

March 14, 2020

Owner Michael  
Street  
City, State, Zip

**Re: Client Retention Agreement**

Dear Mr. Michael:

We are pleased you have requested that Green & Sklarz LLC (“G&S” or “Firm”) provide you with representation as set forth below. We would appreciate receiving written acknowledgement of this agreement for our files. The Bar recommends that there be a written fee agreement between attorneys and their clients. Additionally, we feel that it is in the best interest of our clients that they be fully informed of our billing practices. The purpose of this letter, therefore, is to set forth the scope of our engagement as legal counsel to you, to set forth the financial arrangements regarding our engagement and to verify our agreement of the foregoing:

**1. Scope of Engagement**

Subject to the terms and conditions herein, including without limitation advance payment of the retainer and a signed copy of this agreement G&S will perform those legal services which you requested and, more specifically, to represent you and your company, Michael’s Company, before the Internal Revenue Service in regards to the payroll tax issue with your company (the “Engagement”).

**2. Fee for Representation**

Our billing practice is to charge for our services based on the hourly rate of the attorney involved. We bill in increments of no less than 1/10 of one hour. Please note, we bill for all services our office provides, including but not limited to: correspondence, telephone calls, document preparation, legal research, electronic legal research, inter-office conference, depositions, trials, meetings, etc. We use the amount of time devoted to a matter by a particular attorney at that attorney's hourly rate. These hourly rates are based upon experience, expertise and standing. In addition, we try to use associate, paralegal, legal assistant and/or secretarial support on projects whenever possible. All hourly rates are reviewed from time to time and may be adjusted and/or increased without notice. It is likely that all of these hourly rates will be increased annually usually commencing at the beginning of each calendar year and you hereby consent to such increase. My hourly rate is \$475/hour. Our firm’s rates for staff range from \$75 - \$275/hour, and for partners from \$350 - \$550/hour.

The detail and the monthly statement will inform you not only of the fees and disbursements incurred but also of the nature and progress of the work performed. These

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statements are due and payable upon receipt, but in any event, no later than thirty days thereafter. We reserve the right to charge interest at an appropriate rate (currently 1% per month) calculated monthly starting forty-five days after issuance of the statement and continuing until fully paid. You will be sent monthly billing statements as to work performed. We generally bill clients on either the 1st or 15th of the month. If you have a preference as to when you receive a bill, please let me know.

We do our best to see that our clients are satisfied not only with our services but also with the reasonableness of the fees and disbursements charged for these services. Therefore, if you have any questions about or objection to a statement or the basis for our fees to you, you should raise it promptly and not more than thirty (30) days after you receive a bill for discussion. If you object only to a portion of the statement, we ask you pay the remainder, which will not constitute a waiver of your objections.

### **3. Disbursements**

The performance of legal services involves costs and expenses, some of which must be paid to third parties. These expenses include, but are not limited to, filing fees, court reporters, deposition fees, travel costs, copying costs, telecopier costs, messenger services, long distance telephone charges, computerized research expenses and expenses of experts whom we deem appropriate to assist in our representation of you. We do not charge for internal copying costs, but if a production job is large and must be sent out we will charge you the actual expense. We expect that you will either pay directly or reimburse us for such costs. If such costs may be calculated beforehand and appear to be substantial, we may ask you to advance us those sums before we expend them or to reimburse the vendor directly.

### **4. Retainer**

We will require an initial retainer of \$5,000.00 prior to commencement of work on Your behalf, the amount to be determined at that time depending upon the scope of the work you require. Should the Engagement require work beyond the anticipated scope, we may require an additional retainer be paid. If the retainer is exhausted and you receive a bill, please pay the amount due. At the conclusion of the Firm's representation of You, any remaining positive retainer balance will be returned to You. You also agree that the retainer payment may be deposited in the Firm's general operating account and comingled with other funds.

Please note, we have tried to keep the retainer amount as low as possible, however, given the nature and complexity of the Engagement, it is possible that the retainer amount may be exceeded.

### **5. Withdrawal from Representation**

The attorney client relationship is one of mutual trust and confidence. If you, for whatever reason, wish us to cease representing you, you may request that we do so. If we feel we no longer wish to represent you, we will request that the court (if an appearance has been filed) to permit us to

terminate our representation of you. We will only do so in the following circumstances: (a) a lack of cooperation by you in promptly submitting necessary requested information; (b) your knowingly providing us, your adversaries or the court with false information; (c) your disregard of advice about matters of critical importance to your case; (d) your failure to promptly pay legal fees; or (e) for any other reason provided advance notice is provided.

Upon such termination, however, you would remain liable for any unpaid fees and costs. We also shall be authorized to reveal this agreement and any other necessary documents to any court or agency if the same should prove necessary to effect withdrawal or collection of our fees.

It is the policy of this firm to make every effort to have our clients feel that they are treated on a fair basis. We welcome an honest discussion of our fees and our services and encourage our clients to inquire about any matter relating to our fee arrangement or monthly statements that are in anyway unclear or appear unsatisfactory. If you have any questions, please do not hesitate to call us.

## **6. Future Services**

This agreement will also apply to services rendered for such future matters that we agree will be handled by the Firm. If, however, such services, are substantially different from those to which this agreement applies (for instance, an appearance on your behalf in court), either party may request that a new agreement be executed, or that this agreement be reacknowledged.

If this letter correctly sets forth your understanding of the scope of the services to be rendered to the company by the Firm, and if the terms of the engagement are satisfactory, please execute the enclosed copy of this letter and return it us. If the scope of the services described is incorrect or if the terms of the engagement set forth in this letter are not satisfactory to you, please let us know in writing so that we can discuss either aspect.

By executing this agreement, you acknowledge that there is uncertainty concerning the outcome of this matter and that the Firm and the undersigned attorneys have made no guarantees as to the disposition of any phase of this matter. All representations and expression relative to the outcome of this matter, are only expressions of the said attorney's opinions and do not constitute guarantees. We look forward to continuing to work with you and thank you once again for the opportunity to serve.

Very truly yours,

Eric L. Green

READ, AGREED AND CONSENTED TO:

\_\_\_\_\_  
Owner Michael

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michael, Individually

\_\_\_\_\_  
Date



## Power of Attorney and Declaration of Representative

▶ Go to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

**For IRS Use Only**

Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date        /        /

**Part I Power of Attorney**

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Owner Michael  
 Street Address, City, State, Zip

Taxpayer identification number(s) <b>XXX-XX-XXXX</b>	
Daytime telephone number <b>(203) 111-XXXX</b>	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address <b>Representative</b> <b>Reps Address</b>  <b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	CAF No. <b>XXXX-XXXXXR</b> PTIN <b>P00000000</b> Telephone No. <b>(203) XXX-XXXX</b> Fax No. <b>(203) XXX-XXXX</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address  <b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address  <b>(Note: IRS sends notices and communications to only two representatives.)</b>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address  <b>(Note: IRS sends notices and communications to only two representatives.)</b>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

**3 Acts authorized (you are required to complete this line 3).** With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
<b>Income Tax</b>	<b>1040</b>	<b>12/31/2000 - 12/31/2021</b>
<b>Civil Penalties</b>	<b>IRC 6672</b>	<b>3/31/2000 - 12/31/2021</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions . . . . .

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):  Access my IRS records via an Intermediate Service Provider;  Authorize disclosure to third parties;  Substitute or add representative(s);  Sign a return; \_\_\_\_\_

Other acts authorized: \_\_\_\_\_

**b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): \_\_\_\_\_

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

**▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature	Date	Title (if applicable)
<b>Taxpayer's Name</b>		
Print name	Print name of taxpayer from line 1 if other than individual	

**Part II Declaration of Representative**

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer’s immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
  - k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

**Note:** For designations d–f, enter your title, position, or relationship to the taxpayer in the “Licensing jurisdiction” column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date

## Power of Attorney and Declaration of Representative

OMB No. 1545-0150

▶ Go to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

**For IRS Use Only**

Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date        /        /

**Part I Power of Attorney**

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Owner Michael's Company Street Address, City, State, Zip	Taxpayer identification number(s) <div style="text-align: center; color: blue;">XX-XXXXXXX</div>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Daytime telephone number <div style="text-align: center; color: blue;">(203) 111-XXXX</div></td> <td style="width: 50%;">Plan number (if applicable)</td> </tr> </table>	Daytime telephone number <div style="text-align: center; color: blue;">(203) 111-XXXX</div>	Plan number (if applicable)
Daytime telephone number <div style="text-align: center; color: blue;">(203) 111-XXXX</div>	Plan number (if applicable)		

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address <b>Representative</b> <b>Reps Address</b>	CAF No. <span style="color: blue;">XXXX-XXXXXR</span> PTIN <span style="color: blue;">P00000000</span> Telephone No. <span style="color: blue;">(203) XXX-XXXX</span> Fax No. <span style="color: blue;">(203) XXX-XXXX</span>
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
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to represent the taxpayer before the Internal Revenue Service and perform the following acts:

**3 Acts authorized (you are required to complete this line 3).** With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Income Tax	1040	12/31/2000 - 12/31/2021
Employment Tax	941	3/31/2000 - 12/31/2021
Employment Tax	940	12/31/2000 - 12/31/2021

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions . . . . .

**5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):  
 Access my IRS records via an Intermediate Service Provider;  
 Authorize disclosure to third parties;       Substitute or add representative(s);       Sign a return; \_\_\_\_\_

Other acts authorized: \_\_\_\_\_



**b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): \_\_\_\_\_

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

**▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

	Owner	
Signature	Date	Title (if applicable)
<b>Taxpayer's Name</b>		
Print name	Print name of taxpayer from line 1 if other than individual	

**Part II Declaration of Representative**

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer’s immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
  - k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

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**Note:** For designations d–f, enter your title, position, or relationship to the taxpayer in the “Licensing jurisdiction” column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date

January 3, 2020

**VIA FEDERAL EXPRESS**

Department of Treasury  
Internal Revenue Service  
Attn: REVENUE OFFICER NAME  
Street Address  
City, State Zip

**Re: Owner Michael, SSN: xxx-xx-xxxx  
Directed Payment of Trust Fund Portion of Employment Taxes  
Employer: Owner Michael's Company, Inc., EIN XX-XXXXXXX**

Dear REVENUE OFFICER NAME:

This office represents TAXPAYERS NAME and COMPANY NAME, Inc. Enclosed please find a check in the amount of \$30,000 (check # XXXX) payable to the U.S. Treasury. Pursuant to Rev. Proc. 2002-26, 2002-15 IRB 746, 2002-1 CB 746 and IRM 5.1.2.3 and 26 C.F.R. 301.7701-2(c)(2)(iv), this payment constitutes a voluntary payment and should be applied to reduce any trust fund recovery penalty and/or trust fund portions of employment taxes for which Owner Michael is personally liable.

If for any reason the Internal Revenue Service intends and/or expects to apply the enclosed payment *not* in accordance with this letter of direction, the U.S. Treasury is *not* authorized to deposit the enclosed check and it should be returned to me.

Please call me should you have any questions.

Very truly yours,

Eric L. Green

## Collection Information Statement for Wage Earners and Self-Employed Individuals

**Wage Earners** Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*

**Self-Employed Individuals** Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. *Answer all questions or write N/A if the question is not applicable.*

**For Additional Information**, refer to Publication 1854, "How To Prepare a Collection Information Statement."

**Include attachments if additional space is needed to respond completely to any question.**

<b>Name on Internal Revenue Service (IRS) Account</b> Michael Smith	<b>SSN or ITIN on IRS Account</b> XXX-XX-XXXZ	<b>Employer Identification Number EIN</b> XX-XXXXXXX
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### Section 1: Personal Information

<b>1a</b> Full Name of Taxpayer and Spouse (if applicable) Michael Smith	<b>1c</b> Home Phone ( 203 ) xxx-xxxx	<b>1d</b> Cell Phone ( )
<b>1b</b> Address (Street, City, State, ZIP code) (County of Residence)  ABC Street, City, Zip New Haven County	<b>1e</b> Business Phone ( )	<b>1f</b> Business Cell Phone ( )
	<b>2b</b> Name, Age, and Relationship of dependent(s)  NA	
<b>2a</b> Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (Single, Divorced, Widowed)		
<b>3a</b> Taxpayer	SSN or ITIN XXX-XX-XXXX	Date of Birth (mmddyyyy) 01011980
<b>3b</b> Spouse	Driver's License Number and State	

### Section 2: Employment Information for Wage Earners

*If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.*

Taxpayer		Spouse	
<b>4a</b> Taxpayer's Employer Name Michael Company - See 433B		<b>5a</b> Spouse's Employer Name	
<b>4b</b> Address (Street, City, State, and ZIP code)		<b>5b</b> Address (Street, City, State, and ZIP code)	
<b>4c</b> Work Telephone Number ( )	<b>4d</b> Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5c</b> Work Telephone Number ( )	<b>5d</b> Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4e</b> How long with this employer (years)   (months)	<b>4f</b> Occupation	<b>5e</b> How long with this employer (years)   (months)	<b>5f</b> Occupation
<b>4g</b> Number of withholding allowances claimed on Form W-4	<b>4h</b> Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<b>5g</b> Number of withholding allowances claimed on Form W-4	<b>5h</b> Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

### Section 3: Other Financial Information (Attach copies of applicable documentation)

<b>6</b> Are you a party to a lawsuit (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	
<b>7</b> Have you ever filed bankruptcy (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.   Location Filed
<b>8</b> In the past 10 years, have you lived outside of the U.S for 6 months or longer (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	
<b>9a</b> Are you the beneficiary of a trust, estate, or life insurance policy (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
Place where recorded: Name of the trust, estate, or policy			EIN: _____
Anticipated amount to be received \$		When will the amount be received	
<b>9b</b> Are you a trustee, fiduciary, or contributor of a trust <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
Name of the trust:			EIN: _____
<b>10</b> Do you have a safe deposit box (business or personal) (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
Location (Name, address and box number(s))		Contents	Value \$
<b>11</b> In the past 10 years, have you transferred any assets for less than their full value (If yes, answer the following) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
List Asset(s)	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred

**Section 4: Personal Asset Information for all Individuals (Foreign and Domestic)**

**12 CASH ON HAND** Include cash that is not in a bank **Total Cash on Hand** \$ **50**

**PERSONAL BANK ACCOUNTS** Include all checking, online and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.).

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of <u>03012020</u> mmddyyyy
<b>13a</b> Checking	ABC Bank, Street, Address	999999	\$ 1,000
<b>13b</b> Money Market Acct	XYZ Bank	88888	\$ 30,000
<b>13c Total Cash</b> (Add lines 13a, 13b, and amounts from any attachments)			\$ 31,000

**INVESTMENTS** Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, 401(k) plans and commodities (e.g., gold, silver, copper, etc.). Include all corporations, partnerships, limited liability companies, or other business entities in which you are an officer, director, owner, member, or otherwise have a financial interest. Include attachment(s) if additional space is needed to respond.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of _____ mmddyyyy	Equity Value minus Loan
<b>14a</b>				
	Phone	\$	\$	\$
<b>14b</b>				
	Phone	\$	\$	\$

**VIRTUAL CURRENCY (CRYPTOCURRENCY)** List all virtual currency you own or in which you have a financial interest. (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.) If applicable, attach a statement with each virtual currency's public key.

Type of Virtual Currency	Name of Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)	Email Address Used to Set-up With the Virtual Currency Exchange or DCE	Location(s) of Virtual Currency (Mobile Wallet, Online, and/or External Hardware storage)	Virtual Currency Amount and Value in US dollars as of today (e.g., 10 Bitcoins \$64,600.00 USD)
<b>14c</b>				\$
<b>14d</b>				\$
<b>14e Total Equity</b> (Add lines 14a through 14d and amounts from any attachments)				\$

**AVAILABLE CREDIT** Include all lines of credit and bank issued credit cards.

Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>15a</b> NA			
Acct. No	\$	\$	\$
<b>15b</b>			
Acct. No	\$	\$	\$
<b>15c Total Available Credit</b> (Add lines 15a, 15b and amounts from any attachments)			\$

**16a LIFE INSURANCE** Do you own or have any interest in any life insurance policies with cash value (Term Life insurance does not have a cash value)  
 Yes  No If yes, complete blocks 16b through 16f for each policy.

<b>16b</b> Name and Address of Insurance Company(ies):			
<b>16c</b> Policy Number(s)			
<b>16d</b> Owner of Policy			
<b>16e</b> Current Cash Value	\$	\$	\$
<b>16f</b> Outstanding Loan Balance	\$	\$	\$
<b>16g Total Available Cash</b> (Subtract amounts on line 16f from line 16e and include amounts from any attachments)			\$

**REAL PROPERTY** Include all real property owned or being purchased

	Purchase Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>17a</b> Property Description <b>NA</b>		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>17b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>17c Total Equity</b> (Add lines 17a, 17b and amounts from any attachments)						\$

**PERSONAL VEHICLES LEASED AND PURCHASED** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, etc.

Description (Year, Mileage, Make/Model, Tag Number, Vehicle Identification Number)	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan	
<b>18a</b> Year 2015	Make/Model Honda Civic	01012019	\$ 10,000	\$ 9,500	\$ 500	08012022	\$ 500
Mileage 60,000	License/Tag Number XB87B	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone ABC Bank					
Vehicle Identification Number BBBBBBBBBB11111111		Phone					
<b>18b</b> Year	Make/Model		\$	\$	\$	\$	
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone					
Vehicle Identification Number		Phone					
<b>18c Total Equity</b> (Add lines 18a, 18b and amounts from any attachments)						\$ 500	

**PERSONAL ASSETS** Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets. Include intangible assets such as licenses, domain names, patents, copyrights, mining claims, etc.

	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>19a</b> Property Description <b>Misc. Personal Effects</b>	Various	\$ 2,500	\$ NA	\$ NA		\$ 2,500
Location (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>19b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>19c Total Equity</b> (Add lines 19a, 19b and amounts from any attachments)						\$ 2,500

**If you are self-employed, sections 6 and 7 must be completed before continuing.**

**Section 5: Monthly Income and Expenses**

Monthly Income/Expense Statement (For additional information, refer to Publication 1854.)

Total Income		Total Living Expenses		IRS USE ONLY
Source	Gross Monthly	Expense Items <sup>6</sup>	Actual Monthly	Allowable Expenses
<b>20</b> Wages (Taxpayer) <sup>1</sup>	\$	<b>35</b> Food, Clothing and Misc. <sup>7</sup>	\$ <b>715</b>	
<b>21</b> Wages (Spouse) <sup>1</sup>	\$	<b>36</b> Housing and Utilities <sup>8</sup>	\$ <b>1,959</b>	
<b>22</b> Interest - Dividends	\$	<b>37</b> Vehicle Ownership Costs <sup>9</sup>	\$ <b>500</b>	
<b>23</b> Net Business Income <sup>2</sup>	\$	<b>38</b> Vehicle Operating Costs <sup>10</sup>	\$ <b>242</b>	
<b>24</b> Net Rental Income <sup>3</sup>	\$	<b>39</b> Public Transportation <sup>11</sup>	\$	
<b>25</b> Distributions (K-1, IRA, etc.) <sup>4</sup>	\$ <b>10,000</b>	<b>40</b> Health Insurance	\$ <b>2,000</b>	
<b>26</b> Pension (Taxpayer)	\$	<b>41</b> Out of Pocket Health Care Costs <sup>12</sup>	\$ <b>56</b>	
<b>27</b> Pension (Spouse)	\$	<b>42</b> Court Ordered Payments	\$ <b>1,200</b>	
<b>28</b> Social Security (Taxpayer)	\$	<b>43</b> Child/Dependent Care	\$	
<b>29</b> Social Security (Spouse)	\$	<b>44</b> Life Insurance	\$ <b>400</b>	
<b>30</b> Child Support	\$	<b>45</b> Current year taxes (Income/FICA) <sup>13</sup>	\$ <b>3,000</b>	
<b>31</b> Alimony	\$	<b>46</b> Secured Debts (Attach list)	\$	
Other Income (Specify below) <sup>5</sup>		<b>47</b> Delinquent State or Local Taxes	\$	
<b>32</b>	\$	<b>48</b> Other Expenses (Attach list)	\$	
<b>33</b>	\$	<b>49</b> Total Living Expenses (add lines 35-48)	\$ <b>10,072</b>	
<b>34</b> Total Income (add lines 20-33)	\$ <b>10,000</b>	<b>50</b> Net difference (Line 34 minus 49)	\$ <b>0</b>	

**1 Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct tax withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the gross monthly wages and/or salaries:

*If paid weekly* - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

*If paid biweekly (every 2 weeks)* - multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

*If paid semimonthly (twice each month)* - multiply semimonthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

**2 Net Income from Business:** Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. **This figure is the amount from page 6, line 89.** If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.

**3 Net Rental Income:** Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0." Do not enter a negative number.

**4 Distributions:** Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule C, D or E. Enter total distributions from IRAs if not included under pension income.

**5 Other Income:** Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, etc.

**6 Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions or payments on unsecured debts. However, we may allow the expenses if proven that they are necessary for the health and welfare of the individual or family or the production of income. See Publication 1854 for exceptions.

**7 Food, Clothing and Miscellaneous:** Total of food, clothing, housekeeping supplies, and personal care products for one month. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material, and school supplies.

**8 Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, cell phone, cable television and internet services.

**9 Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.

**10 Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

**11 Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)

**12 Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

**13 Current Year Taxes:** Include state and Federal taxes withheld from salary or wages, or paid as estimated taxes.

**Certification:** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Taxpayer's Signature	Spouse's signature	Date
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After we review the completed Form 433-A, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan statements, bills or statements for recurring expenses, etc.

IRS USE ONLY (Notes)

**Sections 6 and 7 must be completed only if you are SELF-EMPLOYED.**

**Section 6: Business Information**

**51** Is the business a sole proprietorship (*filing Schedule C*)  **Yes**, Continue with Sections 6 and 7.  **No**, Complete Form 433-B.  
All other business entities, including limited liability companies, partnerships or corporations, must complete Form 433-B.

**52** Business Name & Address (*if different than 1b*)

<b>53</b> Employer Identification Number	<b>54</b> Type of Business	<b>55</b> Is the business a Federal Contractor <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>56</b> Business Website (web address)	<b>57</b> Total Number of Employees	<b>58</b> Average Gross Monthly Payroll
<b>59</b> Frequency of Tax Deposits	<b>60</b> Does the business engage in e-Commerce ( <i>Internet sales</i> ) If yes, complete <i>lines 61a and 61b</i> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**PAYMENT PROCESSOR** (*e.g., PayPal, Authorize.net, Google Checkout, etc.*) Include virtual currency wallet, exchange or digital currency exchange.

Name & Address ( <i>Street, City, State, ZIP code</i> ). Name & Address ( <i>Street, City, State, ZIP code</i> )	Payment Processor Account Number
<b>61a</b>	
<b>61b</b>	

**CREDIT CARDS ACCEPTED BY THE BUSINESS**

Credit Card	Merchant Account Number	Issuing Bank Name & Address ( <i>Street, City, State, ZIP code</i> )
<b>62a</b>		
<b>62b</b>		
<b>62c</b>		

**63 BUSINESS CASH ON HAND** Include cash that is not in a bank. **Total Cash on Hand** \$

**BUSINESS BANK ACCOUNTS** Include checking accounts, online and mobile (*e.g., PayPal*) accounts, money market accounts, savings accounts, and stored value cards (*e.g., payroll cards, government benefit cards, etc.*). Report Personal Accounts in Section 4.

Type of Account	Full name & Address ( <i>Street, City, State, ZIP code</i> ) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of _____ <i>mmddyyyy</i>
<b>64a</b>			\$
<b>64b</b>			\$
<b>64c Total Cash in Banks</b> ( <i>Add lines 64a, 64b and amounts from any attachments</i> )			\$

**ACCOUNTS/NOTES RECEIVABLE** Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (*List all contracts separately, including contracts awarded, but not started.*) **Include Federal, state and local government grants and contracts.**

Accounts/Notes Receivable & Address ( <i>Street, City, State, ZIP code</i> )	Status ( <i>e.g., age, factored, other</i> )	Date Due ( <i>mmddyyyy</i> )	Invoice Number or Government Grant or Contract Number	Amount Due
<b>65a</b>				\$
<b>65b</b>				\$
<b>65c</b>				\$
<b>65d</b>				\$
<b>65e</b>				\$
<b>65f Total Outstanding Balance</b> ( <i>Add lines 65a through 65e and amounts from any attachments</i> )				\$

**BUSINESS ASSETS** Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include a list and show the value of all intangible assets such as licenses, patents, domain names, copyrights, trademarks, mining claims, etc.

	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>66a</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and Country			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>66b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and Country			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
			Phone			
<b>66c Total Equity</b> (Add lines 66a, 66b and amounts from any attachments)						\$

**Section 7 should be completed only if you are SELF-EMPLOYED**

**Section 7: Sole Proprietorship Information (lines 67 through 87 should reconcile with business Profit and Loss Statement)**

Accounting Method Used:  Cash  Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

**Income and Expenses during the period** (mmddyyyy) to (mmddyyyy)

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses (Use attachments as needed)	
Source	Gross Monthly	Expense Items	Actual Monthly
<b>67</b> Gross Receipts	\$	<b>77</b> Materials Purchased <sup>1</sup>	\$
<b>68</b> Gross Rental Income	\$	<b>78</b> Inventory Purchased <sup>2</sup>	\$
<b>69</b> Interest	\$	<b>79</b> Gross Wages & Salaries	\$
<b>70</b> Dividends	\$	<b>80</b> Rent	\$
<b>71</b> Cash Receipts not included in lines 67-70	\$	<b>81</b> Supplies <sup>3</sup>	\$
Other Income (Specify below)		<b>82</b> Utilities/Telephone <sup>4</sup>	\$
<b>72</b>	\$	<b>83</b> Vehicle Gasoline/Oil	\$
<b>73</b>	\$	<b>84</b> Repairs & Maintenance	\$
<b>74</b>	\$	<b>85</b> Insurance	\$
<b>75</b>	\$	<b>86</b> Current Taxes <sup>5</sup>	\$
<b>76 Total Income</b> (Add lines 67 through 75)	\$	<b>87</b> Other Expenses, including installment payments (Specify)	\$
		<b>88 Total Expenses</b> (Add lines 77 through 87)	\$
		<b>89 Net Business Income</b> (Line 76 minus 88) <sup>6</sup>	\$

Enter the monthly net income amount from line 89 on line 23, section 5. If line 89 is a loss, enter "0" on line 23, section 5. Self-employed taxpayers must return to page 4 to sign the certification.

- 1 Materials Purchased:** Materials are items directly related to the production of a product or service.
- 2 Inventory Purchased:** Goods bought for resale.
- 3 Supplies:** Supplies are items used in the business that are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.
- 4 Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.

- 5 Current Taxes:** Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes.
- 6 Net Business Income:** Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

**IRS USE ONLY** (Notes)

**Privacy Act:** The information requested on this Form is covered under Privacy Acts and Paperwork Reduction Notices which have already been provided to the taxpayer.



## Collection Information Statement for Businesses

**Note:** Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. **Include attachments if additional space is needed to respond completely to any question.**

### Section 1: Business Information

<p><b>1a</b> Business Name <u>Michael's Company</u></p> <p><b>1b</b> Business Street Address <u>Street, City, State and Zip</u> Mailing Address <u>Same</u> City _____ State _____ ZIP _____</p> <p><b>1c</b> County <u>List the County</u></p> <p><b>1d</b> Business Telephone ( <u>203</u> ) <u>xxx-xxxx</u></p> <p><b>1e</b> Type of Business <u>Construction</u></p> <p><b>1f</b> Business Website (web address) <u>n/a</u></p>	<p><b>2a</b> Employer Identification No. (EIN) <u>xx-xxxxxxx</u></p> <p><b>2b</b> Type of entity (Check appropriate box below)  <input type="checkbox"/> Partnership   <input type="checkbox"/> Corporation   <input type="checkbox"/> Other _____  <input type="checkbox"/> Limited Liability Company (LLC) classified as a corporation  <input checked="" type="checkbox"/> Other LLC - Include number of members <u>1</u></p> <p><b>2c</b> Date Incorporated/Established <u>1/1/2008</u> mmddyyyy</p> <p><b>3a</b> Number of Employees <u>5</u></p> <p><b>3b</b> Monthly Gross Payroll <u>30,000</u></p> <p><b>3c</b> Frequency of Tax Deposits <u>weekly</u></p> <p><b>3d</b> Is the business enrolled in Electronic Federal Tax Payment System (EFTPS)   <input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
<p><b>4</b> Does the business engage in e-Commerce (Internet sales) If yes, complete 5a and 5b.   <input type="checkbox"/> <b>Yes</b>   <input checked="" type="checkbox"/> <b>No</b></p>	

**PAYMENT PROCESSOR** (e.g., PayPal, Authorize.net, Google Checkout, etc.) Include virtual currency wallet, exchange or digital currency exchange.

Name and Address (Street, City, State, ZIP code)	Payment Processor Account Number
<u>Merchant Services</u>	<u>XXXXXXXXXX</u>
<b>5a</b>	
<b>5b</b>	

**CREDIT CARDS ACCEPTED BY THE BUSINESS**

Type of Credit Card (e.g., Visa, Mastercard, etc.)	Merchant Account Number	Issuing Bank Name and Address (Street, City, State, ZIP code)
<u>n/a</u>		
<b>6a</b>		Phone _____
<b>6b</b>		Phone _____
<b>6c</b>		Phone _____

### Section 2: Business Personnel and Contacts

**PARTNERS, OFFICERS, LLC MEMBERS, MAJOR SHAREHOLDERS (Foreign and Domestic), ETC.**

<p><b>7a</b> Full Name <u>Owner Michael</u> Title <u>Member</u> Home Address <u>Street</u> City <u>City</u> State <u>State</u> ZIP <u>Zip</u> Responsible for Depositing Payroll Taxes   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>	<p>Taxpayer Identification Number <u>xxx-xx-xxxx</u> Home Telephone ( <u>203</u> ) <u>xxx-xxxx</u> Work/Cell Phone ( <u>203</u> ) <u>xxx-xxxx</u> Ownership Percentage &amp; Shares or Interest <u>100</u> Annual Salary/Draw <u>\$120,000</u></p>
<p><b>7b</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>	<p>Taxpayer Identification Number _____ Home Telephone ( ) _____ Work/Cell Phone ( ) _____ Ownership Percentage &amp; Shares or Interest _____ Annual Salary/Draw _____</p>
<p><b>7c</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>	<p>Taxpayer Identification Number _____ Home Telephone ( ) _____ Work/Cell Phone ( ) _____ Ownership Percentage &amp; Shares or Interest _____ Annual Salary/Draw _____</p>
<p><b>7d</b> Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes   <input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>	<p>Taxpayer Identification Number _____ Home Telephone ( ) _____ Work/Cell Phone ( ) _____ Ownership Percentage &amp; Shares or Interest _____ Annual Salary/Draw _____</p>

**Section 3: Other Financial Information (Attach copies of all applicable documents)**

**8 Does the business use a Payroll Service Provider or Reporting Agent (If yes, answer the following)**  Yes  No

	Effective dates (mmddyyyy)
--	----------------------------

**9 Is the business a party to a lawsuit (If yes, answer the following)**  Yes  No

<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date (mmddyyyy)	Subject of Suit	

**10 Has the business ever filed bankruptcy (If yes, answer the following)**  Yes  No

Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.	District of Filing
-----------------------	---------------------------	----------------------------	--------------	--------------------

**11 Do any related parties (e.g., officers, partners, employees) have outstanding amounts owed to the business (If yes, answer the following)**  Yes  No

Name and Address (Street, City, State, ZIP code)	Date of Loan	Current Balance As of mmddyyyy	Payment Date	Payment Amount \$
--	--------------	-----------------------------------	--------------	----------------------

**12 Have any assets been transferred, in the last 10 years, from this business for less than full value (If yes, answer the following)**  Yes  No

List Asset	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where Transferred
------------	---------------------------------	-----------------------------	------------------------------

**13 Does this business have other business affiliations (e.g., subsidiary or parent companies) (If yes, answer the following)**  Yes  No

Related Business Name and Address (Street, City, State, ZIP code)	Related Business EIN:
---	-----------------------

**14 Any increase/decrease in income anticipated (If yes, answer the following)**  Yes  No

Moving to new office space in June 2020, which will free up \$1200/month and decreasing advertising budget	How much will it increase/decrease \$ <b>\$1,400</b>	June 2020
--	---	-----------

**15 Is the business a Federal Government Contractor (Include Federal Government contracts in #18, Accounts/Notes Receivable)**  Yes  No

**Section 4: Business Asset and Liability Information (Foreign and Domestic)**

**16a CASH ON HAND** *Include cash that is not in the bank* **Total Cash on Hand** \$ **0**

**16b Is there a safe on the business premises**  Yes  No Contents

**BUSINESS BANK ACCOUNTS** *Include online and mobile accounts (e.g., PayPal), money market accounts, savings accounts, checking accounts and stored value cards (e.g., payroll cards, government benefit cards, etc.)*  
List safe deposit boxes including location, box number and value of contents. Attach list of contents.

Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution	Account Number	Account Balance As of 04012020 mmddyyyy
<b>17a</b> Checking	ABC Bank, Address	9999999	<b>1,000</b>
<b>17b</b>			\$
<b>17c</b>			\$

**17d Total Cash in Banks** *(Add lines 17a through 17c and amounts from any attachments)* \$ **1,000**

**ACCOUNTS/NOTES RECEIVABLE** Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately including contracts awarded, but not started). **Include Federal, state and local government grants and contracts.**

Name & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
<b>18a None</b>				
Contact Name Phone				\$
<b>18b</b>				
Contact Name Phone				\$
<b>18c</b>				
Contact Name Phone				\$
<b>18d</b>				
Contact Name Phone				\$
<b>18e</b>				
Contact Name Phone				\$
<b>18f Outstanding Balance</b> (Add lines 18a through 18e and amounts from any attachments)				\$ <b>0</b>

**INVESTMENTS** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposit, commodities (e.g., gold, silver, copper, etc.) and virtual currency (e.g., Bitcoin, Ripple and Litecoin).

Name of Company & Address (Street, City, State, ZIP code)	Used as collateral on loan	Current Value	Loan Balance	Equity Value Minus Loan
<b>19a None</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone		\$	\$	\$
<b>19b</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone		\$	\$	\$
<b>19c Total Investments</b> (Add lines 19a, 19b, and amounts from any attachments)				\$ <b>0</b>

**AVAILABLE CREDIT** Include all lines of credit and credit cards.

Full Name & Address (Street, City, State, ZIP code)	Credit Limit	Amount Owed As of _____ mmddyyyy	Available Credit As of _____ mmddyyyy
<b>20a None</b>			
Account No.		\$	\$
<b>20b</b>			
Account No.		\$	\$
<b>20c Total Credit Available</b> (Add lines 20a, 20b, and amounts from any attachments)			\$ <b>0</b>

**REAL PROPERTY** Include all real property and land contracts the business owns/leases/rents.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>21a</b>	Property Description <b>Commercial office space</b>	06012020	\$ rents property	\$	\$ 2,000	06012022	\$ 0
Location (Street, City, State, ZIP code) and County ABC Street, City, Zip, County (As of June 2020. )			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone ABC Landlord  Phone				
<b>21b</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone  Phone				
<b>21c</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone  Phone				
<b>21d</b>	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone  Phone				
<b>21e Total Equity</b> (Add lines 21a through 21d and amounts from any attachments)							\$ 0

**VEHICLES, LEASED AND PURCHASED** Include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, mobile homes, etc.

		Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
<b>22a</b>	Year 2010	Make/Model F150	2/2011	\$ 8,500	\$ 0	\$ 0	\$ 8,500
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
187,600	xxxxxx	Phone					
Vehicle Identification Number (VIN)		x1x1x1x1x1xx1x1					
<b>22b</b>	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22c</b>	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22d</b>	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
<b>22e Total Equity</b> (Add lines 22a through 22d and amounts from any attachments)							\$ 8,500

**BUSINESS EQUIPMENT AND INTANGIBLE ASSETS** Include all machinery, equipment, merchandise inventory, and other assets in 23a through 23d. List intangible assets in 23e through 23g (*licenses, patents, logos, domain names, trademarks, copyrights, software, mining claims, goodwill and trade secrets.*)

	Purchase/ Lease Date (mmdyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmdyyyy)	Equity FMV Minus Loan
<b>23a</b> Asset Description <b>Hand Tools</b>		\$ 500	\$ 0	\$ 0	n/a	\$ 500
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County <b>Owner's address</b>			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone n/a			
			Phone			
<b>23b</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23c</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23d</b> Asset Description		\$	\$	\$		\$
Location of asset ( <i>Street, City, State, ZIP code</i> ) and County			Lender/Lessor Name, Address, ( <i>Street, City, State, ZIP code</i> ) and Phone			
			Phone			
<b>23e</b> Intangible Asset Description						\$
<b>23f</b> Intangible Asset Description						\$
<b>23g</b> Intangible Asset Description						\$
<b>23h Total Equity</b> ( <i>Add lines 23a through 23g and amounts from any attachments</i> )						\$ 500.00

**BUSINESS LIABILITIES** Include notes and judgements not listed previously on this form.

Business Liabilities	Secured/ Unsecured	Date Pledged (mmdyyyy)	Balance Owed	Date of Final Payment (mmdyyyy)	Payment Amount
<b>24a</b> Description: <b>IRS</b>	<input checked="" type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$ 317,321		\$ 0
Name _____					
Street Address _____					
City/State/ZIP code _____ Phone _____					
<b>24b</b> Description: <b>Capital One Bank</b>	<input type="checkbox"/> Secured <input checked="" type="checkbox"/> Unsecured		\$ 15,000		\$ 789
Name _____					
Street Address _____					
City/State/ZIP code _____ Phone _____					
<b>24c Total Payments</b> ( <i>Add lines 24a and 24b and amounts from any attachments</i> )					\$ 789

**Section 5: Monthly Income/Expenses Statement for Business**Accounting Method Used:  Cash  Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

Income and Expenses during the period (mmddyyyy)

to (mmddyyyy)

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses	
Income Source	Gross Monthly	Expense items	Actual Monthly
<b>25</b> Gross Receipts from Sales/Services	\$ 60,000	<b>36</b> Materials Purchased <sup>1</sup>	\$ 7,000
<b>26</b> Gross Rental Income	\$	<b>37</b> Inventory Purchased <sup>2</sup>	\$
<b>27</b> Interest Income	\$	<b>38</b> Gross Wages & Salaries	\$ 30,000
<b>28</b> Dividends	\$	<b>39</b> Rent	\$ 3,200 (decreasing to \$2k on
<b>29</b> Cash Receipts (Not included in lines 25-28)	\$	<b>40</b> Supplies <sup>3</sup>	\$ 1,800 <sup>6/1/2020</sup> )
Other Income (Specify below)		<b>41</b> Utilities/Telephone <sup>4</sup>	\$
<b>30</b>	\$	<b>42</b> Vehicle Gasoline/Oil	\$
<b>31</b>	\$	<b>43</b> Repairs & Maintenance	\$
<b>32</b>	\$	<b>44</b> Insurance	\$ 1,700
<b>33</b>	\$	<b>45</b> Current Taxes <sup>5</sup>	\$ 6,000
<b>34</b>	\$	<b>46</b> Other Expenses (Specify)	\$ <b>300 (advertising)</b>
<b>35 Total Income</b> (Add lines 25 through 34)	\$ 60,000	<b>47</b> IRS Use Only-Allowable Installment Payments	\$
		<b>48 Total Expenses</b> (Add lines 36 through 47)	\$ 50,000
		<b>49 Net Income</b> (Line 35 minus Line 48)	\$ 10,000

**1 Materials Purchased:** Materials are items directly related to the production of a product or service.

**2 Inventory Purchased:** Goods bought for resale.

**3 Supplies:** Supplies are items used to conduct business and are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.

**4 Utilities/Telephone:** Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business internet.

**5 Current Taxes:** Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

**Certification:** Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Signature	Title	Date
	Owner	3/20/2020

**Print Name of Officer, Partner or LLC Member**

Owner Michael

After we review the completed Form 433-B, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, profit and loss statements, bank and investment statements, loan statements, financing statements, bills or statements for recurring expenses, etc.

**IRS USE ONLY** (Notes)