

NOTICE OF CLOSEOUT FOR SELLER'S PERMIT

INSTRUCTIONS: Please provide the following information to assist us in closing your account, releasing security, or issuing an escrow clearance. Before completing this form, you should refer to a copy of the Board of Equalization (BOE) publication 74, **Closing Out Your Seller's Permit**. Publication 74 contains important information about closing out your permit. If you have any questions, please call our Taxpayer Information Section at 800-400-7115.

SECTION I: ACCOUNT INFORMATION

NAME HAMILTONBERCHMAN DESIGN GROUP INC.	SELLER'S PERMIT NUMBER SR AR 100-626776
CURRENT ADDRESS (street address) PO BOX 1015 (city, state, zip code) OJAI, CA 93023	DAYTIME TELEPHONE NUMBER (805) 646-9963

SECTION II: CLOSEOUT INFORMATION

1. Did you make any purchases for your own use using your seller's permit? ☐ YES ☒ NO
If YES, did you pay sales tax on those purchases to: ☐ a. your vendor ☐ b. the BOE
2. Date the business was closed Business is not closed. However, the business no longer has any sales that are subject to sales tax.
3. Was the business sold? ☐ YES ☒ NO (If NO, go to Section III of this form.)
If YES, complete the following information:
- Date the business was sold _____
 - Name, address and telephone number of the purchaser _____
 - Name, address and telephone number of escrow company _____
 - Escrow number _____
 - Selling price of fixtures and equipment \$ _____
 - Total sales price \$ _____
 - Your forwarding address and telephone number _____

SECTION III: CHECKLIST FOR CLOSEOUTS WITH ESCROW CLEARANCE OR SECURITY DEPOSIT INVOLVED (see back for instructions)

The following items may be needed to finalize the closing of your account, the releasing of any posted security, or issuing of an escrow clearance.

ALL CLOSEOUTS:

- ☐ Your seller's permit, if available.
- ☐ Location of your books and records.
- ☐ Final tax return with payment (if a return is not available, call 800-400-7115). If you are required to make payments by EFT, you must also make your final payment through the EFT process.

NOTE: If you sold your fixtures and equipment, even if you did not sell your business, you must include the selling price of these items on your final return under "Purchases Subject to Use Tax."

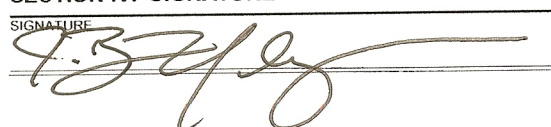
CLOSEOUT BECAUSE BUSINESS SOLD AND/OR SECURITY DEPOSIT IS BEING REFUNDED

- ☐ All of the above, and
- ☐ A copy of your escrow instructions or bill of sale showing the value of inventory, fixtures and equipment sold.
- ☐ Duplicate copies of your last two tax returns, including your final reporting period with canceled checks (photocopies of front and back) as proof of payment.
- ☐ Payment of any amounts due must be made in certified funds in order to expedite finalizing your transaction. If you are required to make payments by EFT, you must also make your final payment through the EFT process.

SEND TO:

Mail this completed form and your supporting documents to:
Board of Equalization Taxpayer Information Section
P.O. Box 942879
Sacramento, CA 94279-0090

SECTION IV: SIGNATURE

SIGNATURE 	TITLE President	DATE 9/25/2012
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Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records. See instructions.**

OMB No. 1545-0074

2011

Declaration Control Number (DCN)

00-954752-28223-2

Taxpayer's name

JOSEPH B MAHONEY V

Social security number

059-70-4091

Spouse's name

ELIZABETH R MAHONEY

Spouse's social security number

563-95-6431

Part I Tax Return Information – Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	70,105.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,657.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	5,232.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	2,575.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize CHAPMAN & ASSOCIATES, INC to enter or generate my PIN 31854
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on my tax year 2011 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

9/25/2012

Spouse's PIN: check one box only

☒ I authorize CHAPMAN & ASSOCIATES, INC to enter or generate my PIN 43199
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on my tax year 2011 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date

9/25/2012

Practitioner PIN Method Returns Only – continue below**Part III Certification and Authentication – Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 95475261254
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

LINDA CHAPMAN

Date

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (2011)

FDIA1701L 08/17/11

TAXABLE YEAR 2011	California e-file Signature Authorization for Individuals	FORM 8879
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Your name JOSEPH B MAHONEY V	Your SSN or ITIN 059-70-4091
Spouse's/RDP's name ELIZABETH R MAHONEY	Spouse's/RDP's SSN or ITIN 563-95-6431

Part I Tax Return Information (whole dollars only)

- | | | |
|---|---|---------|
| 1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) | 1 | 70,942. |
| 2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121) | 2 | |
| 3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 125; or Short Form 540NR, line 125) | 3 | 859. |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount in line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, Transmitter, or Intermediate Service Provider to transmit my complete return to the Franchise Tax board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate Service Provider, and for Transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize CHAPMAN & ASSOCIATES, INC to enter my PIN 31854
ERO firm name Do not enter all zeros
 as my signature on my 2011 e-filed California individual income tax return.

- ☐ I will enter my PIN as my signature on my 2011 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 9/25/2012

Spouse's/RDP's PIN: check one box only

- ☒ I authorize CHAPMAN & ASSOCIATES, INC to enter my PIN 43199
ERO firm name Do not enter all zeros
 as my signature on my 2011 e-filed California individual income tax return.

- ☐ I will enter my PIN as my signature on my 2011 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶  Date ▶ 9/25/2012

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95475261254
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2011 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2011 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ LINDA CHAPMAN Date ▶ _____