

RECEIPT

DATE 5/5/25

No. 741822

RECEIVED FROM Lewis Enterprises Inc.

\$650.00

Six hundred fifty and 00/100

DOLLARS

FOR RENT DE-SW-1526

ACCOUNT	
PAYMENT	
BAL. DUE	

- ☐ CASH
☒ CHECK
☐ MONEY ORDER
☐ CREDIT CARD

FROM 31123

TO

BY AG



RECEIVED

MAY 05 2025

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Instructions: You must complete this application in its entirety and attach all applicable documentation.
(**Note:** For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the **"State of Delaware"** must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- DE-SW-1526 Expiration Date September 30, 2025

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☐ Five Years - \$275.00

ALL OTHERS

- ☐ One Year - \$350.00
- ☒ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? ☒ Yes ☐ No

3. Company Information

Company Name Lewis Enterprises, Inc.

Location Address:	Mailing Address:
6714 Forest Grove Road	P.O. Box 3664
Parsonsborg, MD 21849	Salisbury, MD 21802

Contact: Deanna Powell Title: Office Manager

Business Phone: 410-749-8818 Fax: 410-860-0681

E-mail: deanna@asapservicescorp.com

24 hr Emergency Contact Phone: [REDACTED]

4. Company Ownership Information

(a). Please indicate the company type:

- ☐ Proprietorship
☐ Partnership
☒ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: Salisbury State: MD Date: 12/31/1996
☐ Municipality
☐ Public institution
☐ Limited Liability Corporation (LLC) State: _____
☐ Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

☒ Attachment Ray A. Lewis

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- ☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- ☒ Attachment _____
☐ No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☒ Attachment _____
☐ No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☒ Residential waste
☒ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
☐ Industrial waste (from a manufacturing or industrial process)
☒ Dry waste: ☐ construction/demolition debris
☐ trees/stumps
☐ other (must specify) _____
☐ Ash: ☐ municipal incinerator
☐ coal ash
☐ other (must specify) _____
☐ Infectious waste
☐ Non-hazardous petroleum-hydrocarbon contaminated soils
☐ Asbestos-containing waste
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☒ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☐ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- ☒ Delaware Solid Waste Authority locations: (attachment) _____
- ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- ☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
- ☒ Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
- ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- ☒ Attachment _____
- ☐ No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 860954 MC# 9299

- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

✓ Spill Control Plan: Attachment _____

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment _____

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

☒ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2
☐ Form 1099-Misc
☐ Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- ☐ Attachment _____
☒ No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature Ray A. Lewis Date April 28, 2025
Print Name Ray A. Lewis Title President

****A legal owner or corporate officer must sign the application****

Lewis Enterprises, Inc.
P.O. Box 3664
Salisbury, MD 21802

State of Delaware
Department of Natural Resources & Environmental Control

RE: Attachments for Solid Waste Transporter Permit Application

4. (b) Ray A. Lewis, President



100% of Ownership

5. Lewis Sand & Gravel LLC
38227 Firemans Road
Millsboro, DE 19966

6. A.S.A.P. Total Disposal
P.O. Box 3733
Salisbury, MD 21802
Roll-Off Containers, Portable Restrooms

A.S.A.P. Pumping Service
P.O. Box 3664
Salisbury, MD 21802
Septic Pumping, Grease Trap Pumping, Commercial High Pressure Jetting

Lewis Construction
P.O. Box 3664
Salisbury, MD 21802
Septic System Installation and Repairs

Lewis Sand & Gravel, LLC
38227 Firemans Road
Millsboro, DE 19966

A.S.A.P. SERVICES CORP.

Serving Delmarva Since 1990

P.O. Box 3664, Salisbury, MD 21802

PHONE 410-860-0707

SPILL CONTROL

A. Spill Control & Prevention

Lewis Enterprises, Inc. will enact the following procedures in the unlikely event of a spill:

1. HALT SOURCE:

Immediately cease using any leaking or damaged unit, which is causing the spill. Properly repair the unit prior to resuming use of the unit.

2. CONTAIN SPILL:

In the event large quantities of liquid biosolids have been spilled, use straw bales where available to either form a barrier or soak up the biosolids.

3. CLEAN UP:

A variety of equipment can be used to remove spilled biosolids. This equipment depends on how much and what type of biosolids have been spilled. Vacuum equipment, biosolids applicator, front-end loaders, shovels, and brooms will be used to remove all material possible. Biosolids cleaned up from the spill site will be taken to the local sanitary landfill.

4. FINAL CLEAN UP:

Flush roadways with water under pressure as necessary to clean any remaining amounts of biosolids. Allow drying and incorporating on road shoulders if required. Minute amounts of biosolids, which have been dripped or tracked on to roadways, can be removed by pressure washing. In the event a spill occurs on private property, final clean up should be completed immediately to the satisfaction of the owner.

5. CLEAN UP MANAGEMENT:

The Lewis Enterprises driver shall immediately take charge of initiating clean-up activities. Lewis Enterprises labor shall be used and additional labor will be secured as necessary.

6. REPORTING:

In the event of a spill, the driver shall immediately notify DNREC where the biosolids have originated. The driver will then notify Lewis Enterprises, Inc. office. A spill report will be completed which will include all relevant information regarding the spill, including how the spill occurred and what clean-up action was taken. Any spill will be reported within 2 hours by telephone DNREC and followed within 5 days by a complete written report if necessary.

A.S.A.P. Services

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). lights, tire pressure
 - 2). oil pressure
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: Ray A. Lewis Phone: [REDACTED]
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 *(Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)*
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. *(This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)*
- (7) This plan will be carried in all vehicles, along with the permit.

7. SPILL PREVENTION:

The project manager shall take the following steps in preventing spills from occurring:

- a. Insure that the truck drivers watch the loading operations and clean off any biosolids deposited on the outside of the truck or trailer before they leave the loading area. Insure that the wash water is controlled and is returned to the head of the treatment plant.
- b. Insure that the tank hatches, valves and dust caps are closed and in place prior to and during transport of any biosolids.
- c. Inspect tank hatches and valves on transport vehicles arriving at the receiving location for any leakage and repair or replace problem before the truck unit is loaded again.
- d. Insure liquid biosolids unloading operations at the receiving location are conducted to minimize hose drainage.

Worcester County Department of Public Works

Solid Waste Division

7091 CENTRAL SITE LANE
NEWARK, MD 21841

(410) 632-3177

FAX (410) 632-3000

MAILED
7/30/24

COMMERCIAL HAULER ANNUAL LICENSE APPLICATION

July 1, 2024—June 30, 2025

Application must be in the name of a legal entity. No licenses will be issued to a trade name.

NAME Lewis Enterprises, Inc. T/A A.S.A.P. Total Disposal PHONE [REDACTED]

FED ID/SOC SEC #: 52-2016953 FAX: 410-860-0681

ADDRESS P.O. Box 3664 ACCT# (if applicable) WOR-41

CITY Salisbury STATE MD ZIP CODE 21822

E-MAIL CONTACT: deanna@asapservicescorp.com

Commercial licenses are \$25.00 for each vehicle.

VEHICLE (YR, MAKE, MODEL)	TAG NUMBER	FEE -EA. VEHICLE	(Please supply existing large permit number)	
			PERMIT # (lg. decal)	PERMIT # (sm. annual seal) (office use)
<u>2007 Mack Roll Off</u>	<u>CL120986 DE</u>	<u>\$ 25.00</u>	<u> </u>	<u> </u>
<u>2005 Mack Roll Off</u>	<u>CL109518 DE</u>	<u>\$ 25.00</u>	<u> </u>	<u> </u>
<u>2001 FRT. Roll Off</u>	<u>337ED70 MD</u>	<u>\$25.00</u>	<u> </u>	<u> </u>
<u>1993 Intl. Roll Off</u>	<u>102ED63 MD</u>	<u>\$25.00</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Please make checks payable to Worcester County

Applicant hereby certifies that:

Applicant has not had a Worcester County Hauler's License suspended or revoked prior hereto. Applicant is familiar with all laws and regulations relating to solid waste activities in Worcester County; and understands that it is unlawful to deposit solid waste originating outside of Worcester County in any County owned or operated landfill. Applicant agrees to pay the current rates and fees which are shown on the back of this application. Applicant is authorized by the above named entity to apply, sign for, and obtain a Solid Waste Hauler's License. The above information is true to the best of the applicant's knowledge, belief, and understanding.

Signature  Date July 30, 2024 Amount Paid:

cash ☐ comm acct ☐ check #

Printed Name: Ray A. Lewis

Attachment 8 (b)

Wicomico County
Solid Waste & Recycling Center
6948 Brick Klin Road
Salisbury, MD 21801

Jones CrossRoads Landfill
28560 Landfill Lane
Georgetown, DE 19947

Worcester County
1 Market Street
Snow Hill, MD 21863

Somerset County
4941 Crisfield Hwy
Crisfield, MD 21817

Attachment 9 (b)

Same as above but only Worcester County needs to be renewed yearly. Account # WOR-41

Attachment 12

Our drivers have many years of driving experience with both driving and standard safety measures of being on the road. Each one is required to have a clean driving record, DOT medical card and a CDL license. We check driving records yearly per DOT regulations.

Attachment 14

Ray A. Lewis
Johnny Rayne
Dwayne Gray
Cordelia Adkins

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]

HERE

X

☐ CHECK BOX FOR MOBILE NOTE DEPOSIT
WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

to learn how to use our services call our experts at 1-800-368-3688 or visit www.intu.com

THIS CHECK IS EXTREMELY HIGH SECURITY FEATURES

CASH IF:

Pattern on front of check does not vary in color from edge to edge

"CheckLock" is not visible in paper held to light

Pink ink does not fade & reappear when rubbed or breathed on

"INTUITIVE CHECKLOCK" SECURITY SYSTEM not visible with magnification

spots appear on front or back

ink back looks pink or has disappeared

Printed information appears tampered with

Pink discoloration appears in PROTECTED AGAINST FRAUD area and information appears broken, scratched and/or shows signs of paper damage

Red and green fibers are not visible

Yellow fibers are not visible under ultraviolet light

"VOID" appears clearly to the left of this message

"ORIGINAL DOCUMENT" cannot be read

and not listed check security features exceed industry standards.

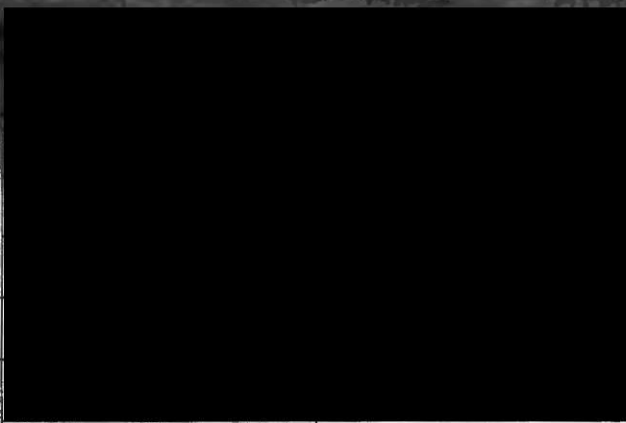


visible on front and back alerts that check has security features

sign is a certification mark of the Payment Systems Association

Mobile Deposit check mark to indicate check has been deposited via mobile device.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number		Copy D — For Employer OMB No. 1545-0008							
b Employer identification number (EIN) 52-2016953				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code LEWIS ENTERPRISES, INC P.O. BOX 3664 SALISBURY MD 21802-3664				3 Social security							
				5 Medicare wages							
				7 Social security							
d Control number				9		10 Dependent care benefits					
e Employee's name, address, and ZIP code RAY A LEWIS [REDACTED]				11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number MD		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

52-2018 c Employer's name, address, and ZIP code LEWIS ENTERPRISES, INC P.O. BOX 3664 SALISBURY MD 21802-3664																
d Control number																
e Employee's name, address, and ZIP code JOHN H RAYNE 																
<table border="1"> <tr> <td>13</td> <td>Statutory employee <input type="checkbox"/></td> <td>Retirement plan <input type="checkbox"/></td> <td>Third-party sick pay <input type="checkbox"/></td> <td>12b C o d e</td> </tr> <tr> <td>14</td> <td colspan="3">Other</td> <td>12c C o d e</td> </tr> <tr> <td></td> <td colspan="3"></td> <td>12d C o d e</td> </tr> </table>				13	Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e	14	Other			12c C o d e			
13	Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b C o d e												
14	Other			12c C o d e												
				12d C o d e												
15 State MD			18 Local wages, tips, etc.	19 Local income tax	20 Locality name											

Form **W-2** Wage and Tax Statement
 Copy D — For Employer

REV 01/09/25 QBDT

2024

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

b Employer identification number (EIN) 52-2016953			
c Employer's name, address, and ZIP code LEWIS ENTERPRISES, INC P.O. BOX 3664 SALISBURY MD 21802-3664			
d Control number			
e Employee's name, address, and ZIP code DWAYNE T GRAY 		9	10 Dependent care benefits
		11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b
		14 Other	12c
			12d
		18 Local wages, tips, etc.	19 Local income tax
			20 Locality name

Form **W-2** Wage and Tax Statement
Copy D — For Employer

REV 01/09/25 QBDT

2024

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

