

COMMONWEALTH OF PENNSYLVANIA
(Public Utility Commission)

-----*
NINA REESE, :
Complainant, : Docket No.:
vs. : F-2024-3049697
PHILADELPHIA GAS WORKS, :
Respondent. :
-----*

Pages 1 through 79 TELEPHONIC HEARING
Judge's Chambers
State Office Building
801 Market Street
Philadelphia, PA 19107

Tuesday, October 8, 2024
Met, pursuant to notice, at 1:19 p.m.

BEFORE: THE HONORABLE ERANDA VERO
Administrative Law Judge

INDEX TO EXHIBITS
Docket No.: F-2024-3049697
Hearing Date: October 8, 2024

EXHIBITS INDEX

EXHIBITS

IN EVIDENCE

PHILADELPHIA GAS WORKS:

1 (Customer contact for service turn-on September 10, 2021)	75
2 (10-day Shutoff Notice, July 6, 2023)	75
3 (Customer Contacts RE: Shutoff Notice)	75
4 (Customer Contacts about identity theft)	75
5 (Documents from Nina Reese regarding identity theft packet)	75
6 (Identity Theft Review Sheet April 9, 2024)	75
7 (Copies of original documents from Nina Reese sent April 16, 2024)	75
8 (Supplemental documents from Nina Reese)	75
9 (Statement of Account - September 1, 2021 through October 2, 2024)	75
10 (Informal Complaint - BCS Case Number 3965283)	75



PHILADELPHIA GAS WORKS

800 West Montgomery Avenue • Philadelphia, PA 19122

Anita J. Murray, Esquire
Senior Attorney
Legal Department
Direct Dial: 215-684-6659
Fax: 215-684-6798
Email: anita.murray@pgworks.com

October 2, 2024

VIA ELECTRONIC MAIL ONLY

Administrative Law Judge Eranda Vero
Office of Administrative Law Judge
400 North Street
Harrisburg, PA 17120

Re: Nina Reese v. Philadelphia Gas Works, Docket No. F-2024-3049697

Dear Judge Vero:

Enclosed please find a copy of PGW's proposed Exhibits, both original and redacted versions, for the scheduled hearing in the above referenced matter.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

/s/ **Anita J. Murray**
Anita J. Murray

/awm
encl.

cc (w/encl.): Nina Reese via Email: carikiareese@gmail.com

CERTIFICATE OF SERVICE

I hereby certify that I have on this day served a true and correct copy of Philadelphia Gas Works' Proposed Exhibits, original and redacted versions, upon the person(s) listed below in the manner indicated below in accordance with the requirements of 52 Pa. Code § 1.54 (relating to service by a party).

VIA EMAIL

Nina Reese

carikiareese@gmail.com

/s/ Anita J. Murray

Anita J. Murray, Esquire

Date: Oct. 2, 2024

Customer Contact: Turn On

Date: 09/10/2021 Time: 9:00:00 AM Source: JetSearch Related Tran: _____
CC Type: SER0 - Turn On Created: 09/10/2021 at: 9:00:51 AM by: CMANLEY
Area: 800 - Residential General Service Changed: _____ at: _____ by: _____
 Surveyable Auto Delete Date: 09/10/2025 Class: Inquiry

Comments: Turn On (AMR) applicant Nina Reese called with her husband for service at 12728 Verda Dr lease date 9/10/21...passed experiam check no deposit req'd gmi\$200 w 1in h/h not linked...issued turn on AMR for 9/10/21 applicant satisfied

Letter

Status: _____ Print Date: _____ Run Number: _____ Reprint: _____
Template: _____

Review List Tickler

Follow Up: _____ to Review Group to User
Priority: _____ Review Group... _____

Account: [REDACTED] Reese, Nina
Premise: 12728 Verda Dr/Phila,Pa
Person: Reese, Nina

Change Cancel

PHILADELPHIA GAS WORKS
 880 W. MONTGOMERY AVENUE, PHILADELPHIA, PA 19122-0050

Notice Date: Jul 06, 2023
 Account Number: [REDACTED] 07

10-DAY SHUT OFF NOTICE
Your Gas Service May Be Shut Off

Your bill is past due. As a result, PGW will shut off gas to 12728 VERDA DR on or after 8 a.m. on Jul 18, 2023. This notice will remain effective for 60 days. To talk about your bill or this notice, call our office at 215-235-1777.

We will not shut off gas if you do ONE of the following:

- Pay your past due amount of \$1,592.95.
- Pay the amount you owe on your most recent payment plan.
- Make a payment arrangement (you may be eligible for a special assistance program).
- Contact us to dispute the bill.

At a minimum, you may have to pay all of the following before we turn your service on:

Past Due Amount	\$1,592.95
Security Deposit	\$120.00
Turn On Charge	\$123.23
Total	\$1,836.18

Plus \$372.00 if we must dig up the street.

You are also responsible for all gas service provided to you that is now or has become past due. If shut off, you may be required to pay more than the amount on this notice to have gas turned on.

MEDICAL EMERGENCY NOTICE

LET US KNOW IF SOMEONE LIVING IN YOUR HOME IS SERIOUSLY ILL OR HAS A MEDICAL CONDITION. WE WILL NOT SHUT OFF YOUR SERVICE during such illness, provided you:

1. Have your licensed physician, physician's assistant or nurse practitioner certify in writing that such an illness exists and that it may be aggravated if your service is stopped; and
2. Make arrangements to pay your current bills.
3. Contact us by calling 215-235-1777.
4. HAVE A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER SEND PGW A LETTER WITHIN 3 DAYS, VERIFYING THE MEDICAL CONDITION.

If you are a victim of abuse and have an order issued by the courts, special medical emergency procedures and protections may be available. Call us immediately at 215-235-1000 to inform us so these special procedures and protection can be provided. You will be required to provide us with a copy of the court order.

IMPORTANT TO KNOW – BEFORE WE SHUT OFF YOUR GAS SERVICE

- You may be eligible for a payment agreement or special assistance program. Enrollment into this program may be a way of avoiding shut off. Contact us immediately at 215-235-1777 to find out if you're eligible, and how to enroll. Documentation of your income may be required.
- If you have questions or need more information, please call us today at 215-235-1777 or write us at P.O. Box 3500, Philadelphia, PA 19122. After you talk with PGW, if you are not satisfied, you may file a complaint with the Pennsylvania Public Utility Commission (PUC). The PUC may delay the shutoff if you file the complaint before the shut-off date. To contact them call 1 (800) 692-7380 or write to: Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.

- Call us if your landlord pays your utility bill. You have certain legal protections.
- If you have trouble understanding or speaking English call us for free interpretation.
- Please contact us if you are disabled and need assistance.
- All adult occupants of the premises whose names are on the mortgage, deed or lease are considered the 'customer' and are responsible for payment of the bill.
- If service is shut off, ANY adult occupant who has been living at the premises may have to pay all or portions of this bill to have service restored.
- If your service is shut off, you must contact us after your payment has been made to be sure you have met all conditions to have the service turned on and to arrange access to your premises. It may take up to seven days to have your service restored.
- If you have a valid Protection From Abuse order or an order issued by a court of competent jurisdiction in this Commonwealth that provides clear evidence that you are a victim of domestic violence, there are additional protections available to you. Call us immediately at 215-235-1000. You will be required to provide us with a copy of the order.

WINTER SHUT OFF PROVISIONS Dec. 1-March 31

- Contact us before the shut off date to give us household and occupant information to see if you qualify for any assistance programs.
- If you are low income there are special rules about whether we may shut off your gas in the winter. Add together the monthly income in your household. Look at the chart below to determine your group. You may need to provide us with proof of income.
- If your income is 150% of the federal poverty guidelines or below, we must first ask the PUC for permission to shut off your service. We will notify you prior to shutting off service if we ask the PUC for permission to terminate your gas service.
- If your income is above 150% but does not exceed 250% of the federal poverty guidelines, we will not shut off your service if one of these conditions applies to you:
 - o Someone in your household is 12 or younger or 65 or older; or
 - o You have paid at least one-half of your last two monthly gas bills; or
 - o If over the last two months you have paid at least 15% of your household income toward the gas bills.
- If we reconnect your service during the winter months (between December 1st and March 31st) we will restore your service within 24 hours of you meeting all requirements to have service reconnected. When street digging is required, it may take up to seven days.

Federal Poverty Guidelines (FPG) 2023

Household Size	Your income is 150% of the FPG or below if your monthly gross is:	Your income is between 151% - 250% of the FPG if your monthly gross is:
1	\$1,823 or less	\$1,824-\$3,038
2	\$2,465 or less	\$2,466-\$4,108
3	\$3,108 or less	\$3,109-\$5,179
4	\$3,750 or less	\$3,751-\$6,250
Each add person add	\$643	\$644-\$1,071


PL_20230706180001.dml-4775-000007729

Please return this portion with your payment.
 Write your account number on your check or money order made payable to Philadelphia Gas Works

Account Number: [REDACTED] 07
 Notice Date: Jul 06, 2023
 Please Pay: \$1,592.95

Place "X" in box for address corrections. Print corrections on reverse side.

Amount Enclosed:

002388 000007729

 NINA REESE
 12728 VERDA DR
 PHILA PA 19154-2041


Philadelphia Gas Works
 P.O. Box 11700
 Newark, NJ 07101-4700

Customer Contact: Billing

Date: 07/14/2023 Time: 10:10:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: BILL - Billing Created: 07/14/2023 at: 10:10:24 AM by: TWILLIA1
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 07/14/2027 Class: Inquiry

Comments: owner victoria morgan, says she received a notice of service to be turn off on 7/18, verified cor name ,verified she is the owner via brit verified there is a s/o on address and to have tenant call to go over options say she will have tenatcall today.

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: [REDACTED] Reese, Nina

Premise: 12728 Verda Dr/Phila,Pa

Person: Reese, Nina

Customer Contact: Billing

Date: 07/17/2023 Time: 9:19:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: BILL - Billing Created: 07/17/2023 at: 9:19:14 AM by: TJACKS02
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 07/17/2027 Class: Inquiry

Comments: cor called in regards to s.o notice. GMI \$525 HH2, level 1. cor eligible for crp. \$25/mo mailed app to address on file. placed 15 day hold on the acct. advised of \$840 c/u amt. cor unable to pay. no medical condition in hh. c/s

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: [REDACTED] Reese, Nina

Premise: 12728 Verda Dr/Phila,Pa

Person: Reese, Nina

Customer Contact: Crp Incomplete Application

Date: 07/31/2023 Time: 2:25:00 PM Source: Related Tran:
CC Type: CRPI - Crp Incomplete Application Created: 07/31/2023 at 2:25:36 PM by: WEBUSER
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 07/31/2027 Class: System Generated Contact

Comments: User Submitted Application with Missing Documents

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: [REDACTED] Reese, Nina

Premise:

Person:

Orig. Submitted Date	Orig. Submitted By	Orig. Submitted Location	Last Submitted Date	Last Submitted By	Last Submitted Location
07/31/2023		Web	07/31/2023		Web

Account Information

Account # [REDACTED]07
Name NINA REESE
Address 12728 VERDA DR, Philadelphia, PA, 19154
Home Phone [REDACTED]96
Work Phone [REDACTED] ext. [REDACTED]

Notification Preferences

[REDACTED]6 Not Verified
Mail
[View Messages](#)

Household Members and Income

Name	Relationship	D.O.B	ID Type	ID Number	Document	Edit
NINA REESE	Self	[REDACTED]	[REDACTED]	[REDACTED]	!	Edit
Income	Verification			Monthly Amount	Document	!
Other	I make \$300 a month babysitting family members					

Please provide all required income information.

[Add New Household Member](#)

Total Monthly Household Income: \$0.00

Additional Financial Assistance [Generate Customer Populated Affidavit](#) [Generate Blank Affidavit](#)

Additional Financial Assistance Provided? * Yes No

Total Household Members: 1

Other Assistance

Snap Benefits? *

Yes No

Housing Subsidy? *

Yes No

Additional Information

What information do u need

Customer Responsibility Acknowledgement

The customer acknowledged the terms and agreements through the Website and there are no documents to display.

Submission Method*

District Office

[New Acknowledgement](#)

Comments - INTERNAL USE ONLY

[Empty comment box]

[Close](#) [Save](#) [Audit Trails](#) [Update Status](#)

Customer Contact: New Service

Date: 02/21/2024 Time: 10:42:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: NWSV - New Service Created: 02/21/2024 at: 10:42:50 AM by: AKOURIBA
Area: 800 - Residential General Service Changed: 02/21/2024 at: 10:54:50 AM by: AKOURIBA
 Surveyable Auto Delete Date: 02/21/2028 Class: Inquiry

Comments: 1/3 Nina Reese stated that she never lived at 12728 Verda Dr and she seen a bal from diversity adj and she filed a dispute with them and they told her that it is correct and gave her PGW info. Confirmed the bal of \$1787.90 is owed service was taken out of her name at the address on 8/16/23. she stated she never lived in PA, she lives in Chicago. Adv her I can send her out a identity theft

Letter

Status: _____ Print Date: _____ Run Number: _____ Reprint: [v]
Template: _____

Review List Tickler

Follow Up: [] to Review Group to User
Priority: [] Review Group... []

Account: [REDACTED] Reese, Nina
Premise: _____
Person: Reese, Nina

[Change] [Cancel]

Customer Contact: Service

Date: 02/21/2024 Time: 10:53:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: SERV - Service Created: 02/21/2024 at: 10:53:36 AM by: AKOURIBA
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 02/21/2028 Class: Inquiry

Comments: 2/3identity theft package it needs to be filled out and sent back w/ police report. she stated she did thta with deversify already. informed her that is a collection agency they just verify that the bal is correct. PGW has to complete their own investigation. she asked what was submitted to have svc t/on. informed her that we run a credit check if all info match we proceed w/ turn on. if not applicant has to send in 2 forms of ID and

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: [REDACTED] 07 Reese, Nina

Premise:

Person: Reese, Nina

Customer Contact: Service [X]

Date: 02/21/2024 Time: 10:54:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: SERV - Service Created: 02/21/2024 at: 10:54:37 AM by: AKOURIBA
Area: 800 - Residential General Service Changed: 02/21/2024 at: 11:47:51 AM by: AKOURIBA
 Surveyable Auto Delete Date: 02/21/2028 Class: Inquiry

Comments: 3/3 lease. she asked what ph # is on the acct. adv i cannot give that info it has to be subpoena. she started to use profanity and i asked her not to and she then asked for the boss info she does not want a sup. provided puc rights. emailed Identity theft to send her a package. mailing address : [REDACTED]
[REDACTED] caller h/up "(phone # is linked to the [REDACTED] where svc was on at the same address)

Letter

Status: _____ Print Date: _____ Run Number: _____ Reprint: [v]
Template: _____

Review List Tickler

Follow Up: [] to Review Group to User
Priority: [] Review Group... []

Account: [REDACTED] 07 Reese, Nina [v]
Premise: [] [v]
Person: Reese, Nina [v]

[Change] [Cancel]

Customer Contact: Billing

Date: 03/01/2024 Time: 1:03:00 PM Source: JetSearch Related Tran: Account Maintenance
CC Type: BILL - Billing Created: 03/01/2024 at: 1:03:53 PM by: TWILLIA1
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 03/01/2028 Class: Inquiry

Comments: 1 cor called in because she wanted info about identity theft packet also updated number on file. she wanted to know if she can email packet back says she cant print documents. reached out to verify let cor know that it can only be mailed no email address to send document to unfortunately. cor stated she lives in chicago and they have had service in her name here for years how come she never knew.

Letter
Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: [REDACTED] 07 Reese, Nina
Premise:
Person: Reese, Nina

Customer Contact: Billing

Date: 03/01/2024 Time: 1:04:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: BILL - Billing Created: 03/01/2024 at 1:04:06 PM by: TWILLIA1

Area: 800 - Residential General Service Changed: at by:

Surveyable Auto Delete Date: 03/01/2028 Class: Inquiry

Comments: 2) made aware that once the acct closed and that person no longer had service so the balance was sent to collections and placed onto her credit thats what happened. she asked what if she doesnt have all the doucment asked for. made aware she can send what she has and that will be reviewed itic will detemrne if anything else is needed. she understood cs

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User

Priority: Review Group...

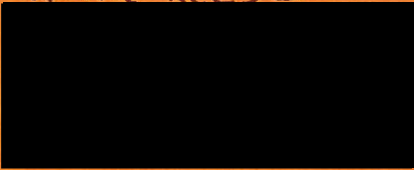
Account: 07 Reese, Nina

Premise:

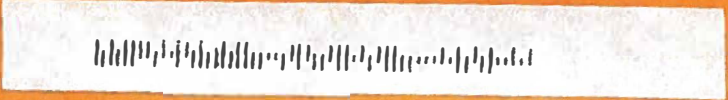
Person: Reese, Nina

Change Cancel

Nina Reese



Philadelphia Gas Works
Correspondence Department
**ATTENTION: IDENTITY THEFT
UNIT**
P.O. Box 3500
Philadelphia, PA 19122





PHILADELPHIA GAS WORKS

800 West Montgomery Avenue • Philadelphia, PA 19122

Dear Customer,

You recently contacted Philadelphia Gas Works (PGW) and informed us that you believe that someone may have committed identity theft against you to obtain gas service from PGW.

In order for us to investigate this matter, we will need for you to provide us with a copy of the police report and complete the attached Identity Theft Form and Fact Sheet. You must also provide us with copies of the documentation described in the Form. **Please do not send any original documents to PGW since we will not return the documents you provide to us.**

For your convenience we have enclosed a self-addressed envelope. You must pay the appropriate postage. Please include all copies of the required documentation as well as the completed form and return to us within (7) days of your receipt of this letter. Once we receive all the necessary information we will initiate an investigation. If you do not provide us with this required documentation, we will not be able to investigate this matter or assist you and will have to close our file.

Sincerely,

Identity Theft Investigation Unit
Philadelphia Gas Works



PHILADELPHIA GAS WORKS
800 West Montgomery Avenue • Philadelphia, PA 19122

This packet provides the instructions you would need to follow in order for PGW to investigate your claim of identity theft. All sections of the attached forms must be completed and all documentation of proof must be attached to the forms when returned to PGW.

Please provide the follow:

1. **Copy of a valid police report**
2. **Three documents establishing residency at another address for the time period that the theft took place**

Valid proof of residency documents can be, but are not limited to the following:

- Driver's license
- Utility bill(s)
- W-2 form indicating mailing address
- Lease
- Notarized statement from employer stating residency and employed time period
- Notarized statement from township of proof of residency
- Official U.S. Mail Department documentation showing mailing address

(A Post Office Box is *not* considered a valid residency address.)

** Please note: The more proof provided the better

3. **Complete the Identity Theft Form and Fact Sheet**

- Complete form in its entirety
- Get completed form notarized



PHILADELPHIA GAS WORKS
800 West Montgomery Avenue • Philadelphia, PA 19122

Identity Theft Form and Fact Sheet

Date:	02/09/2024
Your Name:	Nina C. Reese
Current Address:	[REDACTED]
Telephone Number:	[REDACTED]
Birth Date:	[REDACTED]
Driver's License Number:	[REDACTED]

PGW/Account Number with Theft:	[REDACTED] 07
Customer Name on the account with the Theft:	Nina Reese
Premise Address with Theft:	12728 Verda Dr. Phil, PA 19154
Your Address during the time the Theft occurred:	[REDACTED]
Have you ever lived at the premise in question (YES or NO):	NO Never
If you have lived at the premise in question, during what time period was it?	Never

If known, list names of the people who is or has resided at the premise in question. What relationship are they to you:	NO One i know has ever live at this State or Address.
If known, what dates did they reside there:	
List anyone who may have used your identification:	
If known, explain why the person would have used your personal information:	



PHILADELPHIA GAS WORKS
800 West Montgomery Avenue • Philadelphia, PA 19122

Identity Theft Form and Fact Sheet

Your responsibility is to provide the Philadelphia Gas Works with proof of residency during the period in question, file charges with the appropriate law enforcement agency, provide proof of the filing to PGW, and to cooperate in the prosecution of fraud committed against you. PGW is not responsible for resolving all acts of fraud against you. PGW sole responsibility is to establish fraudulent acts against a gas account and resolve same.

Failure to provide PGW with any of the items listed above will result in the gas service remaining in your name for the period.

By signing below, I acknowledge that fraud has been committed against me, that I have attempted to file a police report and will prosecute the responsible person.

Print Name: <u>Nina Reese</u>	Signature: <u>Nina Reese</u>
-------------------------------	------------------------------

Sworn to and subscribed before me

This September day of 10 2021.

Notary Signature (Stamp) _____

Return Completed ID Theft Packet To:
Philadelphia Gas Works
Correspondence Department
Attention: Identity Theft Investigation
P.O. Box 3500
Philadelphia, PA. 19122

.....

(**FOR PGW USE ONLY**)
<input type="checkbox"/> Police Report attached
<input type="checkbox"/> Three Proofs of Residency attached
<input type="checkbox"/> Notarized

<input type="checkbox"/> CORRECTED (if checked)			Applicable checkbox on Form 8949 X	OMB No. 1545-0715 2023 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Block, Inc. f/k/a Square, Inc. 1955 Broadway MSC 415 Oakland, CA 94612			1a Description of property (Example: 100 sh. XYZ Co.) SEE DETAIL STATEMENT		
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		1b Date acquired [REDACTED]	1c Date sold or disposed [REDACTED]
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code NINA CIKARI REESE [REDACTED]			1d Proceeds \$ [REDACTED]	1e Cost or other basis \$ [REDACTED]	
Account number (see instructions) [REDACTED]			1f Accrued market discount \$ [REDACTED]	1g Wash sale loss disallowed \$ [REDACTED]	
CUSIP number [REDACTED]			2 Short-term gain or loss Long-term gain or loss Ordinary		3 If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>
14 State name IL			4 Federal income tax withheld \$ [REDACTED]		5 If checked, noncovered security <input checked="" type="checkbox"/>
15 State identification no. [REDACTED]			6 Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>		7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>
16 State tax withheld \$ [REDACTED]			8 Profit or (loss) realized in 2023 on closed contracts \$ [REDACTED]		9 Unrealized profit or (loss) on open contracts - 12/31/2022 \$ [REDACTED]
FATCA filing requirement <input type="checkbox"/>			10 Unrealized profit or (loss) on open contracts - 12/31/2023 \$ [REDACTED]		11 Aggregate profit or (loss) on contracts \$ [REDACTED]
12 If checked, basis reported to IRS <input type="checkbox"/>			13 Bartering \$ [REDACTED]		

**Copy B
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

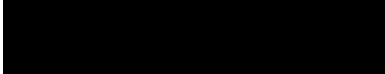
PO Box 510090
Livonia MI 48151-6090



PJ111300K00765



NINA REESE



Account Number: [REDACTED]
Original Creditor: Credit One Bank, N.A.
Current Owner: LVNV Funding LLC
Reference ID: [REDACTED]
Accountholder Name: Nina Reese
Current Servicer: Resurgent Capital Services L.P.

February 15, 2024

Dear Nina Reese,

This receipt will confirm that a payment in the amount of \$46.38 was received on the above-referenced account on 02/13/2024 by Resurgent Capital Services L.P. in the form of an electronic debit. The unique sequence number that follows has been assigned to this transaction and can be used for future reference should questions arise.



Please keep this confirmation for your records.

If you did not authorize this transaction or have any questions, please contact one of our Customer Service Representatives toll-free at 1-888-665-0374.

Sincerely,

Resurgent Capital Services L.P.

Please read the following important notices as they may affect your rights.
This communication is from a debt collector.



Hours of Operation
8:00AM-9:00PM EST
Monday - Thursday
8:00AM-7:00PM EST
Friday
9:00AM-5:00PM EST
Saturday - Sunday



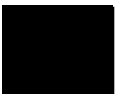
General Disputes/Correspondence
55 Beattie Place
Suite 110 MS 576
Greenville, SC 29601
Credit Bureau Disputes
PO Box 1269
Greenville, SC 29602



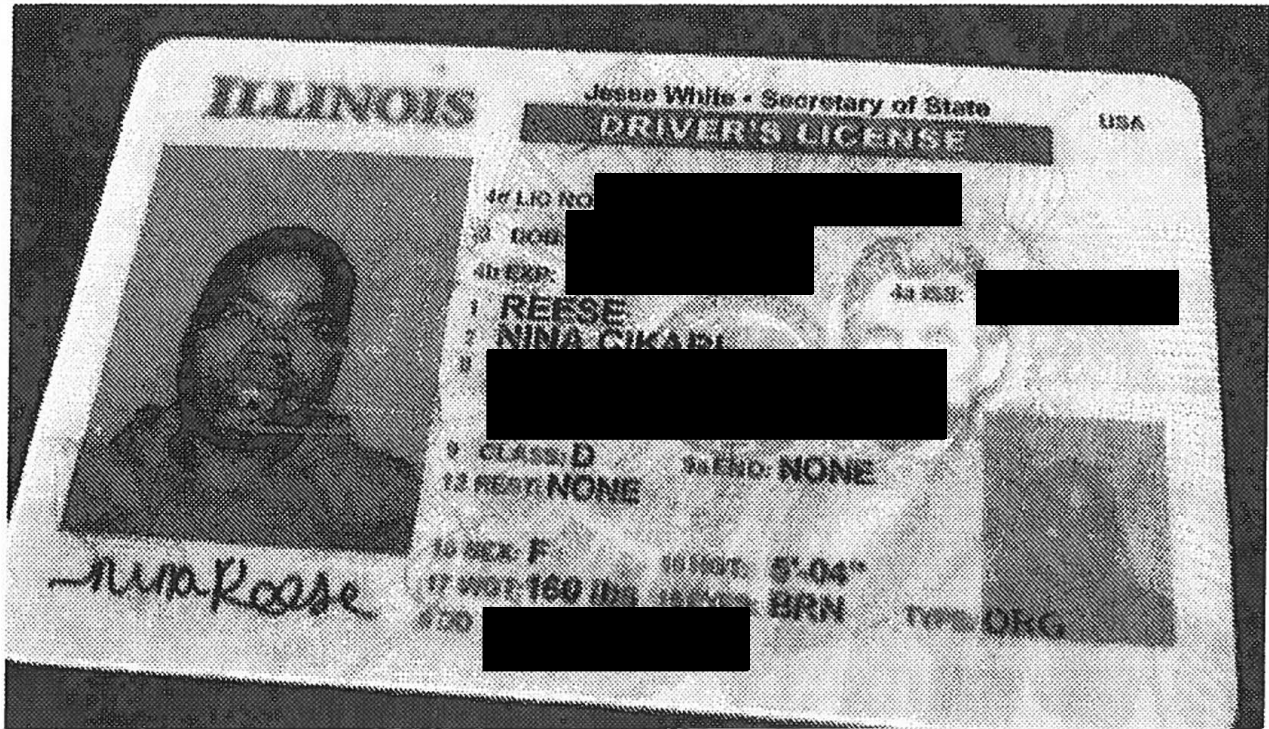
Contact Numbers
Toll Free Phone
1-888-665-0374
Toll Free Fax
1-866-467-0163



Customer Portal
Resurgent.com



Transaction Date	Transaction Type	Read Reading	Read Code	# of Days	CCF Usage	Average GCF/Day	Heating DDDs	Payment Type	Due Date	Transaction Amount	Current Balance	Actual Balance
7/19/2022	WNA2&5									(\$29.50)	\$963.43	\$963.43
7/21/2022	LPC									\$14.07	\$977.50	\$977.50
7/21/2022	BILL	4144	R	32	18	0.56	0		8/15/2022	\$51.73	\$1,029.23	\$1,029.23
8/19/2022	LPC									\$14.84	\$1,044.07	\$1,044.07
8/19/2022	BILL	4160	R	29	16	0.55	0		9/14/2022	\$47.76	\$1,091.83	\$1,091.83
9/20/2022	LPC									\$15.56	\$1,107.39	\$1,107.39
9/20/2022	BILL	4172	R	30	12	0.4	0		10/13/2022	\$39.48	\$1,146.87	\$1,146.87
10/19/2022	BILL	4191	R	31	19	0.61	125		11/14/2022	\$52.41	\$1,199.28	\$1,199.28
11/3/2022	PAY							Credit Card		(\$229.37)	\$969.91	\$969.91
11/17/2022	BILL	4212	R	29	21	0.72	242		12/13/2022	\$58.09	\$1,028.00	\$1,028.00
12/5/2022	PAY							Debit Card		(\$120.00)	\$908.00	\$908.00
12/16/2022	BILL	4261	R	29	49	1.69	650		1/13/2023	\$108.14	\$1,016.14	\$1,016.14
1/19/2023	BILL	4345	R	34	84	2.47	857		2/13/2023	\$176.39	\$1,192.53	\$1,192.53
2/16/2023	LPC									\$16.84	\$1,209.37	\$1,209.37
2/16/2023	BILL	4398	R	28	53	1.89	656		3/14/2023	\$123.19	\$1,332.56	\$1,332.56
3/18/2023	LPC									\$18.69	\$1,351.25	\$1,351.25
3/18/2023	BILL	4436	R	30	38	1.27	618		4/12/2023	\$82.39	\$1,433.64	\$1,433.64
4/19/2023	LPC									\$19.92	\$1,453.56	\$1,453.56
4/19/2023	BILL	4470	R	32	34	1.06	375		5/12/2023	\$70.86	\$1,524.42	\$1,524.42
5/18/2023	LPC									\$20.98	\$1,545.40	\$1,545.40
5/18/2023	BILL	4491	R	29	21	0.72	187		6/13/2023	\$47.55	\$1,592.95	\$1,592.95
6/17/2023	LPC									\$21.70	\$1,614.65	\$1,614.65
6/17/2023	BILL	4507	R	30	16	0.53	27		7/13/2023	\$38.99	\$1,653.64	\$1,653.64
7/19/2023	LPC									\$22.28	\$1,675.92	\$1,675.92
7/19/2023	BILL	4519	R	32	12	0.38	3		8/11/2023	\$32.30	\$1,708.22	\$1,708.22
8/17/2023	LPC									\$22.77	\$1,730.99	\$1,730.99
8/17/2023	BILL	4531	R	29	12	0.41	0		9/12/2023	\$32.30	\$1,763.29	\$1,763.29
9/20/2023	LPC									\$23.25	\$1,786.54	\$1,786.54
9/20/2023	BILL	4532	R	1	1	1	0		10/13/2023	\$1.36	\$1,787.90	\$1,787.90



PGW Exhibit 5
Page 9 of 16

OFFICIAL SWORN POLICE REPORT

Chicago Heights Police

1601 S. Halsted St. Chicago Heights, IL 60411 (708) 756-6400

Incident#: 24-00796

STATION COMPLAINT UCR/Offense Code 1137 (Identity Theft)		INCIDENT # 24-00796	
REPORT TYPE Case Report	RELATED CAD #	DESCRIPTION FRAUD	
DOT #	LOCATION OF OFFENSE (HOUSE NO., STREET NAME) 1601 S HALSTED St CHICAGO HEIGHTS, IL 60411 (0,0)		
Primary Officer MAZZONE, CHRISTOPHER \			
HOW RECEIVED Telephone	WHEN REPORTED 02/12/2024 12:03	TIME OF OCCURRENCE 02/12/2024 12:03	STATUS CODE STATUS DATE

INVOLVED ENTITIES

NAME Reese, Nina C		DOB 10/23/1990	AGE 33
ADDRESS [REDACTED]		FBI #	IR #
SEX F	RACE: Black, African American ETH: Non Hispanic or Latino	HGT 5' 3"	WGT 200
HAIR Black		PHONE [REDACTED]	
EYES	SID #	DL #	DL State
CLOTHING		Handcuff Double Locked	Prints Taken
Criminal History			
Employer			
UCR		TYPE Victim	RELATED EVENT # Count 0
STATUTE			

NARRATIVES

PRIMARY NARRATIVE

In summary, on 12 February 24 I, Sergeant Mazzone # 35, met with the victim, Reese, Nina, at the Chicago Heights Police Department in reference to false bank accounts being taken out in her name. Reese advised that when she performed a credit check on 06 February 24 she noticed that an account with Acima Digital FKA was opened on 23 December 20 and had a balance of \$1,346.00. She also noticed an account with Chime / Stride Bank NA was created on 01 December 20 and had a balance of \$0.00. Both accounts were made in her name and she advised that she did not create accounts with the listed entities. Reese was advised to freeze her credit with the credit bureaus. Reese advised that she had already frozen her credit with Experian, Equifax, and Trans Union. Reese was advised that a report would be generated, and that the paperwork she provided me would be attached to the report.

REPORTING OFFICER MAZZONE, CHRISTOPHER W	Unit # 35	SUPERVISOR MAZZONE, CHRISTOPHER W	Unit # 35
---	--------------	--------------------------------------	--------------

ASSISTING OFFICERS

OFFICERS	Unit #
MAZZONE, CHRISTOPHER W	35

03/02/2024

To whom it may concern I am
writing this letter as a witness
on the behalf of Nina Reese I am
her Client that she works for
my name is Christine Beamon she
has been working for me since
2016 till now the year of 2024. She
is my live-in worker she has never
been nor lived in Philadelphia,
Pennsylvania let alone she never visited
there. Please if have any question for me
Please feel free to call me [REDACTED] Christine Beamon

Social Security Administration
Important Information

SOCIAL SECURITY
104 S HALSTED STREET
CHICAGO HEIGHTS IL 6041

Date: February 21, 2024

T93 P3 166929-3-4-2 - 36302 ROM 0221



NINA CIRKARI REESE

036302

Thank you for using Social Security's online services. On February 21, 2024, you successfully created an online account with the Social Security Administration, or added extra security to your account. You can sign in any time to www.socialsecurity.gov/myaccount with your email, password, and the one time security code that will be sent to you to access Social Security's online services.

You can sign in to your online Social Security account at www.socialsecurity.gov/myaccount If applicable, when logging into your online account, text messaging charges may apply depending on your cell phone plan.

Please keep your information safe. Do not share your password with anyone.

Important Information

If you did not request an online account with Social Security, please contact us immediately at 1-800-772-1213 or visit your local Social Security office. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778.

Social Security may use an Identity Services Provider to help verify your identity and protect your privacy when you register to do business with us online. When we verify your account, our Identity Services Provider may use information from your credit report to help confirm your identity. As a result, you may see a "soft inquiry" entry with the Identity Services Provider on your credit report. This entry shows that we made an inquiry at your request, and the date of that request. This soft inquiry will not appear on a credit report from any other provider.

Soft inquiries are not reported to lenders and do not affect your credit score. You do not incur any charges related to them. Soft inquiries appear only on a credit report issued to you and are generally removed from your credit report within 12 months.

Once you have registered for an online account, you will not create new soft inquiries when you sign in to access our services.

See Next Page

a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer's identification number (EIN) [REDACTED]		1 Wages, tips, other compensation [REDACTED]	2 Federal income tax withheld [REDACTED]
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 COMPTROLLER - WITHHOLDING AGENT 325 WEST ADAMS STREET SPRINGFIELD, ILLINOIS 62704-1871		3 Social security wages [REDACTED]	4 Social security tax withheld [REDACTED]
		5 Medicare wages and tips [REDACTED]	6 Medicare tax withheld [REDACTED]
		7 Social security tips [REDACTED]	8 Allocated tips [REDACTED]
d Control number [REDACTED]		9 [REDACTED]	10 Dependent care benefits [REDACTED]
e Employee's first name and initial NINA REESE		11 Nonqualified plans [REDACTED]	12a [REDACTED]
		13 Statutory employee Retirement plan Third party sick pay [REDACTED]	12b [REDACTED]
		14 Other [REDACTED]	12c [REDACTED]
			12d [REDACTED]
f Employee's address and ZIP code			
15 State IL	16 State wages, tips, etc. [REDACTED]	17 State income tax [REDACTED]	18 Local wages, tips, etc. [REDACTED]
			19 Local income tax [REDACTED]
			20 Locality name [REDACTED]

Form W-2 Wage and 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

a Employee's social security number [REDACTED]		OMB No. 1545-0008		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.	
b Employer's identification number (EIN) [REDACTED]		1 Wages, tips, other compensation [REDACTED]	2 Federal income tax withheld [REDACTED]		
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 COMPTROLLER - WITHHOLDING AGENT 325 WEST ADAMS STREET SPRINGFIELD, ILLINOIS 62704-1871		3 Social security wages [REDACTED]	4 Social security tax withheld [REDACTED]		
		5 Medicare wages and tips [REDACTED]	6 Medicare tax withheld [REDACTED]		
		7 Social security tips [REDACTED]	8 Allocated tips [REDACTED]		
d Control number [REDACTED]		9 [REDACTED]	10 Dependent care benefits [REDACTED]		
e Employee's first name and initial NINA REESE		11 Nonqualified plans [REDACTED]	12a See instructions for box 12 [REDACTED]		
		13 Statutory employee Retirement plan Third party sick pay [REDACTED]	12b [REDACTED]		
		14 Other [REDACTED]	12c [REDACTED]		
			12d [REDACTED]		
f Employee's address and ZIP code					
15 State IL	16 State wages, tips, etc. [REDACTED]	17 State income tax [REDACTED]	18 Local wages, tips, etc. [REDACTED]	19 Local income tax [REDACTED]	20 Locality name [REDACTED]

Form W-2 Wage and Tax Statement 2023
Copy C For EMPLOYEE'S RECORDS (See Enclosed Notice)
Department of the Treasury-Internal Revenue Service

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile.	
b Employer's identification number (EIN) [REDACTED]		1 Wages, tips, other compensation [REDACTED]	2 Federal income tax withheld [REDACTED]		
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 COMPTROLLER - WITHHOLDING AGENT 325 WEST ADAMS STREET SPRINGFIELD, ILLINOIS 62704-1871		3 Social security wages [REDACTED]	4 Social security tax withheld [REDACTED]		
		5 Medicare wages and tips [REDACTED]	6 Medicare tax withheld [REDACTED]		
		7 Social security tips [REDACTED]	8 Allocated tips [REDACTED]		
d Control number [REDACTED]		9 [REDACTED]	10 Dependent care benefits [REDACTED]		
e Employee's first name and initial NINA REESE		11 Nonqualified plans [REDACTED]	12a See instructions for box 12 [REDACTED]		
		13 Statutory employee Retirement plan Third party sick pay [REDACTED]	12b [REDACTED]		
		14 Other [REDACTED]	12c [REDACTED]		
			12d [REDACTED]		
f Employee's address and ZIP code					
15 State IL	16 State wages, tips, etc. [REDACTED]	17 State income tax [REDACTED]	18 Local wages, tips, etc. [REDACTED]	19 Local income tax [REDACTED]	20 Locality name [REDACTED]

Form W-2 Wage and 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



11:05

5G+ 16



Account and identity



Your information



Nina Reese

♥ Silver

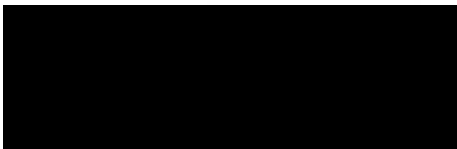
Xfinity ID and security >

Notification settings >

Account details



Service address



Xfinity account number



11:04

5G+ 16

Settings

Close

Account Information

Account Number

[REDACTED]

Contact Name

NINA REESE

Billing Cycle Ends

Feb 29

Billing Address

[REDACTED]



Language

English



myCricket App Tutorial

SECURITY

Change Password



DIN Security

**PHILADELPHIA GAS WORKS**

800 West Montgomery Avenue • Philadelphia, PA 19122

Telephone 215-787-1250
Fax 215-684-6770

April 9, 2024

Nina C. Reese
**Re: 12728 Verda Dr**

Dear Ms. Reese,

The Identity Theft Investigation Unit reviewed your written claim alleging identity theft regarding 12728 Verda Dr. Unfortunately, there was a lack of supporting documentation attached with regards to the service address you are disputing. The Philadelphia Gas Works (PGW) is requesting additional documentation to support your proof of residence during the period of alleged identity theft. Please return as many documents as you can obtain to prove you did not reside at the property from September 10, 2021 through August 16, 2023. You will not need to re-submit the items already sent to PGW. Do not send originals as the information will not be returned to you. The more supporting documentation submitted will be most beneficial to this investigation. If we have not heard from you by April 30, 2024, we will consider the matter resolved and your case will be closed.

Please submit all documentation to:

Philadelphia Gas Works
Correspondence Department
Attention: Identity Theft Unit
PO Box 3500
Philadelphia, PA 19122

Sincerely,

W. Vacca
Identity Theft Investigation Unit

Customer Contact: Fraud

Date: 04/16/2024 Time: 10:33:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: THF2 - Fraud Created: 04/16/2024 at: 10:33:54 AM by: WVACCA
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: Class: Inquiry

Comments: ID THEFT - customer sent in repeat documents. PGW will require at least 3 valid supporting document from the alleged ID theft period of 9/10/2021-8/16/2023.

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: [REDACTED] Reese, Nina
Premise:
Person: Reese, Nina

Customer Contact: Customer Review Unit [X]

Date: 04/16/2024 Time: 12:28:00 PM Source: JetSearch Related Tran: Account Maintenance

CC Type: CRU - Customer Review Unit [v] Created: 04/16/2024 at: 12:28:16 PM by: NSTAHL

Area: 800 - Residential General Service [v] Changed: at: by:

Surveyable Auto Delete Date: 04/16/2029 Class: Inquiry

Comments:
CRU Ms. Reese left message to inquire exact documentation needed regarding her ID theft requested. Forwarded to Wendy V to return the call at [REDACTED] 72.

Letter

Status: Print Date: Run Number: Reprint: [v]

Template:

Review List Tickler

Follow Up: [] to Review Group to User

Priority: [] Review Group... []

Account: [REDACTED] 07 Reese, Nina [v]

Premise: [v]

Person: Reese, Nina [v]

[Change] [Cancel]

Customer Contact: Fraud [X]

Date: 04/16/2024 Time: 2:10:00 PM Source: JetSearch Related Tran: Account Maintenance
CC Type: THF2 - Fraud [v] Created: 04/16/2024 at: 2:10:18 PM by: WVACCA
Area: 800 - Residential General Service [v] Changed: at: by:
 Surveyable Auto Delete Date: Class: Inquiry

Comments: ID THEFT - returned call to Nina Reese about ID theft. We went over the documents provided to PGW. I advised only one document is within the required window of alleged ID theft. The customer will get 2 more documents and send in for review. ID theft alleged period is from 9/10/21 - 8/16/2023.

Letter
Status: Print Date: Run Number: Reprint: [v]
Template:

Review List Tickler
Follow Up: [] to Review Group to User
Priority: [] Review Group... []

Account: [REDACTED] 07 Reese, Nina [v]
Premise: [v]
Person: Reese, Nina [v]

[Change] [Cancel]

Customer Contact: Customer Review Unit [X]

Date: 04/17/2024 Time: 6:11:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: CRU - Customer Review Unit Created: 04/17/2024 at: 6:11:14 AM by: NSTAHL
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 04/17/2029 Class: Inquiry

Comments: _CRU_ COR called requesting return call about submitting W-2 or if she can submit time sheets which she fills out herself and sends in. Sent email to Wendy V to contact.

Letter

Status: Print Date: Run Number: Reprint: [] [v]
Template:

Review List Tickler

Follow Up: [] to Review Group to User
Priority: [] Review Group... []

Account: [REDACTED] 07 Reese, Nina [v]
Premise: [] [v]
Person: Reese, Nina [v]

[Change] [Cancel]

Customer Contact: Customer Review Unit

Date: 04/24/2024 Time: 6:18:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: CRU - Customer Review Unit Created: 04/24/2024 at: 6:18:26 AM by: NSTAHL
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: 04/24/2029 Class: Inquiry

Comments: _CRU_ Nina Reese called to follow up on documents she sent re her ID theft case. Sent email to W Vacca to contact Ms. Reese at [REDACTED] 72

Letter
Status: Print Date: Run Number: Reprint: [dropdown]
Template:

Review List Tickler
Follow Up: [dropdown] to Review Group to User
Priority: [dropdown] Review Group... [dropdown]

Account: [REDACTED] 07 Reese, Nina
Premise:
Person: Reese, Nina

Change Cancel

Customer Contact: Fraud [X]

Date: 04/24/2024 Time: 10:03:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: THF2 - Fraud Created: 04/24/2024 at: 10:03:40 AM by: WVACCA
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: Class: Inquiry

Comments: ID THEFT - called customer back and advised I have not received any new documents as of yet. Asvised to check back in a week.

Letter
Status: Print Date: Run Number: Reprint: [v]
Template:

Review List Tickler
Follow Up: [] to Review Group to User
Priority: [] Review Group... []

Account: [REDACTED] Reese, Nina
Premise:
Person: Reese, Nina

[Change] [Cancel]

Customer Contact: Fraud [X]

Date: 05/01/2024 Time: 7:12:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: THF2 - Fraud [v] Created: 05/01/2024 at: 7:12:46 AM by: WVACCA
Area: 800 - Residential General Service [v] Changed: at: by:
 Surveyable Auto Delete Date: Class: Inquiry

Comments: ID THEFT - have not received any documents. The case is now closed. If the customer provides documents, please forward to ID theft for review.

Letter
Status: Print Date: Run Number: Reprint: [v]
Template:

Review List Tickler
Follow Up: [] to Review Group to User
Priority: [] Review Group... []

Account: [REDACTED] 07 Reese, Nina [v]
Premise: [v]
Person: Reese, Nina [v]

[Change] [Cancel]

Customer Contact: Fraud [X]

Date: 05/09/2024 Time: 11:24:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: THF2 - Fraud Created: 05/09/2024 at: 11:24:40 AM by: WVACCA
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: Class: Inquiry

Comments: ID Theft - Received additional documents. Reached out to the owner / landlord and waiting a call back.

Letter
Status: Print Date: Run Number: Reprint: [v]
Template:

Review List Tickler
Follow Up: [] to Review Group to User
Priority: [] Review Group... []

Account: [REDACTED] Reese, Nina [v]
Premise: [v]
Person: Reese, Nina [v]

[Change] [Cancel]

Customer Contact: Fraud

Date: 05/16/2024 Time: 8:13:00 AM Source: JetSearch Related Tran: Account Maintenance
CC Type: THF2 - Fraud Created: 05/16/2024 at: 8:13:11 AM by: WVACCA
Area: 800 - Residential General Service Changed: at: by:
 Surveyable Auto Delete Date: Class: Inquiry

Comments: ID theft- spoke to the owner of 12728 Verda Dr Victoria Morgan (96) who advised that Nina Reese did reside at the property during the alleged ID theft period. She advised that as part of the process tenants must show photo ID and SS #. The owner states Ms Reese left a balance owing on the rent as well.

Letter

Status: Print Date: Run Number: Reprint:

Template:

Review List Tickler

Follow Up: to Review Group to User
Priority: Review Group...

Account: [REDACTED] Reese, Nina

Premise:

Person: Reese, Nina



Nina Reese
83 Candlelight Drive
Sauk Village IL 60411

Philadelphia Gas works
Correspondence Department
Attention: Identity Theft unit
PO Box 3500
Philadelphia, PA 19122

OMB No. 1545-0008

Employee's social security number: [REDACTED]

Employer's identification number (EIN): [REDACTED]

Employer's name, address, and ZIP code:
STATE OF ILLINOIS 69-0330001
COMPTROLLER - WITHHOLDING AGENT
325 WEST ADAMS STREET
SPRINGFIELD, ILLINOIS 62704-1871

DOM WORK
01-14-19
10-999

Control number: [REDACTED]

Employee's first name and initial: NINA
Last name: REESE

Employee's address and ZIP code: [REDACTED]

1 Wages, tips, other compensation	[REDACTED]	2 Federal income tax withheld	[REDACTED]
3 Social security wages	[REDACTED]	4 Social security tax withheld	[REDACTED]
5 Medicare wages and tips	[REDACTED]	6 Medicare tax withheld	[REDACTED]
7 Social security tips	[REDACTED]	8 Allocated tips	[REDACTED]
9 Verification Code	[REDACTED]	10 Dependent care benefits	.00
11 Nonqualified plans	.00	12a See instructions for box 12	.00
13 Statutory employee Retirement plan Third party sick pay	[REDACTED]	12b	.00
14 Other	[REDACTED]	12c	.00
		12d	.00
16 State wages, tips, etc.	[REDACTED]	17 State income tax	[REDACTED]
18 Local wages, tips, etc.	[REDACTED]	19 Local income tax	[REDACTED]
20 Locality name		[REDACTED]	

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement 2018
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

Employee's social security number: [REDACTED]

Employer's identification number (EIN): [REDACTED]

Employer's name, address, and ZIP code:
STATE OF ILLINOIS 69-0330001
COMPTROLLER - WITHHOLDING AGENT
325 WEST ADAMS STREET
SPRINGFIELD, ILLINOIS 62704-1871

DOM WORK
01-14-19
10-999

Control number: [REDACTED]

Employee's first name and initial: NA
Last name: REESE

Employee's address and ZIP code: [REDACTED]

1 Wages, tips, other compensation	[REDACTED]	2 Federal income tax withheld	[REDACTED]
3 Social security wages	[REDACTED]	4 Social security tax withheld	[REDACTED]
5 Medicare wages and tips	[REDACTED]	6 Medicare tax withheld	[REDACTED]
7 Social security tips	[REDACTED]	8 Allocated tips	[REDACTED]
9 Verification Code	[REDACTED]	10 Dependent care benefits	.00
11 Nonqualified plans	.00	12a	.00
13 Statutory employee Retirement plan Third party sick pay	[REDACTED]	12b	.00
14 Other	[REDACTED]	12c	.00
		12d	.00
16 State wages, tips, etc.	[REDACTED]	17 State income tax	[REDACTED]
18 Local wages, tips, etc.	[REDACTED]	19 Local income tax	[REDACTED]
20 Locality name		[REDACTED]	

Department of the Treasury-Internal Revenue Service

OMB No. 1545-0008

Employee's social security number: [REDACTED]

Employer's identification number (EIN): [REDACTED]

Employer's name, address, and ZIP code:
STATE OF ILLINOIS 69-0330001
COMPTROLLER - WITHHOLDING AGENT
325 WEST ADAMS STREET
SPRINGFIELD, ILLINOIS 62704-1871

DOM WORK
01-14-19
10-999

Control number: [REDACTED]

Employee's first name and initial: A
Last name: REESE

Employee's address and ZIP code: [REDACTED]

1 Wages, tips, other compensation	[REDACTED]	2 Federal income tax withheld	[REDACTED]
3 Social security wages	[REDACTED]	4 Social security tax withheld	[REDACTED]
5 Medicare wages and tips	[REDACTED]	6 Medicare tax withheld	[REDACTED]
7 Social security tips	[REDACTED]	8 Allocated tips	[REDACTED]
9 Verification Code	[REDACTED]	10 Dependent care benefits	.00
11 Nonqualified plans	.00	12a See instructions for box 12	.00
13 Statutory employee Retirement plan Third party sick pay	[REDACTED]	12b	.00
14 Other	[REDACTED]	12c	.00
		12d	.00
16 State wages, tips, etc.	[REDACTED]	17 State income tax	[REDACTED]
18 Local wages, tips, etc.	[REDACTED]	19 Local income tax	[REDACTED]
20 Locality name		[REDACTED]	

Department of the Treasury-Internal Revenue Service

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.

Employee's social security number [REDACTED]		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.			
OMB No. 1545-0008					
Employer's identification number (EIN) [REDACTED]		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
STATE OF ILLINOIS 69-0330001 COMPTROLLER - WITHHOLDING AGENT 325 WEST ADAMS STREET SPRINGFIELD, ILLINOIS 62704-1871		*DOM WORK* 01-19-17 10-999		3 Social security wages [REDACTED]	
Control number [REDACTED]		5 Medicare wages and tips [REDACTED]		4 Social security tax withheld [REDACTED]	
Employee's first name and initial NINA		Last name REESE		6 Medicare tax withheld [REDACTED]	
Employee's address and ZIP code [REDACTED]		7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
State IL		Employer's state I.D. No. [REDACTED]		9 [REDACTED]	
16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]		10 Dependent care benefits .00	
18 Local wages, tips, etc. [REDACTED]		19 Local income tax [REDACTED]		11 Nonqualified plans .00	
20 Locality name [REDACTED]				12a See instructions for box 12 .00	
				12b .00	
				12c .00	
				12d .00	

Form W-2 Wage and Tax Statement 2016
 Department of the Treasury-Internal Revenue Service
 Copy C For EMPLOYEE'S RECORDS (See Enclosed Notice)

Employee's social security number [REDACTED]		Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov/efile .			
OMB No. 1545-0008					
Employer's identification number (EIN) [REDACTED]		1 Wages, tips, other compensation [REDACTED]		2 Federal income tax withheld [REDACTED]	
STATE OF ILLINOIS 69-0330001 COMPTROLLER - WITHHOLDING AGENT 325 WEST ADAMS STREET SPRINGFIELD, ILLINOIS 62704-1871		*DOM WORK* 01-19-17 10-999		3 Social security wages [REDACTED]	
Control number [REDACTED]		5 Medicare wages and tips [REDACTED]		4 Social security tax withheld [REDACTED]	
Employee's first name and initial NINA		Last name REESE		6 Medicare tax withheld [REDACTED]	
Employee's address and ZIP code [REDACTED]		7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
State IL		Employer's state I.D. No. [REDACTED]		9 [REDACTED]	
16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]		10 Dependent care benefits .00	
18 Local wages, tips, etc. [REDACTED]		19 Local income tax [REDACTED]		11 Nonqualified plans .00	
20 Locality name [REDACTED]				12a See instructions for box 12 .00	
				12b .00	
				12c .00	
				12d .00	

Form W-2 Wage and Tax Statement 2016
 Department of the Treasury-Internal Revenue Service
 Copy B To Be Filed With Employee's FEDERAL Tax Return
 This information is being furnished to the Internal Revenue Service

SUSANA A. MENDOZA
COMPTROLLER - STATE OF ILLINOIS
325 W. Adams Street Springfield, IL 62704-1871

SALARY EARNINGS STATEMENT
FOR PAY PERIOD ENDING 02/15/23
SCHEDULED PAY DATE 03/13/23

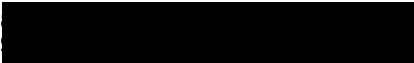


THIS IS NOT A DEPOSIT RECEIPT

WARRANT - TRACE NO.



REESE NINA



1000

YEAR TO DATE EARNINGS AND TAXES

GROSS EARNINGS
FEDERAL TAX
F.I.C.A.
STATE TAX
OTHER COMP.
NON-TAX INCOME
EARNED INC. CRED.



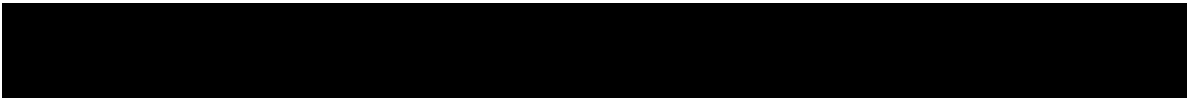
YEAR TO DATE GROSS EARNINGS PLUS OTHER COMPENSATION
LESS NON-TAXABLE INCOME EQUAL TAXABLE GROSS.

CURRENT PERIOD EARNINGS AND DEDUCTIONS

SOCIAL SECURITY NO. BASE PAY OVERTIME PAY LUMP SUM ADDITIONAL GROSS GROSS EARNINGS



DEDUCTIONS:



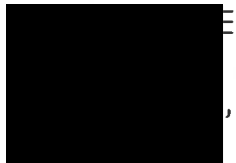
NOTE:
*GROSS PAY INCREASED BY THIS AMOUNT



TOTAL DEDUCTIONS
EARNED INC. CRED.
NET PAY



NINAREESE



Account
Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

Billing Cycle

03/30/23 - 04/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Multiline Bridge Pay Enrollment Fee	\$10.00
IVR Transaction Fee	\$4.00

NINAREESE



Account Number:



PGW Exhibit 8
Page 6 of 19

107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights, IL,
60411

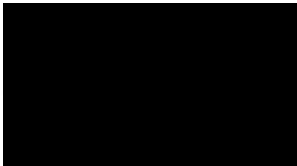
Billing Cycle

04/30/23 - 05/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
IVR Transaction Fee	\$4.00
Multiline Bridge Pay Enrollment Fee	\$10.00

NINAREESE



Account Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights, IL,
60411

PGW Exhibit 8
Page 7 of 19

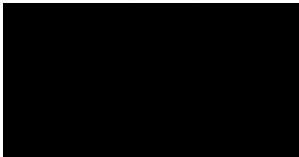
Billing Cycle

05/30/23 - 06/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
IVR Transaction Fee	\$4.00
Phone Number Change Fee	\$15.00

NINAREESE



Account
Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights, IL,
60411

PGW Exhibit 8
Page 8 of 19

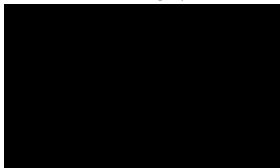
Billing Cycle

06/30/23 - 07/29/23

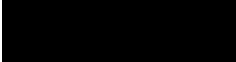
Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Multiline Bridge Pay Enrollment Fee	\$10.00
IVR Transaction Fee	\$5.00

NINAREESE



Account Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

PGW Exhibit 8
Page 9 of 19

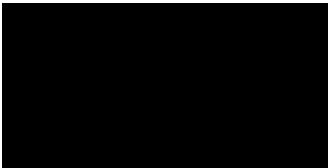
Billing Cycle

07/30/23 - 08/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Total Amount Due	\$142.00

NINAREESE



Account Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights, IL,
60411

PGW Exhibit 8
Page 10 of 19

Billing Cycle

08/30/23 - 09/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Multiline Bridge Pay Enrollment Fee	\$10.00
Multiline Bridge Pay Extension Fee	\$10.00

NINAREESE



Account Number:



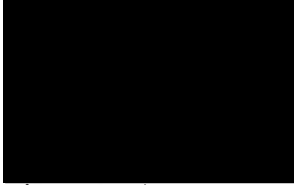
107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

Billing Cycle

09/30/23 - 10/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Multiline Bridge Pay Enrollment Fee	\$10.00
Multiline Bridge Pay Extension Fee	\$10.00



Account Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

Billing Cycle

10/30/23 - 11/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number [redacted]	\$10.00
Cricket Protect Cricket number: [redacted]	\$8.00
Unlimited Cricket Core Cricket number [redacted]	\$55.00
Cricket Protect Cricket number: [redacted]	\$8.00
Mobile Hotspot Cricket number: [redacted]	\$10.00
Unlimited Cricket Core Cricket number [redacted]	\$25.00
Cricket Protect Cricket number: [redacted]	\$8.00
Unlimited Cricket Core Cricket number: [redacted]	\$10.00
Cricket Protect Cricket number: [redacted]	\$8.00
Multiline Bridge Pay Extension Fee	\$15.00
IVR Transaction Fee	\$5.00

NINAREESE



Account
Number:



PGW Exhibit 8
Page 13 of 19

107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

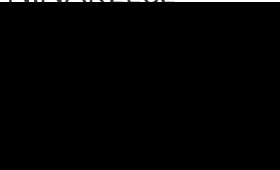
Billing Cycle

11/30/23 - 12/29/23

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Multiline Bridge Pay Enrollment Fee	\$15.00
Multiline Bridge Pay Extension Fee	\$15.00

NINARFESF



Account Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

Billing Cycle

12/30/23 - 01/29/24

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Multiline Bridge Pay Enrollment Fee	\$15.00
Multiline Bridge Pay Extension Fee	\$15.00

NINAREESE



Account Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

PGW Exhibit 8
Page 15 of 19

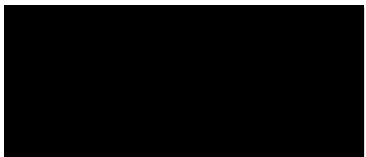
Billing Cycle

01/30/24 - 02/29/24

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Multiline Bridge Pay Enrollment Fee	\$15.00
Multiline Bridge Pay Extension Fee	\$15.00

NINAREESE



Account Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

PGW Exhibit 8
Page 16 of 19

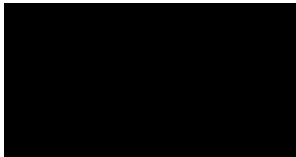
Billing Cycle

03/01/24 - 03/29/24

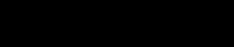
Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Total Amount Due	\$142.00

NINAREESE



Account
Number:



107: Wireless Reinvented Inc
- South Chicago Heigh
3147 Chicago Rd
South Chicago Heights , IL ,
60411

PGW Exhibit 8
Page 17 of 19

Billing Cycle

-

Services and Discounts

Beginning Balance	\$0.00
Adjustments	
Charges	
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$55.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Mobile Hotspot Cricket number: [REDACTED]	\$10.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$25.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Unlimited Cricket Core Cricket number: [REDACTED]	\$10.00
Cricket Protect Cricket number: [REDACTED]	\$8.00
Total Amount Due	\$142.00



HOME SERVICES PROGRAM TIME SHEET

District: 209

Case Number: [REDACTED]	Worker SSN: [REDACTED]
Customer Name: [REDACTED]	<input type="checkbox"/> Information has changed since last time sheet was submitted. NOTE: Check will be mailed to Individual Provider's home address
Address: [REDACTED]	Worker Name: <u>Nina Reese</u>
City/Zip Code: [REDACTED]	Home Address: [REDACTED]
Phone: [REDACTED]	City/Zip Code: [REDACTED]
<input type="checkbox"/> Information has changed since last time sheet was submitted.	Phone: ([REDACTED])

Month: December Year: 2023

	Dates: (check box)		Indicate AM or PM with each start and stop time						Daily Total
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Start	Stop	Start	Stop	Start	Stop	
<input checked="" type="checkbox"/> Personal Assistant	1st	16th	9:09 AM	12:41 PM					3.32
Rate:	2nd	17th	9:01 AM	12:44 PM					3.43
<input type="checkbox"/> Certified Nurse Assistant	3rd	18th	9:04 AM	11:40 AM					2.36
Rate:	4th	19th	9:12 AM	11:42 AM					2.30
<input type="checkbox"/> Licensed Practical Nurse	5th	20th	9:33 AM	12:04 PM					2.31
Rate:	6th	21st	9:07 AM	11:37 AM					2.20
<input type="checkbox"/> Registered Nurse	7th	22nd	9:38 AM	12:09 PM					2.31
Rate:	8th	23rd	9:18 AM	11:50 AM					2.32
<input type="checkbox"/> Physical or Occupational Therapist	9th	24th	9:01 AM	11:39 AM					2.38
Rate:	10th	25th	8:54 AM	12:23 PM					3.89
<input type="checkbox"/> Speech Therapist	11th	26th	10:12 AM	12:47 PM					2.35
Rate:	12th	27th	9:07 AM	11:31 AM					2.30
<input type="checkbox"/> Speech Therapist	13th	28th	9:13 AM	11:13 AM					2
Rate:	14th	29th	10:13 AM	12:15 PM					2.02
<input type="checkbox"/> Speech Therapist	15th	30th	10:52 AM	12:58 PM					2.06
Rate:		31st	11:00 AM	1:31 PM					
Pay Period Total									

CUSTOMER/INDIVIDUAL PROVIDER CERTIFICATION FOR SERVICES RENDERED

I certify that the above information is true and in accordance with the Individual Provider Payment Policies (IL488-2252). I certify the above information is true and that the customer was in his or her home at the time services were rendered (not on unapproved vacation, in the hospital, in a nursing home, etc.). I understand falsification of any information submitted on this form could lead to criminal prosecution.

Worker Signature: Nina Reese Date: 1-3-24

I certify that the above information is true and that services were received as stated. I understand falsification of any information submitted on this form could lead to criminal prosecution.

Customer Signature: Christine Beaman Date: 1-3-24

FOR OFFICE USE ONLY

DHS Payment Approval: _____ Date: _____ Gross: _____ Auth.: _____



HOME SERVICES PROGRAM TIME SHEET

District: 209

Case Number: [REDACTED]	Worker SSN: [REDACTED]
Customer Name: [REDACTED]	<input type="checkbox"/> Information has changed since last time sheet was submitted.
Address: [REDACTED]	NOTE: Check will be mailed to Individual Provider's home address
City/Zip Code: [REDACTED]	Worker Name: <u>Nina Deese</u>
Phone: [REDACTED]	Home Address: [REDACTED]
<input type="checkbox"/> Information has changed since last time sheet was submitted.	City/Zip Code: [REDACTED]
	Phone: ([REDACTED])

Month: oct Year: 2023

	Dates: (check box)		Indicate AM or PM with each start and stop time						Daily Total
	<input type="checkbox"/>	<input type="checkbox"/>	Start	Stop	Start	Stop	Start	Stop	
<input checked="" type="checkbox"/> Personal Assistant	1st	16th	9:03 AM	11:33 AM					2.30
Rate:	2nd	17th	9:13 AM	11:43 AM					2.36
<input type="checkbox"/> Certified Nurse Assistant	3rd	18th	9:17 AM	11:49 AM					2.30
Rate:	4th	19th	9:01 AM	11:32 AM					2.31
<input type="checkbox"/> Licensed Practical Nurse	5th	20th	10:00 AM	12:31 PM					2.31
Rate:	6th	21st	10:43 AM	1:16 PM					2.33
<input type="checkbox"/> Registered Nurse	7th	22nd	9:00 AM	11:32 AM					2.32
Rate:	8th	23rd	9:07 AM	11:48 AM					2.41
<input type="checkbox"/> Physical or Occupational Therapist	9th	24th	9:00 AM	11:46 AM					2.46
Rate:	10th	25th	9:06 AM	11:36 AM					2.36
<input type="checkbox"/> Speech Therapist	11th	26th	9:18 AM	11:49 AM					2.31
Rate:	12th	27th	9:03 AM	11:34 AM					2.31
<input type="checkbox"/> Speech Therapist	13th	28th	9:15 AM	1:15 PM					3
Rate:	14th	29th	9:12 AM	11:26 AM					2.14
<input type="checkbox"/> Speech Therapist	15th	30th	9:07 AM	12:04 PM					2.57
Rate:		31st	9:49 AM	12:51 PM					3.07
Pay Period Total									

CUSTOMER/INDIVIDUAL PROVIDER CERTIFICATION FOR SERVICES RENDERED

I certify that the above information is true and in accordance with the Individual Provider Payment Policies (IL488-2252). I certify the above information is true and that the customer was in his or her home at the time services were rendered (not on unapproved vacation, in the hospital, in a nursing home, etc.). I understand falsification of any information submitted on this form could lead to criminal prosecution.

Worker Signature: Nina Deese Date: 11/5/2023

I certify that the above information is true and that services were received as stated. I understand falsification of any information submitted on this form could lead to criminal prosecution.

Customer Signature: Christina Beaman Date: 11/5/23

FOR OFFICE USE ONLY

Supervisor Approval: _____ Date: _____ Gross: _____ Auth.: _____

Specific Service Agreement Statement of Account SA- [REDACTED] 16

Customer Name	From Date	To Date
NINA REESE	9/1/2021	10/2/2024

Service Address	Account Number	S A Number	Meter	Rate/Class
12728 VERDA DR PHIL, PA 191542041	[REDACTED] 07	[REDACTED] 16	2139170	GS

STATEMENT

Transaction Date	Transaction Type	Reading	Read Code	# of Days	CCF Usage	Average CCF/Day	Heating DDDs	Payment Type	Due Date	Transaction Amount	Current Balance	Actual Balance
9/21/2021	BILL	3693	R	7	4	0.57	0		10/14/2021	\$5.89	\$5.89	\$5.89
10/20/2021	LPC									\$0.08	\$5.97	\$5.97
10/20/2021	BILL	3714	R	31	21	0.68	26		11/15/2021	\$53.85	\$59.82	\$59.82
11/19/2021	LPC									\$0.89	\$60.71	\$60.71
11/19/2021	BILL	3743	R	30	29	0.97	335		12/15/2021	\$59.67	\$120.38	\$120.38
12/21/2021	LPC									\$1.79	\$122.17	\$122.17
12/21/2021	BILL	3793	R	30	50	1.67	577		1/14/2022	\$97.15	\$219.32	\$219.32
1/22/2022	LPC									\$3.24	\$222.56	\$222.56
1/22/2022	BILL	3874	R	34	81	2.38	895		2/15/2022	\$151.50	\$374.06	\$374.06
2/19/2022	LPC									\$5.52	\$379.58	\$379.58
2/19/2022	BILL	3973	R	28	99	3.54	855		3/16/2022	\$179.30	\$558.88	\$558.88
3/23/2022	LPC									\$8.21	\$567.09	\$567.09
3/23/2022	BILL	4041	R	32	68	2.12	592		4/18/2022	\$135.62	\$702.71	\$702.71
4/18/2022	PAY							Check		(\$702.71)	\$0.00	\$0.00
4/21/2022	CANP									\$702.71	\$702.71	\$702.71
4/21/2022	PAYCAN									\$0.00	\$702.71	\$702.71
4/21/2022	NSFCHA									\$20.00	\$722.71	\$722.71
4/22/2022	LPC									\$10.24	\$732.95	\$732.95
4/22/2022	BILL	4084	R	30	43	1.43	428		5/17/2022	\$83.35	\$816.30	\$816.30
5/3/2022	PAY							Check		(\$816.30)	\$0.00	\$0.00

5/10/2022	CANP									\$816.30	\$816.30	\$816.30
5/10/2022	PAYCAN									\$0.00	\$816.30	\$816.30
5/10/2022	NSFCHA									\$20.00	\$836.30	\$836.30
5/20/2022	LPC									\$11.79	\$848.09	\$848.09
5/20/2022	BILL	4109	R	28	25	0.89	144		6/15/2022	\$55.61	\$903.70	\$903.70
6/21/2022	LPC									\$12.92	\$916.62	\$916.62
6/21/2022	BILL	4126	R	30	17	0.57	1		7/15/2022	\$76.31	\$992.93	\$992.93
7/19/2022	WNA2&5									(\$29.50)	\$963.43	\$963.43
7/21/2022	LPC									\$14.07	\$977.50	\$977.50
7/21/2022	BILL	4144	R	32	18	0.56	0		8/15/2022	\$51.73	\$1,029.23	\$1,029.23
8/19/2022	LPC									\$14.84	\$1,044.07	\$1,044.07
8/19/2022	BILL	4160	R	29	16	0.55	0		9/14/2022	\$47.76	\$1,091.83	\$1,091.83
9/20/2022	LPC									\$15.56	\$1,107.39	\$1,107.39
9/20/2022	BILL	4172	R	30	12	0.4	0		10/13/2022	\$39.48	\$1,146.87	\$1,146.87
10/19/2022	BILL	4191	R	31	19	0.61	125		11/14/2022	\$52.41	\$1,199.28	\$1,199.28
11/3/2022	PAY								Credit Card	(\$229.37)	\$969.91	\$969.91
11/17/2022	BILL	4212	R	29	21	0.72	242		12/13/2022	\$58.09	\$1,028.00	\$1,028.00
12/5/2022	PAY								Debit Card	(\$120.00)	\$908.00	\$908.00
12/16/2022	BILL	4261	R	29	49	1.69	650		1/13/2023	\$108.14	\$1,016.14	\$1,016.14
1/19/2023	BILL	4345	R	34	84	2.47	857		2/13/2023	\$176.39	\$1,192.53	\$1,192.53
2/16/2023	LPC									\$16.84	\$1,209.37	\$1,209.37
2/16/2023	BILL	4398	R	28	53	1.89	656		3/14/2023	\$123.19	\$1,332.56	\$1,332.56
3/18/2023	LPC									\$18.69	\$1,351.25	\$1,351.25
3/18/2023	BILL	4436	R	30	38	1.27	618		4/12/2023	\$82.39	\$1,433.64	\$1,433.64
4/19/2023	LPC									\$19.92	\$1,453.56	\$1,453.56
4/19/2023	BILL	4470	R	32	34	1.06	375		5/12/2023	\$70.86	\$1,524.42	\$1,524.42
5/18/2023	LPC									\$20.98	\$1,545.40	\$1,545.40
5/18/2023	BILL	4491	R	29	21	0.72	187		6/13/2023	\$47.55	\$1,592.95	\$1,592.95
6/17/2023	LPC									\$21.70	\$1,614.65	\$1,614.65
6/17/2023	BILL	4507	R	30	16	0.53	27		7/13/2023	\$38.99	\$1,653.64	\$1,653.64
7/19/2023	LPC									\$22.28	\$1,675.92	\$1,675.92

7/19/2023	BILL	4519	R	32	12	0.38	3	8/11/2023	\$32.30	\$1,708.22	\$1,708.22
8/17/2023	LPC								\$22.77	\$1,730.99	\$1,730.99
8/17/2023	BILL	4531	R	29	12	0.41	0	9/12/2023	\$32.30	\$1,763.29	\$1,763.29
9/20/2023	LPC								\$23.25	\$1,786.54	\$1,786.54
9/20/2023	BILL	4532	R	1	1	1	0	10/13/2023	\$1.36	\$1,787.90	\$1,787.90
2/13/2024	WO								(\$1,787.90)	\$0.00	\$0.00

PHILADELPHIA GAS WORKS

PUC

Opening XML

Case Number: 3965283
Company Name: PGW (PHILA. GAS WORKS (NGDC))
Company Code: 0766
Company Type: GAS TRANSPORTER
Customer First Name: NINA
Customer Middle Initial:
Customer Last Name: REESE
Customer Account Number: [REDACTED]22
Customer Home Phone w/ Area Code:
Customer Work Phone w/ Area Code:
Customer Service Class: RESIDENTIAL
Customer Mail Address 1: [REDACTED]
Customer Mail Address 2:
Customer Mail Address City: [REDACTED]
Customer Mail Address State: [REDACTED]
Customer Mail Address Zip: [REDACTED]
Customer Mail Address 4-Zip:
Customer Service Address 1: 12728 VERDA DR
Customer Service Address 2:
Customer Service Address City: PHILADELPHIA
Customer Service Address State: PA
Customer Service Address Zip: 19154
Customer Service Address 4-Zip:
Customer Family Adults: 0
Customer Family Children: 0
Customer Family Age:
Gross Income
Source **Income Amount**
Date Open: 2024-02-21
Reason For Contact: BILLING DISPUTES (# 18)
Term Date:
Business Name:
Case Problem: 18 – HIGH BILL DISPUTE. THE CUSTOMER IS DISPUTING THE BILL(S) 08/16/2023- 02/16/24 MONTH(S) AMOUNT OF 1788.00. CUSTOMER SAYS SHE HAS NEVER LIVED IN PA AND IS A VICTIM OF IDENTITY THEFT. CUSTOMER IS

COMPLETING FRAUD PACKET AND WILL SEND TO COMPANY. CUSTOMER HAS SUPPLIED INFORMATION FROM THE POLICE REPORT AND THE DIVERSIFIED ADJUSTMENT COLLECTION INFORMATION TO THE COLLECTION AGENCY WHO WILL SEND POLICE REPORT AND INFORMATION COLLECTED FROM THE OTHER COMPANIES THAT WERE A PART OF THE IDENTITY THEFT TO PGW. - RELIEF SOUGHT - CUSTOMER WOULD LIKE THE BILL DISMISSED AND WOULD LIKE THE AMOUNT REMOVED FROM HER CREDIT SCORE. THE CELL PHONE NUMBER [REDACTED] HAS BEEN ALLOWED TO BE SHARED. THE EMAIL ADDRESS [REDACTED] HAS BEEN ALLOWED TO BE SHARED.

Company Position:

02/21/2024 COMPANY TOLD CUSTOMER SHE NEEDED TO COMPLETE A FRAUD PACKET. CUSTOMER NEEDED TO SEND IN POLICE REPORT AND DIVERSIFIED ADJUSTMENT COLLECTION REPORT. CUSTOMER NEEDED TO SUPPLY CURRENT ADDRESS INFORMATION.

Related Information:**Case Misc Info:****Hot Issue:****Case Origin:**

TELEPHONE

Prior Case Number:**Universal Service:**

M

Arrearage:

0

BCS Investigator First Name:

BCS

BCS Investigator Last Name:

CASE POOL

BCS Investigator Phone w/ Area Code:

[REDACTED]

BCSIntaker First Name:

MARLA

BCSIntaker Last Name:

LANGLEY

Number Of Time Send:

1

Number Of Time Faxed:

0

Number Of Time Faxed:

[REDACTED]

PHILADELPHIA GAS WORKS

PUC

Closing XML

Case Number: 3965283
Company Name: PGW (PHILA. GAS WORKS (NGDC))
Company Code: 0766
Company Type: GAS TRANSPORTER
Customer First Name: NINA
Customer Middle Initial:
Customer Last Name: REESE
Account Number: [REDACTED] 07
Service Address 1: 12728 VERDA DR
Service Address 2:
Service City: PHILADELPHIA
Service State: PA
Service Zip 5: 19154
Service Zip 4:
Decision Issue: Y
Oral Written: W
Violation: NO
Chapter:
Section Rule:
Total Balance: 0.00
Date Closed: 2024-05-24
Resolution: DECISION ISSUED. CASE IS DISMISSED. SERVICE WAS IN THE NAME OF NINA REESE AT 12728 VERDA DR FROM 09/10/2021 - 08/16/2023 WHEN ANOTHER APPLICANT APPLIED FOR SERVICE. THE COMPANY MAILED THE CUSTOMER AN IDENTITY THEFT PACKET DUE TO HER CLAIM THAT SHE DID NOT RESIDE AT THIS ADDRESS AND HAS NEVER LIVED IN PHILADELPHIA. THE CUSTOMER PROVIDED W2'S FROM 2017, 2019 AND 2024, A PAYSTUB FROM FEBRUARY 2023, A CRICKET BILL FROM APRIL 2023 AND A LICENSE ISSUED IN 2020. PER THE COMPANY THE OWNER OF THE PROPERTY STATED THAT NINA REESE DID RESIDE AT THE PROPERTY DURING THE PERIOD, AND THE OWNER ALLEGED SHE PROVIDED PHOTO ID AND SS NUMBER AT THE TIME OF APPLICATION. THE CUSTOMER MAY SUBMIT ADDITIONAL DOCUMENTATION FROM WITHIN THE ID THEFT PERIOD FOR PGW TO REVIEW. AT THE INFORMAL LEVEL THE PUC BUREAU OF CONSUMER SERVICES DOES NOT HAVE JURISDICTION OVER YOUR IDENTITY THEFT DISPUTE. THE

CUSTOMER MUST ADDRESS THE IDENTITY THEFT CONCERNS
WITH PHILADELPHIA GAS WORKS. CASE CLOSED.

Balance Date: 2024-02-23
Service Restored Pay: 0.00
Service Continue Amount: 0.00
Service Continue Date:
Terms:
Special Budget Amount: 0.00
Regular Budget Amount: 85.00
Arrears Payment Plus: 0.00
FinalMonthlyPayment: 0.00
CurrentMonthlyPayment: 0.00
EndMonthlyPayment: 0.00
LetterDescription:
HeadDate: 2024-05-24
Paragraph:
Bill Date:
Reconnect Amount: 0
Pay Amount: 0.00
BCS Investigator First Name: NICHOLE
BCS Investigator Last Name: BRAXTON
Number Of Time Send: 1
Number Of Time Faxed: 0
PUC Fax: [REDACTED]