

23-7198  
No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

FILED  
JUL 12 2023  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

EBONE LEROY EAST — PETITIONER  
(Your Name)

VS.

FIX IT AUTO REPAIR, INC. RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): \* PLEASE SEE U.S. DISTRICT COURT IFP ATTACHMENTS.  
SUPERIOR COURT, MARICOPA COUNTY CASE # CV 2021-014595  
COURT OF APPEALS, DIVISION ONE, AZ. CASE# 1 CA-CV 22-0443  
STATE OF AZ SUPREME COURT, CASE# CV-23-0037-PR  
☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_  
- N/A - , or

☐ a copy of the order of appointment is appended.

EB  
RECEIVED (Signature)  
SEP 21 2023  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

RECEIVED  
JUL 18 2023  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, EDDIE LEROY EAST, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>126.53</u>	\$ <u>0.00</u>	\$ <u>126.53</u>	\$ <u>0.00</u>
Self-employment	\$ <u>176.73</u>	\$ <u>0.00</u>	\$ <u>176.73</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.12</u>	\$ <u>0.00</u>	\$ <u>0.12</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>n/a</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>Total monthly income:</b>	\$ <u>303.38</u>	\$ <u>0.00</u>	\$ <u>303.38</u>	\$ <u>0.00</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
TABLE RECORDS	P.O. Box 6472, 85338	10/16/2001	\$ 176.73
PODIE NERDY	1015 W. ST., 98402	01/08/2000	\$ 126.53
N/A	N/A	N/A	\$ 0.00

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.) (SINGLES.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
\$	\$	\$	\$ \$
\$	\$	\$	\$ \$

4. How much cash do you and your spouse have? \$ 201.19 ; PAY PM.

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
PNC, BANK AS OF 6/28/2023	-2.02	\$ 0.00 N/A.
Crypto.com AS OF 7/11/2023	0.12	\$ 0.00 N/A.
CASH APP, SQUARE 7/11/2023	\$353.15	\$ 0.00 N/A.
AMERICAN EXPRESS BLUE BOND	\$ 461.74	

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☒ Home Value Homeless. N/A.

☒ Other real estate Value 0.00

☒ Motor Vehicle #1 Year, make & model MAZDA 3, 2008 Value 1,000.00

☒ Motor Vehicle #2 Year, make & model N/A Value N/A

☒ Other assets Description PLEASE SEE ALL ATTACHMENTS Value N/A

Your account ending in X3663 is  
in Low Cash Mode.

Inbox



noreply.pncalerts@pnc.com 8:56 AM

to me ^



From noreply.pncalerts@pnc.com •  
pncalerts@pnc.com

Reply-to noreply.pncalerts@pnc.com

To EBONEEAST@gmail.com

Date Jun 28, 2023, 8:56 AM



Standard encryption (TLS).

[View security details](#)



PNC

| Alert

**Your -\$2.02 Available Balance is less  
than your Low Cash Mode threshold.**



# Accounts



TOTAL BALANCE ⓘ

\$0.12 USD

0.00

Crypto Wallet ▶

\$0.12

0.00%

Crypto Earn

\$0.00

0.00%

Fiat Wallet

\$0.00

—

Crypto.com NFT

0

—

Crypto.com Visa  
Card

\$0.00

—



Home



Accounts



Track



Card



# Royalty Summary

On this page you'll find a quick overview of your royalties across reporting periods. Click into a period to view detailed breakdowns and download reports.

## Have questions?

- Check out our royalties knowledge base
- Click here to view the Report Notice
- Click here to view our full royalties posting schedule

**Next Royalties Posting:** MAY-23 will be available on August 01, 2023

Current Balance: **\$176.73**



**Request Payment**

## Royalty Periods

Year 2023

**View Multiple Periods**



PayPal balance

**\$201.19**

PayPal Fundraisers

Raise money

**Transfer**



## Recent activity



**DANIELS JEWELERS C... -\$84**

Jul 11 · Payment



**FAMILY DOLLAR # -\$11.78**

Jun 27 · Payment



**USPS KIOSK 036384... -\$7.56**

Jun 27 · Payment



**CIRCLE K 01795 1732 W -\$9.11**

Jun 26 · Payment

**Send**

**Request**




Balance

Available

\$353.15

Transfer to bank

Activity

	<b>Card payment</b> May 11 - Sales	<b>\$196.43</b> \$353.15
	<b>Card payment</b> Mar 23 - Sales	<b>\$3.46</b> \$156.72
	<b>Card payment</b> Feb 11 - Sales	<b>\$118.20</b> \$153.26

View all activity

Account Details

Account Number 0000 2771



Checkout



Transactions



Orders



Notifications



More



# Home

Wednesday, July 12th

# Hi, Ebone

## Summary

Ebone's Account

Main Account

\$461.74 >

Add Money

Add Subaccount

## Goals

\$0.00/\$0.00

Savings



Add Goal



Home



Money In



Money Out



My Profile

# EXHIBIT A

1. Attached hereto is a copy of the

2. Declaration

3. of the undersigned, which is being submitted to the Court in support of the

4. Motion for Summary Judgment.

5. The undersigned certifies that the foregoing is a true and correct copy of the

6. original document, and that the undersigned is the author of the same.

7. The undersigned further certifies that the undersigned is the author of the

8. foregoing, and that the undersigned is the author of the same.

9. The undersigned further certifies that the undersigned is the author of the

10. foregoing, and that the undersigned is the author of the same.

11. Executed on this 1st day of January, 2018.

12. *[Signature]*

13. *[Signature]*

14. *[Signature]*

15. *[Signature]*

16. *[Signature]*

17. *[Signature]*

18. *[Signature]*

19. *[Signature]*

20. *[Signature]*

Page 1 of 13	LODGED
RECEIVED	COPY
MAY 25 2023	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
BY	DEPUTY

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

## UNITED STATES DISTRICT COURT

for the  
District of Arizona

EBONE LEROY EAST, et., al.

Plaintiff/Petitioner

v.

FIX IT AUTO REPAIR INC. et., al.

Defendant/Respondent

Civil Action No.

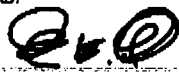
CV23-00929-PHX-JZB

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Long Form)

## Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:



## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 05/25/2023

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 126.53	\$ 0.00	\$ 126.53	\$ 0.00
Self-employment	\$ 117.87	\$ 0.00	\$ 117.87	\$ 0.00
Income from real property (such as rental income)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Gifts	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Alimony	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Child support	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

USDC/CLERK

## AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Disability (such as social security, insurance payments)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Unemployment payments	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Public-assistance (such as welfare)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (specify):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total monthly income:</b>	<b>\$ 244.40</b>	<b>\$ 0.00</b>	<b>\$ 244.40</b>	<b>\$ 0.00</b>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Table Records	P.O. Box 6472 Goodyear, AZ. 85338	10/16/2001 (Quarterly Royalty)	\$ 117.87
People Ready Inc.	1015 A Street Tacoma, WA. 98402	07/01/2000 (See 2022 W-2)	\$ 126.53

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ 0.00
N/A	N/A	N/A	\$ 0.00
N/A	N/A	N/A	\$ 0.00

4. How much cash do you and your spouse have? \$ 0.54

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
PNC BANK	Checking	\$ 0.54	\$ 0.00
Crypto.com	Crypto.com	\$ 0.00	\$ 0.00
N/A	N/A	\$ 0.00	\$ 0.00

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ 0.00
Other real estate (Value)	\$ 0.00
Motor vehicle #1 (Value)	\$ 1,800.00
Make and year: Mazda 3 - 2008	
Model: Mazda 3	
Registration #: JM1BK12F281816496	
Motor vehicle #2 (Value)	\$ 0.00
Make and year: N/A	
Model: N/A	
Registration #: N/A	
Other assets (Value)	\$ 1,339.45
Other assets (Value)	\$ 0.00

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
FIX IT AUTO REPAIR INC.	\$ 1,000,000.00	\$ 0.00
N/A	\$ 0.00	\$ 0.00
N/A	\$ 0.00	\$ 0.00

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
EBONE LEROY EAST (Self) (Divorced) (Single)	Self	43
N/A	N/A	0
N/A	N/A	0

AO 239 (Rev. 01/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0.00	\$
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$ 0.00	\$
Home maintenance <i>(repairs and upkeep)</i>	\$ 0.00	\$
Food	\$ 0.00	\$
Clothing	\$ 0.00	\$
Laundry and dry-cleaning	\$ 0.00	\$
Medical and dental expenses	\$ 0.00	\$
Transportation <i>(not including motor vehicle payments)</i>	\$ 0.00	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's: The petitioner is homeless.	\$ 0.00	\$
Life: N/A	\$ 0.00	\$
Health: AHCCCS / United Healthcare	\$ 0.00	\$
Motor vehicle: Policy:03/03/23 Expires: 05/31/23	\$ 92.00	\$
Other: N/A	\$ 0.00	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$ 0.00	\$
Installment payments		
Motor vehicle: N/A	\$ 0.00	\$
Credit card <i>(name)</i> : Petitioner's Credit Debt consolidation is	\$ 125.00	\$
Department store <i>(name)</i> : N/A	\$ 0.00	\$
Other: N/A	\$ 0.00	\$
Alimony, maintenance, and support paid to others	\$ 0.00	\$

## AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$
Other (specify): Crypto.com	\$ 0.00	\$
<b>Total monthly expenses:</b>	<b>\$ 217.00</b>	<b>\$ 0.00</b>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$ 50,000.00

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings. Petitioner's income is below the minimum poverty level. Petitioner has already spent over \$50,000.00 to litigate this matter in Superior Court Case number CV2021-014595 in re: EAST vs. FIX IT AUTO REPAIR INC. and has lost over \$314,000.00 value in the crypto market from early sell offs of his assets to litigate this case and is now currently homeless from all losses due to this case. I can not afford to pay state or federal taxes from the tax year of 2021 or afford any costs for the filing of this petition.

12. Identify the city and state of your legal residence.  
875 s. Estrella Parkway UNIT 6472 Goodyear, AZ. 85338

Your daytime phone number: (602) 692-5971

Your age: 43 Your years of schooling: 13

Employee Reference Copy			
<b>W-2</b> Wage and Tax Statement		<b>2022</b>	
Copy C for employer's records. OMB No. 1545-0008			
d Control number 0000000000 RLZ	Dept. XXXX	Corp. XXXX	Employer use only P 171906
c Employer's name, address, and ZIP code 9999Z PEOPLEREADY, INC. 1015 A STREET TACOMA, WA 98402			

e/f Employee's name, address, and ZIP code EBONE L EAST 875 S ETRELLA PKWY GOODYEAR, AZ 85338			
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b Employer's FED ID number 22-3606736	a Employee's SSA number XXX-XX-2209
1 Wages, tips, other comp. 1518.47	2 Federal income tax withheld 61.18
3 Social security wages 1518.47	4 Social security tax withheld 94.14
5 Medicare wages and tips 1518.47	6 Medicare tax withheld 22.01
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
15 State AZ	Employer's state ID no. 22-3606736
17 State income tax	18 State wages, tips, etc. 1518.47
19 Local income tax	20 Local wages, tips, etc.
20 Locality name	

EBONE L EAST  
875 S ETRELLA PKWY  
GOODYEAR, AZ 85338

Social Security Number: XXX-XX-2209

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PAGE 01 OF 01

1 Wages, tips, other comp. 1518.47	2 Federal income tax withheld 61.18
3 Social security wages 1518.47	4 Social security tax withheld 94.14
5 Medicare wages and tips 1518.47	6 Medicare tax withheld 22.01
Control number 0000000000 RLZ	Dept. XXXX
Employer's name, address, and ZIP code 9999Z PEOPLEREADY, INC. 1015 A STREET TACOMA, WA 98402	Employer use only 171906

b Employer's FED ID number 22-3606736	a Employee's SSA number XXX-XX-2209
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code EBONE L EAST 875 S ETRELLA PKWY GOODYEAR, AZ 85338	
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15 State AZ	Employer's state ID no. 22-3606736
17 State income tax	18 State wages, tips, etc. 1518.47
19 Local income tax	20 Local wages, tips, etc.
20 Locality name	

Federal Filing Copy	
<b>N-2</b> Wage and Tax Statement	<b>2022</b>
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008	

1 Wages, tips, other comp. 1518.47	2 Federal income tax withheld 61.18
3 Social security wages 1518.47	4 Social security tax withheld 94.14
5 Medicare wages and tips 1518.47	6 Medicare tax withheld 22.01
d Control number 0000000000 RLZ	Dept. XXXX
c Employer's name, address, and ZIP code 9999Z PEOPLEREADY, INC. 1015 A STREET TACOMA, WA 98402	

b Employer's FED ID number 22-3606736	a Employee's SSA number XXX-XX-2209
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code EBONE L EAST 875 S ETRELLA PKWY GOODYEAR, AZ 85338	
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15 State AZ	Employer's state ID no. 22-3606736
17 State income tax	18 State wages, tips, etc. 1518.47
19 Local income tax	20 Local wages, tips, etc.
20 Locality name	

AZ. State Filing Copy	
<b>W-2</b> Wage and Tax Statement	<b>2022</b>
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

1 Wages, tips, other comp. 1518.47	2 Federal income tax withheld 61.18
3 Social security wages 1518.47	4 Social security tax withheld 94.14
5 Medicare wages and tips 1518.47	6 Medicare tax withheld 22.01
d Control number 0000000000 RLZ	Dept. XXXX
c Employer's name, address, and ZIP code 9999Z PEOPLEREADY, INC. 1015 A STREET TACOMA, WA 98402	

b Employer's FED ID number 22-3606736	a Employee's SSA number XXX-XX-2209
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code EBONE L EAST 875 S ETRELLA PKWY GOODYEAR, AZ 85338	
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15 State AZ	Employer's state ID no. 22-3606736
17 State income tax	18 State wages, tips, etc. 1518.47
19 Local income tax	20 Local wages, tips, etc.
20 Locality name	

City or Local Filing Copy	
<b>W-2</b> Wage and Tax Statement	<b>2022</b>
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008	



- Box 1.** Enter this amount on the wages line of your tax return.
- Box 2.** Enter this amount on the federal income tax withheld line of your tax return.
- Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
- Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
- Box 8.** This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

- Note:** If you are an employee of a self-employed individual who has allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.
- Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
- A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
- B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
- C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)
- D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
- E**—Elective deferrals under a section 403(b) salary reduction agreement
- F**—Elective deferrals under a section 408(k)(6) salary reduction SEP
- G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan
- H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
- J**—Nontaxable sick pay (information only, not included in box 1, 3, or 5)
- K**—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.
- L**—Substantiated employee business expense reimbursements (nontaxable)
- M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
- N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
- P**—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)
- Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
- R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
- S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

- T**—Employer benefits included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.
- V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 571 Taxable and Nontaxable Income, for reporting requirements.
- W**—Employer contributions (including amounts the employee elected contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
- Y**—Deferrals under a section 409A nonqualified deferred compensation plan
- Z**—Income under a nonqualified deferred compensation plan that fails satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
- AA**—Designated Roth contributions under a section 401(k) plan
- BB**—Designated Roth contributions under a section 403(b) plan
- DD**—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
- EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
- FF**—Permitted benefits under a qualified small employer health reimbursement arrangement
- GG**—Income from qualified equity grants under section 83(i)
- HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year
- Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
- Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payment health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.
- Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

**NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.



## Royalty Summary

On this page you'll find a quick overview of your royalties across reporting periods. Click into a period to view detailed breakdowns and download reports.

### Have questions?

- Check out our royalties knowledge base
- Click here to view the Report Notice
- Click here to view our full royalties posting schedule

**Next Royalties Posting:** MAR-23 will be available on June 01, 2023

Current Balance: **\$117.87**

Request Payment

## Royalty Periods

Year 2023 ▾

[View Multiple Periods](#)

### FEB-23

[View Details](#)

Opening Balance:	\$68.62
Earnings:	\$49.25
Adjustments:	\$0.00
Payments:	\$0.00
Outstanding Balance:	\$117.87

### JAN-23

[View Details](#)

Opening Balance:	\$55.38
Earnings:	\$13.24
Adjustments:	\$0.00
Payments:	\$0.00
Outstanding Balance:	\$68.62

Your access to and use of the Symphonic Distribution, Inc. ("Symphonic" or "we" or "us") online management system ("SymphonicMS") is governed by and subject to the Symphonic Terms of Use (located at <https://symphonic.com/terms/>), and the Symphonic Privacy Policy (located at <https://symphonic.com/privacy-policy/>), as well as any and all other agreement(s) that may exist between you and Symphonic (collectively, the "Agreement"). For the purposes hereof, references to "you" mean any client of Symphonic and/or any other user of SymphonicMS. By using SymphonicMS, you acknowledge your acceptance of the Agreement. Please read the Agreement carefully.


Your account ending in X3663 is  
in Low Cash Mode. Inbox



PNCAlerts@pnc.com 5:25 AM

to me ^



From PNCAlerts@pnc.com  
Reply-to noreply.pncalerts@pnc.com  
To EBONEEAST@gmail.com  
Date May 25, 2023, 5:25 AM  
 Standard encryption (TLS).  
[View security details](#)

 PNC | Alert

**Your \$0.45 Available Balance is less  
than your Low Cash Mode threshold.**



# Accounts



0.00

- \$280.98

Crypto Wallet ▶ \$0.00

Crypto Earn \$0.00

Fiat Wallet \$0.00

Crypto.com NFT 0

Crypto.com Visa Card \$0.00

**Filer's Name:**  
**FORIS DAX, INC.**  
**CRYPTO.COM**  
**1111 BRICKELL AVENUE, SUITE 2725**  
**MIAMI, FL 33131**

**2021 Form 1099-K**  
**Payment Card and Third Party**  
**Network Transactions**

OMB No. 1545-2205

**Copy B For Payee**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

For questions about this form, contact FORIS DAX, INC. at 888-959-8091

<b>FILER's federal identification no.</b> 84-4313004		<b>PAYEE's taxpayer identification no.</b> <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	
<b>Type of Filer</b> PSE		<b>Type of Payment</b> 3rd Party Network	
<b>Box 1a: Gross amount of payment card/third party network transactions</b> <div style="text-align: right;">\$295,733.55</div>		<b>Box 1b: Card Not Present transactions (optional)</b> <div style="text-align: right;">\$295,733.55</div>	
		<b>Box 3: Number of payment transactions</b> <div style="text-align: right;">525</div>	
<b>Box 5a: Jan.</b> <div style="text-align: right;">\$3,019.61</div>	<b>Box 5b: Feb.</b> <div style="text-align: right;">\$12,489.64</div>	<b>Box 5c: Mar.</b> <div style="text-align: right;">\$96,811.32</div>	<b>Box 5d: Apr.</b> <div style="text-align: right;">\$107,601.85</div>
<b>Box 5e: May.</b> <div style="text-align: right;">\$7,580.09</div>	<b>Box 5f: Jun.</b> <div style="text-align: right;">\$1,012.21</div>		
<b>Box 5g: Jul.</b> <div style="text-align: right;">\$55,893.61</div>	<b>Box 5h: Aug.</b> <div style="text-align: right;">\$7,362.12</div>	<b>Box 5i: Sep.</b> <div style="text-align: right;">\$2,405.04</div>	<b>Box 5j: Oct.</b> <div style="text-align: right;">\$0.00</div>
<b>Box 5k: Nov.</b> <div style="text-align: right;">\$1,406.17</div>	<b>Box 5l: Dec.</b> <div style="text-align: right;">\$151.89</div>		
<b>Box 6: State</b> <div style="text-align: right;">AZ</div> <div style="text-align: right;">AZ</div>		<b>Box 7: State/Filer's state ID no.</b> <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>	
		<b>Box 8: State income tax withheld</b> <div style="text-align: right;">\$0.00</div> <div style="text-align: right;">\$0.00</div>	

**Instructions for Payee - 1099-K**

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050K. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner of the form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see [www.irs.gov/GigEconomy](http://www.irs.gov/GigEconomy).

**Payee's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account number or other unique number the PSE assigned to distinguish your account.

**Box 1a.** Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

**Box 1b.** Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was typed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

**Box 2.** Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

**Box 3.** Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

**Box 4.** Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

**Boxes 5a-5l.** Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

**Boxes 6-8.** Shows state and local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099K](http://www.irs.gov/Form1099K).

**Free File.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

← Sales



**Jan 1, 2021 - Dec 31, 2021**

All Devices

1D

1W

1M

3M

1Y

**SALES SUMMARY: OVERVIEW**

...

**\$17.82K**

Gross Sales

**\$17.82K**

Net Sales

**59**

Sales

**\$302.18**

Average Sale

**\$0.00**

Refunds

**\$0.00**

Discounts & Comps

**GROSS SALES**

...

**Jan 1, 2021 - Dec 31, 2021**

**\$17,828.46**

Payer's Name:  
 SYMPHONIC DISTRIBUTION INC.  
 707 N. FRANKLIN ST STE 400  
 TAMPA, FL 33602

**2021 Form 1099-MISC**  
**Miscellaneous Information**

OMB No. 1545-0115

**Copy B For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

For questions about this form, contact  
 SYMPHONIC DISTRIBUTION INC. at  
 8133695107

Recipient's Name:

EBONE LEROY EAST  
 6472  
 875 S. ESTRELLA PARKWAY  
 GOODYEAR, AZ 85338

Payer's federal identification number:	Recipient's identification number:	Account number:
26-1342503		8733

<b>Box 2: Royalties</b>
<b>\$735.91</b>

**Instructions for Recipient - 1099-MISC**

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

**FATCA (1099) requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8838.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the Instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax return.

**Form 1099-MISC incorrect?** If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

**Box 1.** Report rents from real estate on Schedule E (Form 1040 or 1040-SR). However, report rents on Schedule C (Form 1040 or 1040-SR) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

**Box 2.** Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040 or 1040-SR). However, report payments for a working interest as explained in the Schedule E (Form 1040 or 1040-SR) Instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other Income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** Shows the amount paid to a fishing boat crew member who is considered by the operator to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

**Box 6.** For individuals, report on Schedule C (Form 1040 or 1040-SR).

**Box 7.** If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other Income" line of Schedule 1 (Form 1040).

**Box 9.** Report this amount on Schedule F (Form 1040 or 1040-SR).

**Box 10.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 11.** Shows the amount paid for the purchase of fish for resale from any person engaged in the trade or business of catching fish. See the Instructions for your tax return for reporting this income.

**Box 12.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 408A plus any earnings on current and prior year deferrals.

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

**Box 14.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 408A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the Instructions for your tax return.

**Boxes 15-17.** Show state or local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099-MISC](http://www.irs.gov/Form1099-MISC).

**Free File.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

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

IN THE  
SUPREME COURT OF THE UNITED STATES

Cathy Munoz — PETITIONER  
(Your Name)

VS.

Fix it Auto Repair, Inc RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s): Please see U.S. District Court IFP Attachments, Superior Court, Maricopa County Case # CV2021-014595 Court of Appeals Division One, AZ Case # 1CA-CV22-0443 State of AZ Superior & Supreme Court Case # CV-23-0037-PR

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

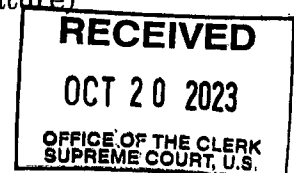
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_  
- N/A - , or

☐ a copy of the order of appointment is appended.

Munoz, Cathy  
(Signature)





**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Cathy Munoz, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>5,098.36</u>	\$ <u>0.00</u>	\$ <u>5,098.36</u>	\$ <u>0.00</u>
Self-employment	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Income from real property (such as rental income)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Gifts	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Child Support	\$ <del>800.00</del> <sup>0.00</sup>	\$ <u>0.00</u>	\$ <del>800.00</del> <sup>0.00</sup>	\$ <u>0.00</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>164.94</u> Please see Attachments.	\$ <u>0.00</u>	\$ <u>164.94</u>	\$ <u>0.00</u>
Disability (such as social security, insurance payments)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Unemployment payments	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Public-assistance (such as welfare)	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>Total monthly income:</b>	\$ <u>5,263.30</u>	\$ <u>0.00</u>	\$ <u>5,263.30</u>	\$ <u>0.00</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Arcadia	2920 E. Chambers	03-2022	\$ 5,263.30
N/A	Phoenix AZ.	N/A	\$ 0.00
N/A	85040	N/A	\$ 0.00

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.) (Divorced)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A
N/A	N/A	N/A	\$ N/A

4. How much cash do you and your spouse have? \$  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
Checking	\$ 10.58	\$ 0.00
Crypto.com	\$ 15.74	\$ 0.00
N/A	\$ 0.00	\$ 0.00

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<input checked="" type="checkbox"/> Home Value <u>Rent \$1,100.00</u>	<input checked="" type="checkbox"/> Other real estate Value <u>0.00</u>
<input checked="" type="checkbox"/> Motor Vehicle #1 Year, make & model <u>CHEVY MALIBU, 2016</u> Value <u>\$18,500.00</u>	<input checked="" type="checkbox"/> Motor Vehicle #2 Year, make & model <u>N/A</u> Value <u>N/A</u>
<input checked="" type="checkbox"/> Other assets Description <u>N/A</u> Value <u>0.00</u>	<u>Please see All Attachments,</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you <i>Please See Attachments</i>	Amount owed to your spouse
<u>Fix it Auto Repair</u>	\$ <u>1,000,000.00</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>0.00</u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>Cathy Munoz</u>	<u>Self</u>	<u>50</u>
<u>F. M. G.</u>	<u>son</u>	<u>16</u>
<u>m. G.</u>	<u>daughter</u>	<u>15</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>1,100.00</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>100.00</u>	\$ <u>0.00</u>
Home maintenance (repairs and upkeep)	\$ <u>700.00</u>	\$ <u>0.00</u>
Food	\$ <u>324.00</u>	\$ <u>0.00</u>
Clothing	\$ <u>0.00</u>	\$ <u>0.00</u>
Laundry and dry-cleaning	\$ <u>20.00</u>	\$ <u>0.00</u>
Medical and dental expenses	\$ <u>563.38</u>	\$ <u>0.00</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>200.00</u>	\$ <u>0.00</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>	\$ <u>0.00</u>
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ <u>0.00</u>	\$ <u>0.00</u>
Life	\$ <u>100.84</u>	\$ <u>0.00</u>
Health	\$ <u>600.01</u>	\$ <u>0.00</u>
Motor Vehicle	\$ <u>888.48</u>	\$ <u>0.00</u>
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Installment payments		
Motor Vehicle	\$ <u>509.38</u>	\$ <u>0.00</u>
Credit card(s)	\$ <u>350.00</u>	\$ <u>0.00</u>
Department store(s)	\$ <u>163.00</u>	\$ <u>0.00</u>
Other: <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Alimony, maintenance, and support paid to others	\$ <u>800.00</u>	\$ <u>0.00</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
Other (specify): <u>N/A</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>Total monthly expenses:</b>	<b>\$ <u>5,769.09</u></b>	<b>\$ <u>0.00</u></b>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? N/A

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes

☒ No

If yes, how much? N/A

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

*Because my monthly expenses are more than my monthly income. Which leaves me -505.79*

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

Executed on: Sep. 17, , 2023

Munoz, Cathy  
(Signature)

# ***EXHIBIT A***

Document ID: PHX-00929 Page 1 of 1

1  
2  
3  
4  
5  
6 **IN THE UNITED STATES DISTRICT COURT**  
7 **FOR THE DISTRICT OF ARIZONA**  
8

9 Ebone Leroy East, et al.,

10 Petitioners,

11 v.

12 Fix it Auto Repair Incorporated,

13 Defendant.  
14

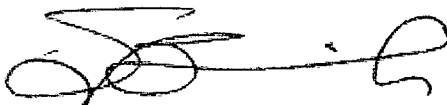
No. CV-23-00929-PHX-SMB

**ORDER**

15 The Court has reviewed Plaintiff's application to proceed in District Court without prepaying  
16 fees or costs (Doc. 2).

17 **IT IS ORDERED** that the application for leave to proceed in forma pauperis,  
18 without prepayment of costs or fees or the necessity of giving security therefore is  
19 **granted**. Plaintiff shall be responsible for service by waiver or of the summons and  
20 complaint.

21 Dated this 8th day of June, 2023.

22  
23 

24 \_\_\_\_\_  
25 Honorable Susan M. Brnovich  
26 United States District Judge  
27  
28

1 **LIBERTY MUTUAL GROUP FIELD LEGAL OFFICES**

2 Brett Steele # 034716

3 P.O. Box 7218

4 London, KY 40742

5 TELEPHONE: (602) 707-4585

6 FIRM EMAIL: PhoenixLocal@LibertyMutual.com

7 FAX: 855-614-6690

8 Attorney for Defendant, Fix It Auto Repair, Inc.

9 **IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**

10 **IN AND FOR THE COUNTY OF MARICOPA**

11 **EBONE EAST,**

12 Plaintiff,

13 vs.

14 **FIX IT AUTO REPAIR, INC.,**

15 Defendant.

NO. CV2021-014595

**DEFENDANT'S INITIAL RULE 26.1  
DISCLOSURE STATEMENT**

(Assigned to the Hon. Timothy Thomason)

16 The following disclosures are made by Defendant, Fix It Auto Repair, Inc. pursuant  
17 to Rule 26.1 of the Arizona Rules of Civil Procedure. This matter is in the early stages of  
18 discovery and this disclosure statement represents the product of Defendant's investigation  
19 to date. Further investigation may bring forth additional information that may have a  
20 bearing on Defendant's case and this disclosure statement is not intended to represent  
21 Defendant's complete position in the case but is merely an initial disclosure until further  
22 information is obtained regarding the claims presented and the defense made in this matter.

23 This disclosure statement is filed in conjunction with all outstanding agreements  
24 between the parties herein and incorporates by reference any answers to requests for  
25 admission, answers to uniform and non-uniform interrogatories and responses to request for  
26 production of documents. This disclosure statement shall also serve as supplementation to  
27 any discovery responses heretofore submitted.



1 This statement is subject to supplementation and modification as discovery  
2 continues. Defendant will timely supplement as described by Rule 26.1(b)(2), Ariz. R. Civ.  
3 P.

4 **I. FACTUAL BASIS OF DEFENSE**

5 This case arises out of an incident which occurred on or about September 27, 2021.  
6 Plaintiff alleges that an oil change performed by Defendant caused his vehicle to break  
7 down on the freeway. Further, Plaintiff alleges that Defendant intentionally unscrewed the  
8 engine block heater plug and caused low oil pressure in his vehicle. He also asserts that  
9 this was an attempted murder, a hit, and retaliation and reprisal by various groups and  
10 organizations.

11 **II. LEGAL THEORY UPON WHICH DEFENSE IS MADE**

12 Defendant, Fix It Auto Repair, Inc. affirmatively asserts it is not liable to Plaintiff  
13 in the sum or sums alleged, or in any sum at all.

14 To the extent Plaintiff, or any other party or non-party, is liable for Plaintiff's alleged  
15 damages, comparative negligence/fault shall be apportioned according to the extent/amount  
16 of liability pursuant to A.R.S. §§ 12-2501, 12-2505, *et al.* Plaintiff may be partly, or entirely,  
17 at fault for causing this incident pursuant to A.R.S. §§ 12-2501, 12-2505, *et al.*

18 Plaintiff is limited to recovery for damages/injuries proximately and actually caused  
19 by any proven negligent acts/omissions performed by Defendant, Fix It Auto Repair, Inc.

20 Plaintiff is barred from recovery for failing to mitigate his damages.

21 Defendant, Fix It Auto Repair, Inc. denies it is liable to Plaintiff and further asserts  
22 Plaintiff's Complaint fails to identify a viable claim against it.

23 **III. WITNESSES EXPECTED TO TESTIFY**

24 1. Plaintiff, Ebone East, 825 South Estrella Parkway, Unit 6472, Goodyear, AZ  
25 85338, is expected to testify as to his observations and recollections of the subject incident,  
26 his conversations, if any, with any individuals involved in the incident and may further  
27 testify consistent with any deposition testimony he may give in this matter.

28 2. Defendant, Fix It Auto Repair, Inc. is expected to testify as to his/her

Earnings Statement



ARCADIA, INC.  
3225 E. WASHINGTON BLVD.  
VERNON, CA 90058

SEQ 001733

Period Beginning: 08/21/2023  
Period Ending: 09/03/2023  
Pay Date: 09/06/2023

Filing Status: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

CATHY MUNOZ  
875 ESTRELLA PARKWAY  
6472  
GOODYEAR AZ 85338

Earnings	rate	hours	this period	year to date
Regular	18.0000	80.00	1,440.00	25,482.42
Overtime	27.0000	24.60	664.20	7,279.20
Holiday				720.00
Sick				720.00
Vacation				504.00
				34,705.62
Gross Pay			\$2,104.20	

Other Benefits and Information	this period	total to date
401K Er	84.17	1,388.22
Totl Hrs Worked	104.60	
Sick Available		0.00
Vacation		25.00

Deductions	Statutory		
	Federal Income Tax	-160.73	2,556.08
	Social Security Tax	-128.27	2,114.54
	Medicare Tax	-30.00	494.53
	AZ State Income Tax	-19.71	354.00
Other			
	Vision	-2.16*	36.72
	125 Dental	-8.14*	138.38
	125 Medical	-25.00*	425.00
	401K	-126.25*	1,946.21
Net Pay		\$1,603.94	
	Checking	-1,603.94	
Net Check		\$0.00	

Important Notes  
COMPANY PHONE IS : (323) 269-7300

BASIS OF PAY: HOURLY

Additional Tax Withholding Information  
Exemptions/Allowances:  
AZ: Tax is 0.5%,\$10 Additional Tax

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,942.65

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

ARCADIA, INC.  
3225 E. WASHINGTON BLVD.  
VERNON, CA 90058

Advice number: 00000360330  
Pay date: 09/06/2023

Deposited to the account of	account number	transit ABA	amount
CATHY MUNOZ	xxxxx8069	xxxx xxxx	\$1,603.94

THIS IS NOT A CHECK

NON-NEGOTIABLE

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6-B 813035 011205 0000380329 1

SEQ 002667

ARCADIA, INC.  
3225 E. WASHINGTON BLVD.  
VERNON, CA 90058

## Earnings Statement



Period Beginning: 09/04/2023  
Period Ending: 09/17/2023  
Pay Date: 09/20/2023

Filing Status: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

CATHY MUNOZ  
875 ESTRELLA PARKWAY  
6472  
GOODYEAR AZ 85338

Earnings	rate	hours	this period	year to date
Regular	18.0000	80.00	1,440.00	26,922.42
Overtime	27.0000	16.12	435.24	7,714.44
Holiday	18.0000	8.00	144.00	864.00
Sick				720.00
Vacation				504.00
				36,724.86
Gross Pay			\$2,019.24	

### Other Benefits and

Information	this period	total to date
401K Er	80.77	1,468.99
Totl Hrs Worked	96.12	
Sick Available		0.00
Vacation		28.08

Deductions	Statutory		
	Federal Income Tax	-151.14	2,707.22
	Social Security Tax	-123.01	2,237.55
	Medicare Tax	-28.77	523.30
	AZ State Income Tax	-19.31	373.31
Other			
	Vision	-2.16*	38.88
	125 Dental	-8.14*	146.52
	125 Medical	-25.00*	450.00
	401K	-121.15*	2,067.36
Net Pay		\$1,540.56	
	Checking	-1,540.56	
Net Check		\$0.00	

### Important Notes

COMPANY PHONE IS : (323) 269-7300

BASIS OF PAY: HOURLY

### Additional Tax Withholding Information

Exemptions/Allowances:

AZ: Tax is 0.5%,\$10 Additional Tax

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,862.79

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VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

ARCADIA, INC.  
3225 E. WASHINGTON BLVD.  
VERNON, CA 90058

Advice number: 00000380329  
Pay date: 09/20/2023

Deposited to the account of	account number	transit ABA	amount
CATHY MUNOZ	xxxxx8069	xxxx xxxx	\$1,540.56

NON-NEGOTIABLE