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PUCO

April 18, 2016

16-1039-EL AGG

Public Utilities Commission of Ohio  
Docketing Division  
180 East Broad Street  
Columbus, OH 43215

Re: **National Auditing Services & Consulting, LLC**  
**Application for Electric Aggregators/Power Brokers**

To Whom It May Concern:

Enclosed please find an **Application for Electric Aggregators/Power Brokers** for our client, **Electric National Auditing Services & Consulting, LLC**. Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix  
140 Grand Street, Suite 300  
White Plains, NY 10601  
service@licenselogix.com  
(800) 292-0909

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
Technician ke Date Processed MAY 10 2016



**Public Utilities  
Commission**

PUCO USE ONLY		
Date Received	Case Number	Version
	EL-AGG	December 2014

16-1039

## **CERTIFICATION APPLICATION FOR ELECTRIC AGGREGATORS/ POWER BROKERS**

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-5 Experience). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, Columbus, Ohio 43215-3793.

**This PDF form is designed so that you may input information directly onto the form.  
You may also download the form, by saving it to your local disk, for later use.**

### **A. APPLICANT INFORMATION**

#### **A-1 Applicant's legal name, address, telephone number and web site address**

Legal Name National Auditing Services & Consulting, LLC  
Address 35 William St, Norwalk, CT 06851  
Telephone # (203) 854-8555 Web site address (if any) www.nationalenergydiscounters.com

#### **A-2 List name, address, telephone number and web site address under which Applicant will do business in Ohio**

Legal Name National Energy Discounters  
Address 35 William St, Norwalk, CT 06851  
Telephone # (203) 854-8555 Web site address (if any) www.nationalenergydiscounters.com

#### **A-3 List all names under which the applicant does business in North America**

National Auditing Services & Consulting, LLC  
National Energy Discounters

#### **A-4 Contact person for regulatory or emergency matters**

Name Carmine Nuzzi  
Title President

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Business address 35 William St, Norwalk, CT 06851

Telephone # (203) 854-8555 Fax # (888) 673-0249

E-mail address cn@nationalenergydiscounters.com

**A-5 Contact person for Commission Staff use in investigating customer complaints**

Name Carmine Nuzzi

Title President

Business address 35 William St, Norwalk, CT 06851

Telephone # (203) 854-8555 Fax # (888) 673-0249

E-mail address cn@nationalenergydiscounters.com

**A-6 Applicant's address and toll-free number for customer service and complaints**

Customer Service address 35 William St, Norwalk, CT 06851

Toll-free Telephone # (866) 215-6884 Fax # (888) 673-0249

E-mail address cn@nationalenergydiscounters.com

**A-7 Applicant's federal employer identification number # 26-1089390**

**A-8 Applicant's form of ownership (check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietorship                 | <input type="checkbox"/> Partnership                                |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input checked="" type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Corporation                         | <input type="checkbox"/> Other _____                                |

**A-9 (Check all that apply) Identify each electric distribution utility certified territory in which the applicant intends to provide service, including identification of each customer class that the applicant intends to serve, for example, residential, small commercial, mercantile commercial, and industrial. (A mercantile customer, as defined in (A) (19) of Section 4928.01 of the Revised Code, is a commercial customer who consumes more than 700,000 kWh/year or is part of a national account in one or more states).**

**☒ First Energy**

- |   |   |  |  |  |
|---|---|--|--|--|
| <input checked="" type="checkbox"/> Ohio Edison                     | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Toledo Edison                   | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Cleveland Electric Illuminating | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Duke Energy                     | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Monongahela Power               | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> American Electric Power         |   |  |  |  |
| <input checked="" type="checkbox"/> Ohio Power                      | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Columbus Southern Power         | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Dayton Power and Light          | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Mercantile | <input checked="" type="checkbox"/> Industrial |

- A-10 Provide the approximate start date that the applicant proposes to begin delivering services  
Upon licensure

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- A-11 **Exhibit A-11 "Principal Officers, Directors & Partners"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-12 **Exhibit A-12 "Corporate Structure,"** provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers and companies that aggregate customers in North America.
- A-13 **Exhibit A-13 "Company History,"** provide a concise description of the applicant's company history and principal business interests.
- A-14 **Exhibit A-14 "Articles of Incorporation and Bylaws,"** if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.
- A-15 **Exhibit A-15 "Secretary of State,"** provide evidence that the applicant has registered with the Ohio Secretary of the State.

**B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE**

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- B-1 **Exhibit B-1 "Jurisdictions of Operation,"** provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services.
- B-2 **Exhibit B-2 "Experience & Plans,"** provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4928.10 of the Revised Code.

**B-3** **Exhibit B-3 "Summary of Experience,"** provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).

**B-4** **Exhibit B-4 "Disclosure of Liabilities and Investigations,"** provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.

**B-5** Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.

☒ No      ☐ Yes

If yes, provide a separate attachment labeled as **Exhibit B-5 "Disclosure of Consumer Protection Violations"** detailing such violation(s) and providing all relevant documents.

**B-6** Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.

☒ No      ☐ Yes

If yes, provide a separate attachment labeled as **Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** detailing such action(s) and providing all relevant documents.

## **C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE**

**PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:**

**C-1** **Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why.

**C-2** **Exhibit C-2 "SEC Filings,"** provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that the applicant is not required to file with the SEC and why.

- C-3** **Exhibit C-3 “Financial Statements,”** provide copies of the applicant’s two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business.
- C-4** **Exhibit C-4 “Financial Arrangements,”** provide copies of the applicant's financial arrangements to conduct CRES as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.,).
- C-5** **Exhibit C-5 “Forecasted Financial Statements,”** provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant’s CRES operation, along with a list of assumptions, and the name, address, e-mail address, and telephone number of the preparer.
- C-6** **Exhibit C-6 “Credit Rating,”** provide a statement disclosing the applicant’s credit rating as reported by two of the following organizations: Duff & Phelps, Dun and Bradstreet Information Services, Fitch IBCA, Moody’s Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant’s parent or affiliate organization that guarantees the obligations of the applicant.
- C-7** **Exhibit C-7 “Credit Report,”** provide a copy of the applicant’s credit report from Experian, Dun and Bradstreet or a similar organization.
- C-8** **Exhibit C-8 “Bankruptcy Information,”** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.

**C-9** **Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant within the five most recent years preceding the application.

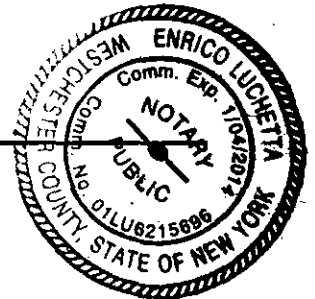
*[Signature]*  
Signature of Applicant & Title

Sworn and subscribed before me this 28<sup>th</sup> day of March, 2016  
Month Year

*[Signature]*  
Signature of official administering oath

ENRICO LUCIETTA / Notary  
Print Name and Title

My commission expires on 01/04/2018



# **AFFIDAVIT**

State of CT :

Norwalk ss.  
(Town)

County of Fairfield :

Carmine Nuzzi

, Affiant, being duly sworn/affirmed according to law, deposes and says that:

National Auditing Services & Consulting, LLC

He/She is the President (Office of Affiant) of d/b/a National Energy Discounters (Name of Applicant);

That he/she is authorized to and does make this affidavit for said Applicant,

1. The Applicant herein, attests under penalty of false statement that all statements made in the application for certification are true and complete and that it will amend its application while the application is pending if any substantial changes occur regarding the information provided in the application.
2. The Applicant herein, attests it will timely file an annual report with the Public Utilities Commission of Ohio of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Division (A) of Section 4905.10, Division (A) of Section 4911.18, and Division (F) of Section 4928.06 of the Revised Code.
3. The Applicant herein, attests that it will timely pay any assessments made pursuant to Sections 4905.10, 4911.18, or Division F of Section 4928.06 of the Revised Code.
4. The Applicant herein, attests that it will comply with all Public Utilities Commission of Ohio rules or orders as adopted pursuant to Chapter 4928 of the Revised Code.
5. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the Applicant.
6. The Applicant herein, attests that it will fully comply with Section 4928.09 of the Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The Applicant herein, attests that it will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The Applicant herein, attests that it will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The Applicant herein, attests that it will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the Applicant will provide, the Applicant herein, attests that it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio. (Only applicable if pertains to the services the Applicant is offering)



11. The Applicant herein, attests that it will inform the Commission of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating customer complaints.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief and that he/she expects said Applicant to be able to prove the same at any hearing hereof.

[Signature]  
Signature of Applicant & Title

Sworn and subscribed before me this 28<sup>th</sup> day of March, 2016  
Month Year

[Signature]  
Signature of official administering oath

ENRICO LUCHETTA / Notary  
Print Name and Title

My commission expires on 01/04/2018



**A-11 Principal Officers, Directors, and Partners** – Carmine Nuzzi, President, 35 William Street, Norwalk CT 06851. 203-854-8555

**A-12 Corporate Structure** - Sole Member Limited Liability Company

**A-13 Company History-** Company has been in existence since 1988, principal business activity is utility bill auditing and cost recovery. Since company's inception we have recovered millions and millions of dollars of utility over charges for our customers. Service is based on a contingency fee basis, so there is never a cost to our customers for our service. In addition to our utility bill audit we provide electric and gas procurement to our clients whom are located in a state in which energy deregulation is present. More detailed description attached.

**B-1 Jurisdictions of Operations** -I am not looking to provide retail or wholesale electric services, the intention of this application is to become a licensed energy broker whereby I bring energy suppliers and customers together. The customer will sign directly with the energy supplier. I am licensed as an energy broker in those states I currently broker, MA, NJ filed and pending. I also am a broker in NY, CT, TX, ME, these states currently do not require a broker to be licensed.

**B-2 Experience & Plans-** Once again, this statement appears to be more for an energy supplier not a broker. Experience, I have been brokering energy in NY, CT, and MA since those states opened up deregulation. Customers will be contracted via mail for us to perform our utility bill audit, once our utility bill audit is concluded; we will review their energy supply to determine if we can be of any assistance to them on that aspect of their energy bill.

**B-3 Summary of Experience-** Types of customers we would be seeking to assist would be commercial and industrial customers whom would benefit from a utility bill audit in the utility areas of AEP, Ohio Edison, AEP Ohio, Duke Energy Ohio, Dayton Power and Toledo Edison. Determination would be made as to which supplier would best suit customers load profile, information would then be presented to customer for their ultimate decision and direct engagement of the supplier based upon price and terms.

**B-4 Disclosure of liabilities and Investigations** – NONE

**C-1 Annual Reports-** None, company structure is a sole member LLC

**C-2 SEC Filings** - None, company structure is a sole member LLC

**C-3 Financial Statements** --- company's income is reported on my individual Federal 1040 tax return, attached are recent two (2) year's schedule C profit or loss from business.

**C-4 Financial Arrangements-** not applicable

**C-5 Forecasted Financial Statements-** Attached

**C-6 Credit Rating** - not applicable

**C- 7 Credit Report** - see attached

**C- 8 Bankruptcy Information-** not applicable



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/22/2015	201535502522	REGISTRATION OF FOREIGN FOR PROFIT LLC (LFP)	99.00	0.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

LICENSELOGIX  
ATTN: DISHA GANDHI  
140 GRAND ST., STE 300  
WHITE PLAINS, NY 10601

# STATE OF OHIO

## CERTIFICATE

Ohio Secretary of State, Jon Husted  
3840751

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NATIONAL AUDITING SERVICES &amp; CONSULTING, LLC

and, that said business records show the filing and recording of:

Document(s)

REGISTRATION OF FOREIGN FOR PROFIT LLC

Effective Date: 12/17/2015

Document No(s):

201535502522



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
22nd day of December, A.D. 2015.

Ohio Secretary of State

## A-13 Additional Information

### B-3

Carmine Nuzzi, principle of National Auditing Services Consulting LLC, d/b/a National Energy Discounters holds a BS in accounting/auditing and has spent the last 20 years as an independent contractor in the utility auditing sector and last 10 years in the energy procurement industry.

National Auditing Services LLC has been a member of the Connecticut BBB for the past 10 years and has achieved an A+ rating. National Energy Discounters is also a member of the Norwalk Chamber of Commerce and an affiliate member of the Manufacturing Alliance of Connecticut.

National Energy Discounters Procurement Program is specifically designed to accommodate enterprises or individuals that don't have the time or resources to devote to the energy procurement process but still want to secure the best prices available in the marketplace.

At National Energy Discounters we are committed to work diligently with our customers. We provide our customers different pricing options from various energy suppliers to choose from, our customers are able to choose the plan that works best for them. We offer both variable and fixed rates. We bring the complexities of the energy commodity market to them in understandable terms

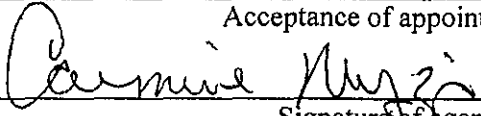
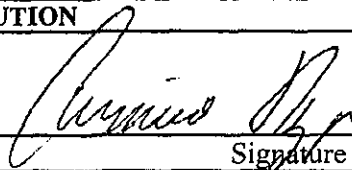
# ARTICLES OF ORGANIZATION

## DOMESTIC LIMITED LIABILITY COMPANY

Office of the Secretary of the State

**MAILING ADDRESS:**  
 Commercial Recording Division  
 Connecticut Secretary of the State  
 P.O. Box 150470  
 Hartford, CT 06115-0470  
 860-509-6003

**DELIVERY ADDRESS:**  
 Commercial Recording Division  
 Connecticut Secretary of the State  
 30 Trinity Street  
 Hartford, CT 06106  
 860-509-6003

Space For Office Use Only		Filing Fee: \$60.00		Make Checks Payable to "Secretary of the State"	
Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.					
<b>1. NAME OF THE LIMITED LIABILITY COMPANY</b>					
NATIONAL AUDITING SERVICES & CONSULTING LLC					
<b>2. NATURE OF BUSINESS TO BE TRANSACTED OR THE PURPOSES TO BE PROMOTED</b>					
UTILITY AUDITING					
<b>3. PRINCIPAL OFFICE ADDRESS</b> (See instructions for further details)			<b>4. MAILING ADDRESS</b> (if other than principal office address)		
65 HIGH RIDGE ROAD #253 STAMFORD, CT 06905					
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS</b>					
Name of agent		Business address (P.O. Box is not acceptable)			
CARMINE NUZZI					
		Residence address (P.O. Box is not acceptable)			
		65 HIGH RIDGE ROAD #253 STAMFORD, CT 06905			
Acceptance of appointment  Signature of agent					
<b>6. MANAGEMENT</b>					
(Place a check mark next to the following statement <u>only</u> if it applies) <input checked="" type="checkbox"/> The management of the limited liability company shall be vested in one or more managers.					
<b>7. MANAGER(S) OR MEMBER(S) INFORMATION</b>					
Name	Title	Business Address	Residence Address		
Carmine Nuzzi	Member	65 HIGH RIDGE RD. #253 STAMFORD, CT 06905	65 HIGH RIDGE RD. #253 STAMFORD, CT 06905		
<b>8. EXECUTION</b>					
CARMINE NUZZI					
Print or type name of organizer			Signature		

Reference an 8 1/2 x 11 attachment if additional space is required

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

NATIONAL AUDITING SERVICES & CONSULTING LLC

a domestic limited liability company, were filed in this office on September 21, 2007.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



---

Secretary of the State

Date Issued: February 02, 2015

Business ID: 0912533

Express

Certificate Number: 2015033292001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>

## **Carmine Nuzzi**

---

### **Knowledge/Skills**

Extensive Utility Bill Auditing Skills

Understanding of Deregulated Energy Markets

### **Education**

<b>Central Connecticut State University</b> <i>BS in Accounting</i>	<b>New Britain</b>	<b>1984-1987</b>
--	--------------------	------------------

### **Professional Experience**

Independent energy & utility bill consultant for 26 years

### **Work History**

**National Auditing Services & Consulting, LLC, *Utility Bill Auditor***  
**1988- Current**

Carmine holds a BS in accounting/auditing and has spent the last 20 years as an independent contractor in the utility auditing sector. During my tenure as an independent contractor, I have secured millions of dollars in electric and gas overcharges. My utility auditing expertise provides the ability to audit electric and gas energy bills on a national basis and I have been instrumental in developing energy procurement procedures for our customers.

2013

Attachment  
Sequence No. 09**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
(Sole Proprietorship)▶ 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 <b>CARMINE NUZZI</b>		Social security number (SSN)
A	Principal business or profession, including product or service (see instructions) <b>CONSULTING</b>	B Enter code from instructions ▶ <b>1300</b>
C	Business name. If no separate business name, leave blank. <b>NATIONAL AUDITING SERVICES AND CONSULTING LLC</b>	D Employer ID number (EIN), (see instr.) <b>13-1234567</b>
E	Business address (including suite or room no.) ▶ <b>35 WILLIAM STREET</b> City, town or post office, state, and ZIP code <b>NORWALK, CT 06851</b>	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G	Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H	If you started or acquired this business during 2013, check here	<input type="checkbox"/> Yes <input type="checkbox"/> No
I	Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J	If "Yes," did you or will you file required Forms 1099?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	319,108.
2	Returns and allowances . . . . .	2	33,415.
3	Subtract line 2 from line 1 . . . . .	3	285,693.
4	Cost of goods sold (from line 42) . . . . .	4	
5	Gross profit. Subtract line 4 from line 3 . . . . .	5	285,693.
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	285,693.

**Part II Expenses**

Enter expenses for business use of your home only on line 30.

8	Advertising . . . . .	8	13,039.	18	Office expense (see instructions)	18	7,826.
9	Car and truck expenses (see instructions) . . . . .	9	15,110.	19	Pension and profit-sharing plans . . . . .	19	
10	Commissions and fees . . . . .	10	9,318.	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11	62,245.	a	Vehicles, machinery, and equipment	20b	
12	Depreciation . . . . .	12		b	Other business property . . . . .	21	5,645.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13	3,339.	22	Repairs and maintenance . . . . .	22	
14	Employee benefit programs (other than on line 19) . . . . .	14		23	Supplies (not included in Part III) . . . . .	23	477.
15	Insurance (other than health)	15	624.	24	Taxes and licenses . . . . .	24a	
16	Interest:	16a		a	Travel . . . . .	24b	1,513.
a	Mortgage (paid to banks, etc.)	16b		b	Deductible meals and entertainment (see instructions) . . . . .	25	361.
b	Other . . . . .	17	6,357.	25	Utilities . . . . .	26	
17	Legal and professional services	26		26	Wages (less employment credits) . . . . .	27a	32,820.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	27a		b	Reserved for future use . . . . .	27b	
29	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	28	158,674.	29		30	8,733.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	30		31		31	118,286.
31	Net profit or (loss). Subtract line 30 from line 29. • 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. • If you checked 32b, you must attach Form 6198. Your loss may be limited.						

32a ☐ All investment is at risk.  
32b ☐ Some investment is not at risk.



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2014**  
Attachment  
Sequence No. 09

Name of proprietor <b>CARMINE NUZZI</b>		Social security number (SSN)
<b>A</b> Principal business or profession, including product or service (see instructions) <b>CONSULTING</b>	<b>B</b> Enter code from instructions ►	
<b>C</b> Business name. If no separate business name, leave blank. <b>NATIONAL AUDITING SERVICES AND CONSULTING LLC</b>	<b>D</b> Employer ID number (EIN), (see instr.) ►	
<b>E</b> Business address (including suite or room no.) ► <b>35 WILLIAM STREET</b> City, town or post office, state, and ZIP code <b>NORWALK, CT 06851</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2014, check here		<input type="checkbox"/>
<b>I</b> Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

<b>1</b> 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"/>	<b>1</b>	503,771.
<b>2</b> Returns and allowances . . . . .		<b>2</b>	125,976.
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	377,795.
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3 . . . . .		<b>5</b>	377,795.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6 . . . . .		<b>7</b>	377,795.

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

<b>8</b> Advertising . . . . .	<b>8</b>	74,534.	<b>18</b> Office expense (see instructions)	<b>18</b>	14,824.
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	4,912.	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>	116,898.	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	4,722.
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	638.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>	2,923.	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	2,131.
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	1,433.
<b>15</b> Insurance (other than health)	<b>15</b>	413.	<b>23</b> Taxes and licenses . . . . .	<b>23</b>	2,089.
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	4,005.	<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	769.
<b>17</b> Legal and professional services	<b>17</b>	10,275.	<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	46,554.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>	16,914.	<b>27b</b> Reserved for future use . . . . .	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • 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.	<b>31</b>	73,761.			
<b>32</b> 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. • If you checked 32b, you must attach Form 6198. Your loss may be limited.					

**32a** ☒ All investment is at risk.  
**32b** ☐ Some investment is not at risk.



**PROJECTED STATEMENT OF EARNINGS**  
For the period of January 2017 to December 31 2017

Your FICO<sup>®</sup> SCORE SummaryYour FICO<sup>®</sup> Score as of February 17<sup>th</sup>

717

On January 16<sup>th</sup> your score was 694

800+

Excellent

740 - 799

Very Good

670 - 739

Good

580 - 669

Not Good

579 or less

Poor

What is a FICO<sup>®</sup> Score?Your FICO<sup>®</sup> Score 8 based on Experian data is the same score used by American Express

Your credit score summarizes information on your credit report into a single number that lenders can use to quickly assess your credit risk. Your FICO<sup>®</sup> Score is a three-digit number calculated from the information on your credit report that falls within a 300-850 range. Your Experian credit report is used to calculate the score displayed above; as information on your credit report changes so will your credit score.

Request a copy of your credit report

Key Factors affecting your personal FICO<sup>®</sup> Score

1) Ratio of balance to limit on bank revolving or other rev accts is too high

Your FICO<sup>®</sup> Score evaluates your balances in relation to available credit on revolving accounts. The extent of your credit usage is one of the most important factors in your FICO<sup>®</sup> Score. In your case, this proportion of balances to credit limits is too high on these accounts.

Keep in Mind

2) Too many inquiries last 12 months

Each time you apply for credit a credit inquiry is added to your credit report. People who are actively seeking credit pose more of a risk to lenders than those who are not. Your FICO<sup>®</sup> Score was lowered due to the number of credit inquiries within the last 12 months.

Keep in Mind

Have Questions about your FICO<sup>®</sup> Score?

- For general information about your FICO<sup>®</sup> Score click [here](#)
- To request a copy of your Experian credit report visit [annualcreditreport.com](#)
- To speak to someone about your Experian credit report, contact the Credit Bureau directly via the number listed on your report

FICO<sup>®</sup> Disclaimer

The FICO<sup>®</sup> Score we provide is the FICO<sup>®</sup> Score 8 based on data from Experian and may be different from other credit scores. FICO<sup>®</sup> Scores and educational content are delivered only to Primary card members who get a monthly statement and have an available score. This information is intended only for the Primary card members own review and educational purposes. American Express and other lenders may use different inputs like a FICO<sup>®</sup> Score, other credit scores and more information in credit decisions. Because it is continuously updated, your FICO<sup>®</sup> Score may not reflect the most current data on your credit report. This benefit may change or end in the future.

American Express and Fair Isaac are not credit repair organizations as defined under federal or state law, including the Credit Repair Organizations Act. American Express and Fair Isaac do not provide "credit repair" services or assistance regarding "rebuilding" or "improving" your credit record, credit history, or credit rating.

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