



VERIFICATION OF EMPLOYMENT AND INCOME

Report ID : 52bac557-dd59-44ec-882c-2c6448e4e950

Requestor:	CERTIFIED CREDIT REPORTING	Requestor ID:	2931696	Report Type:	ExpVerify-Premium
Date Requested:	09/09/2024	At The Request Of:	ABC FINANCIAL CORPORATION	Loan Number:	1234567890
Order Number:	317362				

JOHN HOMEOWNER

Address:	123 Test Drive, Hueytown, AL	Social Security Number:	XXX-XX-XXXX
Phone:	35023 999-000-0000	Date of Birth :	XX/04/19XX

Employer Summary

Employer	Work Status	Employment Status	Original Hire Date	Most Recent Hire Date	Position End Date	Current YTD Gross Pay
One Call Medical Inc	Active	Full-time	02/14/2022	02/14/2022	N/A	\$24,446.92

Employer 1 of 1

XYZ Medical Inc 111 Test Drive, Suite 900, Jacksonville, FL 32207

FEIN:	999999999	As Of Date:	09/09/2024		
Title:	Care Coordinator I	Original Hire Date:	02/14/2022	Pay Frequency:	Bi-weekly
Employment Status:	Full-time	Most Recent Hire Date:	02/14/2022	Pay Description:	N/A
Work Status:	Active	Position End Date:	N/A	Rate:	\$17.04
Tenure:	N/A	Hours:	80.45		

Income Summary

Year	YTD Gross Pay	YTD Base Pay	YTD Overtime Pay	YTD Bonus Pay	YTD Other Pay	YTD 3PSP
2024	\$24,446.92	\$24,172.55	\$44.37	\$0.00	\$230.00	N/A

Pay Detail Information

YTD Bonus Pay Details	Amount	YTD Other Pay Details	Amount
miscellaneous	\$230.00		

Year	YTD Gross Pay	YTD Base Pay	YTD Overtime Pay	YTD Bonus Pay	YTD Other Pay	YTD 3PSP
2023	\$38,125.16	\$33,929.16	\$3,728.31	\$0.00	\$467.69	N/A

Pay Detail Information

YTD Bonus Pay Details	Amount	YTD Other Pay Details	Amount
miscellaneous	\$467.69		

Year	YTD Gross Pay	YTD Base Pay	YTD Overtime Pay	YTD Bonus Pay	YTD Other Pay	YTD 3PSP
2022	\$28,059.56	\$27,420.54	\$439.02	\$0.00	\$200.00	N/A

Pay Detail Information

YTD Bonus Pay Details	Amount	YTD Other Pay Details	Amount
miscellaneous	\$200.00		

Pay Record 1 of 2

As of Date:	09/09/2024	Pay Description:	N/A
Pay Date:	08/30/2024	Pay Unit Type:	Hourly
Pay Frequency:	Bi-weekly	Rate:	\$17.04
Reporting Period:	08/12/2024 - 08/25/2024	Hours:	80.45

Gross Pay	Base Pay	Overtime Pay	Bonus Pay	Other Pay	3PSP Pay
\$1,374.70	\$1,363.20	\$11.50	\$0.00	\$0.00	N/A

Pay Record 2 of 2

As of Date:	09/09/2024	Pay Description:	N/A
Pay Date:	08/16/2024	Pay Unit Type:	Hourly
Pay Frequency:	Bi-weekly	Rate:	\$17.04
Reporting Period:	07/29/2024 - 08/11/2024	Hours:	80.17

Gross Pay	Base Pay	Overtime Pay	Bonus Pay	Other Pay	3PSP Pay
\$1,367.46	\$1,363.20	\$4.26	\$0.00	\$0.00	N/A

* N/A is returned when information is not available in the source data.

For questions regarding this report:

End Users of Resellers can contact their Reseller directly.

All other Verifiers can direct questions regarding this report to:

Phone: 800-854-7201

This report has been issued by the consumer reporting agency Experian Background Data. If you are a consumer and you have any questions regarding this report or wish to request a disclosure, please contact us at 833.256.3148 or send your written request to: P.O. Box 1458 Allen, TX 75013.

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. Doe 123 , Test Drive	11 Nonqualified plans 0.00	13 Statutory employee plan <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay			
	12 See instructions for box 12 D 2513.77 DD 7412.60	14 Other			
15 Employee's state ID # 5023 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 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 Owner 123 Test Drive	11 Nonqualified plans 0.00	13 Statutory employee plan <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay				
	12 See Instructions for box 12 D 2513.77 DD 7412.68	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 22-111111	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) 123 test dive	9	10 Dependent care benefits 0.00			
e Employee's name, address, and ZIP code John Doe 123 test dive	11 Nonqualified plans 0.00	13 Statutory employee plan <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay			
	12 See instructions for box 12 D 2513.77 DD 7412.60	14 Other			
15 State AL	16 State wages, tips, etc. R009080141	17 State income tax 32783.19	18 Local wages, tips, etc. 1189.38	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 W2)	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 (RRTA) 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 RRTA 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/ultipaper>



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.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

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 Ind841 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) USA 22-23	9	10 Dependent care benefits 99.94			
e Employee's name, address, and ZIP code Joh nHm eowne 23 test div e	11 Nonqualified plans 0.00	13 Statutory employee plan <input type="checkbox"/> <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/>			
	12 See instructions for box 12 D 1298.57 DD 5066.73	14 Other			
15 State Employer's state ID No. AL R009080141	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. G. owner 123 Test drive	11 Nonqualified plans 0.00	13 Statutory employee plan <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay				
	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	20 Locality name

**Form W-2 Wage & Tax Statement 2022
Copy C-For EMPLOYEE'S RECORDS.**

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 123-45-67891	1 Wages, tips, other compensation 23957.23	2 Federal Income tax withheld 0.00				
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	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) USA 22-111111	9	10 Dependent care benefits 99.94				
e Employee's name, address, and ZIP code Jane Doe	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. 80098014135023	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

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	28059.56	28059.56	28059.56
Less Exempt Wages	- 200.00	- 200.00	- 200.00
Less Deferred Comp	- 1298.57		
Less Housing/Transportation	- 0.00	- 0.00	- 0.00
Less Dependent Care	- 99.94	- 99.94	- 99.94
Less Sec 125	- 2503.82	- 2503.82	- 2503.82
Less Excess Wages		- 0.00	
Taxable Wages (Reported on Form W2)	23957.23	25255.80	25255.80
	Box 1 of W-2	Box 3 of W-2	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 2022 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 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

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

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

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the 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 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA 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, Additional Medicare Tax. 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, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

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

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

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the 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, Archer MSAs and Long-Term Care Insurance Contracts.

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

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

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

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

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

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the 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, Contributions to Individual Retirement Arrangements (IRAs).

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

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





Governor:



SDD 39662001268000000

DRIVER'S LICENSE

DL



4d DL NO. 122222222 3 DOB 01/01/1999

9 CLASS C

4b EXP 01/01/2026

John Homeowner

123 Test Drive , Bessemer , AL
35023

12 REST A

9a END NONE

4a ISS 10/29/2019

15 SEX F 18 EYES BLU

16 HGT 5'-07" 17 WGT 175 lb

To Whom it May Concern,

This letter confirms that the undersigned is making a financial gift of \$ 50,000

to John Homeowner

(print names of recipients)

For use toward the purchase of the property located at:

123 , Test Drive , Bessemer , AL 35023

(Address of property being mortgaged)

We, the undersigned Recipients and Donors, hereby certify that:

1. The Donor is an immediate family member
2. These funds are a genuine gift from the Donors; as such, are not required to be repaid at anytime
3. No part of the financial gift is being provided by any third party having any interest (direct or indirect) in the sale of the subject property

Recipient(s)

Name: John Homeowner

Signature: John Homeowner _____

Date: January 22, 2018

Donors

Name: Abc Smith

Signature: ABC

Date: January 22, 2018

Relationship: Father of John

Homeowne, Address: 123 , Test

Drive , Bessemer , AL 35023

City, Prov.: Toronto, Ont

Uniform Residential Loan Application

Verify and complete the information on this application. If you are applying for this loan with others, each additional Borrower must provide information as directed by your Lender.

Section 1: Borrower Information.

This section asks about your personal information and your income from employment and other sources, such as retirement, that you want considered to qualify for this loan.

1a. Personal Information

Name (First, Middle, Last, Suffix) John homeowner	Social Security Number 123 - 44 - 5555 (or Individual Taxpayer Identification Number)
Alternate Names – List any names by which you are known or any names under which credit was previously received (First, Middle, Last, Suffix) John Homeowner	Date of Birth 08 / 12 / 1960 (mm/dd/yyyy)
Citizenship <input checked="" type="radio"/> U.S. Citizen <input type="radio"/> Permanent Resident Alien <input type="radio"/> Non-Permanent Resident Alien	

Type of Credit

- I am applying for **individual credit**.
 I am applying for **joint credit**. Total Number of Borrowers: _____
Each Borrower intends to apply for joint credit. **Your initials:** _____

Marital Status <input checked="" type="radio"/> Married <input checked="" type="radio"/> Separated <input type="radio"/> Unmarried (Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)	Dependents (not listed by another Borrower) Number 4 Ages 2, 4, 16, 17	Contact Information Home Phone (321) 999 - 4567 Cell Phone (321) 999 - 7890 Work Phone (321) 999 - 9999 Ext. _____ Email SUEVEE@EMAIL.COM
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Current Address

Street **19 PALMETTO ROAD** Unit # _____
City **SWEET BEACH** State **FL** ZIP **33100** Country _____

How Long at Current Address? **1** Years **11** Months **Housing** No primary housing expense Own Rent (\$ _____ /month)

If at Current Address for LESS than 2 years, list Former Address Does not apply

Street **123 CORAL WAY** Unit # _____
City **MIAMI BEACH** State **FL** ZIP **33140** Country _____

How Long at Former Address? **6** Years **Months** **Housing** No primary housing expense Own Rent (\$ _____ /month)

Mailing Address – if different from Current Address Does not apply

Street _____ Unit # _____
City _____ State _____ ZIP _____ Country _____

Military Service – Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces? NO YES

If YES, check all that apply: Currently serving on active duty with projected expiration date of service/tour **_____ / _____** (mm/yyyy)
 Currently retired, discharged, or separated from service
 Only period of service was as a non-activated member of the Reserve or National Guard
 Surviving spouse

Language Preference – Your loan transaction is likely to be conducted in English. This question requests information to see if communications are available to assist you in your preferred language. Please be aware that communications may NOT be available in your preferred language.

Optional – Mark the language you would prefer, if available:

English Chinese Korean Spanish Tagalog Vietnamese Other: _____ I do not wish to respond

Your answer will NOT negatively affect your mortgage application. Your answer does not mean the Lender or Other Loan Participants agree to communicate or provide documents in your preferred language. However, it may let them assist you or direct you to persons who can assist you.

Language assistance and resources may be available through housing counseling agencies approved by the U.S. Department of Housing and Urban Development. To find a housing counseling agency, contact one of the following Federal government agencies:

- U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling.
- Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/find-a-housing-counselor.

1b. Current Employment/Self Employment and Income **Does not apply**Employer or Business Name One call medical inc Phone (321) 999 - 9999 Street 19

PALMETTO ROAD

City SWEET BEACHState FL ZIP 33100Position or Title OWNER/ OPERATOR**Check if this statement applies:**Start Date 01 / 2014 (mm/yyyy) I am employed by a family member, property seller, real estate agent, or other party to the transaction.How long in this line of work? 4 Years Months

Check if you are the Business Owner or Self-Employed I have an ownership share of less than 25%. **Monthly Income (or Loss)**

I have an ownership share of 25% or more. \$ 2,500

Gross Monthly Income

Base \$ _____ /month

Overtime \$ _____ /month

Bonus \$ _____ /month

Commission \$ _____ /month

Military Entitlements \$ _____ /month

Other \$ _____ /month

TOTAL \$ _____ /month**1c. IF APPLICABLE, Complete Information for Additional Employment/Self Employment and Income** **Does not apply**Employer or Business Name SING SONG SINGERS Phone (321) 999 - 1234Street 10 SONGBIRD LANECity TALENTState FL ZIP 33103Position or Title ENTERTAINER**Check if this statement applies:**Start Date 08 / 1995 (mm/yyyy) I am employed by a family member, property seller, real estate agent, or other party to the transaction.How long in this line of work? 20 Years Months

Check if you are the Business Owner or Self-Employed I have an ownership share of less than 25%. **Monthly Income (or Loss)**

I have an ownership share of 25% or more. \$ _____

Gross Monthly Income

Base \$ _____ /month

Overtime \$ _____ /month

Bonus \$ _____ /month

Commission \$ 750 /month

Military Entitlements \$ _____ /month

Other \$ _____ /month

TOTAL \$ 750 /month**1d. IF APPLICABLE, Complete Information for Previous Employment/Self Employment and Income** **Does not apply**

Provide at least 2 years of current and previous employment and income.

Employer or Business Name _____

Street _____

City _____

State _____ ZIP _____

Position or Title _____

Start Date _____ / _____ (mm/yyyy)

End Date _____ / _____ (mm/yyyy)

 Check if you were the Business Owner or Self-Employed**Previous Gross Monthly Income**

\$ _____

1e. Income from Other Sources **Does not apply**

Include income from other sources below. Under Income Source, choose from the sources listed here:

- Alimony
- Automobile Allowance
- Boarder Income
- Capital Gains
- Child Support
- Disability
- Foster Care
- Housing or Parsonage
- Interest and Dividends
- Mortgage Credit Certificate
- Mortgage Differential Payments
- Notes Receivable
- Public Assistance
- Retirement
- (e.g., Pension, IRA)
- Royalty Payments
- Separate Maintenance
- Social Security
- Trust
- Unemployment Benefits
- VA Compensation
- Other

NOTE: Reveal alimony, child support, separate maintenance, or other income ONLY IF you want it considered in determining your qualification for this loan.

Income Source – use list above

Monthly Income

Child Support

\$

10,000

\$

\$

Provide TOTAL Amount Here

\$

10,000

Borrower Name: John homeowner

Uniform Residential Loan Application Freddie Mac Form 65 • Fannie Mae Form 1003

Section 2: Financial Information — Assets and Liabilities. This section asks about things you own that are worth money and that you want considered to qualify for this loan. It then asks about your liabilities (or debts) that you pay each month, such as credit cards, alimony, or other expenses.

2a. Assets – Bank Accounts, Retirement, and Other Accounts You Have

Include all accounts below. Under Account Type, choose from the types listed here:

- Checking
- Certificate of Deposit
- Stock Options
- Bridge Loan Proceeds
- Trust Account
- Savings
- Mutual Fund
- Bonds
- Individual Development Account
- Cash Value of Life Insurance (used for the transaction)
- Money Market
- Stocks
- Retirement (e.g., 401k, IRA)

Account Type – use list above	Financial Institution	Account Number	Cash or Market Value
Checking	FISH BOWL BANK	1021	\$ 3,210
Savings	WAVE BOARD CREDIT UNION	6655	\$ 15,000
			\$
			\$
			\$
			\$
Provide TOTAL Amount Here			\$ 18,210

2b. Other Assets You Have

Does not apply

Include all other assets below. Under Asset Type, choose from the types listed here:

- Earnest Money
- Proceeds from Sale of Non-Real Estate Asset
- Proceeds from Real Estate Property to be sold on or before closing
- Sweat Equity
- Employer Assistance
- Rent Credit
- Secured Borrowed Funds
- Trade Equity
- Unsecured Borrowed Funds
- Other

Asset Type – use list above	Cash or Market Value
	\$
	\$
	\$
Provide TOTAL Amount Here	

2c. Liabilities – Credit Cards, Other Debts, and Leases that You Owe

Does not apply

List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here:

- Revolving (e.g., credit cards)
- Installment (e.g., car, student, personal loans)
- Open 30-Day (balance paid monthly)
- Lease (not real estate)
- Other

Account Type – use list above	Company Name	Account Number	Unpaid Balance	To be paid off at or before closing	Monthly Payment
Revolving	BUY IT	9876	\$ 14,321	<input type="checkbox"/>	\$ 285
Lease	AUTO WORLD	6789	\$ 630	<input type="checkbox"/>	\$ 213
			\$	<input type="checkbox"/>	\$
			\$	<input type="checkbox"/>	\$
			\$	<input type="checkbox"/>	\$

2d. Other Liabilities and Expenses

Does not apply

Include all other liabilities and expenses below. Choose from the types listed here:

Alimony	Child Support	Separate Maintenance	Job Related Expenses	Other	Monthly Payment
					\$
					\$
					\$

Borrower Name: SUE V. SUMMER

Uniform Residential Loan Application

Freddie Mac Form 65 • Fannie Mae Form 1003

Section 3: Financial Information — Real Estate. This section asks you to list all properties you currently own and what you owe on them. I do not own any real estate

3a. Property You Own

If you are refinancing, list the property you are refinancing FIRST.

Address

Street 8 RIDER WAY Unit # _____ City SWEET BEACH State FL ZIP 33100

Property Value	Status: Sold, Pending Sale, or Retained	Monthly Insurance, Taxes, Association Dues, etc. if not included in Monthly Mortgage Payment	For Investment Property Only	
			Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income
\$ 180,000	Retained	\$ 450	\$ 1,750	\$ 137

Mortgage Loans on this Property Does not apply

Creditor Name	Account Number	Monthly Mortgage Payment	Unpaid Balance	<i>To be paid off at or before closing</i>	Type: FHA, VA, Conventional, USDA-RD, Other	Credit Limit (if applicable)
					Monthly Rental Income	
TAXPAYER CU	98765432	\$ 725	\$ 100,000	<input checked="" type="checkbox"/>	FHA	\$
		\$	\$	<input type="checkbox"/>		\$

3b. IF APPLICABLE, Complete Information for Additional Property

Does not apply

Address

Street 19 PALMETTO RD Unit # _____ City SWEET BEACH State FL ZIP 33100

Property Value	Status: Sold, Pending Sale, or Retained	Monthly Insurance, Taxes, Association Dues, etc. if not included in Monthly Mortgage Payment	For Investment Property Only		
			Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income	
\$ 300,000	Retained	\$	\$	\$	

Mortgage Loans on this Property Does not apply

Creditor Name	Account Number	Monthly Mortgage Payment	Unpaid Balance	<i>To be paid off at or before closing</i>	Type: FHA, VA, Conventional, USDA-RD, Other	Credit Limit (if applicable)
					Monthly Rental Income	
BEACHIE BIGGS	123SUM	\$ 1,500	\$ 250,000	<input type="checkbox"/>	Conventional	\$
WAVE BOARD CU	9988-2	\$ 100	\$ 20,000	<input type="checkbox"/>	Other	\$ 33,000

3c. IF APPLICABLE, Complete Information for Additional Property

Does not apply

Address

Street _____ Unit # _____ City _____ State _____ ZIP _____

Property Value	Status: Sold, Pending Sale, or Retained	Monthly Insurance, Taxes, Association Dues, etc. if not included in Monthly Mortgage Payment	For Investment Property Only		
			Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income	
\$		\$	\$	\$	

Mortgage Loans on this Property Does not apply

Creditor Name	Account Number	Monthly Mortgage Payment	Unpaid Balance	<i>To be paid off at or before closing</i>	Type: FHA, VA, Conventional, USDA-RD, Other	Credit Limit (if applicable)
					Monthly Rental Income	
		\$	\$	<input type="checkbox"/>		\$
		\$	\$	<input type="checkbox"/>		\$

Borrower Name: John homeowner

Uniform Residential Loan Application

Freddie Mac Form 65 • Fannie Mae Form 1003

Section 4: Loan and Property Information. This section asks about the loan's purpose and the property you want to purchase or refinance.

4a. Loan and Property Information

Loan Amount \$ <u>120,000</u>	Loan Purpose <input type="radio"/> Purchase <input checked="" type="radio"/> Refinance <input type="radio"/> Other (specify) _____
Property Address Street <u>8 RIDER WAY</u>	Unit # _____
City <u>SWEET BEACH</u>	State <u>FL</u> ZIP <u>33100</u>
County <u>SUN</u>	Number of Units <u>1</u> Property Value \$ <u>180,000</u>
Occupancy <input type="radio"/> Primary Residence <input type="radio"/> Second Home <input checked="" type="radio"/> Investment Property <input type="radio"/> FHA Secondary Residence	
1. Mixed-Use Property. If you will occupy the property, will you set aside space within the property to operate your own business? (e.g., daycare facility, medical office, beauty/barber shop) <input type="radio"/> NO <input type="radio"/> YES	
2. Manufactured Home. Is the property a manufactured home? (e.g., a factory built dwelling built on a permanent chassis) <input type="radio"/> NO <input type="radio"/> YES	

4b. Other New Mortgage Loans on the Property You are Buying or Refinancing

Creditor Name	Lien Type	Monthly Payment	Loan Amount/ Amount to be Drawn	Credit Limit (if applicable)
	<input type="radio"/> First Lien <input type="radio"/> Subordinate Lien	\$	\$	\$
	<input type="radio"/> First Lien <input type="radio"/> Subordinate Lien	\$	\$	\$

4c. Rental Income on the Property You Want to Purchase

For Purchase Only Does not apply

Complete if the property is a 2-4 Unit Primary Residence or an Investment Property	Amount
Expected Monthly Rental Income	\$
For LENDER to calculate: Expected Net Monthly Rental Income	\$

4d. Gifts or Grants You Have Been Given or Will Receive for this Loan

Does not apply

Include all gifts and grants below. Under Source, choose from the sources listed here:

- Relative
- Employer
- Community Nonprofit
- State Agency
- Other
- Unmarried Partner
- Religious Nonprofit
- Federal Agency
- Local Agency

Asset Type: Cash Gift, Gift of Equity, Grant	Deposited/Not Deposited	Source – use list above	Cash or Market Value
	<input type="radio"/> Deposited <input type="radio"/> Not Deposited		\$
	<input type="radio"/> Deposited <input type="radio"/> Not Deposited		\$

Section 5: Declarations. This section asks you specific questions about the property, your funding, and your past financial history.**5a. About this Property and Your Money for this Loan**

A. Will you occupy the property as your primary residence? If YES, have you had an ownership interest in another property in the last three years? If YES, complete (1) and (2) below: (1) What type of property did you own: primary residence (PR), FHA secondary residence (SR), second home (SH), or investment property (IP)? (2) How did you hold title to the property: by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?	<input checked="" type="radio"/> NO <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> YES _____ _____ _____
B. If this is a Purchase Transaction: Do you have a family relationship or business affiliation with the seller of the property?	<input type="radio"/> NO <input checked="" type="radio"/> YES
C. Are you borrowing any money for this real estate transaction (e.g., <i>money for your closing costs or down payment</i>) or obtaining any money from another party, such as the seller or realtor, that you have not disclosed on this loan application? If YES, what is the amount of this money?	<input checked="" type="radio"/> NO <input type="radio"/> YES \$ _____
D. 1. Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or before closing this transaction that is not disclosed on this loan application? 2. Have you or will you be applying for any new credit (e.g., <i>installment loan, credit card, etc.</i>) on or before closing this loan that is not disclosed on this application?	<input type="radio"/> NO <input checked="" type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES
E. Will this property be subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through your property taxes (e.g., <i>the Property Assessed Clean Energy Program</i>)?	<input checked="" type="radio"/> NO <input type="radio"/> YES

5b. About Your Finances

F. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application?	<input checked="" type="radio"/> NO <input type="radio"/> YES
G. Are there any outstanding judgments against you?	<input checked="" type="radio"/> NO <input type="radio"/> YES
H. Are you currently delinquent or in default on a federal debt?	<input checked="" type="radio"/> NO <input type="radio"/> YES
I. Are you a party to a lawsuit in which you potentially have any personal financial liability?	<input checked="" type="radio"/> NO <input type="radio"/> YES
J. Have you conveyed title to any property in lieu of foreclosure in the past 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
K. Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a third party and the Lender agreed to accept less than the outstanding mortgage balance due?	<input checked="" type="radio"/> NO <input type="radio"/> YES
L. Have you had property foreclosed upon in the last 7 years?	<input checked="" type="radio"/> NO <input type="radio"/> YES
M. Have you declared bankruptcy within the past 7 years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input checked="" type="radio"/> NO <input type="radio"/> YES

Section 6: Acknowledgments and Agreements. This section tells you about your legal obligations when you sign this application.

Acknowledgments and Agreements

I agree to, acknowledge, and represent the following statements to:

- The Lender (this includes the Lender's agents, service providers and any of their successors and assigns); AND
- Other Loan Participants (this includes any actual or potential owners of a loan resulting from this application (the "Loan"), or acquirers of any beneficial or other interest in the Loan, any mortgage insurer, guarantor, any servicers or service providers of the Loan, and any of their successors and assigns).

By signing below, I agree to, acknowledge, and represent the following statements about:

(1) The Complete Information for this Application

- The information I have provided in this application is true, accurate, and complete as of the date I signed this application.
- If the information I submitted changes or I have new information before closing of the Loan, I must change and supplement this application or any real estate sales contract, including providing any updated/supplemented real estate sales contract.
- For purchase transactions: The terms and conditions of any real estate sales contract signed by me in connection with this application are true, accurate, and complete to the best of my knowledge and belief. I have not entered into any other agreement, written or oral, in connection with this real estate transaction.
- The Lender and Other Loan Participants may rely on the information contained in the application before and after closing of the Loan.
- Any intentional or negligent misrepresentation of information may result in the imposition of:
 - (a) civil liability on me, including monetary damages, if a person suffers any loss because the person relied on any misrepresentation that I have made on this application, and/or
 - (b) criminal penalties on me including, but not limited to, fine or imprisonment or both under the provisions of federal law (18 U.S.C. §§ 1001 et seq.).

(2) The Property's Security

- The Loan I have applied for in this application will be secured by a mortgage or deed of trust which provides the Lender a security interest in the property described in this application.

(3) The Property's Appraisal, Value, and Condition

- Any appraisal or value of the property obtained by the Lender is for use by the Lender and Other Loan Participants.
- The Lender and Other Loan Participants have not made any representation or warranty, express or implied, to me about the property, its condition, or its value.

(4) Electronic Records and Signatures

- The Lender and Other Loan Participants may keep any paper record and/or electronic record of this application, whether or not the Loan is approved.
- If this application is created as (or converted into) an "electronic application", I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transactions laws.
- I intend to sign and have signed this application either using my:
 - (a) electronic signature; or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.
- I agree that the application, if delivered or transmitted to the Lender or Other Loan Participants as an electronic record with my electronic signature, will be as effective and enforceable as a paper application signed by me in writing.

(5) Delinquency

- The Lender and Other Loan Participants may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report and will likely affect my credit score.
- If I have trouble making my payments I understand that I may contact a HUD-approved housing counseling organization for advice about actions I can take to meet my mortgage obligations.

(6) Use and Sharing of Information

I understand and acknowledge that the Lender and Other Loan Participants can obtain, use, and share the loan application, a consumer credit report, and related documentation for purposes permitted by applicable laws.

Borrower Signature _____ Date (mm/dd/yyyy) ____ / ____ / ____

Borrower Signature _____ Date (mm/dd/yyyy) ____ / ____ / ____

Section 7: Demographic Information.

This section asks about your ethnicity, sex, and race.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: Check one or more

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino – Print origin:

For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

- Not Hispanic or Latino
 I do not wish to provide this information

Sex

- Female
 Male
 I do not wish to provide this information

Race: Check one or more

- American Indian or Alaska Native – Print name of enrolled or principal tribe: _____
Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian – Print race: _____

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

- Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander – Print race:

For example: Fijian, Tongan, and so on.

- White
 I do not wish to provide this information

To Be Completed by Financial Institution (for application taken in person):

Was the ethnicity of the Borrower collected on the basis of visual observation or surname? NO YES

Was the sex of the Borrower collected on the basis of visual observation or surname? NO YES

Was the race of the Borrower collected on the basis of visual observation or surname? NO YES

The Demographic Information was provided through:

- Face-to-Face Interview (includes Electronic Media w/ Video Component) Telephone Interview Fax or Mail Email or Internet

Section 8: Loan Originator Information.

Loan Originator Information

Loan Originator Organization Name MO RG AGE LO AN S RU S

Address 4321 RANDOM BLVD, SOME CITY, FL 12345

Loan Originator Organization NMLS ID# 1111 State License ID# _____

Loan Originator Name GREG SMITH

Loan Originator NMLS ID# 12345 State License ID# F L54321

Email GREGSMITH@EMAIL.COM Phone (222) 333 - 4444

Signature _____ Date (mm/dd/yyyy) _____ / _____ / _____

Borrower Name: John homeowner

Uniform Residential Loan Application

Freddie Mac Form 65 • Fannie Mae Form 1003