

Tenant Name: Westley Richter

Pets: NONE

Experian credit score: 783

Occupation: Lighting Designer and Programmer for events. 8 years of work history in NYC

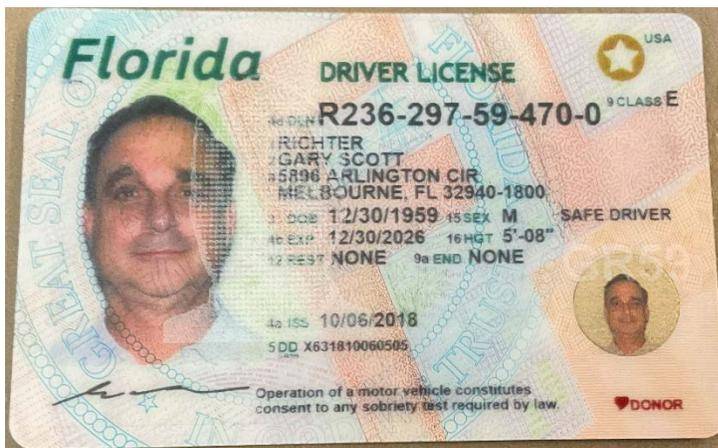
Income verification (**pages 2-5 of this document**): 3 months bank statements for checking acct with average monthly deposits totaling \$12,455



Guarantor Name: Gary Richter

Experian Credit score: 833

Income verification (**pages 6-9 of this document**): 2023 and 2024 tax returns showing at least \$280,000





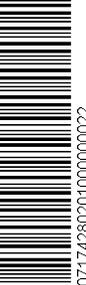
JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218 - 2051

May 01, 2025 through May 30, 2025
 Account Number: **000000919163920**

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
 Service Center: **1-800-242-7338**
 Para Espanol: **1-888-622-4273**
 International Calls: **1-713-262-1679**
 We accept operator relay calls

00717428 DRE 802 219 15125 NNNNNNNNNN 1 000000000 64 0000
 WES RICHTER DESIGN LLC
 445 UNION AVE APT 3E
 RUTHERFORD NJ 07070-1404



0717428020100000002

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$3,725.52
Deposits and Additions	4	6,900.00
ATM & Debit Card Withdrawals	5	-252.25
Electronic Withdrawals	1	-3,000.00
Ending Balance	10	\$7,373.27

The monthly service fee for this account was waived as an added feature of a linked Chase Private Client Checking account.

How to Avoid the Monthly Service Fee (MSF)

If you meet any of the following qualifying activities for this Chase Business Complete CheckingSM account in a statement period, we will waive the \$15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- \$2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was \$490.32.
- \$2,000 Chase Payment SolutionsSM Activity: \$0.00 was deposited into this account.
- \$2,000 Chase Ink[®] Business Card Activity: \$0.00 was your total Ink activity.

You can also avoid the MSF if you:

- Maintain a linked Chase Private Client CheckingSM account OR
- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at chase.com/business/disclosures or visit a Chase branch.



DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
05/23	Orig CO Name:Innovative Stage Orig ID:9111111101 Desc Date:250523 CO Entry Descr:Direct Depsec:PPD Trace#:051400509486588 Eed:250523 Ind ID: Ind Name:N LLC,Wes Richter De Trn: 1439486588Tc	\$4,000.00
05/29	Orig CO Name:Oxygen Lightwork Orig ID:1462800242 Desc Date:250529 CO Entry Descr:Payroll Sec:PPD Trace#:111000028420139 Eed:250529 Ind ID: Ind Name:Wes Richter Design, LI Trn: 1498420139Tc	1,000.00
05/30	Orig CO Name:Innovative Stage Orig ID:9111111101 Desc Date:250530 CO Entry Descr:Direct Depsec:PPD Trace#:051400506929257 Eed:250530 Ind ID: Ind Name:N LLC,Wes Richter De Trn: 1506929257Tc	1,000.00
05/30	Orig CO Name:Kawa Lighting Orig ID:9215986202 Desc Date:052725 CO Entry Descr:Bill_Pay Sec:CCD Trace#:021000028625339 Eed:250530 Ind ID:Kawa Lighting Ind Name:Westley Richter Trn: 1508625339Tc	900.00
Total Deposits and Additions		\$6,900.00

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
05/05	Recurring Card Purchase 05/03 Dropbox*Gj26L37J7Fs8 Dropbox.Com CA Card 0498	\$19.99
05/05	Card Purchase 05/05 Blink Amzn.Com/Bill WA Card 0498	3.27
05/08	Recurring Card Purchase 05/07 Three Insurance 800-507-4495 NE Card 0498	176.94
05/12	Recurring Card Purchase 05/10 Intuit *Qbooks Onlin Cl.Intuit.Com CA Card 0498	35.00
05/27	Recurring Card Purchase 05/24 Zoom.Com 888-799-9666 Zoom.US CA Card 0498	17.05
Total ATM & Debit Card Withdrawals		\$252.25

ATM & DEBIT CARD SUMMARY

Westley Ross Richter Card 0498

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$252.25
Total Card Deposits & Credits	\$0.00

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$252.25
Total Card Deposits & Credits	\$0.00

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
05/02	05/01 Online Transfer To Chk ...9209 Transaction#: 24616615002	\$3,000.00
Total Electronic Withdrawals		\$3,000.00

DAILY ENDING BALANCE

DATE	AMOUNT
05/02	\$725.52
05/05	702.26
05/08	525.32
05/12	490.32
05/23	4,490.32



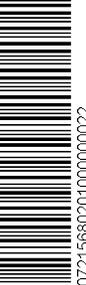
JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

May 31, 2025 through June 30, 2025
Account Number: **000000919163920**

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-800-242-7338**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**
We accept operator relay calls

00721568 DRE 802 219 18225 NNNNNNNNNN 1 000000000 64 0000
WES RICHTER DESIGN LLC
445 UNION AVE APT 3E
RUTHERFORD NJ 07070-1404



0721568020100000002

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$7,373.27
Deposits and Additions	2	12,490.00
ATM & Debit Card Withdrawals	5	-253.32
Electronic Withdrawals	5	-11,520.00
Ending Balance	12	\$8,089.95

Congratulations, we waived the \$15 Monthly Service Fee for this statement period, based on your qualifying activity.

How to Avoid the Monthly Service Fee (MSF)

If you meet any of the following qualifying activities for this Chase Business Complete CheckingSM account in a statement period, we will waive the \$15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- \$2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was \$9,439.95.
- \$2,000 Chase Payment SolutionsSM Activity: \$0.00 was deposited into this account.
- \$2,000 Chase Ink[®] Business Card Activity: \$0.00 was your total Ink activity.

You can also avoid the MSF if you:

- Maintain a linked Chase Private Client CheckingSM account OR
- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at chase.com/business/disclosures or visit a Chase branch.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
06/02	Orig CO Name: Intuit 45726763 Orig ID: 9215986202 Desc Date: 250531 CO Entry Descr: Deposit Sec: CCD Trace#: 021000028189170 Eed: 250602 Ind ID: 524771995717439 Ind Name: Wes Richter Design LLC Trn: 1538189170Tc	\$11,340.00
06/27	Orig CO Name: Kawa Lighting Orig ID: 9215986202 Desc Date: 062425 CO Entry Descr: Bill_Pay Sec: CCD Trace#: 021000024509562 Eed: 250627 Ind ID: Kawa Lighting Ind Name: Westley Richter Trn: 1784509562Tc	1,150.00
Total Deposits and Additions		\$12,490.00



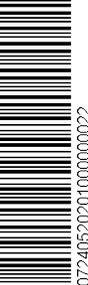
JPMorgan Chase Bank, N.A.
 P O Box 182051
 Columbus, OH 43218 - 2051

July 01, 2025 through July 31, 2025
 Account Number: **000000919163920**

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
 Service Center: **1-800-242-7338**
 Para Espanol: **1-888-622-4273**
 International Calls: **1-713-262-1679**
 We accept operator relay calls

00724052DRE 802 219 21325 NNNNNNNNNN 1 000000000 64 0000
 WES RICHTER DESIGN LLC
 445 UNION AVE APT 3E
 RUTHERFORD NJ 07070-1404



07240520201000000022

CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$8,089.95
Deposits and Additions	2	17,975.00
ATM & Debit Card Withdrawals	5	-256.32
Electronic Withdrawals	3	-3,520.00
Ending Balance	10	\$22,288.63

Congratulations, we waived the \$15 Monthly Service Fee for this statement period, based on your qualifying activity.

How to Avoid the Monthly Service Fee (MSF)

If you meet any of the following qualifying activities for this Chase Business Complete CheckingSM account in a statement period, we will waive the \$15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- \$2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was \$8,089.95.
- \$2,000 Chase Payment SolutionsSM Activity: \$0.00 was deposited into this account.
- \$2,000 Chase Ink[®] Business Card Activity: \$0.00 was your total Ink activity.

You can also avoid the MSF if you:

- Maintain a linked Chase Private Client CheckingSM account OR
- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at chase.com/business/disclosures or visit a Chase branch.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
07/03	Orig CO Name:Innovative Stage Orig ID:9111111101 Desc Date:250703 CO Entry Descr:Direct Depsec:PPD Trace#:051400502913365 Eed:250703 Ind ID: Ind Name:N LLC,Wes Richter De Trn: 1842913365Tc	\$6,600.00
07/11	Orig CO Name:Intuit 61489713 Orig ID:9215986202 Desc Date:250711 CO Entry Descr:Deposit Sec:CCD Trace#:021000028728996 Eed:250711 Ind ID:524771995717439 Ind Name:Wes Richter Design LLC Trn: 1928728996Tc	11,375.00
Total Deposits and Additions		\$17,975.00

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning, ending. Your first name and middle initial: GARY S., Last name: RICHTER, Your social security number: 064 44 5795. Spouse's first name and middle initial: SHERYL A., Last name: RICHTER, Spouse's social security number: 068 46 0351. Home address: 5896 ARLINGTON CIRCLE, MELBOURNE, FL 32940.

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

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset? Yes No

Standard Deduction: Someone can claim: You as a dependent, Your spouse as a dependent, Spouse itemizes on a separate return or you were a dual-status alien.

Age/Blindness: You: Were born before January 2, 1959, Are blind, Spouse: Was born before January 2, 1959, Is blind.

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents.

Income section table with rows 1a through 1i. 1a Total amount from Form(s) W-2, box 1 (see instructions) STMT 1 285.

Table with rows 2a through 6b. 2a Tax-exempt interest, 2b Taxable interest 16,117, 3a Qualified dividends 31,433, 3b Ordinary dividends 60,336, 4a IRA distributions, 4b Taxable amount 5,947, 5a Pensions and annuities, 5b Taxable amount 52,821, 6a Social security benefits, 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss) -3,000, 8 Additional income from Schedule 1, line 10 244,355, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 376,861, 10 Adjustments to income from Schedule 1, line 26 59,395, 11 Subtract line 10 from line 9. This is your adjusted gross income 317,466, 12 Standard deduction or itemized deductions (from Schedule A) 27,700, 13 Qualified business income deduction from Form 8995 or Form 8995-A 38,332, 14 Add lines 12 and 13 66,032, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 251,434.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	44,315.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	44,315.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	805.
	21	Add lines 19 and 20	21	805.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	43,510.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	28,934.
24	Add lines 22 and 23. This is your total tax	24	72,444.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 SEE STATEMENT 6	25a	63.
	b	Form(s) 1099 SEE STATEMENT 8	25b	12,276.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	12,339.
	26	2023 estimated tax payments and amount applied from 2022 return STATEMENT 7	26	27,200.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	39,539.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	33,531.
	38	Estimated tax penalty (see instructions)	38	626.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name **MIKE HESS, CPA** Phone no. **3217256151** Personal identification number (PIN) **00631**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
MIKE HESS, CPA		ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		RETIRED	<input type="text"/>

Phone no. _____ Email address **GRICHTER2@CFL.RR.COM**

Paid Preparer Use Only

Preparer's name MIKE HESS, CPA	Preparer's signature	Date	PTIN P00290168	Check if: <input type="checkbox"/> Self-employed
---------------------------------------	----------------------	------	-----------------------	--

Firm's name **MIKE HESS CPA, P.A.** Phone no. **321-725-6151**

Firm's address **1800 W HIBISCUS BLVD, STE. 133 MELBOURNE, FL 32901** Firm's EIN **47-2696892**

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2023)

For the year Jan. 1 - Dec. 31, 2024, or other tax year beginning , ending See separate instructions.

Your first name and middle initial Last name Your social security number
GARY S. RICHTER 064 44 5795

If joint return, spouse's first name and middle initial Last name Spouse's social security number
SHERYL A. RICHTER 068 46 0351

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
5896 ARLINGTON CIRCLE Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
MELBOURNE FL 32940

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

Filing Status Single Head of household (HOH)
Married filing jointly (even if only one had income)
Married filing separately (MFS) Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent;
If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required);

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instr.): Child tax credit, Credit for other dependents

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
1a Total amount from Form(s) W-2, box 1 (see instructions)
1b Household employee wages not reported on Form(s) W-2
1c Tip income not reported on line 1a (see instructions)
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)
1e Taxable dependent care benefits from Form 2441, line 26
1f Employer-provided adoption benefits from Form 8839, line 29
1g Wages from Form 8919, line 6
1h Other earned income (see instructions)
1i Nontaxable combat pay election (see instructions)
1z Add lines 1a through 1h

Table with 2 columns: Description, Amount. Includes rows for 2a Tax-exempt interest, 3a Qualified dividends (35,283), 4a IRA distributions, 5a Pensions and annuities, 6a Social security benefits, 7 Capital gain or (loss), 8 Additional income from Schedule 1, line 10, 9 Total income (321,865), 10 Adjustments to income from Schedule 1, line 26, 11 Adjusted gross income (296,608), 12 Standard deduction or itemized deductions (30,750), 13 Qualified business income deduction (31,273), 14 Total (62,023), 15 Taxable income (234,585)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2024)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	36,304.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	36,304.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	221.
	21	Add lines 19 and 20	21	221.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	36,083.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	15,683.
24	Add lines 22 and 23. This is your total tax	24	51,766.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099 SEE STATEMENT 6	25b	13,013.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,013.
	26	2024 estimated tax payments and amount applied from 2023 return STATEMENT 5	26	23,500.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29		
30	Reserved for future use	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	36,513.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
36	Amount of line 34 you want applied to your 2025 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	15,471.
	38	Estimated tax penalty (see instructions)	38	218.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes. Complete below.** **No**

Designee's name **MIKE HESS, CPA** Phone no. **3217256151** Personal identification number (PIN) **00631**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
MIKE HESS, CPA		ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		RETIRED	<input type="text"/>

Phone no. Email address **GRIKHTER2@CFL.RR.COM**

Paid Preparer Use Only

Preparer's name **MIKE HESS, CPA** Preparer's signature Date PTIN **P00290168** Check if: Self-employed

Firm's name **MIKE HESS CPA, P.A.** Phone no. **321-725-6151**

Firm's address **1800 W HIBISCUS BLVD, STE. 133 MELBOURNE, FL 32901** Firm's EIN **47-2696892**

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2024)