



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

UPS OVERNIGHT MAIL

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

SEP 27 2018

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 Prehearing Order to file a Prehearing Exchange by November 2, 2018. Please do not hesitate to contact me with any questions or concerns at Abramson.Jennifer@epa.gov or (215) 814-2066.

Sincerely,

Jennifer M. Abramson
Senior Assistant Regional Counsel

Enclosure

cc: Melissa Toffel, EPA



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 including the signature line on page 4. Answer all questions or write N/A if the question is not applicable.

Include attachments if additional space is needed to respond completely to any question.

Social Security Number SSN				Employee Identification Number EIN			
Section 1: Personal Information							
1a Full Name of Applicant and Spouse (if applicable)				1c Home Phone		1d Cell Phone	
1b Address (Street, City, Zip code)				1e Business Phone		1f Business Cell Phone	
2A Marital Status: Married Unmarried (Single, Divorced, Widowed)				2b Name, Age, and Relationship of dependent(s)			
3a Applicant	Social Security No. (SSN)		Date of Birth				
3b Spouse							
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 Section 6 and 7.							
1a Applicant Employer Name				2a Spouse's Employer Name			
1b Address (Street, City, State, and Zip code)				2b Address (Street, City, State, and Zip code)			
1c Work Phone		1d Does employer allow contact at work yes no		2c Work Phone		2d Does employer allow contact at work yes no	
1e How long with this employer (years) (Months)		1f Occupation		2e How long with this employer (years) (Months)		2f Occupation	
Section 3: Other Financial Information (Attach Copies of applicable documentation)							
1a Are you currently, or within the last five years, have you been a party in a law suit? If there are multiple law suits, please include an attachment that responds to items 1b through 1h for each additional law suit (if yes, answer the following)							
1b Plaintiff Defendant		1c Location of filing		1d Represented by		1e Docket/Case No. Yes No	
1f Amount of Suit \$		1g Possible Completion Date (mmddyyyy)		1h Subject of Suit			
2 Have you ever filed bankruptcy (if yes, answer the following)							
Date Filed (mmddyyyy)		Date Dismissed (mmddyyyy)		Date Discharged (mmddyyyy)		Petition No. Yes No	
Location of Bankruptcy Court (Street, City, State, Zip code)				District of Filing			
3a Are you the beneficiary of a trust, estate, or life insurance policy (if yes, answer the following)							
Place where recorded:				EIN		Yes No	
Name of the trust, estate, or policy				Anticipated Amount		When will the amount be received	
3b Are you a trustee, fiduciary, or a contributor of a trust							
Name of the trust:				EIN		Yes No	
4 In the past 5 years, have you transferred any assets for less than their full value (if yes, answer the following)							
List Asset(s)		Value at Time of Transfer		Date Transferred (mmddyyyy)		To Whom or Where was it Transferred Yes No	

5a Have you been notified by the Internal Revenue Service of an audit or of a potential change to a tax filing during the past five years?					Yes	No
5b If the answer is yes, please identify the tax year(s) and the reason why the Internal Revenue Service sent the notice.						
6a Have you filed amended income tax return for any of the last five years?					Yes	No
6b If the answer is yes, please provide a copy of each amended income tax return.						
7 In the past five years have you received any assets, including cash by way of inheritance? (if yes, please identify the name of the decedent and the location where the estate was processed)					Yes	No
Name		Location				
Section 4: Personal Asset Information for All Individuals						
1 CASH ON HAND Include cash that is not in a bank				Total Cash on Hand		\$
PERSONAL BANK ACCOUNTS Include all checking, online, and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.).						
Type of Account S=Savings, C=Checking, & O=Other	Owner of the Account A=Applicant, S=Spouse, J=Owned jointly by applicant and spouse, O=Other, please identify owners of this account	Full Name & Address (Street, City, State, and Zip) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of _____ mmddyyyy		
2a				\$		
2b				\$		
2c				\$		
2d Total Cash (Add lines 2a through 2c, 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 you are an officer director, owner, member, or otherwise have a financial interest.						
Type of Investment or Financial Interest S=Stock, B=Bond, R=Retirement Account, O=Other type of investment	Full Name & Address (Street, City, State, Zip Code) of Company	Owner of the Account A=Applicant, S=Spouse, J=Owned jointly by applicant and spouse, O=Other, please identify owners of this account	Current Value	Loan Balance (if applicable) As of _____ mmddyyyy	Equity Value minus Loan	
3a	Phone		\$	\$	\$	
3b	Phone		\$	\$	\$	
3c	Phone		\$	\$	\$	
3d Total Equity (Add lines 3a through 3c and amounts from any attachments)				\$		
AVAILABLE CREDIT Include all lines of credit and bank issued 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	
4a Acct. No.			\$	\$	\$	
4b Acct. No.			\$	\$	\$	
4c Total Available Credit (Add lines 4a, 4b and amounts from any attachments)				\$		
5a LIFE INSURANCE Do you own or have any interest in any life insurance policies with cash value (Term Life insurance does not have a cash value)						
Yes No If Yes, complete blocks 5b through 5f for each policy.						

5b Name and Address of Insurance Company(ies)							
5c Policy Number(s)							
5d Owner of Policy							
5e Current Cash Value		\$		\$		\$	
5f Outstanding Loan Balance		\$		\$		\$	
5g Total Available Cash (Subtract amounts on line 5f from line 5e and include amounts from any attachments)						\$	
REAL PROPERTY Include all real property owned or being purchased by Applicant or Applicant's Spouse							
		Purchase 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			\$	\$	\$		\$
Location (Street, City, State, Zip Code) and County				Lender/Contract Holder Name, Address (Street, City, State, Zip code), and Phone			
				Phone			
6b Property Description			\$	\$	\$		\$
Location (Street, City, State, Zip Code) and County				Lender/Contract Holder Name, Address (Street, City, State, Zip code), and Phone			
				Phone			
6c Total Equity (Add lines 6a, 6b 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
7a Year	Make/Model		\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, Zip code), and Phone					
Vehicle Identification Number		Phone					
7b Year	Make/Model		\$	\$	\$		\$
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, Zip code), and Phone					
Vehicle Identification Number		Phone					
7C Total Equity (Add lines 7a, 7b and amounts from any attachments)						\$	
PERSONAL ASSETS Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assts. 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
8a Property Description			\$	\$	\$		\$
Location (Street, City, State, Zip Code) and County				Lender/Lessor Name, Address (Street, City, State, Zip code), and Phone			
				Phone			
8b Property Description			\$	\$	\$		\$
Location (Street, City, State, Zip Code) and County				Lender/Lessor Name, Address (Street, City, State, Zip code), and Phone			
				Phone			
8c Total Equity (Add lines 8a, 8b 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

Monthly Income/Expense Statement

Total Income		Total Living Expenses	
Source	Gross Monthly	Expense Items ⁶	Actual Monthly
1 Wages (Applicant) ¹	\$	16 Food, Clothing and Misc. ⁷	
2 Wages (Spouse) ¹	\$	17 Housing and Utilities ⁸	
3 Interest – Dividends	\$	18 Vehicle Ownership Costs ⁹	
4 Net Business Income ²	\$	19 Vehicle Operating Costs ¹⁰	
5 Net Rental Income ³	\$	20 Public Transportation ¹¹	
6 Distributions (K-1, IRA, etc.) ⁴	\$	21 Health Insurance	
7 Pension (Applicant)	\$	22 Out of Pocket Health Care Costs ¹²	
8 Pension (Spouse)	\$	23 Court Ordered Payments	
9 Social Security (Applicant)	\$	24 Child/Dependent Care	
10 Social Security (Spouse)	\$	25 Life Insurance	
11 Child Support	\$	26 Current year taxes (Income/FICA) ¹³	
12 Alimony	\$	27 Secure Debts (Attach list)	
Other Income (Specify below) ⁵		28 Delinquent States or Local Taxes	
13	\$	29 Other Expenses (Attach list)	
14	\$	30 Total Living Expenses (add lines 16-29))	
15 Total Income (add lines 1-15)	\$	31 Net difference (Line 15 minus 30)	

- 1 Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct tax withholding or allotment 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, Section 7, line 23.** 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 business 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 Scheduled 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 agriculture subsidies, unemployment compensation, gambling income, oil credits, rent subsidized, etc.
- 6 Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contribution 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.
- 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 principle 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 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, liabilities, and other information is true correct, and complete.

Applicant's signature

Spouse's signature

Date

After we review the completed Form, 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.

Sections 6 and 7 must be completed only if you are SELF-EMPLOYED

Section 6: Business Information

1 Is the business a sole proprietorship (filing Schedule C) **Yes, Continue with Sections 6 & 7.** **No, Complete Form Collection Information Statement for Business.** All other business entities, including limited liability companies, partnerships or corporations must complete Form Collection Information Statement for Business.

2 Business Name & Address (if different than 1b)

3 Employer Identification Number

4 Type of Business

5 Is the business a Federal Contractor

Yes No

6 Business Website (web address)

7 Total Number of Employees

8 Average Gross Monthly Payroll

9 Frequency of Tax Deposits

10 Does the business engage in e-commerce (*internet sales*) If yes, complete lines 11a and 11b

Yes No

PAYMENT PROCESSOR (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name & Address (Street, City, Zip code)

Payment Processor Account Number

11a

11b

CREDIT CARDS ACCEPTED BY THE BUSINESS

Credit Card

Merchant Account Number

Issuing Bank Name & Address (Street, City, State, Zip Code)

12a

12b

12c

13 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 benefits cards, etc.). Report Personal Accounts in Section 4.

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 _____
mmddyyyy

14a

\$

14b

\$

14c Total Cash in Banks (Add lines 14a, 14b 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)

Status (e.g., age, factored, other)

Date Due (mmddyyyy)

Invoice Number or Government Grant or Contract Number

Amount Due

15a

\$

15b

\$

15c

\$

15d

\$

15e

\$

15f Total Outstanding Balance (Add lines 15a through 15e and amount 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
16a Property Description.		\$	\$	\$		\$
Location (Street, City, State, Zip Code) and Country			Lender/Lessor Name, Address (Street, City, State, Zip code), and Phone			
			Phone			
16b Property Description.		\$	\$	\$		\$
Location (Street, City, State, Zip Code) and Country			Lender/Lessor Name, Address (Street, City, State, Zip code), and Phone			
			Phone			
16c Total Equity (Add lines 16a, 16b and amounts from any attachments)						\$
Section 7 should be completed only if you are SELF-EMPLOYED						
Section 7: Sole Proprietorship Information (lines 1 through 23 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 beginning (mmddyyyy)				To (mmddyyyy)		
Provide a breakdown of you average monthly income and expenses, based on the period of time used above.						
Total Monthly Business Income		Total Monthly Business Expenses (Use attachments as needed)				
Source	Gross Monthly	Expense Items			Actual Monthly	
1 Gross receipts	\$	11 Materials Purchased ¹			\$	
2 Gross Rental Income	\$	12 Inventory Purchased ²			\$	
3 Interest	\$	13 Gross Wages & Salaries			\$	
4 Dividends	\$	14 Rent			\$	
5 Cash Receipts not included in lines 1-4	\$	15 Supplies ³			\$	
Other Income (Specify below)		16 Utilities /Telephone ⁴			\$	
6	\$	17 Vehicle Gasoline/Oil			\$	
7	\$	18 Repairs & Maintenance			\$	
8	\$	19 Insurance			\$	
9	\$	20 Current Taxes ⁵			\$	
10 Total Income (Add lines 1-9)	\$	21 Other Expenses, including installment payments (specify)			\$	
		22 Total Expenses (Add lines 11 through 21)			\$	
		23 Net Business Income (Line 10 minus 22)			\$	
Enter the Net Business Income amount from line 23 above to Page 4, Section 5, line 23. If line 23 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, electric, 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.			