

FAX

FILE

20

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 16144660313

FROM EricBrunhammer

DATE 2018-11-26 18:57:37 GMT

RE Forms for Ohio PUC 2

COVER MESSAGE

Case number – 10-2685-EL-AGG

From: Eric Brunhammer <eric@clearenergysolutions.org>

Sent: Wednesday, November 21, 2018 5:18 PM

To: 'melissa.scarberry@puco.ohio.gov' <melissa.scarberry@puco.ohio.gov>

Subject: Melissa: Forms for Ohio PUC

Melissa,

Sorry, here they are.

Eric Brunhammer | Executive

Clear Energy Solutions LLC

A+ Better Business Bureau Rating

21 West End Ave. | New York, NY 10023

O-212-581-1312 | F-302-691-7279 | C-302-750-3217

PUCO

2018 NOV 26 PM 4:35

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Technician Ann Date Processed 11/26/18

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

2017

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2017

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FIRST NAME(S) AND INITIAL(S)

LAST NAME

ERIC

BRUNHAMMER

HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE)

31953 CARNEROS AVENUE

CITY, TOWN OR POST OFFICE, STATE & ZIP CODE

LEWES, DE 19958

DAYTIME TELEPHONE NUMBER

STATE OF DELAWARE

PART 1

TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1 or FORM 200-02, LINE 37)	1	92269
2	TOTAL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 200-02, LINE 42)	2	4859
3	DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 17 or FORM 200-02, LINE 48)	3	
4	NET REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59)	4	
5	NET BALANCE DUE (FORM 200-01, LINE 27 or FORM 200-02, LINE 58)	5	5238

PART 2

Direct Deposit of Refund (Optional - See instructions.)

6 Type of Account Checking Savings 7 Routing number

8 Account number

9 Is this refund going to or through an account that is located outside of the United States? Yes X No

PART 3

DECLARATION OF TAXPAYER

10 I consent that my refund be directly deposited as designated in Part 2 and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

X I do not want direct deposit of my refund or am not receiving a refund.

I authorize the Division of Revenue and is designated financial agent to file an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2017 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and the disclosure of all information pertaining to my use of the system and software, and to the transmission of my tax return electronically to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN

HERE

SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

PART 4

DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE '2017 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROs WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS' AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN

HERE

CRYSTAL S. HENZI

4/11/18

94-2666902

EIN, SSN, OR PTIN.

ERO'S SIGNATURE

DATE

X

MCFARLANE, CAZALE & ASSOCIATES

CHECK IF ALSO PREPARER

CHECK IF SELF-EMPLOYED

ERO

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

1631 WILLOW STREET, SUITE 200 SAN JOSE CA 95125-5108

(408) 265-2950

ADDRESS (STREET, CITY, STATE & ZIP CODE)

Business phone #

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN

HERE

PREPARER'S SIGNATURE

DATE

EIN, SSN, OR PTIN

PAID
PRE-
PARER

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

CHECK IF SELF-EMPLOYED

ADDRESS (STREET, CITY, STATE & ZIP CODE)

FILE ONLY IF YOU ARE MAKING A PAYMENT WITH FORM 1040. RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE "UNITED STATES TREASURY." PLEASE WRITE YOUR SOCIAL SECURITY NUMBER, DAYTIME PHONE NUMBER, AND "2017 FORM 1040" ON YOUR CHECK OR MONEY ORDER. PLEASE DO NOT SEND CASH. ENCLOSE, BUT DO NOT STAPLE OR ATTACH, YOUR PAYMENT WITH THIS VOUCHER.

MAKE YOUR CHECK PAYABLE TO THE "UNITED STATES TREASURY" AND
MAIL FORM 1040-V PAYMENTS TO:

INTERNAL REVENUE SERVICE
P.O. BOX 37008
HARTFORD, CT 06176-7008

Form 1040-V (2017)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2017

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

31,744.

FDIA8601L 07/21/17 1030

ERIC BRUNHAMMER
31953 CARNEROS AVENUE
LEWES DE 19958

INTERNAL REVENUE SERVICE
P.O. BOX 37008
HARTFORD CT 06176-7008



For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

Your first name and initial **ERIC BRUNHAMMER** Last name **BRUNHAMMER** Your social security number **[REDACTED]**
If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **31953 CARNEROS AVENUE**
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

LEWES, DE 19958 Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☐ Spouse 6c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)
If more than four dependents, see instructions and check here... ☐
Boxes checked on 6a and 6b... 1
No. of children on 6c who:
• lived with you...
• did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above...
Add numbers on lines above... 1
d Total number of exemptions claimed... 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 8a Taxable interest. Attach Schedule B if required. 8a 8b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule B if required. 9a 9b Qualified dividends. 9b 10 Taxable refunds, credits, or offsets of state and local income taxes. 10 11 Alimony received. 11 12 Business income or (loss). Attach Schedule C or C-EZ. 12 103,094. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ☐ 13 -274. 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a 15b Taxable amount. 15b 16a Pensions and annuities. 16a 16b Taxable amount. 16b 1,045. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation. 19 20a Social security benefits. 20a 20b Taxable amount. 20b 21 Other income. List type and amount. 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 103,865.

Adjusted Gross Income 23 Educator expenses. 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 25 Health savings account deduction. Attach Form 8889. 25 26 Moving expenses. Attach Form 3903. 26 27 Deductible part of self-employment tax. Attach Schedule SE. 27 7,284. 28 Self-employed SEP, SIMPLE, and qualified plans. 28 29 Self-employed health insurance deduction. 29 3,267. 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN. 31a 32 IRA deduction. 32 33 Student loan interest deduction. 33 34 Tuition and fees. Attach Form 8917. 34 35 Domestic production activities deduction. Attach Form 8903. 35 36 Add lines 23 through 35. 36 10,551. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 93,314.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 93,314.

39a Check ☐ You were born before January 2, 1953, ☐ Blind. ☐ Total boxes checked ☐ 39a
if: ☐ Spouse was born before January 2, 1953, ☐ Blind.b If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b**Standard Deduction for —**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

- Single or Married filing separately, \$6,350

- Married filing jointly or Qualifying widow(er), \$12,700

- Head of household, \$9,350

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6,350.

41 Subtract line 40 from line 38 41 86,964.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs. 42 4,050.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 82,914.

44 Tax (see instructions). Check if any from a ☐ Form(s) 8814 c ☐ 44 16,470.b ☐ Form 4972 45 0.

45 Alternative minimum tax (see instructions). Attach Form 6251. 46 16,470.

46 Excess advance premium tax credit repayment. Attach Form 8962. 47 16,470.

47 Add lines 44, 45, and 46. 48 16,470.

48 Foreign tax credit. Attach Form 1116 if required 49

49 Credit for child and dependent care expenses. Attach Form 2441 50

50 Education credits from Form 8863, line 19. 51

51 Retirement savings contributions credit. Attach Form 8880 52

52 Child tax credit. Attach Schedule 8812, if required 53

53 Residential energy credits. Attach Form 5695 54

54 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ 55

55 Add lines 48 through 54. These are your total credits. 56 16,470.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 57 14,567.

Other Taxes

57 Self-employment tax. Attach Schedule SE. 58

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 59

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60a

60a Household employment taxes from Schedule H. 60b

b First-time homebuyer credit repayment. Attach Form 5405 if required 61

61 Health care individual responsibility (see instructions) Full-year coverage ☒ 6262 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instrs; enter code(s) 63 31,037.

63 Add lines 56 through 62. This is your total tax. 64

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 65

65 2017 estimated tax payments and amount applied from 2016 return 66a

66a Earned income credit (EIC) 67

b Nontaxable combat pay election. ☐ 66b 68

67 Additional child tax credit. Attach Schedule 8812 69

68 American opportunity credit from Form 8863, line 8. 70

69 Net premium tax credit. Attach Form 8962 71

70 Amount paid with request for extension to file 72

71 Excess social security and tier 1 RRTA tax withheld 73

72 Credit for federal tax on fuels. Attach Form 4136 74 0.

73 Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐ 75

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 76a

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 76a

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ☐ 77b Routing number. ☐ c Type: ☐ Checking ☐ Savings 78 31,744.d Account number. ☐ 79 707.

Direct deposit? See instructions.

77 Amount of line 75 you want applied to your 2018 estimated tax 78

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79

79 Estimated tax penalty (see instructions). 707.

Amount You Owe**Third Party Designee**Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ NoDesignee's name ☐ CRYSTAL S. HENZI Phone no. ☐ 408-265-2950 Personal identification number (PIN) ☐ 95125**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

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

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation (if the IRS sent you an Identity Protection PIN, enter it here (see inst.))

Paid Preparer Use OnlyPrint/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

CRYSTAL S. HENZI CRYSTAL S. HENZI 4/11/18 P00185201

Firm's name ☐ MCFARLANE, CAZALE & ASSOCIATES Firm's EIN ☐ 94-2666902Firm's address ☐ 1631 WILLOW STREET, SUITE 200 Phone no. ☐ (408) 265-2950

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2017

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Social security number (SSN)

ERIC BRUNHAMMER

A Principal business or profession, including product or service (see instructions)

ELECTRICITY & GAS

B Enter code from instructions

► **221000**

C Business name. If no separate business name, leave blank.

CLEAR ENERGY SOLUTIONS LLC

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2017? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here ☐

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If 'Yes,' did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	1	194,707.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	194,707.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	194,707.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	194,707.

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

8 Advertising	8		18 Office expense (see instructions)	18	4,271.
9 Car and truck expenses (see instructions)	9	1,243.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	25,800.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	2,199.	23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	37,255.
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	2,668.
17 Legal and professional services	17	625.	25 Utilities	25	1,964.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	15,588.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			28	91,613.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	103,094.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30			30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	103,094.		31	

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you must attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

Part II Cost of Goods Sold (see instructions)

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

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1/01/12

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business 2,323 b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47 a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

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

LLC LICENSES	1,847.
MISCELLANEOUS	115.
OUTSIDE SERVICES	10,032.
SMALL OFFICE EQUIP/FURNITURE	972.
TELEPHONE	1,230.
WORK CLOTHES / TAILORING	1,392.
48 Total other expenses. Enter here and on line 27a	48 15,588.

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
~~Use Form 8949 to report transactions on lines 1b, 2, 3b, 9, and 10.~~

OMB No. 1545-0074

2017Attachment
Sequence No. **12**

Name(s) shown on return

ERIC BRUNHAMMER

Your social security number

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	7,766.	7,005.		761.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	14,448.	14,117.	39.	370.
3 Totals for all transactions reported on Form(s) 8949 with Box C checked		750.		-750.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	
7 Net short-term capital gain or (loss) Continue lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	381.

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b		655.		-655.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instrs.			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	
15 Net long-term capital gain or (loss) Continue lines 8 through 14 in column (h). Then go to Part III on the back			15	-655.

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

Schedule (Form 1040) 2017

Part II Summary**16** Combine lines 7 and 15 and enter the result.....**16**

-274.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

- ☐ **Yes.** Go to line 18.
- ☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet.....**18****19** If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet.....**19****20** Are lines 18 and 19 **both** zero or blank?

- ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Don't** complete lines 21 and 22 below.
- ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21

-274.

Note: When figuring which amount is smaller, treat both amounts as positive numbers.**22** Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).
- ☒ **No.** Complete the rest of Form 1040 or Form 1040NR.

Schedule D (Form 1040) 2017

Sales and Other Dispositions of Capital AssetsGo to www.irs.gov/form8949 for instructions and information.

File this Schedule D with your tax return.

OMB No. 1545-0074

2017Attachment
Sequence No. **12A**

Name(s) shown on return

ERIC BRUNHAMMER

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

Use the following instructions to enter the basis for short-term transactions completed on Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☒ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	440 SHS PROSHARES	ULT SHORT	BLOOMBE					
		4/10/17	VARIOUS	14,448.	14,117.	W	39.	370.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				14,448.	14,117.		39.	370.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**Go to www.irs.gov/form8949 for instructions and information.
File this Schedule D with your tax return on line 13, Schedule D.

OMB No. 1545-0074

2017Attachment
Sequence No. **12A**

Name(s) shown on return

ERIC BRUNHAMMER

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

Check Box A, B, or C below if the basis for short-term transactions was not reported to the IRS. Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	OPTION EXPIRED 1/2017	VARIOUS	VARIOUS	EXPIRED	750.			-750.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).					0.	750.	0.	-750.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

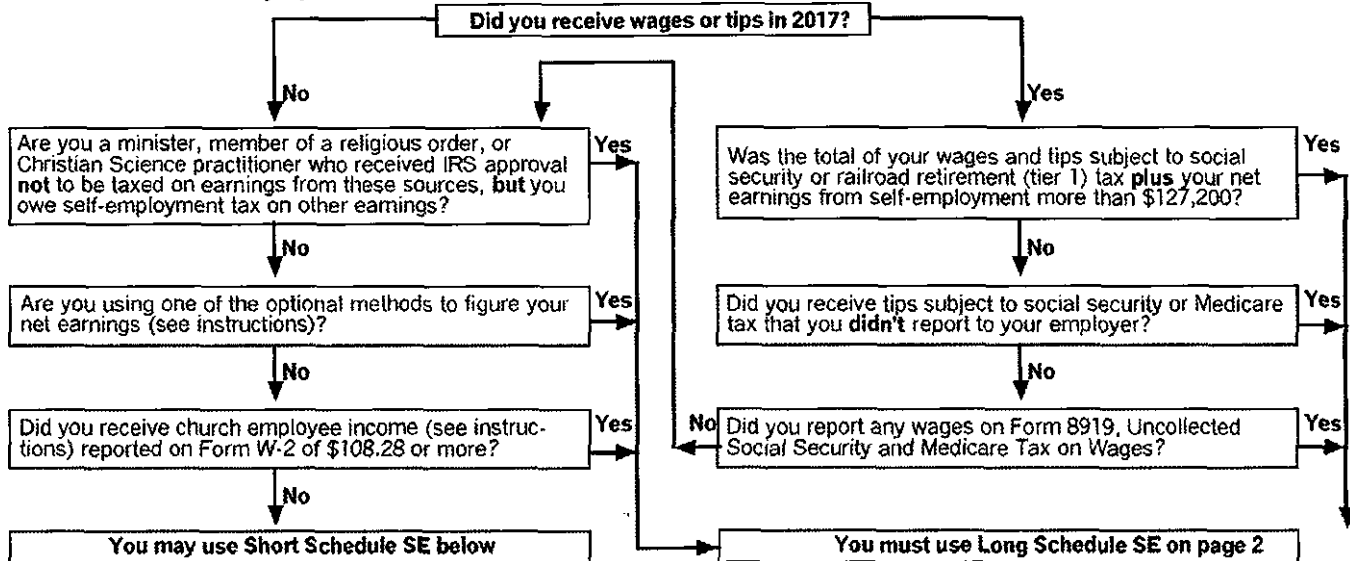
ERIC BRUNHAMMER

Social security number of person
with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

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

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A — Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.....	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z.....	1 b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report.....	2	103,094.
3 Combine lines 1a, 1b, and 2.....	3	103,094.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b.....	4	95,207.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: less than \$127,200, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55. more than \$127,200, multiply line 4 by 29% (0.29). Then add \$157,280 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.....	5	14,567.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27.....	6	7,284.

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

Schedule SE (Form 1040) 2017

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2017Department of the Treasury
Internal Revenue Service (99)► Attach to your tax return.
► Go to www.irs.gov/Form4562 for instructions and the latest information.Attachment
Sequence No. **179**

Name(s) shown on return

ERIC BRUNHAMMER

Business or activity to which this form relates

SCHEDULE C - CLEAR ENERGY SOLUTIONS LLC**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions).....	1	510,000.
2	Total cost of section 179 property placed in service (see instructions).....	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions).....	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562.....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.....	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12.....	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017.....	17	
18	If you are adding to, or paying assets placed in service during the tax year in one or more related asset accounts, check here.....		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDZ0812L 08/15/17

Form **4562** (2017)

2017

FEDERAL STATEMENTS

PAGE 1

ERIC BRUNHAMMER

STATEMENT 1
FORM 1040
PENSION AND ANNUITIES SCHEDULE

<u>TAXPAYER - PAYER</u>	<u>TOTAL RECEIVED</u>	<u>TAXABLE AMOUNT</u>	<u>FEDERAL W/H</u>	<u>STATE W/H</u>
EQUITY TRUST COMPANY	<u>1,045.</u>	<u>1,045.</u>		
GRAND TOTAL	<u><u>1,045.</u></u>	<u><u>1,045.</u></u>	<u><u>0.</u></u>	<u><u>0.</u></u>

12/31/17

2017 FEDERAL DEPRECIATION SCHEDULE

PAGE 1

ERIC BRUNHAMMER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
-----	-------------	------------------	--------------	----------------	--------------	---------------------	----------------------------	--------------------------------------	-----------------------------	------------------------------	----------------	----------------	--------	------	------	------------------

SCHEDULE C - CLEAR ENERGY SOLUTIONS LLC

1	COMPUTER	7/01/13		560				560			0		2008 HY	5		0
2	COMPUTER	7/01/13		509				509			0		2008 HY	5		0
3	FURNITURE	7/01/15		5,448				5,448			0		2008 HY	7		0
TOTAL				6,517		0	0	6,517	0	0	0	0				0
TOTAL DEPRECIATION				6,517		0	0	6,517	0	0	0	0				0
GRAND TOTAL DEPRECIATION				6,517		0	0	6,517	0	0	0	0				0

2017 R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

For Fiscal year beginning
Your Social Security No.and ending
Spouse's Social Security No.

Your Last Name

BRUNHAMMER

Spouse's Last Name

First Name and Middle Initial J S M H C .

ERIC

Spouse's First Name, J S M H C .

Present Home Address (Number and Street)

Apt #

31953 CARNEROS AVENUE

City

State

Zip Code

FILING STATUS (MUST CHECK ONE)

LEWES

DE

19958

1 X

Single, Divorced,
Widow(er)

3

Married & Filing
Separate Forms

5

Head of
Household

Form DE2210

If you were a part-year resident in 2017, give the dates you resided in
Delaware.

X

From

2017 To

2017 2

Joint

4

Married & Filing Combined Separate on this form

Attached

Column A for Spouse if filing Joint Status 4 only. All other filing statuses use Column B

Column A

Column B

1 DELAWARE ADJUSTED GROSS INCOME. Begin Return on Pg 2, Ln 29, then enter amount from Ln 42 here ... 1

92269

2a If you elect the DELAWARE STANDARD DEDUCTION check here. X

Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B;

Pg 2, Lns 4 & 5 enter \$3250 in Column A and in Column B

If you elect the DELAWARE ITEMIZED DEDUCTIONS check here.

b Filing Statuses 1, 2, 3 and 5, enter itemized deductions from page 2, Line 48 in Column B
Filing Status 4 enter itemized deductions from page 2, Line 48 in Columns A and B

2

3250

3 ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)
Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4),
enter the total for each appropriate column. All others enter total in Column B.

CA - 65 or over Blind Col B - if YOU were: 65 or over Blind 3

4 TOTAL DEDUCTIONS - Add line 2 & 3 and enter here. 4

3250

5 TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount. 5

89019

6 Tax Liability from Tax Rate Table/Schedule

Column A

Column B

See Instructions.

4859

6

7 Tax on Lump Sum Distribution (Form 329) 7

8 TOTAL TAX - Add Lines 6 and 7 and enter here. 8

4859

9a PERSONAL EXEMPTIONS (see instructions on Page 6)

If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.

Enter number of exemptions claimed on Federal return

1 x \$110.

9a

110

On Line 9a, enter the number of exemptions for:

Column A

Column B 1

9b CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B)

Enter number of boxes checked on Line 9b

x \$110.

9b

10 Tax imposed by State of (Must attach copy of DE Schedule I and other state return.) 10

11 Volunteer Firefighter Co. # - Spouse (Column A) Self (Column B) Enter credit amount. 11

12 Other Non-Refundable Credits (see instructions on Page 7) 12

13 Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit). 13

14 Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation 14

15 Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here 15

110

16 BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter '0' (Zero). 16

4749

17 Delaware Tax Withheld (Attach W2s/1099s) 17

18 2017 Estimated Tax Paid & Payments with Extensions ... 18

19 S Corp Payments and Refundable Business Credits ... 19

20 2017 Capital Gains Tax Payments (Attach Form 5403) ... 20

21 TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here ... 21

22 BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here ... 22

4749

23 OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here ... 23

24 CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III. 24

25 AMOUNT OF LINE 23 TO BE APPLIED TO 2018 ESTIMATED TAX ACCOUNT. ENTER 25

26 PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions. ENTER 26

489

27 NET BALANCE DUE (For Filing Status 4, see instructions, page 9) PAY IN FULL 27

5238

28 NET REFUND (For Filing Status 4, see instructions, page 9) ZERO DUE/TO BE REFUNDED 28

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

1032

DE1A0212L 12/08/17

ERIC BRUNHAMMER

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY
Spouse Information
COLUMN A

All other filing statuses
You or You plus Spouse
COLUMN B

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**SECTION A -- ADDITIONS (+)**

29	Enter Federal AGI amount from Federal 1040, 1040A or 1040EZ	29	93314
30	Interest on State & Local obligations other than Delaware	30	
31	Fiduciary adjustment, oil depletion	31	
32	TOTAL -- Add Lines 30 and 31	32	
33	Subtotal. Add Lines 29 and 32	33	93314

SECTION B -- SUBTRACTIONS (-)

34	Interest received on U.S. Obligations	34	
35	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 10)	35	1045
36	Delaware State tax refund, fiduciary adjustment, work opportunity tax credit, Delaware NOL carry forward -- please see instructions on Page 10	36	
37	Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Excl/Certain Lump Sum Dist. (See instr. on Pg 11)	37	
38	SUBTOTAL. Add Lines 34, 35, 36 and 37, and enter here	38	1045
39	Subtotal. Subtract Line 38 from Line 33	39	92269
40	Exclusion for certain persons 60 and over or disabled (See instructions on Page 11)	40	
41	TOTAL -- Add Lines 38 and 40	41	1045
42	DELAWARE ADJUSTED GROSS INCOME. Subtract line 41 from Line 33. Enter here and on Page 1, Line 1	42	92269

SECTION C -- ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

43	Enter total Itemized Deduction from Schedule A, Federal Form, Line 29	43	
44	Enter Foreign Taxes Paid (See instructions on Page 11)	44	
45	Enter Charitable Mileage Deduction (See instructions on Page 11)	45	
46	SUBTOTAL -- Add Lines 43, 44, and 45 and enter here	46	
47a	Enter State Income Tax included in Line 43 above (See instructions on Page 11)	47a	
47b	Enter Form 700 Tax Credit Adjustment (See instructions on Page 11)	47b	
48	TOTAL -- Subtract Line 47a and 47b from Line 46. Enter here and on Page 1, Line 2 (See instructions)	48	

SECTION D -- DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

a Routing Number

b Type: Checking Savings

c Account Number

d Is this refund going to or through an account that is located outside of the United States?

Yes

No

NOTE: If you are under \$10,000, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature

Date

Signature of Paid Preparer

Date

Spouse's Signature (if filing joint or combined return)

Date

CRYSTAL S. HENZI

4/11/18

Home Phone

Business Phone

1631 WILLOW STREET, SUITE 200 SAN JOSE, CA 951

City

State

Zip

E-Mail Address

EIN, SSN or PTIN

Business Phone

E-Mail Address

942666902

4082652950

CRYSTAL@MCCPA.NET

BALANCE DUE PAYMENT ENCLOSED (LINE 2)

DELAWARE DIVISION OF REVENUE

P.O. BOX 508

WILMINGTON, DE 19899-0508

REFUND (LINE 28):

DELAWARE DIVISION OF REVENUE

P.O. BOX 8710

WILMINGTON, DE 19899-8710

ALL OTHER RETURNS:

DELAWARE DIVISION OF REVENUE

P.O. BOX 8711

WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE**PLEASE REMEMBER TO PROPERLY SUPPORT YOUR RETURN**

Delaware Underpayment of Estimated Taxes

NAME

SOCIAL SECURITY NUMBER

ERIC BRUNHAMMER

Part 1 — Required Annual Payment

Enter 90% of 2017 Delaware return (Line 16 — Resident, or Line 47 — Non-Resident).	A	4274
Enter 100% or 110% of 2016 Delaware return (Line 16 — Resident, or Line 47 — Non-Resident). (See instructions.)	B	4072
Enter the smaller of Line 'A' or Line 'B'. This is your Required Annual Amount .	C	4072
Enter Delaware Withholding, S Corp Payments, or Refundable Business Credits.	D	
Subtract Line 'D' from Line 'C'. If less than \$400, stop here. You do not owe the penalty.	E	4072

Part 2 — Short Method (See instructions.)

Enter the amount of Estimated Tax Payments made.	F	
Enter Delaware Withholding, S Corp Payments, or Refundable Business Credits.	G	
Add Lines 'F' and 'G' and enter here.	H	
Total Underpayment. Subtract Line 'H' from Line 'C'. If zero or less, stop here.	I	4072
Multiply Line 'I' by 12% (times .12).	J	489
If the amount on Line 'I' was paid on or after April 30, 2018, enter zero (0). If it was paid before April 30, 2018, multiply the number of days from the date Line 'I' was paid before April 30, 2018, times .05% (.0005) times the amount on Line 'I'. (See instructions.)	K	
ESSENTIALLY. Subtract Line 'K' from Line 'J' and enter here. (See instructions.)	L	489

Time Period

1/1/17–4/30/17 5/1/17–6/17/17 6/18/17–9/16/17 9/17/17–1/15/18

Part 4 — Computing the over/under payment

Enter amount from Part 3, Line 27.	28
Enter the amount of Estimated and Capital Gain Tax payments.	29
Enter Delaware Withholding, S Corp Payments, or Refundable Business Credits.	30
Add Lines 29 and 30.	31
Enter amount, if any, from Line 38 of the previous column of this schedule (i.e. Column 2 equals Line 38 Column 1, Column 3 equals Line 38 Column 2, etc.).	32
Add Lines 31 and 32.	33
Sum amounts from Lines 36 and 37 of the previous column of this schedule (i.e. Column 2 equals Line 36 Column 1 plus Line 37 Column 1, etc.).	34
Subtract Line 34 from Line 33. If zero or less, enter zero (0). For Column 1 only, enter the amount from Line 31.	35
If Line 35 equals zero, then subtract Line 33 from Line 34. Otherwise, enter zero (0).	36
Underpayment. If Line 28 is equal to or larger than Line 35, subtract Line 35 from Line 28. Then go to Line 32 of the next column. Otherwise, go to Line 38.	37
Overpayment. If Line 35 is larger than Line 28, subtract Line 28 from Line 35. Then go to Line 32 of the next column.	38

Payment Due Date

39	4/30/17	6/17/17	9/16/17	1/15/18
-----------	---------	---------	---------	---------

Part 5 — Computing the Penalty (See instructions.)

Enter number of days from date on Line 39 to when payment was made.	40
Multiply Line 40 by .05% (times .0005).	41
Multiply Line 37 by Line 41. This is the Penalty for Period .	42
Add penalties from each Column on Line 42 to determine the Total Penalty (i.e. Line 42 Column 1 plus Line 42 Column 2, etc.).	43

Mail To:

Delaware Division of Revenue
P.O. Box 830
Wilmington, DE 19899-0830

DETACH HERE AND MAIL BOTTOM PORTION WITH YOUR PAYMENT

**DELAWARE
FORM
DE 200-V**

2017

**Electronic
Filer
Payment
Voucher**

DO NOT WRITE OR STAPLE IN THIS AREA

1 Enter your social security number

2 Enter the first four letters of your last name

3 Enter the amount of the payment you are making.

4 If a joint return, enter your spouse's social security number

B R U N \$ 5238
5 Name(s)
ERIC BRUNHAMMER
Address
31953 CARNEROS AVENUE
City
LEWES DE 19958

State ZIP Code

DE1A2501L 12/12/17

