

Collection Information Statement for Wage Earners and Self-Employed Individuals

Wage Earners Complete Sections 1, 2, 3, and 4, including signature line on page 4. *Answer all questions or write N/A.*
Self-Employed Individuals Complete Sections 1, 2, 3, 4, 5 and 6 and signature line on page 4. *Answer all questions or write N/A.*
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.

Name on Internal Revenue Service (IRS) Account	Social Security Number SSN on IRS Account	Employer Identification Number EIN
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Section 1: Personal Information

1a Full Name of Taxpayer and Spouse (if applicable) JAMES K DAMMON		1c Home Phone (985) 726 0511	1d Cell Phone (985) 290 3888
1b Address (Street, City, State, ZIP code) (County of Residence) 33090 HAINES DR. SLIDELL, LA 70460		1e Business Phone ()	1f Business Cell Phone ()
2a Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)			
3a Taxpayer	Social Security No. (SSN) 435880941	Date of Birth (mmddyyyy) 08-01-1953	Driver's License Number and State 0084 16264
3b Spouse	451821636	06-26-1950	

Section 2: Employment Information

If the taxpayer or spouse is self-employed or has self-employment income, also complete Business Information in Sections 5 and 6.

Taxpayer		Spouse	
4a Taxpayer's Employer Name GULF COAST ELECTRIC CO. LLC		5a Spouse's Employer Name N/A	
4b Address (Street, City, State, ZIP code) 554 OLD SPANISH TRAIL SLIDELL, LA. 70458		5b Address (Street, City, State, ZIP code)	
4c Work Telephone Number (985) 290 3888	4d Does employer allow contact at work <input checked="" 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 ELECTRICIAN	5e How long with this employer (years) (months)	5f Occupation
4g Number of exemptions claimed on Form W-4	4h Pay Period: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	5g Number of exemptions claimed on Form W-4	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 Is the individual or sole proprietorship party to a lawsuit (If yes, answer the following) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<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 Has the individual or sole proprietorship ever filed bankruptcy (If yes, answer the following) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Date Filed (mmddyyyy)	Date Dismissed or Discharged (mmddyyyy)	Petition No.	Location
8 Any increase/decrease in income anticipated (business or personal) (If yes, answer the following) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Explain. (Use attachment if needed)		How much will it increase/decrease \$	When will it increase/decrease
9 Is the individual or sole proprietorship a beneficiary of a trust, estate, or life insurance policy (If yes, answer the following) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Place where recorded:		EIN: ;	
Name of the trust, estate, or policy JACKSON LIFE INSURANCE	Anticipated amount to be received \$ 100,000.00	When will the amount be received UPON DEATH OF SPOUSE	
10 In the past 10 years, has the individual resided outside of the United States for periods of 6 months or longer (If yes, answer the following) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Dates lived abroad: from (mmddyyyy)		To (mmddyyyy)	

16 In the past 10 years, have any assets been transferred by the individual for less than full value
 (If yes, answer the following. If no, skip to 17a) Yes No

List Asset	Value at Time of Transfer \$	Date Transferred (mmddyyyy)	To Whom or Where was it Transferred
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Real Property Owned, Rented, and Leased. Include all real property and land contracts.

17a 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
Home	APRIL 28 2003	\$ 180,000	\$ 184,769.00	\$ 1,600.75	25YR	\$ -4,769.00
Location (Street, City, State, ZIP code) and County 33090 HAINES DR. SLIDELL, LA 70460			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone BANK OF AMERICA PO BOX 65 0070 DALLAS, TX 75265-0070			
17b 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
LAND	08 - -2009	\$ 25,000.00	\$ 22,274.11	\$ 229.63		\$
Location (Street, City, State, ZIP code) and County HAINES DR. SLIDELL, LA. 70460			Lender/Lessor/Landlord Name, Address, (Street, City, State, ZIP code) and Phone HANCOCK BANK PO BOX 1441 GULFPORT, MS 39502-1441			
17c Total Equity (Add lines 17a, 17b and amounts from any attachments)						\$

Personal Vehicles Leased and Purchased. Include boats, RVs, motorcycles, trailers, etc.

Description (Year, Mileage, Make, Model)		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	Mileage	08 - 2006	\$ 12,000.00	\$ 19,364.10	\$ 293.88		\$ -7,364.00
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone BANK OF WEST PO BOX 4002 CONCORD, CAL 94524-4002					
2006	---						
GULFSTREAM	TRAVEL-TRAILER						
18b Year	Mileage		\$ 6,000.00	\$	\$		\$ 6,000.00
2006	78,000						
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone ---					
DODGE	CARAVAN						

SEE ATTACHMENT

18c Total Equity (Add lines 18a, 18b and amounts from any attachments) \$ 11,600.00

Personal Assets. Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets.

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
Household Furnishings		\$ 10,000.00	\$	\$		\$ 10,000.00
Location (Street, City, State, ZIP code) and County 33090 HAINES DR. SLIDELL, LA. 70460			Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone			
19b Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone			

19c Total Equity (Add lines 19a, 19b and amounts from any attachments) \$ 10,000.00

Section 4: Personal Asset Information for All Individuals

11 Cash on Hand. Include cash that is not in a bank. **Total Cash on Hand** \$

Personal Bank Accounts. Include all checking, online bank accounts, money market accounts, savings accounts, stored value cards (e.g., payroll cards, government benefit cards, etc.) List safe deposit boxes including location and contents.

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution.	Account Number	Account Balance As of <u>9-6-2011</u> mmddyyyy
12a CHECKING	JP MORGAN CHASE 350 GAUSE BLVD SLIDELL LA 70458	635238843	\$ 3,367.56
12b SAVINGS	JP MORGAN CHASE 350 GAUSE BLVD SLIDELL LA 70458	1599707344	\$ 1,393.01
12c Total Cash (Add lines 12a, 12b, and amounts from any attachments)			\$

Investments. Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. Include all corporations, partnerships, limited liability companies or other business entities in which the individual is an officer, director, owner, member, or otherwise has a financial interest.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of _____ mmddyyyy	Equity Value Minus Loan
13a IRA	JP MORGAN CHASE 350 GAUSE BLVD SLIDELL, LA. 70458 Phone 985-643-9565	\$ 11,091.47	\$	\$
13b IRA	JP MORGAN CHASE 350 GAUSE BLVD SLIDELL, LA. 70458 Phone 985-643-9565	\$ 13,820.00	\$	\$
13c RETIREMENT ACCOUNT	NORTHROP GRUNMAN Phone	\$ 13,461.32	\$	\$

13d Total Equity (Add lines 13a through 13c and amounts from any attachments) \$

Available Credit. List bank issued credit cards with available credit. Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of <u>9-6-2011</u> mmddyyyy	Available Credit As of <u>09-06-2011</u> mmddyyyy
14a CHASE AARP GAUSE BLVD, SLIDELL, LA. 70458 Acct No.: 4408 0410 1441 4464	\$ 9,500.00	\$ 6424.81	\$ 3,075.00
14b ASL FEDERAL Credit Union SLIDELL, LA. 70458 Acct No.: 4338 21 01 0008 9879	\$ 7500.00	\$ 5179.00	\$ 2321.00

14c Total Available Credit (Add lines 14a, 14b and amounts from any attachments) \$

15a Life Insurance. Does the individual have life insurance with a cash value (Term Life insurance does not have a cash value.)
 Yes No If Yes complete blocks 15b through 15f for each policy:

15b Name and Address of Insurance Company(ies):			
15c Policy Number(s)			
15d Owner of Policy			
15e Current Cash Value	\$	\$	\$
15f Outstanding Loan Balance	\$	\$	\$

15g Total Available Cash. (Subtract amounts on line 15f from line 15e and include amounts from any attachments) \$

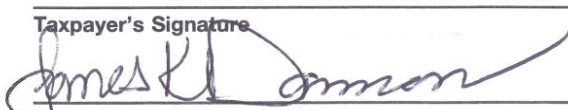
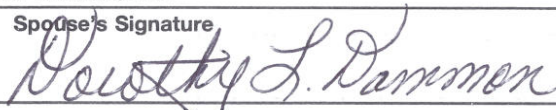
If the taxpayer is self-employed, sections 5 and 6 must be completed before continuing.

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

Total Income		Total Living Expenses		IRS USE ONLY
Source	Gross Monthly	Expense Items ⁵	Actual Monthly	Allowable Expenses
20 Wages (Taxpayer) ¹	\$ 6,350.40	33 Food, Clothing, and Misc. ⁶	\$ 680.00	
21 Wages (Spouse) ¹ SS DISABILITY	\$ 12,380.00	34 Housing and Utilities ⁷	\$ 2,037.20	
22 Interest - Dividends	\$	35 Vehicle Ownership Costs ⁸	\$ 477.00	
23 Net Business Income ²	\$	36 Vehicle Operating Costs ⁹	\$ 450.00	
24 Net Rental Income ³	\$ 0	37 Public Transportation ¹⁰	\$ -	
25 Distributions ⁴	\$ 0	38 Health Insurance	\$ -	
26 Pension/Social Security (Taxpayer)	\$ 0	39 Out of Pocket Health Care Costs ¹¹	\$ 570.00	
27 Pension/Social Security (Spouse)	\$ 178.50	40 Court Ordered Payments	\$ -	
28 Child Support	\$	41 Child/Dependent Care	\$ -	
29 Alimony	\$	42 Life insurance	\$ 312.48	
30 Other (Rent subsidy, Oil credit, etc.)	\$	43 Taxes (Income and FICA)	\$	
31 Other Covenant Baptist Church	\$ 360.00	44 Other Secured Debts (Attach list)	\$ 592.00	
32 Total Income (add lines 20-31)	\$ 81,269.90	45 Total Living Expenses (add lines 33-44)	\$	

- Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct 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
- 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 82.** 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.
- 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.
- 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.
- Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses if it is proven that they are necessary for the health and welfare of the individual or family or for the production of income.
- Food, Clothing, and Misc.:** Total of clothing, food, housekeeping supplies, and personal care products for one month.
- Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, and cell phone.
- Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.
- Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.
- Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)
- Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

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 9/7/2011
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Attachments Required for Wage Earners and Self-Employed Individuals:

Copies of the following items for the last 3 months from the date this form is submitted (check all attached items):

- Income - Earnings statements, pay stubs, etc. from each employer, pension/social security/other income, self employment income (commissions, invoices, sales records, etc.).
- Banks, Investments, and Life Insurance - Statements for all money market, brokerage, checking and savings accounts, certificates of deposit, IRA, stocks/bonds, and life insurance policies with a cash value.
- Assets - Statements from lenders on loans, monthly payments, payoffs, and balances for all personal and business assets. Include copies of UCC financing statements and accountant's depreciation schedules.
- Expenses - Bills or statements for monthly recurring expenses of utilities, rent, insurance, property taxes, phone and cell phone, insurance premiums, court orders requiring payments (child support, alimony, etc.), other out of pocket expenses.
- Other - credit card statements, profit and loss statements, all loan payoffs, etc.
- A copy of last year's Form 1040 with all attachments. Include all Schedules K-1 from Form 1120S or Form 1065, as applicable.

2011 BUDGET
Kirt and Dorothy Dammon

INCOME	1ST	2ND	3RD	4TH	ACTUAL
DOROTHY (Equifax pension)	178.5				178.5
DOROTHY (Social Security Disab)				1238	1238
KIRT	1100.74	1100.74	1100.74	1100.74	4402.96
KIRT COVENANT BAPTIST	180		180		360
TOTAL	1459.24	1100.74	1280.74	2338.74	6179.46
EXPENSES					
MORTGAGE				1600	1600
LAND				299	299
CAR PAYMENT				677	0
CHURCH Tith	100	100	100	100	400
Jackson Life Insurance K&D		64.75			
Cuna Life Insurance/quarterly	134.93				
Aflac		112.8			
CAR INSURANCE			255.82		255.82
VISA		170			170
CAMPER		293			293
DOROTHY RHINEHART					0
TOTAL	234.93	740.55	355.82	2676	4007.3
VARIABLES					
FOOD	150	150	150	150	600
MEALS ON JOB	20	20	20	20	80
DINNERS OUT					0
ELECTRICITY	250				250
Propane					0
WATER				10	10
TELEPHONE			111		111
DRY CLEANING					0
AUTOMOBILE GAS	75		75		150
BARBER/BEAUTY		10		10	20
BOOKS/NEWSPAPER					0
DENTAL					0
DRUGS	500				500
DOCTOR				70	70
SOCIAL WORKER					
CABLE		45			45
ALARM		26.28			26.28
MISC					0
VIDEO					0
CLOTHING					0
VEHICLE MAINTANCE					0
POSTAGE					0
GARBAGE		24			
Therapy		20			20
TOTAL	995	251.28	356	260	1862.28
PERIODIC EXPENSES					
MOTOR CYCLE INS		7			7
XMAS/GIFTS					0
VEHICLE/OIL/TAGS					0
MEDICAL MISC					0
VACATION					0
VETERNARY					0
HOUSE MAINTANCE					0
SAVINGS					0
DENTAL					0
TOTAL	0	7	0	0	7
TOTAL NET INCOME	1459.24	1100.74	1280.74	2338.74	6179.46
TOTAL MONTHLY EXPENSES	1229.93	998.83	711.82	2936	5876.58
BALANCE/SURPLUS/DEFICIT	229.31	101.91	568.92	-597.26	302.88

Line 42	Insurance		
Cuna		\$134.93	
Jackson life		\$ 64.75	
Aflac		\$112.80	\$312.48

Line 44	Secured Debts		
Land		\$299.00	
Camper		\$293.00	\$592.00
Visa		\$170.00	

Items not included in living expenses not accounted for on form433-A

Church Tithe	\$400.00
Barber	20.00