

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 <u>two most recent years</u> 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 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

0001	L
2021	
	1.1

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OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Statu Check only one box.	If yo	Single 🔀 Married filing jointly [ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing separately (N your spouse. If you c							
Your first name and middle initial Las				me					Your social security number		
FRED KA				JNICK							
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse's social security number		
MICHELL	ЕМ		KASU	JNICK							
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.	Preside	ential Election	on Campaign
348 PLY	MOUT	H DRIVE								here if you,	
City, town, or	oost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP	code			tly, want \$3 Checking a
BAY VIL	LAGE			ОН			44	to go to this fund. C box below will not c			
Foreign countr	y name		1	oreign province/state/	coun	ity	Fore			your tax or refund.	
										🗌 You	Spouse
At any time du	iring 20	021, did you receive, sell, exchange,	or othe	rwise dispose of any	fina	ancial interest i	n an	v virtual curren	icv?	Yes	No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate return	n or you	were a dual-status	alier	י 					
Age/Blindnes	s You:	Were born before January 2, 19	957	Are blind Spo	use	: 🗌 Was bor	n be	fore January 2		🗌 Is bli	
Dependent If more		instructions): rst name Last name		(2) Social security (3) Relationship number to you			ip	(4) ✔ if qu Child tax cre		or (see instrue Credit for oth	ctions): ner dependents
than four	MIC	HAEL KASUNICK		Son		Son			X		×
dependents, see instruction	JEN	NIFER R KASUNICK			Daughter					[
and check										[
here 🕨 🛄										[[
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2			a 9		1	-	77,885.
Attach Sch. B if	2a	Tax-exempt interest	2a	4. b Taxable intere			t		2b)	420.
required.	3a	Qualified dividends	Ba	5,203.	bС	Ordinary divider	nds		3b	,	5,682.
	4a	IRA distributions	la			4b	>				
	5a	Pensions and annuities	5a	b Taxable amount)	
Standard	6a	construction and a construction of a construction of the second second second second second second second second	ba 🛛			axable amount			6b	_	
Deduction for	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here \ldots \blacktriangleright] 7		24,371.
Married filing	8	Other income from Schedule 1, line	her income from Schedule 1, line 10								8,630.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	13	6,988.
 Married filing jointly or 	10	Adjustments to income from Scheo	income from Schedule 1, line 26						10	1	9,037.
Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income							11	12	7,951.
widow(er), \$25,100	12a	Standard deduction or itemized of	deducti	ons (from Schedule	A)	12 a		25,100	• .		
Head of	b	Charitable contributions if you take	the stan	dard deduction (see i	instr	ructions) 12b					
household, \$18,800	С	Add lines 12a and 12b			•				120	c 2	5,100.
If you checked	13	Qualified business income deduction	on from	Form 8995 or Form	899	5-A	•		13	-	5,344.
any box under Standard	14	Add lines 12c and 13							14	. 3	0,444.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less, e	ente	r-0	a e		15	9	7,507.
											1040

Act, and Paperwork Reduction Act Notice, see separate instructions. acy i

Form 1040 (2021)

Form 1040 (202	1)							Page 2		
	16	Tax (see instructions). Check if any from Fo					16	10,925.		
	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	10,925.		
	19	Nonrefundable child tax credit or credit for	6				19	500.		
	20	Amount from Schedule 3, line 8					20	1,182.		
	21	Add lines 19 and 20				• •	21	1,682.		
	22	Subtract line 21 from line 18. If zero or les	s, enter -0		i di n n n n	• •	22	9,243.		
	23	Other taxes, including self-employment ta					23	4,074.		
	24	Add lines 22 and 23. This is your total tax				. 🕨	24	13,317.		
	25	Federal income tax withheld from:			а I — «					
	а	Form(s) W-2	• × × • •		25a 6	,457.				
	b	Form(s) 1099			25b		2.8			
	С	Other forms (see instructions)			25c		1999			
	d	Add lines 25a through 25c				• •	25d	6,457.		
If you have a	26	2021 estimated tax payments and amount					26			
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)			27a					
attach Sch. Eld.		Check here if you were born after Ja								
		January 2, 2004, and you satisfy all taxpayers who are at least age 18, to clair					MENEN.			
	b	Nontaxable combat pay election								
	c	Prior year (2019) earned income			1					
	28	Refundable child tax credit or additional chi	La contra da	1 Schedule 8812	28 1	,500.				
	29	American opportunity credit from Form 88			29	779.				
	30	Recovery rebate credit. See instructions			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27a and 28 through 31. These a			the second se	lits 🕨	32	2,279.		
	33	Add lines 25d, 26, and 32. These are your					33	8,736.		
Refund	34	f line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34								
Refutio	35a	Amount of line 34 you want refunded to y	35a							
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here D 35a Routing number X X X X X X X X X X D CType: Checking Savings								
See instructions.	►d	Account number X X X X X X X X				Ū				
	36	Amount of line 34 you want applied to you	r 2022 estimat	ed tax 🕨	36					
Amount	37	Amount you owe. Subtract line 33 from lin	ne 24. For detai	ls on how to pay, s	see instructions	. ►	37	4,649.		
You Owe	38	Estimated tax penalty (see instructions) .		🕨	38	68.				
Third Party	Do	you want to allow another person to di			See					
Designee		tructions				mplete b	elow.	🗌 No		
	Des	ignee's	Phone	(220) 725 2		nal identifi	cation r			
		he ► Sandra C. Thomas		(330)725-3		er (PIN) 🕨	Sec. 1997	60780		
Sign		ler penalties of perjury, I declare that I have exam ef, they are true, correct, and complete. Declaratio								
Here		r signature	Date	Your occupation				you an Identity		
	100	in signature	Date	rour occupation				, enter it here		
Joint return?				SALES			ist.) ▶			
See instructions.	Spo	use's signature. If a joint return, both must sign.	Date	Spouse's occupati	on			your spouse an		
Keep a copy for your records.	6						y Protectist.) ►	tion PIN, enter it here		
•			E	TEACHER	0 1	(566 1	151.)	┹┹┹		
	1000000	ne no. parer's name Preparer's sign	Email address	fmkasunick	Date	PTIN	<u> </u>	Check if:		
Paid	0.0000000							Self-employed		
Preparer	the second	dra C. Thomas Sandra C	the second se		04/05/2022	P01446				
Use Only	-	n's name ► SC Thomas & Associ			11256		and the second se	30) 725-3162		
Calauri		n's address ► 3599 Reserve Commo	ns prive		44256	Firm's	EIN ►	82-2006662		
Go to www.irs.go	w/Form	1040 for instructions and the latest information.		BAA	REV 03/26/22 PRO			Form 1040 (2021)		

Filing Status	100 - 10	S. Individual Income Ta		urn 202 ed filing separately (MFS)	OMB No. 1545-	nousehold (HOH)		rite or staple in this space.
Check only one box.		u checked the MFS box, enter the i	name of			S (1999) 28	50 (55)	spor	use (QSS)
Your first name			Last na	me			INVESTIGATION OF STREET	Yourso	cial security number
FRED			NUMBER OF THE	INICK				1000-000-01-	
	pouse's	first name and middle initial	Last na						s social security number
MICHELLE	см		KASU	NICK					
		r and street). If you have a P.O. box, se					Apt. no.		ntial Election Campaign
348 PLYN	10UTI	H DRIVE						1 1 2 3 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nere if you, or your
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP code		if filing jointly, want \$3
BAY VILI	LAGE				OF	ł	44140		this fund. Checking a ow will not change
Foreign country	/ name		1	Foreign province/state/	count	ty	Foreign postal code		or refund.
									You Spouse
Digital	At ar	y time during 2022, did you: (a) red	ceive (as	a reward, award, or	payr	ment for proper	ty or services); or	(b) sell,	
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial	intere	est in a digital a	sset)? (See instru	uctions.)	🗌 Yes 🛛 No
Standard	Som	eone can claim: 🔲 You as a de	ependen	t	e as	a dependent			
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status	alien				
Age/Blindness	Vou	Were born before January 2,	1958 F	Are blind Sp	ouse		before January	2 1058	Is blind
			1936 L	<u> </u>			100 01 1 1		lies for (see instructions):
Dependents				(2) Social security number		(3) Relationship to you	Child tax c		
If more than four								icuit	
dependents,	2					Son			X
see instructions	s <u>JER</u>	NIFER R KASUNICK			-	Daughter			
and check here							- <u> </u>		
	1a	Total amount from Form(s) W-2, b	oox 1 /se	e instructions)				. 1a	79,281.
Income	b	Household employee wages not r	resection of the second se					. 1b	19,201.
Attach Form(s)	c							. 10	
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)							
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							
was withheld.	g	Wages from Form 8919, line 6							
If you did not get a Form	h	Other earned income (see instructions)						. <u>1g</u> . 1h	0.
W-2, see	i	Nontaxable combat pay election (see instructions)							
instructions.	z	Add lines 1a through 1h						. 1z	79,281.
Attach Sch. B	2a	Tax-exempt interest	2a	45.		axable interest		. 2b	77.
if required.	3a	Qualified dividends	3a	6,255.	bО	rdinary dividen	ds	. 3b	7,033.
	4a	IRA distributions	4a		b Ta	axable amount		. 4b	
Standard	5a	Pensions and annuities	5a		b Ta	axable amount		. 5b	
Deduction for-	6a	Social security benefits	6a		b Ta	axable amount		. 6b	
Single or Married filing	с	If you elect to use the lump-sum e	election r	nethod, check here	(see i	instructions)	[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired,	check here	[7	742.
Married filing	8	Other income from Schedule 1, lin	ne 10 .					. 8	35,137.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							122,270.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							12,671.
Head of	11	Subtract line 10 from line 9. This is	s your ac	ljusted gross incor	ne			. 11	109,599.
household,	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. 12	25,900.
\$19,400									
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Form	899	5-A		13	6,615.
\$19,400 If you checked any box under Standard Deduction,	13 14			Form 8995 or Form				13 14	6,615. 32,515.

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

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Form 1040 (2022)

Form 1040 (202)	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3 🗌		16	7,998.
Credits	17	Amount from Schedule 2, li	ne3				[17	0.
	18	Add lines 16 and 17			v u u u uc		[18	7,998.
	19	Child tax credit or credit for	other dependen	its from Sched	lule 8812		[19	1,000.
	20	Amount from Schedule 3, lin	ne8					20	1,502.
	21	Add lines 19 and 20						21	2,502.
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	5,496.
	23	Other taxes, including self-e	employment tax,	from Schedul	e 2, line 21 .		· ·	23	4,902.
	24	Add lines 22 and 23. This is	your total tax					24	10,398.
Payments	25	Federal income tax withheld						1122	
	а	Form(s) W-2		a (e e e		25a 6	,511.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	6,511.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return		[26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit fro				28			
	29	American opportunity credit	from Form 8863	3, line 8		29 1	,000.		
	30	Reserved for future use .		20 20 20 20 20 20		30	S.C. Solar		
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other p	ayments and refu	indable credits		32	1,000.
	33	Add lines 25d, 26, and 32. T	6 sector active constraints are availed				[33	7,511.
Refund	34	If line 33 is more than line 24						34	
nerunu	35a	Amount of line 34 you want	. 🗆 [35a					
Direct deposit?	b	Routing number X							
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe	6				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							2,965.
	38	Estimated tax penalty (see in	nstructions) .			38	78.		
Third Party	Do	you want to allow another				See			
Designee			6			1.1.1	mplete be	ow.	🗌 No
_		signee's		Phone	10001705 0	Perso	nal identifica		
	nan			no.	(330)725-3		er (PIN)		6 0 7 8 0
Sign		der penalties of perjury, I declare t							
Here			of preparer (other than taxpayer) is based on all information of will Date Your occupation				en ¹⁰ en	Secure and	
	YOU	Your signature D			Your occupation				you an Identity , enter it here
Joint return?					SALES			st.)	
See instructions.	Spo	ouse's signature. If a joint return, l						your spouse an	
Keep a copy for your records.			Identity Protection PIN, enter			tion PIN, enter it here			
your records.					TEACHER		(see ins	<i>x.</i>)	
		one no.		Email address	fmkasunick	The second	D.T.D.I		
Paid		parer's name	Preparer's signat			Date	PTIN	S	Check if:
Preparer		ndra C. Thomas	Sandra C.			04/06/2023	P014463		X Self-employed
Use Only	Firm		& Associa				Phone		30)725-3162
	Firm	n's address 3599 Rese.	rve Common	s Drive I	Medina OH	44256	Firm's	EIN	82-2006662
Go to www.irs.go	ov/Form	1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

BAA

This foregoing document was electronically filed with the Public Utilities

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3/21/2024 7:20:44 AM

in

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

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