

**DIS Case Number: 19-1080-EL-AGG**

## 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

### **C-3. Forecasted financial statements**

Provide two years of forecasted income statements **based solely on the applicant's anticipated business activities in the state of Ohio**.

Include the following information with the forecast: a list of assumptions used to generate the forecast; a statement indicating that the forecast is based solely on Ohio business activities only; and the name, address, email address, and telephone number of the preparer of the forecast.



## Public Utilities Commission

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods. Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in **business activities only in the state of Ohio** for those periods.

If the applicant is filing for both an electric certificate and a natural gas certificate, please provide a separate and distinct forecast for revenues and expenses representing Ohio electric business activities in the application for the electric certificate and another forecast representing Ohio natural gas business activities in the application for the natural gas certificate.

File(s) attached

### Section D: Applicant Technical Capacity

# Application Attachments

# US Energy Consulting Group LLC

Date: 1 July 2023

Income Statement	Period	Period
Ohio Electricity	July 2023 - July 2024	July 2024 - July 2025
Revenue		
Sales Revenue	\$360,000.00	\$600,000.00
Service Revenue	-	-
Interest Revenue	-	-
Total Revenue & Gains	\$360,000.00	\$600,000.00
Expenses		
Commissions	\$275,000.00	\$420,000.00
Payroll Taxes	\$15,000.00	\$20,000.00
Loss	\$3,500.00	\$5,000.00
Travel	\$2,500.00	\$5,000.00
Total Expenses	\$296,000.00	\$450,000.00
Income before tax	\$64,000.00	\$150,000.00
Income tax expense		
Net Profit (Loss)	\$64,000.00	\$150,000.00

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

2022

For calendar year 2022 or tax year beginning , ending

<b>A</b> S election effective date 01/01/2013	<b>TYPE OR PRINT</b>	Name US ENERGY CONSULTING GROUP LLC	<b>D</b> Employer identification number 27-3768864
<b>B</b> Business activity code number (see instructions) 812990		Number, street, and room or suite no. If a P.O. box, see instructions. 9355 113TH STREET 4991	<b>E</b> Date incorporated 10/07/2010
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town SEMINOLE State FL ZIP code 33772-	<b>F</b> Total assets (see instructions) \$ 3,514
		Foreign country name Foreign province/state/country Foreign postal code	

**G** Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

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

**I** Enter the number of shareholders who were shareholders during any part of the tax year . . . . . 1


**J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b> 155,719	
	<b>b</b> Returns and allowances . . . . .	<b>1b</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a . . . . .		<b>1c</b> 155,719
	<b>2</b> Cost of goods sold (attach Form 1125-A) . . . . .		<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .		<b>3</b> 155,719
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .		<b>4</b>
<b>Deductions (see instructions for limitations)</b>	<b>5</b> Other income (loss) (see instructions—attach statement) . . . . .		<b>5</b>
	<b>6</b> Total income (loss). Add lines 3 through 5 . . . . .		<b>6</b> 155,719
	<b>7</b> Compensation of officers (see instructions — attach Form 1125-E) . . . . .		<b>7</b> 12,000
	<b>8</b> Salaries and wages (less employment credits) . . . . .		<b>8</b>
	<b>9</b> Repairs and maintenance . . . . .		<b>9</b>
	<b>10</b> Bad debts . . . . .		<b>10</b>
	<b>11</b> Rents . . . . .		<b>11</b>
	<b>12</b> Taxes and licenses . . . . .		<b>12</b>
	<b>13</b> Interest (see instructions) . . . . .		<b>13</b>
	<b>14</b> Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .		<b>14</b>
	<b>15</b> Depletion (Do not deduct oil and gas depletion.) . . . . .		<b>15</b>
<b>Tax and Payments</b>	<b>16</b> Advertising . . . . .		<b>16</b> 1,700
	<b>17</b> Pension, profit-sharing, etc., plans . . . . .		<b>17</b>
	<b>18</b> Employee benefit programs . . . . .		<b>18</b>
	<b>19</b> Other deductions (attach statement) . . . . .		<b>19</b> 78,388
	<b>20</b> Total deductions. Add lines 7 through 19 . . . . .		<b>20</b> 92,088
	<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6 . . . . .		<b>21</b> 63,631
	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions) . . . . .	<b>22a</b>	
	<b>b</b> Tax from Schedule D (Form 1120-S) . . . . .	<b>22b</b>	
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes) . . . . .		<b>22c</b>
	<b>23a</b> 2022 estimated tax payments and 2021 overpayment credited to 2022 . . . . .	<b>23a</b>	
	<b>b</b> Tax deposited with Form 7004 . . . . .	<b>23b</b>	
<b>c</b> Credit for federal tax paid on fuels (attach Form 4136) . . . . .	<b>23c</b>		
<b>d</b> Add lines 23a through 23c . . . . .		<b>23d</b>	
<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>		<b>24</b>	
<b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed . . . . .		<b>25</b>	
<b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid . . . . .		<b>26</b>	
<b>27</b> Enter amount from line 26: Credited to 2023 estimated tax Refunded . . . . .		<b>27</b>	

**Sign Here**

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

Signature of Officer  Date 07/16/2023 Title President

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☒ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name LEWIS S GRUTMAN	Preparer's signature	Date 07/16/2023	Check <input type="checkbox"/> if self-employed	PTIN P00125119
	Firm's name TAX SAVERS INC			Firm's EIN 59-3607878	
	Firm's address 1168 JASPER ST			Phone no. 727-585-5616	
	City LARGO State FL			ZIP code 33770	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120-S (2022)



Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .		X
	If "Yes," enter the amount of principal reduction . . . . . \$ . . . . .		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		X
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099? . . . . .	X	
b	If "Yes," did or will the corporation file required Form(s) 1099? . . . . .	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		X
	If "Yes," enter the amount from Form 8996, line 15 . . . . . \$ . . . . .		

Schedule K Shareholders' Pro Rata Share Items		Total amount		
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21) . . . . .	1	63,631	
	2 Net rental real estate income (loss) (attach Form 8825) . . . . .	2		
	3a Other gross rental income (loss) . . . . . 3a			
	b Expenses from other rental activities (attach statement) . . . . . 3b			
	c Other net rental income (loss). Subtract line 3b from line 3a . . . . . 3c			
	4 Interest income . . . . . 4			
	5 Dividends: a Ordinary dividends . . . . . 5a			
	b Qualified dividends . . . . . 5b			
	6 Royalties . . . . . 6			
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . 7			
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . 8a			
	b Collectibles (28%) gain (loss) . . . . . 8b			
	c Unrecaptured section 1250 gain (attach statement) . . . . . 8c			
	9 Net section 1231 gain (loss) (attach Form 4797) . . . . . 9			
	10 Other income (loss) (see instructions) . . . . . Type: . . . . . 10			
	11 Section 179 deduction (attach Form 4562) . . . . . 11			
	12a Charitable contributions . . . . . 12a			
Credits	b Investment interest expense . . . . . 12b			
	c Section 59(e)(2) expenditures . . . . . Type: . . . . . 12c			
	d Other deductions (see instructions) . . . . . Type: . . . . . 12d			
	13a Low-income housing credit (section 42(j)(5)) . . . . . 13a			
	b Low-income housing credit (other) . . . . . 13b			
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . 13c			
	d Other rental real estate credits (see instructions) . . . . . Type: . . . . . 13d			
Inter-national	e Other rental credits (see instructions) . . . . . Type: . . . . . 13e			
	f Biofuel producer credit (attach Form 6478) . . . . . 13f			
	g Other credits (see instructions) . . . . . Type: . . . . . 13g			
	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance . . . . . <input type="checkbox"/>			
	Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment . . . . . 15a		
		b Adjusted gain or loss . . . . . 15b		
		c Depletion (other than oil and gas) . . . . . 15c		
d Oil, gas, and geothermal properties—gross income . . . . . 15d				
e Oil, gas, and geothermal properties—deductions . . . . . 15e				
f Other AMT items (attach statement) . . . . . 15f				
Items Affecting Shareholder Basis	16a Tax-exempt interest income . . . . . 16a			
	b Other tax-exempt income . . . . . 16b			
	c Nondeductible expenses . . . . . 16c		475	
	d Distributions (attach statement if required) (see instructions) . . . . . 16d			
	e Repayment of loans from shareholders . . . . . 16e			
	f Foreign taxes paid or accrued . . . . . 16f			

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income . . . . .	17a	
	b	Investment expenses . . . . .	17b	
	c	Dividend distributions paid from accumulated earnings and profits . . . . .	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	<b>Income (loss) reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .	18	63,631

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



**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

<b>1</b> Net income (loss) per books . . . . .		<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) . . . . .		<b>a</b> Tax-exempt interest \$ . . . . .	
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		<b>6</b> Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
<b>a</b> Depreciation \$ . . . . .		<b>a</b> Depreciation \$ . . . . .	
<b>b</b> Travel and entertainment \$ . . . . .		<b>7</b> Add lines 5 and 6 . . . . .	
<b>4</b> Add lines 1 through 3 . . . . .		<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 . . . . .	

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

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year . . . . .				
<b>2</b> Ordinary income from page 1, line 21 . . . . .	63,631			
<b>3</b> Other additions . . . . .				
<b>4</b> Loss from page 1, line 21 . . . . .				
<b>5</b> Other reductions . . . . .	475			
<b>6</b> Combine lines 1 through 5 . . . . .	63,156			
<b>7</b> Distributions . . . . .				
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 . . . . .	63,156			

**Name:** US ENERGY CONSULTING GROUP LLC

**ID number:** 27-3768864

## Type:

Accounting . . . . .		415
Amortization . . . . .		
Answering service . . . . .		
Auto and truck expenses . . . . .		
Bank charges . . . . .		
Commissions . . . . .		51,166
Computer expense . . . . .		
Delivery and freight . . . . .		
Dues and subscriptions . . . . .		
Entertainment and promotion . . . . .		
Gifts . . . . .		
Insurance . . . . .		13,975
Janitorial . . . . .		
Laundry and cleaning . . . . .		
Legal and professional fees . . . . .		
Licenses and permits . . . . .		4,221
Meals:		
<u>950</u> at 50%		
_____ at 80% - DOT hours of service		
_____ at 100% - See instructions . . . . .		475
Miscellaneous . . . . .		
Office expense . . . . .		
Outside service . . . . .		
Parking fees and tolls . . . . .		
Postage . . . . .		325
Printing . . . . .		
Sales expense . . . . .		
Security . . . . .		
Supplies . . . . .		175
Telephone . . . . .		
Temporary help . . . . .		
Tools . . . . .		
Trade show expense . . . . .		
Training and seminars . . . . .		
Travel . . . . .		3,575
Uniforms . . . . .		
Utilities . . . . .		
JOB POSTINGS . . . . .		385
GO DADDY . . . . .		3,127
FAX . . . . .		182
TOLL FREE NUMBER . . . . .		124
PDF FILLER . . . . .		120
BANK FEES . . . . .		123
<b>Total . . . . .</b>		<b>78,389</b>

☐ Final K-1☐ Amended K-1**Schedule K-1**  
**(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2022**

For calendar year 2022, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions,  
Credits, etc.**

See separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number  
27-3768864**B** Corporation's name, address, city, state, and ZIP code

US ENERGY CONSULTING GROUP LLC

9355 113TH STREET 4991  
SEMINOLE FL 33772-**C** IRS Center where corporation filed return  
OGDEN UTAH**D** Corporation's total number of shares

Beginning of tax year . . . . . 100

End of tax year . . . . . 100

**Part II Information About the Shareholder****E** Shareholder's identifying number  
xxxxxxxxxx**F** Shareholder's name, address, city, state, and ZIP code

LAURA EDWARDS

9355 113TH STREET 4991  
SEMINOLE FL 33772-**G** Current year allocation percentage . . . . . 100.000 %**H** Shareholder's number of shares

Beginning of tax year . . . . . 100

End of tax year . . . . . 100

**I** Loans from shareholder

Beginning of tax year . . . . . \$

End of tax year . . . . . \$

For IRS Use Only

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

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	63,631		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Schedule K-3 is attached if checked . . . . . <input type="checkbox"/>
<b>6</b>	Royalties	<b>15</b>	Alternative minimum tax (AMT) items
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)	<b>16</b>	Items affecting shareholder basis
		C	475
<b>10</b>	Other income (loss)		
		<b>17</b>	Other information
		V	
<b>11</b>	Section 179 deduction		
<b>12</b>	Other deductions		
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

**US 1120S****K-1 Attachment****2022**

Shareholder: LAURA EDWARDS		100.000 %	ID: xxxxxxxxxx
<b>9a</b>	Unrecaptured 1250 gain included in line 9 and 10b .....		
<b>10</b>	Other income (loss)		
<b>a</b>	Other portfolio income (loss) .....		
<b>b</b>	Involuntary conversions .....		
	Form 4684, gain at 28% .....		
<b>c</b>	1256 contracts and straddles .....		
<b>d</b>	Mining exploration costs and recapture .....		
<b>e</b>	Section 951A income .....		
<b>f</b>	Section 965(a) inclusion .....		
<b>g</b>	Subpart F income other than sections 951A and 965 inclusion .....		
<b>h</b>	Other income (loss). Type and amount .....		
<b>11a</b>	Section 179 deduction for ordinary income or loss .....		
<b>b</b>	Section 179 deduction for rental real estate income or loss .....		
<b>12</b>	Other deductions		
<b>a</b>	Cash contributions-50% .....		
<b>b</b>	Cash contributions-30% .....		
<b>c</b>	Noncash contributions-50% .....		
<b>d</b>	Noncash contributions-30% .....		
<b>e</b>	Cap. gain property to a 50% org.-30% .....		
<b>f</b>	Capital gain property-20% .....		
<b>g</b>	Contributions 100% .....		
<b>h</b>	Investment interest expense .....		
<b>i</b>	Deductions - royalty income .....		
<b>j</b>	Section 59(e)(2) expenditures .....		
<b>k</b>	Section 965(c) deduction .....		
		<b>l</b> Deductions - portfolio (other) .....	
		<b>m</b> Preproductive period expenses .....	
		<b>n</b> Commercial revitalization deduction from rental real estate activities .....	
		<b>o</b> Reforestation expense deduction .....	
		<b>p</b> Reserved	
		<b>q</b> Reserved	
		<b>r</b> Reserved	
		<b>s</b> Other deductions	
		Form 4684, line 32 .....	
<b>13</b>	Credits and credit recapture		
<b>a</b>	Low-income housing credit - section 42(j)(5)), from post-2007 buildings .....		
<b>b</b>	Low-income housing credit - other, from post-2007 buildings .....		
<b>c</b>	Reserved .....		
<b>d</b>	Reserved .....		
<b>e</b>	Qualified rehabilitation expenditures, rental real estate .....		
<b>f</b>	Other rental real estate credits .....		
<b>g</b>	Other rental credits .....		
<b>h</b>	Undistributed capital gains credit .....		
<b>i</b>	Alcohol and cellulosic biofuel fuels credit .....		
<b>j</b>	Work opportunity credit .....		
<b>k</b>	Disabled access credit .....		
<b>l</b>	Empowerment zone and renewal community employment credit .....		
<b>m</b>	Credit for increasing research activities .....	If Checked, credit is from an eligible small business: <input type="checkbox"/>	
<b>n</b>	Credit for employer social security and Medicare taxes .....		
<b>o</b>	Backup withholding .....		
<b>p</b>	Other credits - see information below .....		
	Reserved .....		
	Form 3468, line 9 and 13, credit from cooperatives .....		
	Form 8911 .....		
	Form 8820 .....		
	Form 8835 .....		
	Form 8845 .....		
	Form 8874 .....		
	Form 8881 Part I and Part II.....		
	Form 8882 .....		
	Form 8908 .....		
	Form 8910 .....		
	Form 8936 .....		
	Form 8941 .....		
	Other credits .....		

Shareholder: LAURA EDWARDS		100.000 %	ID: xxxxxxxx
15	Alternative minimum tax (AMT) items		
a	Post-1986 depreciation adjustment		
	Ordinary income _____ Rental _____		
b	Adjusted gain or loss		
	Ordinary income _____ Rental _____		
c	Depletion other than oil and gas _____		
d	Oil, gas, or geothermal properties - gross income _____		
e	Oil, gas, or geothermal properties - deductions _____		
f	Other AMT items. Pre-1987 depreciation adjustment included in line 15f		
	Ordinary income _____ Rental _____		
	Other - type _____ Amount _____		
16	Items affecting shareholder basis		
a	Tax-exempt interest income _____		
b	Other tax-exempt income _____		
c	Nondeductible expenses _____		475
d	Distributions _____		
e	Repayment of loans from shareholders _____		
f	Foreign taxes paid or accrued _____		
17	Other information		
a	Investment income _____		
b	Investment expenses _____		
c	Qualified rehabilitation expenditures, other than rental real estate _____		
d	Basis of energy property _____		
e	Recapture of low-income housing credit, section 42(j)(5) applies _____		
f	Recapture of low-income housing credit - other _____		
g	Recapture of investment credit _____		
h	Recapture of other credits _____		
i	Look-back interest - completed long-term contracts _____		
j	Look-back interest - income forecast method _____		
k	Dispositions of property with section 179 deductions _____		
l	Recapture of section 179 deduction _____		
m	Section 453(l)(3) information _____		
n	Section 453A(c) information _____		
o	Section 1260(b) information _____		
p	Interest allocable to production expenditures _____		
q	CCF nonqualified withdrawals _____		
r	Depletion information - oil and gas _____		
s	Reserved _____		
t	Section 108(i) information _____		
u	Net investment income _____		
v	Section 199A information _____		
	Section 199A income _____		63,631
	Section 199A W-2 wages _____		
	Section 199A unadjusted basis _____		
	Section 199A REIT dividends _____		
	Section 199A PTP income _____		
	Is this a specified service trade or business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
aa	Excess taxable income _____		
ab	Excess business interest income _____		
ac	Other information _____		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		

Shareholder: LAURA EDWARDS

100.000 %

ID: xxxxxxxxxx

## Basis Computation

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Totals for year	Stock basis	Loan basis	Loan face amount
A Beginning balance .....				
B Contributions to capital .....				
C New loans to the corporation .....				
D Ordinary income .....	63,631			
E Separately stated income .....		63,631		
F Subtotal .....		63,631		
G Distributions .....				
H Loan repayments - principal .....				
I Nondeductible expenses .....	475	475		
J Ordinary loss .....				
K Separately stated losses and deductions .....				
L Other adjustments .....				
M Ending balance .....		63,156		

## Supplemental information for page 2, lines 17c and 17d

## 17c Qualified rehabilitation expenses, other than rental real estate

Rehabilitation credit (Part III)

Form 3468, line 11e, qualified rehabilitation expenditures .....

Form 3468, line 11f, qualified rehabilitation expenditures .....

Form 3468, line 11g, qualified rehabilitation expenditures .....

## 17d Basis of energy property .....

Qualifying advanced coal project credit

Form 3468, line 5a, qualified investment .....

Form 3468, line 5b, qualified investment .....

Form 3468, line 5c, qualified investment .....

Qualifying gasification or advanced energy project credit

Form 3468, line 6a, qualified investment .....

Form 3468, line 6b, qualified investment .....

Advanced manufacturing investment credit

Form 3468, line 7, qualified investment .....

Reserved .....

Energy credit (Part III)

Form 3468, line 12a, qualified basis .....

Form 3468, line 12b, qualified basis .....

Form 3468, line 12c, qualified basis .....

Reserved .....

Form 3468, line 12e, qualified basis .....

Form 3468, line 12f, kilowatt capacity .....

Form 3468, line 12h, qualified basis .....

Form 3468, line 12i, kilowatt capacity .....

Form 3468, line 12k, qualified basis .....

Form 3468, line 12l, kilowatt capacity .....

Reserved .....

Reserved .....

Form 3468, line 12q, qualified basis .....

Form 3468, line 12r, kilowatt capacity .....

Form 3468, line 12t, qualified basis .....

Form 3468, line 12w, qualified basis .....

Form 3468, line 12y, qualified basis .....

Form 3468, line 12z, qualified basis .....

Form 3468, line 12bb, qualified basis .....

Form 3468, line 12cc, qualified basis .....

Form 3468, line 12dd, qualified basis .....

Form 3468, line 12ee, qualified basis .....

Form 3468, line 12ff, qualified basis .....

Form 3468, line 12gg, qualified basis .....

Form 3468, line 12hh, special adjustments .....

**E-file Authorization for Corporations**For calendar year 20 22, or tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_\_

OMB No. 1545-0123

**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.**

Name of corporation

US ENERGY CONSULTING GROUP LLC

Employer identification number

27-3768864

**Part I Information (Whole dollars only)**

<b>1</b> Total income (Form 1120, line 11) . . . . .	<b>1</b>	
<b>2</b> Total income (Form 1120-F, Section II, line 11) . . . . .	<b>2</b>	
<b>3</b> Total income (loss) (Form 1120-S, line 6) . . . . .	<b>3</b>	155,719

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

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

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

☒ I authorize TAX SAVERS INC to enter my PIN 02737 as my signature  
ERO firm name do not enter all zeros  
on the corporation's electronically filed income tax return.

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

Officer's signature


Date 07/16/2023Title LAURA EDWARDS**Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.59797011680

do not enter all zeros

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

ERO's signature

Date 07/16/2023

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

US 1120S

End of Year Trial Balance

2022

Name: US ENERGY CONSULTING GROUP LLC

EIN: 27-3768864

ASSETS		LIABILITIES and EQUITY	
Cash.....	3,514.	Accounts payable.....	
Receivables.....		Mortgages, loans, etc.	
less bad debts.....		payable less than 1 yr.	
Inventories.....		Other current liability.	
U.S. govt obligations....		Loans from stockholders.	
Tax-exempt securities....		Mortgages, loans, etc	
Other current assets.....		payable more than 1 yr.	
Loans to stockholders....		Other liabilities.....	
Mortgage/real estate loan			
Other investments.....		Capital stock.....	
Depreciable assets.....		Addl paid-in capital....	
less accum depreciation.		Retained earnings.....	
Depletable assets.....		Distributions from	
less accum depletion....		K-1s.....	
Land.....		Adj to shrhldrs equity..	
Intangible assets.....		Less cost of treasury	
less accum amortization.		stock.....	
Other assets.....		Total liabilities and	
Total assets.....	3,514.	stockholders' equity...	

INCOME		EXPENSE	
Gross receipts or sales..	155,719.	Cost of goods	
less returns/allowances.		Purchases.....	
		Cost of labor.....	
		Other costs.....	
Rental income		Accounting.....	415.
Gross rent from real		Advertising.....	1,700.
estate activities.....		Amortization per books..	
Expenses.....		Answering service.....	
		Auto and truck expense..	
		Bad debts.....	
		Bank charges.....	
Gross rent from other		Charitable contributions	
rental activities.....		Commissions.....	51,166.
Expenses.....		Computer expense.....	
		Delivery and freight....	
Farm		Depletion per books.....	
Gross.....		Depreciation per books..	
Expenses.....		Dues and subscriptions..	
		Employee benefits.....	
		Promotion.....	
		Gifts.....	
Gains or losses from		Insurance.....	13,975.
asset sales.....		Interest (business).....	
		Interest (investment)...	
		Janitorial.....	
State tax refund.....		Laundry and cleaning....	
		Legal and professional..	
		Licenses and permits....	4,221.
		Meals to be reduced.....	950.
Other income.....		Miscellaneous.....	



INCOME		EXPENSE	
		Nondeductible expense...	
		Office expense.....	
		Outside services.....	
Interest		Parking fees and tolls..	
Taxable.....		Pension/profit sharing..	
Portion of above amount		Portfolio deductions....	
from US government		Postage.....	325.
obligations..		Printing.....	
Tax-exempt.....		Rent paid.....	
Portion of above amount		Repairs and maintenance.	
to be added to __ state		Salaries and wages	
income.....		Other.....	
		Officers.....	12,000.
		Sales expense.....	
Dividend income.....		Security.....	
		Supplies.....	175.
		Taxes not listed below..	
Royalty income.....		Federal tax paid.....	
		State income tax paid..	
		Telephone.....	
Other portfolio income		Temporary help.....	
or loss.....		Tools.....	
		Trade show expense.....	
		Training and seminars...	
Other nontaxable income..		Travel.....	3,575.
		Uniforms.....	
		Utilities.....	
		JOB POSTINGS	385.
		GO DADDY	3,127.
Total income.....	155,719.	FAX	182.
		TOLL FREE NUMBER	124.
Total expense.....	92,563.	PDF FILLER	120.
		BANK FEES	123.
Profit or loss.....	63,156.		

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

► Do not file this form unless the corporation has filed or is  
attaching Form 2553 to elect to be an S corporation.

► Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

OMB No. 1545-0123

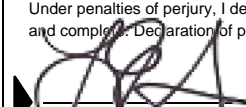
**2021**

For calendar year 2021 or tax year beginning , ending

<b>A</b> S election effective date 01/01/2013	<b>TYPE OR PRINT</b>	Name US ENERGY CONSULTING GROUP	<b>D</b> Employer identification number 27-3768864
<b>B</b> Business activity code number (see instructions) 812990		Number, street, and room or suite no. If a P.O. box, see instructions. 9355 113TH STREET 4991	<b>E</b> Date incorporated 10/01/2010
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town SEMINOLE State FL ZIP code 33772-	<b>F</b> Total assets (see instructions) \$ 8,031
		Foreign country name Foreign province/state/county Foreign postal code	

**G** Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination**I** Enter the number of shareholders who were shareholders during any part of the tax year . . . . . 1**J** Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b> 247,708	
	<b>b</b> Returns and allowances . . . . .	<b>1b</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a . . . . .		<b>1c</b> 247,708
	<b>2</b> Cost of goods sold (attach Form 1125-A) . . . . .		<b>2</b> 14,000
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .		<b>3</b> 233,708
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .		<b>4</b>
<b>Deductions (see instructions for limitations)</b>	<b>5</b> Other income (loss) (see instructions—attach statement) . . . . .		<b>5</b>
	<b>6</b> <b>Total income (loss).</b> Add lines 3 through 5 . . . . .		<b>6</b> 233,708
	<b>7</b> Compensation of officers (see instructions — attach Form 1125-E) . . . . .		<b>7</b>
	<b>8</b> Salaries and wages (less employment credits) . . . . .		<b>8</b>
	<b>9</b> Repairs and maintenance . . . . .		<b>9</b>
	<b>10</b> Bad debts . . . . .		<b>10</b>
	<b>11</b> Rents . . . . .		<b>11</b>
	<b>12</b> Taxes and licenses . . . . .		<b>12</b>
	<b>13</b> Interest (see instructions) . . . . .		<b>13</b>
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .		<b>14</b>
	<b>15</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> ) . . . . .		<b>15</b>
	<b>16</b> Advertising . . . . .		<b>16</b> 2,375
	<b>17</b> Pension, profit-sharing, etc., plans . . . . .		<b>17</b>
	<b>18</b> Employee benefit programs . . . . .		<b>18</b>
	<b>19</b> Other deductions (attach statement) . . . . .		<b>19</b> 155,520
<b>20</b> <b>Total deductions.</b> Add lines 7 through 19 . . . . .		<b>20</b> 157,895	
<b>21</b> <b>Ordinary business income (loss).</b> Subtract line 20 from line 6 . . . . .		<b>21</b> 75,813	
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions) . . . . .	<b>22a</b>	
	<b>b</b> Tax from Schedule D (Form 1120-S) . . . . .	<b>22b</b>	
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes) . . . . .		<b>22c</b>
	<b>23a</b> 2021 estimated tax payments and 2020 overpayment credited to 2021 . . . . .	<b>23a</b>	
	<b>b</b> Tax deposited with Form 7004 . . . . .	<b>23b</b>	
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136) . . . . .	<b>23c</b>	
	<b>d</b> Add lines 23a through 23c . . . . .		<b>23d</b>
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . .		<b>24</b>
	<b>25</b> <b>Amount owed.</b> If line 23d is smaller than the total of lines 22c and 24, enter amount owed . . . . .		<b>25</b>
	<b>26</b> <b>Overpayment.</b> If line 23d is larger than the total of lines 22c and 24, enter amount overpaid . . . . .		<b>26</b>
<b>27</b> Enter amount from line 26: <b>Credited to 2022 estimated tax</b> ► <b>Refunded</b> ►		<b>27</b>	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	 Signature of Officer	07/16/2023 Date
	President Title	

May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

<b>Paid Preparer Use Only</b>	Print/Type preparer's name LEWIS S GRUTMAN	Preparer's signature	Date 07/16/2023	Check <input type="checkbox"/> if self-employed	PTIN P00125119
	Firm's name TAX SAVERS INC	Firm's EIN 59-3607878	Phone no. 727-585-5616		
	Firm's address 1168 JASPER ST	State FL	ZIP code 33770		
	City LARGO				

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2021)

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

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

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
			0.000	
			0.000	
			0.000	
			0.000	

<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .		X
--	--	---

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
				0.000
				0.000
				0.000
				0.000

<b>5a</b> At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . . If "Yes," complete lines (i) and (ii) below. <b>(i)</b> Total shares of restricted stock . . . . . ▶ _____ <b>(ii)</b> Total shares of non-restricted stock . . . . . ▶ _____		X
<b>b</b> At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . . If "Yes," complete lines (i) and (ii) below. <b>(i)</b> Total shares of stock outstanding at the end of the tax year ▶ _____ <b>(ii)</b> Total shares of stock outstanding if all instruments were executed ▶ _____		X
<b>6</b> Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .		X
<b>7</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/> If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.		
<b>8</b> If the corporation <b>(a)</b> was a C corporation before it elected to be an S corporation <b>or</b> the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, <b>and</b> <b>(b)</b> has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions . . . . . ▶ \$ _____		
<b>9</b> Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .		X
<b>10</b> Does the corporation satisfy one or more of the following? See instructions . . . . . <b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense. <b>c</b> The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.		X
<b>11</b> Does the corporation satisfy <b>both</b> of the following conditions? . . . . . <b>a</b> The corporation's total receipts (see instructions) for the tax year were less than \$250,000. <b>b</b> The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.	X	

<b>Schedule B Other Information</b> (see instructions) <i>(continued)</i>		Yes	No
<b>12</b>	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . . If "Yes," enter the amount of principal reduction . . . . . ▶ \$ . . . . .		X
<b>13</b>	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		X
<b>14a</b>	Did the corporation make any payments in 2021 that would require it to file Form(s) 1099? . . . . .	X	
<b>b</b>	If "Yes," did the corporation file or will it file required Form(s) 1099? . . . . .	X	
<b>15</b>	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . If "Yes," enter the amount from Form 8996, line 15 . . . . . ▶ \$ . . . . .		X

<b>Schedule K Shareholders' Pro Rata Share Items</b>		Total amount	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 21) . . . . .	<b>1</b>	75,813
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
	<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>		
	<b>4</b> Interest income . . . . . <b>4</b>		
	<b>5</b> Dividends: <b>a</b> Ordinary dividends . . . . . <b>5a</b>		
	<b>b</b> Qualified dividends . . . . . <b>5b</b>		
	<b>6</b> Royalties . . . . . <b>6</b>		
	<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>7</b>		
<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) . . . . . <b>8a</b>			
<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>8b</b>			
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>8c</b>			
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) . . . . . <b>9</b>			
<b>10</b> Other income (loss) (see instructions) . . . . . Type ▶ <b>10</b>			
<b>Deductions</b>	<b>11</b> Section 179 deduction (attach Form 4562) . . . . . <b>11</b>		
	<b>12a</b> Charitable contributions . . . . . <b>12a</b>		
	<b>b</b> Investment interest expense . . . . . <b>12b</b>		
	<b>c</b> Section 59(e)(2) expenditures . . . . . Type ▶ <b>12c</b>		
	<b>d</b> Other deductions (see instructions) . . . . . Type ▶ <b>12d</b>		
<b>Credits</b>	<b>13a</b> Low-income housing credit (section 42(j)(5)) . . . . . <b>13a</b>		
	<b>b</b> Low-income housing credit (other) . . . . . <b>13b</b>		
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . <b>13c</b>		
	<b>d</b> Other rental real estate credits (see instructions) . . . . . Type ▶ <b>13d</b>		
	<b>e</b> Other rental credits (see instructions) . . . . . Type ▶ <b>13e</b>		
	<b>f</b> Biofuel producer credit (attach Form 6478) . . . . . <b>13f</b>		
	<b>g</b> Other credits (see instructions) . . . . . Type ▶ <b>13g</b>		
<b>International Transactions</b>	<b>14</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance . . . . . ▶ <input type="checkbox"/>		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>15a</b> Post-1986 depreciation adjustment . . . . . <b>15a</b>		
	<b>b</b> Adjusted gain or loss . . . . . <b>15b</b>		
	<b>c</b> Depletion (other than oil and gas) . . . . . <b>15c</b>		
	<b>d</b> Oil, gas, and geothermal properties—gross income . . . . . <b>15d</b>		
	<b>e</b> Oil, gas, and geothermal properties—deductions . . . . . <b>15e</b>		
	<b>f</b> Other AMT items (attach statement) . . . . . <b>15f</b>		
<b>Items Affecting Shareholder Basis</b>	<b>16a</b> Tax-exempt interest income . . . . . <b>16a</b>		
	<b>b</b> Other tax-exempt income . . . . . <b>16b</b>		
	<b>c</b> Nondeductible expenses . . . . . <b>16c</b>		728
	<b>d</b> Distributions (attach statement if required) (see instructions) . . . . . <b>16d</b>		
	<b>e</b> Repayment of loans from shareholders . . . . . <b>16e</b>		
	<b>f</b> Foreign taxes paid or accrued . . . . . <b>16f</b>		

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income . . . . .	17a	
	b	Investment expenses . . . . .	17b	
	c	Dividend distributions paid from accumulated earnings and profits . . . . .	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	<b>Income (loss) reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .	18	75,813

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

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

<b>1</b> Net income (loss) per books . . . . .		<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) . . . . .		<b>a</b> Tax-exempt interest \$ . . . . .	
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		<b>6</b> Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
<b>a</b> Depreciation \$ . . . . .		<b>a</b> Depreciation \$ . . . . .	
<b>b</b> Travel and entertainment \$ . . . . .		<b>7</b> Add lines 5 and 6 . . . . .	
<b>4</b> Add lines 1 through 3 . . . . .		<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 . . . . .	

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

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year . . . . .				
<b>2</b> Ordinary income from page 1, line 21 . . . . .	75,813			
<b>3</b> Other additions . . . . .				
<b>4</b> Loss from page 1, line 21 . . . . .				
<b>5</b> Other reductions . . . . .	728			
<b>6</b> Combine lines 1 through 5 . . . . .	75,085			
<b>7</b> Distributions . . . . .				
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 . . . . .	75,085			

**Name:** US ENERGY CONSULTING GROUP

**ID number:** 27-3768864

## Type:

Accounting . . . . .		375
Amortization . . . . .		
Answering service . . . . .		
Auto and truck expenses . . . . .		
Bank charges . . . . .		
Commissions . . . . .		112,877
Computer expense . . . . .		1,265
Delivery and freight . . . . .		
Dues and subscriptions . . . . .		
Entertainment and promotion . . . . .		
Gifts . . . . .		
Insurance . . . . .		13,527
Janitorial . . . . .		
Laundry and cleaning . . . . .		
Legal and professional fees . . . . .		
Licenses and permits . . . . .		3,151
Meals:		
_____ 1,457 at 50%		
_____ at 80% - DOT hours of service		
_____ at 100% - See instructions . . . . .		729
Miscellaneous . . . . .		
Office expense . . . . .		
Outside service . . . . .		
Parking fees and tolls . . . . .		62
Postage . . . . .		177
Printing . . . . .		
Sales expense . . . . .		
Security . . . . .		
Supplies . . . . .		217
Telephone . . . . .		303
Temporary help . . . . .		
Tools . . . . .		
Trade show expense . . . . .		
Training and seminars . . . . .		
Travel . . . . .		6,211
Uniforms . . . . .		
Utilities . . . . .		
JOB POSTINGS . . . . .		388
DIALER . . . . .		8,257
WEBSITE . . . . .		1,246
GODADDY . . . . .		3,012
MARKETING . . . . .		3,568
PDF FILLER . . . . .		155
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
Total . . . . .		155,520

☐ Final K-1☐ Amended K-1**Schedule K-1**  
**(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2021**

For calendar year 2021, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number  
27-3768864**B** Corporation's name, address, city, state, and ZIP code

US ENERGY CONSULTING GROUP

9355 113TH STREET 4991  
SEMINOLE FL 33772-**C** IRS Center where corporation filed return  
OGDEN UTAH**D** Corporation's total number of shares

Beginning of tax year . . . . . 100

End of tax year . . . . . 100

**Part II Information About the Shareholder****E** Shareholder's identifying number  
xxxxxxxxxx**F** Shareholder's name, address, city, state, and ZIP code

LAURA EDWARDS

3400 55TH STREET N  
SAINT PETERSBURG FL 33710-**G** Current year allocation percentage . . . . . 100.000 %**H** Shareholder's number of shares

Beginning of tax year . . . . . 1

End of tax year . . . . . 1

**I** Loans from shareholder

Beginning of tax year . . . . . \$

End of tax year . . . . . \$

For IRS Use Only

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

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	75,813		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Schedule K-3 is attached if checked . . . . . <input type="checkbox"/>
<b>6</b>	Royalties	<b>15</b>	Alternative minimum tax (AMT) items
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)	<b>16</b>	Items affecting shareholder basis
		C	728
<b>10</b>	Other income (loss)		
		<b>17</b>	Other information
		V	
<b>11</b>	Section 179 deduction		
<b>12</b>	Other deductions		
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.



**US 1120S****K-1 Attachment****2021**

<b>Shareholder:</b> LAURA EDWARDS		100.000 %	ID: xxxxxxxx
<b>9a</b>	Unrecaptured 1250 gain included in line 9 and 10b .....		
<b>10</b>	Other income (loss)		
<b>a</b>	Other portfolio income (loss) .....		
<b>b</b>	Involuntary conversions .....		
	Form 4684, gain at 28% .....		
<b>c</b>	1256 contracts and straddles .....		
<b>d</b>	Mining exploration costs and recapture .....		
<b>e</b>	Section 951A income .....		
<b>f</b>	Section 965(a) inclusion .....		
<b>g</b>	Subpart F income other than sections 951A and 965 inclusion .....		
<b>h</b>	Other income (loss). Type and amount .....		
<b>11a</b>	Section 179 deduction for ordinary income or loss .....		
<b>b</b>	Section 179 deduction for rental real estate income or loss .....		
<b>12</b>	Other deductions		
<b>a</b>	Cash contributions-50% .....		
<b>b</b>	Cash contributions-30% .....		
<b>c</b>	Noncash contributions-50% .....		
<b>d</b>	Noncash contributions-30% .....		
<b>e</b>	Cap. gain property to a 50% org.-30% .....		
<b>f</b>	Capital gain property-20% .....		
<b>g</b>	Contributions 100% .....		
<b>h</b>	Investment interest expense .....		
<b>i</b>	Deductions - royalty income .....		
<b>j</b>	Section 59(e)(2) expenditures .....		
<b>k</b>	Section 965(c) deduction .....		
		<b>l</b> Deductions - portfolio (other) .....	
		<b>m</b> Preproductive period expenses .....	
		<b>n</b> Commercial revitalization deduction from rental real estate activities .....	
		<b>o</b> Reforestation expense deduction .....	
		<b>p</b> Reserved	
		<b>q</b> Reserved	
		<b>r</b> Reserved	
		<b>s</b> Other deductions	
		Form 4684, line 32 .....	
<b>13</b>	Credits and credit recapture		
<b>a</b>	Low-income housing credit - section 42(j)(5)), from post-2007 buildings .....		
<b>b</b>	Low-income housing credit - other, from post-2007 buildings .....		
<b>c</b>	Reserved .....		
<b>d</b>	Reserved .....		
<b>e</b>	Qualified rehabilitation expenditures, rental real estate .....		
<b>f</b>	Other rental real estate credits .....		
<b>g</b>	Other rental credits .....		
<b>h</b>	Undistributed capital gains credit .....		
<b>i</b>	Alcohol and cellulosic biofuel fuels credit .....		
<b>j</b>	Work opportunity credit .....		
<b>k</b>	Disabled access credit .....		
<b>l</b>	Empowerment zone and renewal community employment credit .....		
<b>m</b>	Credit for increasing research activities .....	If Checked, credit is from an eligible small business: <input type="checkbox"/>	
<b>n</b>	Credit for employer social security and Medicare taxes .....		
<b>o</b>	Backup withholding .....		
<b>p</b>	Other credits - see information below .....		
	Reserved .....		
	Form 3468, line 9 and 13, credit from cooperatives .....		
	Form 5884B .....		
	Form 8820 .....		
	Form 8835 .....		
	Form 8845 .....		
	Form 8874 .....		
	Form 8881 Part I and Part II.....		
	Form 8882 .....		
	Form 8908 .....		
	Form 8910 .....		
	Form 8936 .....		
	Form 8941 .....		
	Other credits .....		

<b>Shareholder:</b> LAURA EDWARDS		100.000 %	<b>ID:</b> xxxxxxxx
<b>15</b>	Alternative minimum tax (AMT) items		
<b>a</b>	Post-1986 depreciation adjustment		
	Ordinary income _____ Rental _____		
<b>b</b>	Adjusted gain or loss		
	Ordinary income _____ Rental _____		
<b>c</b>	Depletion other than oil and gas .....		
<b>d</b>	Oil, gas, or geothermal properties - gross income .....		
<b>e</b>	Oil, gas, or geothermal properties - deductions .....		
<b>f</b>	Other AMT items. Pre-1987 depreciation adjustment included in line 15f		
	Ordinary income _____ Rental _____		
	Other - type _____ Amount _____		
<b>16</b>	Items affecting shareholder basis		
<b>a</b>	Tax-exempt interest income .....		
<b>b</b>	Other tax-exempt income .....		
<b>c</b>	Nondeductible expenses .....		728
<b>d</b>	Distributions .....		
<b>e</b>	Repayment of loans from shareholders .....		
<b>f</b>	Foreign taxes paid or accrued .....		
<b>17</b>	Other information		
<b>a</b>	Investment income .....		
<b>b</b>	Investment expenses .....		
<b>c</b>	Qualified rehabilitation expenditures, other than rental real estate .....		
<b>d</b>	Basis of energy property .....		
<b>e</b>	Recapture of low-income housing credit, section 42(j)(5) applies .....		
<b>f</b>	Recapture of low-income housing credit - other .....		
<b>g</b>	Recapture of investment credit .....		
<b>h</b>	Recapture of other credits .....		
<b>i</b>	Look-back interest - completed long-term contracts .....		
<b>j</b>	Look-back interest - income forecast method .....		
<b>k</b>	Dispositions of property with section 179 deductions .....		
<b>l</b>	Recapture of section 179 deduction .....		
<b>m</b>	Section 453(l)(3) information .....		
<b>n</b>	Section 453A(c) information .....		
<b>o</b>	Section 1260(b) information .....		
<b>p</b>	Interest allocable to production expenditures .....		
<b>q</b>	CCF nonqualified withdrawals .....		
<b>r</b>	Depletion information - oil and gas .....		
<b>s</b>	Reserved .....		
<b>t</b>	Section 108(i) information .....		
<b>u</b>	Net investment income .....		
<b>v</b>	Section 199A information .....		
	Section 199A income .....		75,813
	Section 199A W-2 wages .....		
	Section 199A unadjusted basis .....		
	Section 199A REIT dividends .....		
	Section 199A PTP income .....		
	Is this a specified service trade or business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>aa</b>	Excess taxable income .....		
<b>ab</b>	Excess business interest income .....		
<b>ac</b>	Other information .....		
<b>a</b>	_____		
<b>b</b>	_____		
<b>c</b>	_____		
<b>d</b>	_____		
<b>e</b>	_____		
<b>f</b>	_____		
<b>g</b>	_____		
<b>h</b>	_____		

Shareholder: LAURA EDWARDS

100.000 %

ID: xxxxxxxx

## Basis Computation

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Totals for year	Stock basis	Loan basis	Loan face amount
A Beginning balance .....				
B Contributions to capital .....				
C New loans to the corporation .....				
D Ordinary income .....	75,813			
E Separately stated income .....		75,813		
F Subtotal .....		75,813		
G Distributions .....				
H Loan repayments - principal .....				
I Nondeductible expenses .....	728	728		
J Ordinary loss .....				
K Separately stated losses and deductions .....				
L Other adjustments .....				
M Ending balance .....		75,085		

## Supplemental information for page 2, lines 17c and 17d

<b>17c</b> Qualified rehabilitation expenses, other than rental real estate			
Rehabilitation credit (Part III)			
Form 3468, line 11e, qualified rehabilitation expenditures .....			
Form 3468, line 11f, qualified rehabilitation expenditures .....			
Form 3468, line 11g, qualified rehabilitation expenditures .....			
<b>17d</b> Basis of energy property .....			
Qualifying advanced coal project credit			
Form 3468, line 5a, qualified investment .....			
Form 3468, line 5b, qualified investment .....			
Form 3468, line 5c, qualified investment .....			
Qualifying gasification project credit			
Form 3468, line 6a, qualified investment .....			
Form 3468, line 6b, qualified investment .....			
Qualifying advanced energy project credit			
Form 3468, line 7, qualified investment .....			
Reserved .....			
Energy credit (Part III)			
Form 3468, line 12a, qualified basis .....		Form 3468, line 12r, kilowatt capacity .....	
Form 3468, line 12b, qualified basis .....		Form 3468, line 12t, qualified basis .....	
Form 3468, line 12c, qualified basis .....		Form 3468, line 12w, qualified basis .....	
Reserved .....		Form 3468, line 12y, qualified basis .....	
Form 3468, line 12e, qualified basis .....		Form 3468, line 12z, qualified basis .....	
Form 3468, line 12f, kilowatt capacity .....		Form 3468, line 12bb, qualified basis .....	
Form 3468, line 12h, qualified basis .....		Form 3468, line 12cc, qualified basis .....	
Form 3468, line 12i, kilowatt capacity .....		Form 3468, line 12dd, qualified basis .....	
Form 3468, line 12k qualified basis .....		Form 3468, line 12ee, qualified basis .....	
Form 3468, line 12l, kilowatt capacity .....		Form 3468, line 12ff, qualified basis .....	
Reserved .....		Form 3468, line 12gg, qualified basis .....	
Reserved .....		Form 3468, line 12hh, qualified basis .....	
Form 3468, line 12q, qualified basis .....			

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

OMB No. 1545-0233

► **File a separate application for each return.**

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

**Print  
or  
Type**

Name	Identifying number
US ENERGY CONSULTING GROUP	27-3768864
Number, street, and room or suite no. (If P.O. box, see instructions.)	
9355 113TH STREET 4991	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
SEMINOLE FL 33772-	

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for. . . . . **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

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

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. . . . . ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. . . . . ☐  
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. . . ☐
- 5a The application is for calendar year 20 21, or tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions—attach explanation.)

6 Tentative total tax . . . . .	6	0
7 <b>Total</b> payments and credits. See instructions . . . . .	7	0
8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions . . . . .	8	0

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

Form **7004** (Rev. 12-2018)

Form **8879-S**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization for Form 1120-S**

- ERO must obtain and retain completed Form 8879-S.  
► Go to [www.irs.gov/Form8879S](http://www.irs.gov/Form8879S) for the latest information.

OMB No. 1545-0123

**2021**

For calendar year 2021, or tax year beginning , 2021, and ending , 20

Name of corporation

US ENERGY CONSULTING GROUP

Employer identification number

27-3768864

**Part I Tax Return Information (whole dollars only)**

<b>1</b>	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c) . . . . .	<b>1</b>	247,708
<b>2</b>	Gross profit (Form 1120-S, line 3) . . . . .	<b>2</b>	233,708
<b>3</b>	Ordinary business income (loss) (Form 1120-S, line 21) . . . . .	<b>3</b>	75,813
<b>4</b>	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2) . . . . .	<b>4</b>	0
<b>5</b>	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18) . . . . .	<b>5</b>	75,813

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

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

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

☒ I authorize TAX SAVERS INC to enter my PIN 27376 as my signature  
ERO firm name Don't enter all zeros  
on the corporation's 2021 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.

Officer's signature ►  Date ► 07/16/2023 Title ► LAURA EDWARDS

**Part III Certification and Authentication**

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

59797011680

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► \_\_\_\_\_ Date ► 07/16/2023

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2021)

BCA

US 1120S

End of Year Trial Balance

2021

Name: US ENERGY CONSULTING GROUP

EIN: 27-3768864

ASSETS		LIABILITIES and EQUITY	
Cash.....	8,031.	Accounts payable.....	
Receivables.....		Mortgages, loans, etc.	
less bad debts.....		payable less than 1 yr.	
Inventories.....		Other current liability.	
U.S. govt obligations....		Loans from stockholders.	
Tax-exempt securities....		Mortgages, loans, etc	
Other current assets.....		payable more than 1 yr.	
Loans to stockholders....		Other liabilities.....	
Mortgage/real estate loan			
Other investments.....		Capital stock.....	
Depreciable assets.....		Addl paid-in capital....	
less accum depreciation.		Retained earnings.....	
Depletable assets.....		Distributions from	
less accum depletion....		K-1s.....	
Land.....		Adj to shrhldrs equity..	
Intangible assets.....		Less cost of treasury	
less accum amortization.		stock.....	
Other assets.....		Total liabilities and	
Total assets.....	8,031.	stockholders' equity...	

INCOME		EXPENSE	
Gross receipts or sales..	247,708.	Cost of goods	
less returns/allowances.		Purchases.....	
		Cost of labor.....	14,000.
		Other costs.....	
Rental income		Accounting.....	375.
Gross rent from real		Advertising.....	2,375.
estate activities.....		Amortization per books..	
Expenses.....		Answering service.....	
		Auto and truck expense..	
		Bad debts.....	
		Bank charges.....	
		Charitable contributions	
Gross rent from other		Commissions.....	112,877.
rental activities.....		Computer expense.....	1,265.
Expenses.....		Delivery and freight....	
		Depletion per books.....	
		Depreciation per books..	
Farm		Dues and subscriptions..	
Gross.....		Employee benefits.....	
Expenses.....		Promotion.....	
		Gifts.....	
		Insurance.....	13,527.
Gains or losses from		Interest (business).....	
asset sales.....		Interest (investment)...	
		Janitorial.....	
		Laundry and cleaning....	
State tax refund.....		Legal and professional..	
		Licenses and permits....	3,151.
		Meals to be reduced.....	1,457.
Other income.....		Miscellaneous.....	

INCOME		EXPENSE	
		Nondeductible expense...	
		Office expense.....	
		Outside services.....	
Interest		Parking fees and tolls..	62.
Taxable.....		Pension/profit sharing..	
Portion of above amount		Portfolio deductions....	
from US government		Postage.....	177.
obligations..		Printing.....	
Tax-exempt.....		Rent paid.....	
Portion of above amount		Repairs and maintenance.	
to be added to __ state		Salaries and wages	
income.....		Other.....	
		Officers.....	
		Sales expense.....	
Dividend income.....		Security.....	
		Supplies.....	217.
		Taxes not listed below..	
Royalty income.....		Federal tax paid.....	
		State income tax paid..	
		Telephone.....	303.
Other portfolio income		Temporary help.....	
or loss.....		Tools.....	
		Trade show expense.....	
		Training and seminars...	
Other nontaxable income..		Travel.....	6,211.
		Uniforms.....	
		Utilities.....	
		JOB POSTINGS	388.
		DIALER	8,257.
Total income.....	247,708.	WEBSITE	1,246.
		GODADDY	3,012.
Total expense.....	172,623.	MARKETING	3,568.
		PDF FILLER	155.
Profit or loss.....	75,085.		

PRINTED 07/16/2023

JAY J GETMAN  
 LAURA L EDWARDS  
 10575 125TH STREET  
 SEMINOLE FL 33778-

	Taxpayer	Spouse
SSN		
Birth	10/20/1961	05/26/1964
Death		
Day Phone		
Evening		
Cell or Fax		
PIN	11993	62958

Email \_\_\_\_\_  
 Taxpayer Occupation \_\_\_\_\_ Spouse Occupation \_\_\_\_\_  
 Filing Status MARRIED FILING JOINT


Preparer ID: 1 Preparation Fee: \_\_\_\_\_ Date: 07/16/2023  
 Preparer: LEWIS S GRUTMAN Time in return 45 min.

## Recap of 2022 Income Tax Return

Earned Income .....	81,230	Federal Tax .....	22,698
Federal AGI .....	144,861	Withholding .....	3,000
Taxable Income .....	95,169	Refund/(Due) .....	-20,396
EIC .....		Tax Bracket .....	22.0 %

State .....					
Tax .....					
Withholding .....					
Refund/Due .....					
State .....					
Tax .....					
Withholding .....					
Refund/Due .....					

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund .....					
Fees .....					
Net refund .....					
Advance .....					
Federal disbursement .....					
State disbursement .....					
Check one .....					



1040

Department of the Treasury—Internal Revenue Service

## U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

## Filing Status

☐ Single☒ Married filing jointly☐ Married filing separately (MFS)☐ Head of household (HOH)☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial JAY J		Last name GETMAN		Your social security number XXXXXXXXXX		
If joint return, spouse's first name and middle initial LAURA L		Last name EDWARDS		Spouse's social security number XXXXXXXXXX		
Home address (number and street). If you have a P.O. box, see instructions. 10575 125TH STREET				Apt. no.		
City, town, or post office. If you have a foreign address, also complete spaces below. SEMINOLE			State FL		ZIP code 33778-	
Foreign country name		Foreign province/state/county		Foreign postal code		
				<input type="checkbox"/> You <input type="checkbox"/> Spouse		

## Digital Assets

At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes☒ No

## Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

## Age/Blindness

You: ☐ Were born before January 2, 1958☐ Are blindSpouse: ☐ Was born before January 2, 1958☐ Is blind

## Dependents

(see instructions):

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

## Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	12,000
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	12,000

Attach Sch. B if required.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 10					8	138,124
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>					9	150,124
	10	Adjustments to income from Schedule 1, line 26					10	5,263
	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>					11	144,861
	12	<b>Standard deduction or itemized deductions</b> (from Schedule A)					12	25,900
	13	Qualified business income deduction from Form 8995 or Form 8995-A					13	23,792
	14	Add lines 12 and 13					14	49,692
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>					15	95,169

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

Form 1040 (2022)



▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

Amount you are paying  
by check or money order ►

Dollars  
20,396

1045

JAY J GETMAN & LAURA L EDWARDS  
10575 125TH STREET  
SEMINOLE FL 33778-

INTERNAL REVENUE SERVICE  
PO BOX 1214  
CHARLOTTE NC 28201-1214

XXXXXXXXXX

HT GETM 30 0 202212 610

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**

(Sole Proprietorship)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **09**

Name of proprietor JAY J GETMAN		Social security number (SSN) XXXXXXXXXXXX
<b>A</b> Principal business or profession, including product or service (see instructions) TRAVEL AGENT		<b>B</b> Enter code from instructions 812990
<b>C</b> Business name. If no separate business name, leave blank. CUTTING EDGE TRAVEL LLC		<b>D</b> Employer ID number (EIN) (see instr.) 84-2636364
<b>E</b> Business address (including suite or room no.) 919 TYRONE BLVD City, town or post office, state, and ZIP code SAINT PETERSBURG FL 33710		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2022, check here.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	<input type="checkbox"/>	<b>1</b>	63,863
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	63,863
<b>4</b> Cost of goods sold (from line 42)		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3		<b>5</b>	63,863
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	57,560
<b>7</b> <b>Gross income.</b> Add lines 5 and 6		<b>7</b>	121,423

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	15,182	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	31,450
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	298
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	<b>30</b>		<b>27b</b> <b>Reserved for future use</b>	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>				
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**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 <b>Cost of goods sold.</b> 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)    01/01/2022

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 25121    b Commuting (see instructions)    c Other

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

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

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.

TELEPHONE	298
48 <b>Total other expenses.</b> Enter here and on line 27a . . . . .	48 298

Name(s) shown on return. Do not enter name and social security number if shown on other side.

JAY J GETMAN &amp; LAURA L EDWARDS

Your social security number

XXXXXXXXXX

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

**Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☐ No

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	US ENERGY CONSULTING GROUP LL	S	<input type="checkbox"/>	27-3768864	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss				Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
<b>A</b>				63,631	
<b>B</b>					
<b>C</b>					
<b>D</b>					
<b>29a Totals</b>				63,631	
<b>b Totals</b>					
<b>30</b> Add columns (h) and (k) of line 29a				63,631	<b>30</b>
<b>31</b> Add columns (g), (i), and (j) of line 29b					<b>31</b> ( )
<b>32</b> Total partnership and S corporation income or (loss). Combine lines 30 and 31.				63,631	<b>32</b>

**Part III Income or Loss From Estates and Trusts**

	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
<b>A</b>		
<b>B</b>		
<b>34a Totals</b>		
<b>b Totals</b>		
<b>35</b> Add columns (d) and (f) of line 34a		<b>35</b>
<b>36</b> Add columns (c) and (e) of line 34b		<b>36</b> ( )
<b>37</b> Total estate and trust income or (loss). Combine lines 35 and 36.		<b>37</b>

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
<b>38</b>					
<b>39</b> Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					<b>39</b>

**Part V Summary**

<b>40</b> Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	<b>40</b>	
<b>41</b> Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	<b>41</b>	63,631
<b>42</b> Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	<b>42</b>	
<b>43</b> Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	

XXXXXXXXXXXXXXXXXXXX

XX

[illegible]

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **17**

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

JAY J GETMAN

Social security number of person  
with **self-employment** income

XXXXXXXXXXXXXXX

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I. ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	
<b>1b</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	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	74,493
<b>3</b>	Combine lines 1a, 1b, and 2	74,493
<b>4a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	68,794
<b>4b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	
<b>4c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue	68,794
<b>5a</b>	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income	
<b>5b</b>	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	
<b>6</b>	Add lines 4c and 5b	68,794
<b>7</b>	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	147,000
<b>8a</b>	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11	
<b>8b</b>	Unreported tips subject to social security tax from Form 4137, line 10	
<b>8c</b>	Wages subject to social security tax from Form 8919, line 10	
<b>8d</b>	Add lines 8a, 8b, and 8c	
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	147,000
<b>10</b>	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	8,530
<b>11</b>	Multiply line 6 by 2.9% (0.029)	1,995
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040), line 4</b>	10,525
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040), line 15</b>	5,263

**Part II Optional Methods To Figure Net Earnings** (see instructions)

<b>Farm Optional Method.</b> You may use this method <b>only</b> if (a) your gross farm income <sup>1</sup> wasn't more than \$9,060, or (b) your net farm profits <sup>2</sup> were less than \$6,540.	
<b>14</b> Maximum income for optional methods	6,040
<b>15</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) or \$6,040. Also include this amount on line 4b above	
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if (a) your net nonfarm profits <sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.	
<b>16</b> Subtract line 15 from line 14	
<b>17</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.



W-2 DETAIL REPORT - 2022

XXXXXXXXXX

x

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
-----	-----	-----	-----	-----	-----	-----	--	-----	-----	-----	-----
LAURA L EDWARDS	27-3768864	X	12000	3000	744	174					
			-----	-----	---	---					
			12000	3000	744	174					

Form **8879**

(Rev. January 2021)

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

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID)

00597970 4

Taxpayer's name

JAY J GETMAN

Social security number

XXXXXXXXXX

Spouse's name

LAURA L EDWARDS

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2022**

(Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	144,861
2	Total tax . . . . .	2	22,698
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	3,000
4	Amount you want refunded to you . . . . .	4	
5	Amount you owe . . . . .	5	20,396

**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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

☒ I authorize TAX SAVERS INC to enter or generate my PIN

ERO firm name

11993

Enter five digits, but  
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶ 07/16/2023

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

☒ I authorize TAX SAVERS INC to enter or generate my PIN

ERO firm name

62958

Enter five digits, but  
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶ 07/16/2023

**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.

59797011680

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 ▶ LEWIS S GRUTMAN

Date ▶ 07/16/2023

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

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

Form **8879** (Rev. 01-2021)

BCA

US 1040

## Main Information Sheet

2021

PRINTED 07/16/2023

JAY J GETMAN  
 LAURA L EDWARDS  
 10575 125TH STREET  
 SEMINOLE FL 33778-

	Taxpayer	Spouse
SSN	XXXXXXXXXXXX	XXXXXXXXXXXX
Birth	10/20/1961	05/26/1964
Death		
Day Phone		
Evening		
Cell or Fax		
PIN	11993	62958

Email \_\_\_\_\_  
 Taxpayer Occupation \_\_\_\_\_ Spouse Occupation \_\_\_\_\_  
 Filing Status MARRIED FILING JOINT


Preparer ID: 1 Preparation Fee: \_\_\_\_\_ Date: 07/16/2023  
 Preparer: LEWIS S GRUTMAN Time in return 63 min.

## Recap of 2021 Income Tax Return

Earned Income	16,894	Federal Tax	6,531
Federal AGI	92,707	Withholding	
Taxable Income	54,086	Refund/(Due)	-6,648
EIC		Tax Bracket	12.0 %

State					
Tax					
Withholding					
Refund/Due					
State					
Tax					
Withholding					
Refund/Due					

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund					
Fees					
Net refund					
Advance					
Federal disbursement					
State disbursement					
Check one					

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 your 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 JAY J		Last name GETMAN		Your social security number <del>XXXXXXXXXXXX</del>	
If joint return, spouse's first name and middle initial LAURA L		Last name EDWARDS		Spouse's social security number <del>XXXXXXXXXXXX</del>	
Home address (number and street). If you have a P.O. box, see instructions. 10575 125TH STREET				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. SEMINOLE			State FL	ZIP code 33778-	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

	(see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
	(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	14,000
	2a	Tax-exempt interest . . . . .	2a	
	3a	Qualified dividends . . . . .	3a	
	4a	IRA distributions . . . . .	4a	
	5a	Pensions and annuities . . . . .	5a	
	6a	Social security benefits . . . . .	6a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10 . . . . .	8	78,927
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	9	92,927
	10	Adjustments to income from Schedule 1, line 26 . . . . .	10	220
	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	11	92,707
	12a	Standard deduction or itemized deductions (from Schedule A) . . . . .	12a	25,100
	b	Charitable contributions if you take the standard deduction (see instructions) . . . . .	12b	
	c	Add lines 12a and 12b . . . . .	12c	25,100
	13	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13	13,521
	14	Add lines 12c and 13 . . . . .	14	38,621
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	54,086

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	6,091
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,091
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,091
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	440
24	Add lines 22 and 23. This is your <b>total tax</b>	24	6,531
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) NO	27a	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions		
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	6,648
	38 Estimated tax penalty (see instructions)	38	117

**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 ▶

Phone no. ▶

Personal identification number (PIN) ▶

**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

Date

Your occupation

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

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.) ▶

Phone no.

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

LEWIS S GRUTMAN

07/16/2023

P00125119

☐ Self-employed

Firm's name ▶ TAX SAVERS INC

Phone no. 727-585-5616

Firm's address ▶ 1168 JASPER ST LARGO FL 33770

Firm's EIN ▶ 59-3607878

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

2021

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

Amount you are paying  
by check or money order ►

Dollars  
6,648

1045

JAY J GETMAN & LAURA L EDWARDS  
10575 125TH STREET  
SEMINOLE FL 33778-

INTERNAL REVENUE SERVICE  
PO BOX 1214  
CHARLOTTE NC 28201-1214

~~XXXXXXXX~~ HT GETM 30 0 202112 610

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **09**

- ▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor JAY J GETMAN		Social security number (SSN) XXXXXXXXXXXXXXX
A Principal business or profession, including product or service (see instructions) TRAVEL AGENT		B Enter code from instructions 812990
C Business name. If no separate business name, leave blank. CUTTING EDGE TRAVEL LLC		D Employer ID number (EIN) (see instr.) 84-2636364
E Business address (including suite or room no.) ▶ 919 TYRONE BLVD City, town or post office, state, and ZIP code SAINT PETERSBURG FL 33710		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2021, check here . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	1	46,343
2 Returns and allowances . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	46,343
4 Cost of goods sold (from line 42) . . . . .	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	46,343
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	6	18,450
7 <b>Gross income.</b> Add lines 5 and 6 . . . . .	7	64,793

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

8 Advertising . . . . .	8		18	
9 Car and truck expenses (see instructions) . . . . .	9	2,048	19	
10 Commissions and fees . . . . .	10		20	
11 Contract labor (see instructions) . . . . .	11	23,559	20a	
12 Depletion . . . . .	12		20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13		21	
14 Employee benefit programs (other than on line 19) . . . . .	14		22	
15 Insurance (other than health) . . . . .	15		23	
16 Interest (see instructions):			24	
a Mortgage (paid to banks, etc.) . . . . .	16a		24a	
b Other . . . . .	16b		24b	
17 Legal and professional services . . . . .	17	29,796	25	
18 Office expense (see instructions) . . . . .	18		26	
19 Pension and profit-sharing plans . . . . .	19		26a	6,276
20 Rent or lease (see instructions):			27a	
a Vehicles, machinery, and equipment . . . . .	20a		27b	
b Other business property . . . . .	20b		28	61,679
21 Repairs and maintenance . . . . .	21		29	3,114
22 Supplies (not included in Part III) . . . . .	22			
23 Taxes and licenses . . . . .	23			
24 Travel and meals:				
a Travel . . . . .	24a			
b Deductible meals (see instructions) . . . . .	24b			
25 Utilities . . . . .	25			
26 Wages (less employment credits) . . . . .	26			
27a Other expenses (from line 48) . . . . .	27a			
27b <b>Reserved for future use</b> . . . . .	27b			
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	28			
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .	30			
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31			3,114
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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

**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 <b>Cost of goods sold.</b> 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)    ► 01/01/2019 . . . . .

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

**a** Business . . . . . 3657    **b** Commuting (see instructions) . . . . .    **c** Other . . . . .

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

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

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.

TELEPHONE . . . . .	2,676
RENT . . . . .	3,600
48 <b>Total other expenses.</b> Enter here and on line 27a . . . . .	48 6,276



Name(s) shown on return. Do not enter name and social security number if shown on other side.

JAY J GETMAN &amp; LAURA L EDWARDS

Your social security number

xxx-xx-xxxx

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II**

**Income or Loss From Partnerships and S Corporations** — **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

**27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. . . . . ☐ **Yes** ☐ **No**

<b>28</b>	(a) Name	(b) Enter <b>P</b> for partnership; <b>S</b> for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	US ENERGY CONSULTING GROUP	S	<input type="checkbox"/>	27-3768864	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach <b>Form 8582</b> if required)	(h) Passive income from <b>Schedule K-1</b>	(i) Nonpassive loss from <b>Schedule K-1</b>	(j) Section 179 expense deduction from <b>Form 4562</b>	(k) Nonpassive income from <b>Schedule K-1</b>	
<b>A</b>				75,813	
<b>B</b>					
<b>C</b>					
<b>D</b>					
<b>29a Totals</b>				75,813	
<b>b Totals</b>					
<b>30</b>	Add columns (h) and (k) of line 29a . . . . .			<b>30</b>	75,813
<b>31</b>	Add columns (g), (i), and (j) of line 29b . . . . .			<b>31</b>	( )
<b>32</b>	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. . . . .			<b>32</b>	75,813

**Part III****Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach <b>Form 8582</b> if required)	(d) Passive income from <b>Schedule K-1</b>	(e) Deduction or loss from <b>Schedule K-1</b>	(f) Other income from <b>Schedule K-1</b>
<b>A</b>			
<b>B</b>			
<b>34a Totals</b>			
<b>b Totals</b>			
<b>35</b>	Add columns (d) and (f) of line 34a . . . . .		<b>35</b>
<b>36</b>	Add columns (c) and (e) of line 34b . . . . .		<b>36</b>
<b>37</b>	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36. . . . .		<b>37</b>

**Part IV****Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from <b>Schedules Q</b> , line 2c (see instructions)	(d) Taxable income (net loss) from <b>Schedules Q</b> , line 1b	(e) Income from <b>Schedules Q</b> , line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below . . . . .				<b>39</b>

**Part V****Summary**

<b>40</b>	Net farm rental income or (loss) from <b>Form 4835</b> . Also, complete line 42 below . . . . .	<b>40</b>	
<b>41</b>	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 . . . . .	<b>41</b>	75,813
<b>42</b>	<b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions . . . . .	<b>42</b>	
<b>43</b>	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . . . .	<b>43</b>	

~~XXXXXXXXXXXXXXXXXXXX~~

## 202 K-1 DETAIL REPORT

				Sch. B	Short Term Capital Gains	Long Term Capital Gains	Sect. 1231 Gain	Sect. 179	Rental Carryover Sch E      4797	Passive Carryover Sch E      4797	PTP Carryover Sch E      4797
Entity	P/S	Current Gain/ Loss	Loss Carry Forward	Interest							
US ENERGY CONSUMERS INC.		75813			75813						
		-----			-----						
		75813			75813						

**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Social security number of person  
with self-employment income ►

JAY J GETMAN

XXXXXXXXXXXX

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I. ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**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** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order. **2** 3,114

**3** Combine lines 1a, 1b, and 2. **3** 3,114

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. **4a** 2,876

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here. **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue. **4c** 2,876

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income. **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-. **5b**

**6** Add lines 4c and 5b. **6** 2,876

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021. **7** 142,800

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11. **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10. **8b**

**c** Wages subject to social security tax from Form 8919, line 10. **8c**

**d** Add lines 8a, 8b, and 8c. **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11. **9** 142,800

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124). **10** 357

**11** Multiply line 6 by 2.9% (0.029). **11** 83

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**. **12** 440

**13** **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**. **13** 220

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$8,820, or (b) your net farm profits<sup>2</sup> were less than \$6,367.

**14** Maximum income for optional methods. **14** 5,880

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$5,880. Also include this amount on line 4b above. **15**

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$6,367 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14. **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above. **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

XXXX0601100000XXXX

W-2 DETAIL REPORT - 2021

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
-----	-----	-----	-----	-----	-----	-----	--	-----	-----	-----	-----
CUTTING EDGE TRAVEL LLC	84-2636364	X	14000		868	203					
			-----		---	---					
			14000		868	203					

Form **8879**

(Rev. January 2021)

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

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID)

00597970 4

Taxpayer's name

JAY J GETMAN

Social security number

XXXXXXXXXXXX

Spouse's name

LAURA L EDWARDS

Spouse's social security number

XXXXXXXXXXXX

**Part I Tax Return Information — Tax Year Ending December 31, 2021** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	92,707
2	Total tax . . . . .	2	6,531
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	
4	Amount you want refunded to you . . . . .	4	
5	Amount you owe . . . . .	5	6,648

**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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

☒ I authorize TAX SAVERS INC to enter or generate my PIN

ERO firm name

11993

Enter five digits, but  
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶ Jay Getman Date ▶ 07/16/2023**Spouse's PIN: check one box only**

☒ I authorize TAX SAVERS INC to enter or generate my PIN

ERO firm name

62958

Enter five digits, but  
don't enter all zeros

as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶ [Signature] Date ▶ 07/16/2023**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.

59797011680

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 ▶ LEWIS S GRUTMANDate ▶ 07/16/2023

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

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

Form **8879** (Rev. 01-2021)

BCA

**This foregoing document was electronically filed with the Public Utilities  
Commission of Ohio Docketing Information System on**

**7/17/2023 12:30:44 PM**

**in**

**Case No(s). 19-1080-EL-AGG**

Summary: In the Matter of the Application of US Energy Consulting Group LLC