

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>1a Business Name ARTISTIC RENOVATIONS OF OHIO, LLC</p> <p>1b Business Street Address 12333 RIDGE ROAD UNIT 1B Mailing Address City NORTH ROYALTON State OH ZIP 44133-2162</p> <p>1c County CUYAHOGA</p> <p>1d Business Telephone (216) 832-4229</p> <p>1e Type of Business CONSTRUCTION</p> <p>1f Business Website (web address) artisticreno.com</p>	<p>2a Employer Identification No. (EIN) 26-0627184</p> <p>2b 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 1</p> <p>2c Date Incorporated/Established _____ mmddyyyy</p> <p>3a Number of Employees 3</p> <p>3b Monthly Gross Payroll 17,500</p> <p>3c Frequency of Tax Deposits MONTHLY</p> <p>3d Is the business enrolled in Electronic Federal Tax Payment System (EFTPS) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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4 Does the business engage in e-Commerce (Internet sales) If yes, complete 5a and 5b. Yes No

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
5a N/A	
5b	

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)
6a N/A		
6b		Phone
6c		Phone

Section 2: Business Personnel and Contacts

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

<p>7a Full Name KEN PERRIN Title MEMBER Home Address 479 ELM COURT City SEVEN HILLS State OH ZIP 44131 Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Taxpayer Identification Number 286-58-7642 Home Telephone () Work/Cell Phone () Ownership Percentage & Shares or Interest 100% Annual Salary/Draw 54,000</p>
<p>7b Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer Identification Number _____ Home Telephone () Work/Cell Phone () Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____</p>
<p>7c Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer Identification Number _____ Home Telephone () Work/Cell Phone () Ownership Percentage & Shares or Interest _____ Annual Salary/Draw _____</p>
<p>7d Full Name _____ Title _____ Home Address _____ City _____ State _____ ZIP _____ Responsible for Depositing Payroll Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer Identification Number _____ Home Telephone () Work/Cell Phone () Ownership Percentage & 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

Name and Address (Street, City, State, ZIP code)	Effective dates (mmddyyyy)
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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
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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 \$
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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
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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:
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14 Any increase/decrease in income anticipated (If yes, answer the following) Yes No

Explain (Use attachment if needed)	How much will it increase/decrease \$	When will it increase/decrease
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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 11/28/2023 mmddyyyy
17a CHECKING	FIRST NATIONAL	95161005	\$ 4,867
17b CHECKING	FIRST NATIONAL	95161039	\$ 11,696
17c SAVINGS	FIRST NATIONAL	1301202188	\$ 600
17d Total Cash in Banks (Add lines 17a through 17c and amounts from any attachments)			\$ 17,163

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
18a N/A Contact Name Phone				\$
18b Contact Name Phone				\$
18c Contact Name Phone				\$
18d Contact Name Phone				\$
18e Contact Name Phone				\$
18f Outstanding Balance (Add lines 18a through 18e and amounts from any attachments)				\$ 0

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
19a N/A Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
19b Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
19c Total Investments (Add lines 19a, 19b, and amounts from any attachments)				\$ 0

AVAILABLE CREDIT Include all lines of credit and credit cards.

Full Name & Address (Street, City, State, ZIP code)	Credit Limit	Amount Owed As of <u>mmddyyyy</u>	Available Credit As of <u>mmddyyyy</u>
20a N/A Account No.		\$	\$
20b Account No.		\$	\$
20c Total Credit Available (Add lines 20a, 20b, and amounts from any attachments)			\$ 0

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
21a	Property Description N/A		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
21b	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
21c	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
21d	Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone				
			Phone				
21e Total Equity (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
22a	Year N/A	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
22b	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
22c	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
22d	Year	Make/Model		\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone					
Vehicle Identification Number (VIN)		Phone					
22e Total Equity (Add lines 22a through 22d and amounts from any attachments)							\$ 0

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 (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
23a Asset Description HAND TOOLS		\$ 500	\$ 0	\$ 0		\$ 500
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			
23b 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			
23c 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			
23d 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			
23e Intangible Asset Description N/A						\$
23f Intangible Asset Description						\$
23g Intangible Asset Description						\$
23h Total Equity (<i>Add lines 23a through 23g and amounts from any attachments</i>)						\$ 500

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

Business Liabilities	Secured/ Unsecured	Date Pledged (mmddyyyy)	Balance Owed	Date of Final Payment (mmddyyyy)	Payment Amount
24a Description: N/A	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____		Phone _____			
Street Address _____					
City/State/ZIP code _____					
24b Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____		Phone _____			
Street Address _____					
City/State/ZIP code _____					
24c Total Payments (<i>Add lines 24a and 24b and amounts from any attachments</i>)					\$ 0

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 (mmdyyy) **01/01/2024** to (mmdyyy) **12/31/2024**

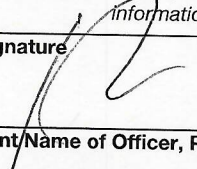
Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses	
Income Source	Gross Monthly	Expense items	Actual Monthly
25 Gross Receipts from Sales/Services	\$ 159,668	36 Materials Purchased ¹	\$ 3,004
26 Gross Rental Income	\$ 0	37 Inventory Purchased ²	\$ 0
27 Interest Income	\$ 0	38 Gross Wages & Salaries	\$ 149,183
28 Dividends	\$ 0	39 Rent	\$ 800
29 Cash Receipts (Not included in lines 25-28)	\$ 0	40 Supplies ³	\$ 382
Other Income (Specify below)		41 Utilities/Telephone ⁴	\$ 1,699
30	\$ 0	42 Vehicle Gasoline/Oil	\$ 1,340
31	\$ 0	43 Repairs & Maintenance	\$ 0
32	\$ 0	44 Insurance	\$ 1,315
33	\$ 0	45 Current Taxes ⁵	\$ 0
34	\$ 0	46 Other Expenses (Specify)	\$ 4,554
35 Total Income (Add lines 25 through 34)	\$ 159,668	47 IRS Use Only-Allowable Installment Payments	\$
		48 Total Expenses (Add lines 36 through 47)	\$ 162,277
		49 Net Income (Line 35 minus Line 48)	\$ -2,609

- 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 president	Date 02/19/25
Print/Name of Officer, Partner or LLC Member KEN PERRIN president.		

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)

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.

Attachment to Form 433-B

Taxpayer: ARTISTIC RENOVATIONS OF OHIO, LLC (26-0627184)

MONTHLY EXPENSES - OTHER (Section 5)

Description	Monthly
Tools	\$139
Advertising/Marketing	\$2,002
Auto/Truck Payments	\$1,772
Bank Fees	\$140
Licenses, Permits, Pro. Subscrip	\$487
Postage/Shipping	\$14
TOTAL (Detail for line 46 on main form)	<u>\$4,554</u>