



New Revising Commercial Account Application

Required Identification: We require every individual named on an account to provide an **unexpired** government issued identification which includes: US Driver's License, Mexico Marticula Consular Card, Passport, US Military ID (along with another photo ID we may keep on file). City National Bank reserves the right to request additional identification.

<input checked="" type="checkbox"/> Business Checking - No minimum to open; service fees apply to balance below \$1,000.00	<input type="checkbox"/> Business Money Market - \$2,500.00 minimum to open; monthly service charge applies to balances below \$1,500.00; earns interest when balance is over \$1,500.00
<input type="checkbox"/> Business Savings - \$100 minimum to open; service fees apply if balance below \$100; earns interest	<input type="checkbox"/> Other -

Are you interested in the following bank products or services?

- Digital Banking – Includes Online Bill pay, Bank to Bank transfers & More
 Mobile Banking – App. available on Apple and Android
 Sweeps – Automatic transfers from another CNB account to cover overdrafts
 Cash Management – Digital banking ability for wires, ACH & Positive Pay ****All products subject to bank approval**

Business Information:

<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Organization
Business Legal Name: Stark Industries		Doing Business As: Same			
Tax ID: 036 115 719	Date Business was established: 8/2/1962			State: NY	
Physical Address: 30 Hudson Yards	City/State/ZIP: New York, NY, 10001			County: New York	
Statement Address: Same	City/State/ZIP: Same				
Business Phone: (212) 731-5000					
E-mail: info@stark.com					
Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

First Name: Anthony	Middle Name: Edward	Last Name: Stark	Suffix:	
Title: President (Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)				
Physical Address: 30 Hudson Yards	City/State/ZIP: New York, NY, 10001	County: New York		
Statement Address: Same	City/State/ZIP: Same			
Home Phone: none	Cell Phone: (917) 555-1212	Business Phone: (212) 731-5000		
Social Security Number/ITIN: 113-80-2530	E-mail: tong@stark.com			
Gender: M	Date of Birth: 5/29/1970	ID#: 36214681	State: NY	Expiration: 6/18/26
Employer: Stark Industries	Address: 30 Hudson Yards	Occupation: Inventor		
Security Questions:				
Select your personal passcode: 5318008				
What is your mother's maiden name? Davis				
What was your first car, make/model? Acura NSX				
Who was your favorite teacher? Daily				
What is your father's middle name? none				
What is the name of your favorite pet? Jarvis				
What city were you born in? New York				

First Name:	Virginia	Middle Name:		Last Name:	Potts	Suffix:
Title:	CEO	(Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)				
Physical Address:	1 Madison Ave, E3		City/State/ZIP:	New York, NY, 10010		County:
Statement Address:	Same		City/State/ZIP:	Same		
Home Phone:	—	Cell Phone:	(917) 683-5050		Business Phone: (212) 731-5000	
Social Security Number/ ITIN:	115-83-7811		E-mail:	pepper@stark.com		
Gender:	F	Date of Birth:	4/10/72	ID#:	43174815	State: NY Expiration: 4/10/25
Employer:	Stark Industries		Address:	30 Hudson Yards		Occupation: CEO
Security Questions:						
Select your personal passcode:	7044804					
What is your mother's maiden name?	Paltrow					
What was your first car, make/model?	Audi A class					
Who was your favorite teacher?	Feinman					
What is your father's middle name?	Johah					
What is the name of your favorite pet?	Tony					
What city were you born in?	Paramus					

First Name:	Middle Name:	Last Name:	Suffix:
Title:	(Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)		
Physical Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
Social Security Number/ ITIN:	E-mail:		
Gender:	Date of Birth:	ID#:	State: Expiration:
Employer:	Address:	Occupation:	
Security Questions:			
Select your personal passcode:			
What is your mother's maiden name?			
What was your first car, make/model?			
Who was your favorite teacher?			
What is your father's middle name?			
What is the name of your favorite pet?			
What city were you born in?			

First Name:	Middle Name:	Last Name:	Suffix:
Title:	(Example: President, Vice Pres, Secretary, Treasurer, Member, Manager, Signer, Owner, etc.)		
Physical Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
Social Security Number/ ITIN:		E-mail:	
Gender:	Date of Birth:	ID#:	State: Expiration:
Employer:	Address:		Occupation:
Security Questions:			
Select your personal passcode:			
What is your mother's maiden name?			
What was your first car, make/model?			
Who was your favorite teacher?			
What is your father's middle name?			
What is the name of your favorite pet?			
What city were you born in?			

Important Information: We are required, by federal law contained in the Bank Secrecy Act, to obtain, verify, and record information that identifies each person opening or having access to a City National Bank account. We will ask for your full legal name, residential address, Social Security Number (SSN) or Individual Tax Payer Identification Number (ITIN), Phone Number, and Date of Birth. Certain documentation will be required depending on the type of business you operate. If the required documentation is not provided today, you will have 30 days from the date of account opening to provide it or the account will be closed.

Agreement:

I certify that the above information is true and correct. By signing below I authorize City National Bank to verify the above information and to obtain further information concerning my credit history and standing on deposit accounts maintained with other institutions through electronic or manual verification. City National Bank reserves the right to decline opening any account based on information that may be obtained.

<u>T Stand</u>	<u>President</u>	<u>7/2/24</u>	<u>P. Potts</u>	<u>CEO</u>	<u>7/2/24</u>
Signature	Title	Date	Signature	Title	Date
Signature	Title	Date	Signature	Title	Date

Bank Use Only:

Acct# _____ CIF# _____ New Account Representative _____
 Additional Comments:

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Parker

Your withholding is subject to review by the IRS.

2024

Enter Personal Information

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	<i>Peter Benjamin</i>	<i>Parker</i>	<i>062-84-6021</i>
	Address	<i>316 Queens Blvd, Apt D2</i>	
	City or town, state, and ZIP code	<i>Queens, NY, 11341</i>	
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ *0*Multiply the number of other dependents by \$500 \$ *0*1
*D*3 \$ *D*Step 4
(optional):
Other Adjustments

Add the amounts above for qualifying children and other dependents. You may add to this amount of any other credits. Enter the total here

4(a) \$ *0*

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(b) \$ *8000*

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(c) \$ *0*

(c) Extra withholding. Enter any additional tax you want withheld each pay period

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

P. Parker

5/2/24

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address

First date of employment

Employer identification number (EIN)

Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

1 \$

2a \$

2b \$

2c \$

3

4 \$

Step 4(b) — Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
- 2 Enter:

• \$29,200 if you're married filing jointly or a qualifying surviving spouse	}
• \$21,900 if you're head of household	
• \$14,600 if you're single or married filing separately	

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
- 5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4

1 \$ 823
563

2 \$ 14,600

3 \$ 0

4 \$ 8,000

5 \$ \$000

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name) <i>Parker</i>	First Name (Given Name) <i>Peter</i>	Middle Initial (if any) <i>Benjamin</i>	Other Last Names Used (if any)						
Address (Street Number and Name) <i>316 Queens Blvd</i>	Apt. Number (if any) <i>D2</i>	City or Town <i>Queens</i>	State <i>NY</i>	ZIP Code <i>11341</i>					
Date of Birth (mm/dd/yyyy) <i>9/10/2001</i>	U.S. Social Security Number <i>062846021</i>	Employee's Email Address <i>peter@ozemail.com</i>	Employee's Telephone Number <i>(718) 281-5181</i>						
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. <i>P. Parker</i>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input checked="" type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) If you check Item Number 4., enter one of these: <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>				USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance					

Signature of Employee
P. Parker

Today's Date (mm/dd/yyyy)

5/21/2024

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)		Additional Information		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.