

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 and Susan 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, Ohio 44131		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 20%;">Age</th> <th style="width: 30%;">Relationship</th> </tr> </thead> <tbody> <tr> <td>Alex Perrin</td> <td style="text-align: center;">23</td> <td style="text-align: center;">son</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Age	Relationship	Alex Perrin	23	son			
Name	Age	Relationship										
Alex Perrin	23	son										
1c County of Residence Cuyahoga	1d Home Phone (216) 520-0838	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 Title										
1e Cell Phone (216) 832-4221	1f Work Phone (216) 520-0838	3b Business name Artistic Renovations of Ohio, LLC										
2a Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		3c Type of business (select one) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation										
2b Taxpayer SSN or ITIN 286-58-7642	Date of Birth (mm/dd/yyyy) 10/06/59	<input type="checkbox"/> Other										
Spouse SSN or ITIN 300-60-5925	Date of Birth (mm/dd/yyyy) 06/17/61	(Empty)										

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, LLC		
4b Address (street, city, state, ZIP code and country) 12333 Ridger Road, Unit 1B North Royalton, Ohio 44133	5b Address (street, city, state, ZIP code and country) 12333 Ridge Road, Unit 1B North Royalton, Ohio 44133		
4c Work Telephone Number (216) 520-0838	4d Does employer allow contact at work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5c Work Telephone Number (216) 520-0838	5d Does employer allow contact at work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4e How long with this employer (years) (months) 	4f Occupation Owner	5e How long with this employer (years) (months) 16 (years)	5f Occupation Office Manager
4g Number claimed as a dependent on your Form 1040 1	4h Pay Period: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	5g Number claimed as a dependent on your Form 1040 1	5h Pay Period: <input checked="" 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)

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 (mm/dd/yyyy)	Subject of Suit	

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

Date Filed (mm/dd/yyyy)	Date Dismissed (mm/dd/yyyy)	Date Discharged (mm/dd/yyyy)	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 (mm/dd/yyyy)	To (mm/dd/yyyy)
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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: Name of the trust, estate, or policy	EIN: _____	When will the amount be received \$
Anticipated amount to 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 (mm/dd/yyyy)	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** \$

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 _____ mmddyyyy
13a Checking	PNC	4224649624	\$ 1000.00
13b			\$
13c Total Cash (Add lines 13a, 13b, and amounts from any attachments)			\$

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 _____ mmddyyyy	Equity Value minus Loan
14a				
	Phone	\$	\$	\$
14b				
	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				\$
14e				\$

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

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 _____ mmddyyyy	Available Credit As of _____ mmddyyyy
15a			
Acct. No	\$	\$	\$
15b			
Acct. No	\$	\$	\$

15c Total Available Credit (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
 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
Home Location (street, city, state, ZIP code, county and country) 479 Elm Court Seven Hills, Ohio 44131	01151995	\$ 419,000	\$ 00 / 13,000	\$ 1,595	01152025	\$.00
Lender/Contract Holder Name, Address (street, city, state, ZIP code), and Phone Third Federal Savings Bank Cleveland Ohio			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)						\$

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 Mileage 150,000 187,000 Vehicle Identification Number	Make/Model Ford Flex License/Tag Number	\$ 3000 4000.00	\$.00	\$		\$
Lender/Lessor Name, Address (street, city, state, ZIP code and country), and Phone			Phone			
18b Year 2022 Mileage 22,000 32,000 Vehicle Identification Number	Make/Model Lincoln Nautilus License/Tag Number	05012022	\$	\$		\$
Lender/Lessor Name, Address (street, city, state, ZIP code and country), and Phone			Phone			
18c Total Equity (Add lines 18a, 18b and amounts from any attachments)						\$

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
		\$	\$	\$		\$
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)						\$

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	\$ 4500.00	35 Food, Clothing and Misc. ⁷	\$ 1700.00	2000-
21 Wages (Spouse) ¹	\$ 5500.00	36 Housing and Utilities ⁸	\$ 2586.00	1800-
22 Interest - Dividends	\$	37 Vehicle Ownership Costs ⁹	\$ 984.00	984-
23 Net Business Income ²	\$	38 Vehicle Operating Costs ¹⁰	\$ 500.00	500-
24 Net Rental Income ³	\$	39 Public Transportation ¹¹	\$	
25 Distributions (K-1, IRA, etc.) ⁴	\$	40 Health Insurance	\$ 3800.00	2255-
26 Pension (Taxpayer)	\$	41 Out of Pocket Health Care Costs ¹²	\$ Medicare part B	500-
27 Pension (Spouse)	\$	42 Court Ordered Payments	\$	
28 Social Security (Taxpayer)	\$	43 Child/Dependent Care	\$	
29 Social Security (Spouse)	\$	44 Life Insurance	\$ 200.00	200-
30 Child Support	\$	45 Current year taxes (Income/FICA) ¹³	\$	
31 Alimony	\$	46 Secured Debts (Attach list)	\$	265
Other Income (Specify below) ⁵		47 Delinquent State or Local Taxes	\$	
32	\$	48 Other Expenses (Attach list)	\$ 250.00	250-
33	\$	49 Total Living Expenses (add lines 35-48)	\$ 9820.00	8754
34 Total Income (add lines 20-33)	\$ 10000.00	50 Net difference (Line 34 minus 49)	\$ 180.00	1246-

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- 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 1/9/2024
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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)