### **Summary of Contact** Taxpayer's Name TIN# ARTISTIC RENOVATIONS OF OHIO LLC 26-0627184

The contents of Publication 1, Your Rights as a Taxpayer, and Publication 594, The IRS Collection Process were outlined and discussed with you. This form, along with copies of the publications as appropriate, were provided to you.

In order to determine the appropriate resolution of the taxpayer's case, we need to calculate/verify his/her ability to pay the tax delinquencies, and ensure that the taxpayer remains in current compliance with applicable filing and paying requirements. To assist us in doing so, please provide the following information/documents by the date required:

Information/Documents required	Date Required
Provide Check for balance due on Form 941 for periods ending 12-31-2013, all periods from Through 12-31-2015, 06-30-2016, all from 12-31-2016 through 09-30-2017, 06-30-2019, 09-All from 03-31-2021 through 12-31-2022; Form 940 periods ending 12-31-2014, 12-31-2016, Civ Pens for 2016 & 2019 (\$404,182.477 if paid on 01-21-2025; \$406,661.57 if paid on 02-13	-30-2019, 12-31-2019; 12-31-2017, 12-31-2019; &
Signed Delinquent business returns for Form 940 for periods ending 12-31-2021, 12-31-2023 (with full payment of any tax due on above returns)	
IF UNABLE TO FULL PAY, PLEASE PROVIDE THE FOLLOWING:	
Signed and completed Forms 433-A and 433-B Collection Information Statements	02-13-2025
Bank statements from 07-01-2024 to present, with copies of cancelled checks	02-13-2025
Funding Sources (line of credit, etc.)	02-13-2025
Personal bank statements from 07-01-2024 to present	02-13-2025
Personal wage statements from 07-01-2024 to present	02-13-2025
List of officers/directors/major shareholders and names of anyone listed on the Corporation's	bank signature
card. Include their SSN, title, home address and telephone number.	02-13-2025
Copy of bank signature cards in effect during the time of delinquency.	02-13-2025
List of any real property owned by the business / proprietor(s) with mortgage & payoff docum	entation. 02-13-2025
List of Accounts Receivable with address to include current contract jobs and loans. Include	an age analysis of
each account. If no receivables, include a list of major clients.	02-13-2025
List of vehicles owned by the business and officers with loan documentation and payoff.	02-13-2025
List of machinery and merchandise (inventory) and copies of documents, i.e., Uniform Comm	nercial Codes
showing any encumbrances.	02-13-2025
List of Suppliers	02-13-2025
Copies of documents verifying business expenses, i.e., telephone, insurance, supplies, etc.	02-13-2025
Current Profit & Loss statement	02-13-2025
List of all Merchant Accounts and copies of the most recent Merchant Account statements	02-13-2025
Employment tax deposits are required. Electronic deposit is required and Notice 931 is enclo	
guidance. You must provide proof of timely deposits to the Revenue Officer in the form of a r	eceipt copy. 01-15-2025

Enclosed please find Publications:

Pub 1 - "Your Rights as a Taxpayer"

Pub 594 - "What You Should Know about the IRS Collection Process"

Pub 1660 "Collection Appeal Rights"

CONSEQUENCES: If no response, Levy and/or Seizure. Delinquent returns will be prepared under IRC Section 6020(b).

Notification of Consequences of Failure to Provide Information: Your failure to provide the above information by the specified date(s) may require the IRS to take action such as issuing summonses, filing a Notice of Federal Tax Lien, and/or issuing you a Notice of Intent to Levy and Notice of Your Right to a Hearing, if one was not previously issued for this liability.

Revenue Officer Name	John Jaxon SR.	Date	01-13-2025	Telephone / Fax Number (330) 588-4438
JOHN J SAXON SR - 1	000708274			Fax - (888) 820-5501
Office Address				

301 MCKINLEY AVE SW, SUITE 200, CANTON, OH 44702 CELL: (330) 730-0233 Trust Fund Recovery Penalty Data Fri Dec 20 14:18:21 2024 EIN 26-0627184 ARTISTIC RENOVATIONS OF OHIO LLC

Earliest ASED Tax Only		F.I.C.A.				Total		
Earl	iest ASED	) '	Tax Only			Tax	ζ	Employee
	/15/2025			Employer Portion	Employee Portion	With	neld	Portion Withheld
				Filed: 07				
**	*****	This	tax period	is barred.	******	<del>k</del>		
 Form:	941 Pe	riod:	 09/30/2019	Filed: 10	)/31/2019	Assessed:	12/09/	 2019
**	*****	This	tax period	is barred.	*****	<b>k</b>		
 Form:	941 Pe	riod:	12/31/2019	Filed: 01		Assessed:		
**	*****	This	tax period	is barred.	******	k		
 Form:				Filed: 04	1/30/2021		08/23/	
				5701.24				
	Paid		15857.74	5701.24	5701.24	4455	5.26	10156.50
	Balance	: 	1210.74	0.00	0.00	) 1210	).74	1210.74
	941 Pe	riod:	06/30/2021	Filed: 07	7/31/2021	Assessed:	10/18/	2021
			17775.10	5774.05	5774.05	6227	7.00	12001.05
	Paid		17775.10	5774.05	5774.05	6227	7.00	12001.05
				0.00				
Form:	941 Pe	riod:	09/30/2021	Filed: 10	/31/2021	Assessed:	02/14/2	2022
	Amount		18157.18	5802.59	5802.59	6552	2.00	12354.59
				5802.59				
	Balance	:	2794.30	0.00	0.00	2794	1.30	2794.30
Form:	941 Pe	riod:	12/31/2021	Filed: 02	2/16/2022	Assessed:	03/06/2	2023
	Amount	:	20405.16	6486.08	6486.08	3 7433	3.00	13919.08
				6486.08				
			4386.58	0.00		4386		
Form:	941 Pe	riod:	03/31/2022	Filed: 03	3/15/2023	Assessed:	04/17/2	2023
	Amount		17415.94	5569.97	5569.97	7 6276	5.00	11845.97
	Paid		5836.52	5569.97	266.55	5 0	0.00	266.55
				0.00				
Form:	941 Pe	riod:	06/30/2022	Filed: 03	3/15/2023	Assessed:	04/24/2	2023
	Amount	:	19200.62	6065.31	6065.33	L 7070	0.00	13135.31
	Paid		2964.94	6065.31 2964.94 3100.37	0.00	) (	0.00	0.00
	Balance	:	16235.68 	3100.37	6065.31	7070	).00 	13135.31
				Filed: 03				
				5592.60				
				5592.60 0.00				
Form:	941 Pe	riod:	12/31/2022	Filed: 01	./31/2023	Assessed:	04/10/2	2023

Amount	11965.12	3644.56	3644.56	4676.00	8320.56
Paid	2868.28	2868.28	0.00	0.00	0.00
Balance	9096.84	776.28	3644.56	4676.00	8320.56
============	=========	.==========		.=========	=========
Balance Totals	55277.58	3876.65	18224.31	33176.62	51400.93
=======================================		.=========		.=========	==========

Page 4

Form 4183



# DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

SMALL BUSINESS / SELF-EMPLOYED DIVISION

Date: 01/13/2025

Area Number: 22

DAVID W COLLINS 9301 OCOEE ST UNIT 64 OOLTEWAH, TN 37363-772264

MR. COLLINS,

As discussed in our telephone contact on 01/13/2025, I have prepared Form 9297, Summary of Taxpayer Contact. This form lists the items or actions required in order to move towards resolution of the case, and their required due dates.

If you have any questions or need more information, please contact me at the address or the telephone number listed below:

Internal Revenue Service 301 MCKINLEY AVENUE SW, SUITE 200 CANTON, OH 44702-1741

Phone#: (330)730-0233 Fax#: (888)820-5501

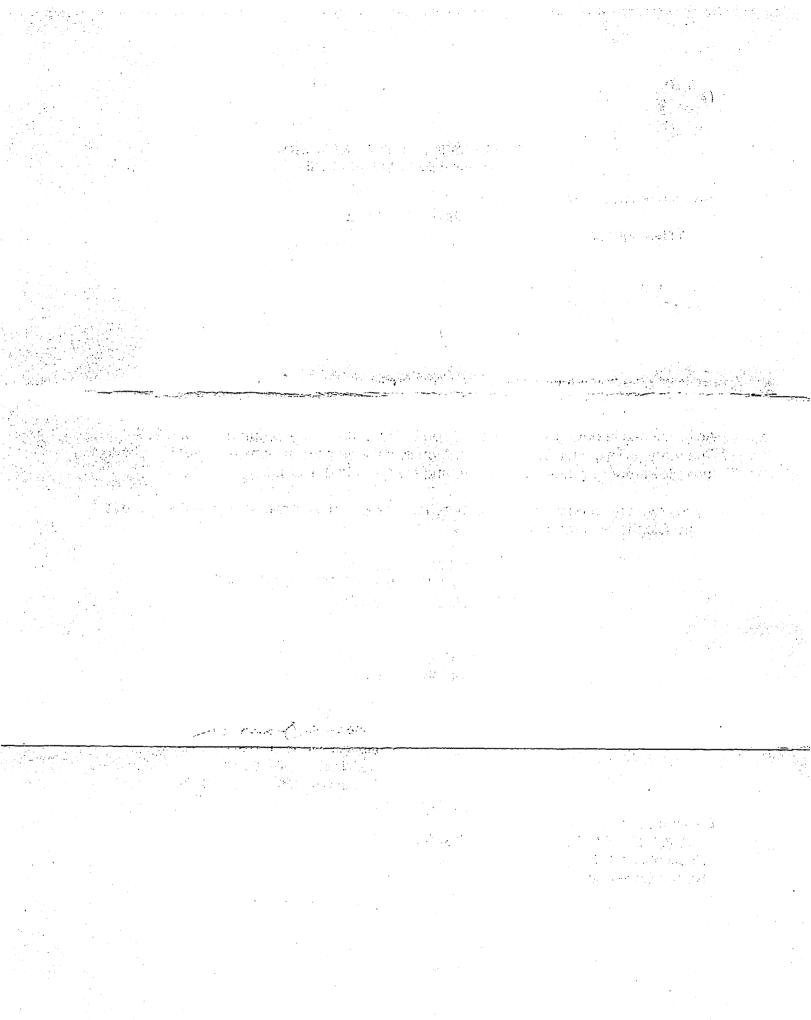
Sincerely,

JOHN J SAXON SR REVENUE OFFICER

Employee ID#: 1000708274

Enclosure(s):

Forms 9297, 4183 page 4, and 433-A & B Publications 1, 594, & 1660 Return Envelope





## DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

SMALL BUSINESS / SELF-EMPLOYED DIVISION

Date: 01/14/2025

Area Number: 22

ARTISTIC RENOVATIONS OF OHIO LLC 12333 RIDGE RD UNIT 1B N ROYALTON, OH 44133-3766995

---

As discussed in my telephone contact with power of attorney David W. Collins on 01/13/2025, I have prepared Form 9297, Summary of Taxpayer Contact. This form lists the items or actions required in order to move towards resolution of the case, and their required due dates.

If you have any questions or need more information, please contact me at the address or the telephone number listed below:

Internal Revenue Service 301 MCKINLEY AVENUE SW, SUITE 200 CANTON, OH 44702-1741

Phone#: (330)730-0233 Fax#: (888)820-5501

Sincerely,

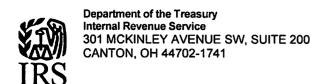
JOHN J SAXON SR REVENUE OFFICER

Employee ID#: 1000708274

Aoh d. Jaxon SR.

Enclosure(s):

Forms 9297, 4183 page 4, and 433-A & B Publications 1, 594, & 1660 Return Envelope



Date: 1/13/2025 Taxpayer ID number (last 4 digits): XX-XXX7184

KENNETH A PERRIN 479 ELM COURT INDEPENDENCE OH 44131 Person to Contact: Name: JOHN J SAXON SR ID Number: 1000708274 Telephone: (330)730-0233

Fax: (888)820-5501

Hours: 11:00 AM - 04:00 PM

We received information indicating you may be responsible for the unpaid trust fund tax for the business named below. We encourage you to contact us if you have information that would help us determine your personal liability.

#### **Business Name:** ARTISTIC RENOVATIONS OF OHIO LLC

The business has not paid its employment taxes. A portion of the owed amount relates to trust fund taxes. We're initiating an investigation to determine who may be personally responsible for the unpaid trust fund portion of the total unpaid employment tax.

We'll continue to correspond with you or your authorized representative on this issue. However, we sometimes talk with other persons if we need information that you can't provide or verify information we've received.

We're writing to tell you we intend to contact other persons such as a neighbor, a bank, an employer, or employees. When we contact other persons, we generally need to tell them limited information, such as your name.

The law prohibits us from disclosing more information than is necessary to obtain or verify the information we're seeking. We will make contact beginning 46 days from the date of this letter, on 2/28/2025, and ending one year later, on 2/28/2026. You have a right to request a list of those contacted. You can make your request by telephone, in writing, or during a personal interview.

We've also included Publication 1, Your Rights as a Taxpayer. The publication describes the Taxpayer Bill of Rights and the processes for examination, appeal, collection, and refunds. For a summary of this letter and additional resources visit **IRS.gov/ltr3164**.

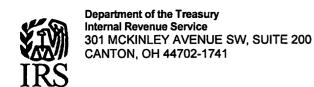
If you have questions about this letter or want to request a list of the other people we've contacted, you can contact the person at the top of this letter. If you write or fax, include the person to contact name and ID number. You can fax your request using either a fax machine or online fax service. Protect yourself when sending digital data by understanding the fax service's privacy and security policies.

Sincerely,

JOHN J SAXON SR REVENUE OFFICER

Enclosure: Publication 1

Form Number	Tax Period	Form Number	Tax Period 09/30/2021 03/31/2022	
941	03/31/2021	941		
941	12/31/2021	941		
941	06/30/2022	941	09/30/2022	
941	12/31/2022			



Date: 1/13/2025 Taxpayer ID number (last 4 digits): XX-XXX7184

SUSAN E PERRIN 479 ELM COURT INDEPENDENCE OH 44131 Person to Contact: Name: JOHN J SAXON SR ID Number: 1000708274 Telephone: (330)730-0233 Fax: (888)820-5501

Hours: 11:00 AM - 04:00 PM

We received information indicating you may be responsible for the unpaid trust fund tax for the business named below. We encourage you to contact us if you have information that would help us determine your personal liability.

### Business Name: ARTISTIC RENOVATIONS OF OHIO LLC

The business has not paid its employment taxes. A portion of the owed amount relates to trust fund taxes. We're initiating an investigation to determine who may be personally responsible for the unpaid trust fund portion of the total unpaid employment tax.

We'll continue to correspond with you or your authorized representative on this issue. However, we sometimes talk with other persons if we need information that you can't provide or verify information we've received.

We're writing to tell you we intend to contact other persons such as a neighbor, a bank, an employer, or employees. When we contact other persons, we generally need to tell them limited information, such as your name.

The law prohibits us from disclosing more information than is necessary to obtain or verify the information we're seeking. We will make contact beginning 46 days from the date of this letter, on 2/28/2025, and ending one year later, on 2/28/2026. You have a right to request a list of those contacted. You can make your request by telephone, in writing, or during a personal interview.

We've also included Publication 1, Your Rights as a Taxpayer. The publication describes the Taxpayer Bill of Rights and the processes for examination, appeal, collection, and refunds. For a summary of this letter and additional resources visit IRS.gov/ltr3164.

If you have questions about this letter or want to request a list of the other people we've contacted, you can contact the person at the top of this letter. If you write or fax, include the person to contact name and ID number. You can fax your request using either a fax machine or online fax service. Protect yourself when sending digital data by understanding the fax service's privacy and security policies.

Sincerely,

John J. Jaxon SR. JOHN J SAXON SR

REVENUE OFFICER

Enclosure: Publication 1

Form Number	Tax Period	Form Number	<b>Tax Period</b> 09/30/2021	
941	03/31/2021	941		
941	12/31/2021	941	03/31/2022	
941	06/30/2022	941	09/30/2022	
941	12/31/2022			