appendix 1 for the Introduction to Simplified Banking and the section "Account Statements and Notices, Periodic Statements" for updates.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Interest Checking

5328		Beginning Balance:	\$110,428.58	
		Ending Balance:	\$115,569.92	
Date	Description	Amount Subtracted	Amount Added	Balance
10/13	ACH Electronic Credit NYC HHC DIR DEP		1,769.26	112,197.84
10/27	ACH Electronic Credit NYC HHC DIR DEP		1,693.17	113,891.01
11/09	ACH Electronic Credit NYC HHC DIR DEP		1,677.95	
11/09	Interest paid for 31 days, Annual Percentage Yield Earned 0.01%		0.96	115,569.92
	Total Subtracted/Added	0.00	5,141.34	

SAVINGS ACTIVITY

Citi® Savings

5336		Beginning Balance:	\$37,126.27	
		Ending Balance:	\$37,127.86	
Date	Description	Amount Subtracted	Amount Added	Balance
11/09	Interest paid for 31 days, Annual Percentage Yield Earned 0.05%		1.59	37,127.86

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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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.

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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.

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Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

001/R1/04F000

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CITIBANK, N. A.
Account
[REDACTED] 5328

Statement Period
Nov 10 - Dec 10, 2023

TSERING YANGZOM
8910 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442

CITIBANK ACCOUNT PACKAGE AS OF DECEMBER 10, 2023

Relationship Summary:

Checking	\$119,340.86
Savings	\$37,128.81
Investments (not FDIC Insured)	
Loans	----

	Balance
Checking	
Interest Checking	\$119,340.86
Savings	Balance
Citi® Savings	\$37,128.81
Total Checking and Savings at Citibank	\$156,469.67

When converting to simplified banking, you'll receive a statement covering the end of your last statement through the day before conversion (Short Statement). Any final banking package Monthly Service Fees (MSFs) will be assessed on your 1st day in simplified banking. Before initiating Early Access, consider your eligibility for a waiver of banking package MSFs based on the package, balances or transactions that'll be reflected on your Short Statement. Simplified banking MSFs will be waived in the month you convert and the next 3 months.

SUGGESTIONS AND RECOMMENDATIONS

11/28/2023 amendments to your applicable customer agreement include exception pricing, certificates of deposit, and discontinuation of Clerical Research, Cancelled Check, Interim Statement and certain copy fees. Please review www.citi.com/accountagreementsandnotices.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Interest Checking

██████████ 5328 **Beginning Balance:** \$115,569.92
Ending Balance: \$119,340.86

Date	Description	Amount Subtracted	Amount Added	Balance
11/24	ACH Electronic Credit NYC HHC DIR DEP		1,750.26	117,320.18
12/08	ACH Electronic Credit NYC HHC DIR DEP		2,019.69	
12/08	Interest paid for 31 days, Annual Percentage Yield Earned 0.01%		0.99	119,340.86
Total Subtracted/Added		0.00	3,770.94	

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

SAVINGS ACTIVITY

Citi® Savings

██████████ 5336 **Beginning Balance:** \$37,127.86
Ending Balance: \$37,128.81

Date	Description	Amount Subtracted	Amount Added	Balance
12/08	Interest paid for 31 days, Annual Percentage Yield Earned 0.03%		0.95	37,128.81

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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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:

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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.

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 ELMHURST NY 11373-3442

Statement Period
 Dec 11 - Jan 9, 2024

CITIBANK ACCOUNT PACKAGE AS OF JANUARY 9, 2024

Relationship Summary:

Checking	\$122,423.89
Savings	\$37,129.73
Investments (not FDIC Insured)	
Loans	----

	Balance
Checking	
Interest Checking	\$122,423.89
Savings	
Citi® Savings	\$37,129.73
Total Checking and Savings at Citibank	\$159,553.62

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Interest Checking

6797425328	Beginning Balance:	\$119,340.86
	Ending Balance:	\$122,423.89

Date	Description	Amount Subtracted	Amount Added	Balance
12/22	ACH Electronic Credit NYC HHC DIR DEP		1,541.02	120,881.88

CHECKING ACTIVITY					Continued
Date	Description	Amount Subtracted	Amount Added	Balance	
01/05	ACH Electronic Credit NYC HHC DIR DEP		1,541.02	122,422.90	
01/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.01%		0.99	122,423.89	
	Total Subtracted/Added	0.00	3,083.03		

SAVINGS ACTIVITY					
Citi® Savings					
6797425336					
			Beginning Balance:	\$37,128.81	
			Ending Balance:	\$37,129.73	
Date	Description	Amount Subtracted	Amount Added	Balance	
01/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.03%		0.92	37,129.73	

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

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CHECKING AND SAVINGS**FDIC Insurance:**

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TSERING YANGZOM
8910 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442

Statement Period
Jan 10 - Feb 11, 2024

CITIBANK ACCOUNT PACKAGE AS OF FEBRUARY 11, 2024

Relationship Summary:

Checking	\$125,576.88
Savings	\$37,130.73
Investments (not FDIC Insured)	
Loans	----

Checking	Balance
Interest Checking	\$125,576.88
Savings	Balance
Citi® Savings	\$37,130.73
Total Checking and Savings at Citibank	\$162,707.61

Your obligations under this Agreement apply to your account even after the account is closed. You shouldn't close your account until all transactions and fees have been paid. Account closures occur at the end of Business Day. We may delay closing your account if your account does not have a zero balance, has one or more pending transactions, pending interest, an overdrawn balance, hold(s), recent deposit(s) with delayed funds availability, or other restrictions. Certain accounts may require additional processing.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY				
Interest Checking				
[REDACTED] 5328		Beginning Balance:		\$122,423.89
		Ending Balance:		\$125,576.88
Date	Description	Amount Subtracted	Amount Added	Balance
01/19	ACH Electronic Credit NYC HHC DIR DEP		1,624.07	124,047.96
02/02	ACH Electronic Credit NYC HHC DIR DEP		1,527.80	125,575.76
02/09	Interest paid for 33 days, Annual Percentage Yield Earned 0.01%		1.12	125,576.88
Total Subtracted/Added		0.00	3,152.99	

SAVINGS ACTIVITY				
Citi® Savings				
[REDACTED] 5336		Beginning Balance:		\$37,129.73
		Ending Balance:		\$37,130.73
Date	Description	Amount Subtracted	Amount Added	Balance
02/09	Interest paid for 33 days, Annual Percentage Yield Earned 0.03%		1.00	37,130.73

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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

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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.

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TSERING YANGZOM
8910 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442

Statement Period
Feb 12 - Mar 10, 2024

CITIBANK ACCOUNT PACKAGE AS OF MARCH 10, 2024

Relationship Summary:

Checking	\$128,487.63
Savings	\$37,131.58
Investments (not FDIC Insured)	----
Loans	----

Effective March 1, 2024, the \$6.00 fee for Expedited Domestic Delivery of Replacement Debit Cards is waived for all other account packages. As of February 26, 2022, the \$7.00 fee for Pin Mailer Domestic Expedite and \$17.50 fee for Pin Mailer International Expedited was waived for all other account packages. All of these fees can be found within the "Other Fees and Charges for All Accounts" table of the Marketplace Addendum.

Checking	Balance
Interest Checking	\$128,487.63
Savings	Balance
Citi® Savings	\$37,131.58
Total Checking and Savings at Citibank	\$165,619.21

Your obligations under this Agreement apply to your account even after the account is closed. You shouldn't close your account until all transactions and fees have been paid. Account closures occur at the end of Business Day. We may delay closing your account if your account does not have a zero balance, has one or more pending transactions, pending interest, an overdrawn balance, hold(s), recent deposit(s) with delayed funds availability, or other restrictions. Certain accounts may require additional processing.

CITIBANK ACCOUNT PACKAGE FEES

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*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY				
Interest Checking				
6797425328		Beginning Balance:		\$125,576.88
		Ending Balance:		\$128,487.63
Date	Description	Amount Subtracted	Amount Added	Balance
02/16	ACH Electronic Credit NYC HHC DIR DEP		1,454.88	127,031.76
03/01	ACH Electronic Credit NYC HHC DIR DEP		1,454.90	128,486.66
03/08	Interest paid for 28 days, Annual Percentage Yield Earned 0.01%		0.97	128,487.63
Total Subtracted/Added		0.00	2,910.75	

SAVINGS ACTIVITY				
Citi® Savings				
██████████5336		Beginning Balance:		\$37,130.73
		Ending Balance:		\$37,131.58
Date	Description	Amount Subtracted	Amount Added	Balance
03/08	Interest paid for 28 days, Annual Percentage Yield Earned 0.03%		0.85	37,131.58

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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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:

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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.

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 ELMHURST NY 11373-3442

Statement Period
 Mar 11 - Apr 9, 2024

CITIBANK ACCOUNT PACKAGE AS OF APRIL 9, 2024

Relationship Summary:

Checking	\$222,672.88
Savings	\$500.67
Investments (not FDIC Insured)	-----
Loans	-----

As of August 19, 2023, the \$10.00 fee for Bond Coupon Redemption and \$25.00 fee for Consular/Verification Letters will no longer be charged for all account packages.

	Balance
Checking	
Interest Checking	\$222,672.88
Savings	
Citi® Savings	\$500.67
Total Checking and Savings at Citibank	\$223,173.55

4-2-24 amendments to your applicable customer agreement include updates to interest rate exceptions & the promotional rate feature for new Citi Savings accounts. Please visit www.citi.com/accountagreementsandnotices for more information.

SUGGESTIONS AND RECOMMENDATIONS

As previously communicated, at least one owner of an account on this statement will convert to simplified banking on 06/23/24. If you have not yet converted, learn more about how simplified banking will impact you and your accounts by viewing your simplified banking snapshot and early access at citi.com/earlyaccess. For any questions, please contact us at 888-248-4226 or visit your local branch. For TTY: We accept 711 or other Relay Service.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Interest Checking

██████████ 5328	Beginning Balance:	\$128,487.63		
	Ending Balance:	\$222,672.88		
Date	Description	Amount Subtracted	Amount Added	Balance
03/15	ACH Electronic Credit NYC HHC DIR DEP		1,527.79	130,015.42
03/29	ACH Electronic Credit NYC HHC DIR DEP		1,454.89	131,470.31
04/02	Transfer Money Market 10:36a #1085 Teller 37-57 74TH STREET, QUEENS, NY		36,631.58	
04/02	Deposit 10:23a Teller		55,419.72	223,521.61
04/08	Check # 151	850.00		222,671.61
04/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.01%		1.27	222,672.88
	Total Subtracted/Added	850.00	95,035.25	

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

SAVINGS ACTIVITY

Citi® Savings

██████████ 5336	Beginning Balance:	\$37,131.58		
	Ending Balance:	\$500.67		
Date	Description	Amount Subtracted	Amount Added	Balance
04/02	Transfer to Checking 10:36a #1085 Teller 37-57 74TH STREET, QUEENS, NY	36,631.58		500.00
04/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.03%		0.67	500.67
	Total Subtracted/Added	36,631.58	0.67	

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

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

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CHECKING AND SAVINGS**FDIC Insurance:**

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JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218 - 2051

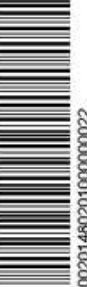
April 25, 2024 through May 24, 2024
 Primary Account: [REDACTED] 5870

CUSTOMER SERVICE INFORMATION

Web site: Chase.com
 Service Center: 1-800-935-9935
 Para Espanol: 1-877-312-4273
 International Calls: 1-713-262-1679
 We accept operator relay calls

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Introducing PazeSM — an easy and secure way to check out online with Chase debit and credit cards

We'll soon include qualifying Chase debit and credit cards in Paze, a new digital bank wallet used at checkout with participating online businesses, where your card number will never be shared.

Please visit the Paze FAQs at chase.com/paze for more information, including details on eligibility, how Paze works and what to do if you don't want to participate. We'll notify you when your Chase card(s) is ready to use with Paze.

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	[REDACTED] 5870	\$183,811.44	\$184,100.37
Chase Savings	[REDACTED] 5130	500.06	500.06
Chase Savings	[REDACTED] 1706	500.56	500.56
Total		\$184,812.06	\$185,100.99
TOTAL ASSETS		\$184,812.06	\$185,100.99



April 25, 2024 through May 24, 2024
Primary Account: [REDACTED] 5870

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
TSERING YANGZOM

Account Number: [REDACTED] 5870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$183,811.44
Deposits and Additions	4,328.42
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-2,862.47
Electronic Withdrawals	-162.70
Ending Balance	\$184,100.37

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
04/30	Uber USA 6787 EDI Paymnt EqnlhmwzlcV0Nu CCD ID: 3320456349	\$295.05
05/01	Stripe Lyft 04-30 St-Y7I7J0E3Z1M3 CCD ID: 4270465600	529.74
05/06	F O Refinishing Pay 900437 PPD ID: 9138864001	562.40
05/07	Uber USA 6787 EDI Paymnt Wvixx1Euvz9G4G CCD ID: 3320456349	342.91
05/08	Stripe Lyft 05-07 St-R7Y4X7R1U5L4 CCD ID: 4270465600	144.75
05/14	Uber USA 6787 EDI Paymnt Qqti0Net29Uk5Yv CCD ID: 3320456349	342.91
05/15	F O Refinishing Pay 154235 PPD ID: 9138864001	559.34
05/15	Stripe Lyft 05-14 St-E5S1F2L3P1V9 CCD ID: 4270465600	157.96
05/21	Uber USA 6787 EDI Paymnt Rf0VpvmtyN2Qaiy CCD ID: 3320456349	379.91
05/22	Stripe Lyft 05-21 St-H9T8F3F1R9W3 CCD ID: 4270465600	454.11
05/24	F O Refinishing Pay 446811 PPD ID: 9138864001	559.34
Total Deposits and Additions		\$4,328.42

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
227 ^		05/07	\$1,014.32
Total Checks Paid			\$1,014.32

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
05/08	ATM Cred Card Payment 05/08 7906 Broadway Elmhurst NY Card 9520	\$2,862.47
Total ATM & Debit Card Withdrawals		\$2,862.47



April 25, 2024 through May 24, 2024
Primary Account: [REDACTED] 5870

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	PPD ID: 6366071399	AMOUNT
05/03	Transamerica Ins Inspayment		\$140.00
05/07	National Grid NY Utilitypay 00747814247	Web ID: 9177976002	22.70
Total Electronic Withdrawals			\$162.70



10201480202000000062

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNowSM network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
(Your total electronic deposits this period were \$6,107.81. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.**
(Your lowest beginning day balance was \$181,646.80)
- **OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.**
(Your average beginning day balance of qualifying linked deposits and investments was \$184,248.65)

CHASE SAVINGS

LHAKPA DHONDHEN
TSERING YANGZOM

Account Number: [REDACTED] 5130

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$500.06
Ending Balance	\$500.06
Annual Percentage Yield Earned This Period	0.00%
Interest Paid Year-to-Date	\$0.48

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more.
(Your minimum daily balance was \$500)



April 25, 2024 through May 24, 2024
Primary Account: [REDACTED] 5870

CHASE SAVINGS

TSERING YANGZOM
OR LHAKPA DHONDHEN

Account Number: [REDACTED] 1706

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$500.56
Ending Balance	\$500.56
Annual Percentage Yield Earned This Period	0.00%
Interest Paid Year-to-Date	\$0.36

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$500)

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

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

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

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

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

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

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

JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

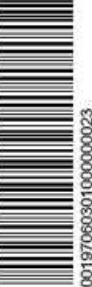
March 27, 2024 through April 24, 2024
Primary Account: [REDACTED] 5870

CUSTOMER SERVICE INFORMATION

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

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LHAKPA DHONDHEN
TSERING YANGZOM
8910 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442



Good news – we’ve eliminated the Non-Chase ATM Fee for balance inquiries and transfers

As of December 10, 2023, we stopped charging the \$3 Non-Chase ATM Fee for each balance inquiry or transfer you make at a non-Chase ATM.

We continue to charge a fee for withdrawals made at a non-Chase ATM (waived for eligible accounts) and the ATM owner/network will still charge a Surcharge Fee.¹ You won't be charged these fees when you use a Chase ATM.

For more information, please see the Fee Schedule in the **Additional Banking Services and Fees** at chase.com/disclosures.

If you have any questions, please call us at the number listed on this statement. We accept operator relay calls.

¹For Chase SapphireSM Checking, Chase Private Client CheckingSM and Chase Private Client SavingsSM accounts, we waive the Chase fee and refund ATM Surcharge Fees charged to you at non-Chase ATMs. For Chase Premier Plus CheckingSM, we waive the Chase fee for the first four Non-Chase ATM transactions each statement period.

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	[REDACTED] 5870	\$149,491.43	\$183,811.44
Chase Savings	[REDACTED] 5130	18,445.03	500.06
Chase Savings	[REDACTED] 1706	13,630.53	500.56
Total		\$181,566.99	\$184,812.06
TOTAL ASSETS		\$181,566.99	\$184,812.06



March 27, 2024 through April 24, 2024
Primary Account: [REDACTED] 5870

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
TSERING YANGZOM

Account Number: [REDACTED] 5870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$149,491.43
Deposits and Additions	38,115.71
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-2.90
Electronic Withdrawals	-2,778.48
Ending Balance	\$183,811.44

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
03/27	Stripe Lyft 03-26 St-W8B1K6B2A7G0 CCD ID: 4270465600	\$102.93
03/28	F O Refinishing Pay 614642 PPD ID: 9138864001	559.34
03/29	F O Refinishing Pay 745893 PPD ID: 9138864001	559.34
04/01	NY State Nysttaxrfd PPD ID: 4146013200	576.00
04/02	Deposit 7920046029	31,075.00
04/02	Uber USA 6787 EDI Paymnt Xvvarcvgsqr0Ej CCD ID: 3320456349	335.13
04/03	Stripe Lyft 04-02 St-Z9U9A9L9D1V5 CCD ID: 4270465600	181.92
04/09	Uber USA 6787 EDI Paymnt N2Unv0Tack2F6Vr CCD ID: 3320456349	965.72
04/10	Stripe Lyft 04-09 St-G5A2P3O6Y3M9 CCD ID: 4270465600	283.03
04/15	F O Refinishing Pay 294281 PPD ID: 9138864001	559.34
04/16	Uber USA 6787 EDI Paymnt Imjz7A76T9Xiy4J CCD ID: 3320456349	440.95
04/17	Stripe Lyft 04-16 St-L1S9A9A3N5H3 CCD ID: 4270465600	138.28
04/18	F O Refinishing Pay 371733 PPD ID: 9138864001	559.34
04/23	Uber USA 6787 EDI Paymnt W50Hn8Z8Mhq2Ypz CCD ID: 3320456349	901.78
04/24	F O Refinishing Pay 509401 PPD ID: 9138864001	559.34
04/24	Stripe Lyft 04-23 St-P4G6Z1P8F1G5 CCD ID: 4270465600	318.27
Total Deposits and Additions		\$38,115.71

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
226 ^		04/08	\$1,014.32
Total Checks Paid			\$1,014.32

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.



March 27, 2024 through April 24, 2024
Primary Account: [REDACTED] 5870

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
04/15	ATM Cred Card Payment 04/13 7906 Broadway Elmhurst NY Card 9520	\$2.90
Total ATM & Debit Card Withdrawals		\$2.90

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
04/01	Irs Usataxpymt PPD ID: 3387702000	\$2,612.00
04/03	Transamerica Ins Inspayment PPD ID: 6366071399	140.00
04/08	National Grid NY Utilitypay 00747814247 Web ID: 9177976002	26.48
Total Electronic Withdrawals		\$2,778.48



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A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNowSM network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
(Your total electronic deposits this period were \$7,390.64. Note: some deposits may be listed on your previous statement)
- **OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.**
(Your lowest beginning day balance was \$148,677.04)
- **OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.**
(Your average beginning day balance of qualifying linked deposits and investments was \$181,894.88)

CHASE SAVINGS

LHAKPA DHONDHEN
TSERING YANGZOM

Account Number: [REDACTED] 5130

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$18,445.03
Deposits and Additions	0.03
Other Withdrawals	-17,945.00
Ending Balance	\$500.06
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.03
Interest Paid Year-to-Date	\$0.48



March 27, 2024 through April 24, 2024
Primary Account: [REDACTED] 5870

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$18,445.03
04/02	04/02 Withdrawal	-17,945.00	500.03
04/24	Interest Payment	0.03	500.06
	Ending Balance		\$500.06

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more.
(Your minimum daily balance was \$500)

CHASE SAVINGS

TSERING YANGZOM
OR LHAKPA DHONDHEN

Account Number: [REDACTED] 1706

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$13,630.53
Deposits and Additions	0.03
Other Withdrawals	-13,130.00
Ending Balance	\$500.56
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.03
Interest Paid Year-to-Date	\$0.36

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$13,630.53
04/02	04/02 Withdrawal	-13,130.00	500.53
04/24	Interest Payment	0.03	500.56
	Ending Balance		\$500.56

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more.
(Your minimum daily balance was \$500)



March 27, 2024 through April 24, 2024
Primary Account: [REDACTED] 5870

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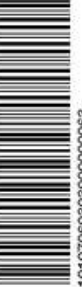
- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

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JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218-2051

February 28, 2024 through March 26, 2024

Primary Account: [REDACTED] 5870

CUSTOMER SERVICE INFORMATION

Web site: Chase.com
 Service Center: 1-800-935-9935
 Para Espanol: 1-877-312-4273
 International Calls: 1-713-262-1679
 We accept operator relay calls

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LHAKPA DHONDHEN
 TSERING YANGZOM
 8910 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442



CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	[REDACTED] 5870	\$147,093.23	\$149,491.43
Chase Savings	[REDACTED] 5130	18,444.89	18,445.03
Chase Savings	[REDACTED] 1706	13,630.43	13,630.53
Total		\$179,168.55	\$181,566.99
TOTAL ASSETS		\$179,168.55	\$181,566.99

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
 TSERING YANGZOM

Account Number: 000000102615870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$147,093.23
Deposits and Additions	6,325.67
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-2,751.45
Electronic Withdrawals	-161.70
Ending Balance	\$149,491.43

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
02/28	Stripe Lyft 02-27 St-V7E2F9P2R7B3 CCD ID: 4270465600	\$32.32
03/05	Deposit 7920042658	1,902.55
03/05	Uber USA 6787 EDI Paymnt 1W9Schabnc6Xbbe CCD ID: 3320456349	759.11
03/06	F O Refinishing Pay 075065 PPD ID: 9138864001	559.34



February 28, 2024 through March 26, 2024

Primary Account: 000000102615870

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
03/06	Stripe Lyft 03-05 St-R2Y7C3Z7V7Z9 CCD ID: 4270465600	109.86
03/12	Uber USA 6787 EDI Paymnt Tewksmie6Yvgs0H CCD ID: 3320456349	522.76
03/13	Stripe Lyft 03-12 St-U7O8G8U1P0I8 CCD ID: 4270465600	145.15
03/18	F O Refinishing Pay 405132 PPD ID: 9138864001	559.34
03/18	F O Refinishing Pay 405132 PPD ID: 9138864001	559.34
03/19	Uber USA 6787 EDI Paymnt Tdg30Jdorduihym CCD ID: 3320456349	612.79
03/20	Stripe Lyft 03-19 St-H9W8U9J5E1C9 CCD ID: 4270465600	213.18
03/26	Uber USA 6787 EDI Paymnt Gnyekplab3Ibmsh CCD ID: 3320456349	349.93
Total Deposits and Additions		\$6,325.67

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
199 ^		03/08	\$1,014.32
Total Checks Paid			\$1,014.32

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/11	ATM Cred Card Payment 03/10 3940 Broadway New York NY Card 9520	\$2,751.45
Total ATM & Debit Card Withdrawals		\$2,751.45

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/04	National Grid NY Utilitypay 00747814247 Web ID: 9177976002	\$21.70
03/04	Transamerica Ins Inspayment PPD ID: 6366071399	140.00
Total Electronic Withdrawals		\$161.70

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- Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNowSM network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.
(Your total electronic deposits this period were \$5,641.22. Note: some deposits may be listed on your previous statement)
- OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.
(Your lowest beginning day balance was \$146,528.94)
- OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.
(Your average beginning day balance of qualifying linked deposits and investments was \$180,268.12)



February 28, 2024 through March 26, 2024

Primary Account: [REDACTED] 5870

CHASE SAVINGS

LHAKPA DHONDHEN

Account Number: [REDACTED] 5130

TSERING YANGZOM

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$18,444.89
Deposits and Additions	0.14
Ending Balance	\$18,445.03
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.14
Interest Paid Year-to-Date	\$0.45

Interest paid in 2023 for account [REDACTED] 5130 was \$1.80.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$18,444.89
03/26	Interest Payment	0.14	18,445.03
	Ending Balance		\$18,445.03

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$18,444)

CHASE SAVINGS

TSERING YANGZOM

Account Number: [REDACTED] 1706

OR LHAKPA DHONDHEN

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$13,630.43
Deposits and Additions	0.10
Ending Balance	\$13,630.53
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.10
Interest Paid Year-to-Date	\$0.33

Interest paid in 2023 for account [REDACTED] 1706 was \$1.34.



102025202000000642



February 28, 2024 through March 26, 2024

Primary Account: [REDACTED] 5870

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$13,630.43
03/26	Interest Payment	0.10	13,630.53
	Ending Balance		\$13,630.53

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$13,630)

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

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

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

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit 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.

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JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218-2051

January 27, 2024 through February 27, 2024

Primary Account: [REDACTED] 5870

CUSTOMER SERVICE INFORMATION

Web site: Chase.com
 Service Center: 1-800-935-9935
 Para Espanol: 1-877-312-4273
 International Calls: 1-713-262-1679
 We accept operator relay calls

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LHAKPA DHONDHEN
 TSERING YANGZOM
 8910 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442



CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	[REDACTED] 5870	\$147,064.70	\$147,093.23
Chase Savings	[REDACTED] 5130	18,444.73	18,444.89
Chase Savings	[REDACTED] 1706	13,630.31	13,630.43
Total		\$179,139.74	\$179,168.55
TOTAL ASSETS		\$179,139.74	\$179,168.55

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
 TSERING YANGZOM

Account Number: [REDACTED] 5870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$147,064.70
Deposits and Additions	4,378.29
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-3,130.80
Electronic Withdrawals	-204.64
Ending Balance	\$147,093.23

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
01/30	Uber USA 6787 EDI Paymnt Ew79Cec4J9B8Rmx CCD ID: 3320456349	\$577.77
01/31	Stripe Lyft 01-30 St-I7Y6K7X6I7X0 CCD ID: 4270465600	80.26
02/02	F O Refinishing Pay 293 766 PPD ID: 9138864001	559.34
02/06	Uber USA 6787 EDI Paymnt 4Morpg35W37Yfun CCD ID: 3320456349	625.71



January 27, 2024 through February 27, 2024

Primary Account: [REDACTED] 5870

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
02/07	Stripe Lyft 02-06 St-L0X7W4S7G5S8 CCD ID: 4270465600	82.67
02/12	F O Refinishing Pay 463845 PPD ID: 9138864001	559.34
02/13	Uber USA 6787 EDI Paymnt Yheyz52Dfa8Cmy1 CCD ID: 3320456349	104.29
02/14	Stripe Lyft 02-13 St-Z7J1S6F9T0U9 CCD ID: 4270465600	11.47
02/16	F O Refinishing Pay 635353 PPD ID: 9138864001	559.34
02/21	Uber USA 6787 EDI Paymnt Hgj9Mf8Kvbx3Er CCD ID: 3320456349	430.11
02/21	Stripe Lyft 02-20 St-T3E5M4S2I9Y1 CCD ID: 4270465600	74.17
02/23	F O Refinishing Pay 776626 PPD ID: 9138864001	559.34
02/27	Uber USA 6787 EDI Paymnt Mvr dm7B16Ag90TD CCD ID: 3320456349	154.48
Total Deposits and Additions		\$4,378.29

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
198 ^		02/12	\$1,014.32
Total Checks Paid			\$1,014.32

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/07	ATM Cred Card Payment 02/07 3767 75th St Jackson Heigh NY Card 9520	\$3,130.80
Total ATM & Debit Card Withdrawals		\$3,130.80

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/31	Con Ed of NY Ceony 78222360006 CCD ID: 2462467002	\$38.47
02/05	Transamerica Ins Inspayment PPD ID: 6366071399	140.00
02/06	National Grid NY Utilitypay 00747814247 Web ID: 9177976002	26.17
Total Electronic Withdrawals		\$204.64

A Monthly Service Fee was not charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow™ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.
(Your total electronic deposits this period were \$5,176.83. Note: some deposits may be listed on your previous statement)
- OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.
(Your lowest beginning day balance was \$145,200.03)
- OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.
(Your average beginning day balance of qualifying linked deposits and investments was \$178,703.40)



January 27, 2024 through February 27, 2024

Primary Account: [REDACTED] 5870

CHASE SAVINGS

LHAKPA DHONDHEN

Account Number: [REDACTED] 5130

TSERING YANGZOM

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$18,444.73
Deposits and Additions	0.16
Ending Balance	\$18,444.89
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.16
Interest Paid Year-to-Date	\$0.31



102025402000000642

Interest paid in 2023 for account 000002901095130 was \$1.80.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$18,444.73
02/27	Interest Payment	0.16	18,444.89
	Ending Balance		\$18,444.89

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$18,444)

CHASE SAVINGS

TSERING YANGZOM

Account Number: [REDACTED] 1706

OR LHAKPA DHONDHEN

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$13,630.31
Deposits and Additions	0.12
Ending Balance	\$13,630.43
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.12
Interest Paid Year-to-Date	\$0.23

Interest paid in 2023 for account [REDACTED] 1706 was \$1.34.



January 27, 2024 through February 27, 2024

Primary Account: [REDACTED] 515870

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$13,630.31
02/27	Interest Payment	0.12	13,630.43
	Ending Balance		\$13,630.43

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$13,630)

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

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JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218-2051

December 28, 2023 through January 26, 2024

Primary Account: 000000102615870

CUSTOMER SERVICE INFORMATION

Web site: Chase.com
 Service Center: 1-800-935-9935
 Para Espanol: 1-877-312-4273
 International Calls: 1-713-262-1679
 We accept operator relay calls

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LHAKPA DHONDHEN
 TSERING YANGZOM
 8910 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442



CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	5870	\$145,317.51	\$147,064.70
Chase Savings	5130	18,444.58	18,444.73
Chase Savings	1706	13,630.20	13,630.31
Total		\$177,392.29	\$179,139.74
TOTAL ASSETS		\$177,392.29	\$179,139.74

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
 TSERING YANGZOM

Account Number: 5870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$145,317.51
Deposits and Additions	5,641.68
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-2,668.67
Electronic Withdrawals	-211.50
Ending Balance	\$147,064.70

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
01/02	ATM Check Deposit 01/02 3 Times Sq New York NY Card 9520	\$300.00
01/03	Uber USA 6787 EDI Paymnt U2N3M1Dqjana75C CCD ID: 3320456349	362.06
01/03	Stripe Lyft 01-02 St-H7A1Y4B0X0J3 CCD ID: 4270465600	298.90
01/09	F O Refinishing Pay 631212 PPD ID: 9138864001	562.40



December 28, 2023 through January 26, 2024

Primary Account: [REDACTED] 5870

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
01/09	F O Refinishing Pay 631212 PPD ID: 9138864001	559.34
01/09	Uber USA 6787 EDI Paymnt Lte9Yvr9H4De8O6 CCD ID: 3320456349	479.43
01/10	Stripe Lyft 01-09 St-N0Q7S5V0G5L6 CCD ID: 4270465600	226.27
01/17	F O Refinishing Pay 828845 PPD ID: 9138864001	559.34
01/17	Uber USA 6787 EDI Paymnt So15A7Ggrojhe34 CCD ID: 3320456349	532.99
01/17	Stripe Lyft 01-16 St-P9T7K4W5L1V2 CCD ID: 4270465600	69.16
01/19	F O Refinishing Pay 929024 PPD ID: 9138864001	559.34
01/23	Uber USA 6787 EDI Paymnt Cs3Wvi6Jwp8Weht CCD ID: 3320456349	333.91
01/24	Stripe Lyft 01-23 St-Y1I0A0F0M1E3 CCD ID: 4270465600	239.20
01/26	F O Refinishing Pay 070215 PPD ID: 9138864001	559.34
Total Deposits and Additions		\$5,641.68

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
195 ^		01/09	\$1,014.32
Total Checks Paid			\$1,014.32

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/02	ATM Cred Card Payment 01/02 3 Times Sq New York NY Card 9520	\$2,668.67
Total ATM & Debit Card Withdrawals		\$2,668.67

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/28	Con Ed of NY Ceony 78222360006 CCD ID: 2462467002	\$45.26
01/04	Transamerica Ins Inspayment PPD ID: 6366071399	140.00
01/05	National Grid NY Utilitypay 00747814247 Web ID: 9177976002	26.24
Total Electronic Withdrawals		\$211.50

A Monthly Service Fee was not charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow™ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.
(Your total electronic deposits this period were \$6,969.93. Note: some deposits may be listed on your previous statement)
- OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.
(Your lowest beginning day balance was \$142,903.58)
- OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.



December 28, 2023 through January 26, 2024

Primary Account: [REDACTED] 15870

(Your average beginning day balance of qualifying linked deposits and investments was \$176,820.82)

CHASE SAVINGS

LHAKPA DHONDHEN
TSERING YANGZOM

Account Number: [REDACTED] 5130



10203200202000000042

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$18,444.58
Deposits and Additions	0.15
Ending Balance	\$18,444.73
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.15
Interest Paid Year-to-Date	\$0.15

Interest paid in 2023 for account [REDACTED] 5130 was \$1.80.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$18,444.58
01/26	Interest Payment	0.15	18,444.73
	Ending Balance		\$18,444.73

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$18,444)



December 28, 2023 through January 26, 2024

Primary Account: [REDACTED] 5870

CHASE SAVINGS

TSERING YANGZOM

OR LHAKPA DHONDHEN

Account Number: [REDACTED] 1706

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$13,630.20
Deposits and Additions	0.11
Ending Balance	\$13,630.31
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.11
Interest Paid Year-to-Date	\$0.11

Interest paid in 2023 for account 000003615111706 was \$1.34.

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$13,630.20
01/26	Interest Payment	0.11	13,630.31
	Ending Balance		\$13,630.31

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$13,630)

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November 28, 2023 through December 27, 2023

Primary Account: [REDACTED] 5870

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LHAKPA DHONDHEN
 TSERING YANGZOM
 8910 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442



CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	[REDACTED] 5870	\$13,7609.84	\$145,317.51
Chase Savings	[REDACTED] 5130	18,444.43	18,444.58
Chase Savings	[REDACTED] 1706	13,630.09	13,630.20
Total		\$169,684.36	\$177,392.29
TOTAL ASSETS		\$169,684.36	\$177,392.29

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
 TSERING YANGZOM

Account Number: [REDACTED] 5870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$137,609.84
Deposits and Additions	11,577.54
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-2,656.72
Electronic Withdrawals	-198.83
Ending Balance	\$145,317.51

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
11/28	Deposit 7920046357	\$5,000.00
11/28	Uber USA 6787 EDI Paymnt 4Lrsdaq6Zijxj2 CCD ID: 3320456349	240.80
11/29	Stripe Lyft 11-28 St-H0W7F6E8Q6W8 CCD ID: 4270465600	284.57
12/05	Uber USA 6787 EDI Paymnt I03A8G6A2Fsvrra CCD ID: 3320456349	762.20



November 28, 2023 through December 27, 2023

Primary Account: [REDACTED] 5870

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
12/06	Stripe Lyft 12-05 St-B4J6S3W3H3C8 CCD ID: 4270465600	295.34
12/08	F O Refinishing Pay 910433 PPD ID: 9138864001	559.52
12/08	F O Refinishing Pay 910433 PPD ID: 9138864001	555.92
12/12	Uber USA 6787 EDI Paymnt 0558GfBub9C6Ddb CCD ID: 3320456349	494.14
12/13	Stripe Lyft 12-12 St-T5Y1W1B1Y1T2 CCD ID: 4270465600	193.83
12/15	F O Refinishing Pay 082774 PPD ID: 9138864001	555.92
12/19	Uber USA 6787 EDI Paymnt 3F7354Rly3Y4Eh8 CCD ID: 3320456349	531.17
12/20	Stripe Lyft 12-19 St-H6P4Q3R3M3T6 CCD ID: 4270465600	475.88
12/26	F O Refinishing Pay 271191 PPD ID: 9138864001	555.92
12/27	Stripe Lyft 12-26 St-H3X3Y5W2Z6Z0 CCD ID: 4270465600	557.92
12/27	Uber USA 6787 EDI Paymnt Ndw3Bla56B60S15 CCD ID: 3320456349	514.41
Total Deposits and Additions		\$11,577.54

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
193 ^		12/05	\$1,014.32
Total Checks Paid			\$1,014.32

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^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/04	ATM Cred Card Payment 12/04 3 Times Sq New York NY Card 9520	\$22.82
12/04	ATM Cred Card Payment 12/04 3 Times Sq New York NY Card 9520	2,633.90
Total ATM & Debit Card Withdrawals		\$2,656.72

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
11/30	Con Ed of NY Ceony 78222360006 CCD ID: 2462467002	\$34.28
12/04	National Grid NY Utilitypay 00747814247 Web ID: 9177976002	24.55
12/04	Transamerica Ins Inspayment PPD ID: 6366071399	140.00
Total Electronic Withdrawals		\$198.83

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(Your total electronic deposits this period were \$7,692.98. Note: some deposits may be listed on your previous statement)
- OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.
(Your lowest beginning day balance was \$137,609.84)



November 28, 2023 through December 27, 2023

Primary Account: [REDACTED] 5870

- OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.
(Your average beginning day balance of qualifying linked deposits and investments was \$174,381.64)

CHASE SAVINGS

LHAKPA DHONDHEN

TSERING YANGZOM

Account Number: [REDACTED] 5130

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$18,444.43
Deposits and Additions	0.15
Ending Balance	\$18,444.58
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.15
Interest Paid Year-to-Date	\$1.80

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$18,444.43
12/27	Interest Payment	0.15	18,444.58
	Ending Balance		\$18,444.58

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more.
(Your minimum daily balance was \$18,444)



101590100201000000000002



November 28, 2023 through December 27, 2023

Primary Account: [REDACTED] 5870

CHASE SAVINGS

TSERING YANGZOM
OR LHAKPA DHONDHEN

Account Number: [REDACTED] 1706

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$13,630.09
Deposits and Additions	0.11
Ending Balance	\$13,630.20
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.11
Interest Paid Year-to-Date	\$1.34

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$13,630.09
12/27	Interest Payment	0.11	13,630.20
	Ending Balance		\$13,630.20

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$13,630)

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JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218-2051

October 27, 2023 through November 27, 2023

Primary Account: [REDACTED] 5870

CUSTOMER SERVICE INFORMATION

Web site: Chase.com
 Service Center: 1-800-935-9935
 Para Espanol: 1-877-312-4273
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 We accept operator relay calls

00019989 DRE 802 210 33223 NNNNNNNNNNN 1 000000000 38 0000

LHAKPA DHONDHEN
 TSERING YANGZOM
 8910 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442



Please review our overdraft service options at the end of this statement

We've included our overdraft services and fees that are available for your personal checking account(s) at the end of this statement. As a reminder, overdraft services are not available for Chase Secure CheckingSM or Chase First CheckingSM. Standard Overdraft Practice and Chase Debit Card CoverageSM are not available for Chase High School CheckingSM.

If you have questions, please visit chase.com/overdraft or call us at the number on this statement. We accept operator relay calls.

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	[REDACTED] 5870	\$134,269.54	\$137,609.84
Chase Savings	[REDACTED] 5130	18,444.27	18,444.43
Chase Savings	[REDACTED] 1706	13,629.97	13,630.09
Total		\$166,343.78	\$169,684.36
TOTAL ASSETS		\$166,343.78	\$169,684.36



October 27, 2023 through November 27, 2023

Primary Account: [REDACTED] 5870

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
TSERING YANGZOM

Account Number: [REDACTED] 5870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$134,269.54
Deposits and Additions	6,834.11
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-2,273.51
Electronic Withdrawals	-202.98
Fees	-3.00
Ending Balance	\$137,609.84

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
10/27	F O Refinishing Pay 903482 PPD ID: 9138864001	\$555.92
10/31	Fee Reversal	3.00
10/31	Uber USA 6787 EDI Paymnt Qj8Uvp5Fct4Kp2J CCD ID: 3320456349	614.90
11/01	Stripe Lyft 10-31 St-I3N6X3M0L6H2 CCD ID: 4270465600	254.77
11/03	F O Refinishing Pay 121331 PPD ID: 9138864001	555.92
11/07	Uber USA 6787 EDI Paymnt Eachbl2F0Ypwpat CCD ID: 3320456349	672.74
11/08	Stripe Lyft 11-07 St-M9P6N6X5K4K6 CCD ID: 4270465600	302.62
11/13	F O Refinishing Pay 259886 PPD ID: 9138864001	559.52
11/14	Uber USA 6787 EDI Paymnt Uuc92Aktiqyeaps CCD ID: 3320456349	774.62
11/15	Stripe Lyft 11-14 St-K5L4B5L4G2F8 CCD ID: 4270465600	197.78
11/21	Uber USA 6787 EDI Paymnt Hw5Ty9Yrw9Sefoa CCD ID: 3320456349	1,009.46
11/22	Stripe Lyft 11-21 St-O8E7R9L7F7P9 CCD ID: 4270465600	217.42
11/24	F O Refinishing Pay 551200 PPD ID: 9138864001	559.52
11/24	F O Refinishing Pay 551200 PPD ID: 9138864001	555.92
Total Deposits and Additions		\$6,834.11

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
192 ^		10/31	\$1,014.32
Total Checks Paid			\$1,014.32

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^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
10/30	ATM Cred Card Payment 10/30 3901 Main St Flushing NY Card 9520	\$429.30
11/07	ATM Cred Card Payment 11/07 3767 75th St Jackson Heigh NY Card 9520	1,844.21
Total ATM & Debit Card Withdrawals		\$2,273.51

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
10/30	Con Ed of NY Cecony 78222360006 CCD ID: 2462467002	\$42.04
11/01	National Grid NY Utilitypay 00747814247 Web ID: 9177976002	20.94
11/03	Transamerica Ins Inspayment PPD ID: 6366071399	140.00
Total Electronic Withdrawals		\$202.98

FEES

DATE	DESCRIPTION	AMOUNT
10/30	Non-Chase ATM Fee-Inq	\$3.00
Total Fees		\$3.00

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(Your total electronic deposits this period were \$7,408.39. Note: some deposits may be listed on your previous statement)
- OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account.
(Your lowest beginning day balance was \$133,432.98)
- OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.
(Your average beginning day balance of qualifying linked deposits and investments was \$167,043.70)





October 27, 2023 through November 27, 2023

Primary Account: [REDACTED] 5870

CHASE SAVINGS

LHAKPA DHONDHEN

Account Number: [REDACTED] 5130

TSERING YANGZOM

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$18,444.27
Deposits and Additions	0.16
Ending Balance	\$18,444.43
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.16
Interest Paid Year-to-Date	\$1.65

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$18,444.27
11/27	Interest Payment	0.16	18,444.43
	Ending Balance		\$18,444.43

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$18,444)

CHASE SAVINGS

TSERING YANGZOM

Account Number: [REDACTED] 1706

OR LHAKPA DHONDHEN

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$13,629.97
Deposits and Additions	0.12
Ending Balance	\$13,630.09
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.12
Interest Paid Year-to-Date	\$1.23

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$13,629.97
11/27	Interest Payment	0.12	13,630.09
	Ending Balance		\$13,630.09



October 27, 2023 through November 27, 2023

Primary Account: [REDACTED] 5870

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$13,629)

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JPMorgan Chase Bank, N.A. Member FDIC



Overdraft and Overdraft Fee Information for Your Chase Checking Account

What You Need to Know About Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. Whether your account has enough money to cover a transaction is determined during our nightly processing. During our nightly processing, we take your previous end of day's balance and post credits. If there are any deposits not yet available for use or holds (such as a garnishment), these will reduce the account balance used to pay your transactions. Then we subtract any debit transactions presented during our nightly processing. The available balance shown to you during the day may not be the same amount used to pay your transactions as some transactions may not be displayed to you before nightly processing.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize or pay any transactions presented for payment. If we do not authorize an overdraft, your transaction will be declined. If we do not pay an overdraft, your transaction will be returned. Additional information about overdrafts and your account features can be found in the Deposit Account Agreement.

We can cover your overdrafts in three different ways:

1. We have a Standard Overdraft Practice that comes with your account.
2. We offer Overdraft Protection through a link to a Chase savings account, which may be less expensive than our Standard Overdraft Practice. You can contact us to learn more.
3. We also offer Chase Debit Card CoverageSM, which allows you to choose how we treat your everyday debit card transactions (e.g. groceries, gasoline or dining out), in addition to our Standard Overdraft Practice.

This notice explains our Standard Overdraft Practice and Chase Debit Card Coverage.

- **What is the Standard Overdraft Practice that comes with my account?**
We do authorize and pay overdrafts for the following types of transactions:
 - Checks and other transactions made using your checking account number
 - Recurring debit card transactions (e.g. movie subscriptions or gym memberships)
- **What is Chase Debit Card Coverage?**
If you enroll in Chase Debit Card Coverage we may authorize and pay overdrafts for everyday debit card transactions (e.g. groceries, gasoline or dining out) in addition to our Standard Overdraft Practice.
- **What fees will I be charged if Chase pays my overdraft?**
If we authorize and pay an overdraft, we'll charge you a \$34 Overdraft Fee (may also be referred to as Insufficient Funds Fee) per transaction during our nightly processing beginning with the first transaction that overdraws your account balance by more than \$50 (maximum of 3 fees per business day, up to \$102).

We won't charge you an Overdraft Fee in the following circumstances:

- With Chase Overdraft AssistSM, we won't charge an Overdraft Fee if you're overdrawn by \$50 or less at the end of the business day OR if you're overdrawn by more than \$50 and you bring your account balance to overdrawn by \$50 or less at the end of the next business day (you have until 11 p.m ET (8 p.m PT) to make a deposit or transfer). Chase Overdraft Assist does not require enrollment and comes with eligible Chase checking accounts.
 - We won't charge an Overdraft Fee for transactions that are \$5 or less.
 - We won't charge an Overdraft Fee if your debit card transaction was authorized when there was a sufficient available balance in your account.
 - For Chase SapphireSM Checking and Chase Private Client CheckingSM accounts, there are no Overdraft Fees when item(s) are presented against an account with insufficient funds on the first four business days during the current and prior 12 statement periods. On a business day when we returned item(s), this counts toward the four business days when an Overdraft Fee will not be charged.
- **What if I want Chase to authorize and pay overdrafts on my everyday debit card transactions?**
If you or a joint account owner want Chase to authorize overdrafts on your everyday debit card transactions, please make your Chase Debit Card Coverage selection. You can change your Chase Debit Card Coverage selection at any time by signing in to chase.com or Chase Mobile[®] to update your account settings, calling us at 1-800-935-9935 (or at 1-713-262-1679 if outside the U.S.), or visiting a Chase branch. We accept operator relay calls.



JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218-2051

September 28, 2023 through October 26, 2023

Primary Account: [REDACTED] 5870

CUSTOMER SERVICE INFORMATION

Web site: Chase.com
 Service Center: 1-800-935-9935
 Para Espanol: 1-877-312-4273
 International Calls: 1-713-262-1679
 We accept operator relay calls

00020634 DRE 802 210 30023 NNNNNNNNNNN 1 000000000 38 0000

LHAKPA DHONDHEN
 TSERING YANGZOM
 8910 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442



CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Total Checking	[REDACTED] 5870	\$131,505.84	\$134,269.54
Chase Savings	[REDACTED] 5130	18,444.13	18,444.27
Chase Savings	[REDACTED] 1706	13,629.86	13,629.97
Total		\$163,579.83	\$166,343.78
TOTAL ASSETS		\$163,579.83	\$166,343.78

CHASE TOTAL CHECKING

LHAKPA DHONDHEN
 TSERING YANGZOM

Account Number: [REDACTED] 5870

CHECKING SUMMARY

	AMOUNT
Beginning Balance	\$131,505.84
Deposits and Additions	6,573.73
Checks Paid	-1,014.32
ATM & Debit Card Withdrawals	-2,591.74
Electronic Withdrawals	-203.97
Ending Balance	\$134,269.54

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
10/02	F O Refinishing Pay 300998 PPD ID: 9138864001	\$555.92
10/03	Uber USA 6787 EDI Paymnt 7Ti1Dm6Meanb0Q8 CCD ID: 3320456349	260.90
10/04	Deposit 7920042611	800.00
10/04	Stripe Lyft 10-03 St-O4S5T0A6X5Z3 CCD ID: 4270465600	929.40



September 28, 2023 through October 26, 2023

Primary Account: [REDACTED] 5870

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
10/06	F O Refinishing Pay 436115 PPD ID: 9138864001	555.92
10/11	Stripe Lyft 10-10 St-L8K9D5U0N111 CCD ID: 4270465600	796.34
10/11	Uber USA 6787 EDI Paymnt Zdxw8Mttta5007Ge CCD ID: 3320456349	261.08
10/17	F O Refinishing Pay 669827 PPD ID: 9138864001	559.52
10/17	Uber USA 6787 EDI Paymnt 0Mk92C5G196U59N CCD ID: 3320456349	501.07
10/18	Stripe Lyft 10-17 St-R6N1X5F9Z9V5 CCD ID: 4270465600	220.38
10/23	F O Refinishing Pay 790594 PPD ID: 9138864001	555.92
10/24	Uber USA 6787 EDI Paymnt 6Ja2Olu08Mq8Nfp CCD ID: 3320456349	176.60
10/25	Stripe Lyft 10-24 St-T1X1O9B1W5F3 CCD ID: 4270465600	400.68
Total Deposits and Additions		\$6,573.73

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
190 ^		10/05	\$1,014.32
Total Checks Paid			\$1,014.32

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
10/03	ATM Cred Card Payment 10/03 3767 75th St Jackson Heigh NY Card 9520	\$830.33
10/10	ATM Cred Card Payment 10/09 8921 Queens Blvd Elmhurst NY Card 9520	1,371.41
10/11	Recurring Card Purchase 10/11 Fast Track Mobility Httpswww.Fast NY Card 9520	390.00
Total ATM & Debit Card Withdrawals		\$2,591.74

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
10/03	Con Ed of NY XXXXXXXXXX PPD ID: 2462467002	\$41.98
10/04	Transamerica Ins Inspayment PPD ID: 6366071399	140.00
10/10	National Grid NY Utilitypay 00747814247 Web ID: 9177976002	21.99
Total Electronic Withdrawals		\$203.97

A Monthly Service Fee was not charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- Have electronic deposits made into this account totaling \$500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network. (Your total electronic deposits this period were \$6,992.53. Note: some deposits may be listed on your previous statement)
- OR, keep a balance at the beginning of each day of \$1,500.00 or more in this account. (Your lowest beginning day balance was \$131,187.95)
- OR, keep an average beginning day balance of \$5,000.00 or more in qualifying linked deposits and investments.



September 28, 2023 through October 26, 2023

Primary Account: [REDACTED] 5870

(Your average beginning day balance of qualifying linked deposits and investments was \$164,459.52)



CHASE SAVINGS

LHAKPA DHONDHEN
TSERING YANGZOM

Account Number: [REDACTED] 5130

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$18,444.13
Deposits and Additions	0.14
Ending Balance	\$18,444.27
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.14
Interest Paid Year-to-Date	\$1.49

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$18,444.13
10/26	Interest Payment	0.14	18,444.27
	Ending Balance		\$18,444.27

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more.
(Your minimum daily balance was \$18,444)

CHASE SAVINGS

TSERING YANGZOM
OR LHAKPA DHONDHEN

Account Number: [REDACTED] 1706

SAVINGS SUMMARY

	AMOUNT
Beginning Balance	\$13,629.86
Deposits and Additions	0.11
Ending Balance	\$13,629.97
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.11
Interest Paid Year-to-Date	\$1.11



September 28, 2023 through October 26, 2023

Primary Account: ██████████5870

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$13,629.86
10/26	Interest Payment	0.11	13,629.97
	Ending Balance		\$13,629.97

A monthly Service Fee was not charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$13,629)

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

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

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

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

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

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

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

JPMorgan Chase Bank, N.A. Member FDIC

Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

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CITIBANK, N. A.
Account
[REDACTED] 5328

TSERING YANGZOM
8910 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442

Statement Period
Apr 10 - May 9, 2024

Page 1 of 4

CITIBANK ACCOUNT PACKAGE AS OF MAY 9, 2024

Relationship Summary:

Checking	\$191,584.27
Savings	\$500.68
Investments (not FDIC Insured)	----
Loans	----

	Balance
Checking	
Interest Checking	\$191,584.27
Savings	
Citi® Savings	\$500.68
Total Checking and Savings at Citibank	\$192,084.95

SUGGESTIONS AND RECOMMENDATIONS

As previously communicated, at least one owner of an account on this statement will convert to simplified banking on 06/23/24. If you have not yet converted, learn more about how simplified banking will impact you and your accounts by viewing your simplified banking snapshot and early access at citi.com/earlyaccess. For any questions, please contact us at 888-248-4226 or visit your local branch. For TTY: We accept 711 or other Relay Service.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range
Monthly Service Fee	\$100,000-\$249,999 None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

Citibank Client Services 000
PO Box 6201
Sioux Falls, SD 57117-6201

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CITIBANK, N. A.
Account
[REDACTED] 5328

TSERING YANGZOM
8910 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442

Statement Period
Mar 11 - Apr 9, 2024

Page 1 of 4

CITIBANK ACCOUNT PACKAGE AS OF APRIL 9, 2024

Relationship Summary:

Checking	\$222,672.88
Savings	\$500.67
Investments (not FDIC Insured)	----
Loans	----

As of August 19, 2023, the \$10.00 fee for Bond Coupon Redemption and \$25.00 fee for Consular/Verification Letters will no longer be charged for all account packages.

Checking	Balance
Interest Checking	\$222,672.88
Savings	Balance
Citi® Savings	\$500.67
Total Checking and Savings at Citibank	\$223,173.55

4-2-24 amendments to your applicable customer agreement include updates to interest rate exceptions & the promotional rate feature for new Citi Savings accounts. Please visit www.citi.com/accountagreementsandnotices for more information.

SUGGESTIONS AND RECOMMENDATIONS

As previously communicated, at least one owner of an account on this statement will convert to simplified banking on 06/23/24. If you have not yet converted, learn more about how simplified banking will impact you and your accounts by viewing your simplified banking snapshot and early access at citi.com/earlyaccess. For any questions, please contact us at 888-248-4226 or visit your local branch. For TTY: We accept 711 or other Relay Service.

LHAKPA DHONDHEN
 89-10 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442

BASIC BANKING PACKAGE AS OF OCTOBER 17, 2023

Relationship Summary:

Checking	\$44,981.12
Savings	\$15,765.01
Investments (not FDIC Insured)	-----
Loans	\$0.00

Fraudsters are increasingly targeting mailed checks to alter the dollar amount and payee information. Follow this link for recommendations to better protect your funds:
www.online.citi.com/JRS/popups/CheckWashing.pdf

Checking		Balance		
Regular Checking				\$44,981.12
Savings		Balance		
Citibank® Savings Plus				\$15,765.01
Total Checking and Savings at Citibank				\$60,746.13
Loans		Credit Line	Amount Available	Amount You Owe
Checking Plus Line of Credit	[REDACTED] 1473	\$1,000.00	\$1,000.00	\$0.00

Citi is providing you with an important notice describing changes in terms to your account(s) associated with Citi's introduction of simplified banking. If you are a paperless client, you may review this notice online by visiting www.citi.com/accountagreementsandnotices and clicking on Simplified Banking Consumer Deposit Account Agreements, Simplified Banking Fact Sheet, and Notices, to view the notice.

BASIC BANKING PACKAGE FEES

Regular Checking Fees		Your Fees this Statement Period
Monthly Service Fee*	\$12.00	Waived due to deposit balances
Fee for non-Citibank ATM transaction	\$2.50	None

*To waive the monthly service fee, make one qualifying direct deposit and one qualifying bill payment during the statement period, or maintain \$1,500+ in qualifying linked deposit accounts for the previous calendar month. Qualifying bill payments are those made using Citibank Online, Citi Mobile or Citiphone Banking.

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

[REDACTED] 1473 Beginning Balance: \$45,453.02
Ending Balance: \$44,981.12

Date	Description	Amount Subtracted	Amount Added	Balance
09/27	Cash Withdrawal 05:39p #8663 <small>Citibank ATM 38-11/17 MAINST, QUEENS, NY</small>	50.00		45,403.02
10/11	Cash Withdrawal 10/11 04:20p #8663 Teller	421.90		44,981.12
	Total Subtracted/Added	471.90	0.00	

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

Overdraft Protection		
As of	Source of Coverage	Amount
10/17	Checking Plus Line of Credit	\$1,000

Safety Check transfers: No more than \$99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citibank® Savings Plus

[REDACTED] 1481 Beginning Balance: \$15,764.62
Ending Balance: \$15,765.01

Date	Description	Amount Subtracted	Amount Added	Balance
10/17	Interest paid for 30 days, Annual Percentage Yield Earned 0.03%		0.39	15,765.01

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

[REDACTED] 1473	Credit Line:	\$1,000.00
	Available Credit:	\$1,000.00
	Previous Balance:	\$0.00
	New Balance:	\$0.00

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Checking Plus Line of Credit
Savings / Money Market

FOR BILLING INQUIRIES:

CREDIT BUREAU DISPUTES:

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

For Billing Inquiries calling
or e-mailing will not preserve
your rights.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

Citibank
PO Box 769004
San Antonio, TX 78245-9004

Citibank
PO Box 6181
Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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

CHECKING PLUS DISCLOSURES**Checking Plus Line of Credit - Fixed Rate and Variable Rate**

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

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

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

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Line of Credit (other than Checking Plus), Loans and Mortgages: Information about these products on this statement is a summary as of your last individual product statement(s). You will continue to receive your regular monthly statement(s).

Billing Rights Summary - What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus). In your letter, give us the following information:

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

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

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

Citibank is an Equal Housing Lender.



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LHAKPA DHONDHEN
 89-10 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442

Statement Period
 Oct 18 - Nov 19, 2023

BASIC BANKING PACKAGE AS OF NOVEMBER 19, 2023

Relationship Summary:

Checking	\$44,230.00
Savings	\$15,765.44
Investments (not FDIC Insured)	----
Loans	\$0.00

The consumer Privacy Notice is now available. To view it online, visit www.citi.com/accountagreementsandnotices and click on "Privacy Notice" under "Banking Package Client Manual - Consumer Accounts & Marketplace Addendums, Fact Sheets, and Notices".

Checking		Balance		
Regular Checking				\$44,230.00
Savings		Balance		
Citibank® Savings Plus				\$15,765.44
Total Checking and Savings at Citibank				\$59,995.44
Loans		Credit Line	Amount Available	Amount You Owe
Checking Plus Line of Credit	[REDACTED] 1473	\$1,000.00	\$1,000.00	\$0.00

Citi's general policy is to make funds available from your check deposits no later than the next business day after the business day of deposit. Should we apply longer delays in accordance with our standard schedule, the following enhancements are effective October 21, 2023: the first \$225 of our total check deposits on a business day will be available next business day; amounts of \$5,525 or less will be available on the second business day; and amounts above \$5,525 available on the third business day.

SUGGESTIONS AND RECOMMENDATIONS

The September 7, 2023 Edition of the Client Manual - Consumer Accounts and Marketplace Addendum can be viewed at www.citi.com/accountagreementsandnotices by clicking on Client Manual - Consumer Accounts and Marketplace Addendum (CMMMA) under the Banking Package Client Manual - Consumer Accounts & Marketplace Addendums, Fact Sheets, and Notices section. Please refer to Appendix 1 for the Introduction to Simplified Banking and the section "Account Statements and Notices, Periodic Statements" for updates.

BASIC BANKING PACKAGE FEES

Regular Checking Fees		Your Fees this Statement Period
Monthly Service Fee*	\$12.00	Waived due to deposit balances
Fee for non-Citibank ATM transaction	\$2.50	None

*To waive the monthly service fee, make one qualifying direct deposit and one qualifying bill payment during the statement period, or maintain \$1,500+ in qualifying linked deposit accounts for the previous calendar month. Qualifying bill payments are those made using Citibank Online, Citi Mobile or Citiphone Banking.

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

████████ 1473 **Beginning Balance:** \$44,981.12
Ending Balance: \$44,230.00

Date	Description	Amount Subtracted	Amount Added	Balance
11/07	Cash Withdrawal 11/07 01:07p #8663 Teller	751.12		44,230.00

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

Overdraft Protection		
As of	Source of Coverage	Amount
11/19	Checking Plus Line of Credit	\$1,000

Safety Check transfers: No more than \$99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citibank® Savings Plus

████████ 1481 **Beginning Balance:** \$15,765.01
Ending Balance: \$15,765.44

Date	Description	Amount Subtracted	Amount Added	Balance
11/17	Interest paid for 33 days, Annual Percentage Yield Earned 0.03%		0.43	15,765.44

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

[REDACTED] 1473	Credit Line:	\$1,000.00
	Available Credit:	\$1,000.00
	Previous Balance:	\$0.00
	New Balance:	\$0.00

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Checking Plus Line of Credit
Savings / Money Market

FOR BILLING INQUIRIES:

CREDIT BUREAU DISPUTES:

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

For Billing Inquiries calling
or e-mailing will not preserve
your rights.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

Citibank
PO Box 769004
San Antonio, TX 78245-9004

Citibank
PO Box 6181
Sioux Falls, SD 57117-6181

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Important Disclosures

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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.

CHECKING PLUS DISCLOSURES**Checking Plus Line of Credit - Fixed Rate and Variable Rate**

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

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

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

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Line of Credit (other than Checking Plus), Loans and Mortgages: Information about these products on this statement is a summary as of your last individual product statement(s). You will continue to receive your regular monthly statement(s).

Billing Rights Summary - What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus). In your letter, give us the following information:

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

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

Citibank is an Equal Housing Lender.



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Citibank Client Services: 000
PO Box 6201
Sioux Falls, SD 57117-6201

010R1/04F000

000
CITIBANK, N. A.
Account
[REDACTED] 1473

Statement Period
Nov 20 - Dec 17, 2023

LHAKPA DHONDHEN
89-10 WHITNEY AVE APT 1K
ELMHURST NY 11373-3442

Page 1 of 6

BASIC BANKING PACKAGE AS OF DECEMBER 17, 2023

Relationship Summary:

Checking	\$44,039.89
Savings	\$15,765.80
Investments (not FDIC Insured)	
Loans	\$0.00

	Balance		
Checking			
Regular Checking	\$44,039.89		
Savings	Balance		
Citibank® Savings Plus	\$15,765.80		
Total Checking and Savings at Citibank	\$59,805.69		
Loans	Credit Line	Amount Available	Amount You Owe
Checking Plus Line of Credit [REDACTED] 1473	\$1,000.00	\$1,000.00	\$0.00

When converting to simplified banking, you'll receive a statement covering the end of your last statement through the day before conversion (Short Statement). Any final banking package Monthly Service Fees (MSFs) will be assessed on your 1st day in simplified banking. Before initiating Early Access, consider your eligibility for a waiver of banking package MSFs based on the package, balances or transactions that'll be reflected on your Short Statement. Simplified banking MSFs will be waived in the month you convert and the next 3 months.

SUGGESTIONS AND RECOMMENDATIONS

11/28/2023 amendments to your applicable customer agreement include exception pricing, certificates of deposit, and discontinuation of Clerical Research, Cancelled Check, Interim Statement and certain copy fees. Please review www.citi.com/accountagreementsandnotices.

BASIC BANKING PACKAGE FEES

Regular Checking Fees		Your Fees this Statement Period
Monthly Service Fee*	\$12.00	Waived due to deposit balances
Fee for non-Citibank ATM transaction	\$2.50	None

*To waive the monthly service fee, make one qualifying direct deposit and one qualifying bill payment during the statement period, or maintain \$1,500+ in qualifying linked deposit accounts for the previous calendar month. Qualifying bill payments are those made using Citibank Online, Citi Mobile or Citiphone Banking.

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CHECKING ACTIVITY

Regular Checking

[REDACTED] 1473 **Beginning Balance:** \$44,230.00
Ending Balance: \$44,039.89

Date	Description	Amount Subtracted	Amount Added	Balance
12/11	Cash Withdrawal 12/11 10:27a #8663 Teller	190.11		44,039.89

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

Overdraft Protection		
As of	Source of Coverage	Amount
12/17	Checking Plus Line of Credit	\$1,000

Safety Check transfers: No more than \$99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citibank® Savings Plus

[REDACTED] 1481 **Beginning Balance:** \$15,765.44
Ending Balance: \$15,765.80

Date	Description	Amount Subtracted	Amount Added	Balance
12/15	Interest paid for 28 days, Annual Percentage Yield Earned 0.03%		0.36	15,765.80

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

[REDACTED] 1473	Credit Line:	\$1,000.00
	Available Credit:	\$1,000.00
	Previous Balance:	\$0.00
	New Balance:	\$0.00

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Checking Plus Line of Credit
Savings / Money Market

FOR BILLING INQUIRIES:

CREDIT BUREAU DISPUTES:

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

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or e-mailing will not preserve
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Citibank
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San Antonio, TX 78245-9004

Citibank
PO Box 6181
Sioux Falls, SD 57117-6181

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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:**

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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.

CHECKING PLUS DISCLOSURES**Checking Plus Line of Credit - Fixed Rate and Variable Rate**

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

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

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

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Line of Credit (other than Checking Plus), Loans and Mortgages: Information about these products on this statement is a summary as of your last individual product statement(s). You will continue to receive your regular monthly statement(s).

Billing Rights Summary - What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus). In your letter, give us the following information:

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- *Dollar amount:* The dollar amount of the suspected error.
- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

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

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LHAKPA DHONDHEN
 89-10 WHITNEY AVE APT 1K
 ELMHURST NY 11373-3442

Statement Period
 Dec 18 - Jan 17, 2024

BASIC BANKING PACKAGE AS OF JANUARY 17, 2024

Relationship Summary:

Checking	\$43,504.97
Savings	\$15,766.20
Investments (not FDIC Insured)	
Loans	\$0.00

		Balance	
Checking			
Regular Checking		\$43,504.97	
Savings		Balance	
Citibank® Savings Plus		\$15,766.20	
Total Checking and Savings at Citibank		\$59,271.17	
Loans	Credit Line	Amount Available	Amount You Owe
Checking Plus Line of Credit [REDACTED] 1473	\$1,000.00	\$1,000.00	\$0.00

BASIC BANKING PACKAGE FEES

Regular Checking Fees		Your Fees this Statement Period
Monthly Service Fee*	\$12.00	Waived due to deposit balances
Fee for non-Citibank ATM transaction	\$2.50	None

*To waive the monthly service fee, make one qualifying direct deposit and one qualifying bill payment during the statement period, or maintain \$1,500+ in qualifying linked deposit accounts for the previous calendar month. Qualifying bill payments are those made using Citibank Online, Citi Mobile or Citiphone Banking.

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking			
[REDACTED] 1473	Beginning Balance:		\$44,039.89
	Ending Balance:		\$43,504.97

CHECKING ACTIVITY				Continued
Date	Description	Amount Subtracted	Amount Added	Balance
01/09	Cash Withdrawal 01/09 01:47p #8663 Teller	534.92		43,504.97
<i>All transaction times and dates reflected are based on Eastern Time.</i>				
Overdraft Protection				
	As of	Source of Coverage	Amount	
	01/17	Checking Plus Line of Credit	\$1,000	
<i>Safety Check transfers: No more than \$99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.</i>				

SAVINGS ACTIVITY				
Citibank® Savings Plus				
[REDACTED] 1481		Beginning Balance:	\$15,765.80	
		Ending Balance:	\$15,766.20	
Date	Description	Amount Subtracted	Amount Added	Balance
01/17	Interest paid for 31 days, Annual Percentage Yield Earned 0.03%		0.40	15,766.20

CHECKING PLUS LINE OF CREDIT		
Checking Plus Line of Credit		
[REDACTED] 1473	Credit Line:	\$1,000.00
	Available Credit:	\$1,000.00
	Previous Balance:	\$0.00
	New Balance:	\$0.00
Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.		

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Checking Plus Line of Credit
Savings / Money Market

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CREDIT BUREAU DISPUTES:

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Citibank
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CHECKING PLUS DISCLOSURES**Checking Plus Line of Credit - Fixed Rate and Variable Rate**

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

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

Citibank is an Equal Housing Lender.



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 ELMHURST NY 11373-3442

Statement Period
 Jan 18 - Feb 19, 2024

BASIC BANKING PACKAGE AS OF FEBRUARY 19, 2024

Relationship Summary:

Checking	\$43,510.27
Savings	\$15,766.63
Investments (not FDIC Insured)	
Loans	\$0.00

Checking	Balance		
Regular Checking	\$43,510.27		
Savings	Balance		
Citibank® Savings Plus	\$15,766.63		
Total Checking and Savings at Citibank	\$59,276.90		
Loans	Credit Line	Amount Available	Amount You Owe
Checking Plus Line of Credit [REDACTED] 1473	\$1,000.00	\$1,000.00	\$0.00

Your obligations under this Agreement apply to your account even after the account is closed. You shouldn't close your account until all transactions and fees have been paid. Account closures occur at the end of Business Day. We may delay closing your account if your account does not have a zero balance, has one or more pending transactions, pending interest, an overdrawn balance, hold(s), recent deposit(s) with delayed funds availability, or other restrictions. Certain accounts may require additional processing.

BASIC BANKING PACKAGE FEES

Regular Checking Fees		Your Fees this Statement Period
Monthly Service Fee*	\$12.00	Waived due to deposit balances
Fee for non-Citibank ATM transaction	\$2.50	None

*To waive the monthly service fee, make one qualifying direct deposit and one qualifying bill payment during the statement period, or maintain \$1,500+ in qualifying linked deposit accounts for the previous calendar month. Qualifying bill payments are those made using Citibank Online, Citi Mobile or Citiphone Banking.

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY

Regular Checking

[REDACTED] 1473 **Beginning Balance:** \$43,504.97
Ending Balance: \$43,510.27

Date	Description	Amount Subtracted	Amount Added	Balance
02/12	Deposit 02:27p #8663 Teller		550.00	
02/12	Cash Withdrawal 02/12 02:27p #8663 Teller	544.70		43,510.27
	Total Subtracted/Added	544.70	550.00	

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

Overdraft Protection		
As of	Source of Coverage	Amount
02/19	Checking Plus Line of Credit	\$1,000

Safety Check transfers: No more than \$99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.

SAVINGS ACTIVITY

Citibank® Savings Plus

[REDACTED] 1481 **Beginning Balance:** \$15,766.20
Ending Balance: \$15,766.63

Date	Description	Amount Subtracted	Amount Added	Balance
02/16	Interest paid for 33 days, Annual Percentage Yield Earned 0.03%		0.43	15,766.63

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

[REDACTED] 1473	Credit Line:	\$1,000.00
	Available Credit:	\$1,000.00
	Previous Balance:	\$0.00
	New Balance:	\$0.00

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Checking Plus Line of Credit
Savings / Money Market

FOR BILLING INQUIRIES:

CREDIT BUREAU DISPUTES:

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

For Billing Inquiries calling
or e-mailing will not preserve
your rights.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

Citibank
PO Box 769004
San Antonio, TX 78245-9004

Citibank
PO Box 6181
Sioux Falls, SD 57117-6181

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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

CHECKING PLUS DISCLOSURES**Checking Plus Line of Credit - Fixed Rate and Variable Rate**

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

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

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

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Line of Credit (other than Checking Plus), Loans and Mortgages: Information about these products on this statement is a summary as of your last individual product statement(s). You will continue to receive your regular monthly statement(s).

Billing Rights Summary - What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus). In your letter, give us the following information:

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

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

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

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 ELMHURST NY 11373-3442

Statement Period
 Feb 20 - Mar 17, 2024

BASIC BANKING PACKAGE AS OF MARCH 17, 2024

Relationship Summary:

Checking	\$43,152.74
Savings	\$15,766.98
Investments (not FDIC Insured)	----
Loans	\$0.00

Effective March 1, 2024, the \$6.00 fee for Expedited Domestic Delivery of Replacement Debit Cards is waived for all other account packages. As of February 26, 2022, the \$7.00 fee for Pin Mailer International Expedite and \$17.50 fee for Pin Mailer International Expedited was waived for all other account packages. All of these fees can be found within the "Other Fees and Charges for All Accounts" table of the Marketplace Addendum.

		Balance
Checking		
Regular Checking		\$43,152.74
Savings		Balance
Citibank® Savings Plus		\$15,766.98
Total Checking and Savings at Citibank		\$58,919.72
Loans		
	Credit Line	Amount Available
Checking Plus Line of Credit [REDACTED] 1473	\$1,000.00	\$1,000.00
		Amount You Owe
		\$0.00

BASIC BANKING PACKAGE FEES

Regular Checking Fees		Your Fees this Statement Period
Monthly Service Fee*	\$12.00	Waived due to deposit balances
Fee for non-Citibank ATM transaction	\$2.50	None

*To waive the monthly service fee, make one qualifying direct deposit and one qualifying bill payment during the statement period, or maintain \$1,500+ in qualifying linked deposit accounts for the previous calendar month. Qualifying bill payments are those made using Citibank Online, Citi Mobile or Citiphone Banking.

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY				
Regular Checking				
[REDACTED] 1473		Beginning Balance:	\$43,510.27	
		Ending Balance:	\$43,152.74	
Date	Description	Amount Subtracted	Amount Added	Balance
03/12	Cash Withdrawal 03/12 02:51p #8663 Teller	357.53		43,152.74
<i>All transaction times and dates reflected are based on Eastern Time.</i>				
Overdraft Protection				
As of	Source of Coverage	Amount		
03/17	Checking Plus Line of Credit	\$1,000		
<i>Safety Check transfers: No more than \$99,999.99 per statement period will be transferred from your Contributing Account to cover overdraft amounts or use of uncollected funds in your checking account.</i>				

SAVINGS ACTIVITY				
Citibank® Savings Plus				
[REDACTED] 1481		Beginning Balance:	\$15,766.63	
		Ending Balance:	\$15,766.98	
Date	Description	Amount Subtracted	Amount Added	Balance
03/15	Interest paid for 27 days, Annual Percentage Yield Earned 0.03%		0.35	15,766.98

CHECKING PLUS LINE OF CREDIT

Checking Plus Line of Credit

[REDACTED] 1473	Credit Line:	\$1,000.00
	Available Credit:	\$1,000.00
	Previous Balance:	\$0.00
	New Balance:	\$0.00

Your statement continues in the "Checking Plus" section of the "Important Disclosures" page of this statement.

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Checking Plus Line of Credit
Savings / Money Market

FOR BILLING INQUIRIES:

CREDIT BUREAU DISPUTES:

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

For Billing Inquiries calling
or e-mailing will not preserve
your rights.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

Citibank
PO Box 769004
San Antonio, TX 78245-9004

Citibank
PO Box 6181
Sioux Falls, SD 57117-6181

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Important Disclosures

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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:**

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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.

CHECKING PLUS DISCLOSURES**Checking Plus Line of Credit - Fixed Rate and Variable Rate**

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

Interest Charge: The Interest Charge is computed by applying the Daily Periodic Rate to the "daily balance" of your account for each day in the statement period. To get the "daily balance" we take the beginning balance each day, add any new advances and adjustments, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance. You may verify the amount of the Interest Charge by (1) multiplying each of the average daily balances by the number of days this rate was in effect, and then (2) multiplying each of the results by the applicable Daily Periodic Rate, and (3) adding these products together. (All of these numbers can be found in the table called "Interest Charge Calculation". Each average daily balance is disclosed as Balance Subject to Interest Rate. The daily periodic rate is the Annual Percentage Rate divided by 365, except in leap years when it will be divided by 366.) For Checking Plus (variable rate), the Daily Periodic Rate and the corresponding Annual Percentage Rate may vary.

Interest Charges are assessed on loans as of the day we pay your check or otherwise make funds available to you from your account. The total Interest Charges paid during the year will be shown on your statement. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Other Information

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

Request for Credit Balance Refunds: If your statement shows a credit balance it means your loan payments have exceeded the total amount you owe. You may request a full refund of the credit balance by writing to us at the address shown in the Customer Service Information section on your statement.

Line of Credit (other than Checking Plus), Loans and Mortgages: Information about these products on this statement is a summary as of your last individual product statement(s). You will continue to receive your regular monthly statement(s).

Billing Rights Summary - What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at the address shown in the Customer Service information section on your statement (Attn: Checking Plus). In your letter, give us the following information:

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- *Description of the Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

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

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8910 WHITNEY AVE APT 1K 11373-3442
ELMHURST NY

Statement Period
May 10 - May 31, 2024

CITIBANK ACCOUNT PACKAGE AS OF MAY 31, 2024

Relationship Summary:

Checking	\$194,495.15
Savings	\$500.69
Investments (not FDIC Insured)	-----
Loans	-----

Effective May 7, 2024, the Certificate of Deposit (CD) terms within your corresponding agreement are updated to reiterate that you agree to leave your funds in the CD account for the first six days after account opening or renewal. Please refer to your corresponding agreement for more information.

	Balance
Checking	
Interest Checking	\$194,495.15
Savings	
Citi® Savings	\$500.69
Total Checking and Savings at Citibank	\$194,995.84

SUGGESTIONS AND RECOMMENDATIONS

Your next Account Statement will be a simplified banking statement because at least one owner of an account on this statement has converted to simplified banking. Please keep this last package-based Account Statement for your records. If you have not yet converted, learn more about how simplified banking will impact you and your accounts by viewing your simplified banking snapshot and early access at citi.com/earlyaccess. For any questions, please contact us at 888-248-4226 or visit your local branch. For TTY: We accept 711 or other Relay Service.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range \$100,000-\$249,999
Monthly Service Fee	None

CITIBANK ACCOUNT PACKAGE FEES	Continued
<p>All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).</p> <p>Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.</p>	

CHECKING ACTIVITY				
Interest Checking				
6797425328				
Beginning Balance:				\$191,584.27
Ending Balance:				\$194,495.15
Date	Description	Amount Subtracted	Amount Added	Balance
05/10	ACH Electronic Credit NYC HHC DIR DEP		1,454.88	193,039.15
05/24	ACH Electronic Credit NYC HHC DIR DEP		1,454.89	194,494.04
05/31	Interest paid for 22 days, Annual Percentage Yield Earned 0.01%		1.11	
05/31	Product Conversion: from Int Checking to Reg Checking			194,495.15
Total Subtracted/Added		0.00	2,910.88	

SAVINGS ACTIVITY				
Citi® Savings				
6797425336				
Beginning Balance:				\$500.68
Ending Balance:				\$500.69
Date	Description	Amount Subtracted	Amount Added	Balance
05/31	Interest paid for 22 days, Annual Percentage Yield Earned 0.03%		0.01	500.69

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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

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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.

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ELMHURST NY

Statement Period
Apr 10 - May 9, 2024

CITIBANK ACCOUNT PACKAGE AS OF MAY 9, 2024

Relationship Summary:

Checking	\$191,584.27
Savings	\$500.68
Investments (not FDIC Insured)	-----
Loans	-----

Checking	Balance
Interest Checking	\$191,584.27
Savings	Balance
Citi@ Savings	\$500.68
Total Checking and Savings at Citibank	\$192,084.95

SUGGESTIONS AND RECOMMENDATIONS

As previously communicated, at least one owner of an account on this statement will convert to simplified banking on 06/23/24. If you have not yet converted, learn more about how simplified banking will impact you and your accounts by viewing your simplified banking snapshot and early access at citi.com/earlyaccess. For any questions, please contact us at 888-248-4226 or visit your local branch. For TTY: We accept 711 or other Relay Service.

CITIBANK ACCOUNT PACKAGE FEES

When determining your fees for this statement period, Citibank considered your combined average monthly balances during the prior month in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

*The Monthly Service Fee and non-Citibank ATM fees are waived with \$10,000 or more in combined average monthly balances from deposits, retirement accounts, and investments.

Fees*	Your Combined Balance Range
Monthly Service Fee	\$100,000-\$249,999 None

All fees assessed in this statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank monthly statement (to the account that is currently debited for your monthly service fee).

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

CHECKING ACTIVITY				
Interest Checking				
6797425328		Beginning Balance:		\$222,672.88
		Ending Balance:		\$191,584.27
Date	Description	Amount Subtracted	Amount Added	Balance
04/12	ACH Electronic Credit NYCHHC DIR DEP		1,454.89	224,127.77
04/15	Check # 152	34,000.00		190,127.77
04/26	ACH Electronic Credit NYCHHC DIR DEP		1,454.89	191,582.66
05/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.01%		1.61	191,584.27
Total Subtracted/Added		34,000.00	2,911.39	
<i>All transaction times and dates reflected are based on Eastern Time.</i>				

SAVINGS ACTIVITY				
Citi® Savings				
6797425336		Beginning Balance:		\$500.67
		Ending Balance:		\$500.68
Date	Description	Amount Subtracted	Amount Added	Balance
05/09	Interest paid for 30 days, Annual Percentage Yield Earned 0.02%		0.01	500.68

CUSTOMER SERVICE INFORMATION

IF YOU HAVE QUESTIONS ON:

Checking
Savings / Money Market

YOU CAN CALL:

888-248-4226
For TTY: We accept 711 or
other Relay Service.

YOU CAN WRITE:

Citibank Client Services
100 Citibank Drive
San Antonio, TX 78245-9966

If you have questions about marketing communications, please visit www.citi.com/offersforyou or call 1-888-248-4226 (TTY: We accept 711 or other Relay Service).

Important Disclosures

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



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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.

13. Homeowners Insurance



GOOSEHEAD INSURANCE AGENCY LLC
1500 SOLANA BLVD
BLDG 4, STE 4500
WESTLAKE, TX 76262
(800) 474-1377

Tsering Yangzom
89-10 Whitney Ave Unit 1K
Queens, NY 11373

Underwritten by:
ASI Select Insurance Corp
03/29/2024

Agent ID: 492077
GOOSEHEAD INSURANCE AGENCY LLC
(800) 474-1377

INSURED PROPERTY LOCATION

3344 91ST ST APT 1V JACKSON HEIGHTS, NY 11372-1737

Application Date: 03/29/2024 10:46:35AM

Quote Number: Q131683646

Policy Period: 04/13/2024 - 04/13/2025

1-866-274-5677

To report a claim

Condominium Insurance Quote (HO6)

Thank you for contacting me about your insurance needs. I am pleased to provide you with a quote from Progressive, a company that offers financial stability, competitive rates and catastrophe-tested claims service.

ASI gives unlimited access to your policy information through www.progressive.com/manage-policy. Claims service is available 24 hours a day, 7 days a week.

Quote for 12 month policy period

Total policy premium

\$452.00

This amount reflects a paid in full discount. If you would like to choose a payment plan, please contact your agent. However, your overall premium may increase and you may be subject to additional pay plan fees.

To purchase this policy

Your rate is based on the information you provided. Please review your quote for accuracy; incomplete or inaccurate information could affect your rate. If you would like to purchase this policy or discuss coverage, please call me at (800) 474-1377. Thank you again for the opportunity to work with you.

No coverage is in effect at this time. All policies are subject to underwriting & eligibility guidelines in effect at the time of application. The final premium may differ from that shown above as a result of your credit-based insurance score and other factors obtained in the application.

PO Box 33018
St. Petersburg, FL 33733-8018
www.progressive.com/manage-policy

ORDER POINT OF SALE



CLUE for Property*
Ordered

Policy Notes

Household
Member Details

POS Alerts

Property Claims
Returned with
CLUE

Important Policy Notes

⚠ Note: If the consumer's insurance score resulted in a No Hit due to no social security numbr required to provide a SS# the next time you open this quote.

- Both the claims history of the named insured (Subject) and insured location (Risk) are evalu underwriting process.
- No coverage is in effect at this time. All policies are subject to underwriting & eligibility guid application. The final premium may differ from that shown above as a result of your credit-b

Household Member Details

Tsering Yangzom
1 of 2

Lhakpa Dhondhen
2 of 2

Social Security
Number:

XXX-XX-XXXX

XXX-XX-XXXX

Property
Co-Applicant:*



No

Yes

Point of Sale Alerts

None found

Property Claims Returned with CLUE

Condo Information

DOL

OCCURRENCE

PERIL

AMOUNT

No activity found

14. Source of Funds

33-44 91st Unit 1V
Jackson Heights, NY 11372
April 2nd, 2024

Dear Board Members,

I am writing this letter to you to confirm that the source of funds for said purchase of 33-44 91st street Unit 1V will come from our savings from over the years from working our jobs. As a prospective buyer, I understand the importance of providing comprehensive documentation to facilitate the approval process.

My name is Lhakpa Dhondhen, and my wife's name is Tsering Yangzom. We both are currently employed full time and receiving a salary. I currently work in refinishing company and drive uber and lyft on the side. I get paid weekly. My wife is currently working in Elmhurst Hospital and gets paid biweekly.

In addition, I have been in the US for 22 years and my wife has been here for 11 years. We are using money saved from years of hard work to purchase 1V all cash. No cash from gifts is being used to purchase this coop.

The two bank accounts that we are going to use are a joint account from chase bank with the last four digits of said account is: 5870 and we will also use my wife's account from citi bank where the last four digits of said account end in: 5328

Should you require additional information or documentation please do not hesitate to reach out.

Sincerely,

Lhakpa Dhondhen & Tsering Yangzom

Lhakpa Dhondhen Tsering Yangzom

15. Window Guard Form

NOTICE TO BUYER/TENANT/OCCUPANT(S)
WINDOW GUARDS REQUIRED

Property Address: 3344 91 STREET JACKSON HEIGHTS NY 11372 Unit #: 1v

You are required by law to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment/unit.

Your landlord is required by law to install window guards in your apartment/unit:

if a child 10 years of age or younger lives in your apartment/unit,

OR

if you ask him to install window guards at any time (you need not give a reason).

It is a violation of law to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord.

Check one:

- Children 10 years of age or younger live in my apartment/unit
- No children 10 year of age or younger live in my apartment/unit
- I want window guards even though I have no children 10 years of age or younger

Acknowledged, Understood and Agreed by:

Buyer/Tenant/Sub-Tenant Name: LHAKPA DHONDHEN

Signature: X  Date: 03/22/2024

Buyer/Tenant/Sub-Tenant Name: TSERING YANGZOM

Signature: X  Date: 03/22/2024

For More information on Window Fall Prevention, contact:

Call 311
125 Worth Street, Room 222A
New York, NY 10013

16. Move-In / Move-Out Security Deposit Form

MOVE-IN/MOVE-OUT AGREEMENT

**Southridge Cooperative, Section 3
c/o David Associates, Managing Agent
108-18 Queens Blvd., Suite 602
Forest Hills, New York 11375
718-520-5760**

The undersigned hereby agree to comply with the provisions of the Rules and Regulations of **Southridge Cooperative, Section 3** in the delivery (Move-In) or the removal (Move-Out) of furniture, furnishings, and personal property from the apartment identified below. In addition, the undersigned agrees to the following policy and procedures established by the Board of Directors:

1. The payment of the following fees at the time of scheduling and in advance of the **Move-In**:
 - a. **By certified check, bank check, or money order, the amount of \$1,500.00 (Fifteen hundred dollars)**, payable to **Southridge Cooperative, Section 3**, as a **Refundable move in security deposit**, which shall be refunded after final inspection by the Superintendent that no damage has occurred during the move.
2. The payment of the following fees at the time of scheduling and in advance of the **Move-Out**:
 - a. **By certified check, bank check, or money order, the amount of \$1,500.00 (Fifteen Hundred dollars)**, payable to **Southridge Cooperative, Section 3**, as a **Refundable move out security deposit**, which shall be refunded after final inspection by the Superintendent that no damage has occurred during the move.
3. **The date of the Move-In or Move-Out from the apartment must be scheduled with the On Site Office 1-2 weeks in advance at the following number: (718) 457-4356.** It is understood that the total amount of the Security Deposit shall be forfeited if the resident fails to do the following:
 - a. Schedule the Move-In or Move-Out of property with the Superintendents Office (or arranges for the delivery or removal of property from the apartment at other than the time scheduled).
 - b. Have the Approval-Inspection letter Signed by the Superintendent on the scheduled day of Move-In/Move-Out, and return such signed Approval-Inspection letter to the Management Office at 108-18 Queens Blvd 3rd Floor, Forest Hills, New York 11375.
 - c. **Moving in/out of the building must be done on weekdays ONLY between the hours of 8:00 a.m. and 4:00 p.m. ALL MOVES MUST BE COMPLETED BY 4:00 P.M. NO EXCEPTION WILL BE MADE.**
4. Any carrier engaged for the delivery or removal of property shall be advised to comply with the instructions of the Building Staff assigned for the monitoring and supervision of the Move-In or Move-Out.
5. **In addition, a Certificate of Insurance from your moving company for Workmens Compensation and Public Liability Insurance in the amount of \$500,000 property damage and \$500,000/\$1,000,000 bodily injury must be provided to the Managing Agent. The certificate must name Southridge Cooperative, Section 3 and David Associates, as Additional Insured. Upon submission of this certificate, building superintendent will advise the moving company with proper service entrance for move in/out.**
6. The undersigned shall be responsible for damages caused in the common elements of the **Southridge Cooperative, Section 3** during the process of the Move-In or Move-Out.
7. The cost for repairs and replacements for damages to the common elements caused by and during the Move-In or Move-Out shall be deducted from the amount of the Security Deposit. The amount of the cost for any repairs and replacements resulting from the damages attributed to the Move-In or Move-Out from the apartment shall be the sole determination of the Managing Agent which shall be based upon prevailing costs for similar repairs and replacements.
8. It is understood that **Southridge Cooperative, Section 3** shall return to the undersigned the full amount of the Security Deposit or the net amount of the Security Deposit after deducting the amount of the cost of repairs and replacements, if any, within thirty (30) days after the date of determination of the cost thereof. In the event of a Move-Out the refund should be sent to the forwarding address indicated below.
9. It is further understood that the amount due or payable to the undersigned from the **SECURITY DEPOSIT** may not be assigned to another party.

AGREED:

DATE OF MOVE: MM/DD/YYYY

Name of Shareholder: Lhakpa Dhondhen & Tsering Yangzom Apt. No.: 1V

Signature of Shareholder: X  Date: MM/DD/YYYY

Name of Purchaser 1: Lhakpa Dhondhen Signature: X Lhakpa dhondhen

Name of Purchaser 2: Tsering Yangzom Signature: X Tsering Yangzom

Forwarding address for return of **Move-Out Deposit** (Please print name and address clearly.) As per the Waiver of Options, this fee is required at the closing.

Cell Phone Number:
(000) 000-0000

Email Address (Print):

Tsering Yangzom
LHAKPA DHONDHEN

MOVE-IN/MOVE-OUT AGREEMENT

**Southridge Cooperative, Section 3
c/o David Associates, Managing Agent
108-18 Queens Blvd., Suite 602
Forest Hills, New York 11375
718-520-5760**

The undersigned hereby agree to comply with the provisions of the Rules and Regulations of **Southridge Cooperative, Section 3** in the delivery (Move-In) or the removal (Move-Out) of furniture, furnishings, and personal property from the apartment identified below. In addition, the undersigned agrees to the following policy and procedures established by the Board of Directors:

1. The payment of the following fees at the time of scheduling and in advance of the **Move-In**:
 - a. **By certified check, bank check, or money order, the amount of \$1,500.00 (Fifteen hundred dollars)**, payable to **Southridge Cooperative, Section 3**, as a **Refundable move in security deposit**, which shall be refunded after final inspection by the Superintendent that no damage has occurred during the move.
2. The payment of the following fees at the time of scheduling and in advance of the **Move-Out**:
 - a. **By certified check, bank check, or money order, the amount of \$1,500.00 (Fifteen Hundred dollars)**, payable to **Southridge Cooperative, Section 3**, as a **Refundable move out security deposit**, which shall be refunded after final inspection by the Superintendent that no damage has occurred during the move.
3. **The date of the Move-In or Move-Out from the apartment must be scheduled with the On Site Office 1-2 weeks in advance at the following number: (718) 457-4356.** It is understood that the total amount of the Security Deposit shall be forfeited if the resident fails to do the following:
 - a. Schedule the Move-In or Move-Out of property with the Superintendents Office (or arranges for the delivery or removal of property from the apartment at other than the time scheduled.
 - b. Have the Approval-Inspection letter Signed by the Superintendent on the scheduled day of Move-In/Move-Out, and return such signed Approval-Inspection letter to the Management Office at 108-18 Queens Blvd 3rd Floor, Forest Hills, New York 11375.
 - c. **Moving in/out of the building must be done on weekdays ONLY between the hours of 8:00 a.m. and 4:00 p.m. ALL MOVES MUST BE COMPLETED BY 4:00 P.M. NO EXCEPTION WILL BE MADE.**
4. Any carrier engaged for the delivery or removal of property shall be advised to comply with the instructions of the Building Staff assigned for the monitoring and supervision of the Move-In or Move-Out.
5. **In addition, a Certificate of Insurance from your moving company for Workmens Compensation and Public Liability Insurance in the amount of \$500,000 property damage and \$500,000/\$1,000,000 bodily injury must be provided to the Managing Agent. The certificate must name Southridge Cooperative, Section 3 and David Associates, as Additional Insured. Upon submission of this certificate, building superintendent will advise the moving company with proper service entrance for move in/out.**
6. The undersigned shall be responsible for damages caused in the common elements of the **Southridge Cooperative, Section 3** during the process of the Move-In or Move-Out.
7. The cost for repairs and replacements for damages to the common elements caused by and during the Move-In or Move-Out shall be deducted from the amount of the Security Deposit. The amount of the cost for any repairs and replacements resulting from the damages attributed to the Move-In or Move-Out from the apartment shall be the sole determination of the Managing Agent which shall be based upon prevailing costs for similar repairs and replacements.
8. It is understood that **Southridge Cooperative, Section 3** shall return to the undersigned the full amount of the Security Deposit or the net amount of the Security Deposit after deducting the amount of the cost of repairs and replacements, if any, within thirty (30) days after the date of determination of the cost thereof. In the event of a Move-Out the refund should be sent to the forwarding address indicated below.
9. It is further understood that the amount due or payable to the undersigned from the **SECURITY DEPOSIT** may not be assigned to another party.

AGREED:

DATE OF MOVE: MM/DD/YYYY

Name of Shareholder: Lhakpa Dhondhen & Tsering Yangzom Apt. No.: _____

Signature of Shareholder: X _____ Date: MM/DD/YYYY

Name of Purchaser 1: Lhakpa Dhondhen Signature: X *Lhakpa dhondhen*

Name of Purchaser 2: Tsering Yangzom Signature: X *Tsering Yangzom*

Forwarding address for return of **Move-Out Deposit** (Please print name and address clearly.) As per the Waiver of Options, this fee is required at the closing.

Cell Phone Number:
(000) 000-0000

Email Address (Print):

Tsering Yangzom
LHAKPA DHONDHEN

17. Authorization for Credit & Criminal Background Checks

CREDIT AGENCY AUTHORIZATION

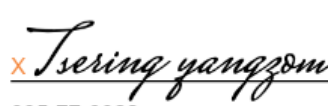
Authorization for On-Site, INC. to obtain credit report (s)

In order to comply with the provisions of 15 U. S. C. Section 1681(d) of the Federal Fair Credit Reporting Act, I (we) authorize you to retain On-Site, Inc. which agency may obtain, prepare and furnish an investigative consumer report including information on my character and general reputation, personal characteristics and mode of living, whichever are applicable, as well as information regarding employment, credit, criminal, and current financial position. If this is an application, I (we) further authorize David Associates, at its discretion, to make a copy of such credit report available to the owner of the unit, which I (we) propose to lease. In addition, within a reasonable period of time, upon written request to David Associates, I (we) may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

Receipt is acknowledged to the summary of rights enclosed herewith.

PLEASE PRINT CLEARLY Failure to do so may result in your reports being pulled incorrectly with the wrong social security or name.

Purchaser/Lessee (Print): LHAKPA DHONDHEN
Purchaser/Lessee Signature: X 
Social Security #: 060-94-2228
Address: 8910 WHITNEY AVE APT 1K ELMHURST NY 11373

Purchaser/Lessee (Print): TSERING YANGZOM
Purchaser/Lessee Signature: X 
Social Security #: 805-77-3022
Address: 8910 WHITNEY AVE APT 1K ELMHURST NY 11373

Date: 03/22/2024

**RELEASE OF INFORMATION AUTHORIZATION
AUTHORIZATION TO OBTAIN A CRIMINAL REPORT**

I hereby authorize any individual, company or institution to release to David Associates, and/or its representative any and all information that they have concerning any criminal activity.

I hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

PLEASE PRINT CLEARLY. Failure to do so may result in your reports being pulled incorrectly with the wrong social security or name.

Print Name: LHAKPA DHONDHEN Date of Birth 07/10/1972

Address: 8910 WHITNEY AVE APT 1K Sex: Male Female

City/State/Zip: ELMHURST NY 11373

Social Security Number: 060-94-2228

Signature: X 

Print Name: TSERING YANGZOM Date of Birth 10/17/1988

Address: 8910 WHITNEY AVE APT 1K Sex: Male Female

City/State/Zip: ELMHURST NY 11373

Social Security Number: 805-77-3022

Signature: X 

(FOR OFFICE USE ONLY)

BUILDING REFERENCE: SOUTHRIDGE COOPERATIVE, SECTION 3

BLDG ADDRESS: _____ APT# _____

18. Nameplate Request & Key Approval

NAME PLATE REQUEST & KEY APPROVAL

Southridge Cooperative, Section 3

David Associates

108-18 Queens Blvd., Suite 602

Forest Hills, NY 11375

718-521-5760

Please complete the information requested on the form and acknowledge that you will supply the superintendent with a set of keys upon moving moving into your apartment.

Apt. No: 1V

Name on Mailbox: Lhakpa dhondhen and Tsering Yangzom

Name on Directory: Lhakpa and Yangzom

I (We) acknowledge that a set of keys to the apartment must be given to the superintendent upon moving in.

Date: 03/29/2024 Signature: X Tsering Yangzom and lhakpa dhondhen

19. Acknowledgement of House Rules

ACKNOWLEDGMENT OF HOUSE RULES

David Associates
108-18 Queens Blvd., Ste. 602
Forest Hills, NY 11375
718-521-5760

SOUTHRIDGE COOPERATIVE, SECTION 3

33-04 91st Street/33-05 90th Street/33-25 90th Street/ 33-45 90th Street
33-24 91st Street/33-44 91st Street/
Jackson Heights, New York 11372

By signing below, I (we) acknowledge receipt of the **Southridge Cooperative, Section 3** House Rules and also acknowledge and accept the policy of **NO PETS ALLOWED** at the **Southridge Cooperative, Section 3**.

Apt. No: 1V

Name of Purchaser(s): LHAKPA DHONDHEN AND TSERING YANGZOM

Signature of Purchaser(s): *x lhakpa dhondhen*

x Tsering Yangzom

Date: 03/29/2024



HOUSE RULES

Southridge Cooperative Section 3, Inc.



2018

Southridge Cooperative Section 3, Inc House Rules

The House Rules for Southridge Section 3 were expressly written for the benefit of all residents of Southridge. It is hoped that these **House Rules** will serve as guidelines to make our cooperative a secure and pleasant community for all of us.

These **House Rules** are not intended to restrict any resident or their guests, as long as their activities do not interfere with the other residents' enjoyment of the property or their apartments.

All members must comply with these regulations as provided in the Occupancy Agreement and with any other governing documents and regulations adopted by the Board of Directors.

Southridge Cooperative Section 3, INC
33-25 90th Street
Jackson Heights, NY 11372
Office: 718-457-4356, 718-457-4535
Email: SouthridgeSection3@gmail.com

Office Hours: Monday to Friday
9:00 AM – 4:00 PM
(Summer hours: 8:00 AM – 3:00 PM)

Management Agency
David Associates
108-18 Queens Boulevard, 3rd Floor
Forest Hills, NY 11375
(718) 521-5760
Cmasino@DavidAssociates.biz

Building Superintendent
David Merino
Emergency number: (718) 692-6777
DMSouthridgeSection3@gmail.com

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1.0 – BUILDING HOUSE RULES

1.1 GENERAL INFORMATION

1. The superintendent's emergency number is (718) 692-6777. Please call this number only for a genuine emergency. A leaky faucet or an inoperable light switch is not a genuine emergency. For everyday problems, call the management office at (718) 457-4356 Monday through Friday. The office hours are printed in the front of this document.
2. Please do not buzz anyone into the building whom you do not know.
3. Please do not tamper with the intercom. Damage to intercom caused by shareholder will be repaired at shareholder's expense. If intercom is not operating properly, please report it to the office.

1.2 WINDOWS & FIRE ESCAPES

1. Do not place anything on fire escapes window ledges or air conditioners, including, but not limited to, flower pots, clothes and mops or any decorations. (*\$100 Administrative Fee*)
2. Do not install an air conditioner in any window facing a fire escape, unless approval is given from the Board. Large air conditioners may block the fire escape in violation of NYC Fire Code.
3. If you install a window gate, it must be a Fire Department approved type. (The lock and key type is not permitted.)
4. Windows shall have window guards where children ten (10) years of age or younger reside. Exceptions are:
 - a. Windows that provides access to fire escapes.
 - b. Secondary egress windows in first floor apartments where there are fire escapes on upper floors
5. Keep the exterior of windows clear of any excessive dirt or grease. Keep the interior of windows clean and covered with a shade, venetian blind, curtains, drapes, etc.
6. Do not string wires, antennas or cords from window to window, or place an antenna out of your window or fire escape. Installation of satellite devices is not permitted.
7. Do not throw any items or liquids out from any window facing the street or cooperative property as this may cause injuries to others. (*\$150 Administrative Fee*)
8. DO NOT SIT or WALK on fire escapes except during an emergency. Exiting on fire escapes for the purpose of smoking is NOT permitted. (*\$200 Administrative Fee*)

1.3 HALLWAYS, STAIRWAYS, ELEVATORS AND COMMON AREAS

1. Do not leave any items including, but not limited to, floormats, boots, shoes, umbrellas, carriages, bicycles, shopping carts, etc. in the public hallways, stairs, or elevators as this is a violation to NYC laws and NYC Fire Code violations.
2. If you spill anything in the public areas, it is your responsibility to clean it up. (*\$100 Administrative Fee*)

Southridge Cooperative Section 3, Inc House Rules

3. The cost to repair any damage made to hallways, stairways, common areas, or elevators, caused by any shareholder, or their guest, is the responsibility of that shareholder.
4. Do not hang posters, signs or other items in the public areas. If you wish to make announcements such as items for sale, upcoming events, etc., please limit such postings to the laundry room bulletin board.
5. The smoking of cigarettes, cigars, pipes, electronic cigarettes, "vapes" or any other substance from which smoke or vapors emanate is prohibited from taking place in all common areas of the Southridge Cooperative Section #3 Corporation building property, including but not limited to lobbies, hallways, stairwells, elevators, roofs, basement, rear courtyard, garages, playground (slides, swings, benches), amenity spaces as well as within 25 feet of the front, side, service and/or basement entrances to ANY of the six (6) buildings in Southridge Section #3. Shareholders must also take all reasonable steps required to prevent smoke from escaping from their units in a manner which could create objectionable odors in the nature of second-hand smoke. Please keep in mind that shareholders are responsible for the actions of their guests and anyone residing in their units. (*\$500 Administrative Fee*)

1.4 ROOF

1. No one is allowed on the roof except in an emergency. Anyone entering the roof without authorization will be issued an administrative fee. (*\$200 Administrative Fee*)
2. If the roof alarm is activated, call the emergency number (718) 692-6777.

1.5 TRASH CHUTE AND RECYCLING ROOMS

1. Do not throw jars, bottles, or other containers down the garbage chute. Please use recycling bins for these items. In order to not attract insects please rinse all containers thoroughly.
2. Books, newspapers and other periodicals may be placed on the floor of the trash and recycling room. These items must be tied with string or adhesive tape.
3. Please be sure that all garbage placed in the chute has gone all the way down the chute before leaving the compactor room.
4. Larger boxes must be broken down, tied or taped and taken to garbage area on the ground level as well as ALL trash bags.
5. Please take care in maintaining the cleanliness of the trash and recycling room by wiping up any spills that may occur when disposing of your garbage or recyclables.

1.6 BICYCLE ROOM

1. Please pick up a Bicycle Room form at the office before using bicycle room. Upon approval, a registration sticker will be issued for the bike. If a bike does not have a sticker it will be discarded as it will be considered abandoned.
2. The Bicycle Room fee is \$5.00 per month, per bike, which is used to cover the cost and maintenance of the storage area.

Southridge Cooperative Section 3, Inc House Rules

3. You are responsible for securely locking your bicycle. Bicycles are stored at your own risk. The Co-op assumes no liability for loss or damage.
4. Nothing other than a bicycle and any accessories affixed to the bicycle may be stored in the bicycle room. If anything, other than a bicycle is stored in the bicycle room it will be discarded as it will be considered abandoned.
5. No bikes allowed through the lobby entrance. Rear entrance **MUST** be used at all times (*\$100 administrative fee per violation per incident*)

1.7 LAUNDRY ROOM

1. The laundry room is open from 7:00 AM to 9:00 PM (Electronic Key Fobs will NOT be operational from 9:00 PM to 7:00 AM). The laundry room is to be used by the shareholders only.
2. Please contact (888) 246-4545 to report problems with machines or to request a refund. Southridge Cooperative office does NOT operate the laundry rooms.
3. The bulletin board in the laundry room is for shareholders use only.
4. Please keep the laundry room clean.
5. Laundry carts must remain in the Laundry Room at all times. Do not remove laundry carts from Laundry Room for any reason. (*\$50 Administrative Fee*)
6. Southridge Section #3 is NOT responsible for items left unattended.

1.8 STORAGE ROOMS

1. When available, storage bins are rented from Bargold Storage Systems by contacting them directly at (718) 247-7000. There is a waiting list which is managed by Bargold.
2. The following may not be placed in storage bins: food or liquid items; currency, jewelry or other valuable items and/or flammable, combustible and/or hazardous items.
3. Shareholders must abide by Bargold's regulations regarding items which may and/or may not be stored in storage bins.
4. The Cooperative is not responsible for loss, damage or theft of any property in a storage bin.

1.9 BOARD OF DIRECTOR ELECTIONS

Any Shareholder in good standing is eligible to run for the Board of Directors. No candidate will be considered in the event of the following:

- The Shareholder is in arrears on his/her maintenance; unpaid administrative fees.
- The Shareholder has signed a Waiver of Option Fee form for the purposes of selling his/her apartment.

2.0 – APPLIANCES

2.1 AIR CONDITIONERS

1. The charge for each air conditioning unit is \$240 per year, payable in \$20.00 monthly installments for all twelve months of the year, subject to increase when necessary. The maximum number of air conditioners is two (2) per apartment.
2. 12,000 BTUs for an air conditioner is the maximum allowed.
3. If you install an air conditioner, you must pay for A/C unit for the entire year (April 1st to March 31st the following year). Shareholder who fail to disclose air conditioner unit in shareholder's apartment will be issued \$300 Administrative Fee in addition to retroactive charges of \$460 for the previous two (2) years from the time the air conditioner is discovered in the unit.
4. Any Shareholder whose air conditioner causes water damage to Cooperative or to another Shareholder's property will be held responsible for any damages.
5. Portable air conditioners are not allowed under any condition. \$300 Administrative Fee will be issued to shareholders harboring a portable air conditioner in their apartment in addition to retroactive charges of \$460 for the previous two (2) years from the time the air conditioner is discovered in the unit. Portable air conditioner unit will then have to be removed immediately.
6. If shareholder intends to remove an air conditioner, please call our office so that we can inspect. Be sure it is removed before April 1st. Please note that if an inoperable air conditioner is left in a window, the shareholder is responsible for payments.

2.2 DISHWASHERS AND OTHER APPLIANCES

1. The charge for dishwashers is \$15.00 a month, subject to increase when necessary.
2. When you purchase a dishwasher, notify the office immediately. If an unregistered appliance is found in your apartment, you must produce an invoice for the appliance. Otherwise, you will be back-charged for a two (2) year period from the time the unit is discovered.
3. Other major appliances such as freezers, electric ranges, washing machines, and dryers are not permitted. \$300 Administrative Fee will be added to shareholder's account and a back-charge of \$15 per item, per month will be levied for up to (2) years and removal of the unauthorized appliance will be required. Each apartment is permitted to have one refrigerator and one gas oven/stove ONLY. The Corporation is not responsible for your stove or refrigerator, the moving of your stove or refrigerator or any of your appliances. If you need to discard an old refrigerator or stove you must remove from cooperative property. (*\$200 Administrative Fee*)
4. Any exhaust systems, devices or construction that attempts to vent through a window or wall is absolutely forbidden (oversized fans in kitchen windows are not permitted). (*\$100 Administrative Fee*)

3.0 – UNIT LIVING CONDITIONS

3.1 APARTMENT USE

At no time, can an apartment and apartment address be used for business purposes.

3.2 CARPETING RULE

Shareholders are required to have their floors carpeted, excluding the kitchen, closets, and bathrooms. Padding must be no less than a 40-50 oz. commercial grade. Carpet must be no less than 3/8" pile height. Wall-to-wall carpeting must be installed as required.

3.3 NOISE

1. No Shareholder shall make or permit any disturbing noises in the apartment building or permit anything to be done therein which will interfere with the rights, comforts or convenience of other Shareholders.
2. No Shareholder shall play any musical instrument, practice vocal music or operate a television, radio or other digital device in his/her apartment between the hours of 10:00 PM and the following 9:00 AM if the same shall disturb or annoy other occupants of the apartment building.
3. In no event shall any Shareholder practice or allow to be practiced either vocal or instrumental music for more than two hours in any day.

3.4 MAINTENANCE

Monthly maintenance charges are due on the **FIRST** of the month. Payments received after the office closes on the **FIFTH** day of the month are considered late and will result in a \$40 dollars late fee. \$50 dollars handling charge will be levied for returned checks.

3.5 INSURANCE

1. Shareholders must have Co-op Owners Insurance Policy with a minimum liability of \$300,000, renewable each year.
2. Shareholder must produce a copy of insurance upon request from management.

3.6 PETS:

1. Dogs are **NOT** permitted under any circumstances, either as visitors or permanently. \$500 Administrative Fee will be levied for any dogs found in any apartment and legal proceedings will be started immediately. (*\$300 Administrative Fee will be levied for visiting dogs per violation per incident*).
2. Cats are allowed. No more than two cats allowed.
3. No animals that can cause discomfort and/or harm anyone are permitted.
4. No animals are permitted to roam in hallways or common areas
5. If animal defecates or urinates on any portion of the coop's property or buildings there will be a \$200 Administrative Fee charged to shareholder's account.

4.0 – MOVING DELIVERIES, APARTMENT REFINANCING / SALES

4.1 MOVING IN OR OUT

1. Moving in or out is permitted only between the hours of 8:00 AM and 4:00 PM Monday through Friday. No moving in or out on weekends, holidays, or evenings is permitted.
2. All moves must be scheduled 24 hours in advance by contacting the office so that **protective padding** is placed in the elevator cab.
3. All moves must be done through the service doors. To prevent damage to the door hinges, please do not use wedges to keep the service doors open. (*\$300 Administrative Fee*)
4. Any violations of the moving policy shall result in an administrative fee (*see Administrative Fees schedule*).
5. Removal of all items to be discarded, as a result of a move or delivery are the responsibility of the Shareholder (no pallets, boxes or any trash in large trash bags)
6. For the delivery of large items, please notify the office 24 hours in advance so that **protective padding** is placed in the elevator cab. Bulk items such as, but not limited to, kitchen appliances, and furniture, including sofas, chairs, tables, bookcases, home theatre audio/visual components, and bathroom fixtures or other large items will require padding to be in place before items are transported. (*\$100 Administrative Fee for no padding in elevators*)

4.2 INTENT TO SELL

1. Before a shareholder can put apartment on the market an *Intent to Sell Letter* and *Waiver of Option form* MUST be filled out. No apartment can be listed for sale without Board approval. (*\$350 Administrative Fee*) Resale application will be automatically rejected if Intent to Sell and Board approved Waiver of Option was not submitted PRIOR to listing the unit for sale.
2. No applications for purchase will be processed until all Administrative Fees are paid and maintenance is current.
3. Seller is responsible to provide ALL Electronic Key Fobs to prospective buyer at the time of closing. Lost or replacement Electronic Key Fobs can be issued for a \$75 dollars non-refundable fee for each key fob.

4.3 PRECLOSING INSPECTION

A Preclosing Apartment Inspection must be conducted by our Office Manager and Superintendent at least 48 hours PRIOR to closing date with both the buyer and seller present. This preclosing inspection must be scheduled with our Southridge office by the seller at least 48 hours PRIOR to closing date. Prospective shareholders must have homeowners' insurance prior to time of walk through and closing. Without proof of such insurance the closing will not proceed.

4.4 ESCROW

An escrow move-out deposit of \$1500.00 will be required of every Shareholder who sells his/her Shares and vacates the building. This escrow is subject to increase upon notice. This escrow is used to cover the cost for repair of all items which failed the apartment inspection and any other fees due to the Corporation by the Seller at the time of Closing. An escrow move-in deposit of \$1500.00 is also required from buyer which will be collected at the time of the closing. The unused portion or the full amount of the escrow will be returned to the Seller and buyer after a 90 day post-closing apartment inspection. The new Shareholder (buyer) must contact our office to schedule a 90 day post-closing apartment inspection.

4.5 REFINANCING

If you are considering refinancing your mortgage, it is essential that you first contact the Management Office for instructions.

4.6 FLIP TAX

The Flip Tax is currently \$50.00 per share which pertains to all unit sales and name changes. The amount is subject to change at the Boards discretion.

5.0 - GARAGE SPOTS

A license agreement form must first be filled out and there is a waiting list.

1. The Shareholder may use only the spot assigned to him/her.
2. Only Shareholders in good standing may rent a garage spot (no maintenance arrears, unpaid repair charges or unpaid Administrative Fees).
3. No auto repair or washing of autos in the garage is permitted.
4. No commercial vehicles will be permitted in the garage.
5. Tires or other items are not to be stored in the garage.
6. Side doors should be used when entering or exiting the garage on foot.
7. Garage spots may not be sublet.
8. Random garage inspections are conducted to ensure that only the vehicle registered with this office is parked in the assigned spot.
9. NYC Fire Code prohibits the smoking of cigarettes, cigars, pipes, electronic cigarettes, "vapes" or any other substance from which smoke or vapors emanate is prohibited in any areas of cooperative parking garages.
10. Violations of the above may result in the revocation of the shareholder's garage spot.
11. Shareholders will remain on the waiting list until they are notified that a spot has become available, or they may have their names removed upon written request.

Southridge Cooperative Section 3, Inc House Rules

12. Upon being notified of an available space, Shareholders will then have ten (10) business days to submit up-to-date documents to the Management Office for approval. The following documents must be submitted within the ten (10) business day period which should **show the Shareholder's name and Southridge's address (no exceptions)**. No vehicles registered or insured out of state will be authorized.
 - a. Driver's License
 - b. Vehicle Registration
 - c. Proof of Insurance
13. Garage Doors keyless access control modules require the use of individual vehicle tags for which a one-time \$60 dollars refundable fee will be added to shareholder's account. Lost vehicle tags may be replaced for non-refundable \$60 dollars fee.
14. If a Shareholder does NOT submit their required documentation within the ten (10) business day period they will be placed at the bottom of the list.
- 15.

6.0 - PLAYGROUNDS RULES

6.1 – PLAYGROUND RULES

1. The playgrounds are open 9:00 AM – 9:00 PM and they are for shareholders family use only.
2. Barbecues and/or any open flames are prohibited. (NYC Fire Code violation)
3. Smoking in the playgrounds (slides, swings, benches area) is prohibited.
4. Loud music is prohibited.
5. Ball playing on playground or against buildings or surrounding structures is prohibited (shareholders are responsible for their guests).
6. All garbage must be placed in refuse containers. No apartment trash is to be placed in garbage containers.
7. All non-residents must be accompanied by a resident when using playground.
8. Unaccompanied children over 12 may use the playgrounds without adult supervision before dusk. Shareholder is responsible for their children's actions.
9. Flying remote control airplanes, helicopters, and/or drones are strictly prohibited.
10. Removing any plants, flowers, roses, bushes, water fountains or any adornments from playground or green areas is strictly prohibited. (*\$150 Administrative Fee*)

6.2 – GROUNDS IMPROVEMENT

1. Anyone who wishes to improve the buildings grounds by planting trees, flowers or shrubs should first contact the office in order to avoid damages to underground wiring or sprinkler system.
2. No modification to buildings grounds can be made without Board approval.

7.0 - SUBLETTING

No sublets are allowed under any circumstance. \$1000 Administrative Fee will be levied to shareholder's account for initial violation and legal proceedings will commence immediately. Shareholders will be responsible for all legal fees that arise from these proceedings.

8.0 - ALTERATIONS AND RENOVATIONS

Renovation Agreement applications are available in the office and must be filled out before any alteration and renovation is attempted. \$1000 Administrative Fee will be levied to shareholder's account for initial violation.

1. Shareholder should submit a "written work plan" which states a written scope of work to the Southridge Section 3 office, with a check or money order in the amount of \$500 refundable security deposit made payable to Southridge Coop Section 3. Alteration projects also require a non-refundable \$150 fee to be paid to Southridge Section 3.
2. Upon receiving Board of Directors approval, and PRIOR to the start of any work, the shareholder must submit the following documentation to Southridge office.
 1. A signed Renovation Agreement,
 2. The name, address, telephone numbers and license number of all contractors,
 3. A certificate of insurance in the amount of \$1,000,000 from the contractor showing Southridge Cooperative Section 3 as additional insured.
3. Shareholder / Contractor will not interrupt the daily business of the corporation or corporation property.
4. The cost of repair to any damage made to corporate property will be assessed to the Shareholder / Contractor.
5. Shareholder will install wall-to-wall carpeting in the apartment of no less than 40 – 50-ounce commercial grade. Wall-to-wall carpeting is required except kitchen, closets and bathroom.
6. Southridge Cooperative Section 3, Inc. will not be held liable for any damage to ceramic tiles or other covering on the walls or ceilings of the bathroom or kitchen should it be necessary to remove same from walls or ceiling.
7. Work may be performed between 8:00 am and 5:00 pm, Monday to Friday. Deliveries and removal of construction debris must be done from 8 am to 4 pm. Elevator padding is required and it must be requested 24 hours in advance.
8. No work may be performed on Saturday, Sunday, or Holidays. No construction material may be delivered on these days, and NO construction debris may be removed on these

Southridge Cooperative Section 3, Inc House Rules

days. No construction debris will be placed in ANY Southridge Section #3 premises.
(*\$250 Administrative Fee per violation*)

9. All deliveries and debris must be handled through the service entrance ONLY. No construction material may be transported through the lobbies at any time.
10. All debris must be properly disposed of by Contractor / Shareholder.
11. No debris may be placed on sidewalk or at the curb. ALL DEBRIS MUST BE REMOVED FROM SOUTHRIDGE SECTION 3 PROPERTY.
12. Shareholder/Contractor will clean any/all common areas (hallways, etc.) daily during the work phase. Any dust from construction spilling into common areas or hallways MUST be thoroughly cleaned every day for as long as construction is ongoing.
13. All common areas, elevator must be COVERED, when bringing/taking out construction materials, tools, etc.
14. No water shut-off will be made without 24 hour notice to building Superintendent, Office, and affected residents.
15. No Work can start until all paperwork has been approved by the management office.

9.0 - ADMINISTRATIVE FEES

1. Any violation of the House Rules will result in a written warning and/or imposition of an Administrative Fee at the discretion of the Board (see Administrative Fee schedule). Repeated violations of the same rule may result in a doubled Administrative Fee.
2. Shareholders are responsible for the conduct of their family and guests.
3. Administrative fees may be increased at the discretion of the Board of Directors. All shareholders will receive notice of any increases in penalties and Administrative Fees no less than (30) days prior to their effective date.

Southridge Cooperative Section 3, Inc House Rules

APPENDIXES

ADMINISTRATIVE FEES SCHEDULE

1) Refusal to allow maintenance or office staff access to unit to conduct inspections or in emergency situations	\$500
2) Failure to submit Renovation Agreement and work is started without Board approval	\$1000
3) Construction debris and materials left on cooperative property	\$500
4) Construction debris and materials NOT removed from cooperative Property	\$500
5) Dirt, debris or trash left in hallways due to construction	\$250
6) Harboring unregistered or unauthorized appliances, washing machines, dryers, etc. (back-charge will also be applied)	\$300
7) Move-in/move-out on weekend, holidays, evenings, not Between 8am to 4pm or through front entrance doors	\$300
8) Move-in/move-out through front entrance doors	\$300
9) Wedging of service doors that can cause damage to doors	\$300
10) Trash from move-in/move-out left on cooperative premises	\$300
11) No padding on elevators when moving in or out or moving Bulk items in out of premises	\$100
12) Dog found in apartment	\$500
13) Dog visiting/entering cooperative premises, lobbies, etc.	\$300
14) Failure to submit Intent to Sell letter and Waiver of Options	\$350
15) Subletting of parking garage spot	\$500
16) Unauthorized items, shopping carts, auto parts, etc. stored in Parking garage spot	\$250
17) Smoking inside parking garage area, all common areas, ALL Playgrounds, courtyards or 25 feet from all entrances to Cooperative premises	\$500
18) Trash, debris or items placed in fire escapes and/or windows	\$100
19) Trash, shoes, shopping carts, floormats, umbrellas, or any items Left in public hallways	\$100
20) Spill in public hallways or common areas not cleaned up	\$100
21) Enter roof without authority and engage alarm	\$200
22) Unauthorized trash, debris, large garbage bags, bulk items, Cardboard boxes or any items not properly recycled in Compactor rooms	\$100
23) Unauthorized removal of laundry carts from laundry room	\$50
24) Air conditioners not registered with management office	\$300
25) Portable air conditioners (not authorized) (back-charge apply)	\$300
26) Make or permit excessive disturbing noises in apartment which Interfere with other shareholders	\$200
27) Any exhaust systems, devices or construction that attempts to vent through a window or wall is absolutely forbidden (oversized fans in kitchen windows are not permitted)	\$100
28) Sitting, walking or exiting on fire escapes for the purpose of smoking	\$200
29) Trash, liquids or any items thrown out from any apartment window	\$150
30) Bicycles brought in through front entrance <i>(each incident)</i>	\$100

Southridge Cooperative Section 3, Inc House Rules

- | | |
|--|-------|
| 30) Failure to remove old stove and/or refrigerator from cooperative property | \$200 |
| 31) Removal of any plants, flowers, roses, bushes, water fountains or any adornments from playground without Board authorization | \$150 |
| 32) Construction/renovations performed on weekends or holidays | \$250 |
| 33) Construction materials delivered or removed on weekends or holidays | \$250 |
| 34) Animal feces or urine in coop's property or buildings | \$200 |
-

NOTICE

CARDBOARD BOXES: Please brake down ALL cardboard boxes BEFORE bringing them down to the lower level trash area. ALL broken boxes MUST be tied with string or strong adhesive tape. DO NOT leave boxes or trash inside the elevators or inside garbage compactor rooms. NYC Recycling Regulations MUST be followed.

HALLWAYS FLOORS: We have newly installed hallway floors so please DO NOT drag any heavy items or furniture so that floors won't get scratched and ruined. If you spill any liquids please CLEAN IT UP! Do not leave any shoes, shopping carts, baby carriages, trash or any items in the hallways as this creates a hazardous condition and it is a violation of the NYC Fire Code. **FLOOR MATS ARE NO LONGER PERMITTED IN HALLWAYS AS PER NYC FIRE CODE.**

BULK ITEMS: If you wish to discard any furniture or bulk items please do so on Fridays before 4pm (maximum of 2 items because Sanitation won't take more than 2 items). Please make sure to contact our office so that the padding can be put up on our elevators if you are discarding or bringing in any furniture or bulk items. No furniture or bulk items should be brought down to trash area from Monday to Thursday – NO EXCEPTIONS!

OFFICE HOURS AND EMERGENCY CALLS: Our office is open Monday to Friday from 9am to 3pm except on holidays – (718) 457-4356. In the event you have any emergencies please contact the **Emergency Hotline at (718) 692-6777**. We encourage you that during an emergency please call the *EMERGENCY HOTLINE directly*.

PARKING GARAGE RULES AND REGULATIONS: Our office will be conducting random parking garage inspections to ensure that ONLY the vehicles registered with this office are being stored in our garages as well as making sure all rules of our Parking Garage Agreement are being followed. Administrative Fees will be added to shareholder's account for any violations observed. **NYC FIRE CODE PROHIBITS ANY SMOKING IN OUR PARKING GARAGES – NO EXCEPTIONS!**

20. Lead Paint Disclosure

LEAD-BASED PAINT DISCLOSURE

33-44 91ST STREET

Property Address

1V

Unit

Every purchaser/lessee of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller/lessor of any interest in residential real property is required to provide the buyer/lessee with information on lead-based paint hazards from risk assessments or inspections in the seller/lessor's possession and notify the buyer/lessee of any known lead-based hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase/ lease.

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

Seller/Lessor's Disclosure

a. Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

i. Known lead-based paint and/or lead-based paint hazards are present in the Unit and/or commons areas (explain).

ii. Seller/Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas.

b. Records and reports available to the Seller/Lessor (check (i) or (ii) below):

i. Seller/Lessor has provided the Purchaser/Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas (list documents).

ii. Seller/Lessor has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas.

Purchaser(s)/Lessee(s)'s Acknowledgment (initial (c) and (d) below):

c. TY, LD Purchaser/Lessee has received copies of all information listed above.

d. TY, LD Purchaser/Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

e. Purchaser/Lessee has (check (i) or (ii) below):

i. Received a 10-day opportunity (or other mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint.

ii. Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's (Broker) Acknowledgment to initial (f) below):

f. Agent (All Brokers) has informed the Seller/Lessor of the Seller's/Lessor's obligation under 42 U.S.C. 4852d and is aware of Agent's (All Brokers) independent responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

X [Signature]
Seller/Lessor #1 Signature

04/16/2024
Date

X tsering yangzom
Purchaser/Lessee #1 Signature

04/02/2024
Date

X
Seller/Lessor #2 Signature

MM/DD/YYYY
Date

X lhakpa dhondhen
Purchaser/Lessee #2 Signature

04/02/2024
Date

X [Signature]
Seller/Lessor's Agent Signature

4/18/24
MM/DD/YYYY
Date

X Andrew McCorkle
Purchaser/Lessee's Agent
Signature

04/02/
Date

LEAD-BASED PAINT DISCLOSURE

33-44 91ST STREET
Property Address

1V
Unit

Every purchaser/lessee of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller/lessor of any interest in residential real property is required to provide the buyer/lessee with information on lead-based paint hazards from risk assessments or inspections in the seller/lessor's possession and notify the buyer/lessee of any known lead-based hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase/ lease.

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

Seller/Lessor's Disclosure

- a. Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):
- i. Known lead-based paint and/or lead-based paint hazards are present in the Unit and/or commons areas (explain).

 - ii. Seller/Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas.
- b. Records and reports available to the Seller/Lessor (check (i) or (ii) below):
- i. Seller/Lessor has provided the Purchaser/Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas (list documents).

 - ii. Seller/Lessor has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas.

Purchaser(s)/Lessee(s)'s Acknowledgment (initial (c) and (d) below):

- c. TY,LD Purchaser/Lessee has received copies of all information listed above.
- d. TY,LD Purchaser/Lessee has received the pamphlet Protect Your Family from Lead in Your Home.
- e. Purchaser/Lessee has (check (i) or (ii) below):
 - i. Received a 10-day opportunity (or other mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint.
 - ii. Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's (Broker) Acknowledgment to initial (f) below):

- f. _____ Agent (All Brokers) has informed the Seller/Lessor of the Seller's/Lessor's obligation under 42 U.S.C. 4852d and is aware of Agent's (All Brokers) independent responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

X _____
Seller/Lessor #1 Signature

MM/DD/YYYY
Date

X *tsering yangzom*

Purchaser/Lessee #1 Signature

04/02/2024
Date

X _____
Seller/Lessor #2 Signature

MM/DD/YYYY
Date

X *lhakpa dhondhen*

Purchaser/Lessee #2 Signature

04/02/2024
Date

X _____
Seller/Lessor's Agent Signature

MM/DD/YYYY
Date

X *Andrew McCorkle*

Purchaser/Lessee's Agent
Signature

04/02/2024
Date



Protect Your Family From Lead in Your Home



United States
Consumer Product
Safety Commission



United States
Department of Housing
and Urban Development

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



Women of childbearing age should know that lead is dangerous to a developing fetus.

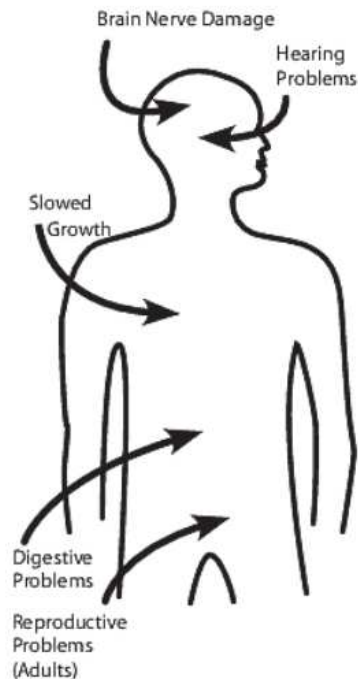
- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.¹

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.²

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at epa.gov/lead.

¹ "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm²), or more than 0.5% by weight.

² "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) and higher for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:

- Portable x-ray fluorescence (XRF) machine
- Lab tests of paint samples

- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:

- Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
- Sample dust near painted surfaces and sample bare soil in the yard
- Get lab tests of paint, dust, and soil samples

- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.



Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.³

³ Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.



- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ for interior windows sills
- 400 $\mu\text{g}/\text{ft}^2$ for window troughs

Abatement is designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), epa.gov/lead, or call 1-800-424-LEAD.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
 - Open-flame burning or torching
 - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
 - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.⁴
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

⁴ In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

For More Information

The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/safewater and hud.gov/lead, or call **1-800-424-LEAD (5323)**.

EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/lead for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/safewater, or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA)

Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 906-6809

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10 (20-C04)
Air and Toxics Enforcement Section
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC

4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD

451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/lead

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IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

21. Purchaser's Assumption of "As Is" Conditions Affidavit

PURCHASERS ASSUMPTION OF AS IS CONDITIONS

Transferor: Lhakpa Dhondhen Tsering Yangzom

Transferee: _____

Address: 33-44 91st Street, New York

Unit 1V (the "Premises")

Closing Date: _____, 20__

I/We Lhakpa Dhondhen & Tsering Yangzom acknowledge and represent and warrant that I/we have inspected the Premises and am/are taking possession of the **Premises AS IS**.

I/we acknowledge that it is my/our obligation to insure that the Premise is in good condition and that it complies with the Rules and Regulations of the Condominium/Cooperative. In no event shall the Condominium/Cooperative or Southridge Cooperative, Section 3, be responsible to the Purchaser (s) or to any other party for any condition in or caused by the Premises other than obligations of the Condominium/Cooperative which are specifically set forth in the Proprietary Lease.

I/we understand that the Condominium/Cooperative or Management has not inspected the Premises and that any alterations which may have been made to the Premises by the Transferor, or prior owners of the Premises, including alterations not made in conformity with the Condominiums/Cooperatives Proprietary Lease, house rules, or local building codes are the sole responsibility of the Purchaser(s). The Condominium/Cooperative makes no representation that any alterations to the Premises is, or was, approved by the Condominium/Cooperative.

I/we agree that, in the event that there are or were any illegal or improper alterations to the Premises, or if there are repairs otherwise needed to the Premises necessitated by the conduct of the Transferor or former owners of the Premises, the correction of and the cost of such correction(s) and/or repair(s) shall be borne solely by the Purchaser.

[If applicable] I/we have been provided with copies of the annexed alteration agreements provided by the Transferor or former owners of the Premises to the Condominium/Cooperative to perform alterations to the Premises (the Alteration Agreement). In order to induce the Condominium/Cooperative to consent to, and register on the records of the Condominium/Cooperative, the transfer of the Shares and Lease to the Premises to the undersigned, for good and valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, the Seller hereby assigns and the Buyer ASSUMES AND AGREES TO PERFORM AND OBSERVE all the terms, covenants and conditions of the Alteration Agreement as if they were a signatory thereto. Henceforth, the term Shareholder as used in the Alteration Agreement shall mean the undersigned with the same force and effect as though the undersigned had been the original Shareholder thereunder. Any breach of this Assumption of the Alteration Agreement or of the Alteration Agreement shall constitute a breach of the Lease appurtenant to the Apartment. This Assumption of Alteration Agreement shall be binding on, and enforceable against, the undersigned and the undersigned's estate, heirs, executors, administrators, personal representatives, successors and assigns.

X _____
Seller

X Tsering Yangzom
Buyer

X _____
Seller

X Lhakpa Dhondhen
Buyer

Notarizations on next page

State of Nevada

County of Clark

DSP

On this 10th day of April, 2024, before me personally came Tsering Yangzom Lhakpa Dhondhen, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

Notarization Seal is towards the end of this page

X

Notary Public

d Sabrina Panem

State of New York } ss
County of }

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

X

Notary Public



Denise Sabrina Panem
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 22-0462-01
Expires July 5, 2026

07/05/2026

Notarized remotely using audio-video communication technology via Proof.

PURCHASERS ASSUMPTION OF AS IS CONDITIONS

Transferor: Lhakpa Dhondhen Tsering Yangzom

Transferee: Ravi K. Thakur

Address: 33-44 91st Street, Jackson Heights, NY

Unit 1V (the "Premises")

Closing Date: 06/03, 2024

I/we Lhakpa Dhondhen & Tsering Yangzom acknowledge and represent and warrant that I/we have inspected the Premises and am/are taking possession of the Premises AS IS.

I/we acknowledge that it is my/our obligation to insure that the Premise is in good condition and that it complies with the Rules and Regulations of the Condominium/Cooperative. In no event shall the Condominium/Cooperative or Southridge Cooperative Sec 3 be responsible to the Purchaser (s) or to any other party for any condition in or caused by the Premises other than obligations of the Condominium/Cooperative which are specifically set forth in the Proprietary Lease.

I/we understand that the Condominium/Cooperative or Management has not inspected the Premises and that any alterations which may have been made to the Premises by the Transferor, or prior owners of the Premises, including alterations not made in conformity with the Condominiums/Cooperatives Proprietary Lease, house rules, or local building codes are the sole responsibility of the Purchaser(s). The Condominium/Cooperative makes no representation that any alterations to the Premises is, or was, approved by the Condominium/Cooperative.

I/we agree that, in the event that there are or were any illegal or improper alterations to the Premises, or if there are repairs otherwise needed to the Premises necessitated by the conduct of the Transferor or former owners of the Premises, the correction and the cost of such correction(s) and/or repair(s) shall be borne solely by the Purchaser.

[If applicable] I/we have been provided with copies of the annexed alteration agreements provided by the Transferor or former owners of the Premises to the Condominium/Cooperative to perform alterations to the Premises (the Alteration Agreement). In order to induce the Condominium/Cooperation to consent to, and register on the records of the Condominium/Corporation, the transfer of the Shares and Lease to the Premises to the undersigned, for good and valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, the Seller hereby assigns and the Buyer ASSUMES AND AGREES TO PERFORM AND OBSERVE all the terms, covenants and conditions of the Alteration Agreement as if they were a signatory thereto. Henceforth, the term Shareholder as used in the Alteration Agreement shall mean the undersigned with the same force and effect as though the undersigned had been the original Shareholder thereunder. Any breach of this Assumption of the Alteration Agreement or of the Alteration Agreement shall constitute a breach of the Lease appurtenant to the Apartment. This Assumption of Alteration Agreement shall be binding on, and enforceable against, the undersigned and the undersigned's estate, heirs, executors, administrators, personal representatives, successors and assigns.

X [Signature]
Seller

X _____
Buyer

X _____
Seller

X _____
Buyer

Notarizations on next page

New Jersey
State of ~~New York~~ } ss
County of ~~Middlesex~~

On this 16th day of April, 2024, before me personally came
Ravi Thakur, to me known and known to me to be the individual described in and who
executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.



Matthew Scranton
Notary Public

State of New York } ss
County of }

On this _____ day of _____, 20____, before me personally came
_____, to me known and known to me to be the individual described in and who
executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

X

Notary Public

PURCHASERS ASSUMPTION OF AS IS CONDITIONS

Transferor: Lhakpa Dhondhen Tsering Yangzom

Transferee: Ravi K. Thakur

Address: 33-44 91st Street, New York

Unit 1V (the "Premises")

Closing Date: 06/03, 2024

I/We Lhakpa Dhondhen & Tsering Yangzom acknowledge and represent and warrant that I/we have inspected the Premises and am/are taking possession of the **Premises AS IS**.

I/we acknowledge that it is my/our obligation to insure that the Premise is in good condition and that it complies with the Rules and Regulations of the Condominium/Cooperative. In no event shall the Condominium/Cooperative or Southridge Cooperative, Section 3, be responsible to the Purchaser (s) or to any other party for any condition in or caused by the Premises other than obligations of the Condominium/Cooperative which are specifically set forth in the Proprietary Lease.

I/we understand that the Condominium/Cooperative or Management has not inspected the Premises and that any alterations which may have been made to the Premises by the Transferor, or prior owners of the Premises, including alterations not made in conformity with the Condominiums/Cooperatives Proprietary Lease, house rules, or local building codes are the sole responsibility of the Purchaser(s). The Condominium/Cooperative makes no representation that any alterations to the Premises is, or was, approved by the Condominium/Cooperative.

I/we agree that, in the event that there are or were any illegal or improper alterations to the Premises, or if there are repairs otherwise needed to the Premises necessitated by the conduct of the Transferor or former owners of the Premises, the correction of and the cost of such correction(s) and/or repair(s) shall be borne solely by the Purchaser.

[If applicable] I/we have been provided with copies of the annexed alteration agreements provided by the Transferor or former owners of the Premises to the Condominium/Cooperative to perform alterations to the Premises (the Alteration Agreement). In order to induce the Condominium/Cooperative to consent to, and register on the records of the Condominium/Cooperative, the transfer of the Shares and Lease to the Premises to the undersigned, for good and valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, the Seller hereby assigns and the Buyer ASSUMES AND AGREES TO PERFORM AND OBSERVE all the terms, covenants and conditions of the Alteration Agreement as if they were a signatory thereto. Henceforth, the term Shareholder as used in the Alteration Agreement shall mean the undersigned with the same force and effect as though the undersigned had been the original Shareholder thereunder. Any breach of this Assumption of the Alteration Agreement or of the Alteration Agreement shall constitute a breach of the Lease appurtenant to the Apartment. This Assumption of Alteration Agreement shall be binding on, and enforceable against, the undersigned and the undersigned's estate, heirs, executors, administrators, personal representatives, successors and assigns.

X [Signature]
Seller

X Tsering Yangzom
Buyer

X [Signature]
Seller

X Lhakpa Dhondhen
Buyer

Notarizations on next page

State of Nevada

County of Clark

DSP

On this 10th day of April, 2024, before me personally came Tsering Yangzom Lhakpa Dhondhen, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

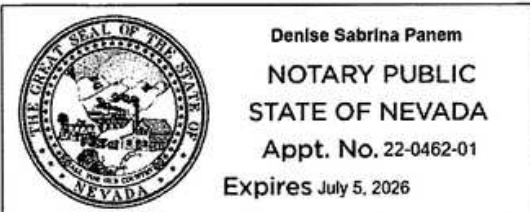
Notarization Seal is towards the end of this page

x [Signature] Notary Public

State of New Jersey } ss
County of Middlesex

On this 16th day of April, 2024, before me personally came Bavi Thakur, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

x [Signature] Notary Public



07/05/2026



Notarized remotely using audio-video communication technology via Proof.

PURCHASERS ASSUMPTION OF AS IS CONDITIONS

Transferor: _____

Transferee: _____

Address: _____

Unit _____ (the "Premises")

Closing Date: _____, 20__

I/We _____ & _____ acknowledge and represent and warrant that I/we have inspected the Premises and am/are taking possession of the **Premises AS IS**.

I/we acknowledge that it is my/our obligation to insure that the Premise is in good condition and that it complies with the Rules and Regulations of the Condominium/Cooperative. In no event shall the Condominium/Cooperative or _____, be responsible to the Purchaser (s) or to any other party for any condition in or caused by the Premises other than obligations of the Condominium/Cooperative which are specifically set forth in the Proprietary Lease.

I/we understand that the Condominium/Cooperative or Management has not inspected the Premises and that any alterations which may have been made to the Premises by the Transferor, or prior owners of the Premises, including alterations not made in conformity with the Condominiums/Cooperatives Proprietary Lease, house rules, or local building codes are the sole responsibility of the Purchaser(s). The Condominium/Cooperative makes no representation that any alterations to the Premises is, or was, approved by the Condominium/Cooperative.

I/we agree that, in the event that there are or were any illegal or improper alterations to the Premises, or if there are repairs otherwise needed to the Premises necessitated by the conduct of the Transferor or former owners of the Premises, the correction of and the cost of such correction(s) and/or repair(s) shall be borne solely by the Purchaser.

[If applicable] I/we have been provided with copies of the annexed alteration agreements provided by the Transferor or former owners of the Premises to the Condominium/Cooperative to perform alterations to the Premises (the Alteration Agreement). In order to induce the Condominium/Cooperative to consent to, and register on the records of the Condominium/Cooperative, the transfer of the Shares and Lease to the Premises to the undersigned, for good and valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, the Seller hereby assigns and the Buyer ASSUMES AND AGREES TO PERFORM AND OBSERVE all the terms, covenants and conditions of the Alteration Agreement as if they were a signatory thereto. Henceforth, the term Shareholder as used in the Alteration Agreement shall mean the undersigned with the same force and effect as though the undersigned had been the original Shareholder thereunder. Any breach of this Assumption of the Alteration Agreement or of the Alteration Agreement shall constitute a breach of the Lease appurtenant to the Apartment. This Assumption of Alteration Agreement shall be binding on, and enforceable against, the undersigned and the undersigned's estate, heirs, executors, administrators, personal representatives, successors and assigns.

X _____
Seller

X _____
Buyer

X _____
Seller

X _____
Buyer

*****Notarizations on next page*****

State of New York } ss
County of }

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

X

Notary Public

State of New York } ss
County of }

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

X

Notary Public

22. If Seller/Buyer are Being Represented by a POA

23. If an Estate Sale