

# Gulf Coast Electric Co., LLC

554 Old Spanish Trail

Slidell, LA 70458

(985) 649-5832

Fax: (985) 641-5950

## FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: 504-558-3188

TO: Ms. Ebony Hutson

FROM: Kirt Dammon

CLIENT/MATTER: EIN 02-0788384 and Employee ID No. 10-00022

REFERENCE: Tax Payment

DATE: 9/9/2011 NO. OF PAGES INCLUDING COVER SHEET: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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IF YOU EXPERIENCE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL (985) 649-5832,  
OR FAX (985) 641-5950

Ebony Hutson

433-B

Form (Rev. January 2008) Department of the Treasury Internal Revenue Service

Collection Information Statement for Businesses

Note: Complete all entry spaces with the current data available or "N/A" (not applicable). Failure to complete all entry spaces may result in rejection of your request or significant delay in account resolution. Include attachments if additional space is needed to respond completely to any question.

Section 1: Business Information

1a Business Name Gulf Coast Electric
2a Employer Identification No. (EIN) 02-0788384
1b Business Street Address 554 Old Spanish Trail
2b Type of Entity (Check appropriate box below)
1c County LA
2c Date Incorporated/Established 08/2006
1d Business Telephone (985) 290-3888
3a Number of Employees 4
1e Type of Business Contracting
3b Monthly Gross Payroll 20,000 40,000
1f Business Website
3c Frequency of Tax Deposits
3d Is the business enrolled in Electronic Federal Tax Payment System (EFTPS) Yes No
4 Does the business engage in e-Commerce (Internet sales) Yes No

Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, etc.), Name and Address (Street, Cty, State, ZIP code)
Payment Processor Account Number
5a
5b

Credit cards accepted by the business

Table with 3 columns: Type of Credit Card (e.g., Visa, MasterCard, etc.), Merchant Account Number, Merchant Account Provider Name and Address (Street, Cty, State, ZIP code). Includes handwritten entries for Visa/Mastercard and Quickbook (Intuit).

Section 2: Business Personnel and Contacts

Partners, Officers, LLC Members, Major Shareholders, Etc.

7a Full Name James Dammann, Title President, Home Address 33090 Holmes Dr., City Slidell, State LA, ZIP 70460
7b Full Name N/A
7c Full Name
7d Full Name

Ebony Notson

**Section 3: Other Financial Information** (Attach copies of all applicable documentation.)

**8 Does the business use a Payroll Service Provider or Reporting Agent** (If yes, answer the following)  Yes  No

Name and Address (Street, City, State, ZIP code) \_\_\_\_\_ Effective dates (mmddyyyy) \_\_\_\_\_

**9 Is the business 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 (mmddyyyy)	Subject of Suit	

**10 Has the business ever filed bankruptcy** (If yes, answer the following)  Yes  No

Date Filed (mmddyyyy)	Date Dismissed or Discharged (mmddyyyy)	Petition No.	Location
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**11 Do any related parties (e.g., officers, partners, employees) have outstanding amounts owed to the business** (If yes, answer the following)  Yes  No

Name and Address (Street, City, State, ZIP code)	Date of Loan	Current Balance As of _____ mmddyyyy	Payment Date	Payment Amount \$ _____
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**12 Have any assets been transferred, in the last 10 years, from this business for less than full value** (If yes, answer the following)  Yes  No

List Asset	Value at Time of Transfer \$ _____	Date Transferred (mmddyyyy)	To Whom or Where Transferred
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**13 Does this business have other business affiliations (e.g., subsidiary or parent companies)** (If yes, answer the following)  Yes  No

Related Business Name and Address (Street, City, State, ZIP code)	Related Business EIN:
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**14 Any increase/decrease in income anticipated** (If yes, answer the following)  Yes  No

Explain (use attachment if needed)	How much will it increase/decrease \$ _____	When will it increase/decrease
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**Section 4: Business Asset and Liability Information**

**15 Cash on Hand.** Include cash that is not in the bank **Total Cash on Hand** \$ - 0 -

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


Type of Account	Full Name and Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of _____ mmddyyyy
16a Checking	Whitney		\$ 600
16b Checking	Whitney (Special Acct.)		\$ 200
16c			\$

**16d Total Cash in Banks** (Add lines 16a through 16c and amounts from any attachments) \$ \_\_\_\_\_

*ESOMY NUTSON*

**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.)


**17 Is the business a Federal Government Contractor**  Yes  No (Include Federal Government contracts below)

Accounts/Notes Receivable & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Federal Government Contract Number	Amount Due
<p>18a</p> <p><i>*AIR</i></p> <p>Contact Name: </p> <p>Phone:</p>				\$
<p>18b</p> <p>Contact Name:</p> <p>Phone:</p>				\$
<p>18c</p> <p>Contact Name:</p> <p>Phone:</p>				\$
<p>18d</p> <p>Contact Name:</p> <p>Phone:</p>				\$
<p>18e</p> <p>Contact Name:</p> <p>Phone:</p>				\$
<b>18f Outstanding Balance</b> (Add lines 18a through 18e and amounts from any attachments)				\$

**Investments.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, and certificates of deposit.

Name of Company & Address (Street, City, State, ZIP code)	Used as collateral on loan	Current Value	Loan Balance	Equity Value Minus Loan
<p>19a</p> <p><i>NONE</i></p> <p>Phone:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
<p>19b</p> <p>Phone:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

**19c Total Investments** (Add lines 19a, 19b, and amounts from any attachments)

Available Credit. Include all lines of credit and credit cards. Full Name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of mmddyyyy	Available Credit As of mmddyyyy
<p>20a</p> <p><i>Whitney</i></p> <p>Account No.</p>	\$ 10,000	\$ 10,000	\$ 
<p>20b</p> <p>Account No.</p>	\$	\$	\$

**20c Total Credit Available** (Add lines 20a, 20b, and amounts from any attachments)

Ebony Hotson

**Real Property.** Include all real property and land contracts the business owns/leases/rents.

	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
<b>21a</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
NONE						
<b>21b</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
<b>21c</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
<b>21d</b> Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and County			Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone			
<b>21e Total Equity</b> (Add lines 21a through 21d and amounts from any attachments)						\$

**Vehicles, Leased and Purchased.** Include boats, RVs, motorcycles, trailers, mobile homes, 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
<b>22a</b> Year 2000	Mileage	\$	\$	\$		\$
Make Dodge	Model 1500	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
<b>22b</b> Year	Mileage	\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
<b>22c</b> Year	Mileage	\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
<b>22d</b> Year	Mileage	\$	\$	\$		\$
Make	Model	Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
<b>22e Total Equity</b> (Add lines 22a through 22d and amounts from any attachments)						\$

**Business Equipment.** Include all machinery, equipment, merchandise inventory, and/or other assets. Include Uniform Commercial Code (UCC) filings.

Asset 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
23a <u>Hand tools</u>		\$ 1500	\$	\$		\$
Location of asset (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone			
23b		\$	\$	\$		\$
Location of asset (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone			
23c		\$	\$	\$		\$
Location of asset (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone			
23d		\$	\$	\$		\$
Location of asset (Street, City, State, ZIP code) and County			Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone			

**23e Total Equity** (Add lines 23a through 23d and amounts from any attachments) \$

**Business Liabilities.** Include notes and judgments below.

Business Liabilities	Secured/Unsecured	Date Pledged (mmddyyyy)	Balance Owed	Date of Final Payment (mmddyyyy)	Payment Amount
24a Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____ Street Address _____ City/State/ZIP code _____ Phone: _____					
24b Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____ Street Address _____ City/State/ZIP code _____ Phone: _____					
24c Description:	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		\$		\$
Name _____ Street Address _____ City/State/ZIP code _____ Phone: _____					

**24d Total Payments** (Add lines 24a through 24c and amounts from any attachments) \$

**Section 5: Monthly Income/Expense Statement for Business**

Accounting Method Used:  Cash  Accrual

Income and Expenses during the period (mmddyyyy)


to (mmddyyyy)

Total Monthly Business Income		Total Monthly Business Expenses	
Source	Gross Monthly *	Expense Items	Actual Monthly
25 Gross Receipts from Sales/Services	\$ 103,331	36 Materials Purchased <sup>1</sup>	\$ 62,285.00
26 Gross Rental Income	\$ <del>0</del>	37 Inventory Purchased <sup>2</sup>	\$
27 Interest Income	\$ <del>0</del>	38 Gross Wages & Salaries	\$ 36,704.00
28 Dividends	\$ <del>0</del>	39 Rent	\$ 400.00
29 Cash	\$ <del>0</del>	40 Supplies <sup>3</sup>	\$ 115.00
Other Income (Specify below)		41 Utilities/Telephone <sup>4</sup>	\$ 373.00
30	\$	42 Vehicle Gasoline/Oil	\$ 800.00
31	\$	43 Repairs & Maintenance	\$
32	\$	44 Insurance	\$ 664.00
33	\$	45 Current Taxes <sup>5</sup>	\$
34	\$	46 Other Expenses (Specify)	\$
35 Total Income (Add lines 25 through 34)	\$ 103,331.00	47 IRS Use Only Allowable Installment Payments	\$
		48 Total Expenses (Add lines 36 through 47)	\$

- 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 to conduct business and 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 and cell phone.
- 5 **Current Taxes:** Real estate, state, and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment 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.

Signature 	Title Resident	Date 9/9/11
Print Name of Officer, Partner or LLC Member		

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

- Banks and Investments - Statements for all money market, brokerage, checking/savings accounts, certificates of deposit, stocks/bonds.
- Assets - Statements from lenders on loans, monthly payments, payoffs, and balances, for all 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, telephone and cell phone, insurance premiums, court orders requiring payments, other expenses.
- Other - credit card statements, profit and loss statements, all loan payoffs, etc.
- Copy of the last income tax return filed; Form 1120, 1120S, 1065, 1040, 990, etc.

Additional information or proof may be subsequently requested.

FINANCIAL ANALYSIS OF COLLECTION POTENTIAL FOR BUSINESSES		(IRS USE ONLY)
Cash Available (Lines 15, 16d, 18f, 19c, and 20c)	Total Cash	\$
Distrainable Asset Summary (Lines 21e, 22e, and 23e)	Total Equity	\$
Monthly Income Minus Expenses (Line 35 Minus Line 48)	Monthly Available Cash	\$

**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.

Ebony Hutson

Form 941 for 2011: Employer's QUARTERLY Federal Tax Return
(Rev. January 2011) Department of the Treasury - Internal Revenue Service

970111

OMB No. 1545-0029

Form header section containing EIN (02-0788384), Name (GULF COAST ELECTRIC CO., LLC), Trade name (Gulf Coast Electric, LLC), and Address (33090 HAINES DR, SLIDELL, LA 70460-4072).

Report for this Quarter of 2011 (Check one.)
[X] 1: January, February, March
[ ] 2: April, May, June
[ ] 3: July, August, September
[ ] 4: October, November, December

QBMT2901 03/02/11

Part 1: Answer these questions for this quarter.

Main calculation section with lines 1-15. Includes columns for taxable social security wages (97,246.35) and taxable Medicare wages & tips (97,246.35). Total taxes before adjustments: 22,286.45. Total deposits: 22,346.87. Overpayment: 60.43.

For 2011, the employee social security tax rate is 4.2% and the Medicare tax rate is 1.45%. The employer social security tax rate is 6.2% and the Medicare tax rate is 1.45%

Do Not Complete Lines 6a-6d

You MUST complete both pages of Form 941 and SIGN it.

Next

Ebony Hutson

970211

Form 941 (Rev. 1-2011) Page 2

Name (not your trade name) GULF COAST ELECTRIC CO., LLC	Employer identification number (EIN) 02-0788384
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**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 LA Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

17 Check one:  Line 10 on this return is less than \$2,500 or line 10 on the return for the preceding quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If you meet the de minimis exception based on the prior quarter and line 10 for the current quarter is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 8,736.33

Month 2 6,979.28

Month 3 6,570.83

Total liability for quarter 22,286.44 Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

18 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages \_\_\_\_\_.

19 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . . .  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number \_\_\_\_\_

QBMT2902 03/02/11

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. \_\_\_\_\_

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Sign your name here

Print your name here James K. Dammon

Print your title here President

Date 09/04/2011

Best daytime phone (985) 649-5832

**Paid Preparer's Use Only**

Check if you are self-employed . . . . .

Preparer's name \_\_\_\_\_

PTIN \_\_\_\_\_

Preparer's signature \_\_\_\_\_

Date \_\_\_\_\_

Firm's name (or yours if self-employed) \_\_\_\_\_

EIN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP code \_\_\_\_\_

Ebony Notson

Form 941 for 2011: Employer's QUARTERLY Federal Tax Return
Department of the Treasury - Internal Revenue Service

970111

OMB No. 1545-0029

(EIN) Employer identification number 02-0788384
Name (not your trade name) GULF COAST ELECTRIC CO., LLC
Trade name (if any) Gulf Coast Electric, LLC
Address 33090 HAINES DR
SLIDELL LA 70460-4072

Report for this Quarter of 2011 (Check one.)
1: January, February, March
[X] 2: April, May, June
3: July, August, September
4: October, November, December

QBMT2901 03/02/11

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) . . . 1 11
2 Wages, tips, and other compensation . . . . . 2 71,578.78
3 Income tax withheld from wages, tips, and other compensation . . . . . 3 6,297.00
4 If no wages, tips, and other compensation are subject to social security or Medicare tax . . . . . [ ] Check and go to line 6e.
5 a Taxable social security wages . . . . . 71,578.78 x .104 = 7,444.19
5 b Taxable social security tips . . . . . x .104 =
5 c Taxable Medicare wages & tips . . . . . 71,578.78 x .029 = 2,075.78
5 d Add Column 2 lines 5a, Column 2 line 5b, and Column 2 line 5c . . . . . 5 d 9,519.97
5 e Section 3121(q) Notice and Demand - Tax due on unreported tips(see instructions) . . . . . 5 e
6 a Reserved for future use.
6 b Reserved for future use.
6 c Reserved for future use.
6 e Total taxes before adjustments (add lines 3, 5d, and 5e) . . . . . 6 e 15,816.97
7 Current quarter's adjustment for fractions of cents . . . . . 7 0.05
8 Current quarter's adjustment for sick pay . . . . . 8
9 Current quarter's adjustments for tips and group-term life insurance . . . . . 9
10 Total taxes after adjustments. Combine lines 6e through 9 . . . . . 10 15,817.02
11 Total deposits, including prior quarter overpayments . . . . . 11
12 a COBRA premium assistance payments (see instructions) . . . . . 12 a
12 b Number of individuals provided COBRA premium assistance. . . . .
13 Add lines 11 and 12a . . . . . 13
14 Balance due. If line 10 is more than line 13, enter difference and see instructions . . . . . 14 15,817.02
15 Overpayment. If line 13 is more than line 10, enter difference . . . . . Check one: [ ] Apply to next return. [ ] Send a refund.

Do Not Complete Lines 6a-6d

For 2011, the employee social security tax rate is 4.2% and the Medicare tax rate is 1.45%. The employer social security tax rate is 6.2% and the Medicare tax rate is 1.45%

You MUST complete both pages of Form 941 and SIGN it.

Next

Name (not your trade name) GULF COAST ELECTRIC CO., LLC	Employer identification number (EIN) 02-0788384
--	--

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 LA Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.

17 Check one:  Line 10 on this return is less than \$2,500 or line 10 on the return for the preceding quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If you meet the de minimis exception based on the prior quarter and line 10 for the current quarter is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 4,025.60

Month 2 3,734.58

Month 3 8,056.84

Total liability for quarter 15,817.02 Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

18 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages \_\_\_\_\_.

19 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . . .  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number \_\_\_\_\_

QBMT2902 03/02/11

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. \_\_\_\_\_

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Sign your name here

Print your name here James K Dammon

Print your title here President

Date 09/04/2011

Best daytime phone (985) 649-5832

**Paid Preparer's Use Only**

Check if you are self-employed . . . . .

Preparer's name \_\_\_\_\_

PTIN \_\_\_\_\_

Preparer's signature \_\_\_\_\_

Date \_\_\_\_\_

Firm's name (or yours if self-employed) \_\_\_\_\_

EIN \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP code \_\_\_\_\_



## GULF COAST ELECTRIC CO. LLC

*Serving the Gulf Coast*

554 Old Spanish Trail, SLIDELL, LA 70458

Phone 985-649-5832 Fax 985-641-5950

[gulfcoastelect@bellsouth.net](mailto:gulfcoastelect@bellsouth.net)

September 9, 2011

Ms. Ebony Hutson  
1555 Poydras Street, Ste 220  
Stop 47  
New Orleans, LA 70112

RE: Employer Identification Number 02-0788384  
Employee Identification Number 10-00022

Dear Ms. Hutson,

I am transmitting to you, via fax, the forms you requested on your visit of 09/01/2011. Copies of these forms and all other documents will follow by mail. Please let me know if there is anything else you require.

Additionally, I have reviewed our accounts and would like to propose the following two plans for bringing our tax liability current:

Proposal #1 – Allow Gulf Coast Electric to continue making current weekly tax liability payments to prevent further liability from accruing; allow Gulf Coast Electric to pay five equal installments to satisfy the tax liability for Quarter 2, 2011 (approximately \$15,817.02 at approximately \$3,200/mo.); allow Gulf Coast Electric to make one lump sum payment to pay outstanding liability for Quarter 3, 2011 (approximately \$23,564.07) by 10/10/2011.

Proposal #2 – IRS proceeds with its own payment terms for outstanding liability for Quarter 2, 2011 in the amount of \$15,817.02. Allow Gulf Coast Electric to pay remaining outstanding liability for current Quarter 3, 2011 (approximately \$23,564.07) in one lump sum by 10/10/2011, while continuing to make current weekly tax liability payments to prevent further liability from accruing.

We appreciate you allowing us to propose these solutions to our current tax situation and will work with you and the Internal Revenue Service in whatever way we can to bring our account into good standing.

Thank you for your help with this matter. I look forward to talking with you on September 15 at 9:00.

Sincerely,

James K. Dammon  
Gulf Coast Electric Co., LLC