Wells Fargo[®] Essential Checking

August 11, 2021 ■ Page 1 of 7



DOMINIC BOGDAN 111 LAKES RD SAN DEGO CA 11111

Questions?

Available by phone 24 hours a day, 7 days a week: We accept all relay calls, including 711

1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)

P.O. Box 6995

Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	√	Direct Deposit	1
Online Bill Pay		Auto Transfer/Payment	
Online Statements	✓	Overdraft Protection	1
Mobile Banking	✓	Debit Card	
My Spending Report		Overdraft Service	



MINIOR IMPORTANT ACCOUNT INFORMATION

In order to serve customers more efficiently, we will be updating the available statement and fee period ending dates. Based on your current statement and fee period end dates, in August 2021 we are adjusting your statement and fee periods to end on the eleventh business day each month. (Business days do not include Saturdays, Sundays, and Federal holidays.) Your August statement will be produced on August 11 as normal, and then another statement will be produced on August 16, adjusting your account to the new statement and fee period end date. No monthly service fee will be assessed for the abbreviated fee period ending August 16. This update does not affect your account terms and conditions. Your fee period end date is located in the Monthly Service Fee Summary section of your statement. Refer to the Consumer or Business Account Fee and Information Schedule located online at wellsfargo.com/feefaq for more information about monthly fee periods.

Other Wells Fargo Benefits

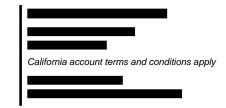
Help take control of your finances with a Wells Fargo Personal Loan.



Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score, before you apply.

Go to wellsfargo.com/personalloan or call 1-855-324-9370, Monday through Friday, from 8:00 a.m. to 7:00 p.m. Central Time.

Statement period activity summary	
Beginning balance on 7/14	\$3,082.80
Deposits/Additions	24,163.03
Withdrawals/Subtractions	- 26,557.01
Ending balance on 8/11	\$688.82

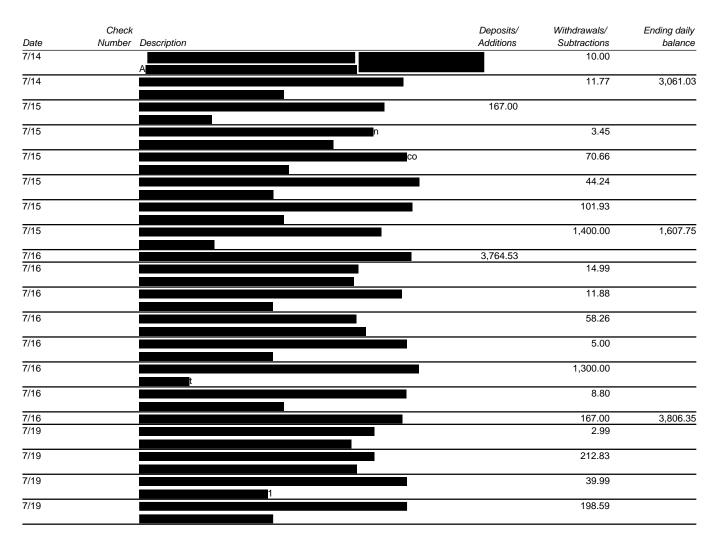


Overdraft Protection

Your account is linked to the following for Overdraft Protection:

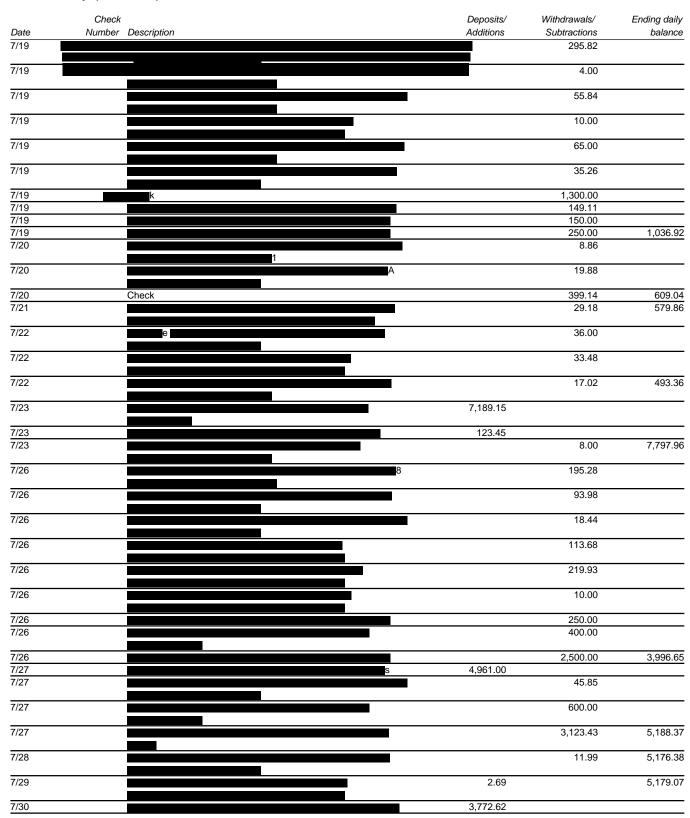
■ Credit Card - XXXX-X

Transaction history



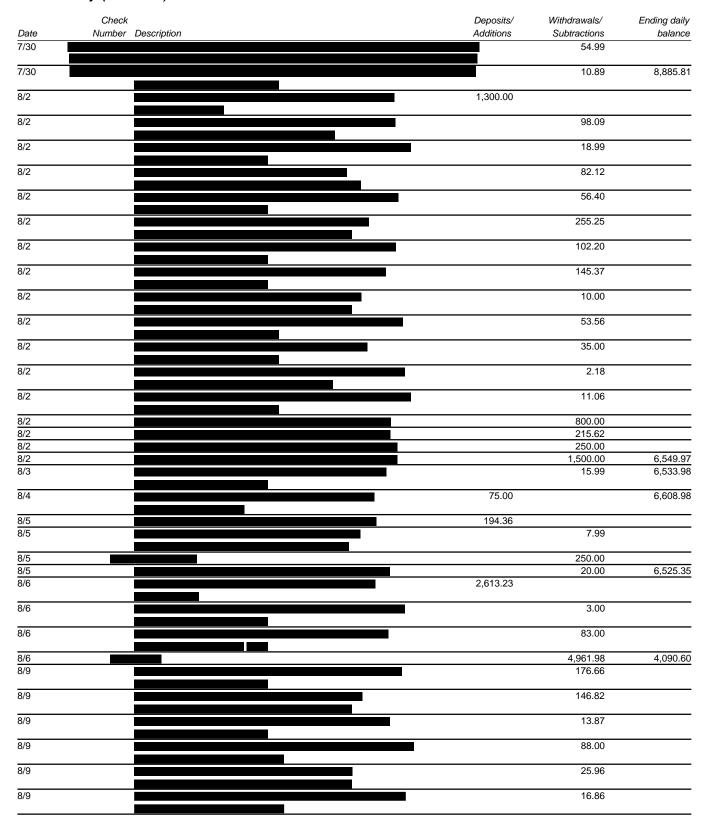


Transaction history (continued)



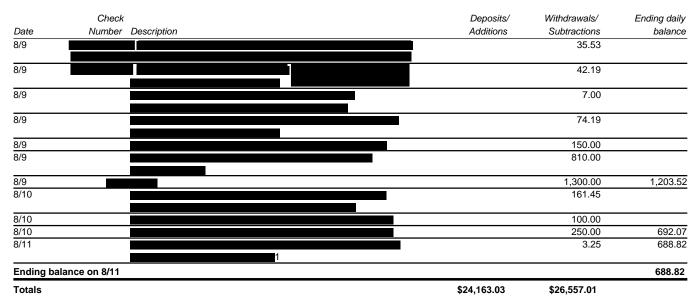


Transaction history (continued)









The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
	7/20	399.14	549	8/9	1,300.00	573	8/5	250.00
548	8/6	4,961.98	572 *	7/19	1,300.00			

^{*} Gap in check sequence.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 07/14/2021 - 08/11/2021	Standard monthly service fee \$7.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
Minimum daily balance	\$1,500.00	\$493.36
· Total amount of qualifying direct deposits	\$500.00	\$22,785.34

Monthly service fee discount(s) (applied when box is checked)

Online only statements (\$2.00 discount)

JE/JE



Sheet Seq = 0000393 Sheet 00003 of 00004



Earnings Statement

Pay period: Feb 1, 2022 - Feb 7, 2022 Pay Day: Feb 7, 2022 Chase Checking (. . . 0000): \$500.00 Navy Federal (. . . 0000): \$420.00 Schwab (. . . 0000): \$1,156.28

Company

Delta Airlines 555 Grand Street Atlanta, GA 88434 Employee

Clyde Drexler xxx-xx-xx 1123 Drive street Atlanta, GA, 88434

Employee Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours Salaried	\$74.52	40.0	\$2,980.77	\$17,288.47
Total Hours Worked		40.0		
Paid Holidays				\$596.15
Commission			\$0.00	\$33,591.83
Gross Earnings			\$2,980.77	\$51,476.45

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	\$536.49	\$14,843.33
Social Security	\$184.66	\$3,190.64
Medicare	\$43.19	\$746.20
CO Withholding Tax	\$132.00	\$2,317.00
Denver OPT	\$5.75	\$11.50

Employer Taxes

Company Tax	Current	Year To Date
Social Security	\$184.66	\$3,190.64
Medicare	\$43.19	\$746.20
<u>FUTA</u>	\$0.00	\$42.00
CO Unemployment Insurance Tax	\$0.00	\$288.99
Denver OPT	\$4.00	\$8.00

Employee Deductions

Description	Туре	Current	Year To Date
Employee Vision Insurance	Vision Insurance	\$0.02	\$0.14
Employee Dental Insurance	Dental Insurance	\$0.15	\$1.07
Employee Medical Insurance	Medical Insurance	\$1.12	\$6.72
Dependents Medical Insurance	Medical Insurance	\$1.11	\$6.66

Employer Contributions

Description	Туре	Current	Year To Date
Employee Vision Insurance	Vision Insurance	\$1.87	\$11.22
Dependents Vision Insurance	Vision Insurance	\$1.29	\$7.74
Employee Dental Insurance	Dental Insurance	\$15.08	\$90.48
Dependents Dental Insurance	Dental Insurance	\$16.26	\$97.56
Employee Medical Insurance	Medical Insurance	\$110.88	\$665.28
Dependents Medical Insurance	Medical Insurance	\$109.41	\$656.46

Summary

Description	Current	Year To Date
Gross Earnings	\$2,980.77	\$51,476.45
Pre-Tax Deductions/Contributions	\$2.40	\$14.59
<u>Taxes</u>	\$902.09	\$21,108.67
Post-Tax Deductions/Contributions	\$0.00	\$0.00
Net Pay	\$2,076.28	\$30,353.19
Total Reimbursements	\$0.00	\$0.00
Check Amount	\$2,076.28	\$30,353.19

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.00
Remaining Sick Balance	38.80

Paid Time Off Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited