Ohio | Public Utilities Commission

PUCO USE ONLY – Version 1.08		
Date Received	Renewal Certification Number	ORIGINAL AGG Case Number
		13 - 1262 - GA-AGG

RENEWAL CERTIFICATION APPLICATION
COMPETITIVE RETAIL NATURAL GAS BROKERS/AGGREGATORS

Please **type or print** all required information. Identify all attachments with an exhibit label and title (***Example: Exhibit A-15 - Company History***). 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 directly input information onto the form. You may also download the form by saving it to your local disk.

SECTION A - APPLICANT INFORMATION AND SERVICES

A-1 Applicant intends to renew its certificate as: (check all that apply)

☐ **Retail Natural Gas Aggregator** ☑ **Retail Natural Gas Broker**

A-2 Applicant information:

Legal Name: US Energy Consulting Group LLC
Address: 1275 66th Street N., #49221, St. Petersburg FL 33710-9221

Telephone No. (866) 942-6020 Web site Address www.USECG.com

Current PUCO Certificate No. 13-311G(1) Effective Dates June 28, 2015 - June 28, 2017

A-3 Applicant information under which applicant will do business in Ohio:

Name: US Energy Consulting Group LLC
Address: 2628 Texter Road, Lexington, OH 44904

Web site Address www.USECG.com Telephone No. (866) 942-6020

A-4 List all names under which the applicant does business in North America:

US Energy Consulting Group LLC	Gulf Coast Energy LLC

A-5 Contact person for regulatory or emergency matters:

Name Laura Edwards Title Member/Owner

Business Address 1275 66th Street N., #49221, St. Petersburg FL 33710-9221

Telephone No. (866) 942-6020 Fax No. (866) 670-5364 Email Address LEdwards@USECG.com

A-6 Contact person for Commission Staff use in investigating customer complaints:

Name Laura Edwards Title Member/Owner

Business address 1275 66th Street N., #49221, St. Petersburg FL 33710-9221

Telephone No. (866) 942-6020 Fax No. Email Address

A-7 Applicant's address and toll-free number for customer service and complaints

Customer service address 1275 66th Street N., #49221, St. Petersburg FL 33710-9221

Toll-Free Telephone No. (866) 942-6020 Fax No. (866) 670-5364 Email Address LEdwards@USECG.com

A-8 Provide "Proof of an Ohio Office and Employee," in accordance with Section 4929.22 of the Ohio Revised Code, by listing name, Ohio office address, telephone number, and Web site address of the designated Ohio Employee

Name Terri Haeseker Title Sales Rep

Business address 2628 Texter Road, Lexington, OH 44904

Telephone No. (866) 942-6020 Fax No. (866) 670-5364 Email Address LEdwards@USECG.com

A-9 Applicant's federal employer identification number 27-3768864

A-10 Applicant's form of ownership: (Check one)

- ☐ **Sole Proprietorship**
- ☐ **Partnership**
- ☐ **Limited Liability Partnership (LLP)**
- ☑ **Limited Liability Company (LLC)**
- ☐ **Corporation**
- ☐ **Other**

A-11 (Check all that apply) Identify each natural gas company service area in which the applicant is currently providing service or intends to provide service, including identification of each customer class that the applicant is currently serving or intends to serve, for example: *residential, small commercial, and/or large commercial/industrial (mercantile) customers.* (A mercantile customer, as defined in Section 4929.01(L)(1) of the Ohio Revised Code, means a customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within the state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. In accordance with Section 4929.01(L)(2) of the Ohio Revised Code, "Mercantile customer" excludes a not-for-profit customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside this state that has filed the necessary declaration with the Public Utilities Commission.)

✓	Columbia Gas of Ohio	✓	Residential	✓	Small Commercial	✓	Large Commercial / Industrial
✓	Dominion East Ohio	✓	Residential	✓	Small Commercial	✓	Large Commercial / Industrial
✓	Duke Energy Ohio	✓	Residential	✓	Small Commercial	✓	Large Commercial / Industrial
✓	Vectren Energy Delivery of Ohio	✓	Residential	✓	Small Commercial	✓	Large Commercial / Industrial

A-12 If applicant or an affiliated interest previously participated in any of Ohio's Natural Gas Choice Programs, for each service area and customer class, provide approximate start date(s) and/or end date(s) that the applicant began delivering and/or ended services.

✓ **Columbia Gas of Ohio**

✓	Residential	Beginning Date of Service	2014	End Date	
✓	Small Commercial	Beginning Date of Service	2014	End Date	
✓	Large Commercial	Beginning Date of Service	2014	End Date	
✓	Industrial	Beginning Date of Service	2014	End Date	

✓ **Dominion East Ohio**

✓	Residential	Beginning Date of Service	2014	End Date	
✓	Small Commercial	Beginning Date of Service	2014	End Date	
✓	Large Commercial	Beginning Date of Service	2014	End Date	
✓	Industrial	Beginning Date of Service	2014	End Date	

✓ **Duke Energy Ohio**

✓	Residential	Beginning Date of Service	2014	End Date	
✓	Small Commercial	Beginning Date of Service	2014	End Date	
✓	Large Commercial	Beginning Date of Service	2014	End Date	
✓	Industrial	Beginning Date of Service	2014	End Date	

✓ **Vectren Energy Delivery of Ohio**

✓	Residential	Beginning Date of Service	2014	End Date	
✓	Small Commercial	Beginning Date of Service	2014	End Date	
✓	Large Commercial	Beginning Date of Service	2014	End Date	
✓	Industrial	Beginning Date of Service	2014	End Date	

A-13 If not currently participating in any of Ohio's four Natural Gas Choice Programs, provide the approximate start date that the applicant proposes to begin delivering services:

☐	**Columbia Gas of Ohio**	**Intended Start Date**	
☐	**Dominion East Ohio**	**Intended Start Date**	
☐	**Duke Energy Ohio**	**Intended Start Date**	
☐	**Vectren Energy Delivery of Ohio**	**Intended Start Date**	

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

A-14 **Exhibit A-14 "Principal Officers, Directors & Partners,"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.

A-15 **Exhibit A-15 "Company History,"** provide a concise description of the applicant's company history and principal business interests.

A-16 **Exhibit A-16 "Articles of Incorporation and Bylaws,"** provide the articles of incorporation filed with the state or jurisdiction in which the applicant is incorporated and any amendments thereto, ***only if the contents of the originally filed documents changed since the initial application.***

A-17 **Exhibit A-17 "Secretary of State,"** provide evidence that the applicant is still currently registered with the Ohio Secretary of the State.

SECTION B - APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED

B-1 **Exhibit B-1 "Jurisdictions of Operation,"** provide a current 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 natural gas service, or retail/wholesale electric services.

B-2 **Exhibit B-2 "Experience & Plans,"** provide a current 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 4929.22 of the Revised Code and contained in Chapter 4901:1-29 of the Ohio Administrative Code.

B-3 **Exhibit B-3 "Summary of Experience,"** provide a concise and current summary of the applicant's experience in providing the service(s) for which it is seeking renewed certification (e.g., number and types of customers served, utility service areas, volume of gas supplied, etc.).

B-4 **Exhibit B-4 "Disclosure of Liabilities and Investigations,"** provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocations 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 for which it is seeking renewed certification since applicant last filed for certification.

B-5 **Exhibit B-5 "Disclosure of Consumer Protection Violations,"** disclose whether the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant has been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws since applicant last filed for certification.

☑ **No** ☐ **Yes**

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 **Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation,"** disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, or revoked, or whether the applicant or predecessor has been terminated from any of Ohio's Natural Gas Choice programs, or been in default for failure to deliver natural gas since applicant last filed for certification.

☑ **No** ☐ **Yes**

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

SECTION C - APPLICANT FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED

C-1 **Exhibit C-1 "Annual Reports,"** provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information, labeled as Exhibit C-1, or indicate that Exhibit C-1 is not applicable and why.
(This is generally only applicable to publicly traded companies who publish annual reports.)

C-2 **Exhibit C-2 "SEC Filings,"** 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 whether the applicant is not required to file with the SEC and why.

C-3 **Exhibit C-3 "Financial Statements,"** 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. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted).

C-4 **Exhibit C-4 "Financial Arrangements,"** provide copies of the applicant's financial arrangements to satisfy collateral requirements to conduct retail electric/gas business activity (e.g., parental or third party guarantees, contractual arrangements, credit agreements, etc.,).

Renewal applicants can fulfill the requirements of Exhibit C-4 by providing a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements.

First time applicants or applicants whose certificate has expired as well as renewal applicants can meet the requirement by one of the following methods:

1. The applicant itself stating that it is investment grade rated by Moody's, Standard & Poor's or Fitch and provide evidence of rating from the rating agencies.

2. Have a parent company or third party that is investment grade rated by Moody's, Standard & Poor's or Fitch guarantee the financial obligations of the applicant to the LDU(s).

3. Have a parent company or third party that is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The guarantor company's financials must be included in the application if the applicant is relying on this option.

4. Posting a Letter of Credit with the LDU(s) as the beneficiary.

If the applicant is not taking title to the electricity or natural gas, enter "N/A "in Exhibit C-4. An N/A response is only applicable for applicants seeking to be certified as an aggregator or broker.

C-5 **Exhibit C-5 "Forecasted Financial Statements,"** provide two years of forecasted income statements for the applicant's **NATURAL GAS related business activities in the state of Ohio Only**, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecasts should be in an annualized format for the two years succeeding the Application year.

C-6 **Exhibit C-6 "Credit Rating,"** provide a statement disclosing the applicant's current credit rating as reported by two of the following organizations: Duff & Phelps, Fitch IBCA, Moody's Investors Service, Standard & Poor's, 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 an 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. If an applicant or its parent does not have such a credit rating, enter "N/A" in Exhibit C-6.

C-7 **Exhibit C-7 "Credit Report,"** provide a copy of the applicant's current credit report from Experion, Dun and Bradstreet, or a similar organization. An applicant that provides an investment grade credit rating for Exhibit C-6 may enter "N/A" for Exhibit C-7.

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 **Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant within the two most recent years preceding the application.

C-10 **Exhibit C-10 "Corporate Structure,"** provide a description of the applicant's corporate structure, not an internal organizational chart, 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 in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

SECTION D – APPLICANT TECHNICAL CAPABILITY

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

D-1 **Exhibit D-1 "Operations,"** provide a current written description of the operational nature of the applicant's business functions.

D-2 **Exhibit D-2 "Operations Expertise,"** given the operational nature of the applicant's business, provide evidence of the applicant's current experience and technical expertise in performing such operations.

D-3 **Exhibit D-3 "Key Technical Personnel,"** provide the names, titles, email addresses, telephone numbers, and background of key personnel involved in the operational aspects of the applicant's current business.

Applicant Signature and Title , Member/Owner

Sworn and subscribed before me this 1st **day of** April **Month** 2017 **Year**

VAKAI PONT, NOTARY PUBLIC

Signature of official administering oath **Print Name and Title**

VAKAI PONT
NOTARY
My Comm. Expires
September 23, 2020
No. GG 26597
PUBLIC
STATE OF FLORIDA

My commission expires on 9-23-2020

The Public Utilities Commission of Ohio

Competitive Retail Natural Gas Service
(Version 1.07)

In the Matter of the Application of

US Energy Consulting Group, LLC

for a Certificate or Renewal Certificate to Provide

Case No. 13 - 262 **-GA-AGG**

County of Pinellas
State of Florida

Laura L Edwards [Affiant], being duly sworn/affirmed, hereby states that:

(1) The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant.

(2) The applicant will timely file an annual report of its intrastate gross receipts and sales of hundred cubic feet of natural gas pursuant to Sections 4905.10(A), 4911.18(A), and 4929.23(B), Ohio Revised Code.

(3) The applicant will timely pay any assessment made pursuant to Section 4905.10 or Section 4911.18(A), Ohio

(4) Applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to Title 49, Ohio Revised Code.

(5) Applicant will cooperate with the Public Utilities Commission of Ohio and its staff in the investigation of any consumer complaint regarding any service offered or provided by the applicant.

(6) Applicant will comply with Section 4929.21, Ohio Revised Code, regarding consent to the jurisdiction of the Ohio courts and the service of process.

(7) Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the certification or certification renewal application within 30 days of such material change, including any change in contact person for regulatory or emergency purposes or contact person for Staff use in investigating customer complaints.

(8) Affiant further sayeth naught.

Affiant Signature & Title LLE Member/Owner

Sworn and subscribed before me this 25 **day of** MAY **Month** 2017 **Year**

Dena LorAnn Zechella

Signature of Official Administering Oath

DENA LorAnn Zechella

Print Name and Title

DENA LORANN ZECHELLA
MY COMMISSION # FF937154
EXPIRES January 26, 2020

My commission expires on 01.26.20

A-14 Exhibit A-14 Principal Officers, Directors & Partners

Laura Edwards, Owner/Member
1275 66th Street N., #49221
St. Petersburg, FL 33710
(727) 906-1292
LEdwards@USECG.com

A-15 <u>Exhibit A-15 Company History</u>

US Energy Consulting Group (USECG) has been in business since Oct. 2010. The intention was to seek licensing and contract with suppliers. Since inception, USECG selling energy to clients through brokers licensed and with contracts in place. The owner, Laura Edwards, has been in the energy industry since 2007 and her principal business interests as the owner of USECG are to become licensed in all states requiring licensing for energy brokers, obtain contracts with suppliers and begin to grow her business into a 10-15 employee company focusing on customer retention and adding other areas of business that complement energy deregulation such as energy auditing and recycling.

Electronic Articles of Organization For Florida Limited Liability Company

L10000107321
FILED 8:00 AM
October 14, 2010
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

US ENERGY CONSULTING GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

The mailing address of the Limited Liability Company is:

4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

Article III

The purpose for which this Limited Liability Company is organized is:

ENERGY CONSULTING SERVICES, GREEN ENERGY, ENERGY MARKETING

Article IV

The name and Florida street address of the registered agent is:

LAURA L EDWARDS
4711 66TH ST. N.
ST. PETERSBURG, FL. 33709

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LAURA L EDWARDS

L10000107321
FILED 8:00 AM
October 14, 2010
Sec. Of State
gmcleod

Article V

The name and address of managing members/managers are:

Title: PRES
LAURA L EDWARDS
3400 55TH ST. N.
ST. PETERSBURG, FL. 33710

Title: VP
JAY J GETMAN
3400 55TH ST. N.
ST. PETERSBURG, FL. 33710

Article VI

The effective date for this Limited Liability Company shall be:

10/07/2010

Signature of member or an authorized representative of a member

Signature: LAURA L EDWARDS

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2017
Secretary of State
CC8780140874

DOCUMENT# L10000107321

Entity Name: US ENERGY CONSULTING GROUP, LLC

Current Principal Place of Business:

1275 66TH ST N
#49221
ST. PETERSBURG, FL 33710

Current Mailing Address:

1275 66TH ST. N.
#49221
ST. PETERSBURG, FL 33710-9221 US

FEI Number: 27-3768864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, LAURA L
1275 66TH ST. N.
#49221
ST. PETERSBURG, FL 33710-9221 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRES
Name	EDWARDS, LAURA L
Address	3400 55TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA L EDWARDS PRESIDENT 03/07/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date

A-17 Exhibit A-17 Secretary of State

Jon Husted
Ohio Secretary

Business FilingPortal

your BUSINESS begin here

Print this report

Corporation Details

Corporation Details	
Entity Number	2157593
Business Name	US ENERGY CONSULTING GROUP, LLC
Filing Type	FOREIGN LIMITED LIABILITY COMPANY
Status	Active
Original Filing Date	12/11/2012
Expiry Date	
Location: County:	State: FLORIDA

Agent / Registrant Information

TERRI HAESEKER
2628 TEXTER RD
LEXINGTON,OH 44904
Effective Date: 12/11/2012
Contact Status: Active

Filings

Filing Type	Date of Filing	Document Number/Image
REG. OF FOR. PROFIT LIM. LIAB. CO.	12/11/2012	201234800451

B-1 Exhibit B-1 “Jurisdictions of Operation”

Illinois	13-0407
New Jersey	EA-0230
Ohio	13-684E (3)
Pennsylvania	A-2013-2392573

B-2 Exhibit B-2 "Experience & Plans"

Laura Edwards as the owner of US Energy Consulting Group (USECG), has almost a decade of experience in selling energy. Ms. Edwards started selling energy as an account executive for other companies in business to sell energy and then became a manager for a company. Her responsibilities were managing all sales reps working in the actual call center as other call centers in other locations.

USECG contracts customers following the guidelines of the suppliers in which USECG partners with. Any and all agents are trained appropriately to clearly explain and confirm a customer's understanding of all contractual obligations the client will have once enrolled into their utility's customer choice program, including the name of the supplier as well as its contact information, how to cancel without penalty, the number of days to cancel without penalty, term length, as well as early termination consequences and fees if applicable.

Additionally, the customers are informed on what the process is to pay their bill if it is any different from their current habits. All customers, before contracting with a supplier via USECG receive a cost analysis clearly depicting apples to apples price comparison. All rates quoted include any taxes and/or other charges, if applicable so that the customer is fully aware of any and all charges and there are no surprises.

All agents for USECG ensure that the customer, if already contracted with the supplier, is made aware of any early termination fees with that current supplier before the customer decides to enroll through USECG. If there are any termination fees, USECG will include those fees in the detailed cost analysis so the customer can make an informed decision. The team at USECG responds to customer inquiries and/or complaints within one business day in order to remedy any situation immediately.

Exhibit B-3 Summary of Experience

Prior to USECG, the owner has been selling energy since 2007 primarily focused on chain restaurants and convenience stores and working with the energy broker companies she worked for to find the best rate possible. The biggest client was 91 convenient stores using a combined 35 million kwh. The average client she sells is approximately 200,000 kwh and focuses primarily on seriously finding the right supplier with the best rate without worrying about how she is paid. Of course being paid is vital but there are some suppliers who pay a year's usage upfront but that is rarely the right supplier to put a large user with. She focuses on the big picture by developing relationships with each client. They all have her cell phone number and email and know they can reach out to her at anytime.

The manager of USECG focuses on property management companies and mom and pop stores. As he says, it all adds up and they should be saving money as well. The average user is approximately 30,000 kwh. He maintains the same big picture dogma as the owner and stays in touch with his clients, making sure they are happy with their billing, etc. He will be training the sales managers who in turn will be training the sales agents for USECG.

B-4 Exhibit B-4 "Disclosure of Liabilities and Investigations"

US Energy consulting Group does not have any existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact our financial or operational status or ability to provide the services it is seeking to be certified to provide.

C-1 Exhibit C-1 "Annual Reports"

US Energy Consulting Group is not publically traded so no annual reports to shareholders.

C-2 Exhibit C-2 "SEC Filings"

The applicant, US Energy Consulting Group, is not required to file with the SEC because it is not a publicly traded company.

JVB ACCOUNTING LLC

1847 SHORE DRIVE S APT219
SOUTH PASADENA, FL 33707
mberch@tampabay.rr.com
Phone: (727)345-1187 | Fax: (727)666-7713

October 14, 2016

Laura Edwards
10575 125th Street
Seminole, FL 33778

Laura Edwards:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	$13,815 Balance Due	Mail a check

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax

Mail payment on or before due date to the following address:

Federal Income Tax
Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Sincerely,

Morris M Berch
JVB ACCOUNTING LLC

JVB ACCOUNTING LLC

1847 SHORE DRIVE S APT219
SOUTH PASADENA, FL 33707
mberch@tampabay.rr.com
Phone: (727)345-1187 | Fax: (727)666-7713

Laura Edwards
10575 125th Street
Seminole, FL 33778

Invoice Date: 10/14/2016

Your 2015 tax return was prepared by Morris M Berch.

Description		Fee
Federal and Supplemental Forms		
Form 1040	-U.S. Individual Income Tax Return	
Schedule E	-Supplemental Income and Loss Page 2	
Form 4562	-Depreciation and Amortization	
Form 8879	-E-File Signature Authorization	
Form 1040V	-Payment Voucher	
Form 9325	-General Information for Electronic Filing	
Form W-2	-Wage and Tax Statement	
Comparison	-Tax Year Comparison Sheet	
Wksht 179 Limit	-Section 179 Business Income Limit Worksheet	
Wksht 179 Limit	-Section 179 Business Income Limit Worksheet	
Total Forms : 10	**Forms Subtotal**	**$ 200.00**
	Total Balance Due	**$ 200.00**

Form **1040** Department of the Treasury - Internal Revenue Service (99)
U.S. Individual Income Tax Return 2015

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

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 | See separate instructions.

Your first name and initial	Last name	Your social security number
LAURA	EDWARDS	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		[redacted]

Home address (number and street).	Apt. no.
10575 125TH STREET	

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
SEMINOLE FL 33778

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ► JAY J GETMAN
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**
Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk If child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

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

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above ► 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	30,000
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	96,737
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ►		22	126,737

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN►	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ►		37	126,737

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2015)
EEA

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	126,737
39a	Check if: ☐ **You** were born before January 2, 1951, ☐ Blind. ☐ **Spouse** was born before January 2, 1951, ☐ Blind. **Total boxes checked** ▶ 39a ☐		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	6,300
41	Subtract line 40 from line 38	41	120,437
42	**Exemptions.** If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instructions	42	4,000
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	116,437
44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	26,189
45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	26,189
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 48 through 54. These are your **total credits**	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	26,189

Standard Deduction for -
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $6,300

Married filing jointly or Qualifying widow(er), $12,600

Head of household, $9,250

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your **total tax** ▶	63	26,189

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	7,500
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	**Earned income credit (EIC)**	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	5,000
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	12,500

If you have a qualifying child, attach Schedule EIC.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
77	Amount of line 75 you want **applied to your 2016 estimated tax** ▶ 77		

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	13,815
79	Estimated tax penalty (see instructions) 79: 126		

Third Party Designee

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

Designee's name ▶ MORRIS M BERCH Phone no. ▶ 727-345-1187 Personal identification number (PIN) ▶ 6 1 2 4 5

Sign Here

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

Your signature	Date	Your occupation	Daytime phone number
[redacted]	10-13-2016	SALES	727-906-1292
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	Check ☐ if self-employed	PTIN
MORRIS M BERCH	10-14-2016		P00097131

Print/Type preparer's name: MORRIS M BERCH

Firm's name ▶ JVB ACCOUNTING LLC — Firm's EIN ▶ 27-3975806

Firm's address ▶ 1847 SHORE DRIVE S APT219, SOUTH PASADENA, FL 33707 — Phone no. 727-345-1187

Schedule E (Form 1040) 2015 Attachment Sequence No. **13** Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on page 1.
LAURA EDWARDS

Your social security number [redacted]

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

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See instructions.

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	US ENERGY CONSULTING GROUP LLC	S	☐	27-3768864	☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				3,100	99,837
B					
C					
D					
29a Totals					99,837
b Totals				3,100	

30	Add columns (g) and (j) of line 29a	30	99,837
31	Add columns (f), (h), and (i) of line 29b	31	(3,100)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	96,737

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

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

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	96,737
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► **Attach to your tax return.**

► **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
LAURA EDWARDS	SCHEDULE E PG 2	[redacted]

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions MFS.	5	250,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
FROM K1 - US ENERGY CONSULTING GR	3,100	3,100

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,100
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	3,100
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	129,837
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	3,100
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation** (**Do not** include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation** (**Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental			27.5 yrs.	MM	S/L	
property			27.5 yrs.	MM	S/L	
i Nonresidential real			39 yrs.	MM	S/L	
property				MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	3,100
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. Form **4562** (2015)

EEA

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **Do not send to the IRS. This is not a tax return.**
► **Keep this form for your records.**
► **Information about Form 8879 and its instructions is at *www.irs.gov/form8879*.**

OMB No. 1545-0074

2015

Submission Identification Number (SID) ►

Taxpayer's name	Social security number
LAURA EDWARDS	[redacted]
Spouse's name	Spouse's social security number
	[redacted]

Part I Tax Return Information - Tax Year Ending December 31, 2015 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	126,737
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	26,189
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	7,500
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	13,815

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize JVB ACCOUNTING LLC to enter or generate my PIN [redacted]
ERO firm name — **Enter five digits, but do not enter all zeros**
as my signature on my tax year 2015 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► ____________ Date ► 10-14-2016

Spouse's PIN: check one box only

[ ] I authorize ____________ to enter or generate my PIN ____________
ERO firm name — **Enter five digits, but do not enter all zeros**
as my signature on my tax year 2015 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► ____________ Date ► ____________

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 505367-61245
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► MORRIS M BERCH Date ► 10-14-2016

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

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8879** (2015)

EEA

Form **9325**
(Rev. January 2016)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name LAURA EDWARDS

Taxpayer address (optional)
10575 125TH STREET
SEMINOLE, FL 33778

1. [X] Your federal income tax return for 2015 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by JVB ACCOUNTING LLC.

2. [ ] Your return was accepted on ________ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is ________.

3. [ ] Your return was accepted on ________. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. [ ] Your electronic funds withdrawal payment request was accepted for processing.

5. [ ] Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. [X] Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04-15-2016. The Submission ID assigned to your extension is 5053672016106yrncp4a.

DCN:00-505367-000366

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

LAURA EDWARDS

Form 1040

SECTION 179 BUSINESS INCOME LIMIT

(keep for your records)

2015

Name: LAURA EDWARDS

Your Social Security Number: [redacted]

1 Dollar limitation for tax year. Enter amount from Form 4562 line 5		250,000
2 Wages, salaries, tips, etc. (Line 7 of 1040)	30,000	
3 Non-passive Section 1231 Gains (losses)		
4 Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")		
5 Income (loss) from Schedule C-EZ line 3 (Unless Materially Participated = "NO")		
6 Income (loss) from Schedule E line 26 (If Non-Passive)		
7 Income (loss) from Form 4835, line 32 (If Non-Passive)		
8 Income (loss) from Schedule F line 36 (If Non-Passive)		
9 Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1,2,3,4,5a,6,7,8a/b/c, and 10	99,837	
10 Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1,2,3,5,6a,7,8,9a/b/c, and 11		
11 Total business income (loss). Combine lines 2 - 10.		129,837
12 **Business income limitation.** Lesser of ln 1 or ln 11, but not < zero. Enter here and on Form 4562, line 11		129,837

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2015	Remaining carryover
K1S US ENERGY CONSULTING	2015	3,100		3,100	
TOTAL ALLOWABLE (4562 LN 12)				3,100	
TOTAL 2015 ELEC. COST (4562 LN 8)			3,100		

Form 1040 | **SECTION 179 BUSINESS INCOME LIMIT** | **2015**

RESIDENT STATE CALCULATION

(keep for your records)

Name: LAURA EDWARDS

Your Social Security Number: [redacted]

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5 . . . . RESIDENT. STATE. . FL. .		500,000
2	Wages, salaries, tips, etc. (Line 7 of 1040)	30,000	
3	Non-passive Section 1231 Gains (losses)		
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")		
5	Income (loss) from Schedule C-EZ line 3 (Unless Materially Participated = "NO")		
6	Income (loss) from Schedule E line 26 (If Non-Passive)		
7	Income (loss) from Form 4835, line 32 (If Non-Passive)		
8	Income (loss) from Schedule F line 36 (If Non-Passive)		
9	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1,2,3,4,5a,6,7,8a/b/c, and 10 .	99,837	
10	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1,2,3,5,6a,7,8,9a/b/c, and 11		
11	Total business income (loss). Combine lines 2 - 10.		129,837
12	**Business income limitation.** Lesser of ln 1 or ln 11, but not < zero. Enter here and on Form 4562, line 11		129,837

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2015	Remaining carryover
K1S US ENERGY CONSULTING	2015	3,100		3,100	
TOTAL ALLOWABLE (4562 LN 12)				3,100	
TOTAL 2015 ELEC. COST (4562 LN 8)			3,100		

Carryover Worksheet
List of items that will carryover to the 2016 tax return

(Keep for your records)

2015

Name(s) as shown on return: LAURA EDWARDS

Your social security number [redacted]

Itemized Deductions

	Carryover Amount
Contributions subject to 100% of AGI limitations	
Contributions subject to 50% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2016 to flow to the Schedule A	
Preparer Fee to flow to the Schedule A	200
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses				
Office in home excess casualty losses and depreciation				
Disallowed investment interest expense	AMT		Reg. Tax	
Section 179 expense				
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use				

Losses

Short-term capital loss				
Long-term capital loss				
Net operating loss	AMT		Reg. Tax	
Nonrecaptured net section 1231 losses				

Credits

Mortgage interest credit				
Credit for prior year minimum tax				
Foreign Tax credit	AMT		Reg. Tax	
District of Columbia first time home owner's credit				
Res. energy efficient property credit				

Other

Overpayment applied to next year's estimates				
Federal tax liability for 2210 calculation				26,189
State tax liability for state 2210 calculation				
IRA basis	Taxpayer		Spouse	

Passive Activity

At Risk Limitations

Name(s) as shown on return: LAURA EDWARDS

Identifying number: [redacted]

	2013	2014	2015	Difference 2014-2015
Filing Status		3	3	
Number of Exemptions		1	1	
Income				
Wages, salaries, tips, etc.			30,000	30,000
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)		76,875	96,737	19,862
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income		76,875	126,737	49,862
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income		76,875	126,737	49,862
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions		6,200	6,300	100
Total Itemized or Standard Ded		6,200	6,300	100
Exemption Amount		3,950	4,000	50
Tax and Credits				
Taxable Income		66,725	116,437	49,712
Tax		12,538	26,189	13,651
Credits				
Self-employment tax				
Other taxes				
Total Tax		12,538	26,189	13,651
Payments				
Withholdings			7,500	7,500
Estimated tax payments				
Earned income credit				
Other payments and credits		6,000	5,000	(1,000)
Overpayment				
Overpayment Applied				
Refund				
Balance Due		6,763	13,815	7,052
Resident State		FL		
Taxable income				
Tax				
Refund				
Balance Due				
Marginal tax rate		25.00	33.00	8.00
Effective tax rate		19.00	22.49	3.49

Form **1040** Department of the Treasury - Internal Revenue Service (99)
U.S. Individual Income Tax Return **2014**
OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
LAURA	EDWARDS	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		[redacted]

Home address (number and street).	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
3400 55TH STREET N		

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Saint Petersburg FL 33710

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Filing Status
Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶ JAY J GETMAN
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . } Boxes checked on 6a and 6b 1
b ☐ **Spouse** . . . .

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

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

No. of children on 6c who:
- lived with you ____
- did not live with you due to divorce or separation (see instructions) ____

Dependents on 6c not entered above ____

d Total number of exemptions claimed . . . . Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	76,875
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	76,875

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	76,875

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2014)
EEA

Form 1040 (2014) LAURA EDWARDS [redacted] Page **2**

Tax and Credits

38	Amount from line 37 (adjusted gross income)		38	76,875
39a	Check if: ☐ **You** were born before January 2, 1950, ☐ Blind. ☐ **Spouse** was born before January 2, 1950, ☐ Blind. **Total boxes checked** ▶ 39a ☐			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐			
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	6,200
41	Subtract line 40 from line 38		41	70,675
42	**Exemptions.** If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see instructions		42	3,950
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	66,725
44	**Tax** (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐		44	12,538
45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
46	Excess advance premium tax credit repayment. Attach Form 8962		46	
47	Add lines 44, 45, and 46 ▶		47	12,538
48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credit. Attach Form 5695	53		
54	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐	54		
55	Add lines 48 through 54. These are your **total credits**		55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	12,538

Standard Deduction for -
- People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $6,200

Married filing jointly or Qualifying widow(er), $12,400

Head of household, $9,100

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your **total tax** ▶	63	12,538

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64			
65	2014 estimated tax payments and amount applied from 2013 return	65			
66a	**Earned income credit (EIC)**	66a			
b	Nontaxable combat pay election **66b**				
67	Additional child tax credit. Attach Schedule 8812	67			
68	American opportunity credit from Form 8863, line 8	68			
69	Net premium tax credit. Attach Form 8962	69			
70	Amount paid with request for extension to file	70	6,000		
71	Excess social security and tier 1 RRTA tax withheld	71			
72	Credit for federal tax on fuels. Attach Form 4136	72			
73	Credits from Form: **a** ☐ 2439 **b** ☐ Reserved **c** ☐ Reserved **d** ☐	73			
74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶			74	6,000

If you have a qualifying child, attach Schedule EIC.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	
76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	
▶ b	Routing number ▶ **c** Type: ☐ Checking ☐ Savings		
▶ d	Account number		
77	Amount of line 75 you want **applied to your 2015 estimated tax** ▶ 77		

Direct deposit? See instructions.

Amount You Owe

78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶			78	6,763
79	Estimated tax penalty (see instructions)	79	225		

Third Party Designee

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

Designee's name ▶ MORRIS M BERCH Phone no. ▶ 727-345-1187 Personal identification number (PIN) ▶ 6 1 2 4 5

Sign Here

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

Your signature	Date	Your occupation	Daytime phone number
[redacted]	09-30-2015	SALES	727-906-1292
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	Check ☐ if self-employed	PTIN
MORRIS M BERCH	09-30-2015		P00097131

Print/Type preparer's name MORRIS M BERCH

Firm's name ▶ JVB ACCOUNTING LLC Firm's EIN ▶ 27-3975806

Firm's address ▶ 1847 SHORE DRIVE S APT219
SOUTH PASADENA, FL 33707 Phone no. 727-345-1187

Schedule E (Form 1040) 2014 | Attachment Sequence No. **13** | Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on page 1.
LAURA EDWARDS

Your social security number [redacted]

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

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(e)** on line 28 and attach **Form 6198.** See instructions.

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	US ENERGY CONSULTING GROUP LLC	S	☐	27-3768864	☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					76,875
B					
C					
D					
29a Totals					76,875
b Totals					

30 Add columns (g) and (j) of line 29a **30** 76,875

31 Add columns (f), (h), and (i) of line 29b . . . . . **31** ( )

32 **Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below **32** 76,875

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35 Add columns (d) and (f) of line 34a **35**

36 Add columns (c) and (e) of line 34b . . . . . **36** ( )

37 **Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below **37**

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

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below **39**

Part V Summary

40 Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below **40**

41 **Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶ **41** 76,875

42 **Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) **42**

43 **Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules . . **43**

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records.**
▶ **Information about Form 8879 and its instructions is at www.irs.gov/form8879.**

OMB No. 1545-0074

2014

Submission Identification Number (SID) ▶ 00-505367-003665

Taxpayer's name	**Social security number**
LAURA EDWARDS	[redacted]
Spouse's name	**Spouse's social security number**
	[redacted]

Part I — Tax Return Information - Tax Year Ending December 31, 2014 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	76,875
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	12,538
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	6,763

Part II — Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize JVB ACCOUNTING LLC (**ERO firm name**) to enter or generate my PIN [redacted] (**Enter five digits, but do not enter all zeros**) as my signature on my tax year 2014 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ______________________ Date ▶ 09-30-2015

Spouse's PIN: check one box only

[ ] I authorize ______________________ (**ERO firm name**) to enter or generate my PIN __________ (**Enter five digits, but do not enter all zeros**) as my signature on my tax year 2014 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ______________________ Date ▶ __________

Practitioner PIN Method Returns Only - continue below

Part III — Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 505367-61245
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345,** Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ MORRIS M BERCH Date ▶ 09-30-2015

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

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8879** (2014)

EEA

Form **9325**
(Rev. January 2014)

Department of the Treasury - **Internal Revenue Service**

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name LAURA EDWARDS

Taxpayer address (optional)
3400 55TH STREET N
Saint Petersburg, FL 33710

1. [X] Your federal income tax return for 2014 was filed electronically with the PHILADELPHIA Submission Processing Center. The electronic filing services were provided by JVB ACCOUNTING LLC.

2. [ ] Your return was accepted on ________________ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is ________________ .

3. [ ] Your return was accepted on ________________. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. [ ] Your electronic funds withdrawal payment was accepted.

5. [ ] Your electronic funds withdrawal payment was not accepted. You must pay the balance due by the prescribed due date. Refer to the "If You Owe Tax" section.

6. [ ] Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on ________________. The Submission ID assigned to your extension is ________________ .

**PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, please allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS e-file Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

LAURA EDWARDS

Carryover Worksheet
List of items that will carryover to the 2015 tax return

(Keep for your records)

2014

Name(s) as shown on return	Your social security number
LAURA EDWARDS	[redacted]

	Carryover Amount
Itemized Deductions	
Contributions subject to 100% of AGI limitations	
Contributions subject to 50% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2015 to flow to the Schedule A	
Preparer Fee to flow to the Schedule A	
State donations and contributions carryover	
State overpayment applied to next year	
Expenses	
Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense	
Section 179 expense	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Losses	
Short-term capital loss	
Long-term capital loss	
Net operating loss ______ AMT	
Nonrecaptured net section 1231 losses	
Credits	
Mortgage interest credit	
General business credit (should be carried back before being carried forward)	
Credit for prior year minimum tax	
Foreign Tax credit ______ AMT	
District of Columbia first time home owner's credit	
Res. energy efficient property credit	
Other	
Overpayment applied to next year's estimates	
Federal tax liability for 2210 calculation	12,538
State tax liability for state 2210 calculation	
IRA basis ... Taxpayer ______ Spouse	

Passive Activity

At Risk Limitations

C-4 Exhibit C-4 "Financial Arrangements"

The applicant has no financial arrangements with any entity whatsoever.

C-Exhibit C-5 "Forecasted Financial Statements"

US Energy Consulting Group Income Statement

US Energy Consulting Group, LLC
Income Statement
5/20/2017

	Period May 2017 - April 2018	Period May 2018 - April 2019
REVENUES		
Energy Sales	$ 1,450,000.00	$ 1,800,000.00
	-	-
	-	-
	-	-
TOTAL REVENUES	**1,450,000.00**	**1,800,000.00**
Expenses		
Advertising	2,500.00	3,000.00
Loss	5,000.00	5,000.00
Commissions	1,175,000.00	1,475,000.00
Office Products	3,000.00	6,000.00
Payroll Taxes and Benefits-Direct	5,000.00	10,000.00
Rent	15,000.00	20,000.00
Utilities	2,000.00	4,000.00
Travel	6,000.00	10,000.00
Licenses/Bonding/Biz Registrations	3,000.00	3,000.00
TOTAL COST OF GOODS SOLD	1,216,500.00	1,536,000.00
NET INCOME (LOSS)	233,500.00	264,000.00

Account Contact Logout Back to USAA

Monthly Experian® Statement with VantageScore

May 2017

687

Credit Score
As of 05/06/2017
Source: Experian®

US Energy Consulting Group
C-6 Exhibit C-6 Credit Rating

Credit Summary ▼

Payment History

Accounts Ever Late:	0
Collection Accounts:	0
Public Records:	0
Time Since Late:	0
Worst Current Status:	30 Days
Worst Status:	30 Days

These are your total number of accounts with reported late payments or deliquencies.

Credit Depth

Real Estate Loans:	1
Installment Loans:	7
Revolving Credit:	15
Other Accounts:	0

This section indicates how long your current accounts have been open.

Oldest Account:	34 Years, 8 Months
Average Age of Accounts:	10 Years, 10 Months

Credit Usage

Credit Used:	41%
Revolving Debt:	$34,789.00
Credit Available:	$50,711.00
Total Credit Limit:	$85,500.00

Total Debt

Total Debt:	$519,709.00
Real Estate Debt:	$391,776.00
Installment Debt:	$93,144.00
Revolving Debt:	$34,789.00
Collections Debt:	$0.00
Other Debt:	$0.00

Recent Credit

Inquiries:	8X

These hard inquiries have been reported on your Credit Report over the last 2 years.

US Energy Consulting Group
C-7 Exhibit C-7 Credit Report

LAURA L EDWARDS

3-Bureau Report and Scores

5/25/2017

Summary

The personal information, such as your name, address and personal statement, on your Credit Report does not influence your Credit Score. However, you should still review this information to ensure it is correct. If you have a personal statement as a result of a dispute, it will appear here. Most people do not have personal statements.

	Experian®	Equifax®	TransUnion®
Personal Information			
Names:	LAURA L EDWARDS	LAURA L EDWARDS	LAURA L EDWARDS
Also Known as:	EDWARDS LAURA	LAURA L EDWAREDS	
Year of birth:	1964	1964	1964
Address:	10575 125TH ST, LARGO, FL 33778-3404	10575 125TH ST, LARGO, FL 33778	10575 125TH ST, SEMINOLE, FL 33778
Employers:	US ENERGY CONSULTING GROUP LLC TECHNOGRAPHICS	NATIONAL COMP ASSOC PIZZA HUT	US ENERGY CONSULT CORP ECKERD COLLEGE
Personal Statement:	N/A	N/A	N/A
Summary			
Accounts Ever Late:	0	0	0
Collection Accounts:	0	0	0
Real Estate Debt:	$391,185.00	$0.00	$391,185.00
Installment Debt:	$93,144.00	$93,144.00	$93,144.00
Revolving Debt:	$32,160.00	$33,248.00	$33,248.00
Other Debt:	$0.00	$391,185.00	$0.00
Total Debt:	$516,489.00	$517,577.00	$517,577.00
Score			
Credit Score:	701	710	710
Score Rank:	High	High	High
Credit Inquiries			
Credit Inquiries:	8	5	4
Public Records			
Public Records:	0	0	0

US Energy Consulting Group

C-8 <u>Exhibit C-8 "Bankruptcy Information</u>"

There have been no bankruptcies, 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>"

There have been no mergers, dissolutions or acquisitions of the applicant since its inception in Oct 2010.

C-10 <u>Exhibit C-10 "Corporate Structure</u>"

Applicant is a stand-alone entity with no affiliate or subsidiary companies.

US Energy Consulting Group

Exhibit D-1 “Operations”

US Energy Consulting Group functions as an energy consultant firm for business consumers and shows the client all options available for gas and electricity products by providing cost analyses and details on the various products, i.e. fixed, variable, index variable, etc. Based on our experience within the energy industry, we may make recommendations due to the current market conditions and historical trends. All of our consultants understand the industry inside and out and make sure the customer understands as much about their options as possible. Our goal is to earn a customer for life and when they have any questions they know they have an energy consultant they can turn to for answers and solutions.

Exhibit D-2 “Operations Expertise”

With over ten years of commodities experience as a company, our team of energy managers has a unique understanding of how the energy market impacts your company’s finances. Utilization of this knowledge has given us an exceptional presence offering top tier programs in the marketplace. We offer electric and gas products as well as energy auditing and recycling opportunities. We offer businesses a long-term energy management relationship. Our goal is to earn a customer for life and when they have any questions they know they have an energy consultant they can turn to for answers and solutions.

Exhibit D-3 “Key Technical Personnel”

Laura Edwards, Member/Owner/VP, Sales - (866) 942-6020 ext. 201; LEdwards@USECG.com

Earned her Bachelor’s Degree from Eckerd College, a private school in St. Petersburg, Florida. After graduating, Laura began working her way up in the marketing arena and eventually became the VP of Sales and Marketing for a national company earning such accounts as Fed Ex, Sprint, IBM, EarthLink, UPS, Black Box, Cisco Systems, and many more. With these experiences and relationships, she segued into the energy market and has acquired a vast knowledge of deregulation resulting in her ability to match the company with the appropriate supplier to best meet their energy needs. In addition, she specializes in the alternative energy solutions available in the ever-growing market. Laura is certified in power factor correction filter technology. Laura is also instrumental in obtaining all supplier contracts in order to be able to shop as many suppliers as possible to genuinely obtain the best pricing for USECG potential clients.

Joseph Piraino, Sales Manager (866) 942-6020 ext. 202; jpiraino@USECG.com

Joe has worked for USECG since its inception in 2010 and became an instant star as a sales rep. He was promoted to sales manager June 2012 and manages 10 sales reps. He is a retired New York firefighter and is very disciplined and maintains and instills integrity in every area of our business. He has earned many accounts which he maintains and all but one of his accounts have renewed at least twice. Our clients trust him extensively and refer to him as their energy consultant.