

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Shiffer, Inc.

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 27-5486943

4. Debtor's address  
Principal place of business: 344 E Market Street Gratz, PA 17030  
Number, Street, City, State & ZIP Code  
Dauphin  
County  
Mailing address, if different from principal place of business: \_\_\_\_\_  
P.O. Box, Number, Street, City, State & ZIP Code  
Location of principal assets, if different from principal place of business: \_\_\_\_\_  
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor  
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

**11. Why is the case filed in this district?**

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated Assets**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor Shiffer, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/29/17  
MM/DD/YYYY

X   
Signature of authorized representative of debtor

Joshua Shiffer  
Printed name

Title President

**18. Signature of attorney**

X   
Signature of attorney for debtor

Date 3/29/17  
MM/DD/YYYY

Robert E. Chernicoff, Esquire  
Printed name

Cunningham, Chernicoff & Warshawsky, P.C.  
Firm name

2320 North Second Street  
Harrisburg, PA 17110  
Number, Street, City, State & ZIP Code

Contact phone (717) 238-6570 Email address \_\_\_\_\_

23380  
Bar number and State

# Shiffer Inc

## BALANCE SHEET

As of March 28, 2017

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Checking 0497 (0497)	-79,628.82
<b>Total Bank Accounts</b>	<b>\$ -79,628.82</b>
Accounts Receivable	
Accounts Receivable (A/R)	158,365.85
<b>Total Accounts Receivable</b>	<b>\$158,365.85</b>
Other Current Assets	
Repayment	
Cash Advance	-11,210.00
Loan Repayment	95.00
<b>Total Repayment</b>	<b>-11,115.00</b>
<b>Total Other Current Assets</b>	<b>\$ -11,115.00</b>
<b>Total Current Assets</b>	<b>\$67,622.03</b>
<b>TOTAL ASSETS</b>	<b>\$67,622.03</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Direct Deposit Payable	0.00
Payroll Liabilities	
Child Support	1,360.50
Christen Healthcare	276.96
Damaged Skid	294.33
Federal Taxes (941/944)	26,768.15
Federal Unemployment (940)	382.15
Late Fee	100.00
PA Income Tax	3,031.65
PA Local Tax	948.26
PA Unemployment Tax	69.31
Rent	950.00
Returned Bonus	0.00
WV Income Tax	239.00
<b>Total Payroll Liabilities</b>	<b>34,420.31</b>
<b>Total Other Current Liabilities</b>	<b>\$34,420.31</b>
<b>Total Current Liabilities</b>	<b>\$34,420.31</b>
<b>Total Liabilities</b>	<b>\$34,420.31</b>
Equity	
Opening Balance Equity	13,541.61
Retained Earnings	-2,779.05
Net Income	22,439.16

	TOTAL
Total Equity	\$33,201.72
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$67,622.03</b>

# Shiffer Inc

## STATEMENT OF CASH FLOWS

January 1 - March 28, 2017

	TOTAL
<b>OPERATING ACTIVITIES</b>	
Net Income	142,267.30
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Repayment: Loan Repayment	-605.00
<b>Total Adjustments to reconcile Net Income to Net Cash provided by operations:</b>	<b>-605.00</b>
<b>Net cash provided by operating activities</b>	<b>\$141,662.30</b>
<b>NET CASH INCREASE FOR PERIOD</b>	<b>\$141,662.30</b>
<b>CASH AT END OF PERIOD</b>	<b>\$141,662.30</b>

Form 1120

Department of the Treasury Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2015 or tax year beginning 2015, ending 2015, 20

OMB No. 1545-0123

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

2015

Header section containing: A Check if: TYPE OR PRINT, Name SHIFFER INC., PO BOX 282, GRATZ PA 17030, B Employer identification no. 27-5486943, C Date incorporated 03-09-2011, D Total assets (see instructions) \$ 283,413

Table with 11 rows for Income. Line 1a: 1,973,760; Line 1b: (blank); Line 1c: 1,973,760; Line 2: 0; Line 3: 1,973,760; Line 4: (blank); Line 5: (blank); Line 6: (blank); Line 7: (blank); Line 8: (blank); Line 9: (blank); Line 10: (blank); Line 11: 1,973,760

Table with 19 rows for Deduction. Line 12: (blank); Line 13: 574,353; Line 14: 300,395#1; Line 15: (blank); Line 16: 7,400#2; Line 17: 42,862#3; Line 18: (blank); Line 19: 0; Line 20: 9,127; Line 21: (blank); Line 22: (blank); Line 23: (blank); Line 24: (blank); Line 25: (blank); Line 26: 994,601#4; Line 27: 1,928,738; Line 28: 45,022; Line 29a: 0; Line 29b: (blank); Line 29c: 0

Table with 6 rows for Tax, Refundable Credits, and Payments. Line 30: 45,022; Line 31: 6,753; Line 32: (blank); Line 33: (blank); Line 34: 6,753; Line 35: 0; Line 36: 0

Signature section: Sign Here, Signature of officer, Date, Title (PRESIDENT), May the IRS discuss this return with the preparer shown below (see inst.)? [X] Yes [ ] No

Preparer section: Paid Preparer Use Only, Print/Type preparer's name (BRENDA REINER), Preparer's signature (BRENDA REINER), Date (07-20-2016), Check if self-employed, PTIN (P00067026), Firm's name (H AND R BLOCK), Firm's EIN (232981153), Firm's address (24 S MARKET ST, SHAMOKIN PA 17872), Phone no. (5706485283)



<b>Schedule C Dividends and Special Deductions</b> (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		80	
3	Dividends on debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities . .		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities . . .		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs . .		80	
8	Dividends from wholly owned foreign subsidiaries . . . . .		100	
9	<b>Total.</b> Add lines 1 through 8. See instructions for limitation . . . . .			0
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 . . . . .		100	
11	Dividends from affiliated group members . . . . .		100	
12	Dividends from certain FSCs . . . . .		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 . .			
14	Income from controlled foreign corps. under subpart F (attach Form(s) 5471) . .			
15	Foreign dividend gross-up . . . . .			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3 . . . . .			
17	Other dividends . . . . .			
18	Deduction for dividends paid on certain preferred stock of public utilities . . . . .			
19	<b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4 . . ▶		0	
20	<b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b . . . . . ▶			0

Schedule J Tax Computation and Payment (see instructions)

Part I-Tax Computation

Table with 11 main rows and sub-rows (5a-5e, 9a-9f) for tax computation. Includes items like Income tax, Alternative minimum tax, Foreign tax credit, Total credits, and Total tax. Total tax is 6,753.

Part II-Payments and Refundable Credits

Table with 11 main rows and sub-rows (19a-19d) for payments and refundable credits. Includes items like 2014 overpayment, 2015 estimated tax payments, Total payments, and Total credits. Total payments and credits is 21.

Schedule K Other Information (see instructions)

Table for Schedule K Other Information. Includes questions about accounting method (Accrual checked), business activity (TRANSPORTATION & WAREHOUSING), and ownership questions. Yes/No columns.

Schedule K Other Information continued (see instructions)

Table with 2 columns: Yes, No. Row 1: Yes, No. Row 2: Yes, No. Row 3: Yes, No. Row 4: Yes, No.

5 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer ID Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock.

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions
If "Yes," complete (i) through (iv) below.

Table with 2 columns: Yes, No. Row 1: Yes, No. Row 2: Yes, No.

Table with 4 columns: (i) Name of Entity, (ii) Employer ID Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital.

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

Table with 2 columns: Yes, No. Row 1: Yes, No. Row 2: Yes, No.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?
For rules of attribution, see section 318. If "Yes," enter:
(i) Percentage owned and (ii) Owner's country
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

Table with 2 columns: Yes, No. Row 1: Yes, No. Row 2: Yes, No.

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount
If checked, the corp. may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) 1
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?
If "Yes," the corporation is not required to complete Sch. L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$

Table with 2 columns: Yes, No. Row 1: Yes, No. Row 2: Yes, No. Row 3: Yes, No. Row 4: Yes, No. Row 5: Yes, No. Row 6: Yes, No. Row 7: Yes, No. Row 8: Yes, No. Row 9: Yes, No. Row 10: Yes, No. Row 11: Yes, No. Row 12: Yes, No. Row 13: Yes, No. Row 14: Yes, No. Row 15: Yes, No. Row 16: Yes, No. Row 17: Yes, No. Row 18: Yes, No.

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?
If "Yes," complete and attach Schedule UTP.

15a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?
b If "Yes," did or will the corporation file required Forms 1099?

16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Table with 2 columns: Yes, No. Row 1: Yes, No. Row 2: Yes, No. Row 3: Yes, No. Row 4: Yes, No. Row 5: Yes, No. Row 6: Yes, No. Row 7: Yes, No. Row 8: Yes, No. Row 9: Yes, No. Row 10: Yes, No. Row 11: Yes, No. Row 12: Yes, No. Row 13: Yes, No. Row 14: Yes, No. Row 15: Yes, No. Row 16: Yes, No. Row 17: Yes, No. Row 18: Yes, No.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash .....		52,704		57,379
2a	Trade notes and accounts receivable .....	159,360		160,051	
b	Less allowance for bad debts .....	( )	159,360	( )	160,051
3	Inventories .....				
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) ...				
6	Other current assets (attach statement) ...				
7	Loans to shareholders .....				
8	Mortgage and real estate loans .....				
9	Other investments (attach statement) .....				
10a	Buildings and other depreciable assets .....	271,350		271,350	
b	Less accumulated depreciation .....	( 245,194 )	26,156	( 254,321 )	17,029
11a	Depletable assets .....				
b	Less accumulated depletion .....	( )		( )	
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....	70,000		70,000	
b	Less accumulated amortization .....	( 16,379 )	53,621	( 21,040 )	48,954
14	Other assets (attach statement) .....				
15	<b>Total assets</b> .....		291,841		283,413
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable .....				
17	Mortgages, notes, bonds payable in less than 1 year .....				
18	Other current liabilities (attach statement) .....		262#5		7,706#5
19	Loans from shareholders .....				
20	Mortgages, notes, bonds payable in 1 year or more .....		119,601		119,601
21	Other liabilities (attach statement) .....				
22	Capital stock: a Preferred stock .....				
	b Common stock .....	10,000	10,000	10,000	10,000
23	Additional paid-in capital .....				
24	Retained earnings -- Appropriated (attach stmt.) ..				
25	Retained earnings -- Unappropriated .....		161,978		146,106
26	Adjustments to shareholders' equity (attach stmt.) ..				
27	Less cost of treasury stock .....	( )		( )	
28	<b>Total liabilities and shareholders' equity</b> ...		291,841		283,413

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books .....	35,556	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books .....	6,753		Tax-exempt interest . . . \$ _____	
3	Excess of capital losses over capital gains .....			_____	
4	Inc. subject to tax not recorded on books this year (itemize): _____			_____	
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation . . . \$ _____		a	Depreciation . . . \$ _____	
b	Charitable contributions . . . \$ _____		b	Charitable contributions \$ _____	
c	Travel and entertainment . . . \$ _____			_____	
	OTHER MISC 2,713			_____	
		2,713	9	Add lines 7 and 8 .....	
6	Add lines 1 through 5 .....	45,022	10	Income (page 1, line 28) -- line 6 less line 9 .....	45,022

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year .....	161,978	5	Distributions: a Cash .....	51,428
2	Net income (loss) per books .....	35,556		b Stock .....	
3	Other increases (itemize): _____		6	Other decreases (itemize): _____	
				c Property .....	
4	Add lines 1, 2, and 3 .....	197,534	7	Add lines 5 and 6 .....	51,428
			8	Balance at end of year (line 4 less line 7) .....	146,106

Compensation of Officers

(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

OMB No. 1545-2225

Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Name
SHIFFER INC.

Employer identification number
27-5486943

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

Table with 6 columns: (a) Name of officer, (b) Social security number, (c) Percent of time devoted to business, (d) Common stock, (e) Preferred stock, (f) Amount of compensation. Row 1: TANYA SHIFFER, 100%, %.

Summary table with 4 rows: 2 Total compensation of officers, 3 Compensation of officers claimed on Form 1125-A or elsewhere on return, 4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return.

**2015 SCHEDULE M-1 EXPLANATION ATTACHMENT**

SHIFFER INC.  
27-5486943

---

**Computation of Net Income (Loss) Per Books**  
**Form 1120, Schedule M-1, Line 1**

Income (loss) (Schedule M-1, line 10) carries from Form 1120, page 1, line 28 .....	<u>45,022</u>
Increases:	
Deductions on return not charged against book income (Schedule M-1, line 8) .....	_____
Income recorded on books not included on return (Schedule M-1, line 7) .....	_____
Decreases:	
Expenses recorded on books not included on return (Schedule M-1, line 5) .....	<u>2,713</u>
Income subject to tax not recorded on books (Schedule M-1, line 4) .....	_____
Excess capital losses over capital gains (Schedule M-1, line 3) .....	_____
Federal income tax per books (Schedule M-1, line 2) .....	<u>6,753</u>
Computed net income (loss) per books (Schedule M-1, line 1) .....	<u>35,556</u>

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Attachment Sequence No. 179

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return SHIFFER INC.

Business or activity to which this form relates FOR FORM 1120

Identifying number 27-5486943

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 4 rows for Part II, including fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A, including MACRS deductions for assets placed in service in tax years beginning before 2015.

Section B -- Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 8 rows for Section B, detailing classification of property, month and year placed in service, basis for depreciation, recovery period, convention, method, and depreciation deduction.

Section C -- Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

Table with 7 columns (a-g) and 3 rows for Section C, detailing class life, 12-year, and 40-year assets.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including listed property amount, total amount, and portion of basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A — Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25	
26 Property used more than 50% in a qualified business use:								
1998 INTER	05-05-2014	100.0%	12,000		03	DB200HY		
1993 FREIG	05-05-2014	100.0%	8,000		03	DB200HY		
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								29

**Section B — Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year. Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Is another vehicle available for personal use? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that begins before your 2015 tax year . . . . .				43	4,667
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .				44	4,667



2015 DETAIL STATEMENTS

SHIFFER INC.  
27-5486943

STATEMENT #1 - REPAIRS & MAINTENANCE (FM 1120/H/POL 14/10/10)

MAINTENANCE FEE.....	360
REPAIRS AND MAINTENANCE.....	296,341
INSPECTIONS.....	679
BUILDING MATERIALS.....	3,015

TOTAL CARRIED TO FM 1120/H/POL 14/10/10..... 300,395

STATEMENT #2 - RENT (FM 1120/C/H/POL 16/14/11)

RENT - TANGIBLE PROPERTY.....	7,400
-------------------------------	-------

TOTAL CARRIED TO FM 1120/C/H/POL 16/14/11..... 7,400

STATEMENT #3 - TAXES & LICENSES (CP11201 17/12/15)

IFTA.....	12,511
SOCIAL SECURITY	
UNEMPLOYMENT	
BACK TAX	
PAYROLL TAX.....	29,398
STATE INCOME TAX.....	953

TOTAL CARRIED TO CP11201 17/12/15..... 42,862

STATEMENT #4 - OTHER DEDUCTIONS (CP11201 26/15/23)

UNIFORMS.....	3,389
FUEL.....	509,003
GAS.....	661
OTHER.....	1,298
REEFER FUEL.....	42,088
NASTC DISCOUNT.....	-61,317
HEALTH INSURANCE.....	10,186
OTHER INSURANCE.....	152,702
DRUG AND ALCOHOL TESTING.....	915
FLEETMATIC.....	6,351
MISC.....	3,677
TOLLS.....	28,795
TOWING.....	3,100
TRUCK WASH.....	4,543
SCALE.....	1,925
EARLY PAY.....	75
LUMPER.....	76,775
FAXING.....	182
FLEETONE FEES.....	5,155
BONUSES.....	1,450
MEDICAL.....	100

**2015 DETAIL STATEMENTS**

SHIFFER INC.  
27-5486943

PAGE 2

ESCORT.....	270	
TRAVEL EXP.....	789	
ADMIN FEE.....	50	
NY HIGHWAY USE.....	952	
SUB CONTRACT.....	7,389	
PERMIT.....	348	
REGISTRATION.....	24,013	
TRUCK SUPPLIES.....	1,415	
TRAILER SUPPLIES.....	32	
OFFICE.....	2,756	
CLERICAL.....	134,850	
ELECTRIC.....	2,715	
INTERNET PHONE.....	2,733	
GARBAGE.....	576	
WATER.....	250	
OTHER.....	1,454	
AMORTIZATION.....	4,667	
BANK CHARGES.....	1,504	
DUES/SUBSCRIPTIONS.....	2,282	
LEGAL & PROFESSIONAL.....	3,743	
PARKING.....	46	
POSTAGE.....	1,063	
TELEPHONE.....	5,004	
TOOLS.....	4,647	

TOTAL CARRIED TO CP11201 26/15/23.....		994,601
--	--	---------

STATEMENT #5 - OTHER CURRENT LIABILITIES (1120/1120C SC L LN 18B/16)	BEGINNING	ENDING
--	-----------	--------

TOTAL CARRIED TO 1120/1120C SC L LN 18B/16..	0	0
--	---	---