

FILE
NC

20-678-EL-AGG

86

Public Utilities
Commission

PUCO USE ONLY		
Date Received	Case Number	Version
	- EL-AGG	May 2016

INITIAL CERTIFICATION APPLICATION FOR ELECTRIC AGGREGATORS/ POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-12 Company History). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, Columbus, Ohio 43215-3793.

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

A. APPLICANT INFORMATION

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

☒ Power Broker ☐ Aggregator

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

Legal Name Cummins & Associates Telecommunications
Address 3497 Far Hills Avenue; Kettering, OH 45429
Telephone # 937-271-8514 Web site address (if any) www.cumminstelecom.com

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

Legal Name Cummins & Associates Telecommunications
Address 3497 Far Hills Avenue; Kettering, OH 45429
Telephone # 937-271-8514 Web site address (if any) www.cumminstelecom.com

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

Cummins & Associates Telecommunications

A-5 Contact person for regulatory or emergency matters

Name Michael J. Cummins
Title President

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 W061 Date Processed 3/31/20

PUCO

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Business address 3497 Far Hills Avenue; Kettering, OH 45429
Telephone # 937-271-8514 Fax #
E-mail address www.cumminstelecom.com

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

Name Michael J. Cummins
Title President
Business address 3497 Far Hills Avenue; Kettering, OH 45429
Telephone # 937-271-8514 Fax #
E-mail address www.cumminstelecom.com

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

Customer Service address 3497 Far Hills Avenue; Kettering, OH 45429
Toll-free Telephone # 937-271-8514 Fax #
E-mail address www.cumminstelecom.com

A-8 Applicant's federal employer identification number # XXXXXXXXXX

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

- ☐ Sole Proprietorship ☐ Partnership
☐ Limited Liability Partnership (LLP) ☐ Limited Liability Company (LLC)
☐ Corporation ☐ Other _____

A-10 (Check all that apply) Identify each electric distribution utility certified territory in which the applicant intends to provide service, including identification of each customer class that the applicant intends to serve, for example, residential, small commercial, mercantile commercial, and industrial. (A mercantile customer, as defined in (A) (19) of Section 4928.01 of the Revised Code, is a commercial customer who consumes more than 700,000 kWh/year or is part of a national account in one or more states).

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

- A-11 Provide the approximate start date that the applicant proposes to begin delivering services
Upon Approval

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- A-12 Exhibit A-12 "Principal Officers, Directors & Partners" provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-13 Exhibit A-13 "Company History," provide a concise description of the applicant's company history and principal business interests.
- A-14 Exhibit A-14 "Articles of Incorporation and Bylaws," if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.
- A-15 Exhibit A-15 "Secretary of State," provide evidence that the applicant has registered with the Ohio Secretary of the State.

B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

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

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

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

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

☒ No ☐ Yes

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

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

☒ No ☐ Yes

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

C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

C-1 **Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why. (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 to satisfy collateral requirements to conduct retail electric/gas business activity (e.g., parental or third party guarantees, 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:

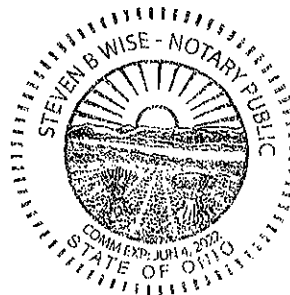
1. The applicant itself stating that it is investment grade rated by Moody’s, Standard & Poor’s or Fitch and provide evidence of rating from the rating agencies.
2. Have a parent company or third party that is investment grade rated by Moody’s, Standard & Poor’s or Fitch guarantee the financial obligations 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, Dun and Bradstreet Information Services, Fitch IBCA, Moody's Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. 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 Experion, 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.

 President
Signature of Applicant & Title



Sworn and subscribed before me this 30 day of March, 2020


Signature of official administering oath

Month Year
Steven B. Wise Notary
Print Name and Title

My commission expires on 6-4-2022

AFFIDAVIT

State of Ohio :

Kettering ss.
(Town)

County of Montgomery

Mike Commis

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

He/She is the President (Office of Affiant) of Comms Associates (Name of Applicant);
Telecommunications

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


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

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

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

 President
Signature of Affiant & Title

Sworn and subscribed before me this 30 day of March, 2020
Month Year


Signature of official administering oath

Steven Wise Notary
Print Name and Title

My commission expires on 6-4-2022



Exhibit A-12 "Principles Officers, Directors & Partners"

Cummins & Associates Telecommunications is a sole proprietorship therefore this is not applicable.

Exhibit A-13 "Company History"

Cummins & Associates Telecommunications began in May of 2003 and provides clients with expert consultation to reduce and control telecommunications and energy expenses. Areas of support include local/long distance voice and data, internet, audio / video teleconferencing, wireless, phone system acquisition and energy expense contract and billing management. Over the past sixteen years' we have saved our clients millions of dollars, verified those savings, saved them hundreds of hours of work and given them the peace of mind that they have an experienced advocate in the areas of telecommunications and energy..

Exhibit A-14 "Articles of Incorporation and Bylaws"

Cummins & Associates Telecommunications is a sole proprietorship therefore this is not applicable.

Exhibit A-15 "Secretary of State"

Cummins & Associates Telecommunications has attached the required State of Ohio Certificate.



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/04/2019	201915403894	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

MICHAEL JOHN CUMMINS
3497 FAR HILLS AVENUE
KETTERING, OH 45429

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
4343445**

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

CUMMINS & ASSOCIATES TELECOMMUNICATIONS

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

Document(s)

TRADE NAME REGISTRATION

Document No(s):

201915403894

Effective Date: **06/03/2019**

Date of First Use: 05/19/2003

Expiration Date: 06/03/2024

MICHAEL JOHN CUMMINS
3497 FAR HILLS AVENUE
KETTERING, OH 45429



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

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
4th day of June, A.D. 2019.

Frank LaRose
Ohio Secretary of State

Exhibit B-1 "Jurisdiction of Operation"

Cummins & Associates Telecommunications does not have authorization in any other state with regard to retail or wholesale electric services.

Exhibit B-2 "Experience and Plans"

Cummins & Associates Telecommunications has extensive experience in consulting with business customers that has resulted in savings of time and money in the energy/electric supply services market. I have done so by analyzing past bills... providing them with quotes from current suppliers and new suppliers and then tracking the savings on a monthly basis utilizing spreadsheets and data culled from their energy bills. I have investigated billing irregularities and advised customers on how to resolve the resulting issues.

Exhibit B-3 "Summary of Experience"

Cummins & Associates Telecommunications has no plans to provide aggregation services. I will provide broker services only.

Exhibit B-4 "Disclosure of Liabilities and Investigations"

Cummins & Associates Telecommunications has no and has never had any existing, pending or past rulings, judgments contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the my financial or operational status or ability to provide services it is seeking to be certified to provide .

Exhibit C-1 "Annual Reports"

Cummins & Associates Telecommunications is a sole proprietor so I do not publish Annual Reports

Exhibit C-2 "SEC Filings"

Cummins & Associates Telecommunications is a sole proprietor so I do not publish SEC Filings

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

2017, ending

20

See separate instructions.

Your first name and initial

MICHAEL J.

Last name

CUMMINS

Your social security number

If a joint return, spouse's first name and initial

MARY T.

Last name

CUMMINS

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

3497 FAR HILLS AVE

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

DAYTON, OH 45429

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.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c 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

Boxes checked on 6a and 6b 2

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 ▶ 2

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

STMT 2

7

20,199.

8a Taxable interest. Attach Schedule B if required

8a

754.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b 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

29,374.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

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

b 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

50,327.

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

2,075.

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

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

STMT 1

33

2,433.

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

4,508.

37 Subtract line 36 from line 22. This is your adjusted gross income

37

45,819.

Tax and Credits

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

38	Amount from line 37 (adjusted gross income)	38	45,819.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ... <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ... <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
41	Subtract line 40 from line 38	41	33,119.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	25,019.
44	Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	2,821.
45	Alternative minimum tax. Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	2,821.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	200.
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	200.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,621.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	4,150.
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> X	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	6,771.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	87.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	87.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	6,844.
79	Estimated tax penalty (see instructions)	79	160.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **JAMES C HOBBS** Phone no. **937.297.3400** Personal Identification number (PIN) **34003**

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

Paid

Preparer **JAMES C HOBBS**

Preparer's signature **JAMES C HOBBS**

Date **04/16/18**

Check ☐ if self-employed PTIN

P00367429

Use Only

Firm's name **GOLDSHOT LAMB & HOBBS INC**

Firm's EIN **31 0971691**

3066 KETTERING BLVD

Phone no. **(937) 297-3400**

Firm's address **DAYTON, OH 45439**

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0074

2017Attachment
Sequence No. **06**

Name(s) shown on tax return

Identifying number

MICHAEL J. & MARY T. CUMMINS**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 7 less than \$1,000? **Yes** → **Don't file Form 2210. You don't owe a penalty.**

No → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → **You don't owe a penalty. Don't file Form 2210** (but if box E in Part II applies, you must file page 1 of Form 2210).

No → You may owe a penalty. Does any box in Part II below apply? **Yes** → **You must file Form 2210. Does box B, C, or D in Part II apply?**

No → **Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.**

No → **You must figure your penalty.**

Yes → **You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	2,621.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	4,150.
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	6,771.
5	Multiply line 4 by 90% (0.90)	5	6,094.
6	Withholding taxes. Don't include estimated tax payments (see instructions)	6	87.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	6,684.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	6,761.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	6,094.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't file Form 2210** unless box E below applies.☒ **Yes.** You may owe a penalty, but **don't file Form 2210** unless one or more boxes in Part II below applies.

• If box B, C, or D applies, you must figure your penalty and file Form 2210.

• If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.**Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't file Form 2210.**

- A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2016 or 2017, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box B, C, or D applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2017)

Part III Short Method**Can You Use the Short Method?**

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box C or D in Part II, or
- You are filing Form 1040NR or 1040NR-EZ and you didn't receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	6,094.
11	Enter the amount, if any, from Form 2210, line 6	11	87.
12	Enter the total amount, if any, of estimated tax payments you made	12	
13	Add lines 11 and 12	13	87.
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you don't owe a penalty. Don't file Form 2210 unless you checked box E in Part II	14	6,007.
15	Multiply line 14 by 0.02660	15	160.
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/18, enter -0-. • If the amount on line 14 was paid before 4/15/18, make the following computation to find the amount to enter on line 16. <div style="margin-left: 40px;"> Amount on line 14 x Number of days paid before 4/15/18 x 0.00011 </div>	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Don't file Form 2210 unless you checked a box in Part II	17	160.

Form 2210 (2017)

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **08**

Your social security number

MICHAEL J. & MARY T. CUMMINS

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

STANDARD REGISTER FCU

FIFTH THIRD BANK

JPMORGAN CHASE BANK

KEYBANK NATIONAL ASSN

Amount

4.

150.

300.

300.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶

2

754.

3

4

754.

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

Ordinary Dividends

- 5 List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... ▶

6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

- 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See instructions

X

Name: MICHAEL J. & MARY T. CUMMINS

[illegible]

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor

MICHAEL J. CUMMINS

Social security number (SSN)

B Enter code from instructions

517000

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

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

TELECOMMUNICATIONS CONSULTANT

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

CUMMINS & ASSOCIATES TELECOMMUNICATIONS

E Business address (including suite or room no.) **3497 FAR HILLS AVE**

City, town or post office, state, and ZIP code **DAYTON, OH 45429**

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	60,232.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	60,232.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	60,232.
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	60,232.

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

8	Advertising	8		18	Office expense	18	1,615.
9	Car and truck expenses (see instructions) STMT 3	9	14,301.	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	
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		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	2,198.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	6,819.
17	Legal and professional services	17	1,275.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	3,996.
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	2,012.	b	Reserved for future use	27b	
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	28,016.				
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	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

Part III 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 IV 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)	► 01 / 01 / 05
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	26,730
b	Commuting	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

TELEPHONE / INTERNET	1,620.
CELLULAR PHONE / FAX	874.
POSTAGE	216.
SUBSCRIPTIONS	1,286.
48 Total other expenses. Enter here and on line 27a	3,996.

Schedule C - Two-Year Comparison Worksheet

2017

Business Name:

CUMMINS & ASSOCIATES TELECOMMUNICATIONS

Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
INCOME			
GROSS INCOME	64,135.	60,232.	-3,903.
EXPENSES			
CAR AND TRUCK EXPENSES	19,738.	14,301.	-5,437.
LEGAL AND PROFESSIONAL SERVICES	698.	1,275.	577.
OFFICE EXPENSE	1,116.	1,615.	499.
TRAVEL	1,477.	2,198.	721.
MEALS AND ENTERTAINMENT	6,519.	6,819.	300.
OTHER EXPENSES	3,139.	3,996.	857.
TOTAL EXPENSES	32,687.	30,204.	-2,483.
TENTATIVE PROFIT OR (LOSS)	31,448.	30,028.	-1,420.
HOME OFFICE EXPENSE	2,050.	2,012.	-38.
NET PROFIT OR (LOSS)	29,398.	28,016.	-1,382.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

▶ 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.

OMB No. 1545-0074

2017

Attachment
Sequence No. **09**

Social security number (SSN)

MICHAEL J. CUMMINS

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

SPORTS REFEREE

B Enter code from instructions

▶ **999999**

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

MICHAEL CUMMINS

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	1,358.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	1,358.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	1,358.
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	1,358.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		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	
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		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,358.

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

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

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

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

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

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

31 1,358.

Schedule C - Two-Year Comparison Worksheet

2017

Business Name:

MICHAEL CUMMINS

Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
INCOME			
GROSS INCOME	868.	1,358.	490.
NET PROFIT OR (LOSS)	868.	1,358.	490.

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)

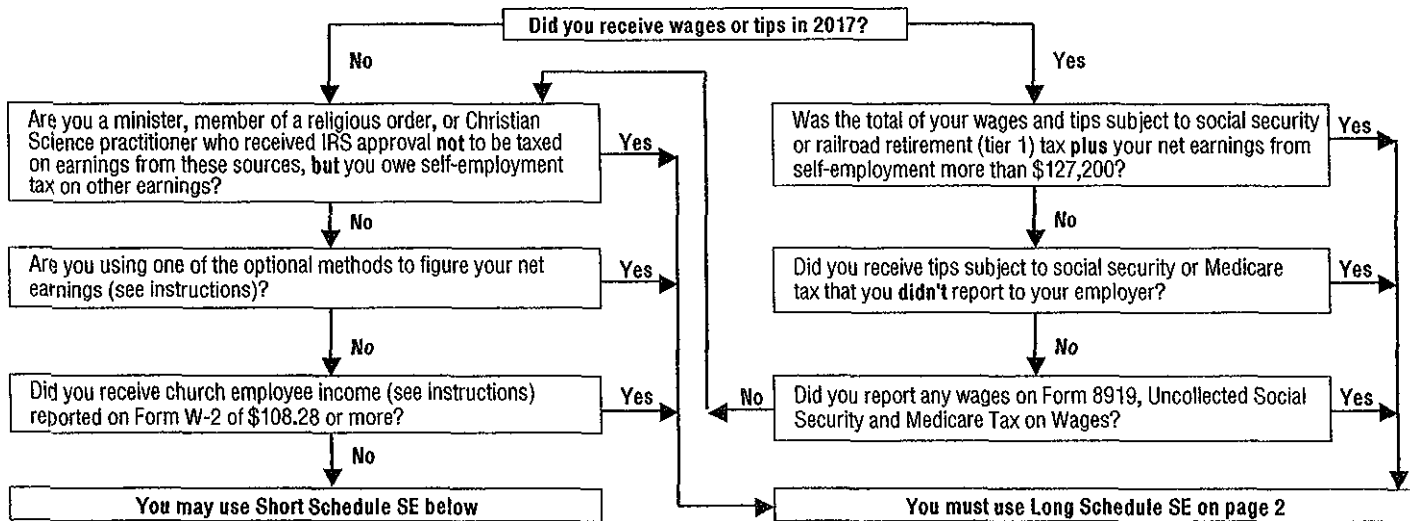
MICHAEL J. CUMMINS

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.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
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	1b	
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 STMT 4	2	29,374.
3 Combine lines 1a, 1b, and 2	3	29,374.
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	27,127.
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: • \$127,200 or less, 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 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	4,150.
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	2,075.

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

Schedule SE (Form 1040) 2017

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
101	CUMMINS & ASSOCIATES TELECOMMUNICATIONS BUILDING	01/01/06	SL	39.00	89,100.	25,039.	254.	254.	0.
	** SUBTOTAL **				89,100.	25,039.	254.	254.	0.
	*** GRAND TOTAL ***				89,100.	25,039.	254.	254.	0.

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.**2017**Attachment
Sequence No. 52

Name(s) shown on Form 1040 or Form 1040NR

MARY T. CUMMINSSocial security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others, see the instructions for the amount to enter	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6	6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	1,000.
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2017	9	4,600.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	4,600.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,150.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	4,187.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	4,187.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	4,187.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Form **8889** (2017)

Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0074

2017

Attachment
Sequence No. 54

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to www.irs.gov/Form8880 for instructions and the latest information.

Name(s) shown on return

Your social security number

MICHAEL J. & MARY T. CUMMINS



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 is more than \$31,000 (\$46,500 if head of household; \$62,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2000, (b) is claimed as a dependent on someone else's 2017 tax return, or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA (including myRA) contributions for 2017. **Do not** include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2017 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received **after** 2014 and **before** the due date (including extensions) of your 2017 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the **smaller** of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- 8 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37
- 9 Enter the applicable decimal amount shown below.

	(a) You	(b) Your spouse
1		
2		4,501.
3		4,501.
4		
5		4,501.
6		2,000.
7		2,000.
8	45,819.	

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9 -				
---	\$18,500	.5	.5	.5
\$18,500	\$20,000	.5	.5	.2
\$20,000	\$27,750	.5	.5	.1
\$27,750	\$30,000	.5	.2	.1
\$30,000	\$31,000	.5	.1	.1
\$31,000	\$37,000	.5	.1	.0
\$37,000	\$40,000	.2	.1	.0
\$40,000	\$46,500	.1	.1	.0
\$46,500	\$62,000	.1	.0	.0
\$62,000	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

- 10 Multiply line 7 by line 9
- 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions **SEE STATEMENT 5**
- 12 **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Form 1040, line 51; Form 1040A, line 34; or Form 1040NR, line 48

*See Pub. 590-A for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

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

Form **8880** (2017)

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. **176**

Name(s) of proprietor(s)

MICHAEL J. CUMMINS

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	1	198
2	Total area of home	2	1,780
3	Divide line 1 by line 2. Enter the result as a percentage	3	11.1236%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	11.1236%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions) See instructions for columns (a) and (b) before completing lines 9-21.	8	30,028.
9	Casualty losses	9	
10	Deductible mortgage interest	10	5,739.
11	Real estate taxes	11	3,783.
12	Add lines 9, 10, and 11	12	9,522.
13	Multiply line 12, column (b) by line 7	13	1,059.
14	Add line 12, column (a) and line 13	14	1,059.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	28,969.
16	Excess mortgage interest	16	
17	Insurance	17	1,359.
18	Rent	18	
19	Repairs and maintenance	19	2,774.
20	Utilities	20	2,154.
21	Other expenses	21	
22	Add lines 16 through 21	22	6,287.
23	Multiply line 22, column (b) by line 7	23	699.
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	699.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	699.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	28,270.
28	Excess casualty losses	28	
29	Depreciation of your home from line 41 below	29	254.
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	254.
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	254.
33	Add lines 14, 26, and 32	33	2,012.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	0.
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	2,012.

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value	36	89,100.
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	89,100.
39	Business basis of building. Multiply line 38 by line 7	39	9,908.
40	Depreciation percentage	40	2.5640%
41	Depreciation allowable. Multiply line 39 by line 40. Enter here and on line 29 above	41	254.

Part IV Carryover of Unallowed Expenses to 2018

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

2017 DEPRECIATION AND AMORTIZATION REPORT

CUMMINS & ASSOCIATES TELECOMMUNICATION

FORM 8829 - 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
101	BUILDING	01/01/06	SL	39.00	MD	17	89,100.	.8888			89,100.	25,039.		2,285.	27,324.
	LESS EXCLUSION						-79,192.				-79,192.	-22,256.		-2,031.	-24,287.
	TOTAL 8829 DEPRECIATION						9,908.				9,908.	2,783.		254.	3,037.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 1040	STUDENT LOAN INTEREST DEDUCTION	STATEMENT	1
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1. ENTER THE TOTAL INTEREST PAID IN 2017 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500 2,433.
 2. ENTER THE AMOUNT FROM FORM 1040, LINE 22 50,327.
 3. ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36 2,075.
 4. SUBTRACT LINE 3 FROM LINE 2 48,252.
 5. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS.
 * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$65,000
 * MARRIED FILING JOINTLY-\$135,000 135,000.
 6. IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5?
 [X] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9
 [] YES. SUBTRACT LINE 5 FROM LINE 4
 7. DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000
 8. MULTIPLY LINE 1 BY LINE 7 0.
 9. STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33 2,433.
-
-

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	2
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S UNIVERSITY OF DAYTON	20,199.	87.	331.	621.	1,531.	358.
TOTALS	20,199.	87.	331.	621.	1,531.	358.

SCHEDULE C	CAR AND TRUCK EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
VEHICLE NUMBER 1 - 26730 BUSINESS MILES @ \$0.535	14,301.
TOTAL TO SCHEDULE C, LINE 9	14,301.

SCHEDULE SE	NON-FARM INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
TELECOMMUNICATIONS CONSULTANT	28,016.
SPORTS REFEREE	1,358.
TOTAL TO SCHEDULE SE, LINE 2	29,374.

FORM 8880	CREDIT LIMIT WORKSHEET	STATEMENT	5
1	ENTER THE AMOUNT FROM FORM 1040, LINE 47; FORM 1040A, LINE 30; FORM 1040NR, LINE 45.	2,821.	
2	FORM 1040 FILERS: ENTER THE TOTAL OF YOUR CREDITS FROM LINES 48 THROUGH 50 AND SCHEDULE R, LINE 22. FORM 1040A FILERS: ENTER THE TOTAL OF YOUR CREDITS FROM LINES 31 THROUGH 33. FORM 1040NR FILERS: ENTER THE TOTAL OF YOUR CREDITS FROM LINE 46 AND 47.	0.	
3	SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THIS AMOUNT ON FORM 8880, LINE 11. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT - DO NOT FILE THIS FORM.	2,821.	

IRS e-file Signature Authorization

OMB No. 1545-0074

2017

- ▶ Return completed Form 8879 to your ERO. (Do not send to IRS.)
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name MICHAEL J. CUMMINS	Social security number [REDACTED]
Spouse's name MARY T. CUMMINS	Spouse's social security number [REDACTED]

Part I Tax Return Information - Tax Year Ending December 31, 2017 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) ...	1	45,819.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	6,771.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	87.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	6,844.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize GOLDSHOT LAMB & HOBBS INC to enter or generate my PIN 90184
ERO firm name
as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 04/16/2018

Spouse's PIN: check one box only

- ☒ I authorize GOLDSHOT LAMB & HOBBS INC to enter or generate my PIN 09184
ERO firm name
as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 04/16/2018

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 31378934003
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ MICHAEL S LAMB Date ▶ 04/16/2018

**Tax Year 2017 e-file Jurat/Disclosure
for Form 1040, 1040A, 1040EZ, or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 31378934003
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 90184 Date 04162018

Spouse's PIN: 09184

Form 1040	Department of the Treasury - Internal Revenue Service	(99)	2018	OMB No. 1545-0074	IRS Use Only - Do not write or staple in this space.
U.S. Individual Income Tax Return					
Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)					
Your first name and initial MICHAEL J.			Last name CUMMINS		Your social security number [REDACTED]
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind					
If joint return, spouse's first name and initial MARY T.			Last name CUMMINS		Spouse's social security number [REDACTED]
Spouse standard deduction: <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien			<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)		
Home address (number and street). If you have a P.O. box, see instructions. 3497 FAR HILLS AVE				Apt. no.	Presidential Election Campaign. (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. DAYTON, OH 45429				If more than four dependents, see inst. and <input type="checkbox"/> here <input type="checkbox"/>	
Dependents (see instructions):					
(1) First name		Last name		(2) Social security number	(3) Relationship to you
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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature CLIENTS COPY		Date		Your occupation	
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	
				If the IRS sent you an Identity Protection PIN, enter it here	
Paid Preparer Use Only					
Preparer's name JAMES C HOBBS		Preparer's signature JAMES C HOBBS		PTIN P00367429	Firm's EIN 31-0971691
				Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed	
Firm's name GOLDSHOT LAMB & HOBBS INC				Phone no. (937) 297-3400	
Firm's address 3066 KETTERING BLVD					
Firm's address DAYTON, OH 45439					
LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.					
Form 1040 (2018)					

1		Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	20,824.
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRAs, pensions, and annuities	4a		4b	
5a	Social security benefits	5a		5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22			6	33,799.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6			7	54,623.
8	Standard deduction or itemized deductions (from Schedule A)			8	49,735.
9	Qualified business income deduction (see instructions)			9	24,000.
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	5,147.
11	a Tax (see inst)	2,088.	(check if any from: 1 Form 8814 2 Form 4972 3)	11	20,588.
12	b Add any amount from Schedule 2 and check here			12	2,088.
13	a Child tax credit/credit for other dependents		b Add any amount from Sch. 3 and check here	13	200.
14	Subtract line 12 from line 11. If zero or less, enter -0-			14	1,888.
15	Other taxes. Attach Schedule 4			15	4,776.
16	Total tax. Add lines 13 and 14			16	6,664.
17	Federal income tax withheld from Forms W-2 and 1099			17	22.
18	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863			18	
19	Add any amount from Schedule 5			19	22.
20a	Add lines 16 and 17. These are your total payments			20a	
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			21	
22a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here			22a	
23	Routing number		c Type: Checking Savings	23	
24	Account number			24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25		25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			26	6,857.
27	Estimated tax penalty (see instructions)	27	215.	27	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Name(s) shown on Form 1040

MICHAEL J. & MARY T. CUMMINS

Your social security number

Additional Income	1-9b	Reserved	1-9b	
	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	33,799.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	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	Reserved	20b	
	21	Other income. List type and amount ▶	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	33,799.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	2,388.
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	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 STATEMENT 2	33	2,500.
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	4,888.

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

Schedule 1 (Form 1040) 2018

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

MICHAEL J. & MARY T. CUMMINS

Your social security number

Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required	48	
Credits	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	200.
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	200.

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

Schedule 3 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Other Taxes

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

MICHAEL J. & MARY T. CUMMINS

**Other
Taxes**

57	Self-employment tax. Attach Schedule SE	57	4,776.
58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
60 a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Section 965 net tax liability installment from Form 965-A 63		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	4,776.

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

Schedule 4 (Form 1040) 2018

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► Go to www.irs.gov/Form2210 for instructions and the latest information.

► Attach to Form 1040, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return

MICHAEL J. & MARY T. CUMMINS

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000? **Yes** → **Don't file Form 2210. You don't owe a penalty.**

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → **You don't owe a penalty. Don't file Form 2210** (but if box E in Part II applies, you must file page 1 of Form 2210).

No

You may owe a penalty. Does any box in Part II below apply? **Yes** → **You must file Form 2210. Does box B, C, or D in Part II apply?**

No → **Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.**

Yes → **You must figure your penalty.**

No → **You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2018 tax after credits from Form 1040, line 13 (see instructions if not filing Form 1040)	1	1,888.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	4,776.
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210	4	6,664.
5	Multiply line 4 by 90% (0.90)	5	5,998.
6	Withholding taxes. Don't include estimated tax payments (see instructions)	6	22.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210	7	6,642.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	6,771.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	5,998.

Next: Is line 9 more than line 6?

☐ **No.** You don't owe a penalty. Don't file Form 2210 unless box E below applies.

☒ **Yes.** You may owe a penalty, but don't file Form 2210 unless one or more boxes in Part II below applies.

• If box B, C, or D applies, you must figure your penalty and file Form 2210.

• If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You aren't required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, don't file Form 2210.

- A ☐ You request a **waiver** (see instructions) of your entire penalty due to tax reform or other reasons. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2017 or 2018, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you aren't required to figure your penalty (unless box B, C, or D applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2018)

Part III Short Method**Can You Use the Short Method?**

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box C or D in Part II, or
- You are filing Form 1040NR or 1040NR-EZ and you didn't receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	5,998.
11	Enter the amount, if any, from Form 2210, line 6	11	22.
12	Enter the total amount, if any, of estimated tax payments you made	12	
13	Add lines 11 and 12	13	22.
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you don't owe a penalty. Don't file Form 2210 unless you checked box E in Part II	14	5,976.
15	Multiply line 14 by 0.03603	15	215.
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/19, enter -0-. • If the amount on line 14 was paid before 4/15/19, make the following computation to find the amount to enter on line 16. <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Amount on line 14</div> <div>×</div> <div>Number of days paid before 4/15/19</div> <div>×</div> <div>0.00016</div> </div>	16	0.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 23; Form 1040NR, line 76; Form 1040NR-EZ, line 26; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II	17	215.

Form 2210 (2018)

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ 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.

OMB No. 1545-0074

2018

Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

MICHAEL J. CUMMINS

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

TELECOMMUNICATIONS CONSULTANT

B Enter code from instructions

▶ **517000**

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

CUMMINS & ASSOCIATES TELECOMMUNICATIONS

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

E Business address (including suite or room no.) ▶ **3497 FAR HILLS AVE**

City, town or post office, state, and ZIP code **DAYTON, OH 45429**

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

G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2018, check here

▶ ☐

I Did you make any payments in 2018 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	69,039.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	69,039.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	69,039.
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	69,039.

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

8	Advertising	8		18	Office expense	18	657.
9	Car and truck expenses (see instructions) STMT 3	9	14,766.	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	
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		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	3,932.
b	Other	16b		b	Deductible meals (see instructions)	24b	6,928.
17	Legal and professional services	17	600.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	3,804.
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	7,032.	b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (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	31,320.				
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 Schedule 1 (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	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

820001 10-18-18

Schedule C (Form 1040) 2018

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?

If "Yes," attach explanation

☐ Yes

☐ 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 IV 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) ► 01 / 01 / 05

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business 27,093 b Commuting 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 V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

TELEPHONE / INTERNET	2,031.
CELLULAR PHONE / FAX	1,156.
POSTAGE	78.
SUBSCRIPTIONS	539.
48 Total other expenses. Enter here and on line 27a	3,804.

Schedule C - Two-Year Comparison Worksheet

2018

Business Name:

CUMMINS & ASSOCIATES TELECOMMUNICATIONS

Description	Tax Year 2017	Tax Year 2018	Increase (Decrease)
INCOME			
GROSS INCOME	60,232.	69,039.	8,807.
EXPENSES			
CAR AND TRUCK EXPENSES	14,301.	14,766.	465.
LEGAL AND PROFESSIONAL SERVICES	1,275.	600.	-675.
OFFICE EXPENSE	1,615.	657.	-958.
TRAVEL	2,198.	3,932.	1,734.
MEALS AND ENTERTAINMENT	6,819.	6,928.	109.
OTHER EXPENSES	3,996.	3,804.	-192.
TOTAL EXPENSES	30,204.	30,687.	483.
TENTATIVE PROFIT OR (LOSS)	30,028.	38,352.	8,324.
HOME OFFICE EXPENSE	2,012.	7,032.	5,020.
NET PROFIT OR (LOSS)	28,016.	31,320.	3,304.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ 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.

OMB No. 1545-0074

2018

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

MICHAEL J. CUMMINS

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

B Enter code from Instructions

SPORTS REFEREE

▶ **999999**

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

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

MICHAEL CUMMINS

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 2018? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2018, check here

I Did you make any payments in 2018 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	2,479.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	2,479.
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	2,479.
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	2,479.

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

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see instructions)	9	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
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	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
		26 Wages (less employment credits)	26
		27 a Other expenses (from line 48)	27a
		b Reserved for future use	27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,479.

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

31 Net profit or (loss). Subtract line 30 from line 29.	31	2,479.
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• If a profit, enter on both **Schedule 1 (Form 1040), line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

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

• If you checked 32a, enter the loss on both **Schedule 1 (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.

2018

MICHAEL CUMMINS

810638 04-01-18

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

2018

Attachment
Sequence No. **17**

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

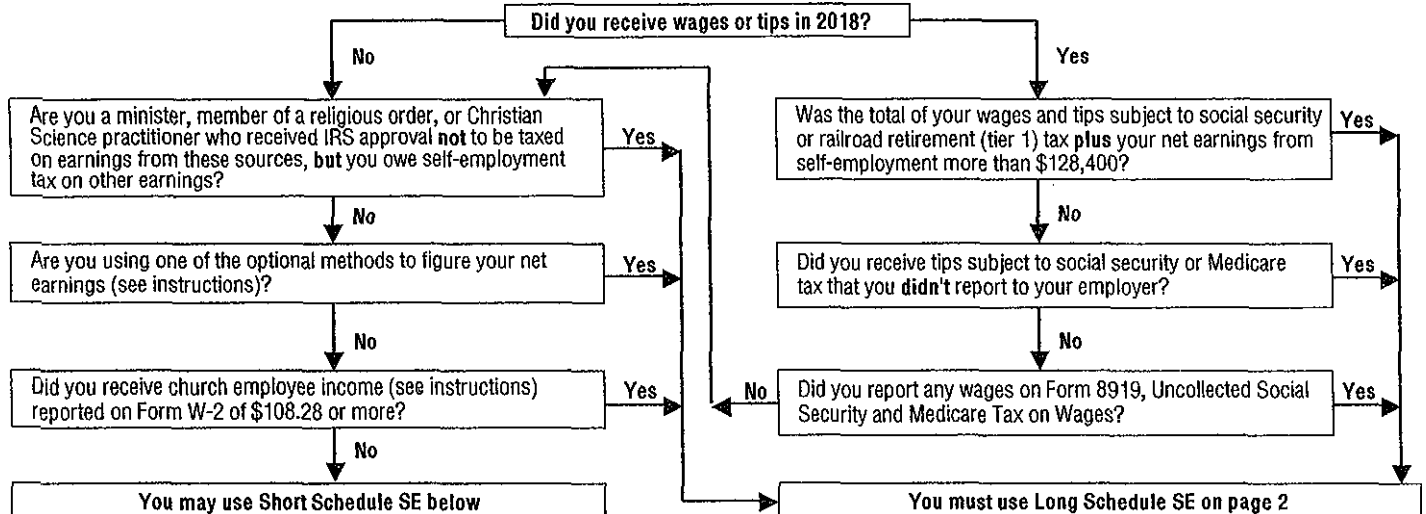
Social security number of
person with self-employment
income

MICHAEL J. CUMMINS

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.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
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 AH	1b	
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	33,799.
3 Combine lines 1a, 1b, and 2	3	33,799.
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 Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	31,213.
5 Self-employment tax. If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	5	4,776.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	6	2,388.

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

Schedule SE (Form 1040) 2018

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
101	CUMMINS & ASSOCIATES TELECOMMUNICATIONS BUILDING ** SUBTOTAL **	01/01/06	SL	39.00	89,100. 89,100.	27,324. 27,324.	761. 761.	761. 761.	0. 0.
	*** GRAND TOTAL ***				89,100.	27,324.	761.	761.	0.

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.**2018**Attachment
Sequence No. 52

Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**MARY T. CUMMINS****Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)		2	
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter		3	6,900.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	6,900.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter		6	6,900.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)		7	1,000.
8	Add lines 6 and 7		8	7,900.
9	Employer contributions made to your HSAs for 2018	9		6,040.
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	6,040.
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	1,860.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25		13	

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	4,746.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	4,746.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	4,746.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Form 8889 (2018)

Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0074

2018Attachment
Sequence No. 54

► Attach to Form 1040 or Form 1040NR.
► Go to www.irs.gov/Form8880 for the latest information.

Name(s) shown on return

Your social security number

MICHAEL J. & MARY T. CUMMINS

You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 7 or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household; \$63,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2001; (b) is claimed as a dependent on someone else's 2018 tax return; or (c) was a student (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2018. Do not include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2018 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received after 2015 and before the due date (including extensions) of your 2018 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the smaller of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, stop; you can't take this credit
- 8 Enter the amount from Form 1040, line 7* or Form 1040NR, line 36
- 9 Enter the applicable decimal amount shown below.

	(a) You	(b) Your spouse
1		
2		4,687.
3		4,687.
4		
5		4,687.
6		2,000.
7		2,000.
8	49,735.	

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$19,000	0.5	0.5	0.5
\$19,000	\$20,500	0.5	0.5	0.2
\$20,500	\$28,500	0.5	0.5	0.1
\$28,500	\$30,750	0.5	0.2	0.1
\$30,750	\$31,500	0.5	0.1	0.1
\$31,500	\$38,000	0.5	0.1	0.0
\$38,000	\$41,000	0.2	0.1	0.0
\$41,000	\$47,250	0.1	0.1	0.0
\$47,250	\$63,000	0.1	0.0	0.0
\$63,000	---	0.0	0.0	0.0

Note: If line 9 is zero, stop; you can't take this credit.

- 10 Multiply line 7 by line 9
- 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions **SEE STATEMENT 5**
- 12 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 51; or Form 1040NR, line 48

*See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2018)

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

2018Attachment
Sequence No. **176**

Name(s) of proprietor(s)

MICHAEL J. CUMMINS

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	1	593
2	Total area of home	2	1,780
3	Divide line 1 by line 2. Enter the result as a percentage	3	33.3146%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	33.3146%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions)	8	38,352.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses	9	
10	Deductible mortgage interest	10	
11	Real estate taxes	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	38,352.
16	Excess mortgage interest	16	5,526.
17	Excess real estate taxes (see instructions)	17	4,208.
18	Insurance	18	1,400.
19	Rent	19	
20	Repairs and maintenance	20	5,488.
21	Utilities	21	2,202.
22	Other expenses	22	
23	Add lines 16 through 22	23	18,824.
24	Multiply line 23, column (b), by line 7	24	6,271.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	6,271.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	6,271.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	32,081.
29	Excess casualty losses	29	
30	Depreciation of your home from line 42 below	30	761.
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	761.
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	761.
34	Add lines 14, 27, and 33	34	7,032.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 (see instructions)	35	0.
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	7,032.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value	37	89,100.
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	89,100.
40	Business basis of building. Multiply line 39 by line 7	40	29,679.
41	Depreciation percentage	41	2.5640%
42	Depreciation allowable. Multiply line 40 by line 41. Enter here and on line 30 above	42	761.

Part IV Carryover of Unallowed Expenses to 2019

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 8829-1

CUMMINS & ASSOCIATES TELECOMMUNICATION

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
101	BUILDING	01/01/06	SL	39.00	MM	17	89,100.	.6669			89,100.	27,324.		2,285.	29,609.
	LESS EXCLUSION						-59,421.				-59,421.	-24,287.		-1,524.	-25,811.
	TOTAL 8829 DEPRECIATION						29,679.				29,679.	3,037.		761.	3,798.

Qualified Business Income Deduction Summary

1. 20% of aggregate qualified REIT dividends and qualified publicly traded partnership income	_____
Do not enter less than zero. If less than zero, this loss is carried over to next year.	
2. Add the amount from all Qualified Business Income Deduction Worksheets, line 1j	<u>11,642.</u>
3. Add lines 1 and 2. This is your total combined qualified business income	<u>11,642.</u>
4. Taxable income before this deduction. If zero or less, enter zero	<u>25,735.</u>
a. Net capital gains plus qualified dividends	_____
b. Line 4 minus line 4a	<u>25,735.</u>
5. Multiply line 4b by 20%	<u>5,147.</u>
6. Lesser of line 5 or line 3. This is your Qualified Business Income Deduction. Enter this amount on Form 1040, line 9	<u>5,147.</u>
7. Qualified business income deduction from cooperatives. Do not enter more than line 4 minus line 6. Include this amount on Form 1040, line 10	_____

Qualified Business Income After Deductions

Activity: CUMMINS & ASSOCIATES TELECOMMUNICATIONS

1.	Qualified business income before deductions	31,320.
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	31,320.
b.	Total income subject to self-employment tax	33,799.
c.	Line 2a divided by line 2b (not greater than 1.000)926654635
d.	Amount from Schedule 1 (Form 1040), line 27	2,388.
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	2,213.
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 28	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	
b.	Health insurance limits for activity above	
c.	Lesser of line 4a or line 4b	
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	29,107.

Activity: CUMMINS & ASSOCIATES TELECOMMUNICATIONS

1.	Qualified business income before deductions	31,320.
2.	Deductible part of self-employment income:	
a.	Net income subject to self-employment tax from this activity	31,320.
b.	Total income subject to self-employment tax	33,799.
c.	Line 2a divided by line 2b (not greater than 1.000)926654635
d.	Amount from Schedule 1 (Form 1040), line 27	2,388.
e.	Line 2c times line 2d. This is the allocated deductible part of self-employment tax for this activity	2,213.
3.	Self-employed SEP, SIMPLE and qualified plans:	
a.	Net income subject to self-employment tax from this activity	
b.	Net earnings from	
c.	Line 3a divided by line 3b (not greater than 1.000)	
d.	Amount from Schedule 1 (Form 1040), line 28	
e.	Line 3c times line 3d. This is the allocated self-employed SEP, SIMPLE and qualified plans amount for this activity	
4.	Self-employed health insurance deduction:	
a.	Health insurance payments from this activity	
b.	Health insurance limits for activity above	
c.	Lesser of line 4a or line 4b	
d.	Reserved	
e.	Reserved	
f.	Amount from line 4c. This is the allocated SE health insurance deduction for this activity	
5.	Line 1 minus lines 2e, 3e and 4f. This is the qualified business income after deductions	29,107.

Net Qualified Business Income

Qualified business losses from activities with net losses:

If taxable income before this deduction is over \$207,500 (\$415,000 if MFJ), do not include losses from Specified Service Trade or Businesses.

Activity Name	Loss

1. Total net losses from activities with net losses: _____

Qualified Business income from activities with net income:

If taxable income before this deduction is over \$207,500 (\$415,000 if MFJ), do not include income from Specified Service Trade or Businesses

Activity Name	Income	Allocated Loss	Allocated QBI
CUMMINS & ASSOCIATES TELECOMMUNICATIONS	29,107.		29,107.
CUMMINS & ASSOCIATES TELECOMMUNICATIONS	29,107.		29,107.

2. Total qualified business income from activities with net income: _____ 58,214.

3. Net qualified business income. Subtract line 1 from line 2 _____ 58,214.

If zero or less, stop. This loss is carried over to next year.

Otherwise, carry allocated QBI to the Qualified Business Income Deduction Worksheet

Qualified Business Income Deduction Worksheet

Activity: **CUMMINS & ASSOCIATES TELECOMMUNICATIONS**

1. Allocated qualified business income	29,107.
a. Multiply line 1 by 20%	5,821.
b(i). 50% of W-2 wages	0.
b(ii). 25% of W-2 wages plus 2.5% of UBIA	0.
b(iii). Greater of b(i) or b(ii)	0.
c. Cooperative dividends adjustment	0.

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?
 Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.
 No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?
 Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.
 No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a	
e. Taxable income before this deduction	
f. Threshold amount \$157,500 (\$315,000 if MFJ)	
g. Subtract line 1f from line 1e	
h. Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i. Multiply line 1d by line 1h	
j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income	5,821.

Activity: **CUMMINS & ASSOCIATES TELECOMMUNICATIONS**

1. Allocated qualified business income	29,107.
a. Multiply line 1 by 20%	5,821.
b(i). 50% of W-2 wages	0.
b(ii). 25% of W-2 wages plus 2.5% of UBIA	0.
b(iii). Greater of b(i) or b(ii)	0.
c. Cooperative dividends adjustment	0.

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?
 Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.
 No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?
 Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.
 No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a	
e. Taxable income before this deduction	
f. Threshold amount \$157,500 (\$315,000 if MFJ)	
g. Subtract line 1f from line 1e	
h. Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i. Multiply line 1d by line 1h	
j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income	5,821.

Activity:

1. Allocated qualified business income	
a. Multiply line 1 by 20%	
b(i). 50% of W-2 wages	
b(ii). 25% of W-2 wages plus 2.5% of UBIA	
b(iii). Greater of b(i) or b(ii)	
c. Cooperative dividends adjustment	

Is taxable income before this deduction equal to or less than \$157,500 (\$315,000 if MFJ)?
 Yes. Skip lines 1d through 1i. Subtract line 1c from line 1a and enter the amount on line 1j.
 No. Is taxable income before this deduction more than \$207,500 (\$415,000 if MFJ) or is line 1b(iii) greater than line 1a?
 Yes. Skip lines 1d through 1i. Reduce the lesser of line 1a or 1b(iii) by line 1c and enter it on line 1j.
 No. Continue to line 1d.

d. Subtract line 1b(iii) from line 1a	
e. Taxable income before this deduction	
f. Threshold amount \$157,500 (\$315,000 if MFJ)	
g. Subtract line 1f from line 1e	
h. Divide line 1g by \$50,000 (\$100,000 if MFJ)	
i. Multiply line 1d by line 1h	
j. Subtract line 1i and 1c from line 1a. This is your activity's qualified income	

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S UNIVERSITY OF DAYTON	20,824.	22.	122.	638.	1,582.	370.
TOTALS	20,824.	22.	122.	638.	1,582.	370.

SCHEDULE 1	STUDENT LOAN INTEREST DEDUCTION	STATEMENT	2
1.	ENTER THE TOTAL INTEREST PAID IN 2018 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500	2,500.	
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 6	54,623.	
3.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 36 OTHER THAN ANY AMOUNTS IDENTIFIED AS "DPAD"	2,388.	
4.	SUBTRACT LINE 3 FROM LINE 2	52,235.	
5.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$65,000 * MARRIED FILING JOINTLY-\$135,000	135,000.	
6.	IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [X] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [] YES. SUBTRACT LINE 5 FROM LINE 4		
7.	DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000		
8.	MULTIPLY LINE 1 BY LINE 7	0.	
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 33	2,500.	

SCHEDULE C	CAR AND TRUCK EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
VEHICLE NUMBER 1 - 27093 BUSINESS MILES @ \$0.545		14,766.	
TOTAL TO SCHEDULE C, LINE 9		14,766.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT	4
DESCRIPTION		AMOUNT	
TELECOMMUNICATIONS CONSULTANT		31,320.	
SPORTS REFEREE		2,479.	
TOTAL TO SCHEDULE SE, LINE 2		33,799.	



FORM 8880	CREDIT LIMIT WORKSHEET	STATEMENT	5
1	ENTER THE AMOUNT FROM FORM 1040, LINE 11 OR FORM 1040NR, LINE 45	2,088.	
2	FORM 1040 FILERS: ENTER THE TOTAL OF YOUR CREDITS FROM SCHEDULE 3, LINES 48 THROUGH 50 AND SCHEDULE R, LINE 22. FORM 1040NR FILERS: ENTER THE TOTAL OF YOUR CREDITS FROM LINE 46 AND 47.	0.	
3	SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THIS AMOUNT ON FORM 8880, LINE 11. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT - DO NOT FILE THIS FORM.	2,088.	

Form

8879Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

2018

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name

MICHAEL J. CUMMINS

Social Security number

Spouse's name

MARY T. CUMMINS

Spouse's Social Security number

Part I Tax Return Information - Tax Year Ending December 31, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	49,735.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	6,664.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	22.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	6,857.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **GOLDSHOT LAMB & HOBBS INC**

to enter or generate my PIN

90184

ERO firm name

as my signature on my tax year 2018 electronically filed income tax return.

Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ►

Spouse's PIN: check one box only

☒ I authorize **GOLDSHOT LAMB & HOBBS INC**

to enter or generate my PIN

09184

ERO firm name

as my signature on my tax year 2018 electronically filed income tax return.

Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

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

31378934003

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ► **04/15/2019**

819995 11-12-18

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

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

Form 8879 (2018)

**Tax Year 2018 e-file Jurat/Disclosure
for Form 1040 or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 31378934003
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 90184 Date 04152019

Spouse's PIN: 09184

Exhibit C-4 "Financial Arrangements"

Cummins & Associates Telecommunications -- N/A - This does not apply to me because I am not taking title to the electricity or natural gas.

Exhibit C-5 "Forecasted Financial statements"

Cummins & Associates Telecommunications – Income Statements for the remainder of year for 2020 and Entirety of years 2021 and 2022. The assumptions are that the majority of the income going forwarded will be from commissions on the sale of Electric Supply from Suppliers for the State of Ohio.

2020; \$2525

June; \$100

July; \$250

August; \$350

September; \$400

October; \$450

November; \$475

December; \$500

2021; \$9350

January; \$500

February; \$500

March; \$550

April; \$600

May; \$625

June; \$675

July; \$800

August; \$900

September; \$1000

October; \$1025

November; \$1075

December; \$1100

2022; \$16450

January; \$1100

February; \$1100

March; \$1125

April; \$1150

May; \$1200

June; \$1300

July; \$1400

August; \$1500

September; \$1600

October; \$1625

November; \$1650

December; \$1700

Exhibit C-5 "Forecasted Financial statements"

Cummins & Associates Telecommunications -- Income Statements for the remainder of year for 2020 and Entirety of years 2021 and 2022. The assumptions are that the majority of the income going forwarded will be from commissions on the sale of Electric Supply from Suppliers for the State of Ohio

2020; \$2525

June; \$100

July; \$250

August; \$350

September; \$400

October; \$450

November; \$475

December; \$500

2021; \$9350

January; \$500

February; \$500

March; \$550

April; \$600

May; \$625

June; \$675

July; \$800

August; \$900

September; \$1000

October; \$1025

November; \$1075

December; \$1100

2022; \$16450

January; \$1100

February; \$1100

March; \$1125

April; \$1150

May; \$1200

June; \$1300

July; \$1400

August; \$1500

September; \$1600

October; \$1625

November; \$1650

December; \$1700

Exhibit C-6 "Credit Rating"

Cummins & Associates Telecommunications -- "N/A" since we do not have such a credit rating. Credit Reports will be provided in the next exhibit.

Merged Credit Report

Reporting Agency

CoreLogic Credco
P.O. BOX 509124
SAN DIEGO, CA 92150
Phone: (800) 32-03330
Fax: (800) 52-30688

Lender

JPMChase
3401 Morse Crossing
Columbus, OH, 43219-6002

Credit report: 114057718030000
Bureau(s): Equifax, Experian, TransUnion

Lead #: MAX3311829
Requested: 2020-03-10 (12:19:55)

Loan
#:

CHARGES	
Price	0.00
Extras	0.00
Total	22.85

Applicant Information

Client #1

MICHAEL J CUMMINS
3497 FAR HILLS AVE
DAYTON, OH 45429

Marital Status: Not Provided

Client #2

MARY T CUMMINS
3497 FAR HILLS AVE
KETTERING, OH 45429

Marital Status: Not Provided

Score Information

B Equifax: Score: +684

- 11: Amount owed on revolving accounts is too high
- 10: Proportion of balances to credit limits is too high on bank revolving or other revolving accounts
- 18: Number of accounts with delinquency
- 30: Time since most recent account opening is too short

B Experian: Fair Isaac Score: +690

- 10: Ratio of balance to limit on bank revolving or other rev accts too high
- 09: Too many accounts recently opened
- 13: Time since delinquency is too recent or unknown
- 18: Number of accounts with delinquency

B TransUnion: Score: +700

- 40: Derogatory public record or collection filed
- 10: Proportion of balances to credit limits is too high on bank revolving or other revolving accounts
- 13: Time since delinquency is too recent or unknown
- 08: Too many inquiries last 12 months

C Equifax: Score: +696

- 10: Proportion of balances to credit limits is too high on bank revolving or other revolving accounts
- 30: Time since most recent account opening is too short
- 18: Number of accounts with delinquency
- 23: Number of bank or national revolving accounts with balances

C Experian: Fair Isaac Score: +726

- 10: Ratio of balance to limit on bank revolving or other rev accts too high
- 05: Too many accounts with balances
- 08: Too many inquiries last 12 months
- 18: Number of accounts with delinquency

C TransUnion: Score: +704

- 10: Proportion of balances to credit limits is too high on bank revolving or other revolving accounts
- 30: Time since most recent account opening is too short
- 03: Proportion of loan balances to loan amounts is too high
- 13: Time since delinquency is too recent or unknown

Employment Information

Borrower 1

Employer	MCI COMMUNICATIONS
Position	SR ACCOUNT EXEC
Reported Date	
Employer	PCT INC
Position	
Reported Date	
Employer	CUMMINS ASSOCIATES TELC
Position	
Reported Date	2003-08-29
Employer	OTHER
Position	
Reported Date	2007-02-02
Employer	CUMMINS ASSOCIATES
Position	BUSINESS MANAGERMANAGE
Reported Date	2010-04-28
Employer	SELF EMPL
Position	OWNER
Reported Date	

Borrower 2

Employer	MCI COMMUNICATIONS
Position	
Reported Date	
Employer	JACK LLOYD &
Position	
Reported Date	2002-10-23
Employer	UNIVERSITY OF DAYTON
Position	
Reported Date	2005-02-02
Employer	ACME CLEVELAND CORP 4251539
Position	SUPERVISOR
Reported Date	
Employer	UNIVERSITY OF DAYTON
Position	
Reported Date	2013-04-14

AKA

Borrower 1

CUMMINS MICHAEL T
TUMMINS, MICHAEL J

Borrower 2

Address Information

Item #	Address	Address Type	Since	Date Reported	Data Source	Applicant Identifier
1	134 DOMINION BV COLUMBUS, OH 43214	Former		03-96	TUC	APP1
2	134 E DOMINION BV COLUMBUS, OH 43214-2756	Former		07-95	TUC	APP2
3	3497 FAR HILLS AV KETTERING, OH 45429-2517	Current	01-93	03-20	EFX XPN TUC	APP1
4	3497 FAR HILLS AV KETTERING, OH 45429-2517	Current	01-93	03-20	EFX XPN TUC	APP2
5	SEE NOTES DAYTON, OH 45429	Former	09-10	07-12	XPN	APP1
6	SEE NOTES DAYTON, OH 45429	Former	09-10	09-10	XPN	APP2
7	2131 SOUTHWAY DR KETTERING, OH	Former	10-96	01-14	EFX	APP1
8	2131 SOUTHWAY DR KETTERING, OH	Former	10-96	01-14	EFX	APP2
9	125 SPRING LAKE DR HLS ALTAMONTE SPRINGS, FL 32714-3443	Former	11-09	01-14	EFX XPN TUC	APP1
10	125 SPRING LAKE HLS ALTAMONTE SPRINGS, FL 32714	Former	11-09	01-14	EFX	APP2
11	HLS DAYTON, OH 45429	Former	08-10	08-10	XPN	APP2
12	125 SPRING LAKE HILLS DR ALTAMONTE SPRINGS, FL 32714-3443	Former		12-09	TUC	APP2

Fraud Check Information - Check general comments section below

Borrower:	- FACTA: Risk Score Value - Number of Inquiries Adversely Affected the Score
Borrower: Other	- IDENTITY SCAN DID NOT DETECT ANY ALERTS
Borrower: Other	- SSN ISSUED 1964 IN OH
Borrower: Equifax	- SSN Matches
CoBorrower: Other	- IDENTITY SCAN DID NOT DETECT ANY ALERTS
CoBorrower: Other	- SSN ISSUED 1970 IN OH
CoBorrower: Equifax	- SSN Matches
Borrower:	- FACTA: Address Discrepancy - Substantial difference between the address submitted in the credit request and the address(es) in the credit file. VERIFY IDENTITY OF CONSUMER BEFORE GRANTING CREDIT.
Borrower: Other	- CKPT: RETAIL TRADE BUSINESS ON FACS+ FILE/CUMMINS & ASSOCS TLMNCTN/3497 FAR HILLS AVE/DAYTON OH 45429
Borrower: Other	- SINCE 12-01-2019 THE SSN HAS BEEN USED 0 TIMES IN OTHER INQUIRIES
Borrower: Other	- SINCE 12-01-2019 THE ADDRESS HAS BEEN USED 0 TIMES IN OTHER INQUIRIES
Borrower: Other	- THE FIRST YEAR THIS SSN COULD HAVE BEEN ISSUED IS 1963
Borrower: Other	- THE LAST YEAR THIS SSN COULD HAVE BEEN ISSUED IS 1965
Borrower: Other	- INQUIRY ADDRESS: NON-RESIDENTIAL
Borrower: Experian	- SSN Matches
CoBorrower:	- FACTA: Address Discrepancy - Substantial difference between the address submitted in the credit request and the address(es) in the credit file. VERIFY IDENTITY OF CONSUMER BEFORE GRANTING CREDIT.
CoBorrower: Other	- CKPT: RETAIL TRADE BUSINESS ON FACS+ FILE/CUMMINS & ASSOCS TLMNCTN/3497 FAR HILLS AVE/DAYTON OH 45429
CoBorrower: Other	- SINCE 12-01-2019 THE SSN HAS BEEN USED 0 TIMES IN OTHER INQUIRIES
CoBorrower: Other	- SINCE 12-01-2019 THE ADDRESS HAS BEEN USED 0 TIMES IN OTHER INQUIRIES
CoBorrower: Other	- THE FIRST YEAR THIS SSN COULD HAVE BEEN ISSUED IS 1969
CoBorrower: Other	- THE LAST YEAR THIS SSN COULD HAVE BEEN ISSUED IS 1971
CoBorrower: Other	- INQUIRY ADDRESS: NON-RESIDENTIAL
CoBorrower: Experian	- SSN Matches
Borrower:	- FACTA: Risk Score Value - Number of Inquiries Adversely Affected the Score
Borrower: TUC Hawk Alert	- AVAILABLE AND CLEAR
Borrower: TransUnion	- SSN Matches
CoBorrower: TUC Hawk Alert	- AVAILABLE AND CLEAR
CoBorrower: TransUnion	- SSN Matches

Public Record Items

No public records for Bankruptcies, Judgments, or Federal Tax Liens were found

Credit History													
E C O A	CREDIT GRANTOR		DATE REPORTED	DATA Accounts With Balances		PRESENT STATUS			HISTORICAL STATUS				
	ACCOUNT NUMBER	REMARKS		DATE LAST OPENED	HIGHEST CREDIT (OR LIMIT)	BALANCE OWING	PAYMENT AMOUNT	AMT PAST DUE	ACCOUNT TYPE DURATION	MO'S REVD	30-59 DAYS	60-89 DAYS	90+ OVER
	REPOSITORY		DATE CLOSED >DELINQUENT										
J-2	PHH MORTGAGE SERVICES 9548010679572 REAL ESTATE MORTGAGE CONVENTIONAL MORTGAGE FIXED RATE Equifax, Experian, TransUnion	2020-02	2020-02 2003-06-04	139400	102716	825	0	Real Estate 372 Months	25	0	0	0	
C-7	FED LOAN SERVICING 5310871175FD00001 MAKER ACCOUNT STUDENT LOAN FIXED RATE Equifax, Experian, TransUnion	2020-01	2020-01 2010-10-12	25000	36552	292	0	Installment 300 Months	84	0	0	0	
J-1	STANDARD REGISTER FCU 5599300144 AUTO LOAN FIXED RATE Equifax, Experian, TransUnion	2020-02	2020-02 2018-08-16	19266	13806	347	0	Installment 60 Months	19	0	0	0	
J-1	FNB OMAHA 21546846629 CREDIT CARD AUTHORIZED USER ACCOUNT Equifax, Experian, TransUnion	2020-03	2020-03 2018-09-01	7600	7590	196	0	Revolving	19	0	0	0	
B-1	FIFTH THIRD BANK, N. 541413567067 FLEXIBLE SPENDING CREDIT CARD Equifax, Experian, TransUnion	2020-02	2020-02 2019-09-17	8500	6974	71	0	Revolving	6	0	0	0	
J-1	THD/CBNA 603532079069 CHARGE AUTHORIZED USER ACCOUNT Experian, Equifax, TransUnion	2020-03-10	2020-03-05 2016-08-21	10500	5405	55	0	Revolving	43	0	0	0	
J-1	STANDARD REGISTER FCU 5599300145 AUTO LOAN FIXED RATE Equifax, Experian, TransUnion	2020-02	2020-02 2019-01-14	5255	4062	120	0	Installment 48 Months	14	0	0	0	
J-1	AMERICAN EXPRESS -349992736387 AUTHORIZED USER ACCOUNT CREDIT CARD Equifax, Experian, TransUnion	2020-03	2020-03 2019-09-04	4000	3947	78	0	Revolving	7	0	0	0	
J-1	CITIZENS BANK 524038001365 CREDIT CARD AUTHORIZED USER ACCOUNT Equifax, Experian, TransUnion	2020-02	2020-02 2019-03-08	3000	2669	30	0	Revolving	12	0	0	0	
B-1	SYNCB/CARE CREDIT 601918328894 CHARGE Equifax, Experian, TransUnion	2020-02	2020-02 2014-07-29	2500	1051	35	0	Revolving	39	0	0	0	
J-1	BARCLAYS BANK DELAWARE 00028375216 FLEXIBLE SPENDING CREDIT CARD AUTHORIZED USER ACCOUNT Equifax, Experian, TransUnion	2020-02	2020-02 2017-03-15	5000	353	27	0	Revolving	36	0	0	0	
C-1	THD/CBNA 603532097865 CHARGE Equifax, Experian, TransUnion	2020-02	2020-02 2019-10-20	6000	225	28	0	Revolving	5	0	0	0	
J-1	JPMCB - CARD SERVICE 42668415 CREDIT CARD AUTHORIZED USER ACCOUNT	2020-03	2020-03 2017-03-09	4400	7	7	0	Revolving	36	0	0	0	

Equifax, Experian, TransUnion													
13 ACCOUNTS				\$185357	\$2111	\$0			0	0	0		
Credit History													
CREDIT GRANTOR			DATE LAST ACTIVITY	PRESENT STATUS				HISTORICAL STATUS					
E C O A	ACCOUNT NUMBER	DATE REPORTED	HIGHEST CREDIT (OR LIMIT)	BALANCE OWING	PAYMENT AMOUNT	AMT PAST DUE	ACCOUNT TYPE	TIMES PAST DUE					
	REMARKS	DATE LAST >DELINQUENT	DATE OPENED				DURATION	MO's REVD	30-59 DAYS	60-89 DAYS	90+ DAYS OVER		
REPOSITORY													
B-1	BROOKS BROTHERS/CBNA 603536702512 CHARGE Equifax, Experian, TransUnion	2020-03-09	CLOSED 2019-10 2019-05-28	1200	0	0	0	Revolving	11	0	0	0	
J-1	CAPITAL ONE/CABELAS \$46325915785 CREDIT CARD AUTHORIZED USER ACCOUNT Equifax, Experian, TransUnion	2020-02-17	2019-08 2018-02-19	3000	0	0	0	Revolving	25	0	0	0	
J-2	CAPITAL ONE / ELDER 211504-100282 ACCT TRANSFERRED ACCT PURCHASED BY ANOTHER LENDER CLOSED Equifax, Experian, TransUnion	2012-07-24	2012-06 1991-09-24 2012-07	605	0	0	0	Revolving	84	0	0	0	
B-1	CAPITAL ONE BANK USA N 41470984 FLEXIBLE SPENDING CREDIT CARD Equifax, Experian, TransUnion	2020-03-05	2020-02 2018-10-08	10000	0	0	0	Revolving	18	0	0	0	
J-1	CAPITAL ONE BANK USA N 51780585 CLOSED BY CONSUMER CREDIT CARD CLOSED AUTHORIZED USER ACCOUNT Equifax, Experian, TransUnion	2018-09-17	2018-08 2015-10-21 2018-09	3500	0	0	0	Revolving	35	0	0	0	
J-1	CAPITAL ONE BANK USA N 51780599 CLOSED BY CONSUMER CREDIT CARD CLOSED AUTHORIZED USER ACCOUNT Equifax, Experian, TransUnion	2018-09-13	2018-07 2014-06-30 2018-09	3000	0	0	0	Revolving	51	0	0	0	
J-2	COMENITYBANK/ELDERBEER 211720000224 PAID CLOSED BY CREDITOR Equifax, Experian, TransUnion	2018-09-08	2018-07 1991-09-24 2017-05	3000	0	0	0	Revolving	74	0	0	0	
C-1	COMENITY BANK/EXPRESS 18156690809 PAID CLOSED BY CREDITOR Equifax, Experian, TransUnion	2018-05-05	2015-01 2002-08-18 2018-04	950	0	0	0	Revolving	84	0	0	0	
B-1	CREDIT ONE BANK NA 444796241053 CLOSED BY CONSUMER PAID CONSUMER COUNSELING Equifax, Experian, TransUnion	2018-10-09	2018-07 2014-07-30 2018-03	2500	0	0	0	Revolving	51	0	0	0	
C-1	CREDIT ONE BANK NA 444796225736 CLOSED BY CONSUMER PAID CONSUMER COUNSELING Equifax, Experian, TransUnion	2018-10-09	2018-07 2014-07-30 2018-03	2150	0	0	0	Revolving	51	0	0	0	
B-5	FIRSTMARK/KEYBANK 2172478 CO-MAKER ACCOUNT PAID STUDENT LOAN CLOSED Equifax, Experian, TransUnion	2019-06-01	2019-04 2004-07-21 2019-04-30	12000	0	0	0	Installment 0 Months	25	0	0	0	

B-5	FIRSTMARK/KEYBANK 2172458 CO-MAKER ACCOUNT PAID STUDENT LOAN CLOSED Equifax, Experian, TransUnion	2019-06-01	2019-04 2006-01-17	5000	0	0	0	Installment 0 Months	25	0	0	0
B-5	FIRSTMARK/KEYBANK 2172435 CO-MAKER ACCOUNT PAID STUDENT LOAN CLOSED Equifax, Experian, TransUnion	2019-06-01	2019-04 2005-06-23	5000	0	0	0	Installment 0 Months	25	0	0	0
B-1	GLESLI/KEY EDUCATION R 73415000009881 ACCT TRANSFERRED STUDENT LOAN CLOSED Equifax, Experian, TransUnion	2018-06-30	2018-05 2004-08-16	22000	0	0	0	Installment 0 Months	84	0	0	0
J-1	JPMCB - CARD SERVICE 42668415 AUTHORIZED USER ACCOUNT CREDIT CARD Equifax, Experian, TransUnion	2020-03-06	2018-10-08	3300	0	0	0	Revolving	18	0	0	0
J-2	KOHL'S/CAPITAL ONE 639305019626 PAID CHARGE CLOSED Equifax, Experian, TransUnion	2018-08-14	2018-07 1994-09-17	3000	0	0	0	Revolving	84	0	0	0
B-1	KOHL'S/CAPITAL ONE 639305078548 DISPUTE RESOLVED - CONSUMER DISAGREES PAID ACCOUNT CLOSED DUE TO INACTIVITY Equifax, Experian, TransUnion	2018-06-05	2015-05 2015-04-11	300	0	0	0	Revolving	38	0	0	0
B-1	KOHL'S/CAPONE 639305018618 CLOSED BY CREDITOR PAID Experian	2012-03-14	1995-05-13 2012-03-01	100	0	0	0	Revolving	1	0	0	0
J-2	MACY'S/DSNB 42404758 CLOSED BY CONSUMER PAID Equifax, Experian, TransUnion	2019-12-31	2018-07 1989-07-01	600	0	0	0	Revolving	84	5	0	0
C-1	NAVIENT 99464322371000120070810 PAID STUDENT LOAN FIXED RATE CLOSED Equifax, Experian, TransUnion	2017-08-31	2017-07 2007-08-10	6000	0	0	0	Installment 0 Months	84	0	0	0
B-1	NWIDE RECVRY 505 CREDITOR SETTLED FOR LESS THAN AMOUNT DUE TransUnion	2019-01-06	2018-10-19 2016-12-12	66	0	0	0	Unknown	26			0
J-2	OCWEN LOAN SERVICING 359057741 ACCT TRANSFERRED REAL ESTATE MORTGAGE Equifax, Experian, TransUnion	2019-06-01	2019-05 2003-06-04	139400	0	0	0	Real Estate 0 Months	70	2	0	0
J-2	OCWEN LOAN SERVICING L 359057741 ACCT TRANSFERRED REAL ESTATE MORTGAGE Equifax, Experian	2013-08-31	2013-07 2003-06-04	139400	0	0	0	Real Estate 0 Months	84	0	0	0
J-1	SEARS/CBNA 50499480	2016-10-21	2006-06 2002-06-21	1700	0	0	0	Revolving	25	0	0	0

ACCOUNT SUMMARY

Credit History

<https://losmax.jpmchase.net/cgi/max/credit-banker-jump.html?webSesID=dckffb1ckazllHl...> 3/10/2020

										2017-09		
										2017-08		
										2017-07		
J-2	CLOSED BY CONSUMER											
	OCWEN LOAN SERVICING	2019-05						Real Estate				
	359057741								2	0	0	
	ACCT TRANSFERRED	2019-06-01	2003-06-04	139400	0	0	0	0 Months	70	2015-01		
	REAL ESTATE MORTGAGE									2014-12		
	ACCT TRANSFERRED											
B-1	NWIDE RECVRY	2018-10-19						Unknown				
	505											
	CREDITOR SETTLED FOR LESS THAN AMOUNT DUE	2019-01-06	2016-12-12	66	0	0	0		26			0
	CREDITOR SETTLED FOR LESS THAN AMOUNT DUE											
	3 ACCOUNTS				\$0	\$0	\$0			7	0	0

Credit Report Was Accessed Within The Last 360 Days

CITIZENSBK 2019-03-19
 CBNA 2019-08-24
 FIFTH THIRD 2019-09-17
 JPMCB HL 2020-03-10

BBROS/CBNA 2019-05-28
 AMEX 2019-09-03
 CBNA/THD 2019-10-20

GLOSSARY

ECOA Coding

0: (ECOA Undesignated) Account
 1: Individual Account for Individual Use
 2: Joint Account with Contractual Liability
 3: Authorized User Account
 4: Joint Authorized User or Contractual Liability on Account
 5: Co-maker on Account
 6: Signed Application on Behalf of Another on Account
 7: Maker on Account
 8: Account in Name of a Coborrower
 9: Association with Account Terminated

ECOA Prefix Coding

B: Information is Associated with Borrower
 C: Information is Associated with Co-Borrower
 J: Information is Joint between Borrower and Co-Borrower

90 Day Delinquency Superscript Coding

WEP: Making Regular Payments or Wage Earner Plan
 FOR: Derogatory, Repossession, Foreclosure
 COL: Derogatory, Collection, Charge Off, Claim
 AAD: As Agreed
 NEW: Too New

Source Repository Types

MergedData: Information for tradeline was blended from multiple repositories.

Identification Variance(s) on In-File

Borrower

MICHAEL J CUMMINS
 DOB:: 1957-01-15
 3497 FAR HILLS AV, KETTERING, OH 45429-2517
 2131 SOUTHWAY DR, KETTERING, OH
 125 SPRING LAKE DR HLS, ALTAMONTE SPRINGS, FL 32714-3443

Coborrower

MARY T CUMMINS
 DOB:: 1959-08-12
 3497 FAR HILLS AV, KETTERING, OH 45429-2517
 2131 SOUTHWAY DR, KETTERING, OH
 125 SPRING LAKE HLS, ALTAMONTE SPRINGS, FL 32714

Borrower

MICHAEL J CUMMINS
 DOB:: 1957-01-15
 SEE NOTES, DAYTON, OH 45429

Coborrower

MARY T CUMMINS
 DOB:: 1959-08-12
 SEE NOTES, DAYTON, OH 45429
 125 SPRING LAKE HLS, DAYTON, OH 45429

Borrower

MICHAEL J CUMMINS
 DOB:: 1957-01-15
 134 DOMINION BV, COLUMBUS, OH 43214

Coborrower

MARY T CUMMINS
 DOB:: 1959-08-12
 134 DOMINION BV, COLUMBUS, OH 43214-2756
 125 SPRING LAKE HILLS DR, ALTAMONTE SPRINGS, FL 32714-3443

Credit Bureau Contacts

Equifax

P.O. Box 105873
Atlanta, GA 30348
Phone: 800-685-1111
Other: www.equifax.com

Experian

P.O. Box 2002
Allen, TX 75013
Phone: 888-397-3742
Other: www.experian.com

TransUnion

2 Baldwin Place, P.O. Box 1000
Chester, PA 19022
Phone: 800-888-4213
Other: www.transunion.com

DISCLOSURE

This report contains information supplied by the repositories named above. Its contents have not been verified and may contain duplicate information. While this report is being used for some real estate lending purposes, it is not a Residential Mortgage Credit Report as defined by FNMA, FHLMC, and FHA/VA guidelines. This report is intended only for the use of the individual or entity to which it is addressed. This report may contain legally privileged and/or confidential information. Any unauthorized use, disclosure, reproduction, or distribution is prohibited. If you are not the intended recipient, please delete/destroy the original and any copies.

Chase Version: 1.1

Exhibit C-8 "Bankruptcy Information"

Cummins & Associates Telecommunications has never filed bankruptcy nor has Michael J. Cummins.

Exhibit C-9 "Merger Information"

Cammins & Associates Telecommunications has never participated in a mergers.

Exhibit C-10 "Corporate Structure"

Creamins & Associates Telecommunications is a Sole Proprietor and therefore there is no corporate structure.