

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III 1650 Arch Street Philadelphia, Pennsylvania 19103-2029

UPS OVERNIGHT MAIL

SEP 2 7 2018

Lakhmir Bagga Silky Associates, LLC 200 E. Williamsburg Road Sandston, VA 23150

Re: Ability to Pay Analysis – Additional Information Requested EPA Docket No. RCRA-03-2018-0131

Dear Mr. Bagga:

The U.S. Environmental Protection Agency, Region III ("EPA") acknowledges receipt of Silky Associates LLC's 2015, 2016 and 2017 federal income tax returns. In order to analyze your claim that Silky Associates LLC has an "inability to pay" a substantial penalty in the above-referenced matter, EPA requires additional information and is requesting that you complete the enclosed "*Collection Information Statement for Wage Earners and Self-Employed Individuals*" form.

Once completed, the form information should be sent to me at your earliest convenience to:

Jennifer M. Abramson (3RC50) U.S. EPA Region III 1650 Arch Street Philadelphia, PA 19103

EPA is aware that you are acting *pro se* (i.e., are not represented by counsel) and as a courtesy reminds you that you are required by Chief Administrative Law Judge Susan Biro's August 31, 2018 <u>Prehearing Order</u> to file a <u>Prehearing Exchange</u> by November 2, 2018. Please do not hesitate to contact me with any questions or concerns at <u>Abramson.Jennifer@epa.gov</u> or (215) 814-2066.

Sincerely,

Jennifer M. Abramson Senior Assistant Regional Counsel

Enclosure

cc: Melissa Toffel, EPA

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	by the Internal Revenue Se					Tes In	0
b If the answer is yes, ple	ase identify the tax year(s)	and the reason why the	Internal R	evenue Se	ervice sent the notice.	Yes f	No
a Have you filed amended	d income tax return for any	of the last five years?				165 .	10
In the past five years hav ne location where the esta	ase provide a copy of each re you received any assets, ate was processed)	including cash by way o	f inheritan	ce? (if y	es, please identify the	name of the decede Yes N	ent and No
ame		NAME OF TAXABLE PARTY.					
ection 4: Personal	Asset Information fo	or All Individuals		Total Cas	h on Hand \$		
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						\$	
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2c						\$	
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 8 Housing and Utilities: For principle residence: Total of rent or mortgage payment. Add the average monthly expenses property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricities 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 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., eyegl aids, etc.) 13 Current Year Taxed: 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, liabil information is true correct, and complete. 	 Expenses not generally allowed: contributions, voluntary retirement they are necessary for the health a Food, Clothing and Miscellaneous miscellaneous allowance is for exp 	We generally do not all nt contribution or paym and welfare of the indiv s: Total of food, clothin penses incurred that are	low tuition for private schools, public or private col nents on unsecured debts. However, we may allow vidual or family or the production of income. ng, housekeeping supplies, and personal care produce e not included in any other allowable living expense	llege expenses, charitab v the expenses if proven ucts for one month. The
13 Current Year Taxed: 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, liabil information is true correct, and complete.	 Housing and Utilities: For princip property taxes, homeowner's or r other fuels, trash collection, telep Vehicle Ownership Costs: Total of Wehicle Operating Costs: Total of month. Public Transportation: Total of m 	le residence: Total of r enter's insurance, mair hone, cell phone, cable of monthly lease or purc f maintenance, repairs, nonthly fares for mass t	ent or mortgage payment. Add the average month ntenance, dues, fees, and utilities. Utilities include e television and internet services. chase/loan payments. insurance, fuel, registrations, licenses, inspections, ransit (e.g., bus, train, ferry, taxi, etc.)	gas, electricity, water, f , parking, and tolls for o
	12 Out of Pocket Health Care Costs:		hheld from salary or wages, or paid as estimated to	axes.
Applicant's signature Spouse's signature Date	aids, etc.) 13 Current Year Taxed: Include State Certification: Under penalties of perju	ry, I declare that to the		
After we review the completed Form, you may be asked to provide verification for the assets, encumbrances, income and	aids, etc.) 13 Current Year Taxed: Include State Certification: Under penalties of perjuinformation is true correct, and completed on the state of the stat	ry, I declare that to the	Spouse's signature	Date

	Sections (5 and 7 must be compl	eted only if	vou are S	ELF-EM	PLOYEED	
Section 6: Busin	ess Inform	ation		1			
1 Is the business a sole Information Statemen	e proprietorshi t for Business.	p (filing Schedule C) Y All other business entities, inc	es , Continue wit cluding limited lia	h Sections 6 a bility compa	& 7. nies, partne	No, Complete Form erships or corporation	Collection
2 Business Name & Ac	tion informatio	n Statement for Business.					
3 Employer Identificat		4 Type of Business					
e imployer identificat	lion Number	4 Type of Business		5 Is the busin	ess a Fede	ral Contractor	
6 Business Website (w	eb address)	7 Total Number of Employee	es 1	8 Average Gr	oss Month		es l
9 Frequency of Tax De	posits	10 Does the business engage	e in e-commerce	(internet sale	es) If yes, c	complete <i>lines</i> 11a and	d 11b
PAYMENT PROCESS	SOR (e.g., PayP	al, Autorize.net, Google Checko (Street, City, Zip code)	out, etc.) Name &	Address	Paymen	Ye It Processor Account N	
11a		(Street, City, Zip tode)					
11b							
CREDIT CARDS ACCEPT							
Credit Card	Merc	hant Account Number	Issuing Bank N	lame & Addre	ess (Street,	City, State, Zip Code)	
12a							
12b							
12c							1
13 BUSINESS CASH ON	HAND Include	e cash that in not in a bank			Cash on		
BUSINESS BANK ACCOU	INTS Include a	hocking accounts and and	111 / 2 2	н	and	\$	
and stored value cards	(e.e. navroll ca	hecking accounts, online and m irds, government benefits cards	tobile (e.g., PayP	al) accounts,	money ma	rket accounts, savings	accounts,
					unts in Sec		
Type of Account	Full name &	Address (Street, City, State, Zi	p code) of Bank,	Account	t Number	Account Ba	alance
	Savings	& Loan, Credit Union or Financi	ial Institution	Account	uniber	As of	dyyyy
14a						s	uyyyy
l4b							
						\$	
4c Total Cash in Banks	s (Add lines 14a	a, 14b and amounts from any at	ttachments			s	
CCOUNTS/NOTES REC	IEVABLE Includ	e e-payment accounts receivab	le and factoring	companies	and any har		
List all contracts separa	tely, including	contracts awarded, but not sta	rted.) Include Fe	ederal. State	and local g	overnment grants an	on accounts
		s(Street, City, State, Zip code)	Status (e.g., a factored, oth	ge, Date	e Due Idyyyy)	Invoice Number or Government Grant	Amount
						or Contract Number	Due
5a							\$
5b							\$
Sc							\$
5d							\$
5e							\$
of Total Outstanding P	alance /Add the	os 152 through 15		The second second			*
	alance (Add III	es 15a through 15e and amour	nt from any attac	hments)			\$

alue of all intangible assets su	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
6a Property Description.	, construction of the second s					
		8				
		\$	\$	\$ me, Address (Stree	City Chata Zin a	\$
ocation (Street, City, State, Zi	ip Code) and Country		Lender/Lessor Nar	Phon		de, una ritoria
6b Property Description.				1. TURA		
ocation (Street, City, State, Z		\$	\$	\$ me, Address (Stree		\$
	3			Pł	none	s
6c Total Equity (Add lines 1	6a, 16b and amounts	from any attachmer	nts)		OVEED	1.5
	Section 7 should	be complete	d only if you a	re SELF-EIVIPL	UTED	
Section 7: Sole Propr Loss Statement) Accounting Method Used: Use the prior 3, 6, 9, or 12 mil					226 S 5 5 5 5	ash Accru
03e the phot 5, 0, 5, 0, 12 m	the period beginning	(mmddyyyy)		To (mmddyyyy)		
ncome and Expenses during						
ncome and Expenses during Provide a breakdown of you a	average monthly incom	me and expenses, b	ased on the period	of time used above	l.	
ncome and Expenses during Provide a breakdown of you Total Monthly Business inco	average monthly incor	me and expenses, b	ased on the period Total Mont	hly Business Expen	e. I ses (Use attachme	ents as needed)
Income and Expenses during Provide a breakdown of you a Total Monthly Business inco Source	average monthly incor me	ne and expenses, b Gross Monthly	Total Mont	hly Business Expen Expense Items	e. ses (Use attachme	Actual Monthl
Provide a breakdown of you a Fotal Monthly Business inco Source	average monthly incor me	ne and expenses, b Gross Monthly \$	Total Mont	hly Business Expen Expense Items chased ¹	e. ses (Use attachme	Actual Monthl \$
Provide a breakdown of you a Fotal Monthly Business inco Source L Gross receipts	average monthly incor me	Gross Monthly \$ \$	Total Mont 11 Materials Pure 12 Inventory Pur	hly Business Expen Expense Items chased ¹ chased ²	e. ses (Use attachme	Actual Monthl \$ \$
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