

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) VICTOR S & SHEILA R BRANDON		2c Provide information on all other persons in household or claimed as dependents		
1b Address (street, city, state, ZIP code and country) 6025 CHAMPAGNE LN PASO ROBLES, CA 93446		Name	Age	Relationship
		<i>None</i>		
1c County of Residence SAN LUIS OBISPO	1d Home Phone ()	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 (805) 459-8729	1f Work Phone (805) 441-8332	3b Business name		
2a Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		3c Type of business (select one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
2b SSN or ITIN Taxpayer 573-41-8804 Spouse 560-55-0128	Date of Birth (mmddyyyy) Taxpayer 11041969 Spouse 12091965			

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		5a Spouse's Employer Name	
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 type="checkbox"/> No	5c Work Telephone Number ()	5d Does employer allow contact at work <input type="checkbox"/> Yes <input 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 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 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date Filed (mmddyyyy)	Date Dismissed (mmddyyyy)	Date Discharged (mmddyyyy)	Petition No. Location Filed
8 In the past 10 years, have you lived outside of the U.S for 6 months or longer (if yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	
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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Place where recorded: Name of the trust, estate, or policy			EIN:
Anticipated amount to be received \$		When will the amount be received	
9b Are you a trustee, fiduciary, or contributor of a trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of the trust:			EIN:
10 Do you have a safe deposit box (business or personal) including those located in foreign countries or jurisdictions (if yes, answer the following) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Location (Name, address and box number(s))		Contents	Value \$
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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List Asset(s)	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred

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** \$ **200.00**

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>5-8-24</u> mmddyyyy
13a CHECKING	GOLDEN1 PO BOX 15966, SACRAMENTO, CA	0001034996	\$ 1000.00
13b CHECKING	PACIFIC PREMIER, 545 12TH ST PASO ROBLES	800381684	\$ 0
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 NONE				
	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 NONE				\$
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 <i>See attached</i>			
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
4 BEDROOM 2 BATH Location (street, city, state, ZIP code, county and country) 6025 CHAMPAGNE LN PASO ROBLES, CA 93446	01011998	\$ 700,000	\$ 410,000	\$ 2,799	04012036	\$ 290,000
Lender/Contract Holder Name, Address (street, city, state, ZIP code), and Phone NEW REZ, PO BOX 24738, WET PALM BEACH FL, 33416			Phone 888-820-6474			
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 2011 Mileage 170,000 Vehicle Identification Number WDDKJ5GB8BF095259	Make/Model MERCEDES BENZ License/Tag Number 6PZN488	\$ 3,500	\$	\$ 0		\$ 3500.-
Lender/Lessor Name, Address (street, city, state, ZIP code and country), and Phone						
Phone						
18b Year 2018 Mileage 100,000 Vehicle Identification Number 3GCUKRERTJG284361	Make/Model CHEVY TRUCK License/Tag Number 08181M3	07202021 \$ 26,511	\$ 28,988	\$ 781.00	06222027	\$ -2477.-
Lender/Lessor Name, Address (street, city, state, ZIP code and country), and Phone WELLS FARGO BANK, PO BOX 5265, SIOUX FALLS, SD, 57117						
Phone 800-289-8004						
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
HOUSE HOLD FURNITURE Location (street, city, state, ZIP code, county and country)		\$ 5,000	\$	\$		\$
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.


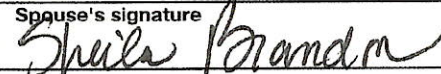
Section 5: Monthly Income and Expenses (Foreign and Domestic)

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	\$	35 Food, Clothing and Misc. ⁷	\$ 1200	
21 Wages (Spouse) ¹	\$	36 Housing and Utilities ⁸	\$ 4297	
22 Interest - Dividends	\$	37 Vehicle Ownership Costs ⁹	\$	
23 Net Business Income ²	\$ 3707	38 Vehicle Operating Costs ¹⁰	\$ 320	
24 Net Rental Income ³	\$	39 Public Transportation ¹¹	\$	
25 Distributions (K-1, IRA, etc.) ⁴	\$	40 Health Insurance	\$ 65	
26 Pension (Taxpayer)	\$	41 Out of Pocket Health Care Costs ¹²	\$ 20	
27 Pension (Spouse)	\$ 3645	42 Court Ordered Payments	\$	
28 Social Security (Taxpayer)	\$	43 Child/Dependent Care	\$	
29 Social Security (Spouse)	\$	44 Life Insurance	\$ 162	
30 Child Support	\$	45 Current year taxes (Income/FICA) ¹³	\$ 168	
31 Alimony	\$	46 Secured Debts (Attach list)	\$ 3547	
Other Income (Specify below) ⁵		47 Delinquent State or Local Taxes	\$ 120	
32	\$	48 Other Expenses (Attach list)	\$	
33	\$	49 Total Living Expenses (add lines 35-48)	\$ 10680	
34 Total Income (add lines 20-33)	\$ 7352	50 Net difference (Line 34 minus 49)	\$ -3328	

- 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 5-8-24
---	--	----------------

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) SCOTT BRANDON LATHING		52b Business Telephone Number (805) 441-8332
53 Employer Identification Number 90-0281121	54 Type of Business CONSTRUCTION	55 Is the business a Federal Contractor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
56 Business Website (web address) NONE	57 Total Number of Employees 5	58 Average Gross Monthly Payroll 22,000
59 Frequency of Tax Deposits SEMI-MONTHLY	60 Does the business engage in e-Commerce (Internet sales) If yes, complete lines 61a and 61b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 NONE	
61b	

CREDIT CARDS ACCEPTED BY THE BUSINESS

Credit Card	Merchant Account Number	Issuing Bank Name & Address (Street, City, State, ZIP code, and Country)
62a NONE		
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 04072024 <i>mmdyyyy</i>
64a CHECKING	PACIFIC PREMIER BANK, 12TH ST PASO ROBLES, CA 93446	8000384489	\$ 2612
64b CHECKING	PACIFIC PREMIER BANK, 12TH ST PASO ROBLES, CA 93446	8000381854	\$ 350
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 (mmdyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
65a NONE				\$
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) **01012024** to (mmddyyyy) **03312024**

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	\$ 32975	77 Materials Purchased ¹	\$ 12402
68 Gross Rental Income	\$	78 Inventory Purchased ²	\$ 0
69 Interest	\$	79 Gross Wages & Salaries	\$ 10830
70 Dividends	\$	80 Rent	\$ 0
71 Cash Receipts not included in lines 67-70	\$	81 Supplies ³	\$ 89
Other Income (Specify below)		82 Utilities/Telephone ⁴	\$ 1798
72	\$	83 Vehicle Gasoline/Oil	\$ 1998
73	\$	84 Repairs & Maintenance	\$ 354
74	\$	85 Insurance	\$ 1016
75	\$	86 Current Taxes ⁵	\$
76 Total Income (Add lines 67 through 75)	\$ 32975	87 Other Expenses, including installment payments (Specify)	\$ 4328
		88 Total Expenses (Add lines 77 through 87)	\$ 32815
		89 Net Business Income (Line 76 minus 88) ⁶	\$ 160

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.

Credit Cards

<u>Name/address</u> <u>Acct #</u>	<u>Credit limit</u>	<u>Amnt owed</u> 5-8-24	<u>Avail credit</u> 5-8-24
1. Capital one PO Box 60519 City of Industry CA Acct# ending in 7144	9000.-	8859.52	140.48
2. Capital one PO Box 60519 City of Industry, CA Acct# ending in 8038	3000.-	2818.57	181.43
3. Discover PO Box 45909 San Francisco, CA Acct# ending in 2386	16,500.-	16547.11	-47.0
4. Discover PO Box 45909 San Fran, CA Acct# ending in 4373	3500.-	2987.64	512.-
5. Discover PO Box 45909 San Fran. CA Acct# ending in	1500.-	7608.82	-109.-