

DIS Case Number: 17-0336-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

Section D: Applicant Technical Capacity

Application Attachments

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 FRED		Last name KASUNICK		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial MICHELLE M		Last name KASUNICK		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 348 PLYMOUTH DRIVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. BAY VILLAGE			State OH	ZIP code 44140	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

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

Dependents (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
MICHAEL	KASUNICK	[REDACTED]	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JENNIFER R	KASUNICK	[REDACTED]	Daughter	<input checked="" 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	77,885.
	2a	Tax-exempt interest	2a 4.	b Taxable interest	2b 420.
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.	3a	Qualified dividends	3a 5,203.	b Ordinary dividends	3b 5,682.
	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
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	24,371.
	8	Other income from Schedule 1, line 10		8	28,630.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	136,988.
	10	Adjustments to income from Schedule 1, line 26		10	9,037.
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶		11	127,951.
	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	5,344.	
	14	Add lines 12c and 13	14	30,444.	
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	97,507.	

**If you have a
qualifying child,
attach Sch. EIC**

Refund

Direct deposit?
See instructions.

Amount You Owe

**Third Party
Designee**

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

Designee's name ▶ Sandra C. Thomas Phone no. ▶ (330) 725-3162 Personal identification number (PIN) ▶

6	0	7	8	0
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**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 SALES	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
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Joint return?
See instructions.
Keep a copy for
your records.

Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation TEACHER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶
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Phone no.	Email address
	fmkasunick@aol.com

**Paid
Preparer
Use Only**

Preparer's name Sandra C. Thomas	Preparer's signature Sandra C. Thomas	Date 04/05/2022	PTIN P01446305	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name ▶ SC Thomas & Associates CPA LLC			Phone no. (330) 725-3162	
Firm's address ▶ 3599 Reserve Commons Drive Medina OH 44256			Firm's EIN ▶ 82-2006662	

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 FRED		Last name KASUNICK		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial MICHELLE M		Last name KASUNICK		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 348 PLYMOUTH DRIVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. BAY VILLAGE			State OH	ZIP code 44140	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	

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 blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

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

Income		Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		Attach Sch. B if required.		Standard Deduction for—	
1a	Total amount from Form(s) W-2, box 1 (see instructions)						79,281.
b	Household employee wages not reported on Form(s) W-2						
c	Tip income not reported on line 1a (see instructions)						
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						
e	Taxable dependent care benefits from Form 2441, line 26						
f	Employer-provided adoption benefits from Form 8839, line 29						
g	Wages from Form 8919, line 6						
h	Other earned income (see instructions)						0.
i	Nontaxable combat pay election (see instructions)			1i			
z	Add lines 1a through 1h						79,281.
2a	Tax-exempt interest	2a	45.	b	Taxable interest	2b	77.
3a	Qualified dividends	3a	6,255.	b	Ordinary dividends	3b	7,033.
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)						
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			7			742.
8	Other income from Schedule 1, line 10			8			35,137.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9			122,270.
10	Adjustments to income from Schedule 1, line 26			10			12,671.
11	Subtract line 10 from line 9. This is your adjusted gross income			11			109,599.
12	Standard deduction or itemized deductions (from Schedule A)			12			25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13			6,615.
14	Add lines 12 and 13			14			32,515.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15			77,084.

Form **1040** (2022)

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

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Case No(s). 17-0336-EL-AGG

Summary: In the Matter of the Application of Ohio Energy Consultants