

Collection Information Statement

Name(s) and Address MARCUS T BLANCHARD, JR 8201 RIVERSTONE DR. AUSTIN, TX 78724	Your Social Security Number or Individual Taxpayer Identification Number 275-04-8526 <hr/> Your Spouse's Social Security Number or Individual Taxpayer Identification Number _____
<input type="checkbox"/> If address provided above is different than last return filed, please check here	Your telephone numbers Home: _____ Work: _____ Cell: (440) 694-3008
County of Residence TRAVIS	Spouse's telephone numbers Home: _____ Work: _____ Cell: _____

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 4 65 and Over 0

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees (not counting owner)
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A. ACCOUNTS / LINES OF CREDIT

PERSONAL BANK ACCOUNTS Include checking, online, mobile (e.g., PayPal), savings accounts, money market accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
N.A., formerly Central National Bank & Tr. Co., 324 W Broadway Ave, Enid	248146372219	Checking	159	<input type="checkbox"/>
				<input type="checkbox"/>

INVESTMENTS Include Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds, Commodities (Silver, Gold, etc.), and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
				<input type="checkbox"/>
				<input type="checkbox"/>

VIRTUAL CURRENCY (CRYPTOCURRENCY) List all virtual currency you own or in which you have a financial interest (e.g., Bitcoin, Ethereum, Litecoin, Ripple, etc.). (Use additional sheets if necessary.)

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 USD)

B. REAL ESTATE Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Purchased	Purchase Price			
		Year Refinanced	Refinance Amount			

C. OTHER ASSETS Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of Life Insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (mo/yr)	Current Value	Balance Owed	Equity
2007 HONDA CIVIC EX	0		/	2,000	0	2,000
			/			

D. CREDIT CARDS (Visa, MasterCard, American Express, Department Stores, etc.)

Type	Credit Limit	Balance Owed	Minimum Monthly Payment

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E. BUSINESS INFORMATION Complete E1 for Accounts Receivable owed to you or your business. (Use additional sheets if necessary.) Complete E2 if you or your business accepts credit card payments. Include virtual currency wallet, exchange or digital currency exchange.

E1. Accounts Receivable owed to you or your business

Name	Address	Amount Owed
List total amount owed from additional sheets		0
Total amount of accounts receivable available to pay to IRS now		0

E2. Name of individual or business on account

Credit Card (Visa, Master Card, etc.)	Issuing Bank Name and Address	Merchant Account Number

F. EMPLOYMENT INFORMATION If you have more than one employer, include the information on another sheet of paper. (If attaching a copy of current pay stub, you do not need to complete this section.)

Your current Employer (name and address) TESLA 1 TESLA RD. AUSTIN, TX 78725 How often are you paid (check one) <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period <u>1,936</u> Taxes per pay period (Fed) <u>314</u> (State) <u>0</u> (Local) <u>0</u> How long at current employer <u>0 years 3 mo</u>	Spouse's current Employer (name and address) How often are you paid (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Gross per pay period _____ Taxes per pay period (Fed) _____ (State) _____ (Local) _____ How long at current employer _____
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G. NON-WAGE HOUSEHOLD INCOME List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

Alimony Income	0	Net Rental Income	0	Interest/Dividends Income	0
Child Support Income	0	Unemployment Income	0	Social Security Income	0
Net Self Employment Income	0	Pension Income	0	Other:	

H. MONTHLY NECESSARY LIVING EXPENSES List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care See instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.

	Actual Monthly Expenses	IRS Allowed
Food	400	
Housekeeping Supplies	90	
Clothing and Clothing Services	252	
Personal Care Products & Services	30	
Miscellaneous	431	
Total	1,203	

2. Transportation

	Actual Monthly Expenses	IRS Allowed
Gas / Insurance / Licenses / Parking / Maintenance etc.	250	
Public Transportation	0	
Total	250	

3. Housing & Utilities

	Actual Monthly Expenses	IRS Allowed
Rent	1,300	
Electric, Oil/Gas, Water/Trash	300	
Telephone/Cell/Cable/Internet	50	
Real Estate Taxes and Insurance (if not included in B above)	0	
Maintenance and Repairs	0	
Total	1,650	

4. Medical

	Actual Monthly Expenses	IRS Allowed
Health Insurance	456	
Out of Pocket Health Care Expenses	350	
Total	806	

5. Other

	Actual Monthly Expenses	IRS Allowed
Child / Dependent Care	0	
Estimated Tax Payments	0	
Term Life Insurance	13	
Retirement (Employer Required)	0	
Retirement (Voluntary)	0	
Union Dues	0	
Delinquent State & Local Taxes (minimum payment)	0	
Student Loans (minimum payment)	0	
Court Ordered Child Support	0	
Court Ordered Alimony	0	
Other Court Ordered Payments	0	
Other (specify) * See SUPPL. *	19	
Other (specify)		
Other (specify)		
Total	32	

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

Your signature	Spouse's signature	Date
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Form 433-F Supplemental

OTHER MONTHLY NECESSARY LIVING EXPENSES (Section H)

Description

Accounting and legal fees (IRM 5.15.1.11)

Amount

\$19

TOTAL

\$19