



# Public Utilities Commission

12-1424-EL-AGG (105)

| Original AGG<br>Case Number | Version  |
|-----------------------------|----------|
| 12-1424-EL-AGG              | May 2016 |

## RENEWAL APPLICATION FOR ELECTRIC AGGREGATORS/POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit C-10 Corporate Structure). 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. RENEWAL INFORMATION

#### A-1 Applicant intends to be certified as: (check all that apply)

☒ Power Broker ☐ Aggregator

#### A-2 Applicant's legal name, address, telephone number, PUCO certificate number, and web site address

Legal Name Network Implementation Consulting, Inc.  
Address 4500 Lee Rd., Suite 125, Cleveland, OH 44128  
PUCO Certificate # and Date Certified 12-521E (3) - 6/25/16  
Telephone # (440) 389-1070 Web site address (if any) www.niconsulting.com

#### A-3 List name, address, telephone number and web site address under which Applicant will do business in Ohio

Legal Name Network Implementation Consulting, Inc.  
Address ee Rd., Suite 125, Cleveland, OH 44128  
Telephone # 440.389.1070 Web site address (if any) www.niconsulting.com

#### A-4 List all names under which the applicant does business in North America

Network Implementation Consulting  
NIC  
Energy Supply Partners

#### A-5 Contact person for regulatory or emergency matters

Name Daryl Bunch  
Title President  
Business address ee Rd., Suite 125, Cleveland, OH 44128  
Telephone # (440) 389-1070 Fax # (440) 389-1010  
E-mail address daryl@niconsulting.com

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 le Date Processed 5/25/18

**A-6 Contact person for Commission Staff use in investigating customer complaints**

Name Daryl Bunch  
Title President  
Business address ee Rd., Suite 125, Cleveland, OH 44128  
Telephone # (440) 389-1070 Fax # (440) 389-1010  
E-mail address daryl@niconsulting.com

**A-7 Applicant's address and toll-free number for customer service and complaints**

Customer Service address ee Rd., Suite 125, Cleveland, OH 44128  
Toll-free Telephone # \_\_\_\_\_ Fax # (440) 389-1010  
E-mail address daryl@niconsulting.com

**A-8 Applicant's federal employer identification number # 341936688**

**A-9 Applicant's form of ownership (check one)**

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

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

**A-10 Exhibit A-10 "Principal Officers, Directors & Partners" provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.**

**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 "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-4** 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-4 "Disclosure of Consumer Protection Violations"** detailing such violation(s) and providing all relevant documents.

**B-5** 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-5 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** detailing such action(s) and providing all relevant documents.

## **C. 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. (This is generally only applicable to publicly traded companies who publish annual reports.)

**C-2** **Exhibit C-2 "SEC Filings,"** provide the most recent 10-K/8-K Filings with the SEC. If the applicant does not have such filings, it may submit those of its parent company. An applicant may submit a current link to the filings or provide them in paper form. 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. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted).

**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.).

Renewal applicants can fulfill the requirements of Exhibit C-4 by providing a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements.

First time applicants or applicants whose certificate has expired as well as renewal applicants can meet the requirement by one of the following methods:

1. The applicant itself stating that it is investment grade rated by Moody's, Standard & Poor's or Fitch and provide evidence of rating from the rating agencies.
2. Have a parent company or third party that is investment grade rated by Moody's, Standard & Poor's or Fitch guarantee the financial obligations of the applicant to the LDU(s).
3. Have a parent company or third party that is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The guarantor company's financials must be included in the application if the applicant is relying on this option.
4. Posting a Letter of Credit with the LDU(s) as the beneficiary.

If the applicant is not taking title to the electricity or natural gas, enter "N/A" in Exhibit C-4. An N/A response is only applicable for applicants seeking to be certified as an aggregator or broker.

- C-5 **Exhibit C-5 "Forecasted Financial Statements,"** provide two years of forecasted income statements for the applicant's **ELECTRIC related business activities in the state of Ohio Only**, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecasts should be in an annualized format for the two years succeeding the Application year.
- 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, Fitch IBCA, Moody's Investors Service, Standard & Poor's, 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 an 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. If an applicant or its parent does not have such a credit rating, enter "N/A" in Exhibit C-6.
- 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. An applicant that provides an investment grade credit rating for Exhibit C-6 may enter "N/A" for Exhibit C-7.
- 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 two most recent years preceding the application.
- C-10 **Exhibit C - 10 "Corporate Structure,"** provide a description of the applicant's corporate structure, not an internal organizational chart, 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 in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

  
Signature of Applicant & Title *President*

Sworn and subscribed before me this 23<sup>rd</sup> day of May, 2018  
Month Year

  
Signature of official administering oath *Adam Kelbach, AVP, Branch Manager*  
Print Name and Title



ADAM KELBACH  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
12-18-2022

My commission expires on 12/18/2022

# **AFFIDAVIT**

State of Ohio :

Beachwood ss.  
(Town)

County of Cuyahoga :

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

He/She is the President (Office of Affiant) of Network Implementation Consulting (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 renewal 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 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.
8. 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.
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 renewal 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.

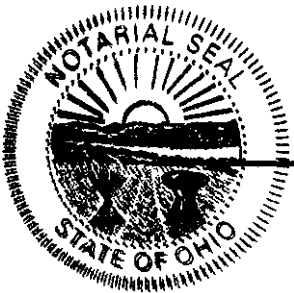
  
Signature of Affiant & Title President

Sworn and subscribed before me this 23<sup>rd</sup> day of May, 2018  
Month Year

  
Signature of official administering oath

Adam Kelbach AVP, Branch Manager  
Print Name and Title

My commission expires on 12/18/2022



ADAM KELBACH  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
12-18-2022

)

## **Exhibit A-10**

### ***Principal Officers, Directors & Partners***

**Daryl Edward Bunch, President/Secretary Treasurer/Chairman of the Board**



)

## **Exhibit B-1**

### **Jurisdictions of Operation**

**Network Implementation Consulting, Inc. and any affiliated interests are not currently certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services anywhere other than Ohio**

## **Exhibit B-2**

### **Experience and Plans**

Network Implementation Consulting, Inc. has been in business for 18 years. Selling telecommunications for the past 18 years has given me a great foundation for being successful in the utility deregulation market. That includes being successful with regards to profitability but also successful in having happy customers that continue to do business with NIC because of the value I add. That value includes giving sound advice, presenting accurate data and analysis, staying organized and responding in a timely fashion, being available to my customers around the clock for customer service issues and/or billing questions etc.

Network Implementation Consulting, Inc. has been helping Integrity Energy market electric supply in Northeast Ohio for the last 6 years. I have been working as a "sub agent" of Integrity Energy to help my customer's find the best electricity supply contracts. At no time have I been involved with providing aggregation services. I simply help my customers by shopping out the different suppliers and finding the best/cheapest option. The contracts are between the customer and the chosen Electricity Supplier.

My website has several quotes from my customers who have expressed gratitude for my services [www.niconsulting.com](http://www.niconsulting.com). I welcome the opportunity to provide contact information for both personal and business references if needed. Please call or email request to 614-316-0777 or [daryl@niconsulting.com](mailto:daryl@niconsulting.com)

## **Exhibit B-3**

### **Disclosure of Liabilities and Investigations**

Network Implementation Consulting, Inc. (NIC) is not and has never been involved in a legal matter or dispute with the State of Ohio. Furthermore, NIC has no existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact its financial or operational status or ability to provide the services it is seeking to be certified to provide.

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## **Exhibit C-1**

### **Annual Reports**

Network Implementation Consulting, Inc. (NIC) is an S-Corp and only has 1 employee Daryl E. Bunch therefore; an annual report is not necessary and has never been generated. As a substitute, I have enclosed my 2016 & 2017 Business Tax returns. I hope this will suffice. If further information is needed please contact me at 440-389-1070 or [daryl@niconsulting.com](mailto:daryl@niconsulting.com)

Form 1120S

Department of the Treasury  
Internal Revenue Service

## U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Information about Form 1120S and its separate instructions is at [www.irs.gov/form1120s](http://www.irs.gov/form1120s)

CLIENT COPY 2016

NEWMAN & COMPANY, CPAS  
CERTIFIED PUBLIC ACCOUNTANTS

For calendar year 2016 or tax year beginning , 2016, ending

|  |  |  |  |
|--|--|--|--|
| <b>A</b> S election effective date<br>1/01/2001                  | <b>TYPE</b><br><b>OR</b><br><b>PRINT</b> | <b>NETWORK IMPLEMENTATION CONSULTING, INC.</b><br>32127 SPRINGSIDE LANE<br>SOLON, OH 44139 | <b>D</b> Employer identification number<br>34-1936688  |
| <b>B</b> Business activity code number (see instrs)<br>517000    |  |  | <b>E</b> Date incorporated<br>9/05/2000                |
| <b>C</b> Check if Schedule M-3 attached <input type="checkbox"/> |  |  | <b>F</b> Total assets (see instructions)<br>\$ 50,170. |

**G** Is the corporation electing to be an S corporation beginning with this tax year? Yes ☐ No ☒ If 'Yes,' attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change  
(4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year ..... 1**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

|   |   |             |         |  |
|---|---|-------------|---------|--|
| <b>INCOME</b>   | <b>1 a</b> Gross receipts or sales.....   | <b>1 a</b>  | 56,037. |  |
|   | <b>b</b> Returns and allowances.....  | <b>1 b</b>  |         |  |
|   | <b>c</b> Balance. Subtract line 1b from line 1a.....  | <b>1 c</b>  | 56,037. |  |
|   | <b>2</b> Cost of goods sold (attach Form 1125-A).....   | <b>2</b>    |         |  |
|   | <b>3</b> Gross profit. Subtract line 2 from line 1c.....  | <b>3</b>    | 56,037. |  |
|   | <b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797).....                                    | <b>4</b>    |         |  |
| <b>DEDUCTIONS</b>   | <b>5</b> Other income (loss) (see instrs - att statement).....  | <b>5</b>    |         |  |
|   | <b>6</b> Total income (loss). Add lines 3 through 5.....  | <b>6</b>    | 56,037. |  |
|   | <b>7</b> Compensation of officers (see instructions - attach Form 1125-E).....                              | <b>7</b>    |         |  |
|   | <b>8</b> Salaries and wages (less employment credits).....  | <b>8</b>    |         |  |
|   | <b>9</b> Repairs and maintenance.....   | <b>9</b>    |         |  |
|   | <b>10</b> Bad debts.....  | <b>10</b>   |         |  |
|   | <b>11</b> Rents.....  | <b>11</b>   |         |  |
|   | <b>12</b> Taxes and licenses.....   | <b>12</b>   | 1,365.  |  |
|   | <b>13</b> Interest.....   | <b>13</b>   |         |  |
|   | <b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562).....            | <b>14</b>   |         |  |
|   | <b>15</b> Depletion (Do not deduct oil and gas depletion.).....   | <b>15</b>   |         |  |
|   | <b>16</b> Advertising.....  | <b>16</b>   | 5,393.  |  |
|   | <b>17</b> Pension, profit-sharing, etc, plans.....  | <b>17</b>   |         |  |
|   | <b>18</b> Employee benefit programs.....  | <b>18</b>   | 3,085.  |  |
|   | <b>19</b> Other deductions (attach statement).....  | <b>19</b>   | 41,766. |  |
| <b>20</b> Total deductions. Add lines 7 through 19.....   | <b>20</b>   | 51,609.     |         |  |
| <b>21</b> Ordinary business income (loss). Subtract line 20 from line 6.....  | <b>21</b>   | 4,428.      |         |  |
| <b>TAX AND PAYMENTS</b>   | <b>22 a</b> Excess net passive income or LIFO recapture tax (see instructions).....                         | <b>22 a</b> |         |  |
|   | <b>b</b> Tax from Schedule D (Form 1120S).....  | <b>22 b</b> |         |  |
|   | <b>c</b> Add lines 22a and 22b (see instructions for additional taxes).....                                 | <b>22 c</b> |         |  |
|   | <b>23 a</b> 2016 estimated tax payments and 2015 overpayment credited to 2016.....                          | <b>23 a</b> |         |  |
|   | <b>b</b> Tax deposited with Form 7004.....  | <b>23 b</b> |         |  |
|   | <b>c</b> Credit for federal tax paid on fuels (attach Form 4136).....                                       | <b>23 c</b> |         |  |
|   | <b>d</b> Add lines 23a through 23c.....   | <b>23 d</b> |         |  |
|   | <b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached.....                     | <b>24</b>   |         |  |
|   | <b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed.....    | <b>25</b>   | 0.      |  |
|   | <b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid..... | <b>26</b>   |         |  |
| <b>27</b> Enter amount from line 26 Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | <b>27</b>   |             |         |  |

Sign Here

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

**CLIENT COPY**  
**NEWMAN & COMPANY, CPAS**  
 CERTIFIED PUBLIC ACCOUNTANTS  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of preparer \_\_\_\_\_ Title **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)?  
☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name **NICHOLAS M. FANOUS** Preparer's signature **NICHOLAS M. FANOUS** Date \_\_\_\_\_  
 Check ☐ if self-employed PTIN **P00938216**  
 Firm's name **NEWMAN & COMPANY, CPAS** Firm's EIN **34-1483212**  
 Firm's address **1801 EAST NINTH STREET, SUITE 1050**  
**CLEVELAND, OH 44114** Phone no. **(216) 781-6106**

BAA For Paperwork Reduction Act Notice, see separate instructions.

SPSA0105L 08/17/16

Form 1120S (2016)

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

► Don't send to the IRS. Keep for your records.

► Information about Form 8879-S and its instructions is at [www.irs.gov](http://www.irs.gov).

For calendar year 2016, or tax year beginning

2016 ending

**CLIENT COPY****NEWMAN & COMPANY, CPAS 2016****CERTIFIED PUBLIC ACCOUNTANTS**

Name of corporation

Employer identification number

**NETWORK IMPLEMENTATION CONSULTING, INC.****34-1936688****Part I Tax Return Information (Whole dollars only)**

|   |   |   |         |
|---|---|---|---------|
| 1 | Gross receipts or sales less returns and allowances (Form 1120S, line 1c) | 1 | 56,037. |
| 2 | Gross profit (Form 1120S, line 3)   | 2 | 56,037. |
| 3 | Ordinary business income (loss) (Form 1120S, line 21)                     | 3 | 4,428.  |
| 4 | Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)     | 4 |         |
| 5 | Income (loss) reconciliation (Form 1120S, Schedule K, line 18)            | 5 | 4,118.  |

**Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize NEWMAN & COMPANY, CPAS to enter my PIN 46688 as my signature

ERO firm name

don't enter all zeros

on the corporation's 2016 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ►

**NEWMAN & COMPANY, CPAS**

Date ►

Title ► **PRESIDENT****CERTIFIED PUBLIC ACCOUNTANTS****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 34411412231

don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

**NICHOLAS M. FANOUS**

Date ►

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see instructions.****Form 8879-S (2016)**

**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

► Information about Form 7004 and its separate instructions is at [www.irs.gov/form7004](http://www.irs.gov/form7004).

OMB No. 1545-0233

**Print  
or  
Type**

Name

NETWORK IMPLEMENTATION CONSULTING, INC.

Identifying number

34-1936688

Number, street, and room or suite number. (If P.O. box, see instructions.)

32127 SPRINGSIDE LANE

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

OLON, OH 44139

**Note:** File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.**Part I Automatic Extension for C Corporations With Tax Years Ending December 31.** See instructions.

1a Enter the form code for the return listed below that this application is for.

| Application Is For: | Form Code | Application Is For:               | Form Code |
|---------------------|-----------|-----------------------------------|-----------|
| Form 1120           | 12        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 1120-C         | 34        | Form 1120-PC                      | 21        |
| Form 1120-F         | 15        | Form 1120-POL                     | 22        |
| Form 1120-FSC       | 16        | Form 1120-REIT                    | 23        |
| Form 1120-H         | 17        | Form 1120-RIC                     | 24        |
| Form 1120-SF        | 18        | Form 1120-SF                      | 26        |
| Form 1120-ND        | 19        |                                   |           |

**Part II Automatic Extension for Certain Estates and Trusts.** See instructions.

b Enter the form code for the return listed below that this application is for.

| Application Is For:                               | Form Code | Application Is For: | Form Code |
|---|-----------|---------------------|-----------|
| Form 1041 (estate other than a bankruptcy estate) | 04        | Form 1041 (trust)   | 05        |

**Part III Automatic Extension for Entities Not Using Part I, II, or IV.** See instructions.

c Enter the form code for the return listed below that this application is for.

| Application Is For:                | Form Code | Application Is For:               | Form Code |
|------------------------------------|-----------|-----------------------------------|-----------|
| Form 706-GS(D)                     | 01        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 706-GS(D)                     | 02        | Form 1120-PC                      | 21        |
| Form 1041 (bankruptcy estate only) | 03        | Form 1120-POL                     | 22        |
| Form 1041-NT                       | 06        | Form 1120-REIT                    | 23        |
| Form 1041-QFT                      | 07        | Form 1120-RIC                     | 24        |
| Form 1042                          | 08        | Form 1120S                        | 25        |
| Form 1065                          | 09        | Form 1120-SF                      | 26        |
| Form 1065-B                        | 10        | Form 3520-A                       | 27        |
| Form 1066                          | 11        | Form 8612                         | 28        |
| Form 1120                          | 12        | Form 8613                         | 29        |
| Form 1120-C                        | 34        | Form 8725                         | 30        |
| Form 1120-F                        | 15        | Form 8804                         | 31        |
| Form 1120-FSC                      | 16        | Form 8831                         | 32        |
| Form 1120-H                        | 17        | Form 8876                         | 33        |
| Form 1120-L                        | 18        | Form 8924                         | 35        |
| Form 1120-ND                       | 19        | Form 8928                         | 36        |

**Part IV Automatic Extension for C Corporations With Tax Years Ending June 30.** See instructions.

d Enter the form code for the return listed below that this application is for.

| Application Is For: | Form Code | Application Is For:               | Form Code |
|---------------------|-----------|-----------------------------------|-----------|
| Form 1120           | 12        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 1120-C         | 34        | Form 1120-PC                      | 21        |
| Form 1120-F         | 15        | Form 1120-POL                     | 22        |
| Form 1120-FSC       | 16        | Form 1120-REIT                    | 23        |
| Form 1120-H         | 17        | Form 1120-RIC                     | 24        |
| Form 1120-SF        | 18        | Form 1120-SF                      | 26        |
| Form 1120-ND        | 19        |                                   |           |

**Part V All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ..... ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ..... ☐  
If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ..... ☐

5a The application is for calendar year 20 16, or tax year beginning \_\_\_\_\_, 20 \_\_, and ending \_\_\_\_\_, 20 \_\_

b Short tax year. If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions -- attach explanation)

|   |   |    |
|---|---|----|
| 6 Tentative total tax .....   | 6 | 0. |
| 7 Total payments and credits (see instructions) .....               | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6 (see instructions) ..... | 8 | 0. |

Form 7004 (Rev 12-2016)



2016

## FEDERAL INCOME TAX SUMMARY

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING COMPANY, CPAS

34-1936688

4/03/17

CERTIFIED PUBLIC ACCOUNTANTS

3:03 PM

**ORDINARY INCOME**

|  |        |
|--|--------|
| GROSS RECEIPTS LESS RETURNS/ALLOWANCE..... | 56,037 |
| GROSS PROFIT.....                          | 56,037 |
| TOTAL INCOME (LOSS).....                   | 56,037 |

**ORDINARY DEDUCTIONS**

|                                |        |
|--------------------------------|--------|
| TAXES AND LICENSES.....        | 1,365  |
| ADVERTISING.....               | 5,393  |
| EMPLOYEE BENEFIT PROGRAMS..... | 3,085  |
| OTHER DEDUCTIONS.....          | 41,766 |
| TOTAL DEDUCTIONS.....          | 51,609 |

|                                      |       |
|--------------------------------------|-------|
| ORDINARY BUSINESS INCOME (LOSS)..... | 4,428 |
|--------------------------------------|-------|

**REFUND OR AMOUNT DUE**

|                  |   |
|------------------|---|
| BALANCE DUE..... | 0 |
|------------------|---|

**SCHEDULE K - INCOME**

|                                      |       |
|--------------------------------------|-------|
| ORDINARY BUSINESS INCOME (LOSS)..... | 4,428 |
|--------------------------------------|-------|

**SCHEDULE K - DEDUCTIONS**

|                               |     |
|-------------------------------|-----|
| CHARITABLE CONTRIBUTIONS..... | 310 |
|-------------------------------|-----|

**SCHEDULE K - ITEMS AFFECTING BASIS**

|                             |       |
|-----------------------------|-------|
| NONDEDUCTIBLE EXPENSES..... | 3,269 |
| PROPERTY DISTRIBUTIONS..... | 9,794 |

**SCHEDULE K - OTHER INFORMATION**

|                                   |       |
|-----------------------------------|-------|
| INCOME (LOSS) RECONCILIATION..... | 4,118 |
|-----------------------------------|-------|

**SCHEDULE L - BALANCE SHEET**

|                                     |        |
|-------------------------------------|--------|
| BEGINNING ASSETS.....               | 59,115 |
| BEGINNING LIABILITIES & EQUITY..... | 59,115 |
| ENDING ASSETS.....                  | 50,170 |
| ENDING LIABILITIES & EQUITY.....    | 50,170 |

**Schedule B Other Information** (see instructions)

|  |  |                                |                                |  | Yes | No |
|--|--|--------------------------------|--------------------------------|--|-----|----|
| 1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____  |  |                                |                                |  |     |    |
| 2 See the instructions and enter the:<br>a Business activity. <b>▶ VOICE/DATA SALES</b> b Product or service. <b>▶ VOICE/DATA SALES</b>  |  |                                |                                |  |     |    |
| 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation. ....   |  |                                |                                |  |     | X  |
| 4 At the end of the tax year, did the corporation:<br>a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. ....  |  |                                |                                |  |     | X  |
| (i) Name of Corporation  | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made |     |    |
|  |  |                                |                                |  |     |    |
|  |  |                                |                                |  |     |    |
|  |  |                                |                                |  |     |    |
|  |  |                                |                                |  |     |    |
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. ....  |  |                                |                                |  |     | X  |
| (i) Name of Entity   | (ii) Employer Identification Number (if any) | (iii) Type of Entity           | (iv) Country of Organization   | (v) Maximum % Owned in Profit, Loss, or Capital  |     |    |
|  |  |                                |                                |  |     |    |
|  |  |                                |                                |  |     |    |
|  |  |                                |                                |  |     |    |
|  |  |                                |                                |  |     |    |
| 5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? ....<br>If "Yes," complete lines (i) and (ii) below.   |  |                                |                                |  |     | X  |
| (i) Total shares of restricted stock. ....   |  |                                |                                |  |     |    |
| (ii) Total shares of non-restricted stock. ....  |  |                                |                                |  |     |    |
| b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? ....<br>If "Yes," complete lines (i) and (ii) below.   |  |                                |                                |  |     | X  |
| (i) Total shares of stock outstanding at the end of the tax year. ....   |  |                                |                                |  |     |    |
| (ii) Total shares of stock outstanding if all instruments were executed. ....  |  |                                |                                |  |     |    |
| 6 Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? ....  |  |                                |                                |  |     | X  |
| 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. ....<br>If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>   |  |                                |                                |  |     |    |
| 8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) .... <b>▶ \$</b> _____ |  |                                |                                |  |     |    |
| 9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. .... <b>\$</b> _____   |  |                                |                                |  |     |    |
| 10 Does the corporation satisfy both of the following conditions?  |  |                                |                                |  |     |    |
| a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. ....  |  |                                |                                |  | X   |    |
| b The corporation's total assets at the end of the tax year were less than \$250,000. ....<br>If "Yes," the corporation is not required to complete Schedules L and M-1.   |  |                                |                                |  |     |    |
| 11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? ....<br>If "Yes," enter the amount of principal reduction <b>\$</b> _____   |  |                                |                                |  |     | X  |
| 12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions. ....   |  |                                |                                |  |     | X  |
| 13a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? ....   |  |                                |                                |  |     | X  |
| b If "Yes," did the corporation file or will it file required Forms 1099? ....   |  |                                |                                |  |     |    |

| Schedule K Shareholders' Pro Rata Share Items   |  | Total amount               |
|---|--|----------------------------|
| Income (Loss)   | 1 Ordinary business income (loss) (page 1, line 21) .....  | 1 4,428.                   |
|   | 2 Net rental real estate income (loss) (attach Form 8825) .....                                      | 2                          |
|   | 3a Other gross rental income (loss) .....  | 3a                         |
|   | b Expenses from other rental activities (attach statement) .....                                     | 3b                         |
|   | c Other net rental income (loss). Subtract line 3b from line 3a .....                                | 3c                         |
|   | 4 Interest income .....  | 4                          |
|   | 5 Dividends: a Ordinary dividends .....  | 5a                         |
|   | b Qualified dividends .....  | 5b                         |
|   | 6 Royalties .....  | 6                          |
|   | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) .....                          | 7                          |
| Deductions  | 8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) .....                          | 8a                         |
|   | b Collectibles (28%) gain (loss) .....   | 8b                         |
|   | c Unrecaptured section 1250 gain (attach statement) .....  | 8c                         |
|   | 9 Net section 1231 gain (loss) (attach Form 4797) .....  | 9                          |
| 10 Other income (loss) (see instructions) .....   | 10 Type ▶  |                            |
| Deductions  | 11 Section 179 deduction (attach Form 4562) .....  | 11                         |
|   | 12a Charitable contributions .....   | 12a SEE STATEMENT 2 310.   |
|   | b Investment interest expense .....  | 12b                        |
|   | c Section 59(e)(2) expenditures (1) Type ▶ .....   | 12c (2) (2) Amount ▶       |
| Credits   | d Other deductions (see instructions) .....  | 12d                        |
|   | 13a Low-income housing credit (section 42(i)(5)) .....   | 13a                        |
|   | b Low-income housing credit (other) .....  | 13b                        |
|   | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) ..... | 13c                        |
|   | d Other rental real estate credits (see instrs) Type ▶ .....   | 13d                        |
|   | e Other rental credits (see instrs) Type ▶ .....   | 13e                        |
|   | f Biofuel producer credit (attach Form 6478) .....   | 13f                        |
| Foreign Transactions  | g Other credits (see instructions) .....   | 13g                        |
|   | 14a Name of country or U.S. possession .....   | 14a                        |
|   | b Gross income from all sources .....  | 14b                        |
|   | c Gross income sourced at shareholder level .....  | 14c                        |
|   | Foreign gross income sourced at corporate level .....  | 14d                        |
|   | d Passive category .....   | 14e                        |
|   | e General category .....   | 14f                        |
|   | f Other (attach statement) .....   | 14f                        |
|   | Deductions allocated and apportioned at shareholder level .....                                      | 14g                        |
|   | g Interest expense .....   | 14h                        |
|   | h Other .....  | 14h                        |
|   | Deductions allocated and apportioned at corporate level to foreign source income .....               | 14i                        |
|   | i Passive category .....   | 14j                        |
|   | j General category .....   | 14k                        |
| k Other (attach statement) .....  | 14k  |                            |
| Other information .....   | 14l  |                            |
| l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ..... | 14l  |                            |
| m Reduction in taxes available for credit (attach statement) .....  | 14m  |                            |
| n Other foreign tax information (attach statement) .....  | 14n  |                            |
| Alternative Minimum Tax (AMT) Items   | 15a Post-1986 depreciation adjustment .....  | 15a                        |
|   | b Adjusted gain or loss .....  | 15b                        |
|   | c Depletion (other than oil and gas) .....   | 15c                        |
|   | d Oil, gas, and geothermal properties — gross income .....   | 15d                        |
|   | e Oil, gas, and geothermal properties — deductions .....   | 15e                        |
|   | f Other AMT items (attach statement) .....   | 15f                        |
| Items Affecting Shareholder Basis   | 16a Tax-exempt interest income .....   | 16a                        |
|   | b Other tax-exempt income .....  | 16b                        |
|   | c Nondeductible expenses .....   | 16c SEE STATEMENT 3 3,269. |
|   | d Distributions (attach stmt if required) (see instrs) .....   | 16d 9,794.                 |
|   | e Repayment of loans from shareholders .....   | 16e                        |



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

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

|   |  |   |  |
|---|--|---|--|
| 1 Net income (loss) per books .....   |  | 5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):                        |  |
| 2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): |  | a Tax-exempt interest \$ .....  |  |
| 3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):               |  | 6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize): |  |
| a Depreciation ..... \$ .....   |  | a Depreciation .... \$ .....  |  |
| b Travel and entertainment. \$ .....  |  | 7 Add lines 5 and 6 .....   |  |
| 4 Add lines 1 through 3. ....   |  | 8 Income (loss) (Schedule K, ln 18). Ln 4 less ln 7. ...  |  |

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

|   | (a) Accumulated adjustments account | (b) Other adjustments account | (c) Shareholders' undistributed taxable income previously taxed |
|---|-------------------------------------|-------------------------------|---|
| 1 Balance at beginning of tax year .....                        | 59,115.                             |                               |   |
| 2 Ordinary income from page 1, line 21 .....                    | 4,428.                              |                               |   |
| 3 Other additions .....   |                                     |                               |   |
| 4 Loss from page 1, line 21 .....                               |                                     |                               |   |
| 5 Other reductions ..... SEE STATEMENT 4                        | ( 3,579.)                           |                               |   |
| 6 Combine lines 1 through 5 .....                               | 59,964.                             |                               |   |
| 7 Distributions other than dividend distributions .....         | 9,794.                              |                               |   |
| 8 Balance at end of tax year. Subtract line 7 from line 6 ..... | 50,170.                             |                               |   |

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2016**

For calendar year 2016, or tax  
year beginning \_\_\_\_\_, 2016  
ending \_\_\_\_\_, 2016

☐ Final K-1

☐ Amended K-1

L71113

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

- A** Corporation's employer identification number  
34-1936688
- B** Corporation's name, address, city, state, and ZIP code  
NETWORK IMPLEMENTATION CONSULTING, INC.  
32127 SPRINGSIDE LANE  
SOLON, OH 44139
- C** IRS Center where corporation filed return  
E-FILE

**Part II Information About the Shareholder**

- D** Shareholder's identifying number  
[REDACTED]
- E** Shareholder's name, address, city, state, and ZIP code  
DARYL E. BUNCH  
32127 SPRINGSIDE LANE  
SOLON, OH 44139
- F** Shareholder's percentage of stock ownership for tax year..... 100 %

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

|    |                                      |    |                                     |
|----|--------------------------------------|----|-------------------------------------|
| 1  | Ordinary business income (loss)      | 13 | Credits                             |
|    | 4,428.                               |    |                                     |
| 2  | Net rental real estate income (loss) |    |                                     |
| 3  | Other net rental income (loss)       |    |                                     |
| 4  | Interest income                      |    |                                     |
| 5a | Ordinary dividends                   |    |                                     |
| 5b | Qualified dividends                  | 14 | Foreign transactions                |
| 6  | Royalties                            |    |                                     |
| 7  | Net short-term capital gain (loss)   |    |                                     |
| 8a | Net long-term capital gain (loss)    |    |                                     |
| 8b | Collectibles (28%) gain (loss)       |    |                                     |
| 8c | Unrecaptured section 1250 gain       |    |                                     |
| 9  | Net section 1231 gain (loss)         |    |                                     |
| 10 | Other income (loss)                  | 15 | Alternative minimum tax (AMT) items |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
| 11 | Section 179 deduction                | 16 | Items affecting shareholder basis   |
|    |                                      | C* | 3,269.                              |
| 12 | Other deductions                     |    |                                     |
| A  | 310.                                 | D  | 9,794.                              |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      | 17 | Other information                   |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |

\*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2016

SHAREHOLDER 1

FOR  
IRS  
USE  
ONLY

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

Instructions for your income tax return.

1

Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:

Passive loss

Passive income

Nonpassive loss

Nonpassive income

2

Net rental real estate income (loss)

3

Other net rental income (loss)

Net income

Net loss

4

Interest income

5a

Ordinary dividends

5b

Qualified dividends

6

Royalties

7

Net short-term capital gain (loss)

8a

Net long-term capital gain (loss)

8b

Collectibles (28%) gain (loss)

8c

Unrecaptured section 1250 gain

9

Net section 1231 gain (loss)

10

Other income (loss)

Code

A

Other portfolio income (loss)

B

Involuntary conversions

C

Sec. 1256 contracts and straddles

D

Mining exploration costs recapture

E

Other income (loss)

11

Section 179 deduction

12

Other deductions

A

Cash contributions (50%)

B

Cash contributions (30%)

C

Noncash contributions (50%)

D

Noncash contributions (30%)

E

Capital gain property to a 50% organization (30%)

F

Capital gain property (20%)

G

Contributions (100%)

H

Investment interest expense

I

Deductions — royalty income

J

Section 59(e)(2) expenditures

K

Deductions — portfolio (2% floor)

L

Deductions — portfolio (other)

M

Preproductive period expenses

N

Commercial revitalization deduction from rental real estate activities

O

Reforestation expense deduction

P

Domestic production activities information

Q

Qualified production activities income

R

Employer's Form W-2 wages

S

Other deductions

13

Credits

A

Low-income housing credit (section 42(j)(5)) from pre-2008 buildings

B

Low-income housing credit (other) from pre-2008 buildings

C

Low-income housing credit (section 42(j)(5)) from post-2007 buildings

D

Low-income housing credit (other) from post-2007 buildings

E

Qualified rehabilitation expenditures (rental real estate)

F

Other rental real estate credits

G

Other rental credits

H

Undistributed capital gains credit

I

Biofuel producer credit

J

Work opportunity credit

K

Disabled access credit

L

Empowerment zone employment credit

M

Credit for increasing research activities

Report on

See the Shareholder's Instructions

Schedule E, line 28, column (g)

Schedule E, line 28, column (h)

Schedule E, line 28, column (i)

See the Shareholder's Instructions

Schedule E, line 28, column (g)

See the Shareholder's Instructions

Form 1040, line 8a

Form 1040, line 9a

Form 1040, line 9b

Schedule E, line 4

Schedule D, line 5

Schedule D, line 12

28% Rate Gain Worksheet, line 4 (Schedule D instructions)

See the Shareholder's Instructions

See the Shareholder's Instructions

See the Shareholder's Instructions

Form 6781, line 1

See Pub 535

See the Shareholder's Instructions

See the Shareholder's Instructions

See the Shareholder's Instructions

Form 4952, line 1

Schedule E, line 19

See the Shareholder's Instructions

Schedule A, line 23

Schedule A, line 28

See the Shareholder's Instructions

See Form 8582 instructions

See the Shareholder's Instructions

See Form 8903 instructions

Form 8903, line 7b

Form 8903, line 17

See the Shareholder's Instructions

See the Shareholder's Instructions

Form 1040, line 73, box a

See the Shareholder's Instructions

See the Shareholder's Instructions

Code

N

Credit for employer social security and Medicare taxes

O

Backup withholding

P

Other credits

14

Foreign transactions

A

Name of country or U.S. possession

B

Gross income from all sources

C

Gross income sourced at shareholder level

Foreign gross income sourced at corporate level

D

Passive category

E

General category

F

Other

Deductions allocated and apportioned at shareholder level

G

Interest expense

H

Other

Deductions allocated and apportioned at corporate level to foreign source income

I

Passive category

J

General category

K

Other

Other information

L

Total foreign taxes paid

M

Total foreign taxes accrued

N

Reduction in taxes available for credit

O

Foreign trading gross receipts

P

Extraterritorial income exclusion

Q

Other foreign transactions

15

Alternative minimum tax (AMT) items

A

Post-1986 depreciation adjustment

B

Adjusted gain or loss

C

Depletion (other than oil & gas)

D

Oil, gas, & geothermal — gross income

E

Oil, gas, & geothermal — deductions

F

Other AMT items

16

Items affecting shareholder basis

A

Tax-exempt interest income

B

Other tax-exempt income

C

Nondeductible expenses

D

Distributions

E

Repayment of loans from shareholders

17

Other information

A

Investment income

B

Investment expenses

C

Qualified rehabilitation expenditures (other than rental real estate)

D

Basis of energy property

E

Recapture of low-income housing credit (section 42(j)(5))

F

Recapture of low-income housing credit (other)

G

Recapture of investment credit

H

Recapture of other credits

I

Look-back interest — completed long-term contracts

J

Look-back interest — income forecast method

K

Dispositions of property with section 179 deductions

L

Recapture of section 179 deduction

M

Section 453(l)(3) information

N

Section 453A(c) information

O

Section 1260(b) information

P

Interest allocable to production expenditures

Q

CCF nonqualified withdrawals

R

Depletion information — oil and gas

S

Reserved

T

Section 108(i) information

U

Net investment income

V

Other information

Report on

See the Shareholder's Instructions

Form 1116, Part I

Form 1116, Part I

Form 1116, Part I

Form 1116, Part I

Form 1116, Part I

Form 1116, Part I

Form 1116, Part I

Form 1116, Part I

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**BOX 16**

**ITEMS AFFECTING SHAREHOLDER BASIS**

**\* DESCRIPTIVE INFORMATION**

|   |   |    |        |
|---|---|----|--------|
| C | DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,269. |
|---|---|----|--------|



2016

## FEDERAL STATEMENTS

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

4/03/17

03:03PM

**STATEMENT 1  
FORM 1120S, LINE 19  
OTHER DEDUCTIONS**

|                                      |    |                |
|--------------------------------------|----|----------------|
| AUTO AND TRUCK EXPENSE.....          | \$ | 7,145.         |
| BANK CHARGES.....                    |    | 70.            |
| COMMISSIONS.....                     |    | 1,794.         |
| MANAGEMENT FEES.....                 |    | 16,000.        |
| MEALS AND ENTERTAINMENT EXPENSE..... |    | 3,270.         |
| MISCELLANEOUS.....                   |    | 21.            |
| OFFICE EXPENSE.....                  |    | 2,322.         |
| PARKING AND TOLLS.....               |    | 220.           |
| TELEPHONE.....                       |    | 6,213.         |
| TRAVEL.....                          |    | 4,711.         |
| TOTAL                                | \$ | <u>41,766.</u> |

**STATEMENT 2  
FORM 1120S, SCHEDULE K, LINE 12A  
CHARITABLE CONTRIBUTIONS**

|  |    |             |
|--|----|-------------|
| CASH CONTRIBUTIONS - 50% LIMITATION..... | \$ | 310.        |
| TOTAL                                    | \$ | <u>310.</u> |

**STATEMENT 3  
FORM 1120S, SCHEDULE K, LINE 16C  
NONDEDUCTIBLE EXPENSES**

|   |    |               |
|---|----|---------------|
| DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,269.        |
| TOTAL                                   | \$ | <u>3,269.</u> |

**STATEMENT 4  
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5  
OTHER REDUCTIONS**

|   |    |               |
|---|----|---------------|
| CONTRIBUTIONS.....                      | \$ | 310.          |
| DISALLOWED MEALS AND ENTERTAINMENT..... |    | 3,269.        |
| TOTAL                                   | \$ | <u>3,579.</u> |

2016

GENERAL ELECTIONS

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

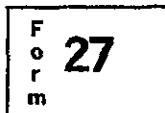
4/03/17

03:03PM

**SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION**

THE CORPORATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F) .

NETWORK IMPLEMENTATION CONSULTING, INC.  
32127 SPRINGSIDE LANE  
OLON, OH 44139  
34-1936688



Regional Income Tax Agency  
RITA Net Profit Tax Return

**RITA's eFile**  
Easy, Fast, Free & Secure  
www.ritaohio.com

Contact us toll free:  
Cleveland 800.860.7482  
Columbus 866.721.7482  
Youngstown 866.750.7482  
TBD 440.526.5332  
440.522.9536  
**CLIENT COPY**  
**NEWMAN & COMPANY, CPAS**  
**CERTIFIED PUBLIC ACCOUNTANTS**

FOR CALENDAR YEAR 2016 OR FISCAL YEAR BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_

The federal return with applicable schedules and 1099's **MUST** be attached to be considered a complete tax return.

Check if:

- ☐ Initial RITA Return  
☐ Amended Return  
☐ Consolidated Return (Attach Form 851)  
☐ Consolidated filer with 80% ownership of a Pass-Through Entity (see instructions)
- ☐ Moved out of RITA  
☐ Out of Business  
☐ Alternate Method
- ☒ Extension

BUSINESS: ☐ C CORPORATION ☐ PARTNERSHIP ☐ LLC ☐ TRUST ☒ S CORPORATION ☐ ESTATE

FEDERAL BUSINESS ACTIVITY CODE # 517000  
BUSINESS ACTIVITY VOICE/DATA SAL

Company Name

Federal Identification Number

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

Address # Street

Suite #

32127 SPRINGSIDE LANE

City

State

Zip Code

OLON

OH

44139

- 1 INCOME PER ATTACHED FEDERAL RETURN  
(per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30), 1065 (Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent) ..... 1 4,118.
- 2A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G) ..... Add 2A 1,165.
- B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q) ..... Deduct 2B
- C. ENTER EXCESS OF LINE 2A OR 2B ..... 2C 1,165.
- 3A. ADJUSTED FEDERAL TAXABLE INCOME  
(Line 1 plus or minus Line 2C) if Schedule X is used ..... 3A 5,283.
- B. AMOUNT ALLOCABLE TO RITA  
If Schedule Y, Page 4 is used \_\_\_\_\_ % of Line 3A ..... 3B
- C. LESS ALLOWABLE NET LOSS  
Per previous Municipal Income Tax Returns (submit schedule) ..... 3C
- 4 AMOUNT SUBJECT TO MUNICIPAL INCOME TAX  
(Line 3A or 3B less Line 3C) ..... 4 5,283.
- 5 MUNICIPAL INCOME TAX DUE (see instructions)  
NOTE: Must equal Schedule B on Page 2 ..... 5 106.
- 6A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL INCOME TAX ..... 6A 700.
- B. AMOUNT OF PREVIOUS YEAR CREDITS ..... 6B
- C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B) ..... 6C 700.
- 7A. BALANCE DUE (Line 5 less Line 6C)  
AMOUNT PAYABLE TO RITA MUST ACCOMPANY THIS FORM ..... 7A 0.
- B. OVERPAYMENT CLAIMED  
(if Line 6C exceeds Line 5 enter difference here and check the desired box) ..... 7B 594.
- Refund ☐
- (Overpayments cannot be split between refund and credit)
- Credit ☒

Page  
1

**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

▶ File a separate application for each return.

▶ Information about Form 7004 and its separate instructions is at [www.irs.gov/form7004](http://www.irs.gov/form7004).

OMB No. 1545-0233

**Print  
or  
Type**

Name

NETWORK IMPLEMENTATION CONSULTING, INC.

Identifying number

34-1936688

Number, street, and room or suite number. (If P.O. box, see instructions.)

32127 SPRINGSIDE LANE

City, town, state, and ZIP code. (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

OLON, OH 44139

**Note:** File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.**Part I Automatic Extension for C Corporations With Tax Years Ending December 31.** See instructions.

1 a Enter the form code for the return listed below that this application is for.

| Application Is For: | Form Code | Application Is For:               | Form Code |
|---------------------|-----------|-----------------------------------|-----------|
| Form 1120           | 12        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 1120-C         | 34        | Form 1120-PC                      | 21        |
| Form 1120-F         | 15        | Form 1120-POL                     | 22        |
| Form 1120-FSC       | 16        | Form 1120-REIT                    | 23        |
| Form 1120-H         | 17        | Form 1120-RIC                     | 24        |
| Form 1120-L         | 18        | Form 1120-SF                      | 26        |
| Form 1120-ND        | 19        |                                   |           |

**Part II Automatic Extension for Certain Estates and Trusts.** See instructions.

b Enter the form code for the return listed below that this application is for.

| Application Is For:                               | Form Code | Application Is For: | Form Code |
|---|-----------|---------------------|-----------|
| Form 1041 (estate other than a bankruptcy estate) | 04        | Form 1041 (trust)   | 05        |

**Part III Automatic Extension for Entities Not Using Part I, II, or IV.** See instructions.

c Enter the form code for the return listed below that this application is for.

| Application Is For:                | Form Code | Application Is For:               | Form Code |
|------------------------------------|-----------|-----------------------------------|-----------|
| Form 706-GS(D)                     | 01        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 706-GS(I)                     | 02        | Form 1120-PC                      | 21        |
| Form 1041 (bankruptcy estate only) | 03        | Form 1120-POL                     | 22        |
| Form 1041-N                        | 06        | Form 1120-REIT                    | 23        |
| Form 1041-QFT                      | 07        | Form 1120-RIC                     | 24        |
| Form 1042                          | 08        | Form 1120S                        | 25        |
| Form 1065                          | 09        | Form 1120-SF                      | 26        |
| Form 1065-B                        | 10        | Form 3520-A                       | 27        |
| Form 1066                          | 11        | Form 8612                         | 28        |
| Form 1120                          | 12        | Form 8613                         | 29        |
| Form 1120-C                        | 34        | Form 8725                         | 30        |
| Form 1120-F                        | 15        | Form 8804                         | 31        |
| Form 1120-FSC                      | 16        | Form 8831                         | 32        |
| Form 1120-H                        | 17        | Form 8876                         | 33        |
| Form 1120-L                        | 18        | Form 8924                         | 35        |
| Form 1120-ND                       | 19        | Form 8928                         | 36        |

**Part IV Automatic Extension for C Corporations With Tax Years Ending June 30.** See instructions.

d Enter the form code for the return listed below that this application is for.

| Application Is For: | Form Code | Application Is For:               | Form Code |
|---------------------|-----------|-----------------------------------|-----------|
| Form 1120           | 12        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 1120-C         | 34        | Form 1120-PC                      | 21        |
| Form 1120-F         | 15        | Form 1120-POL                     | 22        |
| Form 1120-FSC       | 16        | Form 1120-REIT                    | 23        |
| Form 1120-H         | 17        | Form 1120-RIC                     | 24        |
| Form 1120-L         | 18        | Form 1120-SF                      | 26        |
| Form 1120-ND        | 19        |                                   |           |

**Part V All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ..... ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ..... ☐  
If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ..... ☐

5 a The application is for calendar year 20 16, or tax year beginning \_\_\_\_\_, 20 \_\_, and ending \_\_\_\_\_, 20 \_\_

- b Short tax year. If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions – attach explanation)

|   |   |    |
|---|---|----|
| 6 Tentative total tax .....   | 6 | 0. |
| 7 Total payments and credits (see instructions) .....               | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6 (see instructions) ..... | 8 | 0. |

Form 7004 (Rev 12-2016)

**FORM 27**

**SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES**  
 TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5  
**Note:** For each separate municipality listed below, if Tax Due is \$10 or less, enter -0-.  
 (if more space is needed, attach additional schedule)

| Municipality Name | Taxable Income / Loss | Tax Rate | Tax Due |
|-------------------|-----------------------|----------|---------|
| SOLO              | 5,283.                | 2.0000 % | 106.    |
|                   |                       | %        |         |
|                   |                       | %        |         |

**COMPUTATION OF ESTIMATED TAX****ESTIMATED TAX DISTRIBUTION FROM LINE 8A**

(if more space is needed, attach additional schedule)

| Municipality Name | Taxable Income / Loss | Tax Rate | Tax Due |
|-------------------|-----------------------|----------|---------|
| SOLO              | 5,430.                | 2.0000 % | 109.    |
|                   |                       | %        |         |
|                   |                       | %        |         |

|   |    |      |
|---|----|------|
| 8A. ESTIMATED TAX (from distribution above).....  | 8A | 109. |
| B. CREDIT (if any) FROM PRIOR YEAR (7B).....  | 8B | 109. |
| C. LINE 8A LESS LINE 8B.....  | 8C |      |
| D. AMOUNT PAID (not less than 1/4 of estimated tax)<br>(IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S<br>TAX LIABILITY AND MUNICIPAL DISTRIBUTION)..... | 8D |      |
| 9 TOTAL OF 7A + 8D.....   | 9  |      |

**MAKE CHECKS PAYABLE TO RITA**The federal return with applicable schedules and 1099's **MUST** be attached to be considered a complete tax return.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF OFFICER OR PARTNER

NICHOLAS M. FANOUS  
PREPARER'S SIGNATURENICHOLAS M. FANOUS  
PRINT NAME1801 EAST NINTH STREET, SUITE 1050  
CLEVELAND, OH 44114

PREPARER'S ADDRESS

(216) 781-6106 NEWMAN &amp; COMPANY, CPAS

PREPARER'S PHONE

FIRM NAME

**CLIENT COPY**

PRINT NAME

NEWMAN &amp; COMPANY, CPAS

CERTIFIED PUBLIC ACCOUNTANTS

PRESIDENT

PHONE

(440) 389-1070

DATE

TITLE

REMIT RETURN WITHOUT PAYMENT  
 TO: REGIONAL INCOME TAX AGENCY  
 P.O. BOX 89475  
 CLEVELAND, OH 44101-6475

www.ritaohio.com

May RITA discuss  
 this return with the  
 preparer shown above?

☒ Yes ☐ No

REMIT RETURN WITH PAYMENT  
 TO: REGIONAL INCOME TAX AGENCY  
 P.O. BOX 94582  
 CLEVELAND, OH 44101-4582

NEWMAN & COMPANY, CPA's 34-1483212  
 1801 EAST NINTH STREET, SUITE 1050  
 CLEVELAND, OHIO 44114

Page  
2

27F16

**FORM 27****SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN**

(attach supporting statement for line items utilized below)

**ITEMS NOT DEDUCTIBLE**

- A. LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC \_\_\_\_\_
- B. TAXES BASED ON INCOME 1,165.
- C. 5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC \_\_\_\_\_
- D. AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES \_\_\_\_\_
- E. REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION \_\_\_\_\_
- F. OTHER: (ATTACH EXPLANATION) \_\_\_\_\_
- G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A) 1,165.

**ITEMS NOT TAXABLE**

- N. INCOME AND GAINS – FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC \_\_\_\_\_
- O. INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL AND GAS RIGHTS, ETC.) \_\_\_\_\_
- P. OTHER: PASS-THROUGH INCOME (LOSS) \_\_\_\_\_
- Q. TOTAL DEDUCTIONS (ENTER ON LINE 2B) \_\_\_\_\_

**AFTI WORKSHEET**

ADJUSTED FEDERAL TAXABLE INCOME  
For use by taxpayers that are NOT C Corporations

- 1 Federal Form 1120S (S Corporations) – Sch. K – Line 18
- 2 Federal Form 1065 (Partnerships, LLC's, LLP's) – Sch. K – Analysis of Net Income (Loss), Page 5 – Line 1
- 3 Federal Form 1041 (Estates, Trusts) – Page 1 – Line 17

- a From Federal Return (above)
- b Excess 179 Deduction / Carryover
- c Charitable Contribution – In Excess of 10% Limitation
- d Other: \_\_\_\_\_
- e 'ADJUSTED FEDERAL TAXABLE INCOME'

| Form 1120S | Form 1065 | Form 1041 |
|------------|-----------|-----------|
| \$ 4,118.  | \$        | \$        |
|            |           |           |
|            |           |           |
|            |           |           |
| \$ 4,118.  | \$        | \$        |

**FORM 27****SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA (See Instructions)**

| SOLON  | A. LOCATED<br>EVERYWHERE | B. RITA<br>MUNICIPALITY | C. PERCENTAGE<br>(B / A) |
|--|--------------------------|-------------------------|--------------------------|
| <b>STEP 1</b> AVERAGE ORIGINAL COST OF REAL AND TANGIBLE<br>PERSONAL PROPERTY.....                   | \$                       | \$                      |                          |
| GROSS ANNUAL RENTALS MULTIPLIED BY 8.....  | \$                       | \$                      |                          |
| TOTAL OF STEP 1.....   | \$                       | \$                      | 0 %                      |
| <b>STEP 2</b> TOTAL WAGES, SALARIES, COMMISSION AND OTHER<br>COMPENSATION PAID TO ALL EMPLOYEES..... | \$                       | \$                      | %                        |
| <b>STEP 3</b> GROSS RECEIPTS FROM SALES AND WORK OR<br>SERVICES PERFORMED.....                       | \$                       | \$                      | %                        |
| <b>STEP 4</b> TOTAL OF PERCENTAGES.....  |                          |                         | %                        |
| <b>STEP 5</b> AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED).....       |                          |                         | %                        |

|  | A. LOCATED<br>EVERYWHERE | B. RITA<br>MUNICIPALITY | C. PERCENTAGE<br>(B / A) |
|--|--------------------------|-------------------------|--------------------------|
| <b>STEP 1</b> AVERAGE ORIGINAL COST OF REAL AND TANGIBLE<br>PERSONAL PROPERTY.....                   | \$                       | \$                      |                          |
| GROSS ANNUAL RENTALS MULTIPLIED BY 8.....  | \$                       | \$                      |                          |
| TOTAL OF STEP 1.....   | \$                       | \$                      | %                        |
| <b>STEP 2</b> TOTAL WAGES, SALARIES, COMMISSION AND OTHER<br>COMPENSATION PAID TO ALL EMPLOYEES..... | \$                       | \$                      | %                        |
| <b>STEP 3</b> GROSS RECEIPTS FROM SALES AND WORK OR<br>SERVICES PERFORMED.....                       | \$                       | \$                      | %                        |
| <b>STEP 4</b> TOTAL OF PERCENTAGES.....  |                          |                         | %                        |
| <b>STEP 5</b> AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED).....       |                          |                         | %                        |

|  | A. LOCATED<br>EVERYWHERE | B. RITA<br>MUNICIPALITY | C. PERCENTAGE<br>(B / A) |
|--|--------------------------|-------------------------|--------------------------|
| <b>STEP 1</b> AVERAGE ORIGINAL COST OF REAL AND TANGIBLE<br>PERSONAL PROPERTY.....                   | \$                       | \$                      |                          |
| GROSS ANNUAL RENTALS MULTIPLIED BY 8.....  | \$                       | \$                      |                          |
| TOTAL OF STEP 1.....   | \$                       | \$                      | %                        |
| <b>STEP 2</b> TOTAL WAGES, SALARIES, COMMISSION AND OTHER<br>COMPENSATION PAID TO ALL EMPLOYEES..... | \$                       | \$                      | %                        |
| <b>STEP 3</b> GROSS RECEIPTS FROM SALES AND WORK OR<br>SERVICES PERFORMED.....                       | \$                       | \$                      | %                        |
| <b>STEP 4</b> TOTAL OF PERCENTAGES.....  |                          |                         | %                        |
| <b>STEP 5</b> AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED).....       |                          |                         | %                        |

**TOTAL** Sum all STEP 5 percentages for each municipality, enter on Page 1, Line 3B. .... %

**SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS**

- Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return .....
- Explanation of any difference between total wages remitted and total wages shown on Schedule Y above: .....
- Provide the EIN, name, and address under which the withholding tax was remitted if different.  
 EIN: 34-1936688 Address: 32127 SPRINGSIDE LANE  
 Name: NETWORK IMPLEMENTATION CONSULTING, SOLON, OH 44139

**SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME**

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and taxable percentage.



Form **1120S**Department of the Treasury  
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Information about Form 1120S and its separate instructions is at [www.irs.gov/form1120s](http://www.irs.gov/form1120s).

OMB No. 1545-0123

**2016**

For calendar year 2016 or tax year beginning 2016, ending

|  |                              |  |  |
|--|------------------------------|--|--|
| <b>A</b> S election effective date<br>1/01/2001                  | <b>TYPE<br/>OR<br/>PRINT</b> | <b>NETWORK IMPLEMENTATION CONSULTING, INC.<br/>32127 SPRINGSIDE LANE<br/>SOLON, OH 44139</b> | <b>D</b> Employer identification number<br>34-1936688  |
| <b>B</b> Business activity code number (see instrs)<br>517000    |                              |  | <b>E</b> Date incorporated<br>9/05/2000                |
| <b>C</b> Check if Schedule M-3 attached <input type="checkbox"/> |                              |  | <b>F</b> Total assets (see instructions)<br>\$ 50,170. |

**G** Is the corporation electing to be an S corporation beginning with this tax year? Yes ☐ No ☒ If 'Yes,' attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change(4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year ..... 1**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

|   |  |                 |         |  |
|---|--|-----------------|---------|--|
| <b>INCOME</b>   | <b>1 a</b> Gross receipts or sales.....  | <b>1 a</b>      | 56,037. |  |
|   | <b>b</b> Returns and allowances.....   | <b>1 b</b>      |         |  |
|   | <b>c</b> Balance. Subtract line 1b from line 1a.....   | <b>1 c</b>      | 56,037. |  |
|   | <b>2</b> Cost of goods sold (attach Form 1125-A).....  | <b>2</b>        |         |  |
|   | <b>3</b> Gross profit. Subtract line 2 from line 1c.....   | <b>3</b>        | 56,037. |  |
|   | <b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797).....   | <b>4</b>        |         |  |
| <b>5</b> Other income (loss) (see instrs - att statement).....                      | <b>5</b>   |                 |         |  |
| <b>6</b> <b>Total income (loss).</b> Add lines 3 through 5.....                     | <b>6</b>   | 56,037.         |         |  |
| <b>DEDUCTIONS<br/>SEE<br/>INSTRS</b>  | <b>7</b> Compensation of officers (see instructions - attach Form 1125-E).....                                     | <b>7</b>        |         |  |
|   | <b>8</b> Salaries and wages (less employment credits).....   | <b>8</b>        |         |  |
|   | <b>9</b> Repairs and maintenance.....  | <b>9</b>        |         |  |
|   | <b>10</b> Bad debts.....   | <b>10</b>       |         |  |
|   | <b>11</b> Rents.....   | <b>11</b>       |         |  |
|   | <b>12</b> Taxes and licenses.....  | <b>12</b>       | 1,365.  |  |
|   | <b>13</b> Interest.....  | <b>13</b>       |         |  |
|   | <b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562).....                   | <b>14</b>       |         |  |
|   | <b>15</b> Depletion (Do not deduct oil and gas depletion.).....  | <b>15</b>       |         |  |
|   | <b>16</b> Advertising.....   | <b>16</b>       | 5,393.  |  |
|   | <b>17</b> Pension, profit-sharing, etc, plans.....   | <b>17</b>       |         |  |
| <b>18</b> Employee benefit programs.....  | <b>18</b>  | 3,085.          |         |  |
| <b>19</b> Other deductions (attach statement).....                                  | <b>19</b>  | SEE STATEMENT 1 | 41,766. |  |
| <b>20</b> <b>Total deductions.</b> Add lines 7 through 19.....                      | <b>20</b>  | 51,609.         |         |  |
| <b>21</b> <b>Ordinary business income (loss).</b> Subtract line 20 from line 6..... | <b>21</b>  | 4,428.          |         |  |
| <b>TAX<br/>AND<br/>PAYMENTS</b>   | <b>22 a</b> Excess net passive income or LIFO recapture tax (see instructions).....                                | <b>22 a</b>     |         |  |
|   | <b>b</b> Tax from Schedule D (Form 1120S).....   | <b>22 b</b>     |         |  |
|   | <b>c</b> Add lines 22a and 22b (see instructions for additional taxes).....  | <b>22 c</b>     |         |  |
|   | <b>23 a</b> 2016 estimated tax payments and 2015 overpayment credited to 2016.....                                 | <b>23 a</b>     |         |  |
|   | <b>b</b> Tax deposited with Form 7004.....   | <b>23 b</b>     |         |  |
|   | <b>c</b> Credit for federal tax paid on fuels (attach Form 4136).....  | <b>23 c</b>     |         |  |
|   | <b>d</b> Add lines 23a through 23c.....  | <b>23 d</b>     |         |  |
|   | <b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached.....                            | <b>24</b>       |         |  |
|   | <b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed.....           | <b>25</b>       | 0.      |  |
|   | <b>26</b> <b>Overpayment.</b> If line 23d is larger than the total of lines 22c and 24, enter amount overpaid..... | <b>26</b>       |         |  |
| <b>27</b> Enter amount from line 26 <b>Credited to 2017 estimated tax</b> ▶         | <b>27</b>  | Refunded ▶      |         |  |

**Sign  
Here**

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

|                      |      |       |  |
|----------------------|------|-------|--|
| Signature of officer | Date | Title | <b>PRESIDENT</b><br>May the IRS discuss this return with the preparer shown below (see instructions)?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------|------|-------|--|

**Paid  
Preparer  
Use Only**

|  |   |      |   |                          |
|--|---|------|---|--------------------------|
| Print/Type preparer's name<br><b>NICHOLAS M. FANOUS</b>                            | Preparer's signature<br><b>NICHOLAS M. FANOUS</b> | Date | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00938216</b> |
| Firm's name ▶ <b>NEWMAN &amp; COMPANY, CPAS</b>                                    | Firm's EIN ▶ <b>34-1483212</b>                    |      |   |                          |
| Firm's address ▶ <b>1801 EAST NINTH STREET, SUITE 1050<br/>CLEVELAND, OH 44114</b> | Phone no. <b>(216) 781-6106</b>                   |      |   |                          |

BAA For Paperwork Reduction Act Notice, see separate instructions.

SPSA0105L 08/17/16

Form 1120S (2016)

**Schedule B Other Information** (see instructions)

|   |  |                                |                                |  | Yes | No |
|---|--|--------------------------------|--------------------------------|--|-----|----|
| 1 Check accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____   |  |                                |                                |  |     |    |
| 2 See the instructions and enter the:<br>a Business activity. <b>VOICE/DATA SALES</b> b Product or service. <b>VOICE/DATA SALES</b>   |  |                                |                                |  |     |    |
| 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation. ....  |  |                                |                                |  |     | X  |
| 4 At the end of the tax year, did the corporation:<br>a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. ....   |  |                                |                                |  |     | X  |
| (i) Name of Corporation   | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made |     |    |
|   |  |                                |                                |  |     |    |
|   |  |                                |                                |  |     |    |
|   |  |                                |                                |  |     |    |
| b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. ....   |  |                                |                                |  |     | X  |
| (i) Name of Entity  | (ii) Employer Identification Number (if any) | (iii) Type of Entity           | (iv) Country of Organization   | (v) Maximum % Owned in Profit, Loss, or Capital  |     |    |
|   |  |                                |                                |  |     |    |
|   |  |                                |                                |  |     |    |
|   |  |                                |                                |  |     |    |
| 5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? ....<br>If "Yes," complete lines (i) and (ii) below.  |  |                                |                                |  |     | X  |
| (i) Total shares of restricted stock. ....  |  |                                |                                |  |     |    |
| (ii) Total shares of non-restricted stock. ....   |  |                                |                                |  |     |    |
| b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? ....<br>If "Yes," complete lines (i) and (ii) below.  |  |                                |                                |  |     | X  |
| (i) Total shares of stock outstanding at the end of the tax year. ....  |  |                                |                                |  |     |    |
| (ii) Total shares of stock outstanding if all instruments were executed. ....   |  |                                |                                |  |     |    |
| 6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? ....   |  |                                |                                |  |     | X  |
| 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. ....<br>If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>  |  |                                |                                |  |     |    |
| 8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) .... \$ _____ |  |                                |                                |  |     |    |
| 9 Enter the accumulated earnings and profits of the corporation at the end of the tax year .... \$ _____  |  |                                |                                |  |     |    |
| 10 Does the corporation satisfy both of the following conditions?<br>a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. ....<br>b The corporation's total assets at the end of the tax year were less than \$250,000. ....<br>If "Yes," the corporation is not required to complete Schedules L and M-1.  |  |                                |                                |  | X   |    |
| 11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? ....<br>If "Yes," enter the amount of principal reduction \$ _____   |  |                                |                                |  |     | X  |
| 12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions ....   |  |                                |                                |  |     | X  |
| 13a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? ....  |  |                                |                                |  |     | X  |
| b If "Yes," did the corporation file or will it file required Forms 1099? ....  |  |                                |                                |  |     |    |

Form 1120S (2016)

| Schedule K Shareholders' Pro Rata Share Items   |  | Total amount                                 |        |
|---|--|--|--------|
| Income (Loss)   | 1 Ordinary business income (loss) (page 1, line 21) .....  | 1  | 4,428. |
|   | 2 Net rental real estate income (loss) (attach Form 8825) .....                                      | 2  |        |
|   | 3a Other gross rental income (loss) .....  | 3a   |        |
|   | b Expenses from other rental activities (attach statement) .....                                     | 3b   |        |
|   | c Other net rental income (loss). Subtract line 3b from line 3a .....                                | 3c   |        |
|   | 4 Interest income .....  | 4  |        |
|   | 5 Dividends: a Ordinary dividends .....  | 5a   |        |
|   | b Qualified dividends .....  | 5b   |        |
|   | 6 Royalties .....  | 6  |        |
|   | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) .....                          | 7  |        |
| Deductions  | 8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) .....                          | 8a   |        |
|   | b Collectibles (28%) gain (loss) .....   | 8b   |        |
|   | c Unrecaptured section 1250 gain (attach statement) .....  | 8c   |        |
|   | 9 Net section 1231 gain (loss) (attach Form 4797) .....  | 9  |        |
|   | 10 Other income (loss) (see instructions) .....  | 10   |        |
|   | 11 Section 179 deduction (attach Form 4562) .....  | 11   |        |
|   | 12a Charitable contributions .....   | 12a  | 310.   |
|   | b Investment interest expense .....  | 12b  |        |
|   | c Section 59(e)(2) expenditures (1) Type ▶ .....   | 12c (2)                                      |        |
|   | d Other deductions (see instructions) .....  | 12d  |        |
| Credits   | 13a Low-income housing credit (section 42(j)(5)) .....   | 13a  |        |
|   | b Low-income housing credit (other) .....  | 13b  |        |
|   | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) ..... | 13c  |        |
|   | d Other rental real estate credits (see instrs) Type ▶ .....   | 13d  |        |
|   | e Other rental credits (see instrs) Type ▶ .....   | 13e  |        |
|   | f Biofuel producer credit (attach Form 6478) .....   | 13f  |        |
|   | g Other credits (see instructions) .....   | 13g  |        |
|   | Foreign Transactions   | 14a Name of country or U.S. possession ..... |        |
| b Gross income from all sources .....   |  | 14b  |        |
| c Gross income sourced at shareholder level .....   |  | 14c  |        |
| Foreign gross income sourced at corporate level .....   |  |  |        |
| d Passive category .....  |  | 14d  |        |
| e General category .....  |  | 14e  |        |
| f Other (attach statement) .....  |  | 14f  |        |
| Deductions allocated and apportioned at shareholder level .....   |  |  |        |
| g Interest expense .....  |  | 14g  |        |
| h Other .....   |  | 14h  |        |
| Deductions allocated and apportioned at corporate level to foreign source income .....                  |  |  |        |
| i Passive category .....  |  | 14i  |        |
| j General category .....  |  | 14j  |        |
| k Other (attach statement) .....  |  | 14k  |        |
| Other information .....   |  |  |        |
| l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ..... |  | 14l  |        |
| m Reduction in taxes available for credit (attach statement) .....                                      | 14m  |  |        |
| n Other foreign tax information (attach statement) .....  |  |  |        |
| Alternative Minimum Tax (AMT) Items   | 15a Post-1986 depreciation adjustment .....  | 15a  |        |
|   | b Adjusted gain or loss .....  | 15b  |        |
|   | c Depletion (other than oil and gas) .....   | 15c  |        |
|   | d Oil, gas, and geothermal properties — gross income .....   | 15d  |        |
|   | e Oil, gas, and geothermal properties — deductions .....   | 15e  |        |
|   | f Other AMT items (attach statement) .....   | 15f  |        |
| Items Affecting Shareholder Basis   | 16a Tax-exempt interest income .....   | 16a  |        |
|   | b Other tax-exempt income .....  | 16b  |        |
|   | c Nondeductible expenses .....   | 16c  | 3,269. |
|   | d Distributions (attach stmt if required) (see instrs) .....   | 16d  | 9,794. |
|   | e Repayment of loans from shareholders .....   | 16e  |        |

**Schedule K Shareholders' Pro Rata Share Items (continued)**

| Other<br>infor-<br>mation | Total amount |   |
|---------------------------|--------------|---|
|                           | 17a          |   |
|                           | 17b          |   |
|                           | 17c          |   |
|                           |              |   |
|                           | 17a          | Investment income .....   |
|                           | 17b          | Investment expenses .....   |
|                           | 17c          | Dividend distributions paid from accumulated earnings and profits .....   |
|                           |              | Other items and amounts<br>(attach statement) .....   |
| Recon-<br>ciliation       | 18           | <b>Income/loss reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column.<br>From the result, subtract the sum of the amounts on lines 11 through 12d and 14f ..... |
|                           | 18           | 4,118.  |

**Schedule L Balance Sheets per Books**

|  | Beginning of tax year |     | End of tax year |     |
|--|-----------------------|-----|-----------------|-----|
|  | (a)                   | (b) | (c)             | (d) |
| <b>Assets</b>  |                       |     |                 |     |
| 1 Cash .....   |                       |     |                 |     |
| 2a Trade notes and accounts receivable .....                 |                       |     |                 |     |
| b Less allowance for bad debts .....                         |                       |     |                 |     |
| 3 Inventories .....  |                       |     |                 |     |
| 4 U.S. government obligations .....                          |                       |     |                 |     |
| 5 Tax-exempt securities (see instructions) .....             |                       |     |                 |     |
| 6 Other current assets (attach stmt) .....                   |                       |     |                 |     |
| 7 Loans to shareholders .....                                |                       |     |                 |     |
| 8 Mortgage and real estate loans .....                       |                       |     |                 |     |
| 9 Other investments (attach statement) .....                 |                       |     |                 |     |
| 10a Buildings and other depreciable assets .....             |                       |     |                 |     |
| b Less accumulated depreciation .....                        |                       |     |                 |     |
| 11a Depletable assets .....                                  |                       |     |                 |     |
| b Less accumulated depletion .....                           |                       |     |                 |     |
| 12 Land (net of any amortization) .....                      |                       |     |                 |     |
| 13a Intangible assets (amortizable only) .....               |                       |     |                 |     |
| b Less accumulated amortization .....                        |                       |     |                 |     |
| 14 Other assets (attach stmt) .....                          |                       |     |                 |     |
| 15 Total assets .....  |                       |     |                 |     |
| <b>Liabilities and Shareholders' Equity</b>                  |                       |     |                 |     |
| 16 Accounts payable .....                                    |                       |     |                 |     |
| 17 Mortgages, notes, bonds payable in less than 1 year ..... |                       |     |                 |     |
| 18 Other current liabilities (attach stmt) .....             |                       |     |                 |     |
| 19 Loans from shareholders .....                             |                       |     |                 |     |
| 20 Mortgages, notes, bonds payable in 1 year or more .....   |                       |     |                 |     |
| 21 Other liabilities (attach statement) .....                |                       |     |                 |     |
| 22 Capital stock .....                                       |                       |     |                 |     |
| 23 Additional paid-in capital .....                          |                       |     |                 |     |
| 24 Retained earnings .....                                   |                       |     |                 |     |
| 25 Adjustments to shareholders' equity (att stmt) .....      |                       |     |                 |     |
| 26 Less cost of treasury stock .....                         |                       |     |                 |     |
| 27 Total liabilities and shareholders' equity .....          |                       |     |                 |     |

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

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

|  |  |  |  |
|--|--|--|--|
| <b>1</b> Net income (loss) per books .....   |  | <b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):                        |  |
| <b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): |  | <b>a</b> Tax-exempt interest \$ .....  |  |
| <b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):               |  | <b>6</b> Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize): |  |
| <b>a</b> Depreciation ..... \$ .....   |  | <b>a</b> Depreciation .... \$ .....  |  |
| <b>b</b> Travel and entertainment. \$ .....  |  | <b>7</b> Add lines 5 and 6 .....   |  |
| <b>4</b> Add lines 1 through 3 .....   |  | <b>8</b> Income (loss) (Schedule K, ln 18). Ln 4 less ln 7...  |  |

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

|  | (a) Accumulated adjustments account | (b) Other adjustments account | (c) Shareholders' undistributed taxable income previously taxed |
|--|-------------------------------------|-------------------------------|---|
| <b>1</b> Balance at beginning of tax year .....                        | 59,115.                             |                               |   |
| <b>2</b> Ordinary income from page 1, line 21 .....                    | 4,428.                              |                               |   |
| <b>3</b> Other additions .....   |                                     |                               |   |
| <b>4</b> Loss from page 1, line 21 .....                               |                                     |                               |   |
| <b>5</b> Other reductions ..... SEE STATEMENT 4                        | ( 3,579.)                           |                               |   |
| <b>6</b> Combine lines 1 through 5 .....                               | 59,964.                             |                               |   |
| <b>7</b> Distributions other than dividend distributions .....         | 9,794.                              |                               |   |
| <b>8</b> Balance at end of tax year. Subtract line 7 from line 6 ..... | 50,170.                             |                               |   |

**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2016**

For calendar year 2016, or tax  
year beginning \_\_\_\_\_, 2016  
ending \_\_\_\_\_.

☐ Final K-1

☐ Amended K-1

671113

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions,  
Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
34-1936688

**B** Corporation's name, address, city, state, and ZIP code  
NETWORK IMPLEMENTATION CONSULTING, INC.  
32127 SPRINGSIDE LANE  
SOLON, OH 44139

**C** IRS Center where corporation filed return  
E-FILE

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
[REDACTED]

**E** Shareholder's name, address, city, state, and ZIP code  
DARYL E. BUNCH  
32127 SPRINGSIDE LANE  
SOLON, OH 44139

**F** Shareholder's percentage of stock  
ownership for tax year..... 100 %

FOR  
IRS  
USE  
ONLY

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

|           |                                      |           |                                     |
|-----------|--------------------------------------|-----------|-------------------------------------|
| <b>1</b>  | Ordinary business income (loss)      | <b>13</b> | Credits                             |
|           | 4,428.                               |           |                                     |
| <b>2</b>  | Net rental real estate income (loss) |           |                                     |
| <b>3</b>  | Other net rental income (loss)       |           |                                     |
| <b>4</b>  | Interest income                      |           |                                     |
| <b>5a</b> | Ordinary dividends                   |           |                                     |
| <b>5b</b> | Qualified dividends                  | <b>14</b> | Foreign transactions                |
| <b>6</b>  | Royalties                            |           |                                     |
| <b>7</b>  | Net short-term capital gain (loss)   |           |                                     |
| <b>8a</b> | Net long-term capital gain (loss)    |           |                                     |
| <b>8b</b> | Collectibles (28%) gain (loss)       |           |                                     |
| <b>8c</b> | Unrecaptured section 1250 gain       |           |                                     |
| <b>9</b>  | Net section 1231 gain (loss)         |           |                                     |
| <b>10</b> | Other income (loss)                  | <b>15</b> | Alternative minimum tax (AMT) items |
|           |                                      |           |                                     |
|           |                                      |           |                                     |
| <b>11</b> | Section 179 deduction                | <b>16</b> | Items affecting shareholder basis   |
|           |                                      | C*        | 3,269.                              |
| <b>12</b> | Other deductions                     |           |                                     |
| A         | 310.                                 | D         | 9,794.                              |
|           |                                      |           |                                     |
|           |                                      |           |                                     |
|           |                                      | <b>17</b> | Other information                   |
|           |                                      |           |                                     |
|           |                                      |           |                                     |
|           |                                      |           |                                     |
|           |                                      |           |                                     |

\*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's instructions for Schedule K-1 and the instructions for your income tax return.

- 1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:

|                   | Report on                          |
|-------------------|------------------------------------|
| Passive loss      | See the Shareholder's Instructions |
| Passive income    | Schedule E, line 28, column (g)    |
| Nonpassive loss   | Schedule E, line 28, column (h)    |
| Nonpassive income | Schedule E, line 28, column (i)    |

- 2 Net rental real estate income (loss)

See the Shareholder's Instructions

- 3 Other net rental income (loss)

|            |                                    |
|------------|------------------------------------|
| Net income | Schedule E, line 28, column (g)    |
| Net loss   | See the Shareholder's Instructions |

- 4 Interest income

Form 1040, line 8a

- 5a Ordinary dividends

Form 1040, line 9a

- 5b Qualified dividends

Form 1040, line 9b

- 6 Royalties

Schedule E, line 4

- 7 Net short-term capital gain (loss)

Schedule D, line 5

- 8a Net long-term capital gain (loss)

Schedule D, line 12

- 8b Collectibles (28%) gain (loss)

28% Rate Gain Worksheet, line 4 (Schedule D instructions)

- 8c Unrecaptured section 1250 gain

See the Shareholder's Instructions

- 9 Net section 1231 gain (loss)

See the Shareholder's Instructions

- 10 Other income (loss)

Code

- A Other portfolio income (loss)

See the Shareholder's Instructions

- B Involuntary conversions

See the Shareholder's Instructions

- C Sec. 1256 contracts and straddles

Form 6781, line 1

- D Mining exploration costs recapture

See Pub 535

- E Other income (loss)

See the Shareholder's Instructions

- 11 Section 179 deduction

See the Shareholder's Instructions

- 12 Other deductions

- A Cash contributions (50%)

- B Cash contributions (30%)

- C Noncash contributions (50%)

- D Noncash contributions (30%)

- E Capital gain property to a 50% organization (30%)

- F Capital gain property (20%)

- G Contributions (100%)

- H Investment interest expense

Form 4952, line 1

- I Deductions — royalty income

Schedule E, line 19

- J Section 59(e)(2) expenditures

See the Shareholder's Instructions

- K Deductions — portfolio (2% floor)

Schedule A, line 23

- L Deductions — portfolio (other)

Schedule A, line 28

- M Preproductive period expenses

See the Shareholder's Instructions

- N Commercial revitalization deduction from rental real estate activities

See Form 8582 instructions

- O Reforestation expense deduction

See the Shareholder's Instructions

- P Domestic production activities information

See Form 8903 instructions

- Q Qualified production activities income

Form 8903, line 7b

- R Employer's Form W-2 wages

Form 8903, line 17

- S Other deductions

See the Shareholder's Instructions

- 13 Credits

- A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings

- B Low-income housing credit (other) from pre-2008 buildings

- C Low-income housing credit (section 42(j)(5)) from post-2007 buildings

- D Low-income housing credit (other) from post-2007 buildings

- E Qualified rehabilitation expenditures (rental real estate)

- F Other rental real estate credits

- G Other rental credits

- H Undistributed capital gains credit

Form 1040, line 73, box a

- I Biofuel producer credit

- J Work opportunity credit

- K Disabled access credit

- L Empowerment zone employment credit

- M Credit for increasing research activities

See the Shareholder's Instructions

Code

- N Credit for employer social security and Medicare taxes

- O Backup withholding

- P Other credits

Report on

See the Shareholder's Instructions

- 14 Foreign transactions

- A Name of country or U.S. possession

- B Gross income from all sources

- C Gross income sourced at shareholder level

Form 1116, Part I

Foreign gross income sourced at corporate level

- D Passive category

- E General category

- F Other

Form 1116, Part I

Deductions allocated and apportioned at shareholder level

- G Interest expense

Form 1116, Part I

- H Other

Form 1116, Part I

Deductions allocated and apportioned at corporate level to foreign source income

- I Passive category

- J General category

- K Other

Form 1116, Part I

Other information

- L Total foreign taxes paid

Form 1116, Part II

- M Total foreign taxes accrued

Form 1116, Part II

- N Reduction in taxes available for credit

Form 1116, line 12

- O Foreign trading gross receipts

Form 8873

- P Extraterritorial income exclusion

Form 8873

- Q Other foreign transactions

See the Shareholder's Instructions

- 15 Alternative minimum tax (AMT) items

- A Post-1986 depreciation adjustment

- B Adjusted gain or loss

- C Depletion (other than oil & gas)

- D Oil, gas, & geothermal — gross income

- E Oil, gas, & geothermal — deductions

- F Other AMT items

See the Shareholder's Instructions and the instructions for Form 6251

- 16 Items affecting shareholder basis

- A Tax-exempt interest income

Form 1040, line 8b

- B Other tax-exempt income

- C Nondeductible expenses

- D Distributions

- E Repayment of loans from shareholders

See the Shareholder's Instructions

- 17 Other information

- A Investment income

Form 4952, line 4a

- B Investment expenses

Form 4952, line 5

- C Qualified rehabilitation expenditures (other than rental real estate)

See the Shareholder's Instructions

- D Basis of energy property

See the Shareholder's Instructions

- E Recapture of low-income housing credit (section 42(j)(5))

Form 8611, line 8

- F Recapture of low-income housing credit (other)

Form 8611, line 8

- G Recapture of investment credit

See Form 4255

- H Recapture of other credits

See the Shareholder's Instructions

- I Look-back interest — completed long-term contracts

See Form 8697

- J Look-back interest — income forecast method

See Form 8866

- K Dispositions of property with section 179 deductions

- L Recapture of section 179 deduction

- M Section 453(i)(3) information

- N Section 453A(c) information

- O Section 1260(b) information

- P Interest allocable to production expenditures

- Q CCF nonqualified withdrawals

- R Depletion information — oil and gas

- S Reserved

- T Section 108(i) information

- U Net investment income

- V Other information

See the Shareholder's Instructions

**BOX 16  
ITEMS AFFECTING SHAREHOLDER BASIS**

**\* DESCRIPTIVE INFORMATION**

|   |   |    |        |
|---|---|----|--------|
| C | DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,269. |
|---|---|----|--------|



2016

## FEDERAL STATEMENTS

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

4/03/17

03:03PM

**STATEMENT 1  
FORM 1120S, LINE 19  
OTHER DEDUCTIONS**

|                                      |    |                |
|--------------------------------------|----|----------------|
| AUTO AND TRUCK EXPENSE.....          | \$ | 7,145.         |
| BANK CHARGES.....                    |    | 70.            |
| COMMISSIONS.....                     |    | 1,794.         |
| MANAGEMENT FEES.....                 |    | 16,000.        |
| MEALS AND ENTERTAINMENT EXPENSE..... |    | 3,270.         |
| MISCELLANEOUS.....                   |    | 21.            |
| OFFICE EXPENSE.....                  |    | 2,322.         |
| PARKING AND TOLLS.....               |    | 220.           |
| TELEPHONE.....                       |    | 6,213.         |
| TRAVEL.....                          |    | 4,711.         |
| TOTAL                                | \$ | <u>41,766.</u> |

**STATEMENT 2  
FORM 1120S, SCHEDULE K, LINE 12A  
CHARITABLE CONTRIBUTIONS**

|  |    |             |
|--|----|-------------|
| CASH CONTRIBUTIONS - 50% LIMITATION..... | \$ | 310.        |
| TOTAL                                    | \$ | <u>310.</u> |

**STATEMENT 3  
FORM 1120S, SCHEDULE K, LINE 16C  
NONDEDUCTIBLE EXPENSES**

|   |    |               |
|---|----|---------------|
| DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,269.        |
| TOTAL                                   | \$ | <u>3,269.</u> |

**STATEMENT 4  
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5  
OTHER REDUCTIONS**

|   |    |               |
|---|----|---------------|
| CONTRIBUTIONS.....                      | \$ | 310.          |
| DISALLOWED MEALS AND ENTERTAINMENT..... |    | 3,269.        |
| TOTAL                                   | \$ | <u>3,579.</u> |

NETWORK IMPLEMENTATION CONSULTING, INC.  
32127 SPRINGSIDE LANE  
SOLON, OH 44139  
(440) 389-1070

April 3, 2017

Daryl E. Bunch  
32127 Springside Lane  
Solon, OH 44139

RE:  
Network Implementation Consulting, Inc.  
34-1936688  
2016 S Corporation Schedule K-1 (Form 1120S)

Dear Daryl E. Bunch:

Enclosed is your 2016 Schedule K-1 (Form 1120S) Shareholder's Share of Income, Deductions, Credits, Etc. from Network Implementation Consulting, Inc.. This information reflects the amounts you need in order to complete your income tax return. The amounts shown are your distributive share of tax items from the S Corporation to be reported on your tax return and may not correspond to the actual distributions you have received during the year. This information is included in the S Corporation's 2016 federal income tax return that was filed with the Internal Revenue Service.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

Network Implementation Consulting, Inc.

Enclosure(s)

Department of the Treasury  
Internal Revenue Service

For calendar year 2016, or tax  
year beginning \_\_\_\_\_, 2016  
ending \_\_\_\_\_.

## 2016

Final K-1

Amended K-7

671113  
OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I** Information About the Corporation

**A** Corporation's employer identification number  
34-1936688

**B** Corporation's name, address, city, state, and ZIP code  
 NETWORK IMPLEMENTATION CONSULTING, INC.  
 32127 SPRINGSIDE LANE  
 SOLON, OH 44139

**C** IRS Center where corporation filed return  
E-FILE

## Part II Information About the Shareholder

**D** Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code  
DARYL E. BUNCH  
32127 SPRINGSIDE LANE  
OLON, OH 44139

**F** Shareholder's percentage of stock ownership for tax year..... 100 %

FOR USE ONLY

**NEWMAN & COMPANY, CPAs**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**1801 EAST NINTH STREET, SUITE 1050**  
**CLEVELAND, OHIO 44114**  
**(p)216.781.6106 (f)216.781.6447**

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

|    |                                      |    |                                     |
|----|--------------------------------------|----|-------------------------------------|
| 1  | Ordinary business income (loss)      | 13 | Credits                             |
|    | 4,428.                               |    |                                     |
| 2  | Net rental real estate income (loss) |    |                                     |
| 3  | Other net rental income (loss)       |    |                                     |
| 4  | Interest income                      |    |                                     |
| 5a | Ordinary dividends                   |    |                                     |
| 5b | Qualified dividends                  | 14 | Foreign transactions                |
| 6  | Royalties                            |    |                                     |
| 7  | Net short-term capital gain (loss)   |    |                                     |
| 8a | Net long-term capital gain (loss)    |    |                                     |
| 8b | Collectibles (28%) gain (loss)       |    |                                     |
| 8c | Unrecaptured section 1250 gain       |    |                                     |
| 9  | Net section 1231 gain (loss)         |    |                                     |
| 10 | Other income (loss)                  | 15 | Alternative minimum tax (AMT) items |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
| 11 | Section 179 deduction                | 16 | Items affecting shareholder basis   |
|    |                                      | C* | 3,269.                              |
| 12 | Other deductions                     |    |                                     |
| A  | 310.                                 | D  | 9,794.                              |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      | 17 | Other information                   |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |

\*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

- 1 Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:

|                   | <i>Report on</i>                   |
|-------------------|------------------------------------|
| Passive loss      | See the Shareholder's Instructions |
| Passive income    | Schedule E, line 28, column (g)    |
| Nonpassive loss   | Schedule E, line 28, column (h)    |
| Nonpassive income | Schedule E, line 28, column (i)    |

**2 Net rental real estate income (loss)**

See the Shareholder's Instructions

**3 Other net rental income (loss)**

|            |                                    |
|------------|------------------------------------|
| Net income | Schedule E, line 28, column (g)    |
| Net loss   | See the Shareholder's Instructions |

**4 Interest income**

Form 1040, line 8a

**5 a Ordinary dividends**

Form 1040, line 9a

**5 b Qualified dividends**

Form 1040, line 9b

**6 Royalties**

Schedule E, line 4

**7 Net short-term capital gain (loss)**

Schedule D, line 5

**8 a Net long-term capital gain (loss)**

Schedule D, line 12

**8 b Collectibles (28%) gain (loss)**

28% Rate Gain Worksheet, line 4  
(Schedule D instructions)

**8 c Unrecaptured section 1250 gain**

See the Shareholder's Instructions

**9 Net section 1231 gain (loss)**

See the Shareholder's Instructions

**10 Other income (loss)**

*Code*

**A** Other portfolio income (loss)

See the Shareholder's Instructions

**B** Involuntary conversions

See the Shareholder's Instructions

**C** Sec. 1256 contracts and straddles

Form 5781, line 1

**D** Mining exploration costs recapture

See Pub 535

**E** Other income (loss)

See the Shareholder's Instructions

**11 Section 179 deduction**

See the Shareholder's Instructions

**12 Other deductions**

**A** Cash contributions (50%)

**B** Cash contributions (30%)

**C** Noncash contributions (50%)

**D** Noncash contributions (30%)

**E** Capital gain property to a 50% organization (30%)

**F** Capital gain property (20%)

**G** Contributions (100%)

**H** Investment interest expense

Form 4952, line 1

**I** Deductions — royalty income

Schedule E, line 19

**J** Section 59(e)(2) expenditures

See the Shareholder's Instructions

**K** Deductions — portfolio (2% floor)

Schedule A, line 23

**L** Deductions — portfolio (other)

Schedule A, line 28

**M** Preproductive period expenses

See the Shareholder's Instructions

**N** Commercial revitalization deduction from rental real estate activities

See Form 8582 instructions

**O** Reforestation expense deduction

See the Shareholder's Instructions

**P** Domestic production activities information

See Form 8903 instructions

**Q** Qualified production activities income

Form 8903, line 7b

**R** Employer's Form W-2 wages

Form 8903, line 17

**S** Other deductions

See the Shareholder's Instructions

**13 Credits**

**A** Low-income housing credit (section 42(j)(5)) from pre-2008 buildings

**B** Low-income housing credit (other) from pre-2008 buildings

**C** Low-income housing credit (section 42(j)(5)) from post-2007 buildings

**D** Low-income housing credit (other) from post-2007 buildings

**E** Qualified rehabilitation expenditures (rental real estate)

**F** Other rental real estate credits

**G** Other rental credits

**H** Undistributed capital gains credit

Form 1040, line 73, box a

**I** Biofuel producer credit

**J** Work opportunity credit

**K** Disabled access credit

**L** Empowerment zone employment credit

**M** Credit for increasing research activities

See the Shareholder's Instructions

*Code*

**N** Credit for employer social security and Medicare taxes

**O** Backup withholding

**P** Other credits

*Report on*

See the Shareholder's Instructions

**14 Foreign transactions**

**A** Name of country or U.S. possession

**B** Gross income from all sources

**C** Gross income sourced at shareholder level

Form 1116, Part I

*Foreign gross income sourced at corporate level*

**D** Passive category

**E** General category

**F** Other

Form 1116, Part I

*Deductions allocated and apportioned at shareholder level*

**G** Interest expense

Form 1116, Part I

**H** Other

Form 1116, Part I

*Deductions allocated and apportioned at corporate level to foreign source income*

**I** Passive category

**J** General category

**K** Other

Form 1116, Part I

*Other information*

**L** Total foreign taxes paid

Form 1116, Part II

**M** Total foreign taxes accrued

Form 1116, Part II

**N** Reduction in taxes available for credit

Form 1116, line 12

**O** Foreign trading gross receipts

Form 8873

**P** Extraterritorial income exclusion

Form 8873

**Q** Other foreign transactions

See the Shareholder's Instructions

**15 Alternative minimum tax (AMT) items**

**A** Post-1986 depreciation adjustment

**B** Adjusted gain or loss

**C** Depletion (other than oil & gas)

**D** Oil, gas, & geothermal — gross income

**E** Oil, gas, & geothermal — deductions

**F** Other AMT items

See the Shareholder's Instructions and the instructions for Form 6251

**16 Items affecting shareholder basis**

**A** Tax-exempt interest income

Form 1040, line 8b

**B** Other tax-exempt income

**C** Nondeductible expenses

**D** Distributions

**E** Repayment of loans from shareholders

See the Shareholder's Instructions

**17 Other information**

**A** Investment income

Form 4952, line 4a

**B** Investment expenses

Form 4952, line 5

**C** Qualified rehabilitation expenditures (other than rental real estate)

See the Shareholder's Instructions

**D** Basis of energy property

See the Shareholder's Instructions

**E** Recapture of low-income housing credit (section 42(j)(5))

Form 8611, line 8

**F** Recapture of low-income housing credit (other)

Form 8611, line 8

**G** Recapture of investment credit

See Form 4255

**H** Recapture of other credits

See the Shareholder's Instructions

**I** Look-back interest — completed long-term contracts

See Form 8697

**J** Look-back interest — income forecast method

See Form 8666

**K** Dispositions of property with section 179 deductions

**L** Recapture of section 179 deduction

**M** Section 453(f)(3) information

**N** Section 453A(c) information

**O** Section 1260(b) information

**P** Interest allocable to production expenditures

**Q** CCF nonqualified withdrawals

**R** Depletion information — oil and gas

**S** Reserved

**T** Section 108(f) information

**U** Net investment income

**V** Other information

See the Shareholder's Instructions

**BOX 16**

**ITEMS AFFECTING SHAREHOLDER BASIS**

**\* DESCRIPTIVE INFORMATION**

|   |   |    |        |
|---|---|----|--------|
| C | DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,269. |
|---|---|----|--------|

**Ohio  
Shareholder  
Summary**

**Shareholder's Share of Income, Deductions,  
Modifications and Credits**

**2016**

For calendar year 2016 or tax year beginning

, 2016 and ending

|   |  |
|---|--|
| <b>Shareholder's identifying number</b> ▶ | <b>S Corporation's identifying number</b> ▶ 34-1936688 |
| Shareholder No. 1                         | S Corporation's name, address and ZIP code             |
| Shareholder's name, address and ZIP code  |  |
| DARYL E. BUNCH                            | NETWORK IMPLEMENTATION CONSULTING, INC.                |
| 32127 SPRINGSIDE LANE                     | 32127 SPRINGSIDE LANE                                  |
| SOLOON, OH 44139                          | SOLOON, OH 44139                                       |

| <b>Distributive Share Items – Ohio Pass-Through Return IT 1140</b> |   | <b>Amount</b> |
|--|---|---------------|
|  |   |               |
| 1 Bonus depreciation addback .....                                 | 1 |               |
| 2 Bonus depreciation deduction .....                               | 2 |               |
| 3 Bonus section 179 addback .....                                  | 3 |               |
| 4 Bonus section 179 deduction .....                                | 4 |               |
| 5 Net credits .....  | 5 |               |

BONUS DEPRECIATION DEDUCTION AND SECTION 179 DEDUCTION SHOULD BE VERIFIED IF OWNERSHIP PERCENTAGE HAS CHANGED SINCE ORIGINAL ADDBACK.

**Ohio Cities  
Shareholder  
Summary****Shareholder's Share of Income and Tax Paid****2016**

For calendar year 2016 or tax year beginning , 2016 and ending

|  |   |
|--|---|
| <b>Shareholder's Identifying Number</b>                  | <b>S Corporation's Identifying Number</b>   |
| Shareholder's name, address, and ZIP Code                | S Corporation's name, address and ZIP Code  |
| DARYL E. BUNCH<br>32127 SPRINGSIDE LANE<br>OLON OH 44139 | 34-1936688<br>NETWORK IMPLEMENTATION CONSULTING, INC.<br>32127 SPRINGSIDE LANE<br>OLON OH 44139 |

Shareholder's percentage of stock ownership for the tax year..... 100.000000 %

| City Name | Amount Taxable | Tax Rate | Tax Paid | Amended | Final |
|-----------|----------------|----------|----------|---------|-------|
| OLON      | 5,283.         | 2.00     | 106.     |         |       |





Form **1120S**Department of the Treasury  
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

OMB No. 1545-0123

**2017**

For calendar year 2017 or tax year beginning , 2017, ending

|  |                              |  |  |
|--|------------------------------|--|--|
| <b>A</b> S election effective date<br>1/01/2001                  | <b>TYPE<br/>OR<br/>PRINT</b> | <b>NETWORK IMPLEMENTATION CONSULTING, INC.<br/>7257 FORMBY DRIVE<br/>SOLON, OH 44139</b> | <b>D</b> Employer identification number<br>34-1936688  |
| <b>B</b> Business activity code number (see instrs)<br>517000    |                              |  | <b>E</b> Date incorporated<br>9/05/2000                |
| <b>C</b> Check if Schedule M-3 attached <input type="checkbox"/> |                              |  | <b>F</b> Total assets (see instructions)<br>\$ 49,366. |

**G** Is the corporation electing to be an S corporation beginning with this tax year? Yes ☐ No ☒ If 'Yes,' attach Form 2553 if not already filed

**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change  
(4) ☐ Amended return (5) ☐ S election termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year ..... 1**Caution:** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

|   |  |             |                 |         |
|---|--|-------------|-----------------|---------|
| <b>INCOME</b>   | <b>1 a</b> Gross receipts or sales.....  | <b>1 a</b>  | 61,318.         |         |
|   | <b>b</b> Returns and allowances.....   | <b>1 b</b>  |                 |         |
|   | <b>c</b> Balance. Subtract line 1b from line 1a.....   | <b>1 c</b>  |                 | 61,318. |
|   | <b>2</b> Cost of goods sold (attach Form 1125-A).....  | <b>2</b>    |                 |         |
|   | <b>3</b> Gross profit. Subtract line 2 from line 1c.....   | <b>3</b>    |                 | 61,318. |
|   | <b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797).....                         | <b>4</b>    |                 |         |
| <b>DEDUCTIONS SEE INSTRS</b>  | <b>5</b> Other income (loss) (see instrs - att statement).....                                   | <b>5</b>    |                 |         |
|   | <b>6</b> Total income (loss). Add lines 3 through 5.....   | <b>6</b>    |                 | 61,318. |
|   | <b>7</b> Compensation of officers (see instructions - attach Form 1125-E).....                   | <b>7</b>    |                 | 9,000.  |
|   | <b>8</b> Salaries and wages (less employment credits).....                                       | <b>8</b>    |                 |         |
|   | <b>9</b> Repairs and maintenance.....  | <b>9</b>    |                 |         |
|   | <b>10</b> Bad debts.....   | <b>10</b>   |                 |         |
|   | <b>11</b> Rents.....   | <b>11</b>   |                 |         |
|   | <b>12</b> Taxes and licenses.....  | <b>12</b>   |                 | 1,199.  |
|   | <b>13</b> Interest.....  | <b>13</b>   |                 |         |
|   | <b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)..... | <b>14</b>   |                 |         |
|   | <b>15</b> Depletion (Do not deduct oil and gas depletion.).....                                  | <b>15</b>   |                 |         |
| <b>TAX AND PAYMENTS</b>   | <b>16</b> Advertising.....   | <b>16</b>   |                 | 6,419.  |
|   | <b>17</b> Pension, profit-sharing, etc, plans.....   | <b>17</b>   |                 |         |
|   | <b>18</b> Employee benefit programs.....   | <b>18</b>   |                 | 1,200.  |
|   | <b>19</b> Other deductions (attach statement).....   | <b>19</b>   | SEE STATEMENT 1 | 28,525. |
|   | <b>20</b> Total deductions. Add lines 7 through 19.....  | <b>20</b>   |                 | 46,343. |
|   | <b>21</b> Ordinary business income (loss). Subtract line 20 from line 6.....                     | <b>21</b>   |                 | 14,975. |
|   | <b>22 a</b> Excess net passive income or LIFO recapture tax (see instructions).....              | <b>22 a</b> |                 |         |
|   | <b>b</b> Tax from Schedule D (Form 1120S).....   | <b>22 b</b> |                 |         |
|   | <b>c</b> Add lines 22a and 22b (see instructions for additional taxes).....                      | <b>22 c</b> |                 |         |
|   | <b>23 a</b> 2017 estimated tax payments and 2016 overpayment credited to 2017.....               | <b>23 a</b> |                 |         |
|   | <b>b</b> Tax deposited with Form 7004.....   | <b>23 b</b> |                 |         |
|   | <b>c</b> Credit for federal tax paid on fuels (attach Form 4136).....                            | <b>23 c</b> |                 |         |
| <b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached.....                     | <b>24</b>  |             |                 |         |
| <b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed.....    | <b>25</b>  |             | 0.              |         |
| <b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid..... | <b>26</b>  |             |                 |         |
| <b>27</b> Enter amount from line 26 Credited to 2018 estimated tax  | <b>27</b>  | Refunded    |                 |         |

**Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No**Paid Preparer Use Only**

|   |   |                                 |   |                          |
|---|---|---------------------------------|---|--------------------------|
| Print/Type preparer's name<br><b>NICHOLAS M. FANOUS</b>                               | Preparer's signature<br><b>NICHOLAS M. FANOUS</b> | Date<br>4/10/18                 | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00938216</b> |
| Firm's name<br>▶ <b>NEWMAN &amp; COMPANY, CPAS</b>                                    | Firm's EIN<br>▶ <b>34-1483212</b>                 | Phone no. <b>(216) 781-6106</b> |   |                          |
| Firm's address<br>▶ <b>1801 EAST NINTH STREET, SUITE 1050<br/>CLEVELAND, OH 44114</b> |   |                                 |   |                          |

BAA For Paperwork Reduction Act Notice, see separate instructions.

SPSA0105L 08/17/17

Form 1120S (2017)

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

- Return completed Form 8879-S to ERO. (Don't send to IRS.)  
 ► Go to [www.irs.gov/Form8879S](http://www.irs.gov/Form8879S) for the latest information.

**2017**Department of the Treasury  
Internal Revenue Service

For calendar year 2017, or tax year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_

Name of corporation

Employer identification number

**NETWORK IMPLEMENTATION CONSULTING, INC.****34-1936688****Tax Return Information (Whole dollars only)**

|   |   |   |         |
|---|---|---|---------|
| 1 | Gross receipts or sales less returns and allowances (Form 1120S, line 1c) | 1 | 61,318. |
| 2 | Gross profit (Form 1120S, line 3)   | 2 | 61,318. |
| 3 | Ordinary business income (loss) (Form 1120S, line 21)                     | 3 | 14,975. |
| 4 | Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)     | 4 |         |
| 5 | Income (loss) reconciliation (Form 1120S, Schedule K, line 18)            | 5 | 14,825. |

**Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **NEWMAN & COMPANY, CPAS** to enter my PIN **46688** as my signature  
ERO firm name Don't enter all zeros

on the corporation's 2017 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed income tax return.

Officer's signature ►  Date ► **4/11/18** Title ► **PRESIDENT**

**Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. **34411412231**  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► **NICHOLAS M. FANOUS**  Date ► **4/11/18**

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see instructions.****Form 8879-S (2017)**

Form **7004**

(Rev December 2017)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

► Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.

OMB No. 1545-0233

**Print  
or  
Type**

Name

NETWORK IMPLEMENTATION CONSULTING, INC.

Identifying number

34-1936688

Number, street, and room or suite no. (If P.O. box, see instructions.)

7257 FORMBY DRIVE

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

OLON, OH 44139

**Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for: .....

25

| Application Is For:                               | Form Code | Application Is For:               | Form Code |
|---|-----------|-----------------------------------|-----------|
| Form 706-GS(D)                                    | 01        | Form 1120-ND                      | 19        |
| Form 706-GS(D)                                    | 02        | Form 1120-ND (section 4951 taxes) | 20        |
| Form 1041 (bankruptcy estate only)                | 03        | Form 1120-PO                      | 21        |
| Form 1041 (estate other than a bankruptcy estate) | 04        | Form 1120-POL                     | 22        |
| Form 1041 (trust)                                 | 05        | Form 1120-REI                     | 23        |
| Form 1041-N                                       | 06        | Form 1120-RIC                     | 24        |
| Form 1041-QFT                                     | 07        | Form 1120-S                       | 25        |
| Form 1042   | 08        | Form 1120-SF                      | 26        |
| Form 1065   | 09        | Form 3520-A                       | 27        |
| Form 1065-B                                       | 10        | Form 8612                         | 28        |
| Form 1066   | 11        | Form 8613                         | 29        |
| Form 1120   | 12        | Form 8725                         | 30        |
| Form 1120-C                                       | 34        | Form 8804                         | 31        |
| Form 1120-E                                       | 15        | Form 8805                         | 32        |
| Form 1120-FSC                                     | 16        | Form 8870                         | 33        |
| Form 1120-F                                       | 17        | Form 8924                         | 35        |
| Form 1120-L                                       | 18        | Form 8928                         | 36        |

**Part II All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ..... ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ..... ☐  
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ..... ☐
- 5 a The application is for calendar year 20 17, or tax year beginning \_\_\_\_\_, 20 \_\_, and ending \_\_\_\_\_, 20 \_\_
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions – attach explanation)

|   |   |    |
|---|---|----|
| 6 Tentative total tax .....   | 6 | 0. |
| 7 Total payments and credits (see instructions) .....               | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6 (see instructions) ..... | 8 | 0. |

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

CPC20701L 09/11/17

Form **7004** (Rev 12-2017)

2017

## FEDERAL INCOME TAX SUMMARY

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

4/05/18

2:08 PM

|   | 2017   | 2016   | DIFF    |
|---|--------|--------|---------|
| <b>ORDINARY INCOME</b>                    |        |        |         |
| GROSS RECEIPTS LESS RETURNS/ALLOWANCE.... | 61,318 | 56,037 | 5,281   |
| GROSS PROFIT.....                         | 61,318 | 56,037 | 5,281   |
| TOTAL INCOME (LOSS).....                  | 61,318 | 56,037 | 5,281   |
| <b>ORDINARY DEDUCTIONS</b>                |        |        |         |
| COMPENSATION OF OFFICERS.....             | 9,000  | 0      | 9,000   |
| TAXES AND LICENSES.....                   | 1,199  | 1,365  | -166    |
| ADVERTISING.....                          | 6,419  | 5,393  | 1,026   |
| EMPLOYEE BENEFIT PROGRAMS.....            | 1,200  | 3,085  | -1,885  |
| OTHER DEDUCTIONS.....                     | 28,525 | 41,766 | -13,241 |
| TOTAL DEDUCTIONS.....                     | 46,343 | 51,609 | -5,266  |
| ORDINARY BUSINESS INCOME (LOSS).....      | 14,975 | 4,428  | 10,547  |
| <b>REFUND OR AMOUNT DUE</b>               |        |        |         |
| BALANCE DUE.....                          | 0      | 0      | 0       |
| <b>SCHEDULE K - INCOME</b>                |        |        |         |
| ORDINARY BUSINESS INCOME (LOSS).....      | 14,975 | 4,428  | 10,547  |
| <b>SCHEDULE K - DEDUCTIONS</b>            |        |        |         |
| CHARITABLE CONTRIBUTIONS.....             | 150    | 310    | -160    |
| <b>SCHEDULE K - ITEMS AFFECTING BASIS</b> |        |        |         |
| NONDEDUCTIBLE EXPENSES.....               | 3,269  | 3,269  | -170    |
| PROPERTY DISTRIBUTIONS.....               | 12,530 | 9,794  | 2,736   |
| <b>SCHEDULE K - OTHER INFORMATION</b>     |        |        |         |
| INCOME (LOSS) RECONCILIATION.....         | 14,825 | 4,118  | 10,707  |
| <b>SCHEDULE L - BALANCE SHEET</b>         |        |        |         |
| BEGINNING ASSETS.....                     | 50,170 | 59,115 | -8,945  |
| BEGINNING LIABILITIES & EQUITY.....       | 50,170 | 59,115 | -8,945  |
| ENDING ASSETS.....                        | 49,366 | 50,170 | -804    |
| ENDING LIABILITIES & EQUITY.....          | 49,366 | 50,170 | -804    |

**Schedule B Other Information** (see instructions)

|   | Yes | No |
|---|-----|----|
| 1 Check accounting method: <b>a</b> <input checked="" type="checkbox"/> Cash <b>b</b> <input type="checkbox"/> Accrual <b>c</b> <input type="checkbox"/> Other (specify) _____  |     |    |
| 2 See the instructions and enter the:<br><b>a</b> Business activity. <b>▶ VOICE/DATA SALES</b> <b>b</b> Product or service. <b>▶ VOICE/DATA SALES</b>   |     |    |
| 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation.   |     | X  |
| 4 At the end of the tax year, did the corporation:<br><b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. |     | X  |

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage of Stock Owned | (v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made |
|-------------------------|--|--------------------------------|--------------------------------|--|
|                         |  |                                |                                |  |
|                         |  |                                |                                |  |
|                         |  |                                |                                |  |
|                         |  |                                |                                |  |

|   | Yes | No |
|---|-----|----|
| <b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. |     | X  |

| (i) Name of Entity | (ii) Employer Identification Number (if any) | (iii) Type of Entity | (iv) Country of Organization | (v) Maximum % Owned in Profit, Loss, or Capital |
|--------------------|--|----------------------|------------------------------|---|
|                    |  |                      |                              |   |
|                    |  |                      |                              |   |
|                    |  |                      |                              |   |
|                    |  |                      |                              |   |

|   |                          |   |
|---|--------------------------|---|
| <b>5a</b> At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.   |                          | X |
| (i) Total shares of restricted stock  |                          |   |
| (ii) Total shares of non-restricted stock   |                          |   |
| <b>b</b> At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.   |                          | X |
| (i) Total shares of stock outstanding at the end of the tax year  |                          |   |
| (ii) Total shares of stock outstanding if all instruments were executed   |                          |   |
| <b>6</b> Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction?   |                          | X |
| <b>7</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.  | <input type="checkbox"/> |   |
| <b>8</b> If the corporation: <b>(a)</b> was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and <b>(b)</b> has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions). |                          |   |
| <b>9</b> Enter the accumulated earnings and profits of the corporation at the end of the tax year.  | \$                       |   |
| <b>10</b> Does the corporation satisfy <b>both</b> of the following conditions?<br><b>a</b> The corporation's total receipts (see instructions) for the tax year were less than \$250,000.<br><b>b</b> The corporation's total assets at the end of the tax year were less than \$250,000.<br>If "Yes," the corporation is not required to complete Schedules L and M-1.  | X                        |   |
| <b>11</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction   | \$                       | X |
| <b>12</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions   |                          | X |
| <b>13a</b> Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?  | X                        |   |
| <b>b</b> If "Yes," did the corporation file or will it file required Forms 1099?  | X                        |   |

Form 1120S (2017)

| Schedule K Shareholders' Pro Rata Share Items   |  | Total amount |
|---|--|--------------|
| Income (Loss)   | 1 Ordinary business income (loss) (page 1, line 21)  | 1 14,975.    |
|   | 2 Net rental real estate income (loss) (attach Form 8825)                                      | 2            |
|   | 3a Other gross rental income (loss)  | 3a           |
|   | b Expenses from other rental activities (attach statement)                                     | 3b           |
|   | c Other net rental income (loss). Subtract line 3b from line 3a                                | 3c           |
|   | 4 Interest income  | 4            |
|   | 5 Dividends: a Ordinary dividends  | 5a           |
|   | b Qualified dividends  | 5b           |
|   | 6 Royalties  | 6            |
|   | 7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))                          | 7            |
| Deductions  | 8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))                          | 8a           |
|   | b Collectibles (28%) gain (loss)   | 8b           |
|   | c Unrecaptured section 1250 gain (attach statement)  | 8c           |
|   | 9 Net section 1231 gain (loss) (attach Form 4797)  | 9            |
| Credits   | 10 Other income (loss) (see instructions) Type ▶   | 10           |
|   | 11 Section 179 deduction (attach Form 4562)  | 11           |
|   | 12a Charitable contributions SEE STATEMENT 2   | 12a 150.     |
|   | b Investment interest expense  | 12b          |
| Foreign Transactions  | c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶  | 12c (2)      |
|   | d Other deductions (see instructions) Type ▶   | 12d          |
|   | 13a Low-income housing credit (section 42(j)(5))   | 13a          |
|   | b Low-income housing credit (other)  | 13b          |
|   | c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) | 13c          |
|   | d Other rental real estate credits (see instrs) Type ▶   | 13d          |
|   | e Other rental credits (see instrs) Type ▶   | 13e          |
|   | f Biofuel producer credit (attach Form 6478)   | 13f          |
|   | g Other credits (see instructions) Type ▶  | 13g          |
|   | 14a Name of country or U.S. possession   | 14a          |
|   | b Gross income from all sources  | 14b          |
|   | c Gross income sourced at shareholder level  | 14c          |
|   | Foreign gross income sourced at corporate level  | 14d          |
|   | d Passive category   | 14e          |
| e General category  | 14f  |              |
| f Other (attach statement)  | 14f  |              |
| Deductions allocated and apportioned at shareholder level   | 14g  |              |
| g Interest expense  | 14g  |              |
| h Other   | 14h  |              |
| Deductions allocated and apportioned at corporate level to foreign source income                  | 14i  |              |
| i Passive category  | 14j  |              |
| j General category  | 14k  |              |
| k Other (attach statement)  | 14k  |              |
| Other information   | 14l  |              |
| l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued | 14l  |              |
| m Reduction in taxes available for credit (attach statement)                                      | 14m  |              |
| n Other foreign tax information (attach statement)  | 14n  |              |
| Alternative Minimum Tax (AMT) Items   | 15a Post-1986 depreciation adjustment  | 15a          |
|   | b Adjusted gain or loss  | 15b          |
|   | c Depletion (other than oil and gas)   | 15c          |
|   | d Oil, gas, and geothermal properties — gross income   | 15d          |
|   | e Oil, gas, and geothermal properties — deductions   | 15e          |
|   | f Other AMT items (attach statement)   | 15f          |
| Items Affecting Shareholder Basis   | 16a Tax-exempt interest income   | 16a          |
|   | b Other tax-exempt income  | 16b          |
|   | c Nondeductible expenses SEE STATEMENT 3   | 16c 3,099.   |
|   | d Distributions (attach stmt if required) (see instrs)   | 16d 12,530.  |
|   | e Repayment of loans from shareholders   | 16e          |

**Schedule K Shareholders' Pro Rata Share Items (continued)**

Total amount

|                   |   |     |  |
|-------------------|---|-----|--|
| Other Information | 17a Investment income .....   | 17a |  |
|                   | b Investment expenses .....   | 17b |  |
|                   | c Dividend distributions paid from accumulated earnings and profits ..... | 17c |  |
|                   | d Other items and amounts<br>(attach statement) .....                     |     |  |

|                |  |    |         |
|----------------|--|----|---------|
| Reconciliation | 18 <b>Income/loss reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column.<br>From the result, subtract the sum of the amounts on lines 11 through 12d and 14f ..... | 18 | 14,825. |
|----------------|--|----|---------|

**Schedule L Balance Sheets per Books**

Beginning of tax year

End of tax year

| Assets                                      |   | (a) | (b) | (c) | (d) |
|---|---|-----|-----|-----|-----|
| 1   | Cash .....  |     |     |     |     |
| 2a  | Trade notes and accounts receivable .....                 |     |     |     |     |
| b   | Less allowance for bad debts .....                        |     |     |     |     |
| 3   | Inventories .....   |     |     |     |     |
| 4   | U.S. government obligations .....                         |     |     |     |     |
| 5   | Tax-exempt securities (see instructions) .....            |     |     |     |     |
| 6   | Other current assets (attach stmt) .....                  |     |     |     |     |
| 7   | Loans to shareholders .....                               |     |     |     |     |
| 8   | Mortgage and real estate loans .....                      |     |     |     |     |
| 9   | Other investments (attach statement) .....                |     |     |     |     |
| 10a   | Buildings and other depreciable assets .....              |     |     |     |     |
| b   | Less accumulated depreciation .....                       |     |     |     |     |
| 11a   | Depletable assets .....                                   |     |     |     |     |
| b   | Less accumulated depletion .....                          |     |     |     |     |
| 12  | Land (net of any amortization) .....                      |     |     |     |     |
| 13a   | Intangible assets (amortizable only) .....                |     |     |     |     |
| b   | Less accumulated amortization .....                       |     |     |     |     |
| 14  | Other assets (attach stmt) .....                          |     |     |     |     |
| 15  | Total assets .....  |     |     |     |     |
| <b>Liabilities and Shareholders' Equity</b> |   |     |     |     |     |
| 16  | Accounts payable .....                                    |     |     |     |     |
| 17  | Mortgages, notes, bonds payable in less than 1 year ..... |     |     |     |     |
| 18  | Other current liabilities (attach stmt) .....             |     |     |     |     |
| 19  | Loans from shareholders .....                             |     |     |     |     |
| 20  | Mortgages, notes, bonds payable in 1 year or more .....   |     |     |     |     |
| 21  | Other liabilities (attach statement) .....                |     |     |     |     |
| 22  | Capital stock .....                                       |     |     |     |     |
| 23  | Additional paid-in capital .....                          |     |     |     |     |
| 24  | Retained earnings .....                                   |     |     |     |     |
| 25  | Adjustments to shareholders' equity (att stmt) .....      |     |     |     |     |
| 26  | Less cost of treasury stock .....                         |     |     |     |     |
| 27  | Total liabilities and shareholders' equity .....          |     |     |     |     |

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

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

|   |  |   |  |
|---|--|---|--|
| 1 Net income (loss) per books .....   |  | 5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):                        |  |
| 2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): |  | a Tax-exempt interest \$ .....  |  |
| 3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):               |  | 6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize): |  |
| a Depreciation ..... \$ .....   |  | a Depreciation .... \$ .....  |  |
| b Travel and entertainment \$ .....   |  | 7 Add lines 5 and 6 .....   |  |
| 4 Add lines 1 through 3 .....   |  | 8 Income (loss) (Schedule K, ln 18). Ln 4 less ln 7...  |  |

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

|   | (a) Accumulated adjustments account | (b) Other adjustments account | (c) Shareholders' undistributed taxable income previously taxed |
|---|-------------------------------------|-------------------------------|---|
| 1 Balance at beginning of tax year .....                        | 50,170.                             |                               |   |
| 2 Ordinary income from page 1, line 21 .....                    | 14,975.                             |                               |   |
| 3 Other additions .....   |                                     |                               |   |
| 4 Loss from page 1, line 21 .....                               |                                     |                               |   |
| 5 Other reductions ..... SEE STATEMENT 4                        | ( 3,249.)                           |                               |   |
| 6 Combine lines 1 through 5 .....                               | 61,896.                             |                               |   |
| 7 Distributions other than dividend distributions .....         | 12,530.                             |                               |   |
| 8 Balance at end of tax year. Subtract line 7 from line 6 ..... | 49,366.                             |                               |   |

**DO NOT MAIL**



**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2017**

For calendar year 2017, or tax year

beginning        /        / 2017 ending        /        /

☐ Final K-1

☐ Amended K-1

671117

OMB No. 1545-0123

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
34-1936688

**B** Corporation's name, address, city, state, and ZIP code  
NETWORK IMPLEMENTATION CONSULTING, INC.  
7257 FORMBY DRIVE  
OLON, OH 44139

**C** IRS Center where corporation filed return  
E-FILE

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
\*\*\*-\*\*-\*\*\*\*

**E** Shareholder's name, address, city, state, and ZIP code  
DARYL E. BUNCH  
7257 FORMBY DRIVE  
OLON, OH 44139

**F** Shareholder's percentage of stock ownership for tax year..... 100%

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

|    |                                      |    |                                     |
|----|--------------------------------------|----|-------------------------------------|
| 1  | Ordinary business income (loss)      | 13 | Credits                             |
|    | 14,975.                              |    |                                     |
| 2  | Net rental real estate income (loss) |    |                                     |
| 3  | Other net rental income (loss)       |    |                                     |
| 4  | Interest income                      |    |                                     |
| 5a | Ordinary dividends                   |    |                                     |
| 5b | Qualified dividends                  | 14 | Foreign transactions                |
| 6  | Royalties                            |    |                                     |
| 7  | Net short-term capital gain (loss)   |    |                                     |
| 8a | Net long-term capital gain (loss)    |    |                                     |
| 8b | Collectibles (28%) gain (loss)       |    |                                     |
| 8c | Unrecaptured section 1250 gain       |    |                                     |
| 9  | Net section 1231 gain (loss)         |    |                                     |
| 10 | Other income (loss)                  | 15 | Alternative minimum tax (AMT) items |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
| 11 | Section 179 deduction                | 16 | Items affecting shareholder basis   |
|    |                                      | C* | 3,099.                              |
| 12 | Other deductions                     |    |                                     |
| A  | 150.                                 | D  | 12,530.                             |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      | 17 | Other information                   |
|    |                                      |    |                                     |
|    |                                      |    |                                     |
|    |                                      |    |                                     |

\*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2017

SHAREHOLDER 1

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

|   | Code | Report on   |
|---|------|---|
| <b>1 Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows: |      |   |
| Passive loss  |      | See the Shareholder's Instructions                                    |
| Passive income  |      | Schedule E, line 28, column (g)                                       |
| Nonpassive loss   |      | See the Shareholder's Instructions                                    |
| Nonpassive income   |      | Schedule E, line 28, column (j)                                       |
| <b>2 Net rental real estate income (loss)</b>   |      | See the Shareholder's Instructions                                    |
| <b>3 Other net rental income (loss)</b>   |      |   |
| Net income  |      | Schedule E, line 28, column (g)                                       |
| Net loss  |      | See the Shareholder's Instructions                                    |
| <b>4 Interest income</b>  |      | Form 1040, line 8a  |
| <b>5a Ordinary dividends</b>  |      | Form 1040, line 9a  |
| <b>5b Qualified dividends</b>   |      | Form 1040, line 9b  |
| <b>6 Royalties</b>  |      | Schedule E, line 4  |
| <b>7 Net short-term capital gain (loss)</b>   |      | Schedule D, line 5  |
| <b>8a Net long-term capital gain (loss)</b>   |      | Schedule D, line 12   |
| <b>8b Collectibles (28%) gain (loss)</b>  |      | 28% Rate Gain Worksheet, line 4 (Schedule D instructions)             |
| <b>8c Unrecaptured section 1250 gain</b>  |      | See the Shareholder's Instructions                                    |
| <b>9 Net section 1231 gain (loss)</b>   |      | See the Shareholder's Instructions                                    |
| <b>10 Other income (loss)</b>   |      |   |
| <b>Code</b>   |      |   |
| <b>A</b> Other portfolio income (loss)  |      | See the Shareholder's Instructions                                    |
| <b>B</b> Involuntary conversions  |      | See the Shareholder's Instructions                                    |
| <b>C</b> Sec. 1256 contracts and straddles  |      | Form 6781, line 1   |
| <b>D</b> Mining exploration costs recapture   |      | See Pub 535   |
| <b>E</b> Other income (loss)  |      | See the Shareholder's Instructions                                    |
| <b>11 Section 179 deduction</b>   |      | See the Shareholder's Instructions                                    |
| <b>12 Other deductions</b>  |      |   |
| <b>A</b> Cash contributions (50%)   |      | See the Shareholder's Instructions                                    |
| <b>B</b> Cash contributions (30%)   |      | See the Shareholder's Instructions                                    |
| <b>C</b> Noncash contributions (50%)  |      | See the Shareholder's Instructions                                    |
| <b>D</b> Noncash contributions (30%)  |      | See the Shareholder's Instructions                                    |
| <b>E</b> Capital gain property to a 50% organization (30%)  |      | See the Shareholder's Instructions                                    |
| <b>F</b> Capital gain property (20%)  |      | See the Shareholder's Instructions                                    |
| <b>G</b> Contributions (100%)   |      | See the Shareholder's Instructions                                    |
| <b>H</b> Investment interest expense  |      | Form 1040, line 1   |
| <b>I</b> Deductions — royalty income  |      | Schedule E, line 19   |
| <b>J</b> Section 59(e)(2) expenditures  |      | See the Shareholder's Instructions                                    |
| <b>K</b> Deductions — portfolio (2% floor)  |      | Schedule A, line 23   |
| <b>L</b> Deductions — portfolio (other)   |      | Schedule A, line 28   |
| <b>M</b> Preproductive period expenses  |      | See the Shareholder's Instructions                                    |
| <b>N</b> Commercial revitalization deduction from rental real estate activities   |      | See Form 8582 instructions  |
| <b>O</b> Reforestation expense deduction  |      | See the Shareholder's Instructions                                    |
| <b>P</b> Domestic production activities information   |      | See Form 8903 instructions  |
| <b>Q</b> Qualified production activities income   |      | Form 8903, line 7b  |
| <b>R</b> Employer's Form W-2 wages  |      | Form 8903, line 17  |
| <b>S</b> Other deductions   |      | See the Shareholder's Instructions                                    |
| <b>13 Credits</b>   |      |   |
| <b>A</b> Low-income housing credit (section 42(j)(5)) from pre-2008 buildings   |      | See the Shareholder's Instructions                                    |
| <b>B</b> Low-income housing credit (other) from pre-2008 buildings  |      | See the Shareholder's Instructions                                    |
| <b>C</b> Low-income housing credit (section 42(j)(5)) from post-2007 buildings  |      | See the Shareholder's Instructions                                    |
| <b>D</b> Low-income housing credit (other) from post-2007 buildings   |      | See the Shareholder's Instructions                                    |
| <b>E</b> Qualified rehabilitation expenditures (rental real estate)   |      | See the Shareholder's Instructions                                    |
| <b>F</b> Other rental real estate credits   |      | See the Shareholder's Instructions                                    |
| <b>G</b> Other rental credits   |      | See the Shareholder's Instructions                                    |
| <b>H</b> Undistributed capital gains credit   |      | Form 1040, line 73, box a   |
| <b>I</b> Biofuel producer credit  |      | See the Shareholder's Instructions                                    |
| <b>J</b> Work opportunity credit  |      | See the Shareholder's Instructions                                    |
| <b>K</b> Disabled access credit   |      | See the Shareholder's Instructions                                    |
| <b>L</b> Empowerment zone employment credit   |      | See the Shareholder's Instructions                                    |
| <b>M</b> Credit for increasing research activities  |      | See the Shareholder's Instructions                                    |
| <b>Code</b>   |      |   |
| <b>N</b> Credit for employer social security and Medicare taxes   |      | See the Shareholder's Instructions                                    |
| <b>O</b> Backup withholding   |      | See the Shareholder's Instructions                                    |
| <b>P</b> Other credits  |      | See the Shareholder's Instructions                                    |
| <b>14 Foreign transactions</b>  |      |   |
| <b>A</b> Name of country or U.S. possession   |      | Form 1116, Part I   |
| <b>B</b> Gross income from all sources  |      | Form 1116, Part I   |
| <b>C</b> Gross income sourced at shareholder level  |      | Form 1116, Part I   |
| <b>Foreign gross income sourced at corporate level</b>  |      |   |
| <b>D</b> Passive category   |      | Form 1116, Part I   |
| <b>E</b> General category   |      | Form 1116, Part I   |
| <b>F</b> Other  |      | Form 1116, Part I   |
| <b>Deductions allocated and apportioned at shareholder level</b>  |      |   |
| <b>G</b> Interest expense   |      | Form 1116, Part I   |
| <b>H</b> Other  |      | Form 1116, Part I   |
| <b>Deductions allocated and apportioned at corporate level to foreign source income</b>   |      |   |
| <b>I</b> Passive category   |      | Form 1116, Part I   |
| <b>J</b> General category   |      | Form 1116, Part I   |
| <b>K</b> Other  |      | Form 1116, Part I   |
| <b>Other information</b>  |      |   |
| <b>L</b> Total foreign taxes paid   |      | Form 1116, Part II  |
| <b>M</b> Total foreign taxes accrued  |      | Form 1116, Part II  |
| <b>N</b> Reduction in taxes available for credit  |      | Form 1116, line 12  |
| <b>O</b> Foreign trading gross receipts   |      | Form 8873   |
| <b>P</b> Extraterritorial income exclusion  |      | Form 8873   |
| <b>Q</b> Other foreign transactions   |      | See the Shareholder's Instructions                                    |
| <b>15 Alternative minimum tax (AMT) items</b>   |      |   |
| <b>A</b> Post-1986 depreciation adjustment  |      | See the Shareholder's Instructions and the instructions for Form 6251 |
| <b>B</b> Charitable contribution  |      | See the Shareholder's Instructions and the instructions for Form 6251 |
| <b>C</b> Depletion (other than oil & gas)   |      | See the Shareholder's Instructions and the instructions for Form 6251 |
| <b>D</b> Oil, gas, & geothermal — gross income  |      | See the Shareholder's Instructions and the instructions for Form 6251 |
| <b>E</b> Oil, gas, & geothermal — deductions  |      | See the Shareholder's Instructions and the instructions for Form 6251 |
| <b>F</b> Other AMT items  |      | See the Shareholder's Instructions and the instructions for Form 6251 |
| <b>16 Items affecting shareholder basis</b>   |      |   |
| <b>A</b> Tax-exempt interest income   |      | Form 1040, line 8b  |
| <b>B</b> Other tax-exempt income  |      | See the Shareholder's Instructions                                    |
| <b>C</b> Nondeductible expenses   |      | See the Shareholder's Instructions                                    |
| <b>D</b> Distributions  |      | See the Shareholder's Instructions                                    |
| <b>E</b> Repayment of loans from shareholders   |      | See the Shareholder's Instructions                                    |
| <b>17 Other information</b>   |      |   |
| <b>A</b> Investment income  |      | Form 4952, line 4a  |
| <b>B</b> Investment expenses  |      | Form 4952, line 5   |
| <b>C</b> Qualified rehabilitation expenditures (other than rental real estate)  |      | See the Shareholder's Instructions                                    |
| <b>D</b> Basis of energy property   |      | See the Shareholder's Instructions                                    |
| <b>E</b> Recapture of low-income housing credit (section 42(j)(5))  |      | Form 8611, line 8   |
| <b>F</b> Recapture of low-income housing credit (other)   |      | Form 8611, line 8   |
| <b>G</b> Recapture of investment credit   |      | See Form 4255   |
| <b>H</b> Recapture of other credits   |      | See the Shareholder's Instructions                                    |
| <b>I</b> Look-back interest — completed long-term contracts   |      | See Form 8697   |
| <b>J</b> Look-back interest — income forecast method  |      | See Form 8865   |
| <b>K</b> Dispositions of property with section 179 deductions   |      | See the Shareholder's Instructions                                    |
| <b>L</b> Recapture of section 179 deduction   |      | See the Shareholder's Instructions                                    |
| <b>M</b> Section 453(l)(3) information  |      | See the Shareholder's Instructions                                    |
| <b>N</b> Section 453A(c) information  |      | See the Shareholder's Instructions                                    |
| <b>O</b> Section 1260(b) information  |      | See the Shareholder's Instructions                                    |
| <b>P</b> Interest allocable to production expenditures  |      | See the Shareholder's Instructions                                    |
| <b>Q</b> CCF nonqualified withdrawals   |      | See the Shareholder's Instructions                                    |
| <b>R</b> Depletion information — oil and gas  |      | See the Shareholder's Instructions                                    |
| <b>S</b> Reserved   |      | See the Shareholder's Instructions                                    |
| <b>T</b> Section 108(y) information   |      | See the Shareholder's Instructions                                    |
| <b>U</b> Net investment income  |      | See the Shareholder's Instructions                                    |
| <b>V</b> Other information  |      | See the Shareholder's Instructions                                    |

**BOX 16**

**ITEMS AFFECTING SHAREHOLDER BASIS**

**\* DESCRIPTIVE INFORMATION**

|   |   |    |        |
|---|---|----|--------|
| C | DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,099. |
|---|---|----|--------|

**DO NOT MAIL**

2017

## FEDERAL STATEMENTS

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

4/05/18

02:09PM

**STATEMENT 1  
FORM 1120S, LINE 19  
OTHER DEDUCTIONS**

|                                      |    |                |
|--------------------------------------|----|----------------|
| ACCOUNTING.....                      | \$ | 3,930.         |
| AUTO AND TRUCK EXPENSE.....          |    | 7,578.         |
| BANK CHARGES.....                    |    | 354.           |
| DELIVERY AND FREIGHT.....            |    | 81.            |
| INSURANCE.....                       |    | 350.           |
| MEALS AND ENTERTAINMENT EXPENSE..... |    | 3,100.         |
| OFFICE EXPENSE.....                  |    | 3,595.         |
| OUTSIDE SERVICES.....                |    | 4,180.         |
| PARKING AND TOLLS.....               |    | 68.            |
| TELEPHONE.....                       |    | 3,317.         |
| TRAVEL.....                          |    | 1,972.         |
| TOTAL                                | \$ | <u>28,525.</u> |

**STATEMENT 2  
FORM 1120S, SCHEDULE K, LINE 12A  
CHARITABLE CONTRIBUTIONS**

|  |    |             |
|--|----|-------------|
| CASH CONTRIBUTIONS - 50% LIMITATION..... | \$ | 150.        |
| TOTAL                                    | \$ | <u>150.</u> |

**STATEMENT 3  
FORM 1120S, SCHEDULE K, LINE 16C  
NONDEDUCTIBLE EXPENSES**

|   |    |               |
|---|----|---------------|
| DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,099.        |
| TOTAL                                   | \$ | <u>3,099.</u> |

**STATEMENT 4  
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5  
OTHER REDUCTIONS**

|   |    |               |
|---|----|---------------|
| CONTRIBUTIONS.....                      | \$ | 150.          |
| DISALLOWED MEALS AND ENTERTAINMENT..... |    | 3,099.        |
| TOTAL                                   | \$ | <u>3,249.</u> |

2017

GENERAL ELECTIONS

PAGE 1

CLIENT 2415

NETWORK IMPLEMENTATION CONSULTING, INC.

34-1936688

4/05/18

02:09PM

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE CORPORATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263 (A) -1 (F) .

NETWORK IMPLEMENTATION CONSULTING, INC.  
7257 FORMBY DRIVE  
OLON, OH 44139  
34-1936688

**DO NOT MAIL**

Form **8822-B**

(Rev. February 2018)

Department of the Treasury  
Internal Revenue Service**Change of Address or Responsible Party – Business**

▶ Please type or print.

▶ See instructions. ▶ Do not attach this form to your return.  
▶ Go to [www.irs.gov/Form8822B](http://www.irs.gov/Form8822B) for the latest information.

NCO OMB No. 1545-1163

**Before you begin:** If you are also changing your home address, use Form 8822 to report that change.If you are a tax-exempt organization (see instructions), check here ☐Check **all** boxes this change affects:

- 1 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 ☒ Business location

**4 a Business name**

NETWORK IMPLEMENTATION CONSULTING, INC.

**4 b Employer identification number**

34-1936688

- 5 **Old mailing address** (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

32127 SPRINGSIDE LANE  
OLON, OH 44139

Foreign country name

Foreign province/county

Foreign postal code

- 6 **New mailing address** (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

7257 FORMBY DRIVE  
OLON, OH 44139

Foreign country name

Foreign province/county

Foreign postal code

- 7 **New business location** (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

7257 FORMBY DRIVE  
OLON, OH 44139

Foreign country name

Foreign province/county

Foreign postal code

**8 a New responsible party's name****9 a New responsible party's SSN, ITIN, or EIN****10 Signature**

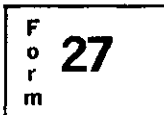
Daytime telephone number of person to contact (optional) ▶

**Sign  
Here**

▶ Signature of owner, officer, or representative

Date

▶ **PRESIDENT**  
Title



Regional Income Tax Agency  
RITA Net Profit Tax Return

**RITA's eFile**  
Easy, Fast, Free & Secure  
[www.ritaohio.com](http://www.ritaohio.com)

Contact us toll free:  
Cleveland 1.800.860.7482  
Columbus 1.866.721.7482  
Youngstown 1.866.750.7482  
TDD 440.526.5332  
Fax 440.922.3536

FOR CALENDAR YEAR 2017 OR FISCAL YEAR BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_

The federal return **MUST** be attached to be considered a complete tax return. Please also attach schedules and 1099-MISC to avoid delays.

Check if: ☐ Initial RITA Return ☐ Moved out of RITA ☐ Extension  
☐ Amended Return ☐ Out of Business  
☐ Consolidated Return (Attach Form 851) ☐ Alternate Method  
☐ Consolidated filer with 80% ownership of a Pass-Through Entity (see instructions)

BUSINESS: ☐ C CORPORATION ☐ PARTNERSHIP ☐ LLC ☐ SMALL EMPLOYER: ☐  
☒ S CORPORATION ☐ ESTATE ☐ TRUST ☐  
Federal Business Activity Code # 517000  
Business Activity VOICE/DATA SAL

Company Name NETWORK IMPLEMENTATION CONSULTING, INC. Federal Identification Number 34-1936688  
Address # \_\_\_\_\_ Street \_\_\_\_\_ Suite # \_\_\_\_\_  
7257 FORMBY DRIVE  
City OLON State OH Zip Code 44139

1 INCOME PER ATTACHED FEDERAL RETURN  
(per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30), 1065 (Sch. K - Analysis  
of Net Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent)..... 1 14,825.

2A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G)..... Add 2A \_\_\_\_\_  
B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q)..... Deduct 2B \_\_\_\_\_  
C. ENTER EXCESS OF LINE 2A OR 2B..... 2C \_\_\_\_\_

3A. ADJUSTED FEDERAL TAXABLE INCOME  
(Line 1 plus or minus Line 2C) if Schedule X is used..... 3A 14,825.  
B. AMOUNT ALLOCABLE TO RITA  
If Schedule Y, Page 4 is used \_\_\_\_\_ % of Line 3A..... 3B \_\_\_\_\_  
C. LESS ALLOWABLE NET LOSS  
Per previous Municipal Income Tax Returns (submit schedule)..... 3C \_\_\_\_\_

4 AMOUNT SUBJECT TO MUNICIPAL INCOME TAX  
(Line 3A or 3B less Line 3C)..... 4 14,825.

5 MUNICIPAL INCOME TAX DUE (see instructions)  
NOTE: Must equal Schedule B on Page 2..... 5 297.

6A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL INCOME TAX..... 6A \_\_\_\_\_  
B. AMOUNT OF PREVIOUS YEAR CREDITS..... 6B 594.  
C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)..... 6C 594.

7A. BALANCE DUE (Line 5 less Line 6C)  
AMOUNT PAYABLE TO RITA MUST ACCOMPANY THIS FORM..... 7A 0.  
B. OVERPAYMENT CLAIMED  
(if Line 6C exceeds Line 5 enter difference here and check the desired box)..... 7B 297.  
Refund ☐  
(Overpayments cannot be split between refund and credit)  
Credit ☒

Form **7004**

(Rev December 2017)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

► Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.

OMB No. 1545-0233

**Print  
or  
Type**

Name

NETWORK IMPLEMENTATION CONSULTING, INC.

Identifying number

34-1936688

Number, street, and room or suite no. (If P.O. box, see instructions.)

7257 FORMBY DRIVE

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

OLON, OH 44139

**Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for.....

25

| Application<br>Is For:                            | Form<br>Code | Application<br>Is For:            | Form<br>Code |
|---|--------------|-----------------------------------|--------------|
| Form 706-GS(D)                                    | 01           | Form 1120-ND                      | 19           |
| Form 706-GS(T)                                    | 02           | Form 1120-ND (section 4951 taxes) | 20           |
| Form 1041 (bankruptcy estate only)                | 03           | Form 1120-PC                      | 21           |
| Form 1041 (estate other than a bankruptcy estate) | 04           | Form 1120-POL                     | 22           |
| Form 1041 (trust)                                 | 05           | Form 1120-REIT                    | 23           |
| Form 1041-INT                                     | 06           | Form 1120-RIC                     | 24           |
| Form 1041-QFT                                     | 07           | Form 1120-S                       | 25           |
| Form 1042   | 08           | Form 1120-SF                      | 26           |
| Form 1065   | 09           | Form 3520-A                       | 27           |
| Form 1065-B                                       | 10           | Form 8612                         | 28           |
| Form 1066   | 11           | Form 8613                         | 29           |
| Form 1120   | 12           | Form 8725                         | 30           |
| Form 1120-C                                       | 34           | Form 8804                         | 31           |
| Form 1120-E                                       | 15           | Form 8878                         | 32           |
| Form 1120-FSC                                     | 16           | Form 8879                         | 33           |
| Form 1120-H                                       | 17           | Form 8924                         | 35           |
| Form 1120-L                                       | 18           | Form 8928                         | 36           |

**Part II All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here..... ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here..... ☐  
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here..... ☐

5 a The application is for calendar year 20 17, or tax year beginning \_\_\_\_\_, 20 \_\_, and ending \_\_\_\_\_, 20 \_\_

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions – attach explanation)

|  |   |    |
|--|---|----|
| 6 Tentative total tax.....   | 6 | 0. |
| 7 Total payments and credits (see instructions).....               | 7 | 0. |
| 8 Balance due. Subtract line 7 from line 6 (see instructions)..... | 8 | 0. |

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

CPC20701L 09/11/17

Form **7004** (Rev 12-2017)



**FORM 27****SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES**  
TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5Note: For each separate municipality listed below, if Tax Due is \$10 or less, enter -0-.  
(if more space is needed, attach additional schedule)

| Municipality Name | Taxable Income / Loss | Tax Rate        | Tax Due     |
|-------------------|-----------------------|-----------------|-------------|
| <u>OLON</u>       | <u>14,825.</u>        | <u>2.0000 %</u> | <u>297.</u> |
|                   |                       | <u>%</u>        |             |
|                   |                       | <u>%</u>        |             |

**COMPUTATION OF ESTIMATED TAX****ESTIMATED TAX DISTRIBUTION FROM LINE 8A**

(if more space is needed, attach additional schedule)

| Municipality Name | Taxable Income / Loss | Tax Rate        | Tax Due     |
|-------------------|-----------------------|-----------------|-------------|
| <u>OLON</u>       | <u>14,825.</u>        | <u>2.0000 %</u> | <u>297.</u> |
|                   |                       | <u>%</u>        |             |
|                   |                       | <u>%</u>        |             |

|   |    |             |
|---|----|-------------|
| 8A. ESTIMATED TAX (from distribution above).....  | 8A | <u>297.</u> |
| B. CREDIT (if any) FROM PRIOR YEAR (7B).....  | 8B | <u>297.</u> |
| C. LINE 8A LESS LINE 8B.....  | 8C |             |
| D. AMOUNT PAID (not less than 1/4 of estimated tax)<br>(IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S<br>TAX LIABILITY AND MUNICIPAL DISTRIBUTION)..... | 8D |             |
| 9 TOTAL OF 7A + 8D.....   | 9  |             |

**MAKE CHECKS PAYABLE TO RITA**The federal return **MUST** be attached to be considered a complete tax return. In order to avoid processing delays and notices from RITA, please also attach all applicable schedules and 1099-MISC.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF OFFICER OR PARTNER

NICHOLAS M. FANOUS  
PREPARER'S SIGNATURENICHOLAS M. FANOUS  
PRINT NAME

PRINT NAME

1801 EAST NINTH STREET, SUITE 1050  
CLEVELAND, OH 44114  
PREPARER'S ADDRESSPRESIDENT  
TITLE(440) 389-1070  
PHONE

DATE

(216) 781-6106  
PREPARER'S PHONENEWMAN & COMPANY, CPAS  
FIRM NAMEREMIT RETURN WITHOUT PAYMENT  
TO: REGIONAL INCOME TAX AGENCY  
P.O. BOX 89475  
CLEVELAND, OH 44101-6475

www.ritaohio.com

May RITA discuss  
this return with the  
preparer shown above?☒ Yes ☐ NoREMIT RETURN WITH PAYMENT  
TO: REGIONAL INCOME TAX AGENCY  
P.O. BOX 94582  
CLEVELAND, OH 44101-4582NEWMAN & COMPANY, CPAS 34-1483212  
1801 EAST NINTH STREET, SUITE 1050  
CLEVELAND, OHIO 44114Page  
2

27F17

**FORM 27****SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN**

(attach supporting statement for line items utilized below)

**ITEMS NOT DEDUCTIBLE**

- A. LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC \_\_\_\_\_
- B. TAXES BASED ON INCOME \_\_\_\_\_
- C. 5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC \_\_\_\_\_
- D. AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES \_\_\_\_\_
- E. REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION \_\_\_\_\_
- F. OTHER: (ATTACH EXPLANATION) \_\_\_\_\_
- G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A ) \_\_\_\_\_

**ITEMS NOT TAXABLE**

- N. INCOME AND GAINS – FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC \_\_\_\_\_
- O. INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME. ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTERESTS IN OIL AND GAS (i.e. OIL AND GAS RIGHTS, ETC.) \_\_\_\_\_
- P. OTHER: PASS-THROUGH INCOME (LOSS) \_\_\_\_\_
- Q. TOTAL DEDUCTIONS (ENTER ON LINE 15) \_\_\_\_\_

**DO NOT MAIL****AFTI WORKSHEET**

ADJUSTED FEDERAL TAXABLE INCOME  
For use by taxpayers that are NOT C Corporations

- 1 Federal Form 1120S (S Corporations) – Sch. K – Line 18
- 2 Federal Form 1065 (Partnerships, LLC's, LLP's) – Sch. K – Analysis of Net Income (Loss), Page 5 – Line 1
- 3 Federal Form 1041 (Estates, Trusts) – Page 1 – Line 17

|   | Form 1120S | Form 1065 | Form 1041 |
|---|------------|-----------|-----------|
| a From Federal Return (above)                           | \$ 14,825. | \$        | \$        |
| b Excess 179 Deduction / Carryover                      |            |           |           |
| c Charitable Contribution – In Excess of 10% Limitation |            |           |           |
| d Other: _____  |            |           |           |
| e 'ADJUSTED FEDERAL TAXABLE INCOME'                     | \$ 14,825. | \$        | \$        |

**FORM 27****SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA (See Instructions)**

| SOLON         |   | A. LOCATED<br>EVERYWHERE | B. RITA<br>MUNICIPALITY | C. PERCENTAGE<br>(B / A) |
|---------------|---|--------------------------|-------------------------|--------------------------|
| <b>STEP 1</b> | AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.....                   | \$                       | \$                      |                          |
|               | GROSS ANNUAL RENTALS MULTIPLIED BY 8 .....  | \$                       | \$                      |                          |
|               | TOTAL OF STEP 1.....  | \$                       | \$                      | 0. %                     |
| <b>STEP 2</b> | TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES..... | \$                       | \$                      | %                        |
| <b>STEP 3</b> | GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED.....                       | \$                       | \$                      | 0. %                     |
| <b>STEP 4</b> | TOTAL OF PERCENTAGES.....   |                          |                         | %                        |
| <b>STEP 5</b> | AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED).....    |                          |                         | %                        |

|               |   | A. LOCATED<br>EVERYWHERE | B. RITA<br>MUNICIPALITY | C. PERCENTAGE<br>(B / A) |
|---------------|---|--------------------------|-------------------------|--------------------------|
| <b>STEP 1</b> | AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.....                   | \$                       | \$                      |                          |
|               | GROSS ANNUAL RENTALS MULTIPLIED BY 8 .....  | \$                       | \$                      |                          |
|               | TOTAL OF STEP 1.....  | \$                       | \$                      | %                        |
| <b>STEP 2</b> | TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES..... | \$                       | \$                      | %                        |
| <b>STEP 3</b> | GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED.....                       | \$                       | \$                      | %                        |
| <b>STEP 4</b> | TOTAL OF PERCENTAGES.....   |                          |                         | %                        |
| <b>STEP 5</b> | AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED).....    |                          |                         | %                        |

|               |   | A. LOCATED<br>EVERYWHERE | B. RITA<br>MUNICIPALITY | C. PERCENTAGE<br>(B / A) |
|---------------|---|--------------------------|-------------------------|--------------------------|
| <b>STEP 1</b> | AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.....                   | \$                       | \$                      |                          |
|               | GROSS ANNUAL RENTALS MULTIPLIED BY 8 .....  | \$                       | \$                      |                          |
|               | TOTAL OF STEP 1.....  | \$                       | \$                      | %                        |
| <b>STEP 2</b> | TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES..... | \$                       | \$                      | %                        |
| <b>STEP 3</b> | GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED.....                       | \$                       | \$                      | %                        |
| <b>STEP 4</b> | TOTAL OF PERCENTAGES.....   |                          |                         | %                        |
| <b>STEP 5</b> | AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED).....    |                          |                         | %                        |

**TOTAL** Sum all STEP 5 percentages for each municipality, enter on Page 1, Line 3B. .... %

**SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS**

- 1 Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return. \$ \_\_\_\_\_
- 2 Attach explanation of any difference between total wages remitted and total wages shown on Schedule Y above.
- 3 Provide the Company Name, and Federal Identification Number under which the withholding tax was remitted, if different than information on page 1.  
 Company Name NETWORK IMPLEMENTATION CONSULTING, INC. Federal Identification Number 34-1936688

**SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME**

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and taxable percentage.

**SCHEDULE ZZ: CONSOLIDATED RETURN INFORMATION**

If filing a consolidated return, you must attach Federal Form 851 or a schedule listing each name, address and employer identification number.

NETWORK IMPLEMENTATION CONSULTING, INC.  
7257 FORMBY DRIVE  
SOLON, OH 44139  
(440) 389-1070

April 5, 2018

Daryl E. Bunch  
7257 Formby Drive  
Solon, OH 44139

RE:  
Network Implementation Consulting, Inc.  
34-1936688  
2017 S Corporation Schedule K-1 (Form 1120S)

Dear Daryl E. Bunch:

Enclosed is your 2017 Schedule K-1 (Form 1120S) Shareholder's Share of Income, Deductions, Credits, Etc. from Network Implementation Consulting, Inc.. This information reflects the amounts you need in order to complete your income tax return. The amounts shown are your distributive share of tax items from the S Corporation to be reported on your tax return and may not correspond to the actual distributions you have received during the year. This information is included in the S Corporation's 2017 federal income tax return that was filed with the Internal Revenue Service.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

Network Implementation Consulting, Inc.

Enclosure(s)

**Schedule K-1**  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

**2017**

For calendar year 2017, or tax year

beginning

/ / 2017

ending

/ /

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
34-1936688

**B** Corporation's name, address, city, state, and ZIP code  
NETWORK IMPLEMENTATION CONSULTING, INC.  
7257 FORMBY DRIVE  
OLON, OH 44139

**C** IRS Center where corporation filed return  
E-FILE

**Part II Information About the Shareholder**

**D** Shareholder's identifying number

**E** Shareholder's name, address, city, state, and ZIP code  
DARYL E. BUNCH  
7257 FORMBY DRIVE  
OLON, OH 44139

**F** Shareholder's percentage of stock ownership for tax year: 100%

FOR IRS USE ONLY

**NEWMAN & COMPANY, CPAs**  
CERTIFIED PUBLIC ACCOUNTANTS  
1801 EAST NINTH STREET, SUITE 1050  
CLEVELAND, OHIO 44114  
(p)216.781.6106 (f)216.781.6447

☐ Final K-1

☐ Amended K-1

671117

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

|            |                                      |           |                                     |
|------------|--------------------------------------|-----------|-------------------------------------|
| <b>1</b>   | Ordinary business income (loss)      | <b>13</b> | Credits                             |
|            | 14,975.                              |           |                                     |
| <b>2</b>   | Net rental real estate income (loss) |           |                                     |
| <b>3</b>   | Other net rental income (loss)       |           |                                     |
| <b>4</b>   | Interest income                      |           |                                     |
| <b>5 a</b> | Ordinary dividends                   |           |                                     |
| <b>5 b</b> | Qualified dividends                  | <b>14</b> | Foreign transactions                |
| <b>6</b>   | Royalties                            |           |                                     |
| <b>7</b>   | Net short-term capital gain (loss)   |           |                                     |
| <b>8 a</b> | Net long-term capital gain (loss)    |           |                                     |
| <b>8 b</b> | Collectibles (28%) gain (loss)       |           |                                     |
| <b>8 c</b> | Unrecaptured section 1250 gain       |           |                                     |
| <b>9</b>   | Net section 1231 gain (loss)         |           |                                     |
| <b>10</b>  | Other income (loss)                  | <b>15</b> | Alternative minimum tax (AMT) items |
|            |                                      |           |                                     |
|            |                                      |           |                                     |
| <b>11</b>  | Section 179 deduction                | <b>16</b> | Items affecting shareholder basis   |
|            |                                      | C*        | 3,099.                              |
| <b>12</b>  | Other deductions                     |           |                                     |
| A          | 150.                                 | D         | 12,530.                             |
|            |                                      |           |                                     |
|            |                                      |           |                                     |
|            |                                      | <b>17</b> | Other information                   |
|            |                                      |           |                                     |
|            |                                      |           |                                     |
|            |                                      |           |                                     |
|            |                                      |           |                                     |

\*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

|   | Code | Report on   |
|---|------|---|
| <b>1 Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows: |      |   |
| Passive loss  |      | See the Shareholder's Instructions                                    |
| Passive income  |      | Schedule E, line 28, column (g)                                       |
| Nonpassive loss   |      | See the Shareholder's Instructions                                    |
| Nonpassive income   |      | Schedule E, line 28, column (g)                                       |
| <b>2 Net rental real estate income (loss)</b>   |      | See the Shareholder's Instructions                                    |
| <b>3 Other net rental income (loss)</b>   |      |   |
| Net income  |      | Schedule E, line 28, column (g)                                       |
| Net loss  |      | See the Shareholder's Instructions                                    |
| <b>4 Interest income</b>  |      | Form 1040, line 8a  |
| <b>5a Ordinary dividends</b>  |      | Form 1040, line 9a  |
| <b>5b Qualified dividends</b>   |      | Form 1040, line 9b  |
| <b>6 Royalties</b>  |      | Schedule E, line 4  |
| <b>7 Net short-term capital gain (loss)</b>   |      | Schedule D, line 5  |
| <b>8a Net long-term capital gain (loss)</b>   |      | Schedule D, line 12   |
| <b>8b Collectibles (28%) gain (loss)</b>  |      | 28% Rate Gain Worksheet, line 4 (Schedule D instructions)             |
| <b>8c Unrecaptured section 1250 gain</b>  |      | See the Shareholder's Instructions                                    |
| <b>9 Net section 1231 gain (loss)</b>   |      | See the Shareholder's Instructions                                    |
| <b>10 Other income (loss)</b>   |      |   |
| <b>Code</b>   |      |   |
| <b>A</b> Other portfolio income (loss)  |      | See the Shareholder's Instructions                                    |
| <b>B</b> Involuntary conversions  |      | See the Shareholder's Instructions                                    |
| <b>C</b> Sec. 1256 contracts and straddles  |      | Form 6781, line 1   |
| <b>D</b> Mining exploration costs recapture   |      | See Pub 535   |
| <b>E</b> Other income (loss)  |      | See the Shareholder's Instructions                                    |
| <b>11 Section 179 deduction</b>   |      | See the Shareholder's Instructions                                    |
| <b>12 Other deductions</b>  |      |   |
| <b>A</b> Cash contributions (50%)   |      | See the Shareholder's Instructions                                    |
| <b>B</b> Cash contributions (30%)   |      | See the Shareholder's Instructions                                    |
| <b>C</b> Noncash contributions (50%)  |      | See the Shareholder's Instructions                                    |
| <b>D</b> Noncash contributions (30%)  |      | See the Shareholder's Instructions                                    |
| <b>E</b> Capital gain property to a 50% organization (30%)  |      | See the Shareholder's Instructions                                    |
| <b>F</b> Capital gain property (20%)  |      | See the Shareholder's Instructions                                    |
| <b>G</b> Contributions (100%)   |      | See the Shareholder's Instructions                                    |
| <b>H</b> Investment interest expense  |      | Form 952, line 1  |
| <b>I</b> Deductions — royalty income  |      | Schedule E, line 19   |
| <b>J</b> Section 59(e)(2) expenditures  |      | See the Shareholder's Instructions                                    |
| <b>K</b> Deductions — portfolio (2% floor)  |      | Schedule A, line 23   |
| <b>L</b> Deductions — portfolio (other)   |      | Schedule A, line 28   |
| <b>M</b> Preproductive period expenses  |      | See the Shareholder's Instructions                                    |
| <b>N</b> Commercial revitalization deduction from rental real estate activities   |      | See Form 8582 instructions  |
| <b>O</b> Reforestation expense deduction  |      | See the Shareholder's Instructions                                    |
| <b>P</b> Domestic production activities information   |      | See Form 8903 instructions  |
| <b>Q</b> Qualified production activities income   |      | Form 8903, line 7b  |
| <b>R</b> Employer's Form W-2 wages  |      | Form 8903, line 17  |
| <b>S</b> Other deductions   |      | See the Shareholder's Instructions                                    |
| <b>13 Credits</b>   |      |   |
| <b>A</b> Low-income housing credit (section 42(j)(5)) from pre-2008 buildings   |      | See the Shareholder's Instructions                                    |
| <b>B</b> Low-income housing credit (other) from pre-2008 buildings  |      | See the Shareholder's Instructions                                    |
| <b>C</b> Low-income housing credit (section 42(j)(5)) from post-2007 buildings  |      | See the Shareholder's Instructions                                    |
| <b>D</b> Low-income housing credit (other) from post-2007 buildings   |      | See the Shareholder's Instructions                                    |
| <b>E</b> Qualified rehabilitation expenditures (rental real estate)   |      | See the Shareholder's Instructions                                    |
| <b>F</b> Other rental real estate credits   |      | See the Shareholder's Instructions                                    |
| <b>G</b> Other rental credits   |      | See the Shareholder's Instructions                                    |
| <b>H</b> Undistributed capital gains credit   |      | Form 1040, line 73, box a   |
| <b>I</b> Biofuel producer credit  |      | See the Shareholder's Instructions                                    |
| <b>J</b> Work opportunity credit  |      | See the Shareholder's Instructions                                    |
| <b>K</b> Disabled access credit   |      | See the Shareholder's Instructions                                    |
| <b>L</b> Empowerment zone employment credit   |      | See the Shareholder's Instructions                                    |
| <b>M</b> Credit for increasing research activities  |      | See the Shareholder's Instructions                                    |
| <b>14 Foreign transactions</b>  |      |   |
| <b>A</b> Name of country or U.S. possession   |      | Form 1116, Part I   |
| <b>B</b> Gross income from all sources  |      | Form 1116, Part I   |
| <b>C</b> Gross income sourced at shareholder level  |      | Form 1116, Part I   |
| <b>Foreign gross income sourced at corporate level</b>  |      |   |
| <b>D</b> Passive category   |      | Form 1116, Part I   |
| <b>E</b> General category   |      | Form 1116, Part I   |
| <b>F</b> Other  |      | Form 1116, Part I   |
| <b>Deductions allocated and apportioned at shareholder level</b>  |      |   |
| <b>G</b> Interest expense   |      | Form 1116, Part I   |
| <b>H</b> Other  |      | Form 1116, Part I   |
| <b>Deductions allocated and apportioned at corporate level to foreign source income</b>   |      |   |
| <b>I</b> Passive category   |      | Form 1116, Part I   |
| <b>J</b> General category   |      | Form 1116, Part I   |
| <b>K</b> Other  |      | Form 1116, Part I   |
| <b>Other information</b>  |      |   |
| <b>L</b> Total foreign taxes paid   |      | Form 1116, Part II  |
| <b>M</b> Total foreign taxes accrued  |      | Form 1116, Part II  |
| <b>N</b> Reduction in taxes available for credit  |      | Form 1116, line 12  |
| <b>O</b> Foreign trading gross receipts   |      | Form 8873   |
| <b>P</b> Extraterritorial income exclusion  |      | Form 8873   |
| <b>Q</b> Other foreign transactions   |      | See the Shareholder's Instructions                                    |
| <b>15 Alternative minimum tax (AMT) items</b>   |      |   |
| <b>A</b> Post-1986 tax credit adjustment  |      | See the Shareholder's Instructions and the Instructions for Form 6251 |
| <b>B</b> Tax-exempt income  |      | See the Shareholder's Instructions and the Instructions for Form 6251 |
| <b>C</b> Depreciation (other than oil & gas)  |      | See the Shareholder's Instructions and the Instructions for Form 6251 |
| <b>D</b> Oil, gas, & geothermal — gross income  |      | See the Shareholder's Instructions and the Instructions for Form 6251 |
| <b>E</b> Oil, gas, & geothermal — deductions  |      | See the Shareholder's Instructions and the Instructions for Form 6251 |
| <b>F</b> Other AMT items  |      | See the Shareholder's Instructions and the Instructions for Form 6251 |
| <b>16 Items affecting shareholder basis</b>   |      |   |
| <b>A</b> Tax-exempt interest income   |      | Form 1040, line 8b  |
| <b>B</b> Other tax-exempt income  |      | See the Shareholder's Instructions                                    |
| <b>C</b> Nondeductible expenses   |      | See the Shareholder's Instructions                                    |
| <b>D</b> Distributions  |      | See the Shareholder's Instructions                                    |
| <b>E</b> Repayment of loans from shareholders   |      | See the Shareholder's Instructions                                    |
| <b>17 Other information</b>   |      |   |
| <b>A</b> Investment income  |      | Form 4952, line 4a  |
| <b>B</b> Investment expenses  |      | Form 4952, line 5   |
| <b>C</b> Qualified rehabilitation expenditures (other than rental real estate)  |      | See the Shareholder's Instructions                                    |
| <b>D</b> Basis of energy property   |      | See the Shareholder's Instructions                                    |
| <b>E</b> Recapture of low-income housing credit (section 42(j)(5))  |      | Form 8611, line 8   |
| <b>F</b> Recapture of low-income housing credit (other)   |      | Form 8611, line 8   |
| <b>G</b> Recapture of investment credit   |      | See Form 4255   |
| <b>H</b> Recapture of other credits   |      | See the Shareholder's Instructions                                    |
| <b>I</b> Look-back interest — completed long-term contracts   |      | See Form 8697   |
| <b>J</b> Look-back interest — income forecast method  |      | See Form 8866   |
| <b>K</b> Dispositions of property with section 179 deductions   |      | See the Shareholder's Instructions                                    |
| <b>L</b> Recapture of section 179 deduction   |      | See the Shareholder's Instructions                                    |
| <b>M</b> Section 453(i)(3) information  |      | See the Shareholder's Instructions                                    |
| <b>N</b> Section 453A(c) information  |      | See the Shareholder's Instructions                                    |
| <b>O</b> Section 1260(b) information  |      | See the Shareholder's Instructions                                    |
| <b>P</b> Interest allocable to production expenditures  |      | See the Shareholder's Instructions                                    |
| <b>Q</b> CCF nonqualified withdrawals   |      | See the Shareholder's Instructions                                    |
| <b>R</b> Depletion information — oil and gas  |      | See the Shareholder's Instructions                                    |
| <b>S</b> Reserved   |      | See the Shareholder's Instructions                                    |
| <b>T</b> Section 108(i) information   |      | See the Shareholder's Instructions                                    |
| <b>U</b> Net investment income  |      | See the Shareholder's Instructions                                    |
| <b>V</b> Other information  |      | See the Shareholder's Instructions                                    |

**BOX 16**

**ITEMS AFFECTING SHAREHOLDER BASIS**

**\* DESCRIPTIVE INFORMATION**

|   |   |    |        |
|---|---|----|--------|
| C | DISALLOWED MEALS AND ENTERTAINMENT..... | \$ | 3,099. |
|---|---|----|--------|

**DO NOT MAIL**

**Ohio  
Shareholder  
Summary**

**Shareholder's Share of Income, Deductions,  
Modifications and Credits**

**2017**

For calendar year 2017 or tax year beginning , 2017 and ending

|   |  |
|---|--|
| <b>Shareholder's Identifying number</b> ***-**-**** | <b>S Corporation's Identifying number</b> 34-1936688 |
| Shareholder No. 1                                   | S Corporation's name, address and ZIP code           |
| Shareholder's name, address and ZIP code            |  |
| DARYL E. BUNCH                                      | NETWORK IMPLEMENTATION CONSULTING, INC.              |
| 7257 FORMBY DRIVE                                   | 7257 FORMBY DRIVE                                    |
| OLON, OH 44139                                      | OLON, OH 44139                                       |

| Distributive Share Items — Ohio Pass-Through Return IT 1140 |   | Amount |
|---|---|--------|
|   |   |        |
| 1 Bonus depreciation addback .....                          | 1 |        |
| 2 Bonus depreciation deduction .....                        | 2 |        |
| 3 Bonus section 179 addback .....                           | 3 |        |
| 4 Bonus section 179 deduction .....                         | 4 |        |
| 5 Net credits .....   | 5 |        |

BONUS DEPRECIATION DEDUCTION AND SECTION 179 DEDUCTION SHOULD BE VERIFIED IF OWNERSHIP PERCENTAGE HAS CHANGED SINCE ORIGINAL ADDBACK.

**DO NOT MAIL**



## 2017

, 2017 and ending

34-1936688

S Corporation's name, address and ZIP Code

NETWORK IMPLEMENTATION CONSULTING, INC.  
7257 FORMBY DRIVE  
SOLON OH 44139

100.000000 %

## Final

297.

OHYL0601L 07/06/17

)

## **Exhibit C-2**

### **SEC Filings**

**Network Implementation Consulting, Inc. is not required to file with the SEC because it is a privately held S-Corp.**

**Exhibit C-3**

**Financial Statements**

Please see Exhibit C-1 & enclosed 2016 & 2017 Tax Returns

**Exhibit C-4**

**Financial Arrangements**

**Not Applicable – NIC does not conduct CRES as a business activity**

## Exhibit C-5

### Forecasted Financial Statements

2018 will look similar to 2017 but with declining revenues due to increased competition, rising rates and much lower margins. As a result I will spend less time selling Energy in 2018 and 2019. Furthermore, when I renew customers the lower margins will result in lower revenues.

|                                     |  |   |
|-------------------------------------|--|---|
| <b>2016 AEP Residuals</b>           | <b>2016 Integrity Energy Residuals</b>           | <b>TOTAL Revenue from Energy 2016</b>           |
| \$300.00                            | \$7,850.00                                       | \$8,150.00                                      |
|                                     | EXPENSES   | (\$2,000.00)                                    |
|                                     | <b>NET REVENUE</b>                               | <b>\$6,150.00</b>                               |
| <b>2017 AEP Residuals</b>           | <b>2017 Integrity Energy Residuals</b>           | <b>TOTAL Revenue from Energy 2017</b>           |
| \$261.00                            | \$31,298.00                                      | \$31,559.00                                     |
|                                     | EXPENSES   | (\$23,473.00)                                   |
|                                     | <b>NET REVENUE</b>                               | <b>\$8,086.00</b>                               |
| <b>2018 Estimated AEP Residuals</b> | <b>2018 Estimated Integrity Energy Residuals</b> | <b>Estimated TOTAL Revenue from Energy 2018</b> |
| \$50.00                             | \$20,000.00                                      | \$20,050.00                                     |
|                                     | ESTIMATED EXPENSES                               | (\$15,000.00)                                   |
|                                     | <b>NET REVENUE</b>                               | <b>\$5,050.00</b>                               |

**Exhibit C-6**

**Credit Rating**

Please see the following personal credit reports.

I guarantee the obligations of the applicant.

A handwritten signature in black ink, appearing to read "Daryl Bunch", written over a horizontal line.

5/22/18

Daryl Bunch

President

Network Implementation Consulting, Inc.



Prepared for  
**DARYL BUNCH**  
**Personal & Confidential**

Date Generated May 22, 2018  
Report Number 0198-1124-15

At a Glance

37 Accounts

0 Public Records

4 Hard Inquiries

## Personal Information

4 Names

13 Addresses

4 Employers

7 Other Records

This information is reported to us by you, your creditors and/or other sources. Each source may report your information differently, which may result in variations of your name, address, Social Security number, etc. This is used for identification purposes only and does not factor into your Credit Score.

### Names

DARYL E BUNCH  
Name ID #31412

DARYL BUNCH  
Name ID #30013

DARYL C BUNCH  
Name ID #967

DARYLE E BUNCH  
Name ID #1537

### Addresses

7257 FORMBY DR  
SOLON, OH 44139-7038  
Address ID #0637879716  
Single family

30015 ASHTON LN  
BAY VILLAGE, OH 44140-1712  
Address ID #0095133452  
Single family

2619 PIEDMONT CT  
WESTLAKE, OH 44145-2976  
Address ID #0226663967  
Single family

35350 CHESTER RD  
AVON, OH 44011-1255  
Address ID #0093798182  
Single family

5201 ANNABELLES GRN  
NEW ALBANY, OH 43054-8606  
Address ID #0291283195  
Single family

30559 ATLANTA LN  
WESTLAKE, OH 44145-1882  
Address ID #0095212456  
Single family

100 MAIDEN LN APT809  
NEW YORK, NY 10038-4876  
Address ID #0614266954  
Apartment complex

8546 NORTHBLUFF LN  
POWELL, OH 43065-8084  
Address ID #0544413405  
Single family

425 W LAKESIDE AVE APT501  
CLEVELAND, OH 44113-1027  
Address ID #0250223271  
Apartment complex

6105 RED WINESAP WAY  
DUBLIN, OH 43016-7829  
Address ID #0377980948  
Single family

425 W LAKESIDE AVE APT310  
CLEVELAND, OH 44113-1026  
Address ID #0094560055  
Apartment complex

8596 PENFIELD DR  
SAGAMORE HILLS, OH 44067-3408  
Address ID #0322580850  
Single family

298 BRADLEY RD  
BAY VILLAGE, OH 44140-1175  
Address ID #0095131428  
Single family

## Year of Birth

1970

## Phone Numbers

(614) 316-0777

(614) 339-4525

(740) 881-0831

## Spouse or Co-Applicant

MELISSA

## Employers

NETWORK IMPLEMENTATION  
CONSULTIN

N I C

LUMENIS

NIC

## Notices

This address has pertained to a business: 7257 FORMBY DR SOLON OH 44139 .

ENGINEERING-MANAGEMENT SERVICE: 7257 FORMBY DR, SOLON, OH, 44139 .

## Accounts

Includes credit cards, retail credit cards, real estate loans and installment loans. This information is reported to the credit bureaus from your creditors.

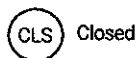
AMERICAN EXPRESS



|                       |                          |                              |          |
|-----------------------|--------------------------|------------------------------|----------|
| <b>Account Name</b>   | AMERICAN EXPRESS         | <b>Balance</b>               | -        |
| <b>Account Number</b> | 349991XXXXXXXXXX         | <b>Balance Updated</b>       | -        |
| <b>Account Type</b>   | Credit card              | <b>Recent Payment Amount</b> | -        |
| <b>Responsibility</b> | Individual               | <b>Monthly Payment</b>       | \$0      |
| <b>Date Opened</b>    | 04/28/2006               | <b>Credit Limit</b>          | \$22,500 |
| <b>Status</b>         | Paid, Closed/Never late. | <b>Highest Balance</b>       | \$481    |
| <b>Status Updated</b> | 09/19/2009               | <b>Terms</b>                 | NA       |
|                       |                          | <b>On Record Until</b>       | Sep 2019 |

## Payment History

### LEGEND



2009

|     |     |     |     |
|-----|-----|-----|-----|
| JAN | FEB | MAR | APR |
|     |     |     |     |
| MAY | JUN | JUL | AUG |
|     |     |     |     |
| SEP | OCT | NOV | DEC |
|     |     |     |     |

## Historical Info

**First Reported** 09/2009

## Creditor Info

**Phone Number** (800) 874-2717

**Address** PO BOX 981537 EL PASO, TX  
79998

## Comment

Account closed at consumer's request.

## BANK OF AMERICA

|                       |                    |                              |            |
|-----------------------|--------------------|------------------------------|------------|
| <b>Account Name</b>   | BANK OF AMERICA    | <b>Balance</b>               | \$0        |
| <b>Account Number</b> | 749745XXXXXXXX     | <b>Balance Updated</b>       | 04/08/2011 |
| <b>Account Type</b>   | Line of Credit     | <b>Recent Payment Amount</b> | \$0        |
| <b>Responsibility</b> | Individual         | <b>Monthly Payment</b>       | \$0        |
| <b>Date Opened</b>    | 01/29/2004         | <b>Credit Limit</b>          | \$23,500   |
| <b>Status</b>         | Closed/Never late. | <b>Highest Balance</b>       | \$20,162   |
| <b>Status Updated</b> | 04/08/2011         | <b>Terms</b>                 | NA         |
|                       |                    | <b>On Record Until</b>       | Apr 2021   |

## Payment History

## LEGEND



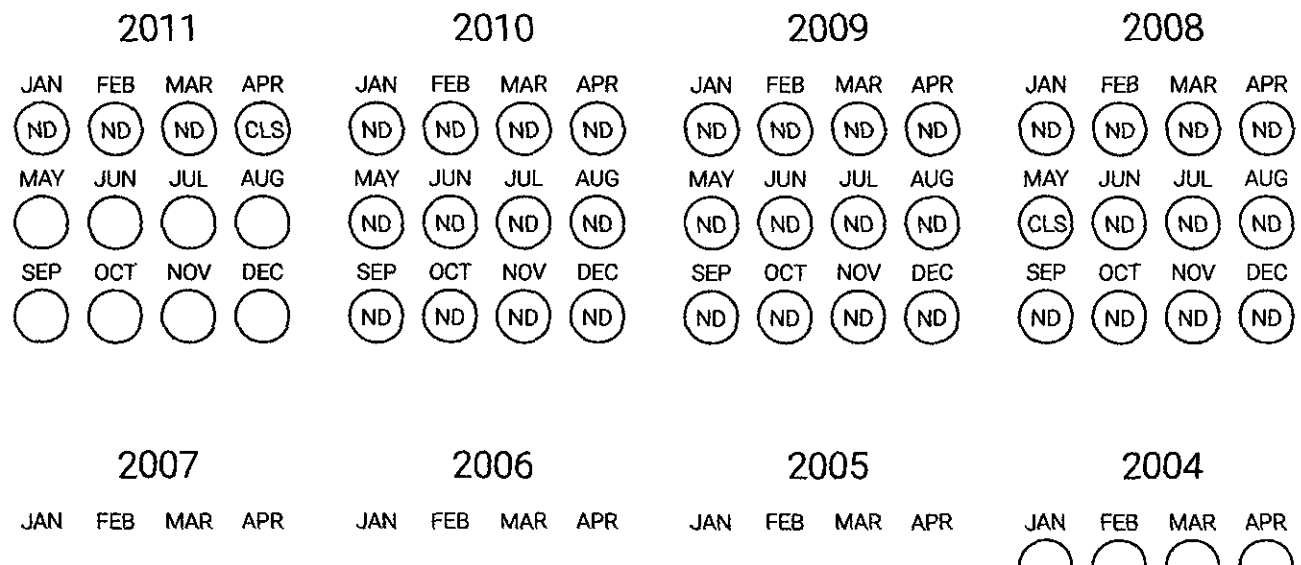
Current on payments



No data for this time period



Closed



|           |           |           |           |           |           |            |           |           |           |           |           |     |     |     |     |
|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|-----|-----|-----|-----|
| ND<br>MAY | ND<br>JUN | ND<br>JUL | ND<br>AUG | ND<br>MAY | ND<br>JUN | CLS<br>JUL | ND<br>AUG | OK<br>MAY | OK<br>JUN | OK<br>JUL | OK<br>AUG |     |     |     |     |
| CLS       | ND        | ND        | ND        | ND        | ND        | ND         | ND        | OK        | OK        | OK        | OK        | OK  | OK  | OK  | OK  |
| SEP       | OCT       | NOV       | DEC       | SEP       | OCT       | NOV        | DEC       | SEP       | OCT       | NOV       | DEC       | SEP | OCT | NOV | DEC |
| ND        | ND        | ND        | ND        | ND        | ND        | ND         | ND        | OK        | OK        | ND        | ND        | OK  | OK  | OK  | OK  |

## Historical Info

### First Reported

01/2004

## Creditor Info

### Phone Number

(800) 421-2110

### Address

PO BOX 982238 EL PASO, TX  
79998

## Comment

Account closed at consumer's request.

## BARCLAYS BANK DELAWARE

|                       |                           |                              |          |
|-----------------------|---------------------------|------------------------------|----------|
| <b>Account Name</b>   | BARCLAYS BANK<br>DELAWARE | <b>Balance</b>               | -        |
| <b>Account Number</b> | 000094XXXXXXXXX           | <b>Balance Updated</b>       | -        |
| <b>Account Type</b>   | Credit Card               | <b>Recent Payment Amount</b> | -        |
| <b>Responsibility</b> | Individual                | <b>Monthly Payment</b>       | \$0      |
| <b>Date Opened</b>    | 10/17/2008                | <b>Credit Limit</b>          | \$26,000 |
| <b>Status</b>         | Paid, Closed/Never late.  | <b>Highest Balance</b>       | \$3,684  |
| <b>Status Updated</b> | 12/16/2009                | <b>Terms</b>                 | 1 Months |
|                       |                           | <b>On Record Until</b>       | Dec 2019 |

## Payment History

**LEGEND**

☒ OK Current on payments

☐ CLS Closed

**2009**

|                                     |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| JAN                                 | FEB                                 | MAR                                 | APR                                 |
| <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK |
| MAY                                 | JUN                                 | JUL                                 | AUG                                 |
| <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK |
| SEP                                 | OCT                                 | NOV                                 | DEC                                 |
| <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK | <input type="radio"/> CLS           |

**2008**

|                       |                                     |                                     |                                     |
|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| JAN                   | FEB                                 | MAR                                 | APR                                 |
| <input type="radio"/> | <input type="radio"/>               | <input type="radio"/>               | <input type="radio"/>               |
| MAY                   | JUN                                 | JUL                                 | AUG                                 |
| <input type="radio"/> | <input type="radio"/>               | <input type="radio"/>               | <input type="radio"/>               |
| SEP                   | OCT                                 | NOV                                 | DEC                                 |
| <input type="radio"/> | <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK | <input checked="" type="radio"/> OK |

**Historical Info**

**First Reported** 10/2008

**Creditor Info**

**Phone Number** (866) 370-5931

**Address** PO BOX 8803 WILMINGTON,  
DE 19899

**Comment**

Account closed at consumer's request.

**BARCLAYS BANK DELAWARE**

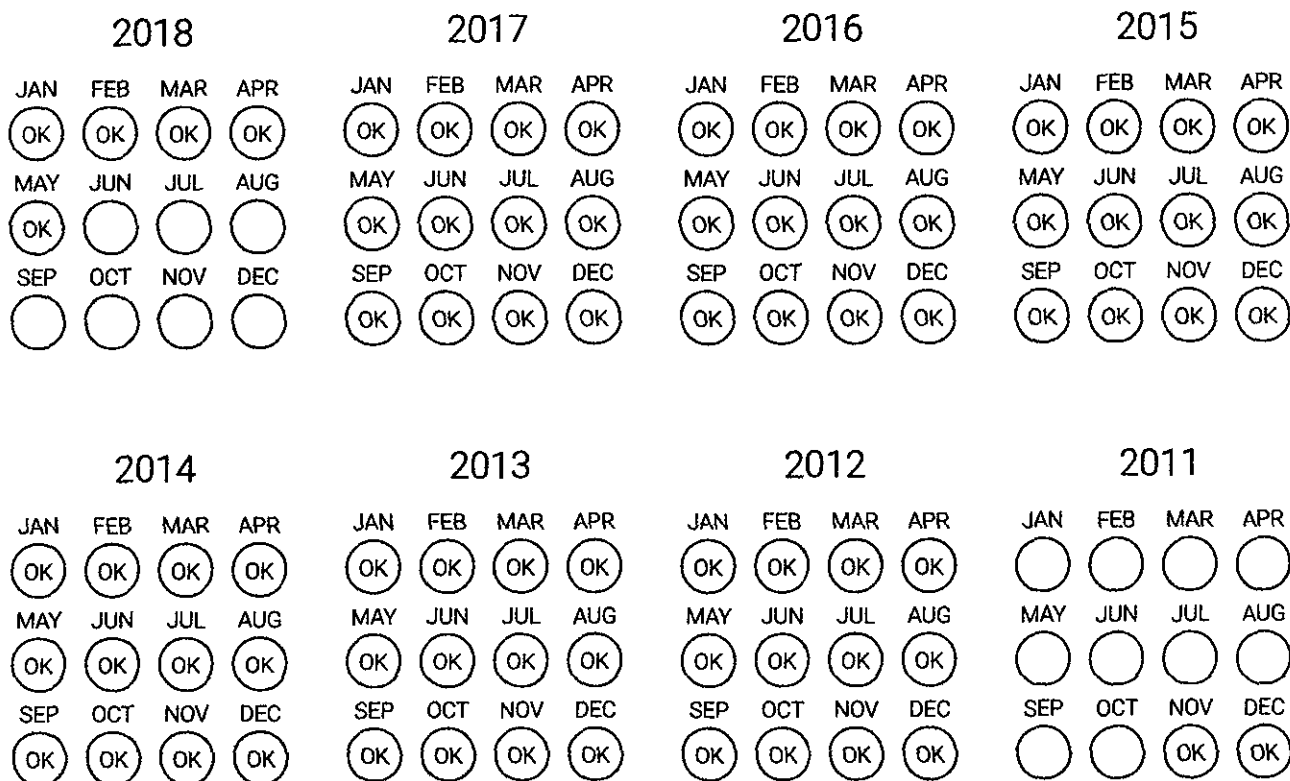
|                       |                           |                              |            |
|-----------------------|---------------------------|------------------------------|------------|
| <b>Account Name</b>   | BARCLAYS BANK<br>DELAWARE | <b>Balance</b>               | \$1,544    |
| <b>Account Number</b> | 000180XXXXXXXXX           | <b>Balance Updated</b>       | 05/06/2018 |
| <b>Account Type</b>   | Credit Card               | <b>Recent Payment Amount</b> | \$153      |
| <b>Responsibility</b> | Individual                | <b>Monthly Payment</b>       | \$27       |
|                       |                           | <b>Credit Limit</b>          | \$17,200   |

|                       |                  |                        |          |
|-----------------------|------------------|------------------------|----------|
| <b>Date Opened</b>    | 10/26/2001       | <b>Highest Balance</b> | \$24,660 |
| <b>Status</b>         | Open/Never late. | <b>Terms</b>           | NA       |
| <b>Status Updated</b> | 05/06/2018       |                        |          |

## Payment History

## LEGEND

OK Current on payments



## Historical Info

**First Reported** 11/2011

## Creditor Info

**Phone Number** (866) 370-5931

**Address** PO BOX 8803 WILMINGTON,  
DE 19899

## Balance History

|          |                    |                              |                                  |
|----------|--------------------|------------------------------|----------------------------------|
| APR 2018 | \$153<br>Balance   | \$27<br>Scheduled<br>Payment | \$2,800<br>Paid on<br>03/29/2018 |
| MAR 2018 | \$2,136<br>Balance | \$37<br>Scheduled<br>Payment | \$200<br>Paid on<br>03/01/2018   |

|          |                     |                               |                                   |
|----------|---------------------|-------------------------------|-----------------------------------|
| FEB 2018 | \$1,566<br>Balance  | \$27<br>Scheduled<br>Payment  | \$1,000<br>Paid on<br>01/31/2018  |
| JAN 2018 | \$1,429<br>Balance  | \$27<br>Scheduled<br>Payment  | \$1,747<br>Paid on<br>12/24/2017  |
| DEC 2017 | \$1,747<br>Balance  | \$27<br>Scheduled<br>Payment  | \$14,134<br>Paid on<br>11/08/2017 |
| NOV 2017 | \$13,997<br>Balance | \$202<br>Scheduled<br>Payment | \$200<br>Paid on<br>10/20/2017    |
| OCT 2017 | \$14,134<br>Balance | \$174<br>Scheduled<br>Payment | \$200<br>Paid on<br>09/13/2017    |
| SEP 2017 | \$14,300<br>Balance | \$178<br>Scheduled<br>Payment | \$160<br>Paid on<br>08/15/2017    |
| AUG 2017 | \$14,424<br>Balance | \$144<br>Scheduled<br>Payment | \$160<br>Paid on<br>07/18/2017    |
| JUL 2017 | \$14,584<br>Balance | \$145<br>Scheduled<br>Payment | \$160<br>Paid on<br>06/20/2017    |
| JUN 2017 | \$14,744<br>Balance | \$147<br>Scheduled<br>Payment | \$160<br>Paid on<br>05/12/2017    |
| MAY 2017 | \$14,904<br>Balance | \$149<br>Scheduled<br>Payment | \$160<br>Paid on<br>04/17/2017    |
| APR 2017 | \$15,064<br>Balance | \$150<br>Scheduled<br>Payment | \$160<br>Paid on<br>03/14/2017    |
| MAR 2017 | \$15,224<br>Balance | \$152<br>Scheduled<br>Payment | \$160<br>Paid on<br>02/15/2017    |
| FEB 2017 | \$15,384<br>Balance | \$153<br>Scheduled<br>Payment | \$360<br>Paid on<br>01/12/2017    |
| JAN 2017 | \$15,781<br>Balance | \$194<br>Scheduled<br>Payment | \$0<br>Paid on<br>11/23/2016      |
| DEC 2016 | \$15,744<br>Balance | \$157                         | \$160                             |

|          |                     |                               |                                |
|----------|---------------------|-------------------------------|--------------------------------|
|          |                     | Scheduled<br>Payment          | Paid on<br>11/23/2016          |
| NOV 2016 | \$15,904<br>Balance | \$159<br>Scheduled<br>Payment | \$361<br>Paid on<br>10/14/2016 |
| OCT 2016 | \$16,265<br>Balance | \$199<br>Scheduled<br>Payment | \$0<br>Paid on<br>08/25/2016   |
| SEP 2016 | \$16,228<br>Balance | \$162<br>Scheduled<br>Payment | \$200<br>Paid on<br>08/25/2016 |
| AUG 2016 | \$16,428<br>Balance | \$164<br>Scheduled<br>Payment | \$450<br>Paid on<br>07/26/2016 |
| JUL 2016 | \$16,878<br>Balance | \$169<br>Scheduled<br>Payment | \$120<br>Paid on<br>06/16/2016 |
| JUN 2016 | \$10,237<br>Balance | \$102<br>Scheduled<br>Payment | \$270<br>Paid on<br>05/24/2016 |
| MAY 2016 | \$6,745<br>Balance  | \$94<br>Scheduled<br>Payment  | \$0<br>Paid on<br>12/15/2015   |

## BEST BUY/CBNA

|                       |                  |                              |            |
|-----------------------|------------------|------------------------------|------------|
| <b>Account Name</b>   | BEST BUY/CBNA    | <b>Balance</b>               | \$0        |
| <b>Account Number</b> | 603535XXXXXXXXXX | <b>Balance Updated</b>       | 05/04/2018 |
| <b>Account Type</b>   | Charge Card      | <b>Recent Payment Amount</b> | \$0        |
| <b>Responsibility</b> | Individual       | <b>Monthly Payment</b>       | \$141      |
| <b>Date Opened</b>    | 03/05/2016       | <b>Credit Limit</b>          | \$4,500    |
| <b>Status</b>         | Open/Never late. | <b>Highest Balance</b>       | \$3,713    |
| <b>Status Updated</b> | 05/04/2018       | <b>Terms</b>                 | NA         |

## Payment History

## LEGEND

OK Current on payments

| 2018 |     |     |     | 2017 |     |     |     | 2016 |     |     |     |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     | OK  |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |
| OK   |     |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |
|      |     |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |

## Historical Info

## First Reported

04/2016

## Creditor Info

## Phone Number

(888) 237-8289

## Address

PO BOX 6497 SIOUX FALLS, SD  
57117

## Balance History

|          |                |                               |                              |
|----------|----------------|-------------------------------|------------------------------|
| APR 2018 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| MAR 2018 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| FEB 2018 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| JAN 2018 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| DEC 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| NOV 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| OCT 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| SEP 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |



|          |                |                               |                              |
|----------|----------------|-------------------------------|------------------------------|
| AUG 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| JUL 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| JUN 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| MAY 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| APR 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| MAR 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| FEB 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| JAN 2017 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| DEC 2016 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| NOV 2016 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| OCT 2016 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| SEP 2016 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| AUG 2016 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| JUL 2016 | \$0<br>Balance | \$141<br>Scheduled<br>Payment | \$0<br>Paid on<br>05/26/2016 |
| JUN 2016 | \$0<br>Balance | \$141                         | \$0                          |

Scheduled  
PaymentPaid on  
05/26/2016

MAY 2016


\$3,713  
Balance\$141  
Scheduled  
Payment\$0  
Paid on Invalid  
date

## BK OF AMER

















































|                       |                          |                                       |                    |
|-----------------------|--------------------------|---------------------------------------|--------------------|
| <b>Account Name</b>   | BK OF AMER               | <b>Balance</b>                        | -                  |
| <b>Account Number</b> | 9459XXXX                 | <b>Balance Updated</b>                | -                  |
| <b>Account Type</b>   | Mortgage                 | <b>Recent Payment Amount</b>          | -                  |
| <b>Responsibility</b> | Individual               | <b>Monthly Payment</b>                | \$0                |
| <b>Date Opened</b>    | 06/24/2005               | <b>Original Balance</b>               | \$288,000          |
| <b>Status</b>         | Paid, Closed/Never late. | <b>Highest Balance</b>                | \$0                |
| <b>Status Updated</b> | 08/12/2013               | <b>Terms</b>                          | 30 Years           |
|                       |                          | <b>On Record Until</b>                | Aug 2023           |
|                       |                          | <b>Mortgage Agency Name</b>           | Freddie Mac ID     |
|                       |                          | <b>Mortgage Identification Number</b> | 100017933150600550 |

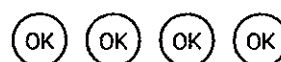
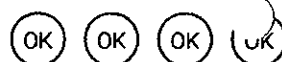
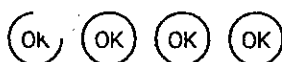
## Payment History

## LEGEND

 Current on payments

 Closed

| 2013  |   |   |   | 2012  |   |   |   | 2011  |   |   |   | 2010  |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JAN   | FEB   | MAR   | APR   | JAN   | FEB   | MAR   | APR   | JAN   | FEB   | MAR   | APR   | JAN   | FEB   | MAR   | APR   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MAY   | JUN   | JUL   | AUG   | MAY   | JUN   | JUL   | AUG   | MAY   | JUN   | JUL   | AUG   | MAY   | JUN   | JUL   | AUG   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SEP   | OCT   | NOV   | DEC   | SEP   | OCT   | NOV   | DEC   | SEP   | OCT   | NOV   | DEC   | SEP   | OCT   | NOV   | DEC   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



## 2009

|     |     |     |     |
|-----|-----|-----|-----|
| JAN | FEB | MAR | APR |
| OK  | OK  | OK  | OK  |
| MAY | JUN | JUL | AUG |
| OK  | OK  | OK  | OK  |
| SEP | OCT | NOV | DEC |
| OK  | OK  | OK  | OK  |

## 2008

|     |     |     |     |
|-----|-----|-----|-----|
| JAN | FEB | MAR | APR |
| OK  | OK  | OK  | OK  |
| MAY | JUN | JUL | AUG |
| OK  | OK  | OK  | OK  |
| SEP | OCT | NOV | DEC |
| OK  | OK  | OK  | OK  |

## 2007

|     |     |     |     |
|-----|-----|-----|-----|
| JAN | FEB | MAR | APR |
| OK  | OK  | OK  | OK  |
| MAY | JUN | JUL | AUG |
| OK  | OK  | OK  | OK  |
| SEP | OCT | NOV | DEC |
| OK  | OK  | OK  | OK  |

## 2006

|     |     |     |     |
|-----|-----|-----|-----|
| JAN | FEB | MAR | APR |
|     |     |     |     |
| MAY | JUN | JUL | AUG |
|     |     |     |     |
| SEP | OCT | NOV | DEC |
| OK  | OK  | OK  | OK  |

## Historical Info

## First Reported

09/2005

## Creditor Info

## Phone Number

(800) 669-6607

## Address

PO BOX 31785 TAMPA, FL  
33631

## CAP1/SAKS

|                       |                          |                              |          |
|-----------------------|--------------------------|------------------------------|----------|
| <b>Account Name</b>   | CAP1/SAKS                | <b>Balance</b>               | -        |
| <b>Account Number</b> | 784379XXXX               | <b>Balance Updated</b>       | -        |
| <b>Account Type</b>   | Charge Card              | <b>Recent Payment Amount</b> | -        |
| <b>Responsibility</b> | Individual               | <b>Monthly Payment</b>       | \$0      |
| <b>Date Opened</b>    | 07/07/2004               | <b>Credit Limit</b>          | \$1,600  |
| <b>Status</b>         | Paid, Closed/Never late. | <b>Highest Balance</b>       | \$507    |
| <b>Status Updated</b> | 04/17/2013               | <b>Terms</b>                 | NA       |
|                       |                          | <b>On Record Until</b>       | Apr 2023 |

## Payment History

## LEGEND



Current on payments



Closed

| 2013 |     |     |     | 2012 |     |     |     | 2011 |     |     |     |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | CLS | OK   | OK  | OK  | OK  |      |     |     |     |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |
|      |     |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |
|      |     |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |

## Historical Info

## First Reported

07/2004

## Creditor Info

## Phone Number

(800) 221-8340

## Address

3455 HIGHWAY 80 W  
JACKSON, MS 39209

## Comment

Account closed at consumer's request.

## CAP1/SAKS

|                |             |                       |     |
|----------------|-------------|-----------------------|-----|
| Account Name   | CAP1/SAKS   | Balance               | -   |
| Account Number | 759040XXXX  | Balance Updated       | -   |
| Account Type   | Charge Card | Recent Payment Amount | -   |
| Responsibility | Individual  | Monthly Payment       | \$0 |

|                       |                          |                        |          |
|-----------------------|--------------------------|------------------------|----------|
| <b>Date Opened</b>    | 11/26/2013               | <b>Credit Limit</b>    | \$4,000  |
| <b>Status</b>         | Paid, Closed/Never late. | <b>Highest Balance</b> | \$937    |
| <b>Status Updated</b> | 10/16/2015               | <b>Terms</b>           | NA       |
|                       |                          | <b>On Record Until</b> | Oct 2025 |

## Payment History

### LEGEND



Current on payments



Closed

| 2015 |     |     |     | 2014 |     |     |     | 2013 |     |     |     |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     |     |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |      |     |     |     |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     |     |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |      |     |     |     |
| OK   | CLS |     |     | OK   | OK  | OK  | OK  |      |     |     | OK  |

## Historical Info

**First Reported** 12/2013

## Creditor Info

**Phone Number** (800) 221-8340

**Address** 3455 HIGHWAY 80 W  
JACKSON, MS 39209

## Comment

Account closed at consumer's request.

## CAPITAL ONE

|                       |                          |                              |          |
|-----------------------|--------------------------|------------------------------|----------|
| <b>Account Name</b>   | CAPITAL ONE              | <b>Balance</b>               | -        |
| <b>Account Number</b> | 480213XXXXXXXXXX         | <b>Balance Updated</b>       | -        |
| <b>Account Type</b>   | Business Card            | <b>Recent Payment Amount</b> | -        |
| <b>Responsibility</b> | Individual               | <b>Monthly Payment</b>       | \$0      |
| <b>Date Opened</b>    | 09/10/2007               | <b>Credit Limit</b>          | \$5,000  |
| <b>Status</b>         | Paid, Closed/Never late. | <b>Highest Balance</b>       | \$5,832  |
| <b>Status Updated</b> | 10/12/2015               | <b>Terms</b>                 | NA       |
|                       |                          | <b>On Record Until</b>       | Oct 2025 |

## Payment History

## LEGEND



Current on payments



Closed

| 2015 |     |     |     | 2014 |     |     |     | 2013 |     |     |     | 2012 |     |     |     |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |
| OK   | CLS |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| 2011 |     |     |     | 2010 |     |     |     | 2009 |     |     |     | 2008 |     |     |     |
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     |     |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |      |     |     |     |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     |     |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |      |     |     |     |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     | OK  | OK  |

Historical Info

First Reported

10/2007

Creditor Info

Phone Number

(800) 227-4825

Address

PO BOX 30285 SALT LAKE  
CITY, UT 84130

Comment

Account closed at consumer's request.

CHASE CARD

|                |                          |                       |          |
|----------------|--------------------------|-----------------------|----------|
| Account Name   | CHASE CARD               | Balance               | -        |
| Account Number | 411820XXXXXXXXXX         | Balance Updated       | -        |
| Account Type   | Credit card              | Recent Payment Amount | -        |
| Responsibility | Individual               | Monthly Payment       | \$0      |
| Date Opened    | 11/14/2000               | Credit Limit          | \$24,200 |
| Status         | Paid, Closed/Never late. | Highest Balance       | \$15,996 |
| Status Updated | 10/18/2008               | Terms                 | NA       |
|                |                          | On Record Until       | Oct 2018 |

Payment History

LEGEND

OK

Current on payments

ND

No data for this time period

CLS

Closed

| 2008 |     |     |     | 2007 |     |     |     | 2006 |     |     |     | 2005 |     |     |     |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | ND   | ND  | ND  | ND  | ND   | ND  | ND  | ND  |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | ND   | OK  | OK  | OK  | ND   | ND  | ND  | ND  |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |
| OK   | CLS |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | ND   | ND  | ND  | ND  |

| 2004 |     |     |     | 2003 |     |     |     | 2002 |     |     |     | 2001 |     |     |     |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     |     |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |
| CLS  | ND  | ND  | ND  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     |     |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |
| ND   | ND  | ND  | ND  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     | OK  | OK  |

## Historical Info

**First Reported** 11/2000

## Creditor Info

**Phone Number** (800) 432-3117

**Address** PO BOX 15298 WILMINGTON,  
DE 19850

## Comment

Account closed at consumer's request.

## CHASE CARD


|                       |                  |                        |   |
|-----------------------|------------------|------------------------|---|
| <b>Account Name</b>   | CHASE CARD       | <b>Balance</b>         | - |
| <b>Account Number</b> | 540168XXXXXXXXXX | <b>Balance Updated</b> | - |




















































|                       |                          |                              |          |
|-----------------------|--------------------------|------------------------------|----------|
| <b>Account Type</b>   | Credit card              | <b>Recent Payment Amount</b> | -        |
| <b>Responsibility</b> | Individual               | <b>Monthly Payment</b>       | \$0      |
| <b>Date Opened</b>    | 06/20/2007               | <b>Credit Limit</b>          | \$3,000  |
| <b>Status</b>         | Paid, Closed/Never late. | <b>Highest Balance</b>       | \$2,930  |
| <b>Status Updated</b> | 05/19/2010               | <b>Terms</b>                 | NA       |
|                       |                          | <b>On Record Until</b>       | May 2020 |

## Payment History

### LEGEND

 Current on payments

 Closed

| 2010  |   |   |   | 2009  |   |   |   | 2008  |   |   |   | 2007  |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JAN   | FEB   | MAR   | APR   | JAN   | FEB   | MAR   | APR   | JAN   | FEB   | MAR   | APR   | JAN   | FEB   | MAR   | APR   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MAY   | JUN   | JUL   | AUG   | MAY   | JUN   | JUL   | AUG   | MAY   | JUN   | JUL   | AUG   | MAY   | JUN   | JUL   | AUG   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SEP   | OCT   | NOV   | DEC   | SEP   | OCT   | NOV   | DEC   | SEP   | OCT   | NOV   | DEC   | SEP   | OCT   | NOV   | DEC   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Historical Info

**First Reported** 07/2007

## Creditor Info

**Phone Number** (800) 432-3117

**Address** PO BOX 15298 WILMINGTON,  
DE 19850

## Comment


Account closed at credit grantor's request.


## CHASE CARD

|                       |                          |                              |          |
|-----------------------|--------------------------|------------------------------|----------|
| <b>Account Name</b>   | CHASE CARD               | <b>Balance</b>               | -        |
| <b>Account Number</b> | 426684XXXXXXXXXX         | <b>Balance Updated</b>       | -        |
| <b>Account Type</b>   | Credit card              | <b>Recent Payment Amount</b> | -        |
| <b>Responsibility</b> | Individual               | <b>Monthly Payment</b>       | \$0      |
| <b>Date Opened</b>    | 10/02/2007               | <b>Credit Limit</b>          | \$19,300 |
| <b>Status</b>         | Paid, Closed/Never late. | <b>Highest Balance</b>       | \$19,619 |
| <b>Status Updated</b> | 04/02/2015               | <b>Terms</b>                 | NA       |
|                       |                          | <b>On Record Until</b>       | Apr 2025 |

## Payment History

## LEGEND

 Current on payments

 Closed

| 2015 |     |     |     | 2014 |     |     |     | 2013 |     |     |     | 2012 |     |     |     |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| OK   | OK  | OK  | CLS | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |
|      |     |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |
|      |     |     |     | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| 2011 |     |     |     | 2010 |     |     |     | 2009 |     |     |     | 2008 |     |     |     |
| JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR | JAN  | FEB | MAR | APR |
| CLS  | CLS | CLS | CLS | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |      |     |     |     |
| MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG | MAY  | JUN | JUL | AUG |
| CLS  | CLS | CLS | CLS | OK   | CLS | CLS | CLS | OK   | OK  | OK  | OK  | OK   | OK  | OK  | OK  |
| SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC | SEP  | OCT | NOV | DEC |

## Hard Inquiries

When applying for credit or financing or as a result of a collection, a "hard inquiry" will appear on your Credit Report. Below you will find the names of businesses that have reviewed your Report over the last two years. Hard inquiries stay on your Credit Report for 25 months.

### WF CRD SVC

Inquired on 03/01/2018

PO BOX 14517 DES MOINES, IA  
50306

(800) 642-4720

Unspecified. This inquiry is scheduled to  
continue on record until Apr 2020.

### AMERICAN EXPRESS

Inquired on 06/22/2017

PO BOX 31525 SALT LAKE CITY,  
UT 84131

(800) 874-2717

Unspecified. This inquiry is scheduled to  
continue on record until Jul 2019.

### STERLING JEWELERS/GFS

Inquired on 05/23/2017

PO BOX 4480 BEAVERTON, OR  
97076

(888) 498-7796

Unspecified. This inquiry is scheduled to  
continue on record until Jun 2019.

### SYNCHRONY BANK

Inquired on 06/17/2016

C/O PO BOX 965037 ORLANDO,  
FL 32896

Unspecified. This inquiry is scheduled to  
continue on record until Jul 2018.

## Soft Inquiries

Soft inquiries occur when you check your own credit report or give permission to someone like a potential employer to review your credit report. Soft inquiries may also occur when businesses, such as lenders, insurance companies, or credit card companies, check your credit to pre-approve you for offers, or when you use credit monitoring services from companies like Experian. Because soft inquiries aren't linked to a specific application for new credit, they're only visible on your credit report to you. One exception is that insurance companies may be able to see other insurance company inquiries. These inquiries have no effect on your credit score as they are never considered as a factor in credit scoring models. Soft inquiries are not disputable but are available here for reference.

### CIC EXPERIAN CONSUMER SE

Inquired on 05/22/2018

535 ANTON BLVD STE 100  
COSTA MESA, CA 92626

### EXPERIAN

Inquired on 05/22/2018

535 ANTON BLVD COSTA  
MESA, CA 92626

### BARCLAYS BANK DELAWARE

Inquired on 05/11/2018

100 SOUTH WEST AVE  
WILMINGTON, DE 19801  
(866) 283-6635

### AMERICAN EXPRESS 2

Inquired on 05/10/2018

### KEY BANK

Inquired on 05/10/2018

### WF CRD SVC

Inquired on 05/02/2018

5/22/2018

<https://usa.experian.com/#!/printReport?type=CDI&acr=true>

PO BOX 981537 EL PASO, TX  
79998  
(800) 874-2717

4910 TIEDMAN ROAD  
BROOKLYN, OH 44144  
(800) 539-2968

PO BOX 14517 DES MOINES, IA  
50306  
(800) 642-4720

WF CRD SVC  
Inquired on 04/03/2018

CONSUMERINFO.COM  
INC  
Inquired on 03/28/2018

TD BANK  
Inquired on 03/13/2018

PO BOX 9500 MINNEAPOLIS,  
MN 55440

PO BOX 19729 IRVINE, CA  
92623

WF CRD SVC  
Inquired on 03/02/2018

WF CRD SVC  
Inquired on 03/01/2018

EXPERIAN/CSID  
Inquired on 09/14/2017

PO BOX 14517 DES MOINES, IA  
50306  
(800) 642-4720

PO BOX 14517 DES MOINES, IA  
50306  
(800) 642-4720

535 ANTON BLVD STE 100  
COSTA MESA, CA 92626

TD/TARGET  
Inquired on 09/14/2017

AMERICAN EXPRESS  
Inquired on 06/22/2017

LEXISNEXIS/INS/P&C  
Inquired on 01/29/2017 and  
01/27/2017

PO BOX 673 MINNEAPOLIS, MN  
55440  
(612) 307-8622

PO BOX 31525 SALT LAKE CITY,  
UT 84131  
(800) 874-2717

1000 ALDERMAN DR  
ALPHARETTA, GA 30005  
(866) 323-0932

LEXISNEXIS/INS/P&C  
Inquired on 01/27/2017

LEXISNEXIS/INS/P&C  
Inquired on 01/27/2017 and  
01/27/2017

LEXISNEXIS/INS/P&C  
Inquired on 01/27/2017

1000 ALDERMAN DR  
ALPHARETTA, GA 30005  
(866) 323-0932

LEXISNEXIS/INS/P&C  
Inquired on 01/27/2017 and  
07/27/2016

DOMINION ENERGY  
SERVICES  
Inquired on 01/03/2017 and  
01/03/2017

DOMINION ENERGY  
SERVICES  
Inquired on 01/03/2017

PO BOX 5759 CLEVELAND, OH  
44101

**CMS ID PROOFING  
SERVICE**

Inquired on 12/13/2016

7500 SECURITY BLVD  
BALTIMORE, MD 21244

(877) 267-2323

**TIME WARNER INC -  
CTX**

Inquired on 11/28/2016

1600 DUBLIN RD COLUMBUS,  
OH 43215**EXPERIAN CONNECT**

Inquired on 10/24/2016

475 ANTON BLVD COSTA  
MESA, CA 92626

(214) 726-4110

**LEXISNEXIS/INS/P&C**

Inquired on 07/12/2016

1000 ALDERMAN DR  
ALPHARETTA, GA 30005

(866) 323-0932

**EXPERIAN**

Inquired on 03/21/2013

PO BOX 9600 ALLEN, TX 75013

(800) 311-4769

## Contact Experian

### Online

Visit [Experian.com/dispute](https://www.experian.com/dispute) (<https://www.experian.com/dispute>) to dispute any inaccurate information, or click the dispute link next to the item. For FAQs and online access to your Experian Credit Report, Fraud Alerts, and Security Freezes, visit [Experian.com/help](https://www.experian.com/help) (<https://www.experian.com/help>)

### Phone

**Monday - Friday**  
8am to 10pm CST  
(855) 414-6047**Saturday - Sunday**  
10am to 7pm CST

### Mail

**Experian**  
PO Box 9701  
Allen, TX 75013

## Important Messages

Experian collects and organizes information about you and your credit history from public records, your creditors and other reliable sources. By law, we cannot disclose certain medical information (relating to physical, mental, or behavioral condition). Although we do not generally collect such information, it could appear in the name of a data furnisher (i.e., "Cancer Center") that reports your payment history to us. If so, those names display on your report but on reports to others they display only as "MEDICAL PAYMENT DATA." Consumer statements included on your report at your request that contain medical information are disclosed to others.

## Know Your Rights

**Amended Exhibit C-7**

**Credit Report**

**Please see Exhibit C-6 for Experian Credit Report**

**Exhibit C-8**

**Bankruptcy Information**

**Not Applicable**

42

)

**Exhibit C-9**

**Merger Information**

**Not Applicable**



## **Exhibit C-10**

### **Corporate Structure**

**Network Implementation Consulting is a stand alone entity.**


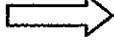
**Network Implementation Consulting, Inc. sells Electricity Supply to Commercial Businesses throughout Ohio as an independent agent for Integrity Energy, Ltd.**

**Below is a geographical depiction of the 2 possible structures:**

#### **Example 1**

**AEP or others like them  Network Implementation Consulting, Inc. (Independent Agent / 1099 contractor) markets AEP to the end user/commercial business**

#### **Example 2**

**AEP or others like them  Integrity Energy, Ltd. (Master Agent / 1099 contractor)   
Network Implementation Consulting, Inc. (Sub-Agent / 1099 contractor) markets 3<sup>rd</sup> party supplier to the end user/commercial business**