

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 1: Personal Information

1a Full Name of Taxpayer and Spouse (if applicable) KENNETH A PERRIN & SUSAN E PERRIN		2c Provide information on all other persons in household or claimed as dependents	
1b Address (street, city, state, ZIP code and country) 479 ELM COURT SEVEN HILLS, OH 44131		Name	Age
1c County of Residence CUYAHOGA			Relationship
1d Home Phone (216) 832-4221			
1e Cell Phone (216) 832-4229		3a Do you or your spouse have any outside business interests? Include any interest in an LLC, LLP, corporation, partnership, etc. <input type="checkbox"/> Yes (percentage of ownership _____ %) <input checked="" type="checkbox"/> No	
1f Work Phone ()		Title	
2a Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		3b Business name	
2b SSN or ITIN		3c Type of business (select one)	
Date of Birth (mmddyyyy)		<input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	
Taxpayer	286-58-7642	<input type="checkbox"/> Other	
Spouse	300-60-5925		
	10/06/1959		
	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		Spouse	
4a Taxpayer's Employer Name ARTISTIC RENOVATIONS OF OHIO, LLC		5a Spouse's Employer Name ARTISTIC RENOVATIONS OF OHIO	
4b Address (street, city, state, ZIP code and country)		5b Address (street, city, state, ZIP code and country)	
4c Work Telephone Number ()	4d Does employer allow contact at work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5c Work Telephone Number ()	5d Does employer allow contact at work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4e How long with this employer (years) (months)	4f Occupation	5e How long with this employer (years) (months)	5f Occupation
4g Number claimed as a dependent on your Form 1040	4h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other	5g Number claimed as a dependent on your Form 1040	5h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other

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

6 Are you 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	

7 Have you ever filed bankruptcy (If yes, answer the following) Yes No

Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No.	Location Filed
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8 In the past 10 years, have you lived outside of the U.S for 6 months or longer (If yes, answer the following) Yes No

Dates lived abroad: from (mmddyyyy)	To (mmddyyyy)
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9a Are you the beneficiary of a trust, estate, or life insurance policy including those located in foreign countries or jurisdictions (If yes, answer the following) Yes No

Place where recorded:	EIN:
Name of the trust, estate, or policy	Anticipated amount to be received \$
	When will the amount be received

9b Are you a trustee, fiduciary, or contributor of a trust Yes No

Name of the trust:	EIN:
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10 Do you have a safe deposit box (business or personal) including those located in foreign countries or jurisdictions (If yes, answer the following) Yes No

Location (Name, address and box number(s))	Contents	Value \$
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11 In the past 10 years, have you transferred any assets with a fair market value of more than \$10,000 including real property, for less than their full value (if yes, answer the following) Yes No

List Asset(s)	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred
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Section 4: Personal Asset Information for all Individuals (Foreign and Domestic). Include assets located in foreign countries or jurisdictions and add attachment(s) if additional space is needed to respond

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

PERSONAL BANK ACCOUNTS Include all checking, online and mobile (e.g., PayPal etc.) 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 and Country) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of <u> </u> mmddyyyy
13a CHECKING	PNC		\$ 1,000
13b			\$

13c Total Cash (Add lines 13a, 13b, and amounts from any attachments) \$ **1,000**

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.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code and Country) of Company	Current Value	Loan Balance (if applicable) As of <u> </u> mmddyyyy	Equity Value minus Loan
14a IRA	AMERICAN GENERAL	6,000	0	6,000
14b	Phone	\$	\$	\$
	Phone	\$	\$	\$

DIGITAL ASSETS List all digital assets such as virtual currency (cryptocurrency), non-fungible token (NFT), and smart contracts 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.

14c List the name(s) of individuals who have access to the private key(s) and/or digital wallets

Type of Digital Asset	Name of Digital Asset such as Virtual Currency Wallet, Exchange or Digital Currency Exchange (DCE)	Email Address Used to Set-up With the Digital Assets such as Virtual Currency Exchange or DCE	Location(s) of Digital Assets (Mobile Wallet, Online, and/or External Hardware storage)	Digital Asset Amount and Value in US dollars as of today (e.g., 1 Bitcoins \$38,000.00 USD)
14d	N/A			\$
14e				\$

14f Total Equity (Add lines 14a, 14b, 14d and 14e. Also include any amounts from any attachments to your total equity) \$ **6,000**

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

Full Name & Address (Street, City, State, ZIP code and Country) of Credit Institution	Credit Limit	Amount Owed As of <u> </u> mmddyyyy	Available Credit As of <u> </u> mmddyyyy
15a			
Acct. No	\$	\$	\$
15b			
Acct. No	\$	\$	\$

15c Total Available Credit (Add lines 15a, 15b and amounts from any attachments) \$ **0**

16a LIFE INSURANCE Do you own or have any interest in any life insurance policies with cash value
 Yes No If yes, complete blocks 16b through 16f for each policy.

16b Name and Address of Insurance Company(ies):			
16c Policy Number(s)			
16d Owner of Policy			
16e Current Cash Value	\$	\$	\$
16f Outstanding Loan Balance	\$	\$	\$

16g Total Available Cash (Subtract amounts on line 16f from line 16e and include amounts from any attachments) \$

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

REAL PROPERTY Include all real property owned or being purchased

17a Property Description	Purchase Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
Location (street, city, state, ZIP code, county and country) 479 ELM COURT SEVEN HILLS, OH 44131 CUYAHOGA COUNTY	01/01/1995	\$ 419,000	\$ 0	\$ 0		\$ 419,000
Lender/Contract Holder Name, Address (street, city, state, ZIP code), and Phone THIRD FEDERAL SAVINGS		Phone				
17b Property Description		\$	\$	\$		\$
Location (street, city, state, ZIP code, county and country)		Lender/Contract Holder Name, Address (street, city, state, ZIP code), and Phone				
		Phone				
17c Total Equity (Add lines 17a, 17b and amounts from any attachments)						\$ 419,000

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
18a Year 2016	Make/Model FORD FLEX		\$ 3,000	\$ 0	\$ 0		\$ 3,000
Mileage 180,000	License/Tag Number	Lender/Lessor Name, Address (street, city, state, ZIP code and country), and Phone					
Vehicle Identification Number		Phone					
18b Year 2022	Make/Model LINCOLN NAUTILUS	05/12/2022	\$ 29,000	\$ 0	\$ 884	01/01/2028	\$ 29,000
Mileage 32,000	License/Tag Number	Lender/Lessor Name, Address (street, city, state, ZIP code and country), and Phone					
Vehicle Identification Number		Phone					
18c Total Equity (Add lines 18a, 18b and amounts from any attachments)						\$ 32,000	

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.

19a Property Description	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
N/A		\$	\$	\$		\$
Location (street, city, state, ZIP code, county and country)		Lender/Lessor Name, Address (street, city, state, ZIP code), and Phone				
		Phone				
19b Property Description		\$	\$	\$		\$
Location (street, city, state, ZIP code, county and country)		Lender/Lessor Name, Address (street, city, state, ZIP code), and Phone				
		Phone				
19c Total Equity (Add lines 19a, 19b and amounts from any attachments)						\$ 0

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


Section 5: Monthly Income and Expenses (Foreign and Domestic)

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

Total Income (Amounts reported in U.S. dollars)		Total Living Expenses (Amounts reported in U.S. dollars)		IRS USE ONLY
Source	Gross Monthly	Expense Items ⁶	Actual Monthly	Allowable Expenses
20 Wages (Taxpayer) ¹	\$ 4,734	35 Food, Clothing and Misc. ⁷	\$ 1,411	
21 Wages (Spouse) ¹	\$ 11,343	36 Housing and Utilities ⁸	\$ 1,791	
22 Interest - Dividends	\$ 0	37 Vehicle Ownership Costs ⁹	\$ 619	
23 Net Business Income ²	\$ 0	38 Vehicle Operating Costs ¹⁰	\$ 478	
24 Net Rental Income ³	\$ 0	39 Public Transportation ¹¹	\$ 0	
25 Distributions (K-1, IRA, etc.) ⁴	\$ 0	40 Health Insurance	\$ 3,600	
26 Pension (Taxpayer)	\$ 0	41 Out of Pocket Health Care Costs ¹²	\$ 500	
27 Pension (Spouse)	\$ 0	42 Court Ordered Payments	\$ 0	
28 Social Security (Taxpayer)	\$ 0	43 Child/Dependent Care	\$ 0	
29 Social Security (Spouse)	\$ 0	44 Life Insurance	\$ 200	
30 Child Support	\$ 0	45 Current year taxes (Income/FICA) ¹³	\$ 5,379	
31 Alimony	\$ 0	46 Secured Debts (Attach list)	\$ 0	
Other Income (Specify below) ⁵		47 Delinquent State or Local Taxes	\$ 0	
32	\$	48 Other Expenses (Attach list)	\$ 640	
33	\$	49 Total Living Expenses (add lines 35-48)	\$ 14,618	
34 Total Income (add lines 20-33)	\$ 16,077	50 Net difference (Line 34 minus 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 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, 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.
- 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 2/19/25
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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 (Foreign and Domestic)

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.

52a Business Name & Address (if different than 1b) **52b** Business Telephone Number
 N/A ()

53 Employer Identification Number **54** Type of Business **55** Is the business a Federal Contractor **Yes** **No**

56 Business Website (web address) **57** Total Number of Employees **58** Average Gross Monthly Payroll

59 Frequency of Tax Deposits **60** Does the business engage in e-Commerce (Internet sales) If yes, complete lines 61a and 61b **Yes** **No**

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

Name & Address (Street, City, State, ZIP code, and Country)	Payment Processor Account Number
61a	
61b	

CREDIT CARDS ACCEPTED BY THE BUSINESS

Credit Card	Merchant Account Number	Issuing Bank Name & Address (Street, City, State, ZIP code, and Country)
62a		
62b		
62c		

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

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

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
66a Property Description		\$	\$	\$		\$
Location (street, city, state, ZIP code, and country)			Lender/Lessor/Landlord Name, Address (street, city, state, ZIP code), and Phone			
			Phone			
66b Property Description		\$	\$	\$		\$
Location (street, city, state, ZIP code, and country)			Lender/Lessor/Landlord Name, Address (street, city, state, ZIP code), and Phone			
			Phone			
66c Total Equity (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)

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

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

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.

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 loans

Monthly Expense

Tax preparation (IRM 5.15.1.11)

\$315

Tax resolution (IRM 5.15.1.11)

\$200

TOTAL (Carried to line 48 on main form)

\$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.