

DIS Case Number: 16-2313-GA-AGG

Section A: Application Information

A-1. Provider type:

☒ Retail Natural Gas
Broker

☐ Retail Natural Gas
Aggregator

☐ Retail Natural Gas
Marketer

A-2. Applicant's legal name and contact information.

Legal Name: Bradley R Lewis

Country: United States

Phone: 913-498-8795
Extension (if applicable):

Street: 13900 Nicklaus Dr

Website (if any): www.creativenergy.org

City: Overland Park

Province/State: KS

Postal Code: 66223

A-3. Names and contact information under which the applicant will do business in Ohio

Provide the names and contact information the business entity will use for business in Ohio. This does not have to be an Ohio address and may be the same contact information given in A-2.

Name	Type	Address	Active?	Proof
CreativEnergy Options	DBA	13900 Nicklaus Dr Overland Park, KS 66223	Yes	Link

A-4. Names under which the applicant does business in North America

Provide all business names the applicant uses in North America, including the names provided in A-2 and A-3.

Name	Type	Address	Active?	Proof
CreativEnergy Options	DBA	13900 Nicklaus Dr Overland Park, KS 66223	Yes	Link

A-5. Contact person for regulatory matters



Bradley Lewis
13900 Nicklaus Dr
Overland Park, KS 66223
US
brad.lewis@creativenergy.org
9134988795

A-6. Contact person for PUCO Staff use in investigating consumer complaints

Bradley Lewis
13900 Nicklaus Dr
Overland Park, KS 66223
US
brad.lewis@creativenergy.org
9134988795

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

Phone: 913-498-8795	Extension (if applicable):	Country: United States
Fax: 866-496-0230	Extension (if applicable):	Street: 13900 Nicklaus Dr
Email: brad.lewis@creativenergy.org	City: Overland Park	Province/State: KS
	Postal Code: 66223	

A-8. Applicant's federal employer identification number

498-56-3387

A-9. Applicant's form of ownership

Form of ownership: Sole Proprietorship

A-10. Identify current or proposed service areas

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

Service area selection



Public Utilities Commission

Columbia Gas of Ohio
Dominion Energy Ohio
Duke Energy Ohio
Vectren Energy Delivery of Ohio

Class of customer selection

Small Commercial
Large Commercial

A-11. Start date

Indicate the approximate start date the applicant began/will begin offering services: 12-14-2020

A-12. Principal officers, directors, and partners

Please provide all contacts that should be listed as an officer, director or partner.

Name	Email	Title	Address
Bradley Lewis	brad.lewis@creativenergy.org	Sole Proprietor	13900 Nicklaus Dr Overland Park, KS 66223 US

A-13. Company history

Company History Exhibit A-15

'Company History,' provide a concise description of the applicant's company history and principal business interests.

Response:

CreativEnergy Options was created in 1999 to assist multi-site commercial customers in managing their utility expenses. CreativEnergy Options was formed in direct response to the increasingly deregulated energy markets. Our goal is to provide essential utility cost management services to customers who operate in many different utility territories and state jurisdictions. Independent of all utilities and energy suppliers, CreativEnergy Options provides an objective and unbiased outsource service for commercial customers.

We serve as an outsourced utility cost manager for several national account customers including Applebee's Restaurants, Extended Stay Hotels, AMC Theatres, and Denny's. We are not primarily responsible for how or how much energy they consume, just how much they pay for it. Services include energy procurement, energy auditing, rate analysis, benchmarking, budgeting, and regulatory updates.



Public Utilities Commission

Customers typically have a wide range of responsibility, have limited corporate resources, and are trying to serve as a 1-person energy department in their spare time. Outsourcing the utility cost management function makes sense for many of these individuals because it frees up valuable resources to focus on higher value internal utility management opportunities.

CreativEnergy Options runs a little differently than the typical 'Consulting Firm'. First, we make every attempt to operate more as a part time low-overhead employee than as consultants.

Nothing involving utility expenses is 'out of scope' and we are available to immediately respond to customer needs at any time.

CreativEnergy Options fixed fee pricing structure is designed to be more cost-effective than managing the function internally and funded by direct energy savings. This pricing structure allows our customers to share the costs of the learning curve associated with entering new and evolving local markets. Operating as a virtual employee prohibits us from accepting fees or commissions from marketers when negotiating contracts.

A-14. Secretary of State

Secretary of State Link:

A-15. Proof of Ohio Employee and Office

Provide proof of an Ohio Office and Employee in accordance with Section 4929.22 of the Ohio Revised Code. List the designated Ohio employee's name, Ohio office address, telephone number and web site address

Employee Name: Bill Havre
6545 Market Ave N, STE 100
North Canton, OH 44721
US
agent@ohioregisteredagent.com
8409695258

Section B: Applicant Managerial Capability and Experience

B-1. Jurisdiction of operations

List all jurisdictions in which the applicant or any affiliated interest of the applicant is certified, licensed, registered or otherwise authorized to provide retail natural gas service or retail/wholesale electric service as of the date of filing the application..



File Attached

B-2. Experience and plans

Describe the applicant's experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the 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 Sections 4928.10 and/or 4929.22 of the Ohio Revised Code.

File(s) attached

B-3. Disclosure of liabilities and investigations

For the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant, describe all existing, pending or past rulings, judgments, findings, contingent liabilities, revocation of authority, regulatory investigations, judicial actions, or other formal or informal notices of violations, or any other matter related to competitive services in Ohio or equivalent services in another jurisdiction..

Liability and Investigations Disclosures: There are no liabilities or investigations.

B-4. Disclosure of consumer protection violations

Has the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years?

No

B-5. Disclosure of certification, denial, curtailment, suspension or revocation

Has the applicant, affiliate, or a predecessor of the applicant had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, revoked, or cancelled or been terminated or suspended from any of Ohio's Natural Gas or Electric Utility's Choice programs within the past two years?

No



Section C: Applicant Financial Capability and Experience

C-1. Financial reporting

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or upload the form. If the applicant does not have a Form 10-K, submit the parent company's Form 10-K. If neither the applicant nor its parent is required to file Form 10-K, state that the applicant is not required to make such filings with the SEC and provide an explanation as to why it is not required.

Does not apply

C-2. Financial statements

Provide copies of the applicant's two most recent years of audited financial statements, including a balance sheet, income statement, and cash flow statement. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with **social security numbers and bank account numbers redacted**.

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

C-3. Forecasted financial statements

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

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



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

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

File(s) attached

C-4. Credit rating

Provide a credit opinion disclosing the applicant's credit rating as reported by at least one of the following ratings agencies: Moody's Investors Service, Standard & Poor's Financial Services, Fitch Ratings or the National Association of Insurance Commissioners. If the applicant does not have its own credit ratings, substitute the credit ratings of a parent or an affiliate organization and submit 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 'Not Rated'.

This does not apply

C-5. Credit report

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. **Bank/credit account numbers and highly sensitive identification information must be redacted.** If the applicant provides an acceptable credit rating(s) in response to C-4, then the applicant may select 'This does not apply' and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

File(s) attached

C-6. Bankruptcy information



Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy?

- Applicant
- Parent company of the applicant
- Affiliate company that guarantees the financial obligations of the applicant
- Any owner or officer of the applicant

No

C-7. Merger information

Is the applicant currently involved in any dissolution, merger or acquisition activity, or otherwise participated in such activities within the previous 24 months?

No

C-8. Corporate structure

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as 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 the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

Stand-alone entity with no affiliate or subsidiary companies

Section D: Applicant Technical Capacity

D-1. Operations

Retail natural gas brokers/aggregators: Include details of the applicant's business operations and plans for arranging and/or aggregating for the supply of natural gas to retail customers.



Operations Description: Operating as advisor/consultant for obtaining deregulated natural gas contracts.

D-2. Operations Expertise & Key Technical Personnel

Given the operational nature of the applicant's business, provide evidence of the applicant's experience and technical expertise in performing such operations. Include the names, titles, e-mail addresses, and background of key personnel involved in the operations of the applicant's business.

Operations Expertise & Personnel Description: Over 35 years in utility/regulatory experience, over 17 years of deregulated consulting experience.



Public Utilities
Commission

Application Attachments



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/06/2016	201618702812	TRADE NAME RENEWAL (RNR)	25.00	0.00	0.00	0.00	0.00

Receipt

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

BRADLEY R. LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK, KS 66223

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2027234

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

BRADLEY R. LEWIS

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

201618702812

Effective Date: 06/27/2016



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

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
6th day of July, A.D. 2016.

Jon Husted

Ohio Secretary of State

Jurisdictions of Operations

Exhibit B-1

“Jurisdictions of Operation,” provide a list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail or wholesale electric services including aggregation services.

Response:

Approved Broker License in:

CA

CO

FL

GA

IL

IN

KS

KY

LA

MA

MD

ME

MI

MO

NH

NJ

NM

NY

OK

PA

VA

Experience & Plans

Exhibit B-2

B-2 "Experience & Plans," provide a description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4928.10 of the Revised Code.

Response:

Currently assisting several national account customers manage their utility expenses. Customers which are assisted nationwide include Applebee's Restaurants, Burger King, Denny's, Subway, and AMC Theatres. Annual utility spend for current customers exceeds \$600 million.

Key deregulated electric markets where assistance is provided include California, Texas, Illinois, New York, New Jersey, Pennsylvania, Maryland, Ohio and Massachusetts. Current role up till now has been as a contract employee. Now am looking to acquire a broker's license and work as an agent in these competitive markets.

Thirteen years of experience as a rate and public policy consultant to the electric and gas utility industry. An additional ten years of hands-on executive level operating and financial experience working for a major investor owned utility.

All billing will be through the marketers as no customers will be billed through CreativEnergy directly. Any customer questions or inquiries will be managed through e-mail and phone including a toll free number 877-315-6858.

Your Credit Score and the Price You Pay for Credit

Risk-Based Pricing Notice - Alternate for Residential Real Property

Lender

Quicken Loans, LLC
1050 Woodward Ave
Detroit, MI 48226-1906

Borrower

Bradley Lewis
13900 Nicklaus Dr
Overland Park, KS 66223-2999

Date

August 11, 2020

Application or Loan Number
3459558009

"We" means Lender.

"You" means Borrower.

Property Address: 5655 Gulf of Mexico Dr, Unit D103
Longboat Key, FL 34228-1913

Your Credit Score

Your Credit Score	793	Date: August 11, 2020
Source: Equifax Credit Information Services		

Understanding Your Credit Score

What you should know about Credit Scores	<p>Your "Credit Score" is a number that reflects the information in your Credit Report.</p> <p>Your "Credit Report" is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe to creditors.</p> <p>Your Credit Score can change, depending on how your credit history changes.</p>
How we use your Credit Score	<p>Your Credit Score can affect whether you can get a loan and how much you will have to pay for that loan.</p>
The range of scores	<p>Scores range from a low of 309 to a high of 844</p> <p>Generally, the higher your score, the more likely you are to be offered better credit terms.</p>
How your score compares to the scores of other consumers	<p>Your Credit Score ranks higher than 78 percent of U.S. consumers.</p>

5466706080

Risk-Based Pricing Notice-Alternate for Residential Real Property
VMP ® Bankers Systems™
Wolters Kluwer Financial Services © 2017



q03459558009 1483 102 0103

VMP138A (1712).00
Page 1 of 3

Your Credit Score and the Price You Pay for Credit

Risk-Based Pricing Notice - Alternate for Residential Real Property

Lender

Quicken Loans, LLC
1050 Woodward Ave
Detroit, MI 48226-1906

Borrower

Bradley Lewis
13900 Nicklaus Dr
Overland Park, KS 66223-2999

Date

August 11, 2020

Application or Loan Number
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How we use your Credit Score	<p>Your Credit Score can affect whether you can get a loan and how much you will have to pay for that loan.</p>
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5466706080

Risk-Based Pricing Notice-Alternate for Residential Real Property
VMP ® Bankers Systems™
Wolters Kluwer Financial Services © 2017



q03459558009 1483 102 0103

VMP138A (1712).00
Page 1 of 3

Forecasted Financial Statements

Exhibit C-5

“Forecasted Financial Statements,” provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement) for the applicant’s CRES operation, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer.

Response:

Forecast	<u>2021</u>	<u>2022</u>
Ohio Revenues	\$19,000	\$20,000
Ohio Expenses	<u>\$2,000</u>	<u>\$ 2,100</u>
Net Income	\$17,000	\$17,900

Brad Lewis - preparer

13900 Nicklaus Dr

Overland Park, KS 66223

913-498-8795

Competitive Retail Natural Gas Service Affidavit

County of Johnson :

State of Kansas :

Bradley R Low, 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, and that it will amend its application while it is pending if any substantial changes occur regarding the information provided.
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 Sections 4905.10 and 4911.18(A), Ohio Revised Code.
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 fully with the Public Utilities Commission of Ohio and its staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the applicant.
6. 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 comply with all state and or federal rules and regulations concerning consumer protection, the environment, and advertising promotions.
8. Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating consumer complaints.
9. The facts set forth above are true and accurate to the best of his her knowledge, information, and belief and that he she expects said applicant to be able to prove the same at any hearing hereof.
10. Affiant further sayeth naught.

Bradley R Low | Sole Proprietor
Signature of Affiant & Title

Sworn and subscribed before me this 14th day of December, 2020
Month Year

[Signature]
Signature of official administering oath



Susan R Brown
Print Name and Title

My commission expires on 03/25/2022

File by Mail Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Bradley R & Carla A Lewis
13900 Nicklaus Drive
Overland Park, KS 66223

Balance Due/Refund	Your federal tax return (Form 1040) shows you are due a refund of \$14,068.00. Do not expect your refund from the Internal Revenue Service. You have applied \$14,068.00 to your 2019 estimated taxes.		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Mail your return to: Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002</p> <p>Deadline: Postmarked by Monday, April 15, 2019</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2018 Federal Tax Return Summary	Adjusted Gross Income	\$	307,369.00
	Taxable Income	\$	218,328.00
	Total Tax	\$	68,060.00
	Total Payments/Credits	\$	82,128.00
	Refund Applied to ES Tax	\$	14,068.00
	No Refund or Amount Due	\$	0.00
	Effective Tax Rate		13.30%
Estimated Payments to Make for Next Year's Return	<p>Estimated Payments for 2019 - Do not mail these vouchers with your 2018 income tax return. The estimated vouchers displayed below are used to prepay your 2019 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2019, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).</p>		

File by Mail Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Bradley R & Carla A Lewis
13900 Nicklaus Drive
Overland Park, KS 66223

Estimated Payments to Make for Next Year's Return (Continued)

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2019	\$ 4,649.00
2	06/17/2019	\$ 18,717.00
3	09/16/2019	\$ 18,717.00
4	01/15/2020	\$ 18,717.00

Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.

Mail payments to:
Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Changed Your Mind About e-filing?

You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.



Hi Bradley and Carla,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 04/15/2019

2019 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and 2019 Form 1040-ES on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,649.

REV 10/17/18 INTUIT.CS/CFP.SP

1555

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

Department of the Treasury
Internal Revenue Service

**Calendar Year—
Due 06/17/2019**

2019 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and 2019 Form 1040-ES on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

18,717.

REV 10/17/18 INTUIT.CG.CFP.SP

1555

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/16/2019**

2019 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and 2019 Form 1040-ES on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

18,717.

REV 10/17/18 INTUIT.CS.CFP.SP

1555

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/15/2020

2019 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and 2019 Form 1040-ES on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

18,717.

REV 10/17/18 INTUIT.CS.CFP.SP

1555

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Bradley R** Last name: **Lewis** Your social security number: [REDACTED]

Your standard deduction: ☐ Someone can claim you as a dependent ☒ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: **Carla A** Last name: **Lewis** Spouse's social security number: [REDACTED]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien ☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. **13900 Nicklaus Drive** Apt. no. **Presidential Election Campaign (see inst.)** ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Overland Park KS 66223** If more than four dependents, see inst. and ✓ here ☐

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

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.

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

Your signature	Date	Your occupation Energy Consultant	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation housewife	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name: Preparer's signature: PTIN: Firm's EIN: Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.: Firm's address ▶

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRAs, pensions, and annuities	4a	
5a Social security benefits	5a	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 387,927.	6	387,984.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	307,369.
8 Standard deduction or itemized deductions (from Schedule A)	8	34,459.
9 Qualified business income deduction (see instructions)	9	54,582.
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	218,328.
11 a Tax (see inst.) 40,978. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>	11	40,978.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	12	102.
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	40,876.
14 Other taxes. Attach Schedule 4	14	27,184.
15 Total tax. Add lines 13 and 14	15	68,060.
16 Federal income tax withheld from Forms W-2 and 1099	16	
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5 82,128.	17	82,128.
18 Add lines 16 and 17. These are your total payments	18	82,128.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	14,068.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	0.
▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d Account number X X X X X X X X X X X X X X X X		
21 Amount of line 19 you want applied to your 2019 estimated tax	21	14,068.
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23 Estimated tax penalty (see instructions)	23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Bradley R & Carla A Lewis

Your social security number

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	2,937.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	384,990.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount ►	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . .	22	387,927.
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . .	24	
	25	Health savings account deduction. Attach Form 8889 . .	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	13,116.
	28	Self-employed SEP, SIMPLE, and qualified plans . .	28	55,000.
	29	Self-employed health insurance deduction	29	12,499.
	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	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	80,615.

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

Schedule 1 (Form 1040) 2018

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

OMB No. 1545-0074

2018
Attachment
Sequence No. 02

Your social security number

— [REDACTED]

Tax	38–44	Reserved	38–44	
	45	Alternative minimum tax. Attach Form 6251	45	0 .
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47	0 .

REV 12/21/18 Intu t.cg.cfp.sp

Schedule 2 (Form 1040) 2018

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ **Attach to Form 1040.**

▶ **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Bradley R & Carla A Lewis

Your social security number

Nonrefundable Credits	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	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	102.
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	102.	

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

REV 12/21/18 Intuit.cq.cfp.sp

Schedule 3 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

► **Attach to Form 1040.**

► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Bradley R & Carla A Lewis

Your social security number

**Other
Taxes**

57	Self-employment tax. Attach Schedule SE	57	26,232.
58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	0.
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	952.
63	Section 965 net tax liability installment from Form 965-A 63		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	27,184.

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

REV 12/21/18 Intuit.cg.cfp.sp

Schedule 4 (Form 1040) 2018

SCHEDULE 5
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Name(s) shown on Form 1040

Bradley R & Carla A Lewis

Your social security number

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	82,128.
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	74	
75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17.	75	82,128.	

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

REV 02/14/19 Intuit.cq.cfp.sp

Schedule 5 (Form 1040) 2018

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Bradley R & Carla A Lewis

Your social security number

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|----------|---|----------|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | 0. |
| 2 | Enter amount from Form 1040, line 7 2 307,369. | | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 23,053. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | |

**Taxes You
Paid**

- | | |
|----------|---|
| 5 | State and local taxes.
a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> 5a 9,048.
b State and local real estate taxes (see instructions) 5b 11,816.
c State and local personal property taxes 5c 133.
d Add lines 5a through 5c 5d 20,997.
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) 5e 10,000.
6 Other taxes. List type and amount ► 6
7 Add lines 5e and 6 7 10,000. |
|----------|---|

**Interest You
Paid**

Caution: Your mortgage interest deduction may be limited (see instructions).

- | | |
|----------|--|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>
a Home mortgage interest and points reported to you on Form 1098 8a 14,519.
b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► 8b
c Points not reported to you on Form 1098. See instructions for special rules 8c
d Reserved 8d
e Add lines 8a through 8c 8e 14,519.
9 Investment interest. Attach Form 4952 if required. See instructions 9
10 Add lines 8e and 9 10 14,519. |
|----------|--|

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

- | | | | |
|-----------|---|-----------|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 9,475. |
| 12 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | 465. |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 9,940. |

**Casualty and
Theft Losses**

- | | | | |
|-----------|--|-----------|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|-----------|--|-----------|--|

**Other
Itemized
Deductions**

- | | | | |
|-----------|---|-----------|--|
| 16 | Other—from list in instructions. List type and amount ► | 16 | |
|-----------|---|-----------|--|

**Total
Itemized
Deductions**

- | | | | |
|-----------|--|-----------|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 | 17 | 34,459. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | |

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Name of proprietor Bradley R Lewis		Social security number (SSN) <div style="background-color: black; width: 100px; height: 1.2em;"></div>
A Principal business or profession, including product or service (see instructions) Consulting	B Enter code from instructions ► 5 4 1 6 0 0	
C Business name. If no separate business name, leave blank. CreativEnergy Options	D Employer ID number (EIN) (see instr.) <div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>	
E Business address (including suite or room no.) ► 13900 Nicklaus Drive City, town or post office, state, and ZIP code Overland Park, KS 66223		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2018, check here		<input type="checkbox"/>
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	1,086,018.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,086,018.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	1,086,018.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	1,086,018.

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

8 Advertising	8	5,000.	18 Office expense (see instructions)	18	4,290.
9 Car and truck expenses (see instructions).	9	4,264.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	111,717.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	515,867.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	963.
15 Insurance (other than health)	15	325.	23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	27,057.
b Other	16b	1,646.	b Deductible meals (see instructions)	24b	1,159.
17 Legal and professional services	17	22,816.	25 Utilities	25	5,681.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	243.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			28	701,028.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	384,990.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				31	384,990.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 12/01/2006
44	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
a	Business 7,823 b Commuting (see instructions) c Other 6,391
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Magazines for business	218.
bank charges	25.
Business related gifts	0.
48 Total other expenses. Enter here and on line 27a	48 243.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Name(s) shown on return

Bradley R & Carla A Lewis

Your social security number

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A	5655 Gulf of Mexico Drive Longboat Key FL 34228				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		60	80	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:		Properties:	A	B	C
3	Rents received	3	5,900.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	4.		
8	Commissions.	8			
9	Insurance	9	1.		
10	Legal and other professional fees	10			
11	Management fees	11	1,449.		
12	Mortgage interest paid to banks, etc. (see instructions)	12	552.		
13	Other interest.	13			
14	Repairs.	14			
15	Supplies	15			
16	Taxes	16	298.		
17	Utilities.	17	1.		
18	Depreciation expense or depletion	18			
19	Other (list) ▶ See Line 19 Other Expenses	19	3,595.		
20	Total expenses. Add lines 5 through 19	20	5,900.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	0.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	5,900.		
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c	552.		
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e	5,900.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(0.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26			0.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018
Attachment
Sequence No. **17**

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

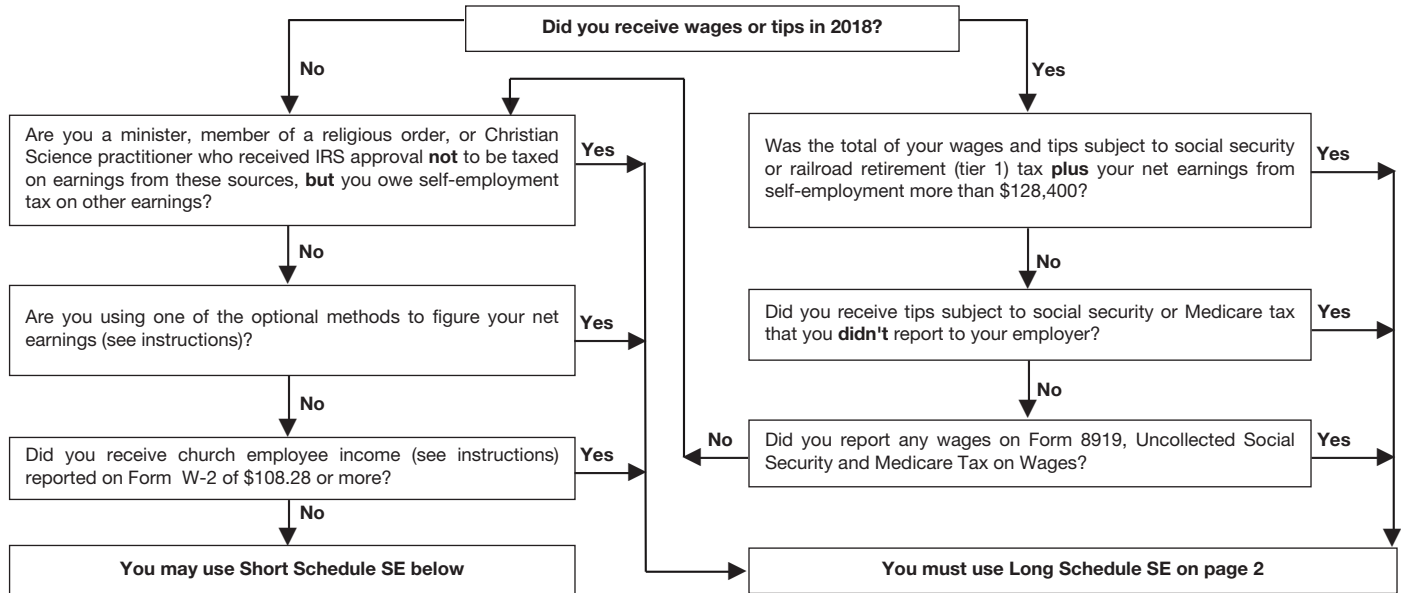
Bradley R Lewis

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

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	384,990.
3	Combine lines 1a, 1b, and 2	3	384,990.
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ►	4	355,538.
5	Self-employment tax. If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 . . .	5	26,232.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27 . . .	6	13,116.

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

REV 12/22/18 Intuit.cfp.sp

Schedule SE (Form 1040) 2018

Alternative Minimum Tax—Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018
Attachment
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Bradley R & Carla A Lewis

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	1	218,328.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8	2a	10,000.
b	Tax refund from Schedule 1 (Form 1040), line 10 or line 21	2b	(2,937.)
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	0.
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	0.
m	Passive activities (difference between AMT and regular tax income or loss)	2m	0.
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	4	225,391.

Part II Alternative Minimum Tax (AMT)

5	Exemption. (If you were under age 24 at the end of 2018, see instructions.) IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . . Single or head of household . . . \$ 500,000 . . . \$ 70,300 Married filing jointly or qualifying widow(er) . . . 1,000,000 . . . 109,400 Married filing separately . . . 500,000 . . . 54,700 If line 4 is over the amount shown above for your filing status, see instructions.	5	109,400.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	115,991.
7	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.	7	30,158.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	30,158.
10	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions)	10	40,978.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45	11	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksheet in the instructions.

12	Enter the amount from Form 6251, line 6. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 7	12	
13	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	13	
14	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	14	
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	15	
16	Enter the smaller of line 12 or line 15	16	
17	Subtract line 16 from line 12	17	
18	If line 17 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result . . . ▶	18	
19	Enter: <ul style="list-style-type: none"> • \$77,200 if married filing jointly or qualifying widow(er), • \$38,600 if single or married filing separately, or • \$51,700 if head of household. 	19	
20	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter the smaller of line 12 or line 13	22	
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	
24	Subtract line 23 from line 22	24	
25	Enter: <ul style="list-style-type: none"> • \$425,800 if single • \$239,500 if married filing separately • \$479,000 if married filing jointly or qualifying widow(er) • \$452,400 if head of household 	25	
26	Enter the amount from line 21	26	
27	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 10; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	27	
28	Add line 26 and line 27	28	
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	
30	Enter the smaller of line 24 or line 29	30	
31	Multiply line 30 by 15% (0.15) ▶	31	
32	Add lines 23 and 30	32	
If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.			
33	Subtract line 32 from line 22 ▶	33	
34	Multiply line 33 by 20% (0.20) ▶	34	
If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.			
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25) ▶	37	
38	Add lines 18, 31, 34, and 37	38	
39	If line 12 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result	39	
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **71**

Name(s) shown on return

Bradley R & Carla A Lewis

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1		
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	355,538.	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	250,000.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		105,538.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		950.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18		950.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	0.	
20	Enter the amount from line 1	20		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		0.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Bradley R & Carla A Lewis

Your social security number or EIN

Part I Investment Income☐ Section 6013(g) election (see instructions)☐ Section 6013(h) election (see instructions)☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	7.
2	Ordinary dividends (see instructions)	2	50.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	0.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	57.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	2.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	2.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	2.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	55.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	307,369.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	57,369.
16	Enter the smaller of line 12 or line 15	16	55.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	2.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

**Credit for Prior Year Minimum Tax—
Individuals, Estates, and Trusts**► Go to www.irs.gov/Form8801 for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041.

Name(s) shown on return

Bradley R & Carla A Lewis

Identifying number

Part I Net Minimum Tax on Exclusion Items

1	Combine lines 1, 6, and 10 of your 2017 Form 6251. Estates and trusts, see instructions	1	221,863.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	27,147.
3	Minimum tax credit net operating loss deduction (see instructions)	3	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$249,450 and you were married filing separately for 2017, see instructions	4	249,010.
5	Enter: \$84,500 if married filing jointly or qualifying widow(er) for 2017; \$54,300 if single or head of household for 2017; or \$42,250 if married filing separately for 2017. Estates and trusts, enter \$24,100	5	84,500.
6	Enter: \$160,900 if married filing jointly or qualifying widow(er) for 2017; \$120,700 if single or head of household for 2017; or \$80,450 if married filing separately for 2017. Estates and trusts, enter \$80,450	6	160,900.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	88,110.
8	Multiply line 7 by 25% (0.25).	8	22,028.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2017, see instructions	9	62,472.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	186,538.
11	<ul style="list-style-type: none"> • If for 2017 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2017 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions. 	11	48,500.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	48,500.
14	Enter the amount from your 2017 Form 6251, line 34, or 2017 Form 1041, Schedule I, line 55	14	46,738.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	1,762.

Part II Minimum Tax Credit and Carryforward to 2019

16	Enter the amount from your 2017 Form 6251, line 35, or 2017 Form 1041, Schedule I, line 56 . . .	16	1,864.
17	Enter the amount from line 15	17	1,762.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	102.
19	2017 credit carryforward. Enter the amount from your 2017 Form 8801, line 26	19	
20	Enter your 2017 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	102.
22	Enter your 2018 regular income tax liability minus allowable credits (see instructions)	22	40,978.
23	Enter the amount from your 2018 Form 6251, line 9, or 2018 Form 1041, Schedule I, line 54. . . .	23	30,158.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	10,820.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2018 Schedule 3 (Form 1040), line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c.	25	102.
26	Credit carryforward to 2019. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

Caution: If you didn't complete the 2017 Qualified Dividends and Capital Gain Tax Worksheet, the 2017 Schedule D Tax Worksheet, or Part V of the 2017 Schedule D (Form 1041), see the instructions before completing this part.*

- 27** Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2017, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions

27

Caution: If for **2017** you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.

- 28** Enter the amount from line 6 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2017 Schedule D Tax Worksheet, or the amount from line 26 of the 2017 Schedule D (Form 1041), whichever applies*

28

If you figured your 2017 tax using the 2017 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.

- 29** Enter the amount from line 19 of your 2017 Schedule D (Form 1040), or line 18b, column (2), of the 2017 Schedule D (Form 1041)

29

- 30** Add lines 28 and 29, and enter the **smaller** of that result or the amount from line 10 of your 2017 Schedule D Tax Worksheet

30

- 31** Enter the **smaller** of line 27 or line 30

31

- 32** Subtract line 31 from line 27

32

- 33** If line 32 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions ▶

33

- 34** Enter:

- \$75,900 if married filing jointly or qualifying widow(er) for 2017,
- \$37,950 if single or married filing separately for 2017,
- \$50,800 if head of household for 2017, or
- \$2,550 for an estate or trust.

Form 1040NR filers, see instructions.

34

- 35** Enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2017 Schedule D Tax Worksheet, or the amount from line 27 of the 2017 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1040, line 43, or 2017 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions

35

- 36** Subtract line 35 from line 34. If zero or less, enter -0-

36

- 37** Enter the **smaller** of line 27 or line 28

37

- 38** Enter the **smaller** of line 36 or line 37

38

- 39** Subtract line 38 from line 37

39

- 40** Enter:

- \$418,400 if single for 2017,
- \$235,350 if married filing separately for 2017,
- \$470,700 if married filing jointly or qualifying widow(er) for 2017,
- \$444,550 if head of household for 2017, or
- \$12,500 for an estate or trust.

Form 1040NR filers, see instructions.

40

- 41** Enter the amount from line 36

41

- 42** Form 1040 filers, enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2017 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2017 Schedule D (Form 1041) or line 18 of your 2017 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions

42

* The 2017 Qualified Dividends and Capital Gain Tax Worksheet is in the 2017 Instructions for Form 1040. The 2017 Schedule D Tax Worksheet is in the 2017 Instructions for Schedule D (Form 1040) (or the 2017 Instructions for Schedule D (Form 1041)).

Part III Tax Computation Using Maximum Capital Gains Rates *(continued)*

43	Add lines 41 and 42	43	
44	Subtract line 43 from line 40. If zero or less, enter -0-	44	
45	Enter the smaller of line 39 or line 44	45	
46	Multiply line 45 by 15% (0.15) ▶	46	
47	Add lines 38 and 45	47	
If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.			
48	Subtract line 47 from line 37	48	
49	Multiply line 48 by 20% (0.20) ▶	49	
If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.			
50	Add lines 32, 47, and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (0.25) ▶	52	
53	Add lines 33, 46, 49, and 52	53	
54	If line 27 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result. Form 1040NR filers, see instructions	54	
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2017, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11	55	

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Bradley R & Carla A Lewis

Identifying number

Part I 2018 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(0.)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(13,652.)	
d Combine lines 1a, 1b, and 1c	1d		-13,652.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	()	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c	3d		

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4		-13,652.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	13,652.
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	320,485.
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10 Enter the smaller of line 5 or line 9	10	0.
If line 2c is a loss, go to Part III. Otherwise, go to line 15.		

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16 Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
5655 Gulf of Mexico Drive	0.	0.	13,652.		13,652.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0.	0.	13,652.		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶					

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
5655 Gulf of Mexico Drive	E Ln 22	13,652.	1.00000000	13,652.
Total ▶		13,652.	1.00	13,652.

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
5655 Gulf of Mexico Drive	E Ln 22	13,652.	13,652.	0.
Total		13,652.	13,652.	0.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total			1.00		

Additional information from your 2018 Federal Tax Return**Schedule E: Supplemental Income and Loss****Line 19 Other Expenses: Property (1)****Continuation Statement**

Expense Description	Amount
License	3,454.
Operating expense carry over	0.
Vacation home c/o	141.
Total	3,595.

File by Mail Instructions for your 2018 Kansas Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Bradley R & Carla A Lewis
13900 Nicklaus Drive
Overland Park, KS 66223

Balance Due/Refund	Your Kansas state tax return (Form K-40) shows you owe a balance due of \$2,796.00. You are paying by check.		
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Your payment - Mail a check or money order for \$2,796.00, payable to "Kansas Income Tax". Write your Social Security number and "2018 Form K-40" on the check. Mail the return and check together. Mail your return and payment to: Kansas DOR - Income Tax 120 SE 10th Ave. P.O. Box 750260 Topeka, Kansas 66675-0260 Deadline: Postmarked by April 15, 2019 Don't forget correct postage on the envelope.		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2018 Kansas Tax Return Summary	Taxable Income	\$	276,757.00
	Total Tax	\$	14,860.00
	Total Payments/Credits	\$	12,064.00
	Payment Due	\$	2,796.00
Estimated Payments to Make for Next Year's Return	Kansas Estimated Payment Vouchers for 2019 - Do not mail the following vouchers (Form K-40ES) with your 2018 income tax return. These vouchers are used to prepay your 2019 income taxes that will be filed next year. Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/15/2019	\$ 3,715.00
	2	06/17/2019	\$ 3,715.00
	3	09/16/2019	\$ 3,715.00
	4	01/15/2020	\$ 3,715.00

File by Mail Instructions for your 2018 Kansas Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Bradley R & Carla A Lewis
13900 Nicklaus Drive
Overland Park, KS 66223

Estimated Payments to Make for Next Year's Return (Continued)	<p>Include a separate check or money order for each payment, payable to "Kansas Income Tax". Write your social security number and "Form K-40ES" on each check.</p> <p>Mail payments to: Kansas DOR - Estimated Tax 120 SE 10th Ave. P.O. Box 750260 Topeka, KS 66675-0260</p>
Special Formatting	<p>Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.</p>
Changed Your Mind About e-filing?	<p>You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.</p>

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR ESTIMATED TAX
P.O. BOX 750260
TOPEKA, KS 66675 0260

K-40ES

Rev. 7-18

2019 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

REV 10/18/18 INTUIT CG.CFP.SP

005

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223
Daytime Phone Number: 9134988795

LEWI

LEWI

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to Kansas Individual Estimated Income Tax

1

1ST QUARTER PAYMENT DUE BY APRIL 15, 2019

Payment Amount \$ 3715.00

4

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 750260
TOPEKA, KS 66675-0260

K-40ES

Rev. 7-18

2019 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

REV 10/18/18 INTUIT.CG.CFP.SP

005

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223
Daytime Phone Number: 9134988795

LEWI

LEWI

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to Kansas Individual Estimated Income Tax

2

2ND QUARTER PAYMENT DUE BY JUNE 15, 2019

Payment Amount \$ 3715.00

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 750260
TOPEKA, KS 66675-0260

K-40ES
Rev. 7-18

2019 Kansas
INDIVIDUAL ESTIMATED
INCOME TAX VOUCHER

REV 10/18/18 INTUIT.CG.CFP.SP

005

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223
Daytime Phone Number: 9134988795

LEWI

LEWI

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to Kansas Individual Estimated Income Tax

3

3RD QUARTER PAYMENT DUE BY SEPTEMBER 15, 2019

Payment Amount \$ 3715.00

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

MAIL THIS VOUCHER TO:
KANSAS DOR - ESTIMATED TAX
P.O. BOX 750260
TOPEKA, KS 66675-0260

K-40ES

Rev. 7-18

2019 Kansas
INDIVIDUAL ESTIMATE
INCOME TAX VOUCHER

REV 10/18/18 INTUIT.CG.CFP.SP

005

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223
Daytime Phone Number: 9134988795

LEWI

LEWI

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to Kansas Individual Estimated Income Tax

4

4TH QUARTER PAYMENT DUE BY JANUARY 15, 2020

Payment Amount \$ 3715.00

FORM K-40V INSTRUCTIONS

Type your name, address, Social Security number, and the first four letters of your last name in the spaces provided.

If you are filing a joint return, type your spouse's name, Social Security number, and first four letters of their last name in the spaces provided.

If your name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "XX".

If you are paying for an amended return, mark the appropriate box with "XX".

If you are filing an extension of time to file your return, mark the appropriate box with "XX". Note that an extension of time is an extension to file, NOT an extension to pay.

Make your check or money order payable to "Kansas Income Tax" for the full amount of your tax due. Write the last 4 digits

of your Social Security number on your check or money order, ensure it contains a valid telephone number, and make it payable to "Kansas Income Tax."

If you are making a payment for someone else (i.e., daughter, son, parent), write that person's name, telephone number and the last 4 digits of their Social Security number on the check. DO NOT send cash. If payment is not made on or before **April 15, 2019**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66675-0260

NOTE: If any due date falls on a Saturday, Sunday, or legal holiday, *substitute the next regular work day.*

K-40V
Rev. 7-18

2018 Kansas
INDIVIDUAL INCOME
PAYMENT VOUCHER

REV 10/18/18 INTUIT.CG.CFP.SP

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223
Daytime Phone Number: 9134988795

005

LEWI

LEWI

Name or Address
Change

- If married filing a joint return, include both names and Social Security numbers
- Make check or money order payable to Kansas Income Tax

Amended
Return

Extension
Payment

Payment
Amount \$

2796.00

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DRIVE
OVERLAND PARK KS 66223

9134988795 LEWI
JO 229 LEWI



Name or address has changed?

Taxpayer or (spouse if filing joint) died during this tax year

Taxpayer was engaged in commercial farming/fishing in 2018

Amended Return

Amended affects Kansas only

Amended Federal tax return

Adjustment by the RS

Filing Status

Single

☒

Married Filing Joint (Even if only one had income)

Married Filing Separate

Head of Household (Do not
check if filing joint return)

Residency Status

☒

Resident

NonResident (Complete Sch S, Part B)

State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From

To

Exemptions

2

Enter the total exemptions for you, your spouse (if applicable),
and each person you claim as a dependent.If filing status above is Head of
Household, add one exemption.

2

Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last

Date of Birth - MMDDYYYY

Relationship

SSN

Food Sales Tax Credit You must have been a Kansas resident for **ALL** of 2018. Complete this section to determine your qualifications and credit.
If you did not mark A, B, and C, **STOP HERE**; you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was
under the age of 18 all of 2018?

E. Number of exemptions claimed

B. Were you (or spouse) 55 years of age or older all of 2018
(born prior to January 1, 1963)?

☒

F. Number of dependents that are 18 years of age or older
(born on or before January 1, 2001)

C. Were you (or spouse) totally and permanently disabled or
blind all of 2018, regardless of age?

G. Total qualifying exemptions (subtract line F from line E)

D. If you answered YES to A, B, or C, enter your FAGI
from line 1 of this return. If it is more than \$30,615
STOP HERE, you do not qualify for this credit.

307369

H. Food Sales Tax Credit (multiply line G by \$125).
Enter result here and on line 18 of this form.

0

BRADLEY

R LEWIS

LEWI

1. Federal adjusted gross income	307369	23. Estimated tax paid	12064
2. Modifications	-2937	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	304432	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	23175	26. Refundable portion of tax credits	0
5. Exemption allowance	4500	27. Payments remitted with original return	0
6. Total deductions	27675	28. Overpayment from original return	0
7. Taxable income	276757	29. Total refundable credits	12064
8. Tax	14860	30. Underpayment	2796
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	14860	34. AMOUNT YOU OWE	2796
13. Credit for taxes paid to other states	0	35. Overpayment	0
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	14860	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	14860	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	14860	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	0	44. REFUND	0

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer
Signature
(Required)

Date

Preparer
Signature

SELF - PREPARED

Preparer PT N,
E N or SSN

Spouse
Signature
(Required)

Date

Preparer
Phone Number

IMPORTANT: 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

BRADLEY R LEWIS

LEWI

CARLA A LEWIS

LEWI

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A2. Contributions to all KPERs (Kansas Public Employee's Retirement Systems)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A7. Social Security benefits

A8. KPERs lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40)

2937

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16)

2937

NET MODIFICATIONS:

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40.

-2937

SCH S
Rev. 10-18

2018

**KANSAS
SUPPLEMENTAL SCHEDULE**

005

122418

BRADLEY

R LEWIS

LEWI

CARLA

A LEWIS

LEWI

PART C - KANSAS ITEMIZED DEDUCTIONS

C1. Medical and dental expenses from line 4 of federal Schedule A: \$ _____ Enter 50% of this amount.

C2. Real estate taxes from line 5b of federal Schedule A: \$ 11816 Enter 50% of this amount.

5908

C3. Personal property taxes from line 5c of federal Schedule A: \$ 133 Enter 50% of this amount.

67

C4. Qualified residence interest you paid and reported on federal Schedule A. (See instructions) \$ 14519
Enter 50% of this amount.

7260

C5. Gifts to charity from line 14 of federal Schedule A.

9940

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40.

23175

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Bradley R	Last name Lewis	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Carla A	Last name Lewis	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 13900 Nicklaus Dr		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Overland Park KS 66223-2999		
Foreign country name	Foreign province/state/county	Foreign postal code

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

Age/Blindness **You:** ☒ Were born before January 2, 1955 ☐ Are blind
Spouse: ☒ Was born before January 2, 1955 ☐ Is blind

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	
2a Tax-exempt interest	2a	2b Taxable interest	2b 6.
3a Qualified dividends	3a	3b Ordinary dividends	3b 54.
4a IRA distributions	4a	4b Taxable amount	4b
c Pensions and annuities	4c	d Taxable amount	4d
5a Social security benefits	5a	b Taxable amount	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	
7a Other income from Schedule 1, line 9		7a	352,128.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	352,188.
8a Adjustments to income from Schedule 1, line 22		8a	85,504.
b Subtract line 8a from line 7b. This is your adjusted gross income		8b	266,684.
9 Standard deduction or itemized deductions (from Schedule A)	9	31,163.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	47,104.	
11a Add lines 9 and 10		11a	78,267.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	188,417.

Standard Deduction Chart*

IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .	IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly	1	25,700	Married filing separately	1	13,500
or	2	27,000		2	14,800
Qualifying widow(er)	3	28,300		3	16,100
	4	29,600		4	17,400

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Bradley R & Carla A Lewis

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	352,128.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	352,128.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	12,955.
15	Self-employed SEP, SIMPLE, and qualified plans	15	56,000.
16	Self-employed health insurance deduction	16	16,549.
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	85,504.

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

REV 04-02-20 Intuit cp dp sp

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Bradley R & Carla A Lewis

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	25,910.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	679.
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	26,589.

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

REV 04-02-20 Instructions

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► Attach to Form 1040 or 1040-SR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

Bradley R & Carla A Lewis

Your social security number

[REDACTED]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	79,068.
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	79,068.

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

REV 04-02-20 1040-ss 3p

Schedule 3 (Form 1040 or 1040-SR) 2019

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Bradley R & Carla A Lewis

Your social security number

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions) | 1 | 0. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b | 2 | 266,684. |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 20,001. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

Taxes You Paid

- | | | | |
|---|--|----|---------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 19,312. |
| b | State and local real estate taxes (see instructions) | 5b | 11,205. |
| c | State and local personal property taxes | 5c | 117. |
| d | Add lines 5a through 5c | 5d | 30,634. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. |
| 6 | Other taxes. List type and amount | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000. |

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|---------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 11,241. |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Mortgage insurance premiums (see instructions) | 8d | |
| e | Add lines 8a through 8d | 8e | 11,241. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | 9 | |
| 10 | Add lines 8e and 9 | 10 | 11,241. |

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|---|----|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 9,650. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | 12 | 272. |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 9,922. |

Casualty and Theft Losses

- | | | | |
|----|--|----|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|----|--|----|--|

Other Itemized Deductions

- | | | | |
|----|---|----|--|
| 16 | Other—from list in instructions. List type and amount | 16 | |
|----|---|----|--|

Total Itemized Deductions

- | | | | |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9 | 17 | 31,163. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Name of proprietor

Bradley R Lewis

Social security number (SSN)

██████████

A Principal business or profession, including product or service (see instructions)
Consulting

B Enter code from instructions

► 5 4 1 6 0 0

C Business name. If no separate business name, leave blank.
CreativEnergy Options

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► 13900 Nicklaus Dr
City, town or post office, state, and ZIP code Overland Park, KS 66223-2999

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	1,103,932.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,103,932.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	1,103,932.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	1,103,932.

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

8	Advertising	8	0.	18	Office expense (see instructions)	18	5,506.
9	Car and truck expenses (see instructions)	9	3,939.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	112,182.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	561,707.	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	2,594.
15	Insurance (other than health)	15	325.	23	Taxes and licenses	23	6,136.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	27,535.
b	Other	16b	2,687.	b	Deductible meals (see instructions)	24b	1,214.
17	Legal and professional services	17	22,964.	25	Utilities	25	4,992.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	23.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	352,128.				

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 12/01/2006
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
	a Business 6,792 b Commuting (see instructions) c Other 5,673
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Magazines for business	0.
bank charges	23.
Business related gifts	0.
48 Total other expenses. Enter here and on line 27a	48 23.

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

2019

Attachment
Sequence No. **13**

Name(s) shown on return

Bradley R & Carla A Lewis

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☒ No

1a Physical address of each property (street, city, state, ZIP code)
A *5655 Gulf of Mexico Drive Longport Key FL 34228*
B
C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	<i>3</i>		<i>60</i>	<i>80</i>	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	<i>7300</i>		
4 Royalties received	4			

Expenses:

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7	<i>161</i>		
8 Commissions	8	<i>1000</i>		
9 Insurance	9	<i>208</i>		
10 Legal and other professional fees	10			
11 Management fees	11	<i>2250</i>		
12 Mortgage interest paid to banks, etc. (see instructions)	12	<i>1364</i>		
13 Other interest	13			
14 Repairs	14	<i>194</i>		
15 Supplies	15			
16 Taxes	16	<i>133</i>		
17 Utilities	17	<i>166</i>		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19	<i>1824</i>		
20 Total expenses. Add lines 5 through 19	20	<i>7300</i>		

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	<i>0</i>		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	<i>0</i>		

23a Total of all amounts reported on line 3 for all rental properties	23a	<i>7300</i>		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c	<i>1364</i>		
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e	<i>7300</i>		

24 **Income.** Add positive amounts shown on line 21. Do not include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25**

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 **26**

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

2019

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

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

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

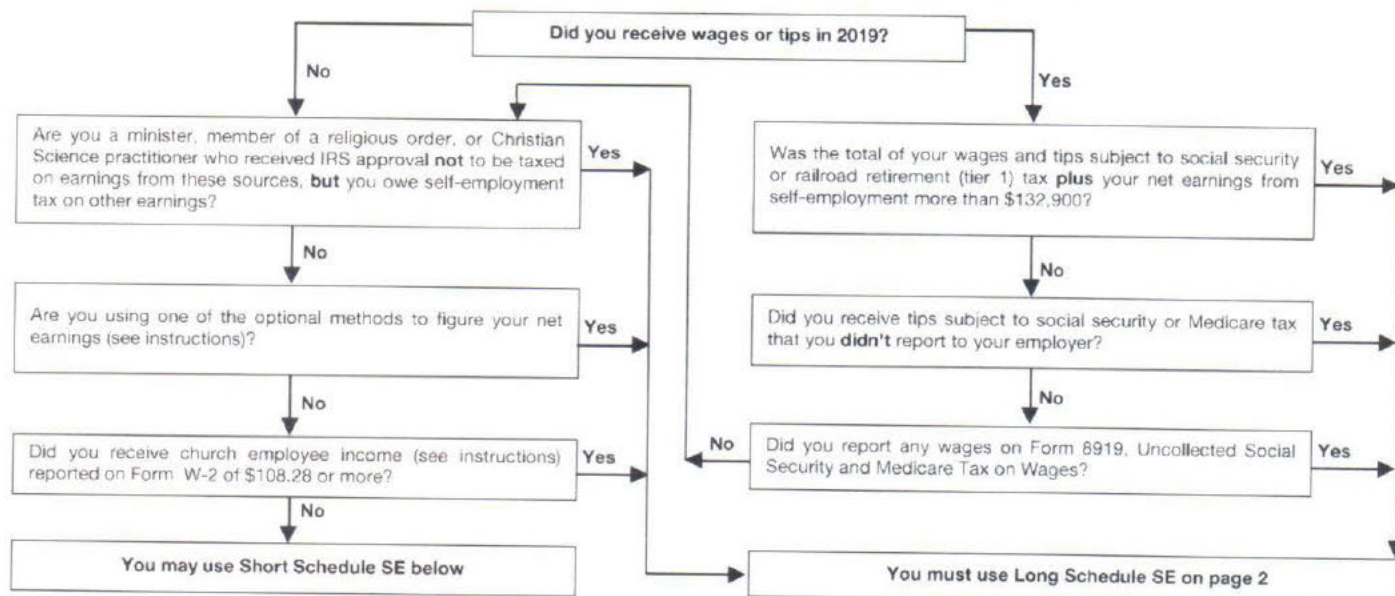
Bradley R Lewis

Social security number of person
with self-employment income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b ()
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	352,128.
3 Combine lines 1a, 1b, and 2	3	352,128.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ►	4	325,190.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 .	5	25,910.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	12,955.

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

BAA

REV 04/02/20 Instructions

Schedule SE (Form 1040 or 1040-SR) 2019

**Qualified Business Income Deduction
Simplified Computation**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-0123

2019Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Bradley R & Carla A Lewis

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Energy consulting		0.
ii	CreativEnergy Options		266,624.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	266,624.	
3	Qualified business net (loss) carryforward from the prior year	3	(0.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	266,624.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	53,325.	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0.	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	53,325.	
11	Taxable income before qualified business income deduction	11	235,521.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	235,521.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	47,104.	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15	47,104.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

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

REV 04/02/20 (Instructions)

Form **8995** (2019)

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No. **71**

Name(s) shown on return

Bradley R & Carla A Lewis

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1		
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	325,190.	
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.	
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	250,000.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		75,190.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		677.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V	18		677.
----	---	----	--	------

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	0.	
20	Enter the amount from line 1	20		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions)	24		0.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2019Attachment
Sequence No. **72**

Name(s) shown on your tax return

Bradley R & Carla A Lewis

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	6.
2	Ordinary dividends (see instructions)		2	54.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	0.	4c	0.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)		5d	
c	Combine lines 4a and 4b		6	
5a	Net gain or loss from disposition of property (see instructions)		7	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		8	60.
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)			
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			
7	Other modifications to investment income (see instructions)			
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		9d	4.
b	State, local, and foreign income tax (see instructions)	4.	10	
c	Miscellaneous investment expenses (see instructions)		11	4.
d	Add lines 9a, 9b, and 9c			
10	Additional modifications (see instructions)			
11	Total deductions and modifications. Add lines 9d and 10			

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	56.
13	Modified adjusted gross income (see instructions)	266,684.	16	56.
14	Threshold based on filing status (see instructions)	250,000.	17	2.
15	Subtract line 14 from line 13. If zero or less, enter -0-	16,684.		
16	Enter the smaller of line 12 or line 15			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			
18a	Net investment income (line 12 above)			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions)			
c	Subtract line 19b from line 19a. If zero or less, enter -0-			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

BAA

REV 04-02-20 / mtr qj dls sc

Form **8960** (2019)

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040, Form 1040-SR, or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2019Attachment
Sequence No. **88**

Name(s) shown on return

Bradley R & Carla A Lewis

Identifying number

[REDACTED]

Part I 2019 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	0.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(0.)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(13,652.)	
d Combine lines 1a, 1b, and 1c	1d	-13,652.	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	()	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	()	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c	3d	()	

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.	4	-13,652.	
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If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	13,652.	
6 Enter \$150,000. If married filing separately, see instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero. See instructions	7	279,639.	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8	()	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	()	
10 Enter the smaller of line 5 or line 9	10	0.	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	()	
12 Enter the loss from line 4	12	()	
13 Reduce line 12 by the amount on line 10	13	()	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	()	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0.	
16 Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0.	

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
5655 Gulf of Mexico Drive	0.	0.	13,652.		13,652.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0.	0.	13,652.		

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶					

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
5655 Gulf of Mexico Drive	E Ln 22	13,652.	1.00000000	13,652.
Total ▶		13,652.	1.00	13,652.

Worksheet 6—Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
5655 Gulf of Mexico Drive	E Ln 22	13,652.	13,652.	0.
Total		13,652.	13,652.	0.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶			1.00		

Additional information from your 2019 Federal Tax Return

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
Vacation home c/o	6,400.
Total	6,400.

BRADLEY R LEWIS
CARLA A LEWIS
13900 NICKLAUS DR
OVERLAND PARK

KS 66223-2999

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Name or address has changed?

Taxpayer or (spouse if filing joint) died during this tax year

Taxpayer was engaged in commercial farming/fishing in 2019

Amended Return:

Amended affects Kansas only

Amended Federal tax return

Adjustment by the IRS

Filing Status:

Single

☒

Married Filing Joint (Even if only one had income)

Married Filing Separate

Head of Household (Do not
check if filing joint return)

Residency Status:

☒

Resident

NonResident (Complete Sch S, Part B)

State of Legal Residence

Part-Year Resident (Complete Sch S, Part B) From

To

Exemptions:

2

Enter the total exemptions for you, your spouse (if applicable),
and each person you claim as a dependent.If filing status above is Head of
Household, add one exemption.

2

Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last

Date of Birth - MMDDYYYY

Relationship

SSN

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2019. Complete this section to determine your qualifications and credit.
If you did not mark A, B, and C, **STOP HERE**, you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was
under the age of 18 all of 2019?

E. Number of exemptions claimed

B. Were you (or spouse) 55 years of age or older all of 2019
(born prior to January 1, 1964)?

☒

F. Number of dependents that are 18 years of age or older
(born on or before January 1, 2002)

C. Were you (or spouse) totally and permanently disabled or
blind all of 2019, regardless of age?

G. Total qualifying exemptions (subtract line F from line E)

D. If you answered YES to A, B, or C, enter your FAGI
from line 1 of this return. If it is more than \$30,615
STOP HERE, you do not qualify for this credit.

266684

H. Food Sales Tax Credit (multiply line G by \$125).
Enter result here and on line 18 of this form.

0

BRADLEY

R LEWIS

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1. Federal adjusted gross income	266684	23. Estimated tax paid	15500
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	266684	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	26845	26. Refundable portion of tax credits	0
5. Exemption allowance	4500	27. Payments remitted with original return	0
6. Total deductions	31345	28. Overpayment from original return	0
7. Taxable income	235339	29. Total refundable credits	15500
8. Tax	12499	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	12499	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	3001
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	3001
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	12499	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	12499	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	12499	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	0	44. REFUND	0

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer
Signature
(Required)

Date 4-15-20

Preparer
Signature

SELF-PREPARED

Preparer PTIN
EIN or SSNSpouse
Signature
(Required)

Date 4/15-20

Preparer

Phone Number

IMPORTANT: 1) Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

BRADLEY R LEWIS

LEWI

CARLA A LEWIS

LEWI

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME
ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A7. Social Security benefits

A8. KPERS lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40)

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16)

NET MODIFICATIONS:

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40.

SCH S 2019

Rev. 1-20

KANSAS
SUPPLEMENTAL SCHEDULE

005

122419

BRADLEY R LEWIS

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CARLA A LEWIS

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PART C - KANSAS ITEMIZED DEDUCTIONS

C1. Medical and dental expenses from line 4 of federal Schedule A: \$ 0 Enter 75% of this amount. 0

C2. Real estate taxes from line 5b of federal Schedule A: \$ 11205 Enter 75% of this amount. 8404

C3. Personal property taxes from line 5c of federal Schedule A: \$ 117 Enter 75% of this amount. 88

C4. Qualified residence interest and mortgage insurance premiums you paid and reported on federal Schedule A:
\$ 11241 . Enter 75% of this amount. 8431

C5. Gifts to charity from line 14 of federal Schedule A. 9922

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40. 26845

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

1/11/2021 4:29:12 PM

in

Case No(s). 16-2313-GA-AGG

Summary: In the Matter of the Application of Bradley R Lewis