

Section A: Application Information

Section B: Applicant Managerial Capability and Experience

Section C: Applicant Financial Capability and Experience

C-2. Financial statements

Provide copies of the applicant's two most recent years of audited financial statements, including a 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, provide 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 bank account numbers redacted**.

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

Section D: Applicant Technical Capacity



Public Utilities
Commission

Application Attachments

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Chris D** Last name: **Smith** Your social security number: [REDACTED]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: [REDACTED] Last name: **Smith** Spouse's social security number: [REDACTED]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care covering or exempt (see inst.)

☐ Spouse is blind ☐ Spouse receives on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign: (see inst.) ☒ Yes ☒ No ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule F. **Springboro OH 45066**

If more than four dependents, see inst. and 4 here: ☐

Dependents (see instructions)

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) Child tax credit	(e) Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Your occupation

Managing Director

Spouse's signature, if a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name

Preparer's signature

PTIN

Form's PIN

Check if:

☐ Not a preparer☐ Self-employedFirm's name ☒ Self-prepared

Phone no.

Firm's address

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

Form 1040 (2018)

Form 1040 (2018)

Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	20,355
2a	Tax-exempt interest	0
2b	Qualified dividends	1,472
3a	IRA, pension, and annuities	0
3b	Social security benefits	0
4	Total income. Add lines 1 through 3b. All any amount from Schedule 1, line 22	21,827
5	Adjusted gross income. If you have no adjustments to income, enter the amount from line 4. Otherwise, subtract Schedule 1, line 20, from line 4	21,827
6	Standard deduction or itemized deductions (from Schedule 1)	12,000
7	Qualified business income deduction (from Schedule 1)	0
8	Taxable income. Subtract lines 6 and 7 from line 5. If zero or less, enter -0-	9,827
9	Is Tax-exempt interest (line 2a) more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
10	Is Tax-exempt interest (line 2a) more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
11	Is Tax-exempt interest (line 2a) more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
12	Is Tax-exempt interest (line 2a) more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
13	Is Tax-exempt interest (line 2a) more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
14	Other taxes. Attach Schedule 1	0
15	Total tax. Add lines 13 and 14	0
16	Federal income tax withheld from Forms W-2 and 1099	503
17	Refundable credits. See instructions. Form 8871 3,000	3,000
18	Add lines 15 and 17. These are your total payments	3,003
19	Is line 18 more than line 16? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1,503
20	Amount of line 18 you want refunded to you. If Form 8879 is checked, check here	1,503
21	Refund number	
22	Account number	
23	Amount of line 18 you want applied to your 2019 estimated tax	0
24	Amount you owe. Subtract line 23 from line 19. For details on how to pay, see instructions	0
25	Estimated tax penalty (see instructions)	0

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0047

2018
Attachment
Sequence No. **01**

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

Chris D & Michelle T Smith

Your social security number

**Additional
Income**

1-99 Reserved
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
14 Other gains or (losses). Attach Form 4797
15a Reserved
16a Reserved
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Reserved
21 Other income. List type and amount ▶
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

1-0b
10 0
11
12 -54,648
13 3,227
14
15b
16b
17
18
19
20b
21
22 -51,421

**Adjustments
to Income**

23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106
25 Health savings account deduction. Attach Form 8889
26 Moving expenses for members of the Armed Forces. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid to Recipient's SSN ▶
32 IRA deduction
33 Student loan interest deduction
34 Reserved
35 Reserved
36 Add lines 23 through 35

23
24
25
26
27
28
29
30
31a
32
33
34
35
36

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

Schedule 1 (Form 1040) 2018

REV 12/18 1710

SCHEDULE C
(Form 1040)
Profit or Loss From Business

(Sole Proprietorship)

DMS No. 1545-0074

2018

 Attachment
 Sequence No. **09**

 Department of the Treasury
 Internal Revenue Service (IRS)

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

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Chris D Smith

Social security number (SSN)

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

Solar Power, Energy Efficiency, and Energy Rate Optimization

B Enter code from instructions

▶ 15 41 610 10

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

Lighthouse Power Partners

D Employer ID number (EIN) (see instructions)

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

City, town or post office, state, and ZIP code Springboro, OH 45066

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 Form(s) 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 or Form W-2 and the "Statutory employee" box on that form was checked.

 ▶ ☐ 65,634

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 65,634

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5 65,634

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 65,634

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

8 4,511

9 Car and truck expenses (see instructions)

9 3,980

10 Commissions and fees

10 6,226

11 Contract labor (see instructions)

11 21,150

12 Depreciation

12

13 Depreciation and Section 179 expense deduction (not included in Part III; see instructions)

13

14 Employee benefit programs (other than on line 13)

14

15 Insurance (other than health)

15

16 Interest (see instructions)

16

17a Mortgage (paid to banks, etc.)

17a

b Other

17b

17 Legal and professional services

17 5,009

18 Office expense (see instructions)

18 608

19 Pension and profit-sharing plans

19

20 Rent or lease (see instructions):

20a

a Vehicles, machinery, and equipment

20a 20,155

b Other business property

20b

21 Repairs and maintenance

21 720

22 Supplies (not included in Part III)

22 24,491

23 Taxes and licenses

23 621

24 Travel and meals

24

a Travel

24a 845

b Deductible meals (see instructions)

24b

25 Utilities

25 6,055

26 Wages (less employment credits)

26 1,929

27a Other expenses (from line 48)

27a 12,267

b Reserved for future use

27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

28 116,667

29 Tentative profit or loss. Subtract line 28 from line 7

29 -50,633

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

• If a profit, enter on both Schedule C (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 C (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 8988. Your loss may be limited.

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

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)		► 01/30/2012
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	18,195	b Commuting (see instructions)
			c Other 4,805
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
47a	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.

Apps/software/web services	145.
Computers	197.
Furniture	623.
Other business expenses	10,861.
Other tools and equipment	113.
Phone	328.
48 Total other expenses. Enter here and on line 27a	12,267.

Filing Status

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. **▶**

Your first name and middle initial Chris D		Last name Smith	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial [REDACTED]		Last name [REDACTED]	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no. [REDACTED]
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Springboro OH 45066-8112			
Foreign country name [REDACTED]		Foreign province/state/country [REDACTED]	Foreign postal code [REDACTED]
Standard Deduction Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual status alien			Presidential Election Campaign Check here if you, if your spouse if MFS jointly, want \$3 to go to the fund. Checking a box below will not change your tax status. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions)		(2) Social security number	(3) Relationship to you	(4) <input type="checkbox"/> If qualifies for (see instructions): Child tax credit Credit for other dependents	
(1) First name	Last name			Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	8,190
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	504
4a	IRA distributions	4b	
5a	Pensions and annuities	5b	
6a	Social security benefits	6b	
7a	Capital gain or loss. Attach Schedule D if required. If not required, check here	7b	15,050
8a	Other income from Schedule 1, line 9	8b	29,614
9a	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7b, and 8b. This is your total income	9b	5,281
10a	Adjusted taxable income from Schedule 1, line 22	10b	5,281
11a	Subtract line 10a from line 9b. This is your adjusted gross income	11b	24,400
12	Standard deduction or itemized deductions from Schedule 1	12	0
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13a	24,400
14a	Add lines 11 and 12	14b	24,400
15	Taxable income. Subtract line 13a from line 14b. If zero or less, enter 0.	15	0

Standard Deduction for:
 • Single or Married filing jointly: \$12,000
 • Married filing jointly or Qualifying widow(er): \$14,000
 • Head of household: \$13,000
 • If you checked any box under Standard Deduction, see instructions.

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

12a Tax (see inst.) Check if any from Form(s): <input type="checkbox"/> 6514 <input type="checkbox"/> 4572 <input type="checkbox"/> <input type="checkbox"/>	12a	0.
b Add Schedule 2, line 3, and line 12a and enter the total	12b	0.
13a Child tax credit or credit for other dependents	13a	0.
b Add Schedule 3, line 7, and line 13a and enter the total	13b	0.
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16 Add lines 14 and 15. This is your total tax	16	0.
17 Federal income tax withheld from Forms W-2 and 1099	17	

If you have a qualifying child, attach Form 8832. If you have a nonqualifying child, pay, see instructions.

18 Other payments and refundable credits		
a Earned income credit (EIC)	18a	
b Additional child tax credit. Attach Schedule 6812	18b	
c American opportunity credit from Form 8863, line 8	18c	1,000.
d Schedule 3, line 14	18d	
e Add lines 18a through 18d. These are your total other payments and refundable credits	18e	1,000.
19 Add lines 17 and 18e. These are your total payments	19	1,000.

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,000.
21a Amount of line 20 you want refunded to you. If Form 8879 is attached, check here <input type="checkbox"/>	21a	1,000.
b Routing number <input type="checkbox"/>	21b	
c Account number <input type="checkbox"/>	21c	

22 Amount of line 20 you want applied to your 2020 estimated tax	22	
23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24 Estimated tax penalty (see instructions)	24	

Amount You Owe	23	
-----------------------	-----------	--

Third Party Designee	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No
-----------------------------	---

Designee's name <input type="checkbox"/>	Phone no. <input type="checkbox"/>	Personal identification number (PIN) <input type="checkbox"/>
--	------------------------------------	---

Sign Here	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 <input type="checkbox"/>	Date <input type="checkbox"/>	Your occupation <input type="checkbox"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>
---	-------------------------------	--	--

Taxpayer's signature. If a joint return, both must sign <input type="checkbox"/>	Date <input type="checkbox"/>	Taxpayer's occupation <input type="checkbox"/>	If the IRS sent you a taxpayer ID number, enter it here (see inst.) <input type="checkbox"/>
--	-------------------------------	--	--

Phone no. <input type="checkbox"/>	Email address <input type="checkbox"/>
------------------------------------	--

Preparer's name <input type="checkbox"/>	Preparer's signature <input type="checkbox"/>	Date <input type="checkbox"/>	PTIN <input type="checkbox"/>	Check <input type="checkbox"/>
--	---	-------------------------------	-------------------------------	--------------------------------

Firm's name is <input type="checkbox"/>	Phone no. <input type="checkbox"/>	Firm's city is <input type="checkbox"/>
---	------------------------------------	---

Paid Preparer Use Only	Firm's name is <input type="checkbox"/>	Phone no. <input type="checkbox"/>	Firm's city is <input type="checkbox"/>
-------------------------------	---	------------------------------------	---

Go to www.irs.gov/form1040 for instructions and the latest information.	BAA	REV 03/2019 TTD	Form 1040 (2019)
---	-----	-----------------	------------------

SCHEDULE 1

(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0047

2019Attachment
Sequence No. 01Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

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

Name(s) shown on Form 1040 or 1040-SR

Chris D & [REDACTED] Smith

Your social security number

[REDACTED]

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-29,034
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-29,034

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

REV 05/2019 TTD

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)
Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

2019
 Attachment
 Sequence No. **09**
Department of the Treasury
Internal Revenue Service (IRS)Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Social security number (SSN)

Chris D Smith

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

Solar Power, Energy Efficiency, and Energy Rate Optimization

B Enter code from instructions

5 4 1 6 0 0

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

Lighthouse Power Partners

D Employer ID number (EIN) (see instructions)**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code Springboro, OH 45066-6112

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here ☐ Yes ☒ No**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 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 employees" box on that form was checked <input type="checkbox"/>	1	49,161.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	49,161.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	49,161.
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	49,161.

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

8 Advertising	8	5,861.	18 Office expense (see instructions)	18	255.
9 Car and truck expenses (see instructions)	9	5,721.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	3,580.	20 Rent or lease (see instructions)	20	
11 Contract labor (see instructions)	11	0.	a Vehicles, machinery, and equipment	20a	
12 Depreciation	12		b Other business property	20b	18,538.
13 Depreciation and section 179 expense deduction (not included in Part III (see instructions))	13		21 Repairs and maintenance	21	679.
14 Employee benefit programs (other than on line 16)	14		22 Supplies (not included in Part III)	22	11,678.
15 Insurance (other than health)	15		23 Taxes and licenses	23	0.
16 Interest (see instructions)	16		24 Travel and meals	24	
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	95.
b Other	16b		b Deductible meals (see instructions)	24b	2,744.
17 Legal and professional services	17	9,000.	25 Utilities	25	5,600.
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	9,364.
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		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 or 1040-SR), line 3 (or Form 1040-NR, 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. 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 or 1040-SR), line 3 (or Form 1040-NR, 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.	31				

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

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) 01/30/2012
- 44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
- a Business 16,121 b Commuting (see instructions) _____ c Other _____ 0
- 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
- 47a 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.

Other items needed to complete projects	9,364
---	-------

- | | | | |
|----|--|----|-------|
| 48 | Total other expenses. Enter here and on line 27a | 40 | 9,364 |
|----|--|----|-------|

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

7/22/2020 10:09:45 PM

in

Case No(s). 16-0661-EL-AGG

Summary: In the Matter of the Application of Lighthouse Power Partners, LLC