

**United States Bankruptcy Court  
Western District of Wisconsin**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Bhatti, Sid,</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all): <b>6063, 20-1836005; 004-0002154741-01; 036-0002154741-01; 12-S069134</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>dba Sid's Tire, Auto &amp; Muffler, LLC 10 Shannon St. Edgerton, WI</b>	Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>53534</b>	ZIP CODE
County of Residence or of the Principal Place of Business: <b>Rock</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>1020 N. Main St. Edgerton, WI</b>	Mailing Address of Joint Debtor (if different from street address):
ZIP CODE <b>53563</b>	ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):	ZIP CODE

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box.)</p> <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>	<p align="center"><b>Nature of Business</b> (Check one box)</p> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <p align="center"><b>Nature of Debts</b> (Check one box)</p> <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p><b>Check if:</b></p> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 ( <i>amount subject to adjustment on 4/01/13 and every three years thereafter</i> ). <p><b>Check all applicable boxes</b></p> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<p><b>Statistical/Administrative Information</b></p> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	<b>THIS SPACE IS FOR COURT USE ONLY</b>
<p>Estimated Number of Creditors</p> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000	
<p>Estimated Assets</p> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
<p>Estimated Liabilities</p> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	<b>Document</b> Page 2 of 72 Name of Debtor(s): <b>Sid Bhatti</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p align="center"><b>Exhibit A</b></p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)	<p align="center"><b>Exhibit B</b></p> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).						
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><b>X s/Guy K. Fish</b></td> <td style="text-align: right;"><b>10/28/2013</b></td> </tr> <tr> <td style="text-align: center;">Signature of Attorney for Debtor(s)</td> <td style="text-align: right;">Date</td> </tr> <tr> <td style="text-align: center;"><b>Guy K. Fish</b></td> <td style="text-align: right;"><b>1005282</b></td> </tr> </table>	<b>X s/Guy K. Fish</b>	<b>10/28/2013</b>	Signature of Attorney for Debtor(s)	Date	<b>Guy K. Fish</b>	<b>1005282</b>
<b>X s/Guy K. Fish</b>	<b>10/28/2013</b>						
Signature of Attorney for Debtor(s)	Date						
<b>Guy K. Fish</b>	<b>1005282</b>						

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box)

Debtor has been domiciled or has had a residence, 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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Page 3 of 72  
Name of Debtor(s):  
**Sid Bhatti**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**  
I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  
**X s/ Sid Bhatti**  
Signature of Debtor **Sid Bhatti**  
**X Not Applicable**  
Signature of Joint Debtor  
Telephone Number (If not represented by attorney)  
**10/28/2013**  
Date

**Signature of a Foreign Representative**  
I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  
(Check only **one** box.)  
 I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.  
 Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  
**X Not Applicable**  
(Signature of Foreign Representative)  
  
(Printed Name of Foreign Representative)  
  
Date

**Signature of Attorney**  
**X s/Guy K. Fish**  
Signature of Attorney for Debtor(s)  
**Guy K. Fish Bar No. 1005282**  
Printed Name of Attorney for Debtor(s) / Bar No.  
**Fish Law Offices**  
Firm Name  
**133 First St., Ste. 200 Milton, WI 53563**  
Address  
**(608) 868-3200 (608) 868-3208**  
Telephone Number  
**10/28/2013**  
Date  
\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**  
I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  
**Not Applicable**  
Printed Name and title, if any, of Bankruptcy Petition Preparer  
  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  
  
Address

**Signature of Debtor (Corporation/Partnership)**  
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  
The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.  
**X Not Applicable**  
Signature of Authorized Individual  
Printed Name of Authorized Individual  
Title of Authorized Individual  
Date

**X Not Applicable**  
Date  
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  
Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.  
If more than one person prepared this document, attach to the appropriate official form for each person.  
*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

Document Page 4 of 72  
Alliant Energy  
P.O. Box 3068  
Cedar Rapids, IA 52406-3068

American National Bank  
115 Front St.  
Beaver Dam, WI 53916

Andrew Noe  
23238 E 1200 North Rd.  
Downs, IL 61736

Bank of Milton  
Visa Business Card  
Cardmember Service  
P.O. Box 790408  
St. Louis, MO 63179-0408

BMO Harris Bank  
North Main St.  
Edgerton, WI 53534

City of Edgerton  
12 Albion St.  
Edgerton, WI 53534

Fort Community Credit Union  
800 Madison Ave.  
Fort Atkinson, WI 53538

Frontier  
1398 S. Woodland Blvd., Ste. C  
DeLand, FL 32720

Frontier Communications  
1398 S. Woodland Blvd., Ste. B  
Deland, FL 32720

Home Pages  
P.O. Box 801  
DeKalb, IL 60115

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Rock County Treasurer  
Rock County Courthouse  
P.O. Box 1508  
Janesville, WI 53547-1508

St. Marys/Dean Ventures, Inc.  
P.O. Box 259598  
Madison, WI 53725-9598

State of Wisconsin  
Department of Revenue  
Mail Stop 4-127LC  
P.O. Box 8910  
Madison, WI 53708-8910

State of Wisconsin  
Department of Workforce Development  
Worker's Compensation  
P.O. Box 7948  
Madison, WI 53707-7948

State of Wisconsin  
Department of Workforce Development  
Division of Unemployment Insurance  
P.O. Box 7945  
Madison, WI 53707-1326

TeleCheck Services, Inc.  
P.O. Box 60028  
City of Industry, CA 91716-0028

U.S. Cellular  
Dept. 0205  
Palatine, IL 60055-0205

US Trustee

780 Regent Street #304

Madison, WI 53715

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF WISCONSIN**

In re: **Sid Bhatti**  
Debtor

Case No. \_\_\_\_\_  
Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of **3** sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **10/28/2013**

Signed: **s/ Sid Bhatti**  
**Sid Bhatti**

Signed: **s/Guy K. Fish**  
**Guy K. Fish**

Attorney for Debtor(s)

Bar no.: **1005282**

**Fish Law Offices**

**133 First St., Ste. 200**

**Milton, WI 53563**

Telephone No.: **(608) 868-3200**

Fax No.: **(608) 868-3208**

E-mail address: **guyfish@fishlawoffices.com**

**United States Bankruptcy Court  
Western District of Wisconsin**

In re Sid Bhatti, Case No. \_\_\_\_\_  
Debtor Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Frontier Communications 1398 S. Woodland Blvd., Ste. B Deland, FL 32720				<b>\$876.58</b>
Rock County Treasurer Rock County Courthouse P.O. Box 1508 Janesville, WI 53547-1508				<b>\$4,265.84</b>
State of Wisconsin Department of Workforce Development Division of Unemployment Insurance P.O. Box 7945 Madison, WI 53707-1326				<b>\$294.77</b>
State of Wisconsin Department of Workforce Development Worker's Compensation P.O. Box 7948 Madison, WI 53707-7948				<b>\$1,664.30</b>
State of Wisconsin Department of Revenue Mail Stop 4-127LC P.O. Box 8910 Madison, WI 53708-8910				<b>\$1,415.73</b>



In re Sid Bhatti, Case No. \_\_\_\_\_  
 Debtor Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Rock County Treasurer Rock County Courthouse P.O. Box 1508 Janesville, WI 53547-1508				<b>\$15,518.04</b>
Home Pages P.O. Box 801 DeKalb, IL 60115				<b>\$423.08</b>
City of Edgerton 12 Albion St. Edgerton, WI 53534				<b>\$805.80</b>
City of Edgerton 12 Albion St. Edgerton, WI 53534				<b>\$743.65</b>
Frontier 1398 S. Woodland Blvd., Ste. C DeLand, FL 32720				<b>\$586.84</b>
Andrew Noe 23238 E 1200 North Rd. Downs, IL 61736				<b>\$1,645.00</b>

In re Sid Bhatti, Case No. \_\_\_\_\_  
 Debtor Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
St. Marys/Dean Ventures, Inc. P.O. Box 259598 Madison, WI 53725-9598				<b>\$539.00</b>
Alliant Energy P.O. Box 3068 Cedar Rapids, IA 52406-3068				<b>\$332.83</b>
TeleCheck Services, Inc. P.O. Box 60028 City of Industry, CA 91716-0028				<b>\$86.72</b>
Bank of Milton Visa Business Card Cardmember Service P.O. Box 790408 St. Louis, MO 63179-0408				<b>\$2,270.96</b>
Alliant Energy P.O. Box 3068 Cedar Rapids, IA 52406-3068				<b>\$695.93</b>
U.S. Cellular Dept. 0205 Palatine, IL 60055-0205				<b>\$501.80</b>

In re Sid Bhatti, Case No. \_\_\_\_\_  
Debtor Chapter 11

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
<b>Rock County Treasurer Rock County Courthouse P.O. Box 1508 Janesville, WI 53547-1508</b>				<b>\$11,555.93</b>

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT**  
**Western District of Wisconsin**

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

Certificate Number: 08381-WIW-CC-022101811



08381-WIW-CC-022101811

## CERTIFICATE OF COUNSELING

I CERTIFY that on September 18, 2013, at 6:42 o'clock AM CDT, Sid Bhatti received from ConsumerBankruptcyCounseling.info, a Project of the Tides Center, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Wisconsin, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 22, 2013 By: /s/Patricia Perez

Name: Patricia Perez

Title: assistant

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*
- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
  - Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
  - Active military duty in a military combat zone.
5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: **s/ Sid Bhatti**  
**Sid Bhatti**

Date: **10/28/2013**

B6A (Official Form 6A) (12/07)

In re: **Sid Bhatti**  
 \_\_\_\_\_  
 Debtor

Case No. \_\_\_\_\_  
 (If known)

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
10 Shannon St.; Parcel ID Nos. 221-042007 & 221-042008	Fee Owner		\$ 121,500.00	\$ 91,790.00
1020 N. Main St.; Parcel ID Nos. 221-1810081 & 221-077002	Fee Owner		\$ 390,200.00	\$ 301,560.00
<b>Total</b>			<b>\$ 511,700.00</b>	

(Report also on Summary of Schedules.)





**Exhibit A**

A97

**Parcel 1:**

The Northerly portion of Out Lot 44, Assessor's Plat, in the City of Edgerton, Rock County, Wisconsin, described as follows: All that land North of the following described line: Commencing at a point 180 feet Southerly of the Northeasterly corner of said Out Lot 44, and running in a Westerly direction to the Westerly end of the said Out Lot to a point 150.08 feet from the Northwesterly corner of said Out Lot 44.

**EXCEPTING THEREFROM, the following described parcels of land, to-wit:**

1.) Land conveyed by Warranty Deed from E.E. Schimming, Edna Schimming, a/k/a Edna H. Schimming, his wife, as joint tenants to Public Facilities Associates, Inc., dated March 7, 1969, recorded March 11, 1969, in the Office of the Register of Deeds for Rock County, Wisconsin, in Vol. 315 of Records, Page 462, as Doc. #740713.

2.) Land conveyed by Warranty Deed from Erwin E. Schimming, a/k/a E.E. Schimming, Edna Schimming, husband and wife Edna Schimming a/k/a Edna H. Schimming to William H. Walker and Eldred S. Walker, husband and wife as joint tenants, dated August 23, 1968, recorded August 28, 1968, in the office of the Register of Deeds for Rock County, Wisconsin, in Vol. 297 of Records, Page 77, as Doc. #734183.

**Parcel 2:**

Lot 20, Ladd's Second Addition, in the City of Edgerton, Rock County, Wisconsin.

L28



1877368

RANDAL LEYES  
REGISTER OF DEEDS  
ROCK COUNTY, WI  
RECORDED ON  
10/21/2009 10:36:14AM

REC FEE: 11.00  
EXEMPT #: 8M  
EXCLUSION CODE:W-1  
PAGES: 1

Document Number

Document Name

State Bar of Wisconsin Form 3-2003  
**QUIT CLAIM DEED**

**THIS DEED**, made between Bonnie R. Bhatti

\_\_\_\_\_ (“Grantor,” whether one or more),  
and Sid Bhatti

\_\_\_\_\_ (“Grantee,” whether one or more).

Grantor quit claims to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Rock County, State of Wisconsin (“Property”):

Lots 8 and 9. Country Club Subdivision to the City of Edgerton, Rock County, Wisconsin, according to the recorded plat thereof.

Recording Area

Name and Return Address  
Sid Bhatti  
10 Shannon  
Edgerton, WI 53534

RPC  
1

6-26-310.8 & 6-26-310.9  
Parcel Identification Number (PIN)

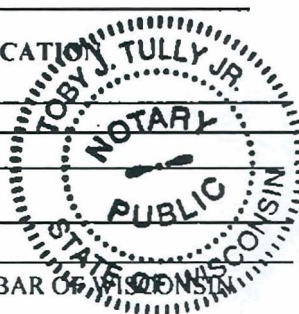
This is \_\_\_\_\_ homestead property.  
(is) (is not)

1100

Dated October 19, 2009.

\_\_\_\_\_  
(SEAL) Bonnie R. Bhatti (SEAL)  
\* Bonnie R. Bhatti

\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)  
\* \_\_\_\_\_



**AUTHENTICATION**  
Signature(s) \_\_\_\_\_  
authenticated on \_\_\_\_\_  
\* \_\_\_\_\_  
TITLE: MEMBER STATE BAR OF WISCONSIN  
(If not, \_\_\_\_\_  
authorized by Wis. Stat. § 706.06)

**THIS INSTRUMENT DRAFTED BY:**  
Bonnie R. Bhatti

**ACKNOWLEDGMENT**

STATE OF WISCONSIN )  
JEFFERSON ) ss. COUNTY )  
Personally came before me on October 19, 2009  
the above-named Bonnie R. Bhatti  
to me known to be the person(s) who executed the foregoing  
instrument and acknowledged the same.  
Toby J. Tully Jr.  
\* Toby J. Tully Jr.  
Notary Public, State of Wisconsin  
My Commission (is permanent) (expires): 3-11-2012 )

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

\* Type name below signatures

B6B (Official Form 6B) (12/07)

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		<b>Average cash in pocket</b>		<b>100.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Bank of Edgerton Business Acct. #112313</b>		<b>4,000.00</b>
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Bank of Edgerton Checking Acct. No. 3413074</b>		<b>1,009.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Bed w/mattress-50; sofa &amp; chair-30; kitchen-refrigerator-30; stove-25; dishes-25; table w/chairs-15</b>		<b>148.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Clothing &amp; shoes</b>		<b>130.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>87 Ford F350-1000; 84 GMC 3500-1200; 89 Chevrolet 1500-800; 97 Chrysler Concord-600; 98 Pontiac Sunfire-600; 02 Ford Windstar-700</b>		<b>4,900.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
28. Office equipment, furnishings, and supplies.		<b>Computer-300; printer-80</b>		<b>380.00</b>
29. Machinery, fixtures, equipment and supplies used in business.		<b>Tools-3,000</b>		<b>3,000.00</b>
30. Inventory.		<b>Oil-600; propane-400; used tires-200</b>		<b>1,200.00</b>
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<u>2</u> continuation sheets attached			Total >	<b>\$ 14,867.00</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (4/10)

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

Check if debtor claims a homestead exemption that exceeds \$146,450.\*

- 11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
10 Shannon St.; Parcel ID Nos. 221-042007 & 221-042008	11 USC § 522(d)(1)	21,625.00	121,500.00
1020 N. Main St.; Parcel ID Nos. 221-1810081 & 221-077002	11 USC § 522(d)(5)	88,640.00	390,200.00
87 Ford F350-1000; 84 GMC 3500-1200; 89 Chevrolet 1500-800; 97 Chrysler Concord-600; 98 Pontiac Sunfire-600; 02 Ford Windstar-700	11 USC § 522(d)(2)	3,450.00	4,900.00
Average cash in pocket	11 USC § 522(d)(5)	100.00	100.00
Bank of Edgerton Business Acct. #112313	11 USC § 522(d)(5)	4,000.00	4,000.00
Bank of Edgerton Checking Acct. No. 3413074	11 USC § 522(d)(5)	1,009.00	1,009.00
Bed w/mattress-50; sofa & chair-30; kitchen-refrigerator-30; stove-25; dishes-25; table w/chairs-15	11 USC § 522(d)(3)	148.00	148.00
Clothing & shoes	11 USC § 522(d)(5)	130.00	130.00
Computer-300; printer-80	11 USC § 522(d)(5)	380.00	380.00
Oil-600; propane-400; used tires-200	11 USC § 522(d)(5)	1,200.00	1,200.00
Tools-3,000	11 USC §522(d)(6)	2,175.00	3,000.00

\* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Sid Bhatti

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Loan #13861; Loan #535087901</b> <b>American National Bank</b> <b>115 Front St.</b> <b>Beaver Dam, WI 53916</b>		<b>Mortgage</b> <b>1020 N. Main St.; Parcel IDNos.</b> <b>221-1810081 &amp; 221-077002 &amp;</b> <b>home equity line of credit</b>  <b>VALUE \$390,200.00</b>				<b>315,630.00</b>	<b>0.00</b>
ACCOUNT NO. <b>3541478461 &amp; 3541478479</b> <b>BMO Harris Bank</b> <b>North Main St.</b> <b>Edgerton, WI 53534</b>		<b>Security Agreement</b> <b>Business equipment</b>  <b>VALUE \$3,000.00</b>				<b>59,989.00</b>	<b>0.00</b>

1 continuation sheets attached

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

<b>\$ 375,619.00</b>	<b>\$ 0.00</b>
<b>\$</b>	<b>\$</b>

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6D (Official Form 6D) (12/07)- Cont.

In re Sid Bhatti,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Loan #40322-0-60</b>  <b>Fort Community Credit Union</b> <b>800 Madison Ave.</b> <b>Fort Atkinson, WI 53538</b>			<b>Mortgage</b> <b>10 Shannon St.; Parcel ID Nos.</b> <b>221-042007 &amp; 221-042008</b>  <b>VALUE \$121,500.00</b>				<b>91,790.00</b>	<b>0.00</b>

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

<b>\$ 91,790.00</b>	<b>\$ 0.00</b>
<b>\$ 467,409.00</b>	<b>\$ 0.00</b>

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)



In re **Sid Bhatti**

Debtor

Case No.

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) – Cont.

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

2 continuation sheets attached

B6E (Official Form 6E) (4/10) – Cont.

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 221 042007 & 221 04200 Rock County Treasurer Rock County Courthouse P.O. Box 1508 Janesville, WI 53547-1508			Property taxes for 10 Shannon St., Edgerton, WI 53563; taxes due from 2009 thru 2012.				15,518.04	15,518.04	\$0.00
ACCOUNT NO. 221 042007 & 221 04200 Rock County Treasurer Rock County Courthouse P.O. Box 1508 Janesville, WI 53547-1508			Real estate taxes for 10 Shannon St., Edgerton, WI 53534; 2012 taxes only.				4,265.84	4,265.84	\$0.00
ACCOUNT NO. 221 077002 & 221 181008 Rock County Treasurer Rock County Courthouse P.O. Box 1508 Janesville, WI 53547-1508			Real estate taxes for 1020 N. Main St., Edgerton, Rock County, Wisconsin 2012 taxes only.				11,555.93	11,555.93	\$0.00
ACCOUNT NO. 456-0002154741-02 State of Wisconsin Department of Revenue Mail Stop 4-127LC P.O. Box 8910 Madison, WI 53708-8910			Sales & Use Tax				1,415.73	1,415.73	\$0.00
ACCOUNT NO. 6313859 State of Wisconsin Department of Workforce Development Worker's Compensation P.O. Box 7948 Madison, WI 53707-7948			Uninsured Employers Fund				1,664.30	1,664.30	\$0.00

Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

\$ 34,419.84	\$ 34,419.84	\$ 0.00
\$		
	\$	\$

Total >  
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total >  
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (4/10) – Cont.

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Type of Priority: Taxes and Certain Other Debts Owed to Governmental Units**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>821504-000-8</b> <b>State of Wisconsin</b> <b>Department of Workforce Development</b> <b>Division of Unemployment Insurance</b> <b>P.O Box 7945</b> <b>Madison, WI 53707-1326</b>			<b>Unemployment Insurance Taxes</b>				<b>294.77</b>	<b>294.77</b>	<b>\$0.00</b>

Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

\$	<b>294.77</b>	\$	<b>294.77</b>	\$	<b>0.00</b>
\$	<b>34,714.61</b>				
		\$	<b>34,714.61</b>	\$	<b>0.00</b>

Total >  
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total >  
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07)

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Code debtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Code debtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>269521-011</b>  <b>Alliant Energy</b> <b>P.O. Box 3068</b> <b>Cedar Rapids, IA 52406-3068</b>		<b>Gas &amp; electric for N. Main St.</b>				<b>695.93</b>
ACCOUNT NO. <b>150512-012</b>  <b>Alliant Energy</b> <b>P.O. Box 3068</b> <b>Cedar Rapids, IA 52406-3068</b>		<b>Gas &amp; electric for Shannon St.</b>				<b>332.83</b>

2 Continuation sheets attached

Subtotal >	\$	<b>1,028.76</b>
Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  <b>Andrew Noe</b> <b>23238 E 1200 North Rd.</b> <b>Downs, IL 61736</b>		<b>Failure to repair vehicle</b>				<b>1,645.00</b>
ACCOUNT NO. <b>4798 1702 8300 0593</b>  <b>Bank of Milton</b> <b>Visa Business Card</b> <b>Cardmember Service</b> <b>P.O. Box 790408</b> <b>St. Louis, MO 63179-0408</b>		<b>Credit card</b>				<b>2,270.96</b>
ACCOUNT NO. <b>3102002</b>  <b>City of Edgerton</b> <b>12 Albion St.</b> <b>Edgerton, WI 53534</b>		<b>Delinquent Utility Bill for 10 Shannon St., Edgerton, Wisconsin</b>				<b>805.80</b>
ACCOUNT NO. <b>3856002</b>  <b>City of Edgerton</b> <b>12 Albion St.</b> <b>Edgerton, WI 53534</b>		<b>Delinquent Utility Bill for 1020 Main St., Edgerton, Wisconsin</b>				<b>743.65</b>
ACCOUNT NO. <b>6088843900</b>  <b>Frontier</b> <b>1398 S. Woodland Blvd., Ste. C</b> <b>DeLand, FL 32720</b>		<b>Telephone services</b>				<b>586.84</b>

Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	<b>\$ 6,052.65</b>
Total >	<b>\$</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>608-884-3900-111204-5</b> <b>Frontier Communications</b> <b>1398 S. Woodland Blvd., Ste. B</b> <b>Deland, FL 32720</b>		<b>Internet for 1020 N. Main St.</b>				<b>876.58</b>
ACCOUNT NO. <b>1135434</b> <b>Home Pages</b> <b>P.O. Box 801</b> <b>DeKalb, IL 60115</b>		<b>Advertising for Sid's Tire, Auto and Muffler, LLC</b>				<b>423.08</b>
ACCOUNT NO. <b>500143858</b> <b>St. Marys/Dean Ventures, Inc.</b> <b>P.O. Box 259598</b> <b>Madison, WI 53725-9598</b>		<b>Medical bills</b>				<b>539.00</b>
ACCOUNT NO. <b>38228611</b> <b>TeleCheck Services, Inc.</b> <b>P.O. Box 60028</b> <b>City of Industry, CA 91716-0028</b>		<b>Check servicing for 1020 N. Main St.</b>				<b>86.72</b>
ACCOUNT NO. <b>201925139</b> <b>U.S. Cellular</b> <b>Dept. 0205</b> <b>Palatine, IL 60055-0205</b>		<b>Cell phone</b>				<b>501.80</b>

Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors  
Holding Unsecured  
Nonpriority Claims

Subtotal >	<b>\$ 2,427.18</b>
Total >	<b>\$ 9,508.19</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re: Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



B6H (Official Form 6H) (12/07)

In re: Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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In re **Sid Bhatti**

Case No. \_\_\_\_\_

Debtor

(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <b>Divorced</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Son</b>	AGE(S): <b>17</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Mechanic</b>	
Name of Employer	<b>Sid's Tire, Auto and Muffler, LLC</b>	
How long employed	<b>8 yrs.</b>	
Address of Employer	<b>1020 N. Main St. Edgerton, WI 53534</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ <u>2,200.00</u>	\$ _____
2. Estimate monthly overtime	\$ <u>0.00</u>	\$ _____
3. SUBTOTAL	\$ <u>2,200.00</u>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>0.00</u>	\$ _____
b. Insurance	\$ <u>0.00</u>	\$ _____
c. Union dues	\$ <u>0.00</u>	\$ _____
d. Other (Specify) _____	\$ <u>0.00</u>	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>0.00</u>	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>2,200.00</u>	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <u>0.00</u>	\$ _____
8. Income from real property	\$ <u>0.00</u>	\$ _____
9. Interest and dividends	\$ <u>0.00</u>	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <u>0.00</u>	\$ _____
11. Social security or other government assistance (Specify) _____	\$ <u>0.00</u>	\$ _____
12. Pension or retirement income	\$ <u>0.00</u>	\$ _____
13. Other monthly income (Specify) _____	\$ <u>0.00</u>	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <u>0.00</u>	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>2,200.00</u>	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	<span style="font-size: 1.2em; font-weight: bold;">\$ 2,200.00</span>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

**NONE**

B6J (Official Form 6J) (12/07)

In re Sid Bhatti

Debtor

Case No. \_\_\_\_\_

(If known)

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>3,086.00</u>
a. Are real estate taxes included?	Yes _____ No <u>✓</u>		
b. Is property insurance included?	Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel		\$	<u>541.75</u>
b. Water and sewer		\$	<u>70.00</u>
c. Telephone		\$	<u>625.00</u>
d. Other _____		\$	<u>50.00</u>
3. Home maintenance (repairs and upkeep)		\$	<u>80.00</u>
4. Food		\$	<u>640.00</u>
5. Clothing		\$	<u>30.00</u>
6. Laundry and dry cleaning		\$	<u>180.00</u>
7. Medical and dental expenses		\$	<u>180.00</u>
8. Transportation (not including car payments)		\$	<u>0.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>0.00</u>
10. Charitable contributions		\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)			
a. Homeowner's or renter's		\$	<u>60.00</u>
b. Life		\$	<u>0.00</u>
c. Health		\$	<u>0.00</u>
d. Auto		\$	<u>364.18</u>
e. Other _____		\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)			
(Specify) <b>Real estate taxes</b>		\$	<u>485.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)			
a. Auto		\$	<u>0.00</u>
b. Other _____		\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>0.00</u>
17. Other _____		\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<u>6,391.93</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>2,200.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>6,391.93</u>
c. Monthly net income (a. minus b.)	\$	<u>-4,191.93</u>

**B6 Declaration (Official Form 6 - Declaration) (12/07)**

In re Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 10/28/2013

Signature: s/ Sid Bhatti  
Sid Bhatti

Debtor

[If joint case, both spouses must sign]

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

(NOT APPLICABLE)

B6 Cover (Form 6 Cover) (12/07)

## FORM 6. SCHEDULES

Summary of Schedules  
Statistical Summary of Certain Liabilities

Schedule A	-	Real Property
Schedule B	-	Personal Property
Schedule C	-	Property Claimed as Exempt
Schedule D	-	Creditors Holding Secured Claims
Schedule E	-	Creditors Holding Unsecured Priority Claims
Schedule F	-	Creditors Holding Unsecured Nonpriority Claims
Schedule G	-	Executory Contracts and Unexpired Leases
Schedule H	-	Codebtors
Schedule I	-	Current Income of Individual Debtor(s)
Schedule J	-	Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank.

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court  
Western District of Wisconsin**

In re Sid Bhatti,  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 511,700.00		
B - Personal Property	YES	3	\$ 14,867.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	2		\$ 467,409.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	4		\$ 34,714.61	
F - Creditors Holding Unsecured Nonpriority Claims	YES	3		\$ 9,508.19	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,200.00
J - Current Expenditures of Individual Debtor(s)	YES	2			\$ 6,391.93
<b>TOTAL</b>		<b>19</b>	<b>\$ 526,567.00</b>	<b>\$ 511,631.80</b>	

B7 (Official Form 7) (4/10)

**UNITED STATES BANKRUPTCY COURT  
Western District of Wisconsin**

In re: **Sid Bhatti**  
Debtor

Case No. \_\_\_\_\_  
(If known)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
11,017.00	2010 Federal Income Tax return	2010
-5,075.00	2011 Federal Income Tax return	2011
-4,116.00	2012 Federal Income Tax return	2012

**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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**3. Payments to creditors**

**Complete a. or b., as appropriate, and c.**

None  a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATIO	STATUS OR DISPOSITION
DWD v. Sid Bhatti, et al. 2011 WC 000040	Corker's Compensation	Rock County Circuit Court 51 S. Main St. Janesville, WI 53545	Penalty warrant for \$805.26
Fort Community Credit Union v. Sid Bhatti, et al. 2011 CV 001755	Foreclosure of Mortgage	Rock County Circuit Court 51 S. Main St. Janesville, WI 53545	Dismissed 07/02/12
BMO Harris Bank, NA as successor to v. Sid's Tire, Auto and Muffler, LLC 2012 CV 000829	Other-contract - civil	Rock County Circuit Court 51 S. Main St. Janesville, WI 53545	Judgment of \$55,069.89 taken
The American National Bank of Beaver Dam v. Sid Bhatti, et al. 2012 CV 001742	Foreclosure of mortgage/Judgment for money	Rock County Circuit Court 51 S. Main St. Janesville, WI 53545	Confirmation pending/judgment taken
Amy Trieloff v. Ken Laade, et al. 2013 SC 000423	Small claims	Rock County Circuit Court 51 S. Main St. Janesville, WI 53545	Judgment against Lalauna I. Hammit
The American National Bank of Beaver Dam v. Sid Bhatti, et al. 2012 CV 001749	Foreclosure of mortgage	Rock County Circuit Court 51 S. Main St. Janesville, WI 53545	Dismissed on 02/08/13
Andrew B. Noe v. Sid's Tire Auto & Muffler, LLC 13 SC 1256 (McLean, IL)	Small claims; \$1,645.00 failure to repair 1992 Ford F-150.	State of Illinois Circuit Court 104 W. Front St. Bloomington, IL	Dismissed 10/18/13 by Plaintiff

None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>CBCP/Tides</b>	<b>10/22/13</b>	<b>5.00</b>
<b>Fish Law Offices 133 First St., Ste. 200 Milton, WI 53563</b>	<b>09/24/13</b>	<b>\$6,500.00</b>

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None  b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY
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**11. Closed financial accounts**

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITOR	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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<p><b>Bank of Edgerton</b> 105 N. Main St. Edgerton, WI 53534</p>	<p><b>Sid Bhatti</b></p>	<p><b>Legal documents, passport, etc.</b></p>	
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**13. Setoffs**

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None  List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None  If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor 's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**Bonnie R. Bhatti**

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**

None  a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Sid's Tire, Auto and Mufflers, LLC	20-1836005	1020 N. Main St. Edgerton, WI 53534	Automotive repair	12/04/2004

None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner or more than 5 percent of the voting or equity securities of a corporation; a partner, other than limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None  a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Stepkonus Tax Service 114 W. Fulton St. Edgerton, WI 53534	Has been doing taxes for Sid Bhatti and Sid's Tire, Auto and Mufflers, LLC for several years.

None  b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories**

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)	
10/13/2013	Sid Bhatti	1,200.00	Cost

None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21. Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22. Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None  b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23. Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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\* \* \* \* \*

*[if completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/28/2013

Signature of Debtor s/ Sid Bhatti  
**Sid Bhatti**

**B22B (Official Form 22B) (Chapter 11) (01/08)**

In re **Sid Bhatti**  
 Debtor(s)

Case Number: \_\_\_\_\_  
 (If known)

**CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME**

In addition to Schedules I and J, this statement must be completed by every individual chapter 11 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

<b>Part I. CALCULATION OF CURRENT MONTHLY INCOME</b>														
<b>1</b>	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b></p> <p>c. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</b></p>													
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>			<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>									
<b>2</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>			<b>\$2,200.00</b>	\$									
<b>3</b>	<p><b>Net income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.</p> <table border="1" style="width:100%; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 70%;">Gross Receipts</td> <td style="width: 25%; text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	Gross Receipts	\$ <b>0.00</b>	b.	Ordinary and necessary business expenses	\$ <b>0.00</b>	c.	Business income	Subtract Line b from Line a	<b>\$0.00</b>	\$
a.	Gross Receipts	\$ <b>0.00</b>												
b.	Ordinary and necessary business expenses	\$ <b>0.00</b>												
c.	Business income	Subtract Line b from Line a												
<b>4</b>	<p><b>Net rental and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero.</p> <table border="1" style="width:100%; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 70%;">Gross Receipts</td> <td style="width: 25%; text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Rent and other real property income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	Gross Receipts	\$ <b>0.00</b>	b.	Ordinary and necessary operating expenses	\$ <b>0.00</b>	c.	Rent and other real property income	Subtract Line b from Line a	<b>\$0.00</b>	\$
a.	Gross Receipts	\$ <b>0.00</b>												
b.	Ordinary and necessary operating expenses	\$ <b>0.00</b>												
c.	Rent and other real property income	Subtract Line b from Line a												
<b>5</b>	<b>Interest, dividends, and royalties.</b>			<b>\$0.00</b>	\$									
<b>6</b>	<b>Pension and retirement income.</b>			<b>\$0.00</b>	\$									
<b>7</b>	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse if Column B is completed.</p>			<b>\$0.00</b>	\$									
<b>8</b>	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width:100%; margin-top: 10px;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 20%;">Debtor \$ _____</td> <td style="width: 20%;">Spouse \$ _____</td> <td style="width: 20%;"></td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____		\$	\$					
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____												



9	<p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;"></td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 30%;"></td> </tr> </table>	a.		\$		<b>\$0.00</b>	\$
a.		\$					
10	<p><b>Subtotal of current monthly income.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).</p>	<b>\$2,200.00</b>	\$				
11	<p><b>Total current monthly income.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.</p>	<b>\$ 2,200.00</b>					
<b>Part II: VERIFICATION</b>							
12	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p>Date: <u>10/28/2013</u> Signature: <u>s/ Sid Bhatti</u>  <b>Sid Bhatti, (Debtor)</b></p>						

1040

Department of the Treasury Internal Revenue Service

U.S. Individual Income Tax Return 2011

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning . . . . . 2011, ending . . . . . 20 . . . . . See separate instructions.

Your first name and initial . . . . . Last name . . . . . Your social security number . . . . .

SID . . . . . BHATTI . . . . . 99-78-606

If a joint return, spouse's first name and initial . . . . . Last name . . . . . Spouse's social security number . . . . .

Home address (number and street). If you have a P.O. box, see instructions. . . . . Apt. no. . . . .

10 SHANNON STREET . . . . .

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). . . . .

Edgerton . . . . . WI . . . . . 53534 . . . . .

Foreign country name . . . . . Foreign province/county . . . . . Foreign postal code . . . . .

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here.

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked on 6a and 6b . . . . . 1

b  Spouse . . . . . No. of children on 6c who:

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit (see instructions)
S	BHATTI	90-15-0030	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Dependents on 6c not entered above . . . . .

Add numbers on lines above . . . . . 2

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	(5,075)
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> . . . . .	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . . 15a	b Taxable amount . . . . .	15b
16a	Pensions and annuities . . . . . 16a	b Taxable amount . . . . .	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . . 20a	b Taxable amount . . . . .	20b
21	Other income . . . . .	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income <input type="checkbox"/> . . . . .	22	(5,075)

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN <input type="checkbox"/> . . . . .	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your adjusted gross income. <input type="checkbox"/> . . . . .	37	(5,075)

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 (5,075)

39a Check  You were born before January 2, 1947,  Blind. Total boxes if:  Spouse was born before January 2, 1947,  Blind. checked  39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here  39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 9,999

41 Subtract line 40 from line 38 41 (15,074)

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 7,400

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0

44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  962 election 44 0

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23. 49

50 Retirement savings contributions credit. Attach Form 8880. 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a  3800 b  8801 c  53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0

**Standard Deduction for -**  
 • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  
 • All others:  
 Single or Married filing separately, \$5,800  
 Married filing jointly or Qualifying widow(er), \$11,600  
 Head of household, \$8,500

**Other Taxes**

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a  4137 b  8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 0

**Payments**

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) 64a NO

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14. 66

67 First-time homebuyer credit from Form 5405, line 10. 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a  2439 b  8839 c  8801 d  8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 0

**Refund**

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  74a

b Routing number 0 7 5 9 0 6 0 8 7 c Type:  Checking  Savings

d Account number 1 1 2 3 1 3

75 Amount of line 73 you want applied to your 2012 estimated tax 75

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76

77 Estimated tax penalty (see instructions) 77

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below:  No

Designee's name  Barbara Steponkus Phone no.  608-884-6436 Personal Identification Number (PIN)  03058

**Sign Here**

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

Joint return? See instructions.  Your signature  Date  Your occupation  Daytime phone number

Keep a copy for your records.  86063  07-17-2012  Spouse's occupation  608-884-3906

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  Identity Protection PIN (see inst.)

**Paid Preparer Use Only**

Preparer's signature  Barbara Steponkus Date  07-17-2012 Check  if PTIN self-employed  P00042285

Print/Type preparer's name  Barbara Steponkus

Firm's name  Steponkus Tax Service Firm's EIN  39-1684150

Firm's address  114 W Fulton St Edgerton, WI 53534 Phone no.  608-884-6436

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

**2011**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

SID BHATTI

289-78-6063

<b>Medical and Dental Expenses</b>				
<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see instructions) . . . . .	1		
2	Enter amount from Form 1040, line 38 <input type="text" value="2"/>			
3	Multiply line 2 by 7.5% (.075) . . . . .	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
<b>Taxes You Paid</b>				
5 State and local (check only one box):				
a <input type="checkbox"/> Income taxes, or				
b <input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) . . . . .	6	3,108	
7	Personal property taxes . . . . .	7		
8	Other taxes. List type and amount ▶	8		
9	Add lines 5 through 8 . . . . .	9		3,108
<b>Interest You Paid</b>				
10	Home mortgage interest and points reported to you on Form 1098 .	10	6,719	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).				
12	Points not reported to you on Form 1098. See instructions for special rules . . . . .	12		
13	Mortgage insurance premiums (see instructions) . . . . .	13		
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15	Add lines 10 through 14 . . . . .	15		6,719
<b>Gifts to Charity</b>				
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 . . . . .	17		
18	Carryover from prior year . . . . .	18		
19	Add lines 16 through 18 . . . . .	19		
<b>Casualty and Theft Losses</b>				
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>				
21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instr.) ▶	21		
22	Tax preparation fees . . . . .	22	172	
23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23		
24	Add lines 21 through 23 . . . . .	24	172	
25	Enter amount from Form 1040, line 38 <input type="text" value="25"/>			
26	Multiply line 25 by 2% (.02) . . . . .	26		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27
27				172
<b>Other Miscellaneous Deductions</b>				
28	Other - from list in instructions. List type and amount ▶	28		
<b>Total Itemized Deductions</b>				
29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. . . . .	29		9,999
30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>			

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss from Business**  
**(Sole Proprietorship)**

2011  
Attachment Sequence No. 09

Department of the Treasury  
Internal Revenue Service (99)

For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec)  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: **SID BHATTI** Social security number (SSN): **289-78-6063**

A Principal business or profession, including product or service (see instructions): **SERVICE STATION** B Enter code from instructions: **447100**

C Business name. If no separate business name, leave blank: **SID'S TIRE AUTO AND MUFFLER LLC** D Employer ID number (EIN), (see instr.): **20-1836005**

E Business address (including suite or room no.): **1020 N MAIN ST**  
City, town or post office, state, and ZIP code: **EDGERTON WI 53534**

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses:  Yes  No

H If you started or acquired this business during 2011, check here:  Yes  No

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions):  Yes  No

J If "Yes," did you or will you file all required Forms 1099?:  Yes  No

Part I Income			
1 a Merchant card and third party payments. For 2011, enter -0-	1a	0	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	459,008	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c		
d Total gross receipts. Add lines 1a through 1c	1d	459,008	
2 Returns and allowances plus any other adjustments (see instructions)	2	0	
3 Subtract line 2 from line 1d	3	459,008	
4 Cost of goods sold (from line 42)	4	381,999	
5 Gross profit. Subtract line 4 from line 3	5	77,009	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	77,009	

Part II Expenses		Enter expenses for business use of your home only on line 30.			
8 Advertising	8	1,111	18 Office expense (see instructions)	18	59
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	757
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	17,300	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	455
15 Insurance (other than health)	15	9,152	23 Taxes and licenses	23	10,159
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a	23,137	a Travel	24a	
b Other	16b	993	b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	9,129
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27a	9,832
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31				
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instructions for line 31. Estates and trusts, enter on Form 1041, line 3.				32a	<input checked="" type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.				32b	<input type="checkbox"/> Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 19,760
36	Purchases less cost of items withdrawn for personal use	36 400,851
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 420,611
41	Inventory at end of year	41 38,612
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 381,999

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (year, month, day)	▶
44	Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

DELIVERY	4,213
RETURNED CHECKS FEES	300
PHONE	4,134
TESTING	1,185
48 Total other expenses. Enter here and on line 27a	48 9,832

Name(s) shown on return: **SID BHATTI** Business or activity to which this form relates: **SCHEDULE C - 1** Identifying number: **89-78-606**

**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.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	12,261

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	5,039
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	17,300
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form

1040

Department of the Treasury - Internal Revenue Service  
U.S. Individual Income Tax Return

2010

(99) IRS Use Only-Do not write or staple in this space.

Name, Address, and SSN

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20  
Your first name and initial Last name  
SID BHATTI  
If a joint return, spouse's first name and initial Last name

OMB No. 1545-0074  
Your social security number  
89-78-6063  
Spouse's social security number

See separate instructions.

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
10 SHANNON STREET  
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

Edgerton WI 53534  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund

Checking a box below will not change your tax or refund.  
 You  Spouse

Filing Status

1  Single  
2  Married filing jointly (even if only one had income)  
3  Married filing separately. Enter spouse's SSN above and full name here.  
5  Qualifying widow(er) with dependent child

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

Exemptions

6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
b  Spouse

Boxes checked on 6a and 6b 1

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit (see page 15)
(1) First name	Last name			
SAWN	BHATTI	89-15-0030	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of children on 6c who:  
● lived with you 1  
● did not live with you due to divorce or separation (see instructions)

If more than four dependents, see instructions and check here

Dependents on 6c not entered above  
Add numbers on lines above 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	11,017
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	11,017

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	779
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	779
37	Subtract line 36 from line 22. This is your adjusted gross income	37	10,238



Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes rows 38 through 55 covering tax and credit calculations.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes rows 56 through 60 for self-employment and other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes rows 61 through 72 for various tax payments and credits.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes rows 73 through 75 for refund and direct deposit information.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes rows 76 and 77 for amount owed and tax penalties.

Third Party Designee

Form section for Third Party Designee with fields for name, phone number, and personal identification number.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See page 12. Keep a copy for your records.

Signature table with columns for Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for signature, date, firm name, address, and phone number.

Department of the Treasury  
Internal Revenue Service (99)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074  
**2010**  
Attachment Sequence No. **09**

Name of proprietor: **SID BHATTI** Social security number (SSN): **289-78-6063**

A Principal business or profession, including product or service (see instructions): **SERVICE STATION** B Enter code from pages C-9, 10, & 11: **447100**

C Business name. If no separate business name, leave blank: **SID'S TIRE AUTO AND MUFFLER LLC** D Employer ID number (EIN), if any: **20-1836005**

E Business address (including suite or room no.): **1020 N MAIN ST**  
City, town or post office, state, and ZIP code: **EDGERTON WI 53534**

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses . . .  Yes  No

H If you started or acquired this business during 2010, check here . . . . .

**Part I Income**

1	Gross receipts or sales. <b>Caution.</b> See instructions and check the box if: This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses.	<input type="checkbox"/>	1	630,466
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	630,466
4	Cost of goods sold (from line 42 on page 2)		4	521,458
5	<b>Gross profit.</b> Subtract line 4 from line 3		5	109,008
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	<b>Gross income.</b> Add lines 5 and 6		7	109,008

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising	8	1,091	18	Office expense	18	
9	Car and truck expenses (see instructions)	9	2,500	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	17,300	21	Repairs and maintenance	21	1,780
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,436
15	Insurance (other than health)	15	4,993	23	Taxes and licenses	23	5,628
16	Interest:			24	Travel, meals, and entertainment:		
16a	a Mortgage (paid to banks, etc.)	16a	22,554	24a	a Travel	24a	
16b	b Other	16b	6,197	24b	b Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	3,826
				26	Wages (less employment credits)	26	14,680
				27	Other expenses (from line 48 on page 2)	27	16,006

28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27	28	97,991
29	Tentative profit or (loss). Subtract line 28 from line 7	29	11,017
30	Expenses for business use of your home. Attach Form 8829	30	

31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32.	31	11,017
----	---	----	--------

32	If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

Name(s) SID BHATTI Document Page 59 of 72 SSN 289-78-6063

Part III Cost of Goods Sold (see instructions)

Table with 3 columns: Description, Line Number, Amount. Rows include: 33 Method(s) used to value (Cost checked), 34 Change in inventory (No checked), 35 Inventory at beginning of year (20,110), 36 Purchases less cost of items withdrawn (521,108), 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39 (541,218), 41 Inventory at end of year (19,760), 42 Cost of goods sold (521,458).

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (year, month, day) 2007-05-23
44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
a Business 5,000 b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours? (No checked)
46 Do you (or your spouse) have another vehicle available for personal use? (Yes checked)
47 a Do you have evidence to support your deduction? (Yes checked)
b If "Yes," is the evidence written? (Yes checked)

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description, Amount. Row 1: Statement # 1. Row 48: Total other expenses. Enter here and on page 1, line 27 (16,006)

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2010**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule SE (Form 1040).**

Attachment  
Sequence No. **17**

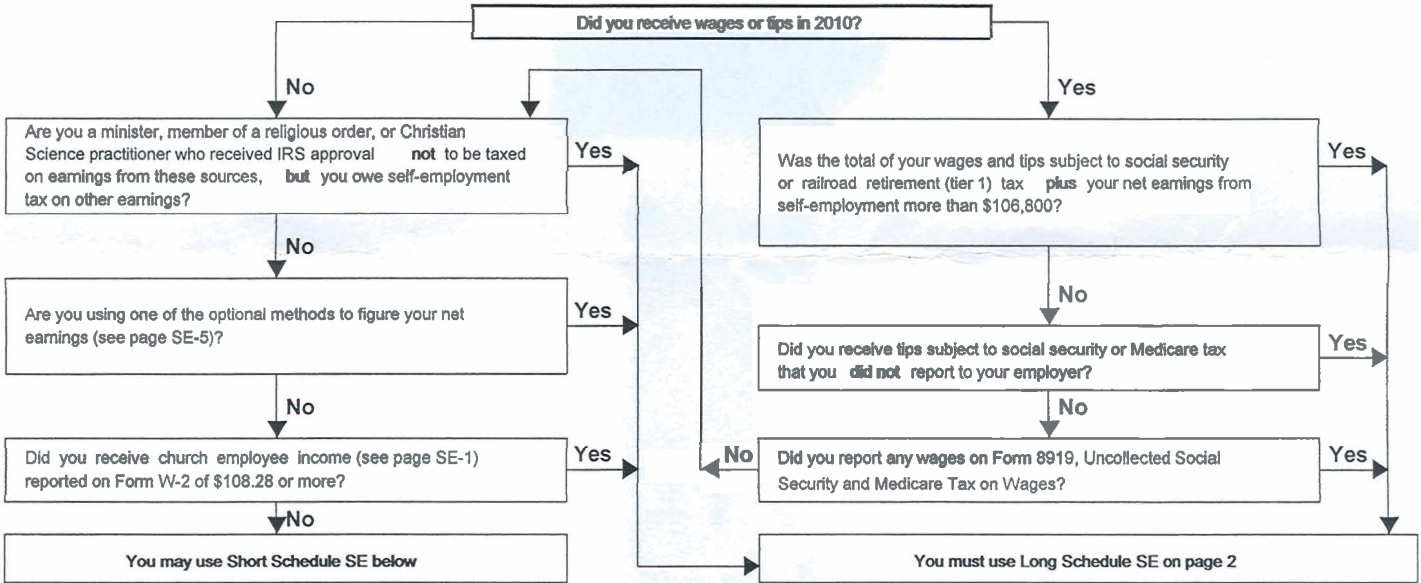
Name of person with self-employment income (as shown on Form 1040)  
**SID BHATTI**

Social security number of person  
with self-employment income ▶ **[REDACTED]**

**Before you begin:** To determine if you must file Schedule SE, see the instructions on page SE-1.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, on page SE-1.



**Section A - Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y . . . . .	<b>1b</b> (	)
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report . . . . .	<b>2</b>	11,017
<b>3</b> Combine lines 1a, 1b, and 2. Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see page SE-3) . . . . .	<b>3</b>	11,017
<b>4</b> Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b . . . . . ▶	<b>4</b>	10,174
<b>5 Self-employment tax.</b> If the amount on line 4 is: \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54 . . . . .	<b>5</b>	1,557
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>6</b>	779

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Schedule SE (Form 1040) 2010

Qualifying Child Information

2010

Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

Attachment  
Sequence No. 43

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

SID BHATTI

089-78-6063

- Before you begin:**
- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- CAUTION!**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 of schedule for details.
  - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information	Child 1		Child 2		Child 3	
	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	S	BHATTI				
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2010. If your child was born and died in 2010 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
<b>3 Child's year of birth</b>	Year 1995		Year		Year	
<b>4a</b> Was the child under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.	
<b>b</b> Was the child permanently and totally disabled during any part of 2010?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON					
<b>6 Number of months child lived with you in the United States during 2010</b>	12 months					

Name(s) as shown on return

Your Social Security Number

SID BHATTI



SCHEDULE C - PART 5 - OTHER EXPENSES

Statement # 1

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PAYROLL TAXES	1,399
BANK FEES	1,763
FEES	293
DELIVERY	5,513
LICENSES	813
RETURNED CHECKS AND FEES	727
U HAUL	2,413
PHONE	1,549
TESTING	950
TIRE RECYCLING	586
TOTAL	<u>16,006</u>

Form **8812**

**Additional Child Tax Credit**

**2010**

Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

**SID BHATTI**

**99-78-6060**

**Part I All Filers**

1	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).			
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).			
	<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).			
	If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.			
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48 . . . . .	2		
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit . . . . .	3		1,000
4 a	Earned income (see instructions) . . . . .	4a	10,238	
b	Nontaxable combat pay (see instructions) . . . . .	4b		
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	5	7,238	
6	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . Next, do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6		1,086

**Part II Certain Filers Who Have Three or More Qualifying Children**

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions . . . . .	7		
8	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the line next to line 60. <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on the line next to line 59.	8		
9	Add lines 7 and 8 . . . . .	9		
10	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69. <b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions). <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 64.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Enter the larger of line 6 or line 11 . . . . . Next, enter the smaller of line 3 or line 12 on line 13.	12		

**Part III Additional Child Tax Credit**

13	This is your additional child tax credit . . . . .	13		1,000
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Enter this amount on Form 1040, line 65, Form 1040A, line 42, or Form 1040NR, line 62.

**SCHEDULE M**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Making Work Pay Credit**

▶ Attach to Form 1040A or 1040.

▶ See separate instructions.

**2010**  
Attachment  
Sequence No. **166**

Name(s) shown on return

**SID BHATTI**

Your social security number

**89-78-6063**

**CAUTION!** To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

**CAUTION!** You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

**1a** Do you (& your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

No. Enter your earned income (see instructions) . . . . . **1a** 10,238

**b** Nontaxable combat pay included on line 1a (see instructions) . . . . . **1b**

**2** Multiply line 1a by 6.2% (.062) . . . . . **2** 635

**3** Enter \$400 (\$800 if married filing jointly) . . . . . **3** 400

**4** Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . **4** 400

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5** 10,238

**6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6** 75,000

**7** Is the amount on line 5 more than the amount on line 6?

No. Skip line 8. Enter the amount from line 4 on line 9 below.

Yes. Subtract line 6 from line 5 . . . . . **7**

**8** Multiply line 7 by 2% (.02) . . . . . **8**

**9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . . **9** 400

**10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

No. Enter -0- on line 10 and go to line 11.

Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010. Do not enter more than \$250 (\$500 if married filing jointly) . . . . . **10** 0

**11** Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . . **11** 400

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.



Form 1040 Department of the Treasury - Internal Revenue Service (99) U.S. Individual Income Tax Return

OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning 2012, ending 2012. See separate instructions. Your first name and initial SID Last name BHATTI Your social security number 89-78-6063

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 [X] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b 1. No. of children on 6c who: lived with you 1. did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above 2.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B, if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 (4,116) 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount 20b 21 Other income 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 (4,116)

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 (4,116)

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,950 Married filing jointly or Qualifying widow(er), \$11,900 Head of household, \$8,700

38 Amount from line 37 (adjusted gross income) 38 (4,116)
39a Check if: You were born before January 2, 1948, Blind. Total boxes checked 39a
b Spouse was born before January 2, 1948, Blind. checked 39a
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 8,700
41 Subtract line 40 from line 38 41 (12,816)
42 Exemptions. Multiply \$3,800 by the number on line 6d 42 7,600
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0
44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election 44 0
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 19 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit. Attach Schedule 8812, if required 51
52 Residential energy credit. Attach Form 5695 52
53 Other credits from Form: a 3800 b 8801 c 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0

Other Taxes

56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59 a Household employment taxes from Schedule H 59a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55 through 60. This is your total tax 61 0

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62
63 2012 estimated tax payments and amount applied from 2011 return 63
64a Earned income credit (EIC) 64a NO
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Schedule 8812 65
66 American opportunity credit from Form 8863, line 8 66
67 Reserved 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a 2439 b Reserved c 8801 d 8885 71
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 0

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a
Direct deposit? See instructions. b Routing number 0 7 5 9 0 6 0 8 7 c Type: X Checking Savings
d Account number 1 1 2 3 1 3
75 Amount of line 73 you want applied to your 2013 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76
77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below. No
Designee's name Barbara Steponkus Phone no. 608-884-6436 Personal identification number (PIN) 03058

Sign Here

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

Your signature 86063 Date 04-15-2013 Your occupation Daytime phone number 608-884-3906
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Identity Protection PIN (see inst.)

Paid Preparer Use Only

Preparer's signature Barbara Steponkus Date 10-11-2013 Check self-employed if PTIN P00042285
Print/Type preparer's name Barbara Steponkus Firm's name Steponkus Tax Service Firm's EIN 39-1684150
Firm's address 114 W Fulton St Edgerton, WI 53534 Phone no. 608-884-6436

Department of the Treasury Internal Revenue Service (99) For information on Schedule C and its instructions, go to www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. 2012 Attachment Sequence No. 09

Name of proprietor: **SID BHATTI** Social security number (SSN): **289-78-606**

A Principal business or profession, including product or service (see instructions): **SERVICE STATION** B Enter code from instructions: **447100**

C Business name: If no separate business name, leave blank. **SID'S TIRE AUTO AND MUFFLER LLC** D Employer ID number (EIN), (see instr.): **20-1836005**

E Business address (including suite or room no.): **1020 N MAIN ST** City, state, and ZIP: **EDGERTON WI 53534**

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) **\_\_\_\_\_**

G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses  Yes  No

H If you started or acquired this business during 2012, check here  Yes  No

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)  Yes  No

J If "Yes," did you or will you file required Forms 1099?  Yes  No

Part I Income			
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	177,520
2	Returns and allowances (see instructions)	2	0
3	Subtract line 2 from line 1	3	177,520
4	Cost of goods sold (from line 42)	4	128,873
5	Gross profit. Subtract line 4 from line 3	5	48,647
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	48,647

Part II Expenses		Enter expenses for business use of your home only on line 30.	
8	Advertising	8	560
9	Car and truck expenses (see instructions)	9	764
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	13,192
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	6,720
16	Interest:		
	a Mortgage (paid to banks, etc.)	16a	9,923
	b Other	16b	152
17	Legal and professional services	17	160
18	Office expense (see instructions)	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
	a Vehicles, machinery, and equipment	20a	
	b Other business property	20b	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	746
23	Taxes and licenses	23	150
24	Travel, meals, and entertainment:		
	a Travel	24a	
	b Deductible meals and entertainment (see instructions)	24b	
25	Utilities	25	8,231
26	Wages (less employment credits)	26	
27a	Other expenses (from line 48)	27a	12,165
27b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	52,763
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(4,116)
30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30	
31	Net profit or (loss). Subtract line 30 from line 29.	31	(4,116)
	• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.		
	• If a loss, you must go to line 32.		
32	If you have a loss, check the box that describes your investment in this activity (see instructions).		
	• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	32a	<input checked="" type="checkbox"/> All investment is at risk.
	• If you checked 32b, you must attach Form 6198. Your loss may be limited.	32b	<input type="checkbox"/> Some investment is not at risk.

Name(s) **SID BHATTI** SSN **289-78-6063**

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value inventory: <input checked="" type="checkbox"/> Cost <input type="checkbox"/> Lower of cost or market <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 38,612
36	Purchases less cost of items withdrawn for personal use	36 94,061
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 132,673
41	Inventory at end of year	41 3,800
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	42 128,873

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (year, month, day)	▶ 2012-01-01
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:	
a	Business	688
b	Commuting (see instructions)	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

FIRE EXTINGUISHERS	124
UNIFORMS	198
DISPOSAL EXPENSE	601
TOOLS	218
PHONE	7,732
DELIVERY	2,107
TESTING	1,185
48 Total other expenses. Enter here and on line 27a	48 12,165

**1 Wisconsin income tax 2012**

Complete form using **BLACK INK** For the year Jan. 1-Dec. 31, 2012, or other tax year beginning \_\_\_\_\_, 2012 ending \_\_\_\_\_, 20\_\_.

DI NO APLE See page 34 before assembling return

Your legal last name <b>BHATTI</b>		Legal first name <b>SID</b>		M.I.	Your social security number <b>289 78 6063</b>
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 7. <b>10 SHANNON STREET</b>				Apt. no.	
City or post office <b>EDGERTON</b>		State <b>WI</b>	Zip code <b>53534</b>		
<b>Filing status</b> Check below <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here				<b>Tax district</b> Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2012: <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town <b>EDGERTON</b> County of <b>ROCK</b> School district number See page 37 <b>1568</b>	
<input checked="" type="checkbox"/> <b>Head of household</b> (see page 8). Also, check here if married		Legal last name Legal first name		M.I.	Special conditions <input type="checkbox"/>
				If married, fill in spouse's SSN above and full name here	

1 Federal adjusted gross income (see page 9)	1		-4116.00
Form W-2 wages included in line 1		▶	.00
2 State and municipal interest (see page 9)	2		.00
3 Capital gain/loss addition (see page 10)	3		.00
4 Other additions } Fill in code number and amount, see page 10. Fill in total other additions on line 4.			.00
.00 .00 .00 .00	4		.00
5 Add the amounts in the right column for lines 1 through 4	5		-4116.00
6 Taxable refund of state income tax (from Form 1040, line 10)	6		.00
7 United States government interest	7		.00
8 Unemployment compensation (see page 12)	8		.00
9 Social security adjustment (see page 12)	9		.00
10 Capital gain/loss subtraction (see page 12)	10		.00
11 Other subtractions } Fill in code number and amount, see page 12. Fill in total other subtractions on line 11.			.00
.00 .00 .00	11		.00
12 Add lines 6 through 11	12		.00
13 Subtract line 12 from line 5. This is your Wisconsin income	13		-4116.00

PAPER CLIP payment here



14	Wisconsin income from line 13	14	-4116.00
15	Standard deduction. See table on page 45, OR If someone else can claim you (or your spouse) as a dependent, see page 21 and check here	15	12610.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	.00
17	Exemptions (Caution: See page 22)		
a	Fill in exemptions from your federal return. <u>2</u> x \$700	17a	1400.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250	17b	.00
c	Add lines 17a and 17b	17c	1400.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	0.00
19	Tax (see table on page 38)	19	0.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 22)	21	.00
22	School property tax credit		
a	Rent paid in 2012-heat included <u>.00</u> Rent paid in 2012-heat not included <u>.00</u>	22a	.00
b	Property taxes paid on home in 2012 <u>.00</u>	22b	.00
23	Historic rehabilitation credits	23	.00
24	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25	24	.00
25	Certain nonrefundable credits from line 8 of Schedule CR	25	.00
26	Add credits on lines 20 through 25	26	.00
27	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0	27	.00
28	Alternative minimum tax. Enclose Schedule MT	28	.00
29	Add lines 27 and 28	29	.00
30	Married couple credit. Enclose Schedule 2, page 4	30	.00
31	Other credits from Schedule CR, line 21	31	.00
32	Net income tax paid to another state. Enclose Schedule OS	32	.00
33	Add lines 30, 31, and 32	33	.00
34	Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax	34	0.00
35	Economic development surcharge. Enclose Schedule EDS	35	.00
36	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 28) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	36	.00
37	Donations (decreases refund or increases amount owed)		
a	Endangered resources <u>.00</u>	f	Firefighters memorial <u>.00</u>
b	Packers football stadium <u>.00</u>	g	Military family relief <u>.00</u>
c	Cancer research <u>.00</u>	h	Second Harvest/Feeding Amer. <u>.00</u>
d	Veterans trust fund <u>.00</u>	i	Red Cross WI Disaster Relief <u>.00</u>
e	Multiple sclerosis <u>.00</u>	j	Special Olympics <u>.00</u>
	Total (add lines a through j)	37k	.00
38	Penalties on IRAs, retirement plans, MSAs, etc. (see page 29) <u>.00</u> x .33 =	38	.00
39	Credit repayments and other penalties (see page 29)	39	.00
40	Add lines 34 through 36, and 37k through 39	40	0.00



2012 Form 1  
Name(s) shown on Form 1: **SID BHATTI**  
Your social security number: **89 78 6063**

41	Amount from line 40	41	.00
42	Wisconsin tax withheld. Enclose withholding statements	42	.00
43	2012 estimated tax payments and amount applied from 2011 return	43	.00
44	Earned income credit. Number of qualifying children Federal credit . . . . .00 x . . . . .% =	44	.00
45	Farmland preservation credit. a Schedule FC, line 18	45a	.00
	b Schedule FC-A, line 13	45b	.00
46	Repayment credit (see page 31)	46	.00
47	Homestead credit. Enclose Schedule H or H-EZ	47	.00
48	Eligible veterans and surviving spouses property tax credit	48	.00
49	Other credits from Schedule CR, line 32. Enclose Schedule CR	49	.00
50	Add lines 42 through 49	50	.00
51	If line 50 is larger than line 41, subtract line 41 from line 50. This is the <b>AMOUNT YOU OVERPAID</b>	51	.00
52	Amount of line 51 you want <b>REFUNDED TO YOU</b>	52	.00
53	Amount of line 51 you want <b>APPLIED TO YOUR 2013 ESTIMATED TAX</b>	53	.00
54	If line 50 is smaller than line 41, subtract line 50 from line 41. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return	54	.00
55	Underpayment interest. Fill in exception code - See Sch. U Also include on line 54 (see page 34)	55	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  **Yes** Complete the following.  **No**

Designee's name: **BARBARA STEPONKUS** Phone no.: **608-884-6436** Personal identification number (PIN): **0 3 0 5 8**

**Paper clip copies of your federal income tax return and schedules to this return.**

**Assemble your return (pages 1-4) and withholding statements in the order listed on page 34.**

**Sign here**

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature: \_\_\_\_\_ Spouse's signature (if filing jointly, BOTH must sign): \_\_\_\_\_ Date: **10-11-2013** Daytime phone: **608-884-3906**

Mail your return to: Wisconsin Department of Revenue

If tax due: PO Box 268, Madison WI 53790-0001

If refund or no tax due: PO Box 59, Madison WI 53785-0001

If homestead credit claimed: PO Box 34, Madison WI 53786-0001

For Department Use Only:

**Do Not Submit Photocopies**



B 203  
(12/94)

**UNITED STATES BANKRUPTCY COURT  
Western District of Wisconsin**

In re: Sid Bhatti  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>6,500.00</u>
Prior to the filing of this statement I have received	\$	<u>6,500.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

- Debtor
- Other (specify)

3. The source of compensation to be paid to me is:

- Debtor
- Other (specify)

- 4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 10/28/2013

s/Guy K. Fish  
**Guy K. Fish, Bar No. 1005282**  
**Fish Law Offices**  
Attorney for Debtor(s)