

BORROWER'S CERTIFICATION & AUTHORIZATION**Certification**

The undersigned certify the following:

1. I/We have applied for a mortgage loan from **LP**

(*Lender*).

In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.

2. I/We understand and agree that Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the Financial Institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Lender. As part of the application process, Lender and the mortgage guaranty insurer (if any) may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Lender and to any investor to whom Lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender or any investor that purchases the mortgage or the mortgage guaranty insurer (if any) may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Lender, the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any): **Dept of HUD**

VA, FHA and USDA Loans

This is notice to you as required by the Right to Financial Privacy Act of 1978 that:

<u>N/A</u>	Department of Veterans Affairs (VA)
<u>X</u>	Department of Housing and Urban Development
<u>N/A</u>	Department of Agriculture (USDA)

has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the agency indicated above without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. You are authorizing such disclosure for a period of time not in excess of three months. Prior to the time that your financial records are disclosed, you may revoke this authorization at any time; however, your refusal to provide the information may cause your application to be delayed or rejected. If you believe that your financial records have been disclosed improperly, you may have legal rights under the Right to Financial Privacy Act of 1978 [12 USCS Sections 3401 et seq.].

SEE 'SIGNATURE ADDENDUM' ATTACHED HERETO, AND MADE A PART HEREOF

SIGNATURE ADDENDUM

I/We consent to the use of the information provided by us for any purpose relating to origination, servicing, loss mitigation, and disposition of the Mortgage or Property securing the Mortgage and relating to any insurance claim and ultimate resolution of such claims by the lender/servicer and FHA.

Signed By : John Homeowner

5/29/2024

DATE

5/29/2024

DATE

Social Security Administration
Supplemental Security Income
Important Information

SUITE 200 2ND FLOOR
19853 W. OUTER DRIVE
DEARBORN, MI 48124
Phone: (313)278-4150

Date: May 18, 2009

Claim Number: 123-45-6789

John Homeowner

123 SECURITY BLVD
DEARBORN, MI 48124

We are writing to tell you some important information about the Supplemental Security Income (SSI) program. We have tried to contact you but have not heard from you. Due to a change in the law, you may be eligible to receive benefits for an additional period of time.

You May be Eligible for Additional SSI Benefits

Congress passed a law that affects SSI eligibility for aliens whose SSI stopped due to the expiration of their seven-year period of eligibility. Our records show that this law may apply to you.

The law is known as "The SSI Extension for Elderly and Disabled Refugees Act." This law allows certain aliens to receive SSI for:

- an additional two-year period beginning October 1, 2008, and
- up to three years during October 1, 2008, through September 30, 2011, if they have an application for naturalization pending or are waiting to take the oath of citizenship.

Who Qualifies for Additional Benefits

To qualify for the benefit extension, you must have been eligible to receive SSI for up to seven years and the seven-year period has ended.

You must also meet one of the following requirements:

- you are a Cuban or Haitian entrant as defined in the Refugee Education and Assistance Act of 1980; or
- your deportation has been withheld under Sections 241(b)(3) or 243(h) of the Immigration and Nationality Act; or
- you have been a Lawful Permanent Resident for less than six years and have maintained such status in good standing; or
- you have applied to be a Lawful Permanent Resident within four years from the date you began receiving SSI; or

See Next Page

W-2

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser:
<https://turbotax.intuit.com/affiliate/ultipaper>



Form W-2 Wage & Tax Statement 2023
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 123-45- 6789	1 Wages, tips, other compensation 32783.19	2 Federal income tax withheld 0.00
c Employer's name, address, and ZIP code XYZ Medical Inc 841 Ste Prudential Dr USA 204 Jacksonville, FL 32207	3 Social security wages 35296.96	4 Social security tax withheld 2188.41
	5 Medicare wages and tips 35296.96	6 Medicare tax withheld 511.81
	7 Social security tips 0.00	8 Allocated tips 0.00
b Employer identification number (EIN) 22-111111	9	10 Dependent care benefits 0.00
e Employee's name, address, and ZIP code John H. Leowner 123 , Test Drive	11 Nonqualified plans 0.00	13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>
	12 See instructions for box 12 D 2513.77 DD 7412.60	14 Other
15 State or local income tax paid AL R009080141	16 State wages, tips, etc. 32783.19	17 State income tax 1189.38
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

Form W-2 Wage & Tax Statement 2023
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 123 -45 6789		1 Wages, tips, other compensation 32783.19		2 Federal income tax withheld 0.00		
c Employer's name, address, and ZIP code XYZ Medi al Inc 841 Prudential Dr Ste 204 Jacksonville, FL 32207 USA		3 Social security wages 35296.96		4 Social security tax withheld 2188.41		
		5 Medicare wages and tips 35296.96		6 Medicare tax withheld 511.81		
		7 Social security tips 0.00		8 Allocated tips 0.00		
b Employer identification number (EIN) 22-111111		9		10 Dependent care benefits 0.00		
e Employee's name, address, and ZIP code John Doe 123 te st drive		11 Nonqualified plans 0.00		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
		12 See Instructions for box 12 D 2513.77 DD 7412.60		14 Other		
15 State AL	Employer's state ID No. R009080141	16 State wages, tips, etc. 32783.19	17 State income tax 1189.38	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage & Tax Statement 2023
Copy C-For EMPLOYEE'S RECORDS.

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.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 123 45 6789		1 Wages, tips, other compensation 32783.19		2 Federal income tax withheld 0.00		
c Employer's name, address, and ZIP code XYZ Medical Inc 841 Prudential Dr Ste 204 Jacksonville, FL 32207 USA		3 Social security wages 35296.96		4 Social security tax withheld 2188.41		
		5 Medicare wages and tips 35296.96		6 Medicare tax withheld 511.81		
		7 Social security tips 0.00		8 Allocated tips 0.00		
b Employer identification number (EIN) 22-111111		9		10 Dependent care benefits 0.00		
e Employee's name, address, and ZIP code John Doe 123 test drive		11 Nonqualified plans 0.00		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
		12 See instructions for box 12 D 2513.77 DD 7412.60		14 Other		
15 State AL	Employer's state ID No. R009080141	16 State wages, tips, etc. 32783.19	17 State income tax 1189.38	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement.

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	38125.16	38125.16	38125.16
Less Exempt Wages	- 240.00	- 240.00	- 240.00
Less Deferred Comp	- 2513.77		
Less Housing/Transportation	- 0.00	- 0.00	- 0.00
Less Dependent Care	- 0.00	- 0.00	- 0.00
Less Sec 125	- 2588.20	- 2588.20	- 2588.20
Less Excess Wages		- 0.00	
Taxable Wages (Reported on Form W-2)	32783.19 Box 1 of W-2	35296.96 Box 3 of W-2	35296.96 Box 5 of W-2

2. Employee W-4 profile to change your Employee W-4 profile information, file a new W-4 with the payroll department

FIT: H 0

SIT Res: ALSIT H 2

SIT Work: ALSIT H 2

Notice to Employee

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

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

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

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

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

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

Credit for excess taxes. If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RTTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RTTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

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

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

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

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

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

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

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

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

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

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

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

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

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

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

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

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

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

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

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

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

L—Substantiated employee business expense reimbursements (nontaxable)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

W-2

Scan QR code to go to TurboTax and import your W-2 information and file your return. Or by typing this into your browser:
<https://turbotax.intuit.com/affiliate/ultpaper>



Form W-2 Wage & Tax Statement 2022
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 23 -45 -67891		1 Wages, tips, other compensation 23957.23		2 Federal income tax withheld 0.00	
c Employer's name, address, and ZIP code XYZ Medical Inc 841 Prudential Dr Ste 204 Jacksonville, FL 32207		3 Social security wages 25255.80		4 Social security tax withheld 1565.86	
		5 Medicare wages and tips 25255.80		6 Medicare tax withheld 366.21	
		7 Social security tips 0.00		8 Allocated tips 0.00	
b Employer identification number (EIN) 22-22-22		9		10 Dependent care benefits 99.94	
e Employee's name, address, and ZIP code John Doe 123 Main St Jacksonville, FL 32207		11 Nonqualified plans 0.00		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		12 See instructions for box 12 D 1298.57 DD 5066.73		14 Other	
15 State AL	16 State wages, tips, etc. 23957.23	17 State income tax 819.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage & Tax Statement 2022
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 123 -45 -6789		1 Wages, tips, other compensation 23957.23		2 Federal income tax withheld 0.00	
c Employer's name, address, and ZIP code XYZ Medical Inc 841 Prudential Dr Ste 204 Jacksonville, FL 32207		3 Social security wages 25255.80		4 Social security tax withheld 1565.86	
		5 Medicare wages and tips 25255.80		6 Medicare tax withheld 366.21	
		7 Social security tips 0.00		8 Allocated tips 0.00	
b Employer identification number (EIN) 22-111111		9		10 Dependent care benefits 99.94	
e Employee's name, address, and ZIP code John H. Doe owner 123 Teardrive Jacksonville, FL 32207		11 Nonqualified plans 0.00		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		12 See Instructions for box 12 D 1298.57 DD 5066.73		14 Other	
15 State AL	Employer's state ID No. R009080141	16 State wages, tips, etc. 23957.23	17 State income tax 819.40	18 Local wages, tips, etc.	19 Local income tax
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