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 1: Personal Information

1a Full Name of Taxpayer and Spouse *(if applicable)*
MICHAEL WALKER

1b Address *(street, city, state, ZIP code and country)*
12656 SOUTHERN HIGHLAND PKWY
#1040
LAS VEGAS, NV 89141

1c County of Residence
CLARK

1d Home Phone
( )

1e Cell Phone
(215) 892-3322

1f Work Phone
( )

2a Marital Status: ☐ Married ☑ Unmarried *(Single, Divorced, Widowed)*

2b	SSN or ITIN	Date of Birth *(mmddyyyy)*
Taxpayer	195-72-1734	08/09/1991
Spouse		

2c Provide information on all other persons in household or claimed as dependents

Name	Age	Relationship

3a Do you or your spouse have any outside business interests? Include any interest in an LLC, LLP, corporation, partnership, etc.
☑ Yes *(percentage of ownership* _____ *%)* ☐ No
Title ** SEE SUPPLEMENTAL **

3b Business name

3c Type of business *(select one)*
☐ Partnership ☐ LLC ☐ Corporation
☐ Other

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 ** MULTIPLE EMPLOYERS -- SEE SUPPLEMENTAL **	**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 ☐ **Yes** ☐ **No**	**5c** Work Telephone Number ( ) / **5d** Does employer allow contact at work ☐ **Yes** ☐ **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: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other	**5g** Number claimed as a dependent on your Form 1040 / **5h** Pay Period: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ 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**

☐ Plaintiff ☐ 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

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)*

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:

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 $

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

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 _____ *mmddyyyy*
13a	CHECKING	BANK OF AMERICA ,		$ 0
13b				$
13c	**Total Cash** *(Add lines 13a, 13b, and amounts from any attachments)*			$ 0

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		ACORN'S SECURITY , Phone	$ 100	$ 0	$ 100
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)*				$ 100

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	$ 70,000	$ 30,000	$ 40,000
15b	Acct. No	$	$	$
15c	**Total Available Credit** *(Add lines 15a, 15b and amounts from any attachments)*			$ 40,000

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

	Purchase Date *(mmddyyyy)*	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment *(mmddyyyy)*	**Equity** FMV Minus Loan
17a Property Description		$	$	$		$
Location *(street, city, state, ZIP code, county and country)*		Lender/Contract Holder Name, Address *(street, city, state, ZIP code)*, and Phone 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)* $ 0

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 2017	Make/Model MERCEDES C63S		$ 35,000	$ 10,000	$ 800		$ 25,000
Mileage 0	License/Tag Number	Lender/Lessor Name, Address *(street, city, state, ZIP code and country)*, and Phone Phone					
Vehicle Identification Number							
18b Year	Make/Model		$	$	$		$
Mileage	License/Tag Number	Lender/Lessor Name, Address *(street, city, state, ZIP code and country)*, and Phone Phone					
Vehicle Identification Number							

18c Total Equity *(Add lines 18a, 18b and amounts from any attachments)* $ 25,000

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.

	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
19a Property Description		$	$	$		$
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]	$ 10,000	**35**	Food, Clothing and Misc. [7]	$ 808	
21	Wages (Spouse) [1]	$ 0	**36**	Housing and Utilities [8]	$ 1,900	
22	Interest - Dividends	$ 0	**37**	Vehicle Ownership Costs [9]	$ 619	
23	Net Business Income [2]	$ 0	**38**	Vehicle Operating Costs [10]	$ 273	
24	Net Rental Income [3]	$ 0	**39**	Public Transportation [11]	$ 0	
25	Distributions (K-1, IRA, etc.) [4]	$ 0	**40**	Health Insurance	$ 0	
26	Pension (Taxpayer)	$ 0	**41**	Out of Pocket Health Care Costs [12]	$ 83	
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	$ 0	
30	Child Support	$ 0	**45**	Current year taxes (Income/FICA) [13]	$ 1,265	
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)	$ 0	
33		$	**49**	Total Living Expenses (add lines 35-48)	$ 4,948	
34	Total Income (add lines 20-33)	$ 10,000	**50**	Net difference (Line 34 minus 49)	$ 5,052	

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**

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 ( )
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)* *to (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.

Form 433-A Supplemental

OTHER BUSINESS INTERESTS (Section 1; 3a-3c)

Business Name	Type	Title	Ownership
RUBICON PERFORMANCE, LLC	LLC	CEO	100%
BALANCE BENEFITS, PLLC	LLC	CEO	60%

TAXPAYER EMPLOYERS (Section 2)

Name/Address	Occupation	How Long	Pay Period
, (No contact allowed) W-4 withholding allowances: RUBICON PERFORMANCE & BALANCE BENEFITS		yrs mos	
, (No contact allowed) W-4 withholding allowances:		yrs mos	Monthly