Form **433-A** (July 2022) Department of the Treasury Internal Revenue Service

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.

Section 3: Other Financial Information (Attach copies of applicable documentation) 6		1: Personal Infor							084	(A) (A)	202033	Sec. 21.50
Address (street, city, state, ziPy code and country) Name Age Relation	1a Full Nar	me of Taxpayer and Sp	ouse (if applica	ble)	2	c Provid	le infor	mation on all	other p	ersons in he	ousehold or cl	aimed as
Section 3: Other Financial Information of the Use Provided Provi	1h Address	A PEKKIN & SUSAN	E PERRIN			depen	dents		- uner p	2130113 111110	ouseriold of Ci	airried as
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Title S32-4229						interes	ot in an	LLC, LLP, corp	oration	, partnershi	ip, etc.	aaa ariy
28 Marital Status: Marined Unmarried (Single, Divorced, Widowed) 29 SSN or TITN Date of Birth (monddyyyy) Taxpayer 286-58-7642 10/06/1959 Spouse 300-69-725 06/17/1961 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 Sarpayer Sarphoyer Name ARTISTIC REMOVATIONS OF OHIO. 4b Address (street, city, state, ZIP code and country) 4c Work Telephone Number ((2	16) 832-4221				ntage of owne	rship	%)	₩ No	
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Taxpayer's Employer Name ARTISTIC RENOVATIONS OF OHIO, LLC ### ARTISTIC RENOVATIONS OF OHIO, LLC ### ARTISTIC RENOVATIONS OF OHIO, LLC ### ARTISTIC RENOVATIONS OF OHIO ### ARTISTIC RENOVATIONS ### ARTISTIC RENOVATI	If you or your	spouse have self-emplo	yment income in	nstead of, or in addition to	wane in	come cor	nnloto l	Pusings Info	NO STATE	SA IPAGE		
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Section 3: Other Financial Information (Attach copies of applicable documentation) Sh Pay Period:	la Howlone	/				()					
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Section 4: Person	al Asset Information for all Indictions and add attachment	ndividuals (Foreign	and Dor	nostic) l	peludo posta la co	0.1.0.450.00	Page
	and ded detachinen	t(s) if additional spa	ce is nee	eded to r	espond	ed in foreign	
12 CASH ON HAND I	nclude cash that is not in a bank				T	\$	
cards (e.g., payroll cards,	OUNTS Include all checking, online ar government benefit cards, etc.).	nd mobile (e.g., PayPal etc.,	accounts,	money mar	ket accounts, savings acc	counts, and stored	value
Type of Account	Full Name & Address (Street, City, St. Bank, Savings & Loan, G Financial Insti	Credit Union, or		Accou	unt Number	Account Bal	ance
13a CHECKING	PNC					mmdd	<i>уууу</i> 1 ,00 0
13b						\$	1,000
13c Total Cash (Add line	es 13a, 13b, and amounts from any attac	chments)				\$	
INVESTMENTS Include commodities (e.g., gold,	stocks, bonds, mutual funds, stock op silver, copper, etc.). Include all corpora nember, or otherwise have a financial	tions, certificates of depos	it, and retired liability o	ement asse ompanies,	ets such as IRAs, Keogh, 4 or other business entities	1 \$ 01(k) plans and 5 in which you are	1,000 an
Type of Investment or Financial Interest	Full Name & A (Street, City, State, ZIP code and C		Currer	nt Value	Loan Balance (if applicable) As of	Equity Value minus L	_oan
14a IRA	AMERICAN GENERAL				mmddyyyy		
	, Phone		\$	6,000	c	0	6,000
14b			7		\$	\$	
	Phone						
DIGITAL ASSETS List all	digital assets such as virtual currency (cryptocurrency), non-fund	। ३ Iible token	(NFT), and	smart contracts you own	or in which you h	21/0 2
	, and and area and the pic, cic.)	ii applicable, attach a state	ment with	each virtua	l currency's public key.	or in which you no	ive a
List the name(s) of in	dividuals who have access to the priva	ate key(s) and/or digital wa	allets				
Type of Digital Asset	Name of Digital Asset such as Virtu Currency Wallet, Exchange or Digit Currency Exchange (DCE)	Email Address Used With the Digital Asse	ts such as	(Mobile W	ion(s) of Digital Assets (allet, Online, and/or External Hardware storage)	(e.g., 1 Bitcoins \$38,000.00	
N/A						USD)	
4e						\$	
4f Total Equity (Add line	00 140 140 144 114 14 14 14 14					\$	
AVAILABLE CREDIT Inclu	es 14a, 14b, 14d and 14e. Also include ar de all lines of credit and bank issued cre	ny amounts from any attaci Pdit cards	nments to y	our total eq	uity)	\$	6,000
		ant cards.			Amount Owed	Available Cre	dit
(Street, Cit	Full Name & Address ty, State, ZIP code and Country) of Credit In	stitution	Credit	Limit	As of	As of	
5a					mmddyyyy	mmddyy	уу
Acct. No 5b			\$		\$	\$	
Acct. No			\$		\$	\$	
5c Total Available Cred	it (Add lines 15a, 15b and amounts from	any attachments)				\$	0
Yes V	you own or have any interest in any life locks 16b th	e insurance policies with c rough 16f for each policy.	ash value				
6b Name and Address of Company(ies):							
6c Policy Number(s)							
66 Owner of Policy							
66 Current Cash Value 66 Outstanding Loan Ba	\$ salance \$	\$			\$		
	Subtract amounts on line 16f from line 16	T	n any attach	nments)	14	\$	-

REAL PROPE	Personal Asset Informater RTY Include all real property	owned or being	nurchase	s (Forei	gn and Doi	mest	ic) (Continued)		海温等等
		Purchase Date (mmddyyyy)	Curre	ent Fair et Value	Current Le		Amount of	Date of Final Payment	Equity
17a Property Des	scription		(F	MV)	Balance	e	Monthly Payment	(mmddyyyy)	FMV Minus L
Location (str	reet, city, state, ZIP code, county	01/01/1995	\$	419,000	\$	0	\$ 0		\$ 419
479 ELM COURT SEVEN HILLS, OH CUYAHOGA COU	I 44131	una country)		Lende THIRD	r/Contract Hold FEDERAL SAV	der Nai /INGS	me, Address (street, c	ity, state, ZIP code),	and Phone
17b Property Des	cription						Phone		
Location (stre	eet, city, state, ZIP code, county	and country)	\$	Lende	\$ r/Contract Hold	ler Nar	\$ ne, Address (street, ci	ty, state, ZIP code),	\$ and Phone
							Phone		
17c Total Equity	y (Add lines 17a, 17b and amour	nts from any attaci	hments)					\$	419,
PERSONAL VEH	ICLES LEASED AND PURCHAS	SED Include boat	s, RVs, mot	torcycles, a	all-terrain and	off-ro	ad vehicles, trailers,	etc.	110/
Description (Ye	ear, Mileage, Make/Model, ehicle Identification Number)	Purchase/Lease	Current E				Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Lo
1 8a Year 2016	Make/Model FORD FLEX		s	3,000	\$	0	. 0		3,0
Mileage 180,000	License/Tag Number	Lender/Lessor	Name, Ado	dress (stree	4	IP code	and country), and I	Phone	\$ 3,0
Vehicle Identif	fication Number								
8b Year 2022	Make/Model LINCOLN NAUTILUS	05/12/2022	\$	29,000	Ś	0	Phone \$ 884	01/01/2028	29,0
Mileage 32,000	License/Tag Number	Lender/Lessor	Name, Ado	dress (stree			and country), and F	Phone	\$ 29,0
	fication Number								
18c Total Equity	(Add lines 18a, 18b and amoun	ts from any attach	ments)				Phone	Ś	32,0
PERSONAL ASSE	TS Include all furniture, persoi in names, patents, copyrights,	nal effects, artwor	k jewelry	collection	s (coins, guns,	etc.), a	ntiques or other as	sets. Include inta	ingible assets su
		Purchase/Lease Date (mmddyyyy)	Current Fa Value (ir Market FMV)	Current Loa Balance		Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loa
9a Property Descri	iption		\$		<u></u>			(
Location (street	t, city, state, ZIP code, county an	d country)	y		\$ 'Lessor Name,	_	ss (street, city, state,	ZIP code), and Ph	\$ none
9b Property Descri	ption						Phone		
Location (street	t, city, state, ZIP code, county an	d country)	\$	Lender/	\$ Lessor Name, <i>i</i>	Addre	ss (street, city, state,	ZIP code), and Ph	\$ none
9c Total Equity (Add lines 19a, 19b and amount	s from any attachr	nents)				Phone	\$	
								,	

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

983		CONTRACTOR OF THE PERSON OF TH	-			ontinuing.	
	Section 5: Monthly Income and I	Expenses (Foreign	an	d Domestic)			
_	wonthly income/Expense Statement (For a	dditional information, re	fer to	o Publication 1854.)	THE RESERVE THE PERSON NAMED IN	HILL DESCRIPTION OF THE PARTY O	
_	Total Income (Amounts reported)	in U.S. dollars)		Total Living Expenses (A	mounts reporte	d in U.S. dollars)	IRS USE ONLY
	Source	Gross Monthly		Expense Items 6		Actual Monthly	Allowable Expenses
20	g (· axpayor)	\$ 4,734	35	Food, Clothing and Misc.	7	\$ 1,411	Allowable Expenses
21	Wages (Spouse) 1	\$ 11,343	36			\$ 1,791	
22	Interest - Dividends	\$ 0	37	Vehicle Ownership Costs	9	\$ 619	
23	THE GENERAL MICHINE	\$ 0	38	Vehicle Operating Costs 10		\$ 478	
<u>24</u>	THE	\$ 0	39	Public Transportation ¹¹			
<u>25</u>	Distributions (K-1, IRA, etc.) 4		40	Health Insurance		\$ 0	
<u>26</u>	Pension (Taxpayer)		41	Out of Pocket Health Care	Cooto 12	\$ 3,600	
27	Pension (Spouse)	1	42	Court Ordered Payments	Cosis	\$ 500	
28	Social Security (Taxpayer)		43	Child/Dependent Care		\$ 0	
29	Social Security (Spouse)		44	Life Insurance		\$ 0	
30	Child Support		45	Current year taxes (Income	o/FICA) 13	\$ 200	
31	Alimony		46	Secured Debts (Attach list)		\$ 5,379	
	Other Income (Specify below) 5		47			\$ 0	
32			48	Delinquent State or Local		\$ 0	
33			_	Other Expenses (Attach lis		\$ 640	
34	Total Income (add lines 20-33)	\$ 16,077		Total Living Expenses (add line		\$ 14,618	
0.0		10,077	บบ	Net difference (Line 34 min	ius 49)	\$ 1,459	

- 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: $$425.89 \times 4.3 = $1,831.33$ If paid biweekly (every 2 weeks) - multiply biweekly gross wages by 2.17. Example: $$972.45 \times 2.17 = $2,110.22$
- If paid semimonthly (twice each month) multiply semimonthly gross wages by 2. Example: \$856.23 x $2 \neq $1,712.46$ 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.
- 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.
- 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.
- Other Income: Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, sharing economy income from providing on-demand work, services or goods (e.g., Uber, Lyft, AirBnB, VRBO) and income through digital platforms like an app or website (e.g., YouTube, TikTok), etc. Recurring capital gains from the sale of securities including cryptocurrency and non-fungible tokens.
- 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 ded information is true, correct, and co	clare that to the best of my knowledge and belief this sta complete.	tement of assets, liabilities, and other
Taxpayer's Signature	Spouse's signature	Date 2/19/35
After we review the completed Form 433-A, vo	u may be asked to provide verification for the access on	

Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan s, encumbrances, income and expenses reported. statements, bills or statements for recurring expenses, etc.

IRS USE ONLY (Notes)

51 52a N/ 53	tion 6: Busines		ve combieted only	It VOIL are SE	I F-EMDI OVED	
51 / 52a E N/ 53 E	s the business a sol	s Information (Foreign and Doi	be completed only	ii you are se	LI -LIVIPLOTED.	
52a E N/		e proprietorship (filing Schedule C)	THE RESERVE OF THE PERSON OF T			
N/ 53 E	All other business e	ntities including limited liability common	Yes, Continue	with Sections 6 a	ind 7. No , Co	mplete Form 433-B.
53 E	business Name & A	ntities, including limited liability compani Idress (if different than 1b)	les, partnerships or corpo	orations, must cor	nplete Form 433-B. 52b Business Telepho	una Number
					()	ne Number
56 E	Employer Identification	n Number 54 Type of Business			55 Is the business a	
	Business Website (w	eb address)	57 Total Numb	er of Employees	Federal Contractor 58 Average Gross Me	
59 F	requency of Tax De	posits	60 Does the bu	usiness engage in	e-Commerce	
PAYN excha	MENT PROCESSOR ange.	(e.g., PayPal, Authorize.net, Google Checko	out, BitPay, Crypto.com, et	c.) Include virtual	e <i>lines 61a and 61b</i> currency wallet, exchange c	Yes Nor digital currency
		Name & Address (Street, City, State,	ZIP code, and Country)		Payment Prod	cessor Account Numbe
61a						
61b						
CRED	IT CARDS ACCEPT	ED BY THE BUSINESS				
	Credit Card	Merchant Account Number	Issuing Ra	nk Name & Addre	ess (Street, City, State, ZIP cod	and Country
			issuing bu	Tik Hume & Addre	33 (Street, City, State, Zir Coa	e, ana Country)
62a						
52b						
2c						
cards	NESS BANK ACCOL	HAND Include cash that is not in a bank NTS Include checking accounts, online a overnment benefit cards, etc.). Report Pers Full name & Address (Street, City, State of Bank, Savings & Loan, Credit Union	and mobile (e.g., PayPal) a onal Accounts in Section	14.	Total Cash on Hand market accounts, savings ac Account Number	Account Balance As of
42						mmddyyyy
4a						\$
4b						\$
40 10	otal Cash in Banks	(Add lines 64a, 64b and amounts from any	attachments)			\$
(List al		EIVABLE Include e-payment accounts rec y, including contracts awarded, but not sta	ceivable and factoring co rted.) include Federal, s	mpanies, and any tate and local go	 bartering or online auction vernment grants and conference 	accounts. tracts.
	Account (Street, Co	s/Notes Receivable & Address ty, State, ZIP code, and Country)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
						\$
5a						
						\$
5b						\$
5b 5c						
5a5b5c5d56						\$

66a Property Description	Purchase/Lease Date (mmddyyyy)	Value (FAA	narket	Current Loar	Amount of	Date of Final	
		Value (FM	V)	Balance	Monthly Payment	Payment (mmddyyyy)	Equity FMV Minus Loa
		\$		Ś	¢		
Location (street, city, state, ZIP code, and cou	intry)		Lend	er/Lessor/Landlord	Name, Address (street, city	, state, ZIP code), ar	d Phone
6b Property Description					Phone		
Location (street, city, state, ZIP code, and cou	ntn/)	\$		\$	\$		\$
the state of the s	пиу		Lende	er/Lessor/Landlord	Name, Address (street, city,	state, ZIP code), an	d Phone
6c Total Equity (Add lines 66a, 66b and amount	s from any attachi	ments)			Phone	T.	
			only	if you are S	ELF-EMPLOYED	\$	
ection 7: Sole Proprietorship Informat	ion (lines 67 th	rough 87 sh	ould	reconcile with	husiness Profit and	oss Stateman	<i>t</i>)
Accounting Method Osed: Lash	Accrual				ousiness Front and I	-033 Statemen	9
Use the prior 3, 6, 9 or 12 month period to determin Income and Expenses during the period (mma	e your typical busi	iness income ar	nd exp	enses.			
Provide a breakdown below of your average month	alyyyy) Ny income and exr	nenses hased o	n tha	pariod of time us	to (mmddyyyy)		
i otal Monthly Business In	come	crises, bused o	iii tile į		ea above. Fotal Monthly Busines	s Expenses	
(Amounts reported in U.S. do				(Amounts rep	orted in U.S. dollars) (Use	attachments as	needed)
7 Gross Receipts	Gross Mo			•	ense Items	Act	tual Monthly
3 Gross Rental Income	\$		7 Ma	aterials Purchas	sed 1	\$	
Interest	\$			entory Purchas		\$	
Dividends	\$			oss Wages & S	alaries	\$	
1 Cash Receipts not included in lines 67-70	\$		0 Re	pplies ³		\$	
Other Income (Specify below)				pplies lities/Telephone	4	\$	
	\$			hicle Gasoline/		\$	
	S	84		pairs & Mainter		\$	
	\$	85		urance	lance	\$	
	\$			rrent Taxes 5		\$	
	1				ding installment paymen		
Total Income (Add lines 67 through 75)	\$	0,		ecify)	ding installment paymen	ts s	
		88			ld lines 77 through 87		
		89) Net	Business Incon	ne (Line 76 minus 88) ⁶	\$	
Enter the monthly net income a	amount from line	e 89 on line 23	3. sect	ion 5 If line 80	is a loss ontor "O" on I	ine 23, section	5.
Materials Purchased: Materials are items di	.b.o.ca taxbaye	is must retur	n to p	age 4 to sign th	e certification.		
production of a product or service. Inventory Purchased: Goods bought for resa		.ne	5 C	Current Taxes:	Real estate, excise, fi and employer's portion	anchise, occup	ational, persona
Supplies: Supplies are items used in the bus	iness that are						
consumed or used up within one year. This co	ould be the cost	of	6 N	et Business II	ncome: Net profit from	i Form 1040, Si	chedule C may
books, office supplies, professional equipmen	t, etc.		b	usiness use of	ated deductions are e home already included	ilminated (e.g.,	expenses for
Utilities/Telephone: Utilities include gas, elec	ctricity, water oil	other	e	xpenses on pa	ge 4). Deductions for o	lepreciation and	d depletion on
fuels, trash collection, telephone, cell phone a	nd business inte	ernet.	S	chedule C are	not cash expenses an	d must be adde	d back to the
			n	et income figur	e. In addition, interest	cannot be dedu	cted if it is
DC LICE ONLY (Makes)			а	Iready included	in any other installme	nt payments all	owed.
RS USE ONLY (Notes)							
racy Act: The information requested on this F	orm is covered u	under Privacy	Acts	and Paperwork	Reduction Notices wh	nich have alread	dv been

Attachment to Form 433-A

Taxpayer: KENNETH A PERRIN (286-58-7642) & SUSAN E PERRIN (300-60-5925)

OTHER EXPENSES - SUPPLEMENTAL (Section 5)

Expense Item
Student Ioans
Tax preparation (IRM 5.15.1.11)

Tax resolution (IRM 5.15.1.11)

TOTAL (Carried to line 48 on main form)

Monthly Expense

\$315

\$200

\$125

\$640

Additional Explanations

OOP HEALTHCARE IS HIGHER THAN USUAL BECAUSE OF MRS. PERRIN'S DIABETES AND THE EXTRA COST INVOLVED WITH HER PRESCRIPTIONS.

HEALTH INSURANCE IS HIGH BECAUSE THEY ARE SELF-EMPLOYED. MR. PERRIN IS ON MEDICARE WITH SUPPLEMENTAL WHILE MRS. PERRIN ISN'T YET ELIGIBLE FOR MEDICARE AND HAS TO MAINTAIN HER BCBS POLICY.