

The Public Utilities Commission of Ohio

13-170	08-EL-A(3G-47
P	UCO USE ONLY	
Date Received	Case Number	Version
	-EL-AGG	August 2004

CERTIFICATION APPLICATION FOR AGGREGATORS/POWER BROKERS

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit A-5 Experience). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, Columbus, Ohio 43215-3793.

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

A. <u>APPLICANT INFORMATION</u>

A-1 Applicant's legal name, address, telephone number and web site address

 Legal Name
 Insight Energy, LLC

 Address
 11207 Rosewood, Leawood, KS

 66211
 Telephone # (913) 948-1107

 Web site address (if any) www.insightenergyservices.com

A-2 List name, address, telephone number and web site address under which Applicant will do business in Ohio

 Legal Name Insight Energy, LLC

 Address 11207 Rosewood, Leawood, KS 66211

 Telephone # (913) 948-1107

 Web site address (if any) www.insightenergyservices.com

A-3 List all names under which the applicant does business in North America Insight Energy, LLC

A-4 Contact person for regulatory or emergency matters

Name Adam Herrman Title Managing Partner

This is to certify that the mages appearing are an accurate and complete reproduction of a cree file focument delivered in the regular course of business Technician ______ Date Processed ______ 2013 RECEIVED-DOCKETING DIV

2013 JUL 30 AM 10: 28

Business addr	CSS 11207 Rosewo	d, Leawood, KS 66211
Telephone #	(913) 948-1107	Fax # (913) 273-0133
E-mail addres	s (if any) adam.he	rman@insightenergyservices.com

A-5 Contact person for Commission Staff use in investigating customer complaints

Name Adam Herrman		
Title Managing Partner		
Business address 11207 Rosewood, Lee	wood, KS 66211	
Telephone # (913) 948-1107	Fax # (913) 273-0133	· · · · · · · · · · · · · · · · · · ·
E-mail address (if any) adam.herm	an@insightenergyservices.com	

A-6 Applicant's address and toll-free number for customer service and complaints

Customer Service address	11207 Rosewood, Leawood, KS	66211
Toll-free Telephone #		Fax #
E-mail address (if any)		

A-7 Applicant's federal employer identification number # 461776256

A-8 Applicant's form of ownership (check one)

Sole Proprietorship	Partnership
□ Limited Liability Partnership (LLP)	Limited Liability Company (LLC)
Corporation	D Other

A-9 (Check all that apply) Identify each electric distribution utility certified territory in which the applicant intends to provide service, including identification of each customer class that the applicant intends to serve, for example, residential, small commercial, mercantile commercial, and industrial. (A mercantile customer, as defined in (A) (19) of Section 4928.01 of the Revised Code, is a commercial customer who consumes more than 700,000 kWh/year or is part of a national account in one or more states).

🗅 First Energy				
🗖 Ohio Edison	Residential	Commercial	Mercantile	Industrial
🗖 Toledo Edison	Residential	Commercial	Mercantile	Industrial
Cleveland Electric Illuminating	Residential	Commercial	Mercantile	🖬 Industrial
🛛 Cincinnati Gas & Electric	Residential	Commercial	Mercantile	Industrial
🖬 Monongahela Power	Residential	Commercial	a Mercantile	🖬 Industrial
American Electric Power				
Ohio Power	Residential	Commercial	Mercantile	Industrial
Columbus Southern Power	Residential	Commercial	Mercantile	🖬 Industrial
Dayton Power and Light	Residential	Commercial	🛚 Mercantile	Industrial

A-10 Provide the approximate start date that the applicant proposes to begin delivering services

September 1, 2013

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- A-11 <u>Exhibit A-11 "Principal Officers, Directors & Partners"</u> provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-12 <u>Exhibit A-12 "Corporate Structure,"</u> provide a description of the applicant's corporate structure, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers and companies that aggregate customers in North America.
- A-13 <u>Exhibit A-13 "Company History,"</u> provide a concise description of the applicant's company history and principal business interests.
- A-14 <u>Exhibit A-14 "Articles of Incorporation and Bylaws,"</u> if applicable, provide the articles of incorporation filed with the state or jurisdiction in which the Applicant is incorporated and any amendments thereto.
- A-15 <u>Exhibit A-15 "Secretary of State</u>," provide evidence that the applicant has registered with the Ohio Secretary of the State.

B. <u>APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE</u>

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

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

- **B-3** Exhibit B-3 "Summary of Experience," provide a concise summary of the applicant's experience in providing aggregation service(s) including contracting with customers to combine electric load and representing customers in the purchase of retail electric services. (e.g. number and types of customers served, utility service areas, amount of load, etc.).
- **B-4** Exhibit B-4 "Disclosure of Liabilities and Investigations," provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.
- **B-5** Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.

🛛 No 🗖 Yes

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

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

☑ No □ Yes

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

C. APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- C-1 <u>Exhibit C-1 "Annual Reports."</u> provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why.
- C-2 <u>Exhibit C-2 "SEC Filings,</u>" provide the most recent 10-K/8-K Filings with the SEC. If applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that the applicant is not required to file with the SEC and why.

C-3 <u>Exhibit C-3 "Financial Statements."</u> provide copies of the applicant's two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business.

- C-4 <u>Exhibit C-4 "Financial Arrangements,"</u> provide copies of the applicant's financial arrangements to conduct CRES as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.,).
- C-5 <u>Exhibit C-5 "Forecasted Financial Statements,"</u> provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant's CRES operation, along with a list of assumptions, and the name, address, e-mail address, and telephone number of the preparer.
- C-6 <u>Exhibit C-6 "Credit Rating,"</u> provide a statement disclosing the applicant's credit rating as reported by two of the following organizations: Duff & Phelps, Dun and Bradstreet Information Services, Fitch IBCA, Moody's Investors Service, Standard & Poors, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant.
- C-7 <u>Exhibit C-7 "Credit Report."</u> provide a copy of the applicant's credit report from Experion, Dun and Bradstreet or a similar organization.
- C-8 **Exhibit C-8 "Bankruptcy Information,"** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.

C-9 <u>Exhibit C-9 "Merger Information,"</u> provide a statement describing any dissolution or merger or acquisition of the applicant within the five most recent years preceding the application.

- Managing Partner Signature of Applicant & Title Sworn and subscribed before me this <u>24</u> day of <u>July</u>, <u>ZOIS</u> Year Month SEAN HERS Notary Public Print Name and Title Signature of official administering oath SEAN HURD 6/17/2017 My commission expires on Notary Public-State of Kansa My Appt. Expires G/17/2017

<u>r IDAVIT</u>

State of Kansas:

Affiant, being duly sworn/affirmed according to law, deposes and says that: He/She is the Managing achie Office of Affiant) of Insight Energy L (Name of Applicant); That he/she is authorized to and does make this affidavit for said Applicant,

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

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

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

Managing Partner ignature of Affiant & Title Sworn and subscribed before me this $\frac{24}{Month}$ day of $\frac{201}{Month}$ $\frac{2013}{Year}$ SGAN HURD No two Public Signature of official administering oath SEAN HURD 6/17/2017 My commission expires on Notary Public-State of Kansas My Appt. Expires 6 17/2017



Exhibit A-11: Principal Officers, Directors & Partners

The Officer of Insight Energy, LLC and contact information are as follows:

Lawrence Smith, Managing Partner 11207 Rosewood Leawood, KS 66211 Telephone: 913-523-3731 Lawrence.Smith@InsightEnergyServices.com

Adam Herrman, Managing Partner 11207 Rosewood Leawood, KS 66211 Telephone: 913-948-1107 Adam.Herrman@InsightEnergyServices.com



Exhibit A-12: Corporate Structure

Insight Energy, LLC is a limited liability company organized under the laws of Kansas

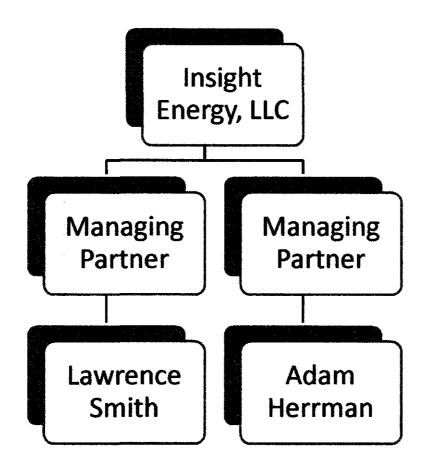




Exhibit A-13: Company History

Insight Energy, LLC was formed at the end of 2012. The two managing partners have significant power marketing experience spanning over 15 years. Insight Energy, LLC was created as a Kansas limited liability company engaged in power brokering and consultancy.



Exhibit A-14: Articles of Incorporation and Bylaws

Attached are the articles of incorporation and Bylaws for Insight Energy, LLC.

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Kansas Business Center: Articles of Incorporation

Page 1 of 1 Exhibit A-14: Antoclass of Incorporation and Bylanes

Limited Liability Company Articles of Organization

The name of the Limited Liability Company:

Logo LLC

File date: 12/21/2012 File time: 11:35:29 Business Entity ID Number: 6773402

Registered Office in Kansas:

- 11207 Rosewood
- Leawood, Kansas
- 66206

Name of the resident agent at the registered office: Lawrence Smith

Mailing address for official mail:

- Logo LLC
- 11207 Rosewood
- Leawood, KS
- 66206 USA

Name of the organizer(s):

Lawrence Smith

I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Execution date: 12/21/2012

The signature(s) of the organizer(s):

Lawrence Smith **Lawrence Smith**



I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 12/21/2012.

Kris W. Kobach

Kansas Secretary of State

Memorial Hall, 1st floor - 120 SW 10th Ave. - Topeka, Kansas 66612-1594 phone: (785) 296-4564 - email: kssos@kssos.org - url: www.kssos.org

Exhibit A-14: Articles of Incorporation and Bylans

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Office of the Kansas Secretary of State

Name Change Amendment

Electronic File Stamp Information:

Filed

• Date: 03/19/2013

• Time: 07:39

- 1. Old Business Entity Name: LOGO LLC
- 2. Business Entity I.D. Number: 6773402

The name of the business entity has been amended.

New Business Entity Name: Insight Energy LLC

"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."

Executed on the 19 of March, 2013

Lawrence Smith Authorized Person

I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 19 of March, 2013.

Kris W. Kobach

To validate the authenticity of this electronically certified document please

Exhibit A-14: Articles of Incorporation and Bylaus

visit, <u>https://www.kansas.gov/sos-namechange/validation.do</u>. Enter the following authentication code: 11624





Exhibit A-15: Secretary of State

Attached is the evidence that Insight Energy, LLC has registered with the Ohio Secretary of State.

DATE: 06/05/2013 DOCUMENT ID REG. OF FOR. PROFIT LIM. LIAB. CO. 201315501294 (LFP)

DESCRIPTION EXhibit A-15 Sucretan

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

INSIGHT ENERGY, LLC LAWRENCE SMITH 11207 ROSEWOOD LEAWOOD, KS 66211

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2204696

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

INSIGHT ENERGY, LLC

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

Document(s):

REG. OF FOR. PROFIT LIM. LIAB. CO.

Effective Date: 06/04/2013



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

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of June, A.D. 2013.

for Husted

Ohio Secretary of State

Document No(s): 201315501294

State

COPY

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Exhibit B-1: Jurisdictions of Operation

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Illinois Pennsylvania Texas Kansas



Exhibit B-2: Experience and Plans

Insight Energy, LLC has over 25 years of combined industry experience. The team has professional experience in multiple disciplines including trading, marketing, transmission, power plant management, dispatch, tolling, energy management agreements, fuel services, asset optimization, risk management, etc. Insight will consult in pricing analytics, planning, power procurement and bill reconciliation. Marketing will consist of using already established relationships in the commercial and industrial sectors of Ohio.

Managing Partner

- Has experience managing 5,000 megawatts
- Wholesale Power and Gas Trading & Marketing, as well as Regulated Power System Generation Dispatch and Load Management
- 15 years energy industry experience

Managing Partner

- Wholesale Power Trading & Marketing, as well as Regulated Power System Generation Dispatch and Load Management
- has experience managing a 6,000 megawatt system
- 12 years energy industry experience

Insight Energy, LLC will comply with applicable requirements per Section 4928.10 of the Revised Code.



Exhibit B-3: Summary of Experience

Insight Energy, LLC has over 25 years of combined industry experience. The team has professional experience in multiple disciplines including trading, marketing, transmission, power plant management, dispatch, tolling, energy management agreements, fuel services, asset optimization, risk management, etc. Insight will consult in pricing analytics, planning, power procurement and bill reconciliation. Marketing will consist of using already established relationships in the commercial and industrial sectors of Pennsylvania.

Managing Partner

- Has experience managing 5,000 megawatts
- Wholesale Power and Gas Trading & Marketing, as well as Regulated Power System Generation Dispatch and Load Management
- 15 years energy industry experience

Managing Partner

- Wholesale Power Trading & Marketing, as well as Regulated Power System Generation Dispatch
 and Load Management
- has experience managing a 6,000 megawatt system
- 12 years energy industry experience

Insight Energy, LLC will comply with applicable requirements per Section 4928.10 of the Revised Code.



Exhibit B-4: Disclosure of Liabilities and Investigations

None

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Exhibit C-1: Annual Reports

Insight Energy, LLC is a private company and does not prepare a traditional Annual Report that is prepared for public companies. Please refer to C-3 for the Company's financial statements.



Exhibit C-2: SEC Filings

Insight Energy, LLC is a private company and does not prepare a traditional Annual Report that is prepared for public companies. Please refer to C-3 for the Company's financial statements.

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Exhibit C-3: Financial Statements

Please see attached financial statements.

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Exhibit C-3: Financial statements

Total June 2013

Assets			
	Checking & Savings		
		Checking	\$ 583
		Savings	\$ -
	Total Cheching & Sa	vings	\$ 583
	Accounts Receivable	2	\$ 81,000
	Other Assets		
		Liscenses	\$ 2,485
Total Asso	ets		\$ 84,068
Liabilities	& Equity		
	Current Liabilities		
		Advance from Owner	\$ 3,372
		Accounts Payable	\$-
	Total Current Liabili	ties	\$ 3,372
	Total Liabilities		\$ 3,372
	Equity		\$ 80,696
Total Liak	vilites & Equity		\$ 84,068

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Exhibit C-4: Financial Arrangements

Please see attached forms.

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Exhibit C-# : Financial Arrangements Department of the Treasury - Internal Revenue Service 2010 **§1040** (99) U.S. Individual Income Tax Return IRS Use Only - Do not write or staple in this space For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending OMB No. 1545-0074 Your first name and initial Last name R Your social security number Name. Smith. Lawrence R ТΤ Address. N T If a joint return, spouse's first name and initial Last name Spouse's social security number and SSN Smith Angela H C Home address (number and street). If you have a P.O. box, see instructions. Apt. no. See secarate E instructions. Make sure the SSN(s) above R and on line 6c are correct. 9742 Sagamore Road City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Checking a box below will not KS 66206 change your tax or refund. Leawood USA Presidential Election Campaign > Check here if you, or your spouse if filing jointly, want \$3 to go to this fund . . . You Spouse -Single 4 Head of household (with qualifying person). (See instructions.) If Filing Status 2 Married filing jointly (even if only one had income) the qualifying person is a child but not your dependent, enter this child's name here, 🕨 3 Married filing separately. Enter spouse's SSN above Check only one box. and full name here. 🕨 Qualifying widow(er) with dependent child 5 Boxes checked 2 X Yourself. If someone can claim you as a dependent, do not check box Ba . . 6a on 6a and 6b No. of children Exemptions X Spouse . b on 6c who: (3) Dependent's (4)√ li child under age 17 c Dependents: lived with you (2) Dependent's social security number • qualitying for child tax credit relationship to did not live with you due to divorce ٠ (1) First name Lest name (see page 15) you or separation Claire K. Smith Child (see Instructions) If more than fou Marin E. Smith Child x dependents, see Dependents on 6c instructions and not entered above check here Add numbers on lines above 🍺 d Total number of exemptions claimed Wages, salaries, tips, etc. Attach Form(s) W-2 Stmt 1 149,940. 7 7 Income 2,163. 8 a Taxable Interest. Attach Schedule B if required 8a 858 ь Attach Form(s) W-2 here. Also 6,163. Ordinary dividends. Attach Schedule B if required 9a 9 a attach Forms Qualified dividends Strnt 2 9b W-2G and b 1099-R If tax Taxable refunds, credits, or offsets of state and local income taxes 10 10 was withheld Alimony received 11 11 12 12 If you did not 66,190. Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 13 get a W-2 see page 20. 14 14 IRA distributions 15a b Taxable amount 15b 15 a b Taxable amount Pensions and annuities . . . 16a 16b 16 a 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 191 Enclose, but do 18 Farm income or (loss). Attach Schedule F 18 not attach, any payment, Also, 19 Unemployment compensation 19 please use Social security benefits _____ 20a b Taxable amount . Form 1040-V. 20.8 20b Other income. List type and amount 21 21 224,645 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 22 23 23 Educator expenses. Adjusted 24 Certain business expenses of reservists, performing artists, and Gross fee-basis government officials. Attach Form 2106 or 2106-EZ . 24 . Income 25 25 Health savings account deduction. Attach Form 8889 26 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax Attach Schedule SE 27 28 28 29 29 Penalty on early withdrawal of savings 30 30 31a 31a Alimony paid b Recipient's SSN -32 32 IRA deduction Student loan interest deduction . . . 33 33 34 Tuition and fees. Attach Form 8917. 34 Domestic production activities deduction. Attach Form 8903 . 35 35 36 Subtract line 36 from line 22. This is your adjusted gross income . . . <u>224,645</u> 37 37 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2010) 0A1210 5.000

RS 51P1M3 K501 04/12/2011 10:09:47

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Exhibit C4: Financial Arangements

Form 1040 (20	10) Lawrence R Smit., II & Angela H Smith	-	-2
Tax and	38 Amount from line 37 (adjusted gross income)	38	224,645.
Credits	39a Check J You were born before January 2, 1946, Blind. Total boxes		
oreano	if: Spouse was born before January 2, 1946, Blind. Checked > 39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here > 395	ALARA A ALARA Dicelar	
	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	51,645.
	41 Subtract line 40 from line 38	41	173,000.
	42 Exemptions. Multiply \$3,650 by the number on line 6d	42	14,600.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	158,400.
	44 Tax (see instructions). Check if any tax is from: a Form(s) 8814 b Form 4972	44	26,611.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	2,171.
	46 Add lines 44 and 45	46	28,782.
	47 Foreign tax credit. Attach Form 1116 if required		
	48 Credit for child and dependent care expenses. Atlach Form 2441 48	No.	
	49 Education credits from Form 8863, line 23		
	50 Retirement savings contributions credit. Attach Form 8880		
	51 Child tax credit (see instructions)		
	52 Residential energy credits. Attach Form 5695		
	53 Other credits from Form: a 3800 b 8801 c 53	501 i i	
	54 Add lines 47 through 53. These are your total credits	54	1,575.
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55	27,207.
Other	56 Self-employment tax. Attach Schedule SE	56	
Taxes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	57	<u> </u>
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	· · · · · · · · · · · · · · · · · · ·
	59 8 Form(s) W-2, box 9 b Schedule H c Form 5405, line 16 Form 5405, line 16	59 60	
	60 Add lines 55 through 59. This is your total tax	00	27,207.
Payments			
If you have a	63 Making work pay credit. Attach Schedule M	- 37-1	
qualifying [b Nontaxable combat pay election		
child, attach Schedule EIC.	65 Additional child tax credit. Attach Form 8812		
·	66 American opportunity credit from Form 8863, line 14		
	67 First-time homebuyer credit from Form 5405, line 10		
	68 Amount paid with request for extension to file	Ĩ	
	69 Excess social security and tier 1 RRTA tax withheld		
	70 Credit for federal tax on fuels. Attach Form 4136		
	71 Credits from Form: a 2439 b 8839 c 8601 d 8885 71	2 ⁶ 19	
<u> </u>	72 Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	22,935.
Refund	73 If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid .	73	
	74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
Direct deposit?			
instructions.	Amount of line 73 you want applied to your 2011 estimated tax 75 Amount of line 73 you want applied to your 2011 estimated tax 75 Amount of line 73 you want applied to your 2011 estimated tax	4. 2016) 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
		78	4 200
Amount You Owe	76 Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions 77 Estimated tax penalty (see instructions). 37.	3424845-3	4,309
	Description of the answer to the active with the ICC (as instructionally V as	1-195982-1-15 11-14-14-14-14	
Third Part	•		DW. No
Designee	Designee's Phone		(PN) ►60547
Sign	Under penalities of perjury, I declare that I have examined this return and accompanying schedules and statements, and I belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w Your stonature	o the bes	of my knowledge and
Here	Your signature	Daytir	ne phone number
Joint return? See page 12.	Manager	913	-648-5573
Keep a copy	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation		
for your records.	Homemaker		
	Print/Type preparer's name Preparer's signative Date Cheek	-	·
Paid	Steven V. Wiebler		00268044
Preparer Use Only	Firm's name House Park & Dobratz, P.C.		3-1562209
Use Only	Firm's address ▶ 605 West 47th Street, Suite 301 Phone no.	8	<u>16-931-3393</u>
104	Kansas City MO 64112		Earth 4848 100 100

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Exhibit C4: Financial Arangements

2010 Form 1040-V

What is Form 1040-V and Do You Have To Use it?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2010 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

 Make your check or money order payable to the "United States Treasury." Do not send cash.

 Make sure your name and address appear on your check or money order.

Department of the Treasury Internal Revenue Service

Form 1040-V (2010)

• Enter your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2010 Form 1040," "2010 Form 1040A," or "2010 Form 1040EZ," whichever is appropriate.

• To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/100").

How To Send In Your 2010 Tax Return, Payment, and Form 1040-V

• Detach Form 1040-V along the dotted line.

• Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.

• Mail your 2010 tax return, payment, and Form 1040-V to address shown on the back that applies to you.

JSA 0A9067 2.000

Use this
 Do not s
 Make you
 Write you

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service 2010	Form 1040-V	Payment Voucher
his voucher when making a payment with Form 1040. ot staple this voucher or your payment to Form 1040. your check or money order payable to the "United States Treasury." your social security number (SSN) on your check or money order.	Enter the amount of your payment	Dollars Cents 4,309.
your social becars increased (Son) as your creat or increased.	106	

LAWRENCE R SMITH, II ANGELA H SMITH 9742 SAGAMORE ROAD LEAWOOD, KS USA 66206

INTERNAL REVENUE SERVICE CENTER P.O. BOX 802501 CINCINNATI, OH 45280-2501

104	n "	epartment of the Treasury - Inter	•	V ()) M-1-1		-					
		I.S. Individual Inco	me Tax R			OMB	No. 1545-(074 IRS Us	- 1		e or staple in th ate instructi	
For the year Jan. Your first name		l, 2011, or oliver tax year beginning al	Last name		2011, ending		, 20		_		security nur	
Lawrend	ce F	t in the second s	Smith	1, II		-						
		s first name and initial	Last name						Sp	38 8'880C	ocial security	y numbe
Angela			Smith					1 Ant no.				
•		and street). If you have a P.O. bo	r, see instruction	\$,				Apt. no.			sure the SSN on line 6c are	
<u>9/42 52</u> City, town or po	agan stoffice	ore Road , state, and ZIP code. If you have	a foreign addres	ss, also complete sp	paces below	(see ins	fructions).	L			H Election Car	
Leawood	_	KS	66206							-	ou, or your spouse	-
Foreign country				Foreign province/o	county		Foreign p	ostal code	a be	x below will	is go to this fund <u>i A</u> ol change <u>your</u>	
USA									refu	d.	You	Spause
iling Statu	us ¹	Single			4 🛄			ld (with qual		•	•	•
-	2	X Married filing jointly (•	•		-	ualifying per name here.	sonls achik ►	ibutn	ot your	aependent, a	enter this
heck only one ox.	, 3	Married filing separate	• •	SCS OVE NOCE	5			v(er) with de	pende	nt child		·
	6 6a	1.1		as a denendent			·	<u></u>	1	Boxes	checked and 6b	2
xemption	S ⁰⁴		<u></u>	• • • • • • • • •	<u></u> .		<u></u>	<u></u> .		No. of on 6c	i children	
	C	Dependents:) Dependent's		lepende	ութ [_	(4)√ if ohlid unde µalihjing for child t		 live 	d with you	
	(1) Fin		e social	security number		nahip to	o you	(see lastructio		. you di	not live with ue to divorce	
		re K. Smith			Daugh			<u> </u>			varation Instructions)	<u></u>
pendents, see	<u>arı</u>	n E. Smith			Daugh	iter		<u> </u>			ndents on 6c ntered above	
eck		<u> </u>	•			•						
	d	Total number of exemption	s claimed		• • • • •	•					umbers on Ibove 🍗	4
ncome	7	Wages, salaries, tips, etc. A	itach Form(s)	N-2			S	tmt 1	7		134,	507.
	8a	Taxable interest. Attach So							8a		1,	041.
ttach Form(s)	b	Tax-exempt interest. Do no	t include on li	ne 8a 🔄 Stri	at, 2	86	<u> </u>	14.	.C			
-2 here. Also Itach Forms		Ordinary dividends. Attach				F 1	i • • • •		9a		<u> 10,</u>	261.
i-2G and 199-R if tax	b			, Stn		9b	•	3,084.				
as withheld.	10 11	Taxable refunds, credits, o Alimony received			•	• •.•	• • • • •		<u>10</u> 11			
	12	Business income or (loss).		CorC-EZ.		• • • •		• • • • • • • •	12			
you did not sta VV-2,	13	Capital gain or (loss). Attac			required, o	heck h	ere 🕨		13		54,	498.
e instructions.	14	Other gains or (losses). Att	ich Form 4797	· · · · · · · · ·					14			_ 2.
	15a	IRA distributions				Taxable	e amount		15b			
	16a	Pensions and annuities		67,43					16b	_		<u>546.</u>
nclose, but do	17	Rental real estate, royalties	• •						17			<u>-16.</u>
ot attach, any ryment. Aiso,	18	Farm income or (loss). Atta Unemployment compensati							18 19			
case use from 1040-V.	19 20a	Social security benefits							19 20b			
	21	Other income. List type and						• • • • • •	21			
	22	Combine the amounts in th						income 🕨	22		237,	839.
djusted	23	Educator expenses				23						
iross	24	Certain business expenses	•	-								
ncome		fee-basis government offici	•	•	-	24						
	25	Health savings account der		• •		25 26						
	26 27	Moving expenses. Attach F Deductible part of self-emp				27						
	28	Self-employed SEP, SIMPLE	•			28						
	29	Self-employed health insur				29						
	30	Penalty on early withdrawa	of savings			30			2			
	31a	Alimony paid b Recipient	s SSN 🕨 🔔	·		31a			ાં			
	32	IRA deduction	-			32						
	33	Student loan interest deduc										
	34	Tuition and fees. Attach For										
	35 36	Domestic production activit Add lines 23 through 35							38 38			
		പപലാം മാലസ്വുലാം പ							20			

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Exhibit C4: Emancial Arrangements

Form 1040 (20	1) Lawrence R Smith, II & Angela H Smith		e 2
Tax and	38 Amount from line 37 (adjusted gross income)	38	237,839.
Credits	39a Check (You were born before January 2, 1947, Blind.) Total boxes	12.03	-
reaus	if: Spouse was born before January 2, 1947, Blind. checked > 39a		
Standard Deduction	b If your spouse Itemizes on a separate return or you were a dual-status alien, check here > 39b	- I	1
for -	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		<u>52,772</u> .
People who	41 Subtract line 40 from line 38	41	185,067.
check any box on line	42 Exemptions. Multiply \$3,700 by the number on line 6d,	42	14,800.
39a or 39b or	43 Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	170,267.
who can be claimed as a	44 Yax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 elect		34,298.
tependent,	45 Alternative minimum tax (see instructions). Attach Form 6251		2,958.
nstructions.			
All others:		3 12	37,256.
Single or		<u>69.</u>	1
Married filing separately,	48 Credit for child and dependent care expenses. Attach Form 2441 48	<u>Sa</u>	
5,800	49 Education credits from Form 8863, line 23		
Married filing	50 Retirement savings contributions credit. Attach Form 8880		
ointly or Qualifying	51 Child tax credit (see instructions)		
ridow(er),	52 Residential energy credits. Atlach Form 5695	날랐	
611,600	53 Other credits from Form: a 3800 b 8801 c 53		
lead of ousehold,	54 Add lines 47 through 53. These are your total credits		60
8,500			69.
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0		37,187.
Other	56 Self-employment tax. Attach Schedule SE	56	
axes	57 Unreported social security and Medicare tax from Former a 4137 b 8919		
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	3,755.
	59a Household employment taxes from Schedule H	59a	
	b First-lime homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Other taxes, Enter code(s) from Instructions		······································
			40,942.
	61 Add lines 55 through 60. This is your total tax 62 Federal income tax withheld from Forms W-2 and 1099 62 21.0		40,942.
ayments		13.	
l	63 2011 estimated tax payments and amount applied from 2010 return 63	<u></u>	
f you have a	<u>64a</u> Earned Income credit (EIC)		
qualifying child, attach	b Nontaxable combat pay election 64b		
Schedule EIC.	65 Additional child tax credit. Attach Form 8812	2.5	•
	66 American opportunity credit from Form 8863, line 14] ;) i	
	67 First-time homebuyer credit from Form 5405, line 10		
			8
	69 Excess social security and tier 1 RRTA tax withheid	× ÷	
	70 Credit for federal tax on fuels. Attach Form 4136		
	71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71		
	72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments	▶ 72	21,043.
efund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
irect deposit?		1.	
60		認 意	
structions.	d Account number		
	75 Amount of line 73 you want applied to your 2012 estimated tax 75		
mount	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	▶ 76	20,094.
ou Owe		95.	
hird Party	Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes.	Complete t	below. No
Designee	Dasignee's . Phone	Per	sonai kientification
JeanAllee	name > Steven V. Wiebler no. > 816-931-3	3393 num	ber(PIN) ▶60547
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic	, and to the b	est of my knowledge and
lere	Your signature Date Your occupation		rie phone number
ant return? See	Manager		
structions. cop a copy for	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the lit	Ssent you an Identity Protection ler it here
our records.		PIN, en (See ins	ler n nene
		r	
aid	Print/Type proparer's name Prepirity altopative Date Check		
reparer	Steven V. Wiebler	epleyed	<u>P00268044</u>
lse Only		s EIN 🕨 🛛	43-1562209
www.wiay	Firm's address ▶ 605 West 47th Street, Suite 301 Phon		816-931-3393
	Kansas City MO 64112		
SA			Form 1040 (2011)
2.000			1 van 1 0 40 (2011)

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Exhibit C-5: Forecasted Financial Statements

Please see attached forecasted financial statement.

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Exhibit C-5: Forecasted Financial statements

		2013 OH Brokerage Income		2014 <u>OH Brokerage Income</u>
Total Income	\$	67,336	\$	386,678
Total Expense	<u>\$</u>	15,000	<u>\$</u>	25,000
Net income	<u>\$</u>	52,336	\$	361,678
Cash Flow	\$	52,336	\$	361,678
		Preparer		

Lawrence Smith 11207 Rosewood Leawood, KS 66211 913-523-3731 Lawrence.Smith@Insightenergyservices.com



Exhibit C-6: Credit Rating

Please see attached tax forms.

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Exibit C-Ce: Credit Parting Department of the Treasury - Inte Revenue Service 2010 **[1040**] U.S. Individual Income Tax Return (99) IRS Use Only - Do not write or staple in this space For the year Jan. 1-Dec. 31, 2010, or other tax year beginning 2010, ending OMB No. 1545-0074 Last name Your social accurity number R Your first name and initial Name. Smith. TT Lawrence R Address. If a joint return, spouse's first name and initial Last name Spouse's social security number and SSN Smith Angela H c Home address (number and street). If you have a P.O. box, see instructions. Apt. no. See separate Е instructions. Make sure the SSN(s) above R and on line 6c are correct, 9742 Sagamore Road City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Checking a box below will not change your tax or refund. KS 66206 USA Leawood Presidential Election Campaign ► Check here if you, or your spouse If filing jointly, want \$3 to go to this fund . . . You Spouse Single Head of household (with qualifying person). (See instructions.) If Filing Status¹ the qualifying person is a child but not your dependent, enter this Married filing jointly (even if only one had income) child's name here. 🕨 Married filing separately. Enter spouse's SSN above 3 Check only one box. 6 Qualifying widow(er) with dependent child and full name here. 🕨 **Boxes** checked х Yourself. If someone can claim you as a dependent, do not check box 6a ... 2 6a on 6a and 6b No. of children on 6c who: Exemptions X Spouse . b {4}√ If child under age 17 c Dependents: (3) Dependent's lived with you (2) Dependent's social security number ٠ ng for child tax credit relationship to did not live with you due to divorce (1) First name Last name (sea page 15) you Claire K. Smith <u>Child</u> or separation (see instructions) If more than four Marin E. Smith Child x dependents, see Dependents on 6c instructions and not entered above check here Add numbers on d Total number of exemptions claimed lines above 🍗 Stmt 1 149,940. Wages, salaries, tips, etc. Attach Form(s) W-2 7 Income <u>2,163.</u> 8 a 8a 858 ь Attach Form(s) W-2 here. Also Ordinary dividends. Attach Schedule B if required 9a 6,163. 9 a attach Forms Qualified dividends Stmt 2 9b ь W-2G and 1099-R if tax 10 10 Taxable refunds, credits, or offsets of state and local income taxes was withheld 11 Alimony received 11 Business income or (loss). Attach Schedule C or C-EZ 12 12 If you did not 66,190. Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 13 get a W-2 see page 20. Other gains or (losses). Attach Form 4797 14 14 IRA distributions 15a **b** Taxable amount 15b 15 a Pensions and annuities. . . . 16a b Taxable amount 16 a 16b Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 191 17 17 Enclose, but do Farm Income or (loss), Attach Schedule F 18 not attach, any 18 payment, Also 19 Unemployment compensation 19 olease use Form 1040-V. 20 a b Taxable amount 20 b 21 21 Other income. List type and amount 224,645. Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 22 23 23 Educator expenses. Adjusted Certain business expenses of reservists, performing artists, and 24 Gross fee-basis government officials. Attach Form 2106 or 2106-EZ . 24 Income 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax Attach Schedule SE 27 Self-employed SEP, SIMPLE, and qualified plans 28 28 29 29 30 38 31a 312 Alimony paid b Recipient's SSN 🕨 32 32 IRA deduction 33 33 Student loan interest deduction. Tuition and fees. Attach Form 8917..... 34 34 Domestic production activities deduction. Attach Form 8903 . 35 35 36 36 37 Subtract line 36 from line 22. This is your adjusted gross income . . . 37 224,645. For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2010) 0A1210 5.000

Exhibit C-le: Credit Parting

Form 1040 (20	10)	Lawrence R Smit., II & Angela H Smith	67 M M	Page 2
Tax and	31			224,645.
Credits	39	a Check J You were born before January 2, 1946, Blind. Total boxes	1.5	
0104.43		If: Spouse was born before January 2, 1946, Blind. Checked > 39a		
		b If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b	2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	
	40		40	51,645.
	41		41	L73,000.
	42		42	14,600.
	4		43	158,400.
	44		44	26,611.
	48		45	2,171.
	46	• • • • • • • • • • • • • • • • • • • •	46	28,782.
	47			
	48			
	48]. [
	50			
	51			
	52			
	53			
	54		54	1,575,
	58		56	27,207.
Other	56	Self-employment tax. Attach Schedule SE	56	
Taxes	57		57	<u></u>
	58		58	
	59		59	······································
	60		60	27,207.
Payments	61	Federal Income tax withheld from Forms W-2 and 1099 61 22,935.		
	62		eller Neller	
	63		i satisti Visionali e Visionali e	
If you have a		a Earned income credit (EIC)		
qualitying		b Nontaxable combat pay election 64b		
child, attach Schedule EIC.	68		(1)11-11-11-11-11-11-11-11-11-11-11-11-11	
J	66			
	67			
	68			
	69			
	70			
	71	Credits from Form: a 2439 b 8839 c 8601 d 6885 71		
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	22,935.
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	
	74	a Amount of line 73 you want refunded to you, If Form 8888 is attached, check here	74a	
Direct deposit?		b Routing number Savings	1	
See		d Account number		
	75	Amount of line 73 you want applied to your 2011 estimated tax > 75	a start and	
Amount	76	Amount you owe. Subtract line 72 from tine 60. For details on how to pay, see instructions	76	<u>4,309.</u>
You Owe	77	Estimated tax penalty (see instructions)		
Third Part		Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Comp	lete below.	No
Designee		Designee's Phone	Personal kientif	
		name Steven V. Wiebler Onder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and it	3 minuber (PIN)	► <u>60547</u>
Sign		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wi	hi ch preparer has r	any knowledge.
Here Joint return?		Your signature page your occupation		
See page 12.		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	913-648	<u>-5573</u>
Keep a copy for your				
records.		Homemaker		
Paid		Print/Type preparer's name Prenance print the Date Check is an explored in the Prenance Prena		
Preparer		BLeven V. Wiebiel	P0026	
Use Only		Firm's name House Park & Dobratz, P.C. Firm's EIN		62209
ter any		Firm's address > 605 West 47th Street, Suite 301 [Phone no.	816-9	<u>31-3393</u>
		Kansas City MO 64112		

JSA 0A1220 5.000

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Form 1040 (2010)

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Exhibit C-6: Credit Rating

2010 Form 1040-V

What is Form 1040-V and Do You Have To Use it?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2010 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

 Make your check or money order payable to the "United States Treasury." Do not send cash.

 Make sure your name and address appear on your check or money order.

Department of the Treasury Internal Revenue Service

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• Enter your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2010 Form 1040," "2010 Form 1040A," or "2010 Form 1040EZ," whichever is appropriate.

• To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/100").

How To Send In Your 2010 Tax Return, Payment, and Form 1040-V

Detach Form 1040-V along the dotted line.

• Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.

• Mail your 2010 tax return, payment, and Form 1040-V to address shown on the back that applies to you.

JSA 0A9067 2.000 V Detach Here and Mail V	Vith Your Payment and Return 🔻	Form 1040-V (2010)
Department of the Treasury Internal Revenue Service 2010	Form 1040-V	Payment Voucher
 Use this voucher when making a payment with Form 1040. Do not stuple this voucher or your payment to Form 1040. Make your check or money order payable to the "United States Treasury." 	Enter the amount of your payment	Dollars Centa 4,309.
Write your social security number (SSN) on your check or money order.	1062	

ANGELA H SMITH 9742 SAGAMORE ROAD LEAWOOD, KS USA 66206

INTERNAL REVENUE SERVICE CENTER P.O. BOX 802501 CINCINNATI, OH 45280-2501

		Exhibit C-	le: cr	edit	fou	ting	n .	····
		CAUCA				. 0		
104	•	epariment of the Treasury - Internal Revenue		M11				
		I.S. Individual Income Tax			10. 1545-00	074 IRS Use		not write or staple in this space.
For the year Jan. Your first name a		i, 2011, or other tax year beginning al Last name		2011, ending	, 20			separate instructions. social security number
Lawrend			th. II				4	
		s first name and initial Last name					Spou	ise's social security numbe
Angela Home address (r		and street). If you have a P.O. box, see instruc		···· .		Apt. no.		Make sure the SSN(s) above
		ore Road				-		and on line 6c are correct.
City, town or pos	st office	, state, and ZIP code. If you have a foreign ad		aces below (see instr	uctions).			sidential Election Campalyn
Leawood Foreign country i		<u>KS 66206</u>	Foreign province/o	oumbr I	Foreign por	abaa lete	— joinity,	here il you, er your spouse il filing want \$3 to go to this fund. Checking
USA	()airio			carry	t oroign po	5181 2028	a bez i teiund	You You Spouse
	1	Single	<u> </u>	4 Head of	f househow	t (with queli		rson). (See instructions.)
Filing Statu	US - 2	X Married filing jointly (even if only	y one had income)				• • •	your dependent, enter this
Check only one	3	Married filing separately. Enter sp	•	•	ame here.			
OX.		and full name here. 🕨				(er) with de	penden	Destas also also d
Exemption	s ^{6a}	1	-			• • • • •	· - }	on Sa and Sb No. of children
-		X Spouse	(2) Dependent's		_{**} (4)√ if ohid under		on 6c who: Ived with you 2
	(1) Fiz		(2) Dependents ocial security number	(3) Dependent relationship to y	ι α [lifying for child to (see Instruction	r credit	 did not live with
-		re K. Smith		Daughter		X		you due to divorce or separation
more than four M	lari	n E. Smith		Daughter		X		(see instructions) —— Dependents on 6c
structions and neck	<u> </u>							not entered above
₩ ▶		<u> </u>						Add numbers on
		Total number of exemptions claimed						lines above 4
ncome	7	Wages, salaries, tips, etc. Attach Form(Taxable interest. Attach Schedule B if	•		¤I	דשב. די ו	7 8a	<u> 134,507.</u> 1,041.
tesh Esmain)	8a b	Tax-exempt interest. Do not include of	•	1 1		14.	<u>0</u> a	<u> </u>
tach Form(s) -2 here. Also	9a	Ordinary dividends. Attach Schedule E		· · · · · · · · · · ·			9a	10,261.
tach Forma -2G and	ъ	Qualified dividends		t. 2 96	3	3,084.		
999-R if tax as withheid.	10	Taxable refunds, credits, or offsets of	state and local incom	e taxes			10	
	11	Alimony received			* * * * *		11	· · ·
you did not	12	Business income or (loss). Attach Scher Capital gain or (loss). Attach Scheduk		-		╵┢┷┪╵╞	<u>12</u> 13	54,498.
et a W-2, e instructions.	13 14	Other gains or (losses). Attach Form 4			• = •		14	
	15a	IRA distributions		b Taxable :	amount	•••••	15b	<u>_</u>
	16a	Pensions and annuities	67,43	9. b Taxable			16b	37,546.
nclose, but do	17	Rental real estate, royaities, partnersh	ips, S corporations, t	rusts, etc. Attach S	Schedule E		17	-16.
ot attach, any	18	Farm income or (loss). Attach Schedule					18	······································
ayment. Also, lease use	19	Unemployment compensation					19	·····
orm 1040-V.	20a 21	Other income. List type and amount			amount .	••••	20b 21	
	22	Combine the amounts in the far right			our total i	10ma 🕨	22	237,839.
له مه م	23	Educator expenses						
djusted	24	Certain business expenses of reservist	s, performing artists,	and		ľ	~	
Bross		fee-basis government officials. Attach	•					
come	25	Health savings account deduction. Att					. 5	
	26 27	Moving expenses. Attach Form 3903 . Deductible part of self-employment tax				-	4	
	27	Self-employed SEP, SIMPLE, and qualif		••••		•		
		Self-employed health insurance deduct		╵╹╹╹╹┝╍╍╍┢╍	· · · ·			
	29						* (2 .)	
	29 30	Penalty on early withdrawal of savings						
		Alimony paid b Recipient's SSN 🕨						
	30 31a 32	Alimony paid b Recipient's SSN ►_ IRA deduction		32		;		
	30 31a 32 33	Alimony paid b Recipient's SSN > IRA deduction	· · · · · · · · · · · ·	32			25 - 25 - 25 - 25	
	30 31a 32 33 34	Alimony paid b Recipient's SSN IRA deduction	· · · · · · · · · · · · · · · · · · ·	32 33 34				
	30 31a 32 33 34 35	Alimony paid b Recipient's SSN IRA deduction	on. Attach Form 890	32 33 34 3. 36				
	30 31a 32 33 34 35 36 37	Alimony paid b Recipient's SSN IRA deduction	on. Attach Form 890	32 33 34 336	-		36 36	237-839
r Disclosure,	30 31a 32 33 34 35 36 37 Privas	Alimony paid b Recipient's SSN IRA deduction	on. Attach Form 890	32 33 34 336	-			237,839. Form 1040 (2011)

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Exhibit C-Ce: Credit Rating

Form 1040 (20	1) Lawrence R Smith, II & Angela H Smith	Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	38 237,839.
Credits	20. Obash (Van ware been before leaven 2 1047 Dlind) Yestel house	(教法)
ri cuito	if: Spouse was born before January 2, 1947, Blind, checked > 39a	
tandard	b if your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b	ne terreterie Bander and La La Terreterie
Deduction	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 _ 52,772.
Feople who	41 Subtract line 40 from line 38	41 185,067.
heck any	42 Exemptions. Multiply \$3,700 by the number on line 6d	42 14,800.
ox on line 9a or 39b or l	43 Taxable Income. Subtract line 42 from line <u>41. if line 42 is more than line 41, enter -0-</u>	43 170,267.
ho can be	44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election	44 34,298.
aimed as a ependent,	45 Alternative minimum fax (see instructions). Altach Form 6251	45 2,958.
ee nstructions.	46 Add lines 44 and 45	46 37,256.
All others:	47 Foreign tax credit. Attach Form 1116 if required	40 37,230.
Single or	48 Credit for child and dependent care expenses. Attach Form 2441	
arried filing oparately,	49 Education credits from Form 8863, line 23	11.11.11.11.11.11.11.11.11.11.11.11.11.
5,800		
arried filing Intly or ualifying		161 + 191 (No. 2
ualifying dow(er),		
1,600	52 Residential energy credits. Attach Form 5695	
ead of	53 Other credits from Form: a 3800 b 8801 c 53	
ousehold, 8,500	54 Add lines 47 through 53. These are your total credits	<u>54</u> <u>69</u> .
J	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0	55 37,187.
ther	56 Self-employment tax. Attach Schedule SE	56
axes	57 Unreported social security and Medicare tax from Form: a 4137 b 8919	57
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<u>58</u> <u>3,755</u> .
		59a
		59b
	60 Other taxes. Enter code(s) from instructions	60
	the second se	61 40,942.
ayments	62 Federal income tax withheld from Forms W-2 and 1099	
you have a	64a Earned income credit (EIC)	
ualifying	b Nontaxable combat pay election	N - 14 N - 15 N - 15
hild, attach chedule EIC.	65 Additional child tax credit. Attach Form 8812 65	
	66 American appartually gradit from Earm 9962 line 14	
	69 Excess social security and tier 1 RRTA tax withheid	
	70 Credit for federal tax on fuels. Attach Form 4136	
		72 21,043.
efund		73
and down the t		74a
ect deposit?) e		· · · · · · · · · · · · · · · · · · ·
tructions.	► d Account number	
	75 Amount of line 73 you want applied to your 2012 estimated tax 🕨 75	224
mount		76 20,094.
ou Owe		行。如此不可能被求用的
hird Party	Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Comp	lete below. No
esignee	Designee's Fhone	Personal identification
valgilice	name ► Steven V. Wiebler no ► 816-931-3393	number (PIN) ► 60547
ign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to bellef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi	the best of my knowledge and
ere	Your signature Date Your occupation	Daytime phone number
Int rotum? See tructions.	Manager	
ep a copy for	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	the IRS sent you an Identity Protection N, enter it here
ir records.	Homemaker	see inst.)
*.J	Print/Type preparer's name Preparer's name Date Chart H	ртілі <u>Г., І., І., І., І.,</u> Г.
aid	Steven V. Wiebler	P00268044
eparer	Firm's name House Park & Dobratz, P.C.	
lse Only	Firm's address ▶ 605 West 47th Street, Suite 301 Phone no.	816-931-3393
	Kansas City MO 64112	010-201-0032
A		Page 4040
2.000		Form 1040 (2011)

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Exhibit C-7: Credit Report

Please see attached tax forms.

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Exhibit C-7: Credit Report Department of the Treasury - Inte....., Revenue Service 2010**§1040** U.S. Individual Income Tax Return (99) IRS Use Only - Do not write or staple in this space. For the year Jan. 1-Dec. 31, 2010, or other tax year beginning OMB No. 1545-0074 2010, ending Your first name and initial Last name R Your social security number Name. Smith, TT Lawrence R Address, If a joint return, spouse's first name and initial Spouse's social security number Last name and SSN Smith Angela <u>H</u> C Home address (number and street). If you have a P.O. box, see instructions. Apt. no. See separate instructions. Make sure the SSN(s) above R 9742 Sagamore Road and on line 6c are correct. City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Checking a box below will not KS 66206 change your tax or refund. <u>Leawood</u> USA Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund . . . You Spouse -Single Head of household (with qualifying person). (See instructions.) If Filing Status 2 Married filing jointly (even if only one had income) х the qualifying person is a child but not your dependent, enter this child's name hare. 🕨 3 Married filing separately. Enter spouse's SSN above Check only one box. and full name here. 🕨 Qualifying widow(er) with dependent child Boxes checked Yourself. If someone can claim you as a dependent, do not check box 6a . . 6a on 6a and 6b No. of children Exemptions X Spouse . on 6c who: c Dependents: (4) If child under age 17 (3) Dependent's lived with you • (2) Dependent's ng for child tax credit relationship to did not live with you due to divorce social security number (1) First name Last name (see page 15) you or separation Claire K. Smith x Child (see instructions) If more than four Marin E. Smith Child ЬX dependents, see Dependents on 6c instructions and not entered above check here dd numbers on d Total number of exemptions claimed . lines above 🍃 Wages, salaries, tips, etc. Attach Form(s) W-2 Stmt 1 149,940 7 7 Income 2,163. 8 a Taxable Interest. Attach Schedule B if required 8a Tax-exempt interest. Do not include on line 8a ... Stmt. 1. 8b 858 b Attach Form(s) W-2 hare. Also 6,163. Ordinary dividends. Attach Schedule B if required 9a 9 a attach Forms Qualified dividends Stmt 2 95 b W-2G and 1099-R if tax 10 Taxable refunds, credits, or offsets of state and local income taxes 10 was withheld Alimony received 11 11 12 12 If you did not 66,190. Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 13 get a W-2, see page 20. Other gains or (losses). Attach Form 4797 14 14 IRA distributions 15a **b** Taxable amount 15b 16 a Pensions and annuities, . . . 16a b Taxable amount 16b 16 a 191 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 17 Enclose, but do 18 Farm income or (loss). Attach Schedule F 18 not attach, any payment. Also, Unemployment compensation 19 19 please use Form 1040-V. 20 a b Taxable amount 20b Other income. List type and amount 21 21 224,645. Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 22 23 23 Educator expenses, Adjusted 24 Certain business expenses of reservists, performing artists, and Gross fee-basis government officials. Attach Form 2106 or 2106-EZ . 24 ੁ Income Health savings account deduction. Attach Form 8889 25 25 Moving expenses. Attach Form 3903 26 26 27 One-half of self-employment tax, Attach Schedule SE 27 Self-employed SEP, SIMPLE, and qualified plans 28 28 29 29 30 30 Penalty on early withdrawal of savings 31a 31a Alimony paid b Recipient's SSN 🕨 32 32 IRA deduction 33 33 Student loan interest deduction . . . Tuition and fees. Attach Form 8917. 34 34 Domestic production activities deduction. Attach Form 8903 . 35 35 36 Subtract line 36 from line 22. This is your adjusted gross income . . 224,645. 37 ► 37 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2010)

RS 51P1M3 K501 04/12/2011 10:09:47 0A1210 5,000

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Exhibit C-7: Credit Report

Form 1040 (20	10)	Lawrence R Smit., II & Angela H Smith		Page 2
Tax and	3		38	224,645.
Credits	_	a Check I You were born before January 2, 1948, Blind. Total boxes		221,013.
Ofcuits	91	if: Spouse was born before January 2, 1946, Blind. Checked > 39a	$\{ \begin{matrix} i \\ i \\ i \end{matrix} , i \end{matrix} \}_{i \in \mathbb{N}}$	
		b If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b		
	40		40	51,645.
	41		41	
	42		42	14,600.
	4:		43	158,400.
	44		44	26,611.
	4		45	2,171,
	41	Add lines 44 and 45	46	28,782.
	47	' Foreign tax credit. Attach Form 1116 if required		
	48	Credit for child and dependent care expenses. Attach Form 2441 48		
	49	Education credits from Form 8863, line 23		
	50			
	51			
	62			
	63	Other credits from Form: a 3800 b 8801 c 53		
	54		54	1,575.
	58		55	27,207.
Other	56		56	
Taxes	57		57 58	
	58 59		59	<u></u>
	60		60	27,207.
Payments	61			
rayments	61			
	63			
If you have a		a Earned income credit (EIC)	्राष्ट्र	
qualitying		b Nontaxable combat pay election 64b	1	
child, allach Schadula EIC.	68			
└ <u>┉┈╺</u> ╻╶╴╸┚	66			
	67	First-time homebuyer credit from Form 5405, line 10		
	68	Amount paid with request for extension to file		
	69	Excess social security and tier 1 RRTA tax withheld		
	70			
	71			
	72		72	22,935.
Refund		If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	74a	
Direct deposit?		a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	740	
See		d Account number		
instructions,	75	<mark>┣────┠────╂────╂────╂────╂────╂────╂───</mark>		
Amount	76		76	4,309.
You Owe	77	Estimated tax penalty (see instructions)	18222	
		Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Com	niete h	elow. No
Third Part	У	Designee's Phone	-	tonal identification
Designee		name 🕨 Steven V. Wiebler 🛛 🗠 🛯 🗠 🗠 🗠 816-931-339		^{iber (PHN)} ▶60547
Sign		Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v	to the bi which pre	est of my knowledge and sparer has any knowledge.
Here Joint return?		Your signature Date Your occupation	Day	time phone number
See page 12.		Spouse's signature, if a joint return, both must sign. Date Spouse's occupation	91	<u>3-648-5573</u>
Keep a copy for your				
for your records.		Homemaker	-	
Paid		Print/Type prepare's name Presard's stiffstative Date Check	i PTIN	
Preparer		Steven V. Hiebiet		P00268044
Use Only		Firm's name ► House Park & Dobratz, P.C. Firm's Ell		43-1562209
		Firm's address ► 605 West 47th Street, Suite 301 Phone no. Kansas City MO 64112	·	<u>816-931-3393</u>
		Kansas City MO 64112		

JSA 0A1220 5.000

Form 1040 (2010)

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Form 1040-V 2010

What is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2010 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

 Make your check or money order payable to the "United States Treasury." Do not send cash.

 Make sure your name and address appear on your check or money order.

Department of the Treasury Internal Revenue Service

Form 1040-V (2010)

Cents

 Enter your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2010 Form 1040," "2010 Form 1040A," or "2010 Form 1040EZ," whichever is appropriate.

 To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX---" OF "\$ XXX **/100").

How To Send In Your 2010 Tax Return, Payment, and Form 1040-V

Detach Form 1040-V along the dotted line.

 Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other, instead, just put them loose in the envelope.

 Mail your 2010 tax return, payment, and Form 1040-V to address shown on the back that applies to you.

Department of the Treasury Internal Revenue Service 2010 Form 1040-V Payment Vouche	00	▼ Deta	ch Here and Mail W	th Your Payment and Re	eturn 🔻	
	Department of the Treasury Internal Revenue Service		2010	Form 10	040-V Pay	/ment Vouche

Use this worcher when making a payment with Form 1040.

JSA DA9067 2.000

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.

Dollars Enter the amount of your payment 4,309 1062

LAWRENCE R SMITH, II ANGELA H SMITH 9742 SAGAMORE ROAD LEAWOOD, KS USA 66206

INTERNAL REVENUE SERVICE CENTER P.O. BOX 802501 CINCINNATI, OH 45280-2501

	- D	ipartment of the Treasury - Intern	al Revenue S	Service (99)	~ • • •	1					
§104	n	.S. Individual Inco			011	OMB No. 1	545-0074	IRS U		Do not write or staple in th	
		, 2011, or other tax year beginning	A		2011, ending		. 20			e separate instruct	
Your first name	_		Last name						10	ur social security nur	
Lawrence If a joint return.		a first name and initial	Last name	<u>th, II</u>					- Sp	ouse's social security	number
Angela	•		Smi	th							5
Home address (number	and street). If you have a P.O. boy	, see instruct	tions.			- 1 /	Apt. no.		Make sure the SSN	(s) above
9742 Sa	agam	ore Road								and on line 6c are	
	-	state, and ZIP code, If you have			aces below	(see instruction	ns).			Presidential Election Cam ck here if you, or your spouse	• •
Leawood		KS	<u>66206</u>	Foreign province/c	vinut	Fore	ign postal c	ode	join	ily, want \$3 to go to this fund	Checking
USA									a bi rafu	nd, You You	Spouse
	1	Single			4	Head of hou	usehold (w	ith ous	lifvina -	person). (See instruct	
Filing Statu	IS . 2	X Married filing jointly (ven if only	one had income)	•			-		ot your dependent, e	-
Check only one	3	Married filing separate	ly. Enter sp	ouse's SSN above	_	child's name	here, 🕨				
box,		and full name here. 🕨			5	Qualifying v	vidow(er)	with d	epende		
Exemption	s ^{6a}	11	•		do not che	ck box 6a .	• • • • •		••	Boxes checked on 6a and 6b No. of children	2
•	b	X Spouse	<u>, , , , , , , , , , , , , , , , , , , </u>			<u></u>	(4)J	f oblid and	•_• •	on 6c who: lived with you	2
	(1) Firs	■	50	(2) Dependent's Inclai security number		ependent's nship to you	qualityin	g for child e lastructi	tan credit	 did not live with 	
Ċ		re K. Smith			Daugh	ter		x		you due to divorce or separation	
		n E. Smith		1000000000000	Daugh			x		 (see instructions) Dependents on 6c 	
instructions and check		·····			<u> </u>					not entered above	
here 🕨 🛄			<u>.</u>							- Add numbers on	
		Total number of exemption							1	lines above 🕨	
income	7	Wages, salaries, tips, etc. At Taxable interest. Attach So		•			. Stm	C, J,	7 8a	134,	041.
M	oa b	Taxable interest. Adacti Sc Tax-exempt interest. Do no		-		4 1		14.	Ger .	<u>+e</u>	<u>741.</u>
Altach Form(s) N-2 here. Also	•	Ordinary dividends. Attach							9a	10,	261.
attach Forms W-2G and					nt. 2	96	3,0	084.	2.1		
1099-R if tax was withhold.	10	Taxable refunds, credits, or	offsets of	state and local incom	ne taxes 🔒			• • •	10		
N UY 1914 28(014).	11	Alimony received					• • • • •	•••	11		·
if you did not	12	Business income or (loss). A					• • • • •	Ļ.	12	54	100
pet a W-2, see instructions.	13	Capital gain or (loss). Attac			-		►		13 14	54,4	<u>2.</u>
ar nannchaid.	14 15a	Other gains or (losses). Atta IRA distributions	15a		· · · · [h·	Faxable amo	••••	•••	15b		
	16a	Pensions and annuities		67.43		Taxable amo			16b	37.	546.
	17	Rental real estate, royalties							17		-16.
Enclose, but do not attach, any	18	Farm income or (loss). Attac							18		
payment. Aiso, please use	19	Unemployment compensati							19		
Form 1040-V.	20a	Social security benefits						• • •	20b	 	<u> </u>
	21 22	Other income. List type and Combine the amounts in the	amount	column for lloss 7 4	rough 04	This is user 4		me b	21 22	237,8	230
	22	Educator expenses				23	<u>vial 11150</u>	nsing 📂			
Adjusted	24	Certain business expenses									
Gross	-	fee-basis government offici				24					
Income	25	Health savings account dec				25					÷
	26	Moving expenses. Attach F				26					
	27	Deductible part of self-emp	-			27 28				8	
	28 29	Self-employed SEP, SIMPLE Self-employed health insura	•			28	<u>.</u>				
	29 30	Penalty on early withdrawal			-	30					
		Alimony paid b Recipient's	-			31a					
	32	IRA deduction				32		-			
	33	Student loan interest deduc	ion						1.56		
	34	Tuition and fees. Attach For									
	35	Domestic production activiti							$\lambda_{12} G$		
		Add lines 23 through 35									

Exhibit C-7: Credit Report

FUIII 1040 (20	441	Lawrence R Smith, II & Angela H Smith		Page 2
T		Amount from time 37 (adjusted gross income)	38	237,839.
Tax and			1.7.4	
redits	28			
		if: [Spouse was born before January 2, 1947, Blind. J checked > 39a		
Standard		b If your spouse itemizes on a separate return or you were a dual-status alien, check here 🕨 39b	1	
Deduction	40	itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	52,772.
People who	41	Subtract line 40 from line 38	41	185,067.
heck any lox on line	42	Exemptions. Multiply \$3,700 by the number on line 6d	42	14,800.
9a or 39b or	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	170,267.
no can be taimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 962 election	44	_34,298.
lependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	2,958.
ee Instructions.	46	Add lines 44 and 45	46	37,256.
All others:	47	Foreign tax credit. Attach Form 1116 if required	5 . Pol.	0772.00.
ingle or		Credit for child and dependent care expenses. Attach Form 2441 48		
arried filing sparately,	48		2.5	
5,800	49	Education credits from Form 8863, line 23	- 19 C.	
iarried filing	50	Retirement savings contributions credit. Attach Form 8880	1910年	
uality or	51	Child tax credit (see instructions)		
dow(er) 1,600	52	Residential energy credits. Attach Form 5695		
lead of	53	Other credits from Form: a 3800 b 8801 c 53	8 A.	
xusehold,	54	Add lines 47 through 53. These are your total credits	64	69.
8,500	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	37,187.
1 h a u	56	Self-employment tax. Attach Schedule SE	56	
ther		Unreported social security and Medicare tex from Form: a 4137 b 8919	57	
axes	57			2 755
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	<u> </u>
		Household employment taxes from Schedule H	59a	
		First-time homebuyer credit repayment. Attach Form 5405 if required	59b	······
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	40,942.
ayments	62		1	
	63		۲ :	
iyou have a		Earned income credit (EIC)	<u>.</u>	
ualifying [S. 1	:
hild, attach			1.2 M (1)	
chedule EIC.		Additional child tax credit. Attach Form 8812	- 51	
	66	American opportunity credit from Form 8863, line 14	S	
	67	First-time homebuyer credit from Form 5405, line 10		
	68	Amount paid with request for extension to file	- 9	
	69	Excess social security and tier 1 RRTA tax withheld 69	3.3	
	70	Credit for federal tax on fuels. Attach Form 4136	$z \in \mathbb{R}^{n}$	
	71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71	19	
	79	Add lines 62, 63, 64a, and 65 through 71. These are your total payments.	72	21,043.
- Sum -2	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	<u></u>
efund				
		Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
rect deposit?)		Routing number Savings	遵循	
ee structions.		I Account number	感遭	
	75	Amount of line 73 you want applied to your 2012 estimated tax 🕨 75	58. C	
mount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	20,094.
ou Owe	77	Estimated tax penalty (see instructions)		
		Do you want to allow another person to discuss this return with the IRS (see Instructions)? X Yes. Com	• • • •	
hird Party				
)esignee		besigned's		sonal kientification iber (PIN) ▶60547
ign		Inder penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and relief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	to the b	ost of my knowledge and
		elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w four signature Your occupation	hich pre	eparer has any knowledge. ne phone number
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No delivery on the

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Exhibit C-8: Bankruptcy Information

None

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Exhibit C-9: Merger Information

Insight Energy, LLC has had no dissolution, merger, or acquisition within the five most recent years.

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