



Instructions for Competitive Retail Natural Gas Service (CRNGS) Providers

- I. **Where to file:** Applications can be completed and submitted via the PUCO Community. Paper applications, an original plus two copies, can be mailed to: Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus Ohio 43215-3793.
- II. **Case Number:** If Applicant is applying for any combination of broker and/or aggregator, the application must be filed with an “AGG” purpose code. If the application includes marketer, then the purpose code must be “CRS”.
- III. **Renewal applications:** A certificate is valid for two years from the date of issuance. An application for renewal should be filed in the Applicant’s existing case number 30-90 days prior to the expiration date printed on the certificate.
- IV. **Confidentiality:** An applicant may file financial statement, forecasted financial statements, financial arrangements, credit ratings, and credit reports under seal. Confidentiality for other items must be requested in a motion filed in the docket. Motions for protective orders must be filed in accordance with Ohio Administrative Code [4901:1-24](#), [4901:1-27](#), and [4901:1-24](#).
- V. **Commission approval process:** The Commission approval process begins when the Commission’s Docketing Division receives and time/date stamps the application. An incomplete application may be suspended or rejected. An application that has been suspended an incomplete may cause delay in certification. The Commission may approve, suspend, or deny an application within 30 days. If no action is taken, the application is deemed automatically approved on the 31st day after the official filing date. Upon approval, the Commission will issue a numbered certificate that specifies the service(s) for which the applicant is certified and the dates for which the certificate is valid.
- VI. **Material change:** Providers are required to notify the Commission of any changes to the information provided in its most recent application within thirty days of the change.
- VII. **Governing law:** The certification and renewal of competitive providers is governed by Chapters [4901:1-21](#), [4901:1-24](#), [4901:1-27](#), [4901:1-28](#), and [4901:1-29](#) of the Ohio Administrative Code, and Sections [4928.08](#) and [4929.20](#) of the Ohio Revised Code.
- VIII. **Questions:** Questions regarding the application should be directed to CRES@puco.ohio.gov or CRNGS@puco.ohio.gov.

This page is for informational purposes and should not be filed with the application.



Public Utilities Commission

Competitive Retail Natural Gas Service (CRNGS) Provider Application

Case Number: 13 - 311G(1) - GA - AGG

Please complete all information. Identify all attachments with a label and title (example: Exhibit C-2 Financial Statements). For paper filing, you can mail the original and two complete copies to the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

A. Application Information

A-1. Provider Type.

Select the competitive retail natural gas service (CRNGS) provider type(s) for which the applicant is seeking certification. Please note you can select more than one.

Retail Natural Gas Aggregator

☐

Retail Natural Gas Broker

☒

Retail Natural Gas Marketer

☐

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

Provide the name and contact information of the business entity.

Legal Name: US Energy Consulting Group LLC
Street Address: 9355 113th Street, #4991
City: Seminole State: FL Zip: 33772
Telephone: (866) 942-6020 Website: www.USECG.com

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: US Energy Consulting Group LLC
Street Address: 2628 Texter Road
City: Lexington State: OH Zip: 44904
Telephone: (866) 942-6020 Email: LEdwards@USECG.com

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

Provide all business names the applicant uses in North America. You do not need to include the names provided in A-2 and A-3.

Name(s): US Energy Consulting Group LLC Gulf Coast Energy LLC

A-5. Contact person for regulatory matters.

Name: Laura Edwards Title: President/Member/Owner
Street Address: 9355 113th Street, #4991
City: Seminole State: FL Zip: 33772
Telephone: (866) 942-6020 Email: LEdwards@USECG.com

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

Name: Laura Edwards Title: President/Member/Owner
Street Address: 9355 113th Street, #4991
City: Seminole State: FL Zip: 33772
Telephone: (866) 942-6020 Email: LEdwards@USECG.com

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

Street Address: 9355 113th Street, #4991
City: 9355 113th Street, #4991 State: FL Zip: 33772
Toll-free Telephone: (866) 942-6020 Email: LEdwards@USECG.com

A-8. Applicant's federal employer identification number.

FEIN: 27-3768864

A-9. Applicant's form of ownership (select one).

Sole Proprietorship ☐ Limited Liability Partnership (LLP) ☐ Corporation ☐ Partnership ☐

Limited Liability Company (LLC) ☒

Other: _____

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:

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

Class of customer selection:

Industrial



Residential



Small Commercial



Large Commercial

**A-11. Start Date.**

Indicate the approximate start date the applicant began/will begin offering services.

Date: 4/28/2013

A-12. Principal officers, directors and partners.

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

A-13. Company history.

Provide an attachment with a concise description of the applicant's company history and principal business interests.

A-14. Secretary of State.

Provide evidence that the applicant is currently registered with the Ohio Secretary of State.

A-15. Proof of Ohio office and employee.

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.

Name: Terri Haeseker Title: Sales rep
Street Address: 2628 Texter Road
City: Lexington State: OH Zip: 44904
Telephone: (866) 942-6020 Email: LEdwards@USECG.com

B. Managerial Capability

Provide a response or attachment for each of the sections below.

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.

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.

B-3. Disclosure of liabilities and investigations. NONE

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.

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? If yes, attach a document detailing the information.

Yes

☐

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? If yes, attach a document detailing the information.

Yes

☐

No

☒

C. Financial Capability

Provide a response or attachment for each of the sections below.

C-1. Financial reporting. The applicant is not publically traded so is not required to file with the SEC

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or attach a copy of 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.

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.

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.

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".

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.

C-6. Bankruptcy information.

The applicant has never filed bankruptcy

Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy? If yes, attach a document detailing the information.

Applicant

Parent company of the applicant

Affiliate company that guarantees the financial obligations of the applicant

Any owner or officer of the applicant

Yes

☐

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? If yes, attach a document detailing the information.

Yes

☐

No

☒

C-8. Corporate structure. Not applicable

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.

C-9. Financial arrangements. Not applicable

This section is only applicable if power marketer or retail electric generation provider has been selected in A-1.

Provide copies of the applicant's financial arrangements to satisfy collateral requirements to conduct retail electric/natural gas business activities (e.g., parental guarantees, letters of credit, contractual arrangements, etc., as described below).

Renewal applicants may provide a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements. The statement or letter must be on the utility's letterhead and dated within a 30-day period of the date the applicant files its renewal application.

First-time applicants or applicants whose certificate has expired must meet the requirements of C-9 in one of the following ways:

1. The applicant itself states that it is investment grade rated by Moody's Investors Service, Standard & Poor's Financial Services, or Fitch Ratings and provides evidence of rating from the rating agencies. If you provided a credit rating in C-4, reference the credit rating in the statement.

2. The applicant's parent company is investment grade rated (by Moody's, Standard & Poor's, or Fitch) and guarantees the financial obligations of the applicant to the LDU(s). Provide a copy of the most recent credit opinion from Moody's, Standard & Poor's or Fitch.
3. The applicant's parent company is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The parent company's financials and a copy of the parental guarantee must be included in the application if the applicant is relying on this option.
4. The applicant can provide evidence of posting a letter of credit with the LDU(s) listed as the beneficiary, in an amount sufficient to satisfy the collateral requirements of the LDU(s).

D. Technical Capability

Provide an attachment for each of the sections below.

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.

Gas Marketers: Describe the operational nature of the applicant's business, specifying whether operations will include the contracting of natural gas purchases for retail sales, the nomination and scheduling of retail natural gas for delivery, and/or the provision of retail ancillary services, as well as other services used to supply natural gas to the natural gas company city gate for retail customers.

D-2. Operations expertise and key technical personnel.

Provide evidence of the applicant's experience and technical expertise in performing the operations described in this application. Include the names, titles, e-mail addresses, telephone numbers and background of key personnel involved in the operational aspects of the applicant's business.

As authorized representative for the above company/organization, I certify that all the information contained in this application is true, accurate and complete. I also understand that failure to report completely and accurately may result in penalties or other legal actions.


Signature

05/15/2021

Date

Member/Owner/President

Title

Competitive Retail Natural Gas Service Affidavit

County of Pineellas :

State of Florida :

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

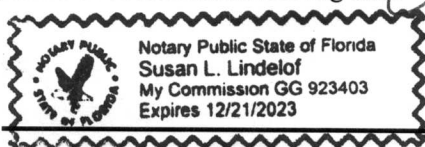
1. The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant, and that it will amend its application while it is pending if any substantial changes occur regarding the information 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.

[Signature] / President / Member/Owner
Signature of Affiant & Title

Sworn and subscribed before me this 4th day of May, 2021
Month Year

Susan L. Lindelof
Signature of official administering oath

Susan L. Lindelof, Notary
Print Name and Title



My commission expires on 12/21/2023

A-12. Principal officers, directors and partners.

Laura Edwards
Owner/President/Member
(727) 906-1292
LEdsards@USECG.com

US Energy Consulting Group, LLC

A-13 Company History

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

To date, Ms. Edwards has obtained licensing in other states and has contracted with multiple suppliers.

A-14 Secretary of State

<https://businesssearch.ohiosos.gov>

E&G Prime Smile Health Inspire Bills Phone Garden Bailey AirBnB PetRx Stock Weather IATA PTCs Recipes Unc

BUSINESS DETAILS & FILINGS

Close

Business Details

Entity #:	2157593	Business Name:	US ENERGY CONSULTING GROUP, LLC
Filing Type:	FOREIGN LIMITED LIABILITY COMPANY	Status:	Active
Original Filing Date:	12/11/2012	Exp. Date:	-

AGENT/REGISTRANT INFORMATION

TERRI HAESEKER
2628 TEXTER RD
LEXINGTON OH 44904
12/11/2012
Active

B-1 “Jurisdictions of Operation”

13-0407	Illinois
EA-0230	New Jersey
19-1080-EL-AGG)	Ohio
A-2013-2392573	Pennsylvania

Exhibit B-2 Experience and Plans

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

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

C-2 Financial Statements

IF you live in . . .

THEN use this address to send in your payment . . .

Florida, Louisiana, Mississippi, Texas

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada,
New Mexico, Oregon, Utah, Washington, WyomingInternal Revenue Service
P.O. Box 7704
San Francisco, CA 94120-7704Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota,
Montana, Nebraska, North Dakota, Ohio, Oklahoma,
South Dakota, WisconsinInternal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501Alabama, Georgia, Kentucky, New Jersey, North Carolina,
South Carolina, Tennessee, VirginiaInternal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000Delaware, Maine, Massachusetts, Missouri, New Hampshire,
New York, VermontInternal Revenue Service
P.O. Box 37008
Hartford, CT 06176-7008Connecticut, District of Columbia, Maryland, Pennsylvania,
Rhode Island, West VirginiaInternal Revenue Service
P.O. Box 37910
Hartford, CT 06176-7910A foreign country, American Samoa, or Puerto Rico (or are
excluding income under Internal Revenue Code 933), or use an
APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are
a dual-status alien or nonpermanent resident of Guam or the
U.S. Virgin Islands.Internal Revenue Service
P.O. Box 1303
Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2018

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**Department of the Treasury
Internal Revenue Service (99)**2018****Payment Voucher**

► Do not staple or attach this voucher to your payment or return.

**3 Amount you are paying by check or
money order. Make your check or
money order payable to "United
States Treasury"**

Dollars Cents

5,578.

REV 12/22/18 PRO

1555

LAURA EDWARDS

10575 125TH STREET
SEMINOLE FL 33778INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

XXXXXXXX

UN EDWA 30 0 201812 610

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

Your first name and initial **LAURA** Last name **EDWARDS** Your social security number **XXX-XX-XXXX**

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 Last name **XXX-XX-XXXX**

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

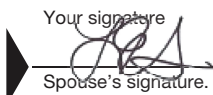
Home address (number and street). If you have a P.O. box, see instructions. **10575 125TH STREET** Apt. no. **Presidential Election Campaign (see inst.)** ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **SEMINOLE FL 33778** 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 **06/2019** Your occupation **SALES**

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name **Tammi Fernandez** **Preparer's signature** **PTIN** **P00585746** **Firm's EIN** **26-0537170** **Check if:** ☒ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Warren's Tax and Accounting Service** **Phone no.** (352) 683-5371

Firm's address ▶ **8346 Forest Oaks Blvd. Spring Hill FL 34606**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 60,000.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 87,744.	6 147,744.
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	7 147,744.
8 Standard deduction or itemized deductions (from Schedule A)	8 21,171.
9 Qualified business income deduction (see instructions)	9 17,549.
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 109,024.
11 a Tax (see inst.) 20,455. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 20,455.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13 20,455.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
14 Other taxes. Attach Schedule 4	15 20,455.
15 Total tax. Add lines 13 and 14	16 15,000.
16 Federal income tax withheld from Forms W-2 and 1099	17
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18 15,000.
Add any amount from Schedule 5	19
18 Add lines 16 and 17. These are your total payments	20a
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22 5,578.
▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	23 123.
▶ 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	
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	
23 Estimated tax penalty (see instructions)	

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

LAURA EDWARDS

Your social security number

XXX-XX-XXXX

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <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	87,744.
	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	87,744.
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	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ►	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO

**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

2018Attachment
Sequence No. **07**

Name(s) shown on Form 1040

LAURA EDWARDS

Your social security number

XXX-XX-XXXX

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1**
- 2 Enter amount from Form 1040, line 7 **2**
- 3 Multiply line 2 by 7.5% (0.075) **3**
- 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 ► ☒

5a 1,286.

b State and local real estate taxes (see instructions)

5b 6,628.

c State and local personal property taxes

5c

d Add lines 5a through 5c

5d 7,914.

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 5,000.

- 6 Other taxes. List type and amount ►

6

- 7 Add lines 5e and 6

7 5,000.**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 ►
- ☐

a Home mortgage interest and points reported to you on Form 1098

8a 16,171.

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 16,171.

- 9 Investment interest. Attach Form 4952 if required. See instructions

9

- 10 Add lines 8e and 9

10 16,171.**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

- 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

- 13 Carryover from prior year

13

- 14 Add lines 11 through 13

14**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 21,171.

- 18 If you elect to itemize deductions even though they are less than your standard deduction, check here ►
- ☐

Name(s) shown on return. Do not enter name and social security number if shown on other side.

LAURA EDWARDS

Your social security number

XXX-XX-XXXX

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

Part II **Income or Loss From Partnerships and S Corporations** – **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	US ENERGY CONSULTING GROUP LLC	S	<input type="checkbox"/>	27-3768864	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A				87,744.	
B					
C					
D					
29a Totals				87,744.	
b Totals					
30 Add columns (h) and (k) of line 29a.			30	87,744.	
31 Add columns (g), (i), and (j) of line 29b.			31	()	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	87,744.	

Part III **Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36		37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V **Summary**

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41	87,744.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**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

LAURA EDWARDS

Your social security number or EIN

XXX-XX-XXXX

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	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 87,744.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b -87,744.		
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	0.

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		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	147,744.
14	Threshold based on filing status (see instructions)	14	125,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	22,744.
16	Enter the smaller of line 12 or line 15	16	0.
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	0.
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	

Form **1120S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.▶ Go to www.irs.gov/Form1120S for instructions and the latest information.**2018**

For calendar year 2018 or tax year beginning , 2018, ending , 20

A S election effective date 01/01/2013	TYPE OR PRINT	Name US ENERGY CONSULTING GROUP LLC	D Employer identification number 27-3768864
B Business activity code number (see instructions) 812990		Number, street, and room or suite no. If a P.O. box, see instructions. 9355 113TH STREET #4991	E Date incorporated 10/07/2010
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code SEMINOLE FL 33772	F Total assets (see instructions) \$ 93,425.
G Is the corporation electing to be an S corporation beginning with this tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach Form 2553 if not already filed			
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination or revocation			
I Enter the number of shareholders who were shareholders during any part of the tax year 1			

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a 1,929,668.	
	b Returns and allowances	1b 34,539.	
	c Balance. Subtract line 1b from line 1a	1c 1,895,129.	
	2 Cost of goods sold (attach Form 1125-A)	2 1,720,622.	
	3 Gross profit. Subtract line 2 from line 1c	3 174,507.	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)	5	
	6 Total income (loss). Add lines 3 through 5 ▶	6 174,507.	
	7 Compensation of officers (see instructions—attach Form 1125-E)	7 60,000.	
	8 Salaries and wages (less employment credits)	8	
	9 Repairs and maintenance	9	
	10 Bad debts	10	
	11 Rents	11	
	12 Taxes and licenses	12 7,879.	
	13 Interest (see instructions)	13	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16	
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18	
	19 Other deductions (attach statement) <u>See Statement</u>	19 18,884.	
20 Total deductions. Add lines 7 through 19 ▶	20 86,763.		
21 Ordinary business income (loss). Subtract line 20 from line 6	21 87,744.		
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23a 2018 estimated tax payments and 2017 overpayment credited to 2018	23a	
	b Tax deposited with Form 7004	23b 0.	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Refundable credit from Form 8827, line 8c	23d	
	e Add lines 23a through 23d	23e 0.	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>	24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed	25 0.	
	26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26: Credited to 2019 estimated tax ▶ Refunded ▶	27		

Sign Here

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

Signature of officer	Date	PRESIDENT	Title
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May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name Tammi Fernandez	Preparer's signature	Date 04/07/2019	Check <input type="checkbox"/> if self-employed PTIN P00585746
Firm's name ▶ Warren's Tax and Accounting Service	Firm's EIN ▶ 26-0537170		
Firm's address ▶ 8346 Forest Oaks Blvd. Spring Hill FL 34606	Phone no. (352) 683-5371		

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 02/22/19 PRO Form **1120S** (2018)

Schedule B Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the: a Business activity ▶ <u>ENERGY CONSULTING</u> b Product or service ▶ <u>SERVICE</u>		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock ▶ _____ (ii) Total shares of non-restricted stock ▶ _____		X
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ _____ (ii) Total shares of stock outstanding if all instruments were executed ▶ _____		X
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one of the following conditions and the corporation doesn't own a pass-through entity with current year, or prior year carryover, excess business interest expense? See instructions	X	
a	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year don't exceed \$25 million, and the corporation isn't a tax shelter; or		
b	The corporation only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.		
11	Does the corporation satisfy both of the following conditions?		
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000		
b	The corporation's total assets at the end of the tax year were less than \$250,000		X
	If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction ▶ \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2018 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Forms 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 13 ▶ \$		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	87,744.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) 7		
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) 8a			
b Collectibles (28%) gain (loss) 8b			
c Unrecaptured section 1250 gain (attach statement) 8c			
9 Net section 1231 gain (loss) (attach Form 4797) 9			
10 Other income (loss) (see instructions) . . . Type ▶ 10			
Deductions	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)		
d Other deductions (see instructions) Type ▶ 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
	e Other rental credits (see instructions) Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type ▶ 13g		
Foreign Transactions	14a Name of country or U.S. possession ▶ 14a		
	b Gross income from all sources 14b		
	c Gross income sourced at shareholder level 14c		
	Foreign gross income sourced at corporate level 14d		
	d Section 951A category 14d		
	e Foreign branch category 14e		
	f Passive category 14f		
	g General category 14g		
	h Other (attach statement) 14h		
	Deductions allocated and apportioned at shareholder level 14i		
	i Interest expense 14i		
	j Other 14j		
	Deductions allocated and apportioned at corporate level to foreign source income 14k		
	k Section 951A category 14k		
	l Foreign branch category 14l		
	m Passive category 14m		
	n General category 14n		
	o Other (attach statement) 14o		
Other information 14p			
p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 14p			
q Reduction in taxes available for credit (attach statement) 14q			
r Other foreign tax information (attach statement) 14r			

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	425 .
	d	Distributions (attach statement if required) (see instructions)	16d	52,538 .
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	0 .
	d	Other items and amounts (attach statement) See Sch K, Line 17d (I) Stmt		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	18	87,744 .

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		65,939 .		93,425 .		
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()		()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	3,100 .		3,100 .			
b	Less accumulated depreciation	(3,100 .)	0 .	(3,100 .)	0 .		
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets		65,939 .		93,425 .		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)Ln 18 St		26,525 .		19,230 .		
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings		39,414 .		74,195 .		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock		()		()		
27	Total liabilities and shareholders' equity		65,939 .		93,425 .		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	87,319.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		a	Tax-exempt interest \$ _____	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ _____	
b	Travel and entertainment \$ _____ 425.	425.	7	Add lines 5 and 6	
4	Add lines 1 through 3	87,744.	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	87,744.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	39,414.	0.	0.
2	Ordinary income from page 1, line 21	87,744.		
3	Other additions			
4	Loss from page 1, line 21	()		
5	Other reductions MEALS AND ENTERTAINMENT	(425.)		()
6	Combine lines 1 through 5	126,733.	0.	0.
7	Distributions	52,538.	0.	0.
8	Balance at end of tax year. Subtract line 7 from line 6	74,195.	0.	0.

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name US ENERGY CONSULTING GROUP LLC		Employer identification number 27-3768864	
1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SUBCONTRACTORS	5	1,720,622
6	Total. Add lines 1 through 5	6	1,720,622
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	1,720,622

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New**Small business taxpayers.** For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions**Purpose of Form**

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non-incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.**Uniform capitalization rules.** The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1
(Form 1120S)****2018**Department of the Treasury
Internal Revenue Service

For calendar year 2018, or tax year

beginning 2018ending **Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Corporation**A** Corporation's employer identification number
27-3768864**B** Corporation's name, address, city, state, and ZIP code
US ENERGY CONSULTING GROUP LLC

9355 113TH STREET #4991
SEMINOLE FL 33772**C** IRS Center where corporation filed return
Ogden, UT 84201-0013**Part II Information About the Shareholder****D** Shareholder's identifying
number XXX-XX-XXXX**E** Shareholder's name, address, city, state, and ZIP code
LAURA EDWARDS

3400 55TH STREET N
SAINT PETERSBURG FL 33710**F** Shareholder's percentage of stock
ownership for tax year 100.00000 %**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	87,744.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C	425.
12	Other deductions	D	52,538.
		17	Other information
		V	87,744.
		W	60,000.

* See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	<i>Report on</i>	<i>Code</i>	<i>Report on</i>
Passive loss	See the Shareholder's Instructions	O Backup withholding	See the Shareholder's Instructions
Passive income	Schedule E, line 28, column (h)	P Other credits	See the Shareholder's Instructions
Nonpassive loss	See the Shareholder's Instructions	14. Foreign transactions	
Nonpassive income	Schedule E, line 28, column (k)	A Name of country or U.S. possession	Form 1116, Part I
2. Net rental real estate income (loss)	See the Shareholder's Instructions	B Gross income from all sources	
3. Other net rental income (loss)		C Gross income sourced at shareholder level	
Net income	Schedule E, line 28, column (h)	<i>Foreign gross income sourced at corporate level</i>	
Net loss	See the Shareholder's Instructions	D Section 951A category	Form 1116, Part I
4. Interest income	Form 1040, line 2b	E Foreign branch category	
5a. Ordinary dividends	Form 1040, line 3b	F Passive category	
5b. Qualified dividends	Form 1040, line 3a	G General category	
6. Royalties	Schedule E, line 4	H Other	
7. Net short-term capital gain (loss)	Schedule D, line 5	<i>Deductions allocated and apportioned at shareholder level</i>	
8a. Net long-term capital gain (loss)	Schedule D, line 12	I Interest expense	Form 1116, Part I
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	J Other	Form 1116, Part I
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	K Section 951A category	Form 1116, Part I
10. Other income (loss)		L Foreign branch category	
<i>Code</i>		M Passive category	
A Other portfolio income (loss)	See the Shareholder's Instructions	N General category	
B Involuntary conversions	See the Shareholder's Instructions	O Other	
C Sec. 1256 contracts & straddles	Form 6781, line 1	<i>Other information</i>	
D Mining exploration costs recapture	See Pub. 535	P Total foreign taxes paid	Form 1116, Part II
E Section 951A income	See the Shareholder's Instructions	Q Total foreign taxes accrued	Form 1116, Part II
F Section 965(a) inclusion		R Reduction in taxes available for credit	Form 1116, line 12
G Subpart F income other than sections 951A and 965 inclusion		S Foreign trading gross receipts	Form 8873
H Other income (loss)		T Extraterritorial income exclusion	Form 8873
11. Section 179 deduction	See the Shareholder's Instructions	U Section 965 information	See the Shareholder's Instructions
12. Other deductions		V Other foreign transactions	See the Shareholder's Instructions
A Cash contributions (60%)	See the Shareholder's Instructions	15. Alternative minimum tax (AMT) items	
B Cash contributions (30%)		A Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
C Noncash contributions (50%)		B Adjusted gain or loss	
D Noncash contributions (30%)		C Depletion (other than oil & gas)	
E Capital gain property to a 50% organization (30%)		D Oil, gas, & geothermal—gross income	
F Capital gain property (20%)		E Oil, gas, & geothermal—deductions	
G Contributions (100%)	F Other AMT items		
H Investment interest expense	Form 4952, line 1	16. Items affecting shareholder basis	
I Deductions—royalty income	Schedule E, line 19	A Tax-exempt interest income	Form 1040, line 2a
J Section 59(e)(2) expenditures	See the Shareholder's Instructions	B Other tax-exempt income	See the Shareholder's Instructions
K Section 965(c) deduction	See the Shareholder's Instructions	C Nondeductible expenses	
L Deductions—portfolio (other)	Schedule A, line 16	D Distributions	
M Preproductive period expenses	See the Shareholder's Instructions	E Repayment of loans from shareholders	
N Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions	17. Other information	
O Reforestation expense deduction	See the Shareholder's Instructions	A Investment income	Form 4952, line 4a
P through R	Reserved for future use	B Investment expenses	Form 4952, line 5
S Other deductions	See the Shareholder's Instructions	C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
13. Credits		D Basis of energy property	See the Shareholder's Instructions
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions	E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
B Low-income housing credit (other) from pre-2008 buildings		F Recapture of low-income housing credit (other)	Form 8611, line 8
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		G Recapture of investment credit	See Form 4255
D Low-income housing credit (other) from post-2007 buildings		H Recapture of other credits	See the Shareholder's Instructions
E Qualified rehabilitation expenditures (rental real estate)		I Look-back interest—completed long-term contracts	See Form 8697
F Other rental real estate credits	See the Shareholder's Instructions	J Look-back interest—income forecast method	See Form 8866
G Other rental credits		K Dispositions of property with section 179 deductions	See the Shareholder's Instructions
H Undistributed capital gains credit		L Recapture of section 179 deduction	
I Biofuel producer credit		M through U	
J Work opportunity credit		V Section 199A income	
K Disabled access credit		W Section 199A W-2 wages	
L Empowerment zone employment credit		X Section 199A unadjusted basis	
M Credit for increasing research activities		Y Section 199A REIT dividends	
N Credit for employer social security and Medicare taxes		Z Section 199A PTP income	
		AA Excess taxable income	
		AB Excess business interest income	
		AC Other information	

REV 01/26/19 PRO

Name as Shown on Return US ENERGY CONSULTING GROUP LLC	Employer Identification No. 27-3768864
Shareholder Name LAURA EDWARDS	ID Number xxx-xx-xxxxx

Shareholders's Share of Section 199A Information

Activity	QBI Code V	Wages Code W	UBIA Code X	REIT Div Code Y	PTP Inc Code Z	SS TB
1120S Line 21	87,744.	60,000.				
Totals	87,744.	60,000.	0.	0.	0.	

Note: Section 179 deductions are included in QBI

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name

US ENERGY CONSULTING GROUP LLC

Employer identification number

27-3768864

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 LAURA EDWARDS	xxx-xx-xxxx	100%	100%	%	60,000.
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
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		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					2 60,000.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return					3
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return					4 60,000.

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

2018Department of the Treasury
Internal Revenue Service

► Return completed Form 8879-S to ERO. (Don't send to IRS.)

► Go to www.irs.gov/Form8879S for the latest information.

For calendar year 2018, or tax year beginning

, 2018, and ending

, 20

Name of corporation

US ENERGY CONSULTING GROUP LLC

Employer identification number

27-3768864

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	1,895,129.
2	Gross profit (Form 1120S, line 3)	2	174,507.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	87,744.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	87,744.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only
☐ I authorize _____ to enter my PIN as my signature

ERO firm name

Don't enter all zeros

on the corporation's 2018 electronically filed income tax return.

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2018 electronically filed income tax return.

Officer's signature ►

Date ►

6/2021

Title ►

PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 0 0 3 7 1 1 4 6 3 0

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date ►

04/07/2019

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2018)

BAA

REV 01/26/19 PRO

Name as Shown on Return

US ENERGY CONSULTING GROUP LLC

Employer Identification No.

27-3768864

Total Amounts By Activity

Activity	QBI Code V	Wages Code W	UBIA Code X	REIT Div Code Y	PTP Inc Code Z	SS TB
1120S Line 21	87,744.	60,000.				
Totals	87,744.	60,000.	0.	0.	0.	

Check box to opt out of including Sec 179 deduction in QBI ☐

**Form 1120S
Schedule L**

**Other Liabilities
and Adjustments to Shareholders' Equity**

2018

Name US ENERGY CONSULTING GROUP LLC	Employer ID Number 27-3768864
--	----------------------------------

Other Current Liabilities:	Beginning of tax year	End of tax year
CLIENT RESERVES	26,525.	19,230.
Total to Form 1120S, Schedule L, line 18 ▶	26,525.	19,230.
Other Liabilities:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 21 ▶		
Adjustments to Shareholders' Equity:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 25 ▶		

199A Worksheet by Activity

2018

► Keep for your records

Name as Shown on Return US ENERGY CONSULTING GROUP LLC	Employer Identification No. 27-3768864
---	---

Activity 1120S Line 21

Check if activity is NOT a qualified trade/business . . <input type="checkbox"/>			
1	Qualified Business Income	1 a	87,744.
	Adjustments	b	
	Adjusted Qualified Business Income	1 c	87,744.
2 a	Wages	2 a	60,000.
b	Adjustments	b	
c	Adjusted Wages	2 c	60,000.
3 a	Unadjusted Basis Immediately after Acquisition.	3 a	
b	Adjustments	b	
c	Adjusted UBIA	3 c	
4	Specified Service Trade or Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Additional information from your 2018 US Form 1120S: Income Tax Return for S Corp

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

Description	Amount
ACCOUNTING	875.
BANK CHARGES	1,522.
COMPUTER SERVICES AND SUPPLIES	2,015.
INSURANCE	8,690.
MEALS (50%)	426.
OFFICE EXPENSE	1,500.
POSTAGE	156.
TELEPHONE	1,200.
TRAVEL	2,500.
Total	18,884.

Form 1120S: S-Corporation Tax Return

Sch K, Line 17d(I), Other Items and Amounts

Continuation Statement

Code	Description	Amount
V	SECTION 199A INCOME	87,744.
W	SECTION 199A W-2 WAGES	60,000.
Total		147,744.

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. ▶ JAY J GETMAN

Your first name and middle initial LAURA	Last name EDWARDS	Your social security number XXX-XX-XXXX
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number XXX-XX-XXXX
Home address (number and street). If you have a P.O. box, see instructions. 10575 125TH STREET		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SEMINOLE FL 33778		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

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 instructions):	
(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"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 45,000.
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
4a IRA distributions	4a	4b
c Pensions and annuities	4c	4d
5a Social security benefits	5a	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6
7a Other income from Schedule 1, line 9		7a 86,388.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b 131,388.
8a Adjustments to income from Schedule 1, line 22		8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b 131,388.
9 Standard deduction or itemized deductions (from Schedule A)	9 20,688.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10 17,278.	
11a Add lines 9 and 10		11a 37,966.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b 93,422.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	16,597.																			
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	16,597.																			
13a	Child tax credit or credit for other dependents	13a																				
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	6,714.																			
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	9,883.																			
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.																			
16	Add lines 14 and 15. This is your total tax	16	9,883.																			
17	Federal income tax withheld from Forms W-2 and 1099	17	11,250.																			
18	Other payments and refundable credits:																					
a	Earned income credit (EIC)	18a																				
b	Additional child tax credit. Attach Schedule 8812	18b																				
c	American opportunity credit from Form 8863, line 8	18c																				
d	Schedule 3, line 14	18d																				
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e																				
19	Add lines 17 and 18e. These are your total payments	19	11,250.																			
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,367.																			
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,367.																			
	b Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X											
X	X	X	X	X	X	X	X	X	X													
	d Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	22 Amount of line 20 you want applied to your 2020 estimated tax	22																				
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23																				
	24 Estimated tax penalty (see instructions)	24																				

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Direct deposit?
See instructions.

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

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

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

Your signature	Date	Your occupation SALES	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no. <input type="text"/>	Email address <input type="text"/>		

Paid Preparer Use Only

Preparer's name Tammi Fernandez	Preparer's signature	Date 07/14/2020	PTIN P00585746	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> Warren's Tax and Accounting Service	Phone no. (352) 683-5371			
Firm's address <input type="checkbox"/> 8346 Forest Oaks Blvd. Spring Hill FL 34606	Firm's EIN <input type="checkbox"/> 26-0537170			

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

BAA

REV 05/19/20 PRO

Form **1040** (2019)

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

LAURA EDWARDS

Your social security number

XXX-XX-XXXX

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	86,388.
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	86,388.

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	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
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	

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

REV 05/19/20 PRO

Schedule 1 (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

LAURA EDWARDS

Your social security number

XXX-XX-XXXX

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	6,714.
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	6,714.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
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 checked="" 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	

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

REV 05/19/20 PRO

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.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **07**

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

LAURA EDWARDS

Your social security number

XXX-XX-XXXX

Medical and Dental Expenses

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

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040 or 1040-SR, line 8b **2**
- 3** Multiply line 2 by 7.5% (0.075) **3**
- 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 ► ☒
- b** State and local real estate taxes (see instructions) **5b**
- c** State and local personal property taxes **5c**
- d** Add lines 5a through 5c **5d**
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e**
- 6** Other taxes. List type and amount ►
- 7** Add lines 5e and 6 **7**

5a 1,201.

5b 6,704.

5c

5d 7,905.

5e 5,000.

5,000.

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 ► ☐
- a** Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a**
- 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**
- 9** Investment interest. Attach Form 4952 if required. See instructions **9**
- 10** Add lines 8e and 9 **10**

8a 15,688.

8e 15,688.

15,688.

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**
- 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**
- 13** Carryover from prior year **13**
- 14** Add lines 11 through 13 **14**

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 ►

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**
- 18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ► ☐

20,688.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

LAURA EDWARDS

Your social security number

XXX-XX-XXXX

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

Part II **Income or Loss From Partnerships and S Corporations** – **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	US ENERGY CONSULTING GROUP LLC	S	<input type="checkbox"/>	27-3768864	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A				86,388.	
B					
C					
D					
29a Totals				86,388.	
b Totals					
30 Add columns (h) and (k) of line 29a.			30	86,388.	
31 Add columns (g), (i), and (j) of line 29b.			31	()	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	86,388.	

Part III **Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36		37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V **Summary**

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18 ▶	41	86,388.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**Qualified Business Income Deduction
Simplified Computation**

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.**2019**Attachment
Sequence No. **55**

Name(s) shown on return

LAURA EDWARDS

Your taxpayer identification number

XXX-XX-XXXX

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	US ENERGY CONSULTING GROUP LLC	273768864	86,388.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	86,388.	
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	86,388.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		17,278.
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		17,278.
11	Taxable income before qualified business income deduction	11	110,700.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	110,700.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		22,140.
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		17,278.
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.)	

**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

2019
Attachment
Sequence No. **72**

Name(s) shown on your tax return

LAURA EDWARDS

Your social security number or EIN

XXX-XX-XXXX

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	
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	86,388.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-86,388.
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	0.

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	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

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	0.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	131,388.
14	Threshold based on filing status (see instructions)	14	125,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	6,388.
16	Enter the smaller of line 12 or line 15	16	0.
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	0.
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	

Residential Energy Credits

► Go to www.irs.gov/Form5695 for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2019
 Attachment
 Sequence No. **158**

Your social security number
 XXX-XX-XXXX

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2018**.

1	Qualified solar electric property costs	1	
2	Qualified solar water heating property costs	2	21,749.
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5	Add lines 1 through 4	5	21,749.
6	Multiply line 5 by 30% (0.30)	6	6,525.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) ►	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.			
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street		Unit No.
	City, State, and ZIP code		
8	Qualified fuel cell property costs	8	
9	Multiply line 8 by 30% (0.30)	9	
10	Kilowatt capacity of property on line 8 above x \$1,000	10	
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2018. Enter the amount, if any, from your 2018 Form 5695, line 16	12	
13	Add lines 6, 11, and 12	13	6,525.
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	16,408.
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50	15	6,525.
16	Credit carryforward to 2020. If line 15 is less than line 13, subtract line 15 from line 13	16	

Part II Nonbusiness Energy Property Credit

17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ►	17a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.	
b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.	
<div style="display: flex; justify-content: space-between;"> <div> 10575 125TH STREET Number and street </div> <div>Unit No.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SEMINOLE FL 33778 City, State, and ZIP code</div> </div>	
c Were any of these improvements related to the construction of this main home? ►	17c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	
18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . .	18
19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).	
a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a 1,893.
b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b
c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c
d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements	19d
e Maximum amount of cost on which the credit can be figured	19e \$2,000
f If you claimed window expenses on your Form 5695 prior to 2019, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-	19f 0.
g Subtract line 19f from line 19e. If zero or less, enter -0-	19g 2,000.
h Enter the smaller of line 19d or line 19g	19h 0.
20 Add lines 19a, 19b, 19c, and 19h	20 1,893.
21 Multiply line 20 by 10% (0.10)	21 189.
22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).	
a Energy-efficient building property. Do not enter more than \$300	22a 0.
b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . .	22b 0.
c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	22c 0.
23 Add lines 22a through 22c	23 0.
24 Add lines 21 and 23	24 189.
25 Maximum credit amount. (If you jointly occupied the home, see instructions)	25 500.
26 Enter the amount, if any, from line 18	26
27 Subtract line 26 from line 25. If zero or less, stop ; you cannot take the nonbusiness energy property credit	27 500.
28 Enter the smaller of line 24 or line 27	28 189.
29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29 16,597.
30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50	30 189.

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.▶ Go to www.irs.gov/Form1120S for instructions and the latest information.**2019**

For calendar year 2019 or tax year beginning , 2019, ending , 20

A S election effective date 01/01/2013	TYPE OR PRINT	Name US ENERGY CONSULTING GROUP LLC	D Employer identification number 27-3768864
B Business activity code number (see instructions) 812990		Number, street, and room or suite no. If a P.O. box, see instructions. 9355 113TH STREET #4991	E Date incorporated 10/07/2010
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code SEMINOLE FL 33772	F Total assets (see instructions) \$ 61,689.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	1,174,219.	
	b Returns and allowances	1b	77,570.	
	c Balance. Subtract line 1b from line 1a			1c 1,096,649.
	2 Cost of goods sold (attach Form 1125-A)			2 928,704.
	3 Gross profit. Subtract line 2 from line 1c			3 167,945.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
5 Other income (loss) (see instructions—attach statement)			5	
6 Total income (loss). Add lines 3 through 5 ▶			6 167,945.	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)			7 45,000.
	8 Salaries and wages (less employment credits)			8
	9 Repairs and maintenance			9
	10 Bad debts			10
	11 Rents			11 11,150.
	12 Taxes and licenses			12 7,135.
	13 Interest (see instructions)			13
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 1,500.
	15 Depletion (Do not deduct oil and gas depletion.)			15
	16 Advertising			16 35.
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18
	19 Other deductions (attach statement) See Statement			19 16,737.
	20 Total deductions. Add lines 7 through 19 ▶			20 81,557.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21 86,388.
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120-S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			22c
	23a 2019 estimated tax payments and 2018 overpayment credited to 2019	23a		
	b Tax deposited with Form 7004	23b	0.	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Reserved for future use	23d		
	e Add lines 23a through 23d			23e 0.
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>			24
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed			25 0.
	26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid			26
27 Enter amount from line 26: Credited to 2020 estimated tax ▶ Refunded ▶			27	

**Sign
Here**

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

Signature of officer _____ Date _____ **PRESIDENT**
Title

May the IRS discuss this return
with the preparer shown below?
See instructions. ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name Tammi Fernandez	Preparer's signature _____	Date 07/14/2020	Check <input type="checkbox"/> if self-employed	PTIN P00585746
Firm's name ▶ Warren's Tax and Accounting Service	Firm's EIN ▶ 26-0537170		Phone no. (352) 683-5371	
Firm's address ▶ 8346 Forest Oaks Blvd. Spring Hill FL 34606				

Schedule B Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No																									
2	See the instructions and enter the: a Business activity ▶ <u>ENERGY CONSULTING</u> b Product or service ▶ <u>SERVICE</u>																											
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X																									
4	At the end of the tax year, did the corporation:																											
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">(i) Name of Corporation</th> <th style="width:15%;">(ii) Employer Identification Number (if any)</th> <th style="width:15%;">(iii) Country of Incorporation</th> <th style="width:15%;">(iv) Percentage of Stock Owned</th> <th style="width:30%;">(v) If Percentage in (iv) Is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made																						
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made																								
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">(i) Name of Entity</th> <th style="width:15%;">(ii) Employer Identification Number (if any)</th> <th style="width:15%;">(iii) Type of Entity</th> <th style="width:15%;">(iv) Country of Organization</th> <th style="width:30%;">(v) Maximum Percentage Owned in Profit, Loss, or Capital</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																						
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																								
5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X																									
	(i) Total shares of restricted stock ▶ _____																											
	(ii) Total shares of non-restricted stock ▶ _____																											
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X																									
	(i) Total shares of stock outstanding at the end of the tax year ▶ _____																											
	(ii) Total shares of stock outstanding if all instruments were executed ▶ _____																											
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X																									
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.																											
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ▶ \$ _____																											
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X																									
10	Does the corporation satisfy one or more of the following? See instructions		X																									
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.																											
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.																											
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.																											
11	Does the corporation satisfy both of the following conditions?		X																									
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000.																											
b	The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.																											

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction ▶ \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 14 ▶ \$		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	86,388.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a		
b Collectibles (28%) gain (loss) 8b			
c Unrecaptured section 1250 gain (attach statement) 8c			
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions) Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)		
d Other deductions (see instructions) Type ▶ 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
	e Other rental credits (see instructions) Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type ▶ 13g		
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources 14b		
	c Gross income sourced at shareholder level 14c		
	Foreign gross income sourced at corporate level		
	d Reserved for future use 14d		
	e Foreign branch category 14e		
	f Passive category 14f		
	g General category 14g		
	h Other (attach statement) 14h		
	Deductions allocated and apportioned at shareholder level		
	i Interest expense 14i		
	j Other 14j		
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Reserved for future use 14k		
	l Foreign branch category 14l		
	m Passive category 14m		
	n General category 14n		
	o Other (attach statement) 14o		
Other information			
p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued ▶ 14p			
q Reduction in taxes available for credit (attach statement) 14q			
r Other foreign tax information (attach statement)			

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	0 .
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	45 .
	d	Distributions (attach statement if required) (see instructions)	16d	118,760 .
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	0 .
	d	Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p .	18	86,388 .

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)		
Assets							
1	Cash		93,425 .		61,689 .		
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()		()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	3,100 .		4,600 .			
b	Less accumulated depreciation	(3,100 .)	0 .	(4,600 .)	0 .		
11a	Depletable assets						
b	Less accumulated depletion	()		()			
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()		()			
14	Other assets (attach statement)						
15	Total assets		93,425 .		61,689 .		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement) Ln 18 St		19,230 .		19,911 .		
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more						
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings		74,195 .		41,778 .		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock		()		()		
27	Total liabilities and shareholders' equity		93,425 .		61,689 .		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	86,343.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		a	Tax-exempt interest \$ _____	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation \$ _____	
b	Travel and entertainment \$ _____ 45.	45.	7	Add lines 5 and 6	
4	Add lines 1 through 3	86,388.	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	86,388.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	74,195.	0.	0.
2	Ordinary income from page 1, line 21	86,388.		
3	Other additions			
4	Loss from page 1, line 21	()		
5	Other reductions MEALS AND ENTERTAINMENT	(45.)		()
6	Combine lines 1 through 5	160,538.	0.	0.
7	Distributions	118,760.	0.	0.
8	Balance at end of tax year. Subtract line 7 from line 6	41,778.	0.	0.

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name US ENERGY CONSULTING GROUP LLC		Employer identification number 27-3768864	
1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SUBCONTRACTORS	5	928,704
6	Total. Add lines 1 through 5	6	928,704
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	928,704

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New**Small business taxpayers.** For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions**Purpose of Form**

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non-incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.**Uniform capitalization rules.** The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1
(Form 1120-S)****2019**Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year

beginning 2019ending **Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) 86,388.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items A 0.
11	Section 179 deduction	16	Items affecting shareholder basis C 45.
12	Other deductions	D	118,760.
		17	Other information V * STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

* See attached statement for additional information.

Part I Information About the Corporation**A** Corporation's employer identification number
27-3768864**B** Corporation's name, address, city, state, and ZIP code
US ENERGY CONSULTING GROUP LLC

9355 113TH STREET #4991
SEMINOLE FL 33772**C** IRS Center where corporation filed return
Ogden, UT 84201-0013**Part II Information About the Shareholder****D** Shareholder's identifying
number XXX-XX-XXXX**E** Shareholder's name, address, city, state, and ZIP code
LAURA EDWARDS

3400 55TH STREET N
SAINT PETERSBURG FL 33710**F** Shareholder's percentage of stock
ownership for tax year 100.00000 %

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	<i>Report on</i>	<i>Code</i>	<i>Report on</i>
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		N Credit for employer social security and Medicare taxes	} See the Shareholder's Instructions
Passive loss	See the Shareholder's Instructions	O Backup withholding	
Passive income	Schedule E, line 28, column (h)	P Other credits	
Nonpassive loss	See the Shareholder's Instructions		
Nonpassive income	Schedule E, line 28, column (k)		
2. Net rental real estate income (loss)	See the Shareholder's Instructions	14. Foreign transactions	
3. Other net rental income (loss)		A Name of country or U.S. possession	} Form 1116, Part I
Net income	Schedule E, line 28, column (h)	B Gross income from all sources	
Net loss	See the Shareholder's Instructions	C Gross income sourced at shareholder level	
4. Interest income	Form 1040 or 1040-SR, line 2b	<i>Foreign gross income sourced at corporate level</i>	
5a. Ordinary dividends	Form 1040 or 1040-SR, line 3b	D Reserved for future use	} Form 1116, Part I
5b. Qualified dividends	Form 1040 or 1040-SR, line 3a	E Foreign branch category	
6. Royalties	Schedule E, line 4	F Passive category	
7. Net short-term capital gain (loss)	Schedule D, line 5	G General category	
8a. Net long-term capital gain (loss)	Schedule D, line 12	H Other	
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	<i>Deductions allocated and apportioned at shareholder level</i>	
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions	I Interest expense	Form 1116, Part I
9. Net section 1231 gain (loss)	See the Shareholder's Instructions	J Other	Form 1116, Part I
10. Other income (loss)		<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
<i>Code</i>		K Reserved for future use	} Form 1116, Part I
A Other portfolio income (loss)	See the Shareholder's Instructions	L Foreign branch category	
B Involuntary conversions	See the Shareholder's Instructions	M Passive category	
C Sec. 1256 contracts & straddles	Form 6781, line 1	N General category	
D Mining exploration costs recapture	See Pub. 535	O Other	
E Reserved for future use		<i>Other information</i>	
F Section 965(a) inclusion	} See the Shareholder's Instructions	P Total foreign taxes paid	Form 1116, Part II
G Income under subpart F (other than inclusions under sections 951A and 965)		Q Total foreign taxes accrued	Form 1116, Part II
H Other income (loss)		R Reduction in taxes available for credit	Form 1116, line 12
11. Section 179 deduction	See the Shareholder's Instructions	S Foreign trading gross receipts	Form 8873
12. Other deductions		T Extraterritorial income exclusion	Form 8873
A Cash contributions (60%)	} See the Shareholder's Instructions	U Section 965 information	See the Shareholder's Instructions
B Cash contributions (30%)		V Other foreign transactions	See the Shareholder's Instructions
C Noncash contributions (50%)		15. Alternative minimum tax (AMT) items	
D Noncash contributions (30%)		A Post-1986 depreciation adjustment	} See the Shareholder's Instructions and the Instructions for Form 6251
E Capital gain property to a 50% organization (30%)		B Adjusted gain or loss	
F Capital gain property (20%)		C Depletion (other than oil & gas)	
G Contributions (100%)		D Oil, gas, & geothermal—gross income	
H Investment interest expense	Form 4952, line 1	E Oil, gas, & geothermal—deductions	
I Deductions—royalty income	Schedule E, line 19	F Other AMT items	
J Section 59(e)(2) expenditures	See the Shareholder's Instructions	16. Items affecting shareholder basis	
K Section 965(c) deduction	See the Shareholder's Instructions	A Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
L Deductions—portfolio (other)	Schedule A, line 16	B Other tax-exempt income	} See the Shareholder's Instructions
M Preproductive period expenses	See the Shareholder's Instructions	C Nondeductible expenses	
N Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions	D Distributions	
O Reforestation expense deduction	See the Shareholder's Instructions	E Repayment of loans from shareholders	
P through R	Reserved for future use	17. Other information	
S Other deductions	See the Shareholder's Instructions	A Investment income	Form 4952, line 4a
13. Credits		B Investment expenses	Form 4952, line 5
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	} See the Shareholder's Instructions	C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings		D Basis of energy property	See the Shareholder's Instructions
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
D Low-income housing credit (other) from post-2007 buildings		F Recapture of low-income housing credit (other)	Form 8611, line 8
E Qualified rehabilitation expenditures (rental real estate)		G Recapture of investment credit	See Form 4255
F Other rental real estate credits		H Recapture of other credits	See the Shareholder's Instructions
G Other rental credits		I Look-back interest—completed long-term contracts	See Form 8697
H Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a	J Look-back interest—income forecast method	See Form 8866
I Biofuel producer credit	} See the Shareholder's Instructions	K Dispositions of property with section 179 deductions	} See the Shareholder's Instructions
J Work opportunity credit		L Recapture of section 179 deduction	
K Disabled access credit		M through U	
L Empowerment zone employment credit		V Section 199A information	} Reserved for future use
M Credit for increasing research activities		W through Z	
		AA Excess taxable income	
		AB Excess business interest income	} See the Shareholder's Instructions
		AC Other information	

Statement A—QBI Pass-through Entity Reporting

Page 1

Corporation's name: US ENERGY CONSULTING GROUP LLC		Corporation's EIN: 27-3768864	
Shareholder's name: LAURA EDWARDS		Shareholder's identifying no: XXX-XX-XXXX	
Shareholder's share of:		1120S, Line 21	
		<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)	86,388.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
W-2 wages.		45,000.	
UBIA of qualified property		1,500.	
Section 199A dividends.			

Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:		Shareholder's identifying no:	
Shareholder's share of:			
		<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
		<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
		<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Charitable contributions		
	Other deductions		
W-2 wages.			
UBIA of qualified property			
Section 199A dividends.			

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name

US ENERGY CONSULTING GROUP LLC

Employer identification number

27-3768864

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 LAURA EDWARDS	xxx-xx-xxxx	100 %	100%	%	45,000.
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers				2	45,000.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return				3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return				4	45,000.

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019Attachment
Sequence No. **179**

Name(s) shown on return

US ENERGY CONSULTING GROUP LLC

Business or activity to which this form relates

Form 1120S ENERGY CONSULTING

Identifying number

27-3768864

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	1,500.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,500.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **8879-S****IRS e-file Signature Authorization for Form 1120-S**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879-S.

▶ Go to www.irs.gov/Form8879S for the latest information.**2019**

For calendar year 2019, or tax year beginning

, 2019, and ending

, 20

Name of corporation

US ENERGY CONSULTING GROUP LLC

Employer identification number

27-3768864

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	1,096,649.
2	Gross profit (Form 1120-S, line 3)		167,945.
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	86,388.
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	86,388.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- ☐ I authorize _____ to enter my PIN _____ as my signature _____
ERO firm name Don't enter all zeros
on the corporation's 2019 electronically filed income tax return.
- ☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ _____ Title ▶ PRESIDENT**Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 0 0 3 7 1 1 4 6 3 0

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 07/14/2020

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 37252K

Form **8879-S** (2019)

BAA

REV 06/30/20 PRO

QuickZoom to Other Copy _____

Page 1

Corporation's Name: <u>US ENERGY CONSULTING GROUP LLC</u> Corporation's EIN: <u>27-3768864</u>			
	1120S, Line 21		
	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss) . .	86,388.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	45,000.		
UBIA of qualified property	1,500.		
Section 199A dividends _____			

Corporation's Name: _____ Corporation's EIN: _____			
	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB	<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss) . .			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends _____			

**Form 1120S
Schedule L**

**Other Liabilities
and Adjustments to Shareholders' Equity**

2019

Name US ENERGY CONSULTING GROUP LLC	Employer ID Number 27-3768864
--	----------------------------------

Other Current Liabilities:	Beginning of tax year	End of tax year
CLIENT RESERVES	19,230.	19,911.
Total to Form 1120S, Schedule L, line 18 ▶	19,230.	19,911.
Other Liabilities:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 21 ▶		
Adjustments to Shareholders' Equity:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 25 ▶		

199A Worksheet by Activity

2019

► Keep for your records

Corporation's name US ENERGY CONSULTING GROUP LLC		Corporation's EIN 27-3768864	
Aggregation Code: _____		Trade or Business: <u>1120S, Line 21</u> EIN: <u>27-3768864</u>	
		Check if activity is NOT a qualified trade/business . . . <input type="checkbox"/> Specified Service Trade or Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
QBI or qualified PTP items subject to shareholder-specific determinations:			
1 a Ordinary business income (loss) 1 a	86,388.		
b Adjustments b			
c Adjusted ordinary business income (loss)		1 c	86,388.
2 a Rental income (loss) 2 a			
b Adjustments b			
c Adjusted rental income (loss)		2 c	
3 a Royalty income (loss) 3 a			
b Adjustments b			
c Adjusted royalty income (loss)		3 c	
4 a Section 1231 gain (loss) 4 a			
b Adjustments b			
c Adjusted section 1231 gain (loss)		4 c	
5 Other income (loss) 5			
6 a Section 179 deduction 6 a			
b Adjustments b			
c Adjusted section 179 deduction		6 c	
7 Charitable contributions 7			
8 Other deductions 8			
9 a W-2 wages 9 a	45,000.		
b Adjustments b			
c Adjusted W-2 Wages		9 c	45,000.
10 a UBIA of qualified property 10 a	1,500.		
b Adjustments b			
c Adjusted UBIA of qualified property		10 c	1,500.

Additional information from your 2019 US Form 1120S: Income Tax Return for S Corp**Form 1120S: S-Corporation Tax Return****Other Deductions****Continuation Statement**

Description	Amount
ACCOUNTING	625.
AUTOMOBILE AND TRUCK EXPENSE	2,784.
BANK CHARGES	921.
COMPUTER SERVICES AND SUPPLIES	3,867.
DUES AND SUBSCRIPTIONS	2,500.
INSURANCE	580.
MEALS (50%)	46.
OFFICE EXPENSE	2,825.
POSTAGE	64.
TELEPHONE	1,725.
BOND	800.
Total	16,737.

Exhibit C-3 “Forecasted Financial Statements”

US Energy Consulting Group Income Statement

US Energy Consulting Group, LLC
Income Statement
5/1/2021

	Period May 2021 - May 2022	Period May 2022 - May 2023
REVENUES		
Energy Sales	\$ 1,500,000.00	\$ 2,500,000.00
	-	-
	-	-
	-	-
TOTAL REVENUES	1,500,000.00	2,500,000.00
Expenses		
Advertising	2,500.00	5,000.00
Loss	5,000.00	5,000.00
Commissions	1,300,000.00	2,250,000.00
Office Products	6,000.00	2,000.00
Payroll Taxes and Benefits-Direct	5,000.00	10,000.00
Rent	15,000.00	20,000.00
Utilities	2,000.00	4,000.00
Travel	6,000.00	10,000.00
Licenses/Bonding/Biz Registrations	3,000.00	3,000.00
TOTAL COST OF GOODS SOLD	1,344,500.00	2,309,000.00
NET INCOME (LOSS)	155,500.00	191,000.00

US Energy Consulting Group

Exhibit D-1 “Operations”

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

Exhibit D-2 “Operations Expertise”

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

D-2 “Key Technical Personnel”

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

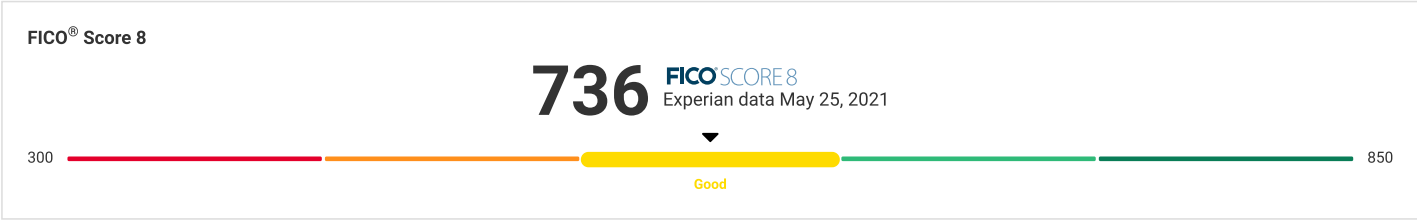
Earned her Bachelor's Degree from Eckerd College, a private school in St. Petersburg, Florida. After graduating, Laura began working her way up in the marketing arena and eventually became the VP of Sales and Marketing for a national company earning such accounts as Fed Ex, Sprint, IBM, EarthLink, UPS,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

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

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



At a glance



Account summary

Open accounts	29
Self-reported accounts	1
Accounts ever late	2
Closed accounts	11
Collections	0
Average account age	11 yrs 1 mo
Oldest account	38 yrs 8 mos

Overall credit usage

1 %

Credit used: \$7,704

Credit limit: \$155,523

Debt summary

Credit card and credit line debt	\$7,704
Self-reported account balance	\$19
Loan debt	\$455,633
Collections debt	\$0
Total debt	\$463,356



Personal information

Name	Addresses	Employers
LAURA L EDWARDS	10575 125TH ST LARGO, FL 33778-3404	US ENERGY CONSULTING GROUP LLC
Also known as		TECHNOGRAPHICS
EDWARDS LAURA	9355 113TH ST # 4991 SEMINOLE, FL 33772-2829	
Generational identifier		
-	3400 55TH ST N SAINT PETERSBURG, FL 33710-2047	
Year of birth		
1964		

Personal statements

No Statement(s) present at this time



Open accounts

AMEX

Exceptional payment history

\$0

Balance updated Apr 25, 2021

Account info

Account name	AMEX	Balance	\$0
Account number	349992XXXXXXXXXX	Balance updated	Apr 25, 2021
Original creditor	-	Credit limit	\$15,000
Company sold	-	Usage	0%
Account type	Credit Card	Monthly payment	-
Date opened	Aug 10, 2018	Past due amount	-
Account status	Open	Highest balance	\$3,491
Payment status	Current	Terms	Revolving
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	—	—	—	—	—	—	—	●	●	●	●	●

● On time

— Data unavailable

Contact info

Address	PO BOX 297871 FORT LAUDERDALE, FL 33329
Phone number	(800) 874-2717

Comments

-



● AMEX

\$5,977

Exceptional payment history

Balance updated Apr 25, 2021

Account info

Account name	AMEX	Balance	\$5,977
Account number	349992XXXXXXXXXX	Balance updated	Apr 25, 2021
Original creditor	-	Credit limit	-
Company sold	-	Usage	-
Account type	Credit Card	Monthly payment	-
Date opened	Sep 27, 2018	Past due amount	-
Account status	Open	Highest balance	\$22,142
Payment status	Current	Terms	1 Month
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	—	—	—	—	—	—	—	—	—	●	●	●

● On time — Data unavailable

Contact info

Address PO BOX 297871 FORT LAUDERDALE,
FL 33329

Phone number (800) 874-2717

Comments

-



BANK OF AMERICA

Exceptional payment history

\$32

Balance updated May 20, 2021

Account info

Account name

BANK OF AMERICA

Balance

\$32

Account number

XXXX

Balance updated

May 20, 2021

Original creditor

-

Credit limit

\$10,000

Company sold

-

Usage

0%

Account type

Credit Card

Monthly payment

\$25

Date opened

Aug 24, 2017

Past due amount

-

Account status

Open

Highest balance

\$9,411

Payment status

Current

Terms

Revolving

Status updated

May 2021

Responsibility

Individual

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2021

2020

2019

2018

2017

On time

Data unavailable

Contact info

Address

PO BOX 982238 EL PASO,
TX 79998

Phone number

(800) 421-2110

Comments

-



CAPITAL ONE BANK USA N

Exceptional

payment history

\$817

Balance updated May 04, 2021

Account info

Account name

CAPITAL ONE BANK USA N

Balance

\$817

Account number

414709XXXXXX

Balance updated

May 04, 2021

Original creditor

-

Credit limit

\$30,000

Company sold

-

Usage

2%

Account type

Credit Card

Monthly payment

\$25

Date opened

Aug 07, 2018

Past due amount

-

Account status

Open

Highest balance

\$4,916

Payment status

Current

Terms

Revolving

Status updated

May 2021

Responsibility

Individual

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2021

2020

2019

2018

On time

Data unavailable

Contact info

Address

PO BOX 31293 SALT LAKE CITY,
UT 84131

Phone number

(800) 955-7070

Comments

-



CITICARDS CBNA

Exceptional payment history

\$0

Balance updated May 14, 2021

Account info

Account name

CITICARDS CBNA

Balance

\$0

Account number

542418XXXXXX

Balance updated

May 14, 2021

Original creditor

-

Credit limit

\$8,400

Company sold

-

Usage

0%

Account type

Credit Card

Monthly payment

\$0

Date opened

Mar 17, 2016

Past due amount

-

Account status

Open

Highest balance

\$8,245

Payment status

Current

Terms

Revolving

Status updated

May 2021

Responsibility

Individual

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2021

2020

2019

2018

2017

2016

On time

Data unavailable

Contact info

Address

PO BOX 6241 SIOUX FALLS,
SD 57117

Phone number

By mail only

Comments

-



CITICARDS CBNA

Exceptional payment history

\$0

Balance updated May 11, 2021

Account info

Account name

CITICARDS CBNA

Balance

\$0

Account number

542418XXXXXX

Balance updated

May 11, 2021

Original creditor

-

Credit limit

\$11,600

Company sold

-

Usage

0%

Account type

Credit Card

Monthly payment

\$0

Date opened

Feb 19, 2016

Past due amount

-

Account status

Open

Highest balance

\$13,596

Payment status

Current

Terms

Revolving

Status updated

May 2021

Responsibility

Individual

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2021

2020

2019

2018

2017

2016

On time

Data unavailable

Contact info

Address

PO BOX 6241 SIOUX FALLS,
SD 57117

Phone number

By mail only

Comments


COMENITY BANK/BEALLSFL

\$0

1 late payment

Balance updated Apr 24, 2021

Account info

Account name	COMENITY BANK/BEALLSFL	Balance	\$0
Account number	585637XXXXXX	Balance updated	Apr 24, 2021
Original creditor	-	Credit limit	\$1,250
Company sold	-	Usage	0%
Account type	Charge Card	Monthly payment	\$0
Date opened	Aug 08, 2014	Past due amount	-
Account status	Open	Highest balance	\$955
Payment status	Current, was past due 30 days	Terms	Revolving
Status updated	Aug 2020	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	30	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	—	—	—	—	—	—	—	—	●	●	●	●

● On time 30 days late — Data unavailable

Contact info

Address PO BOX 182789 COLUMBUS,
OH 43218

Phone number -

Comments

-


COMENITY BANK/BEALLSOL

\$0

1 late payment

Balance updated May 15, 2021

Account info

Account name	COMENITY BANK/BEALLSOL	Balance	\$0
Account number	585637XXXXXX	Balance updated	May 15, 2021
Original creditor	-	Credit limit	\$1,000
Company sold	-	Usage	0%
Account type	Charge Card	Monthly payment	\$0
Date opened	Dec 02, 2017	Past due amount	-
Account status	Open	Highest balance	\$488
Payment status	Current, was past due 30 days	Terms	Revolving
Status updated	Jan 2020	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	●	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	30
2018	—	—	—	—	—	—	—	—	—	●	●	●

● On time 30 days late — Data unavailable

Contact info

Address PO BOX 182789 COLUMBUS,
OH 43218

Phone number -

Comments

-

\$0

Balance updated May 01, 2021

Account name	COMENITYCAPITAL/BURLIN	Balance	\$0
Account number	778840XXXXXX	Balance updated	May 01, 2021
Original creditor	-	Credit limit	\$1,425
Company sold	-	Usage	0%
Account type	Charge Card	Monthly payment	\$0
Date opened	Feb 28, 2020	Past due amount	-
Account status	Open	Highest balance	\$144
Payment status	Current	Terms	Revolving
Status updated	May 2021	Responsibility	Individual
		Your statement	

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	On time	On time	On time	On time	On time	Data unavailable	Data unavailable	Data unavailable	Data unavailable	Data unavailable	Data unavailable	Data unavailable
2020	Data unavailable	Data unavailable	On time	On time	On time	On time	On time	On time	On time	On time	On time	On time

● On time — Data unavailable

Address	PO BOX 182120 COLUMBUS, OH 43218
Phone number	-

1



● DEPT OF ED/NAVIENT

\$10,300

Exceptional payment history

Balance updated Apr 30, 2021

Account info

Account name	DEPT OF ED/NAVIENT	Balance	\$10,300
Account number	998251XXXXXXXXXXXXXXXXXX	Balance updated	Apr 30, 2021
Original creditor	-	Original amount	\$2,500
Company sold	-	Paid off	0%
Account type	Education Loan	Monthly payment	\$0
Date opened	Jan 06, 1986	Past due amount	-
Account status	Open	Highest balance	-
Payment status	Current	Terms	300 Months
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	—	—	●	●
2018	—	●	—	●	●	—	●	●	●	●	●	●
2017	●	—	—	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	—	—	—	●
2015	●	●	●	—	●	●	●	●	—	—	—	—
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address **PO BOX 9635 WILKES BARRE,
PA 18773**

Phone number **(888) 272-5542**

Comments

-



● DEPT OF ED/NAVIENT

\$10,300

Exceptional payment history

Balance updated Apr 30, 2021

Account info

Account name	DEPT OF ED/NAVIENT	Balance	\$10,300
Account number	998251XXXXXXXXXXXXXXXXXX	Balance updated	Apr 30, 2021
Original creditor	-	Original amount	\$2,500
Company sold	-	Paid off	0%
Account type	Education Loan	Monthly payment	\$0
Date opened	Aug 06, 1984	Past due amount	-
Account status	Open	Highest balance	-
Payment status	Current	Terms	300 Months
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	—	—	●	●
2018	—	●	—	●	●	—	●	●	●	●	●	●
2017	●	—	—	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	—	—	—	●
2015	●	●	●	—	●	●	●	●	—	—	—	—
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address **PO BOX 9635 WILKES BARRE,
PA 18773**

Phone number **(888) 272-5542**

Comments

-



● DEPT OF ED/NAVIENT

\$10,312

Exceptional payment history

Balance updated Apr 30, 2021

Account info

Account name	DEPT OF ED/NAVIENT	Balance	\$10,312
Account number	998251XXXXXXXXXXXXXXXXXX	Balance updated	Apr 30, 2021
Original creditor	-	Original amount	\$2,500
Company sold	-	Paid off	0%
Account type	Education Loan	Monthly payment	\$0
Date opened	Feb 14, 1983	Past due amount	-
Account status	Open	Highest balance	-
Payment status	Current	Terms	300 Months
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	—	—	●	●
2018	—	●	—	●	●	—	●	●	●	●	●	●
2017	●	—	—	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	—	—	—	●
2015	●	●	●	—	●	●	●	●	—	—	—	—
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address PO BOX 9635 WILKES BARRE,
PA 18773

Phone number (888) 272-5542

Comments

-



● DEPT OF ED/NAVIENT

\$10,301

Exceptional payment history

Balance updated Apr 30, 2021

Account info

Account name	DEPT OF ED/NAVIENT	Balance	\$10,301
Account number	998251XXXXXXXXXXXXXXXXXX	Balance updated	Apr 30, 2021
Original creditor	-	Original amount	\$2,500
Company sold	-	Paid off	0%
Account type	Education Loan	Monthly payment	\$0
Date opened	Jan 01, 1984	Past due amount	-
Account status	Open	Highest balance	-
Payment status	Current	Terms	300 Months
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	—	—	●	●
2018	—	●	—	●	●	—	●	●	●	●	●	●
2017	●	—	—	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	—	—	—	●
2015	●	●	●	—	●	●	●	●	—	—	—	—
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address PO BOX 9635 WILKES BARRE,
PA 18773

Phone number (888) 272-5542

Comments

-



● DEPT OF ED/NAVIENT

\$33,106

Exceptional payment history

Balance updated Apr 30, 2021

Account info

Account name	DEPT OF ED/NAVIENT	Balance	\$33,106
Account number	998251XXXXXXXXXXXXXXXXXX	Balance updated	Apr 30, 2021
Original creditor	-	Original amount	\$7,500
Company sold	-	Paid off	0%
Account type	Education Loan	Monthly payment	\$0
Date opened	Dec 15, 1988	Past due amount	-
Account status	Open	Highest balance	-
Payment status	Current	Terms	300 Months
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	—	—	●	●
2018	—	●	—	●	●	—	●	●	●	●	●	●
2017	●	—	—	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	—	—	—	●
2015	●	●	●	—	●	●	●	●	—	—	—	—
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address PO BOX 9635 WILKES BARRE,
PA 18773

Phone number (888) 272-5542

Comments

-



● DEPT OF ED/NAVIENT

\$23,896

Exceptional payment history

Balance updated Apr 30, 2021

Account info

Account name	DEPT OF ED/NAVIENT	Balance	\$23,896
Account number	998251XXXXXXXXXXXXXXXXXX	Balance updated	Apr 30, 2021
Original creditor	-	Original amount	\$5,425
Company sold	-	Paid off	0%
Account type	Education Loan	Monthly payment	\$0
Date opened	Dec 09, 1987	Past due amount	-
Account status	Open	Highest balance	-
Payment status	Current	Terms	300 Months
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	—	—	●	●
2018	—	●	—	●	●	—	●	●	●	●	●	●
2017	●	—	—	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	—	—	—	●
2015	●	●	●	—	●	●	●	●	—	—	—	—
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address PO BOX 9635 WILKES BARRE,
PA 18773

Phone number (888) 272-5542

Comments

-



DEPT OF ED/NAVIENT

Exceptional payment history

\$9,982

Balance updated Apr 30, 2021

Account info

Account name	DEPT OF ED/NAVIENT	Balance	\$9,982
Account number	998251XXXXXXXXXXXXXXXXXXXX	Balance updated	Apr 30, 2021
Original creditor	-	Original amount	\$9,102
Company sold	-	Paid off	0%
Account type	Education Loan	Monthly payment	\$0
Date opened	Oct 28, 2015	Past due amount	-
Account status	Open	Highest balance	-
Payment status	Current	Terms	300 Months
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021					-	-	-	-	-	-	-	-
2020												
2021									-	-		
2018	-		-			-						
2017		-	-									
2016									-	-	-	

On time

-

 Data unavailable

Contact info

Address	PO BOX 9635 WILKES BARRE, PA 18773
Phone number	(888) 272-5542

Comments

-



DISCOVER FIN SVCS LLC

\$0

Exceptional payment history

Balance updated Apr 27, 2021

Account info

Account name	DISCOVER FIN SVCS LLC	Balance	\$0
Account number	601120XXXXXX	Balance updated	Apr 27, 2021
Original creditor	-	Credit limit	\$20,000
Company sold	-	Usage	0%
Account type	Credit Card	Monthly payment	\$0
Date opened	Jan 15, 2014	Past due amount	-
Account status	Open	Highest balance	\$6,993
Payment status	Current	Terms	Revolving
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	●	●	●	●
2015	●	●	●	●	●	●	●	●	●	●	●	●
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address PO BOX 15316 WILMINGTON,
DE 19850

Phone number (800) 347-2683

Comments

Account previously in dispute – now resolved – reported by subscriber



GOODYEAR TIRE/CBNA
\$0

Exceptional payment history
 Balance updated May 21, 2021

Account info

Account name	GOODYEAR TIRE/CBNA	Balance	\$0
Account number	603551XXXXXXXXXX	Balance updated	May 21, 2021
Original creditor	-	Credit limit	\$2,000
Company sold	-	Usage	0%
Account type	Charge Card	Monthly payment	\$0
Date opened	Aug 19, 2020	Past due amount	-
Account status	Open	Highest balance	\$655
Payment status	Current	Terms	Revolving
Status updated	May 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021						—	—	—	—	—	—	—
2020	—	—	—	—	—	—	—					

On time
 Data unavailable

Contact info

Address	PO BOX 6497 SIOUX FALLS, SD 57117
Phone number	By mail only

Comments

-



JPMCB CARD

Exceptional

payment history

Balance updated May 07, 2021

Account info

Account name

JPMCB CARD

Balance

\$0

Account number

438857XXXXXX

Balance updated

May 07, 2021

Original creditor

-

Credit limit

\$24,000

Company sold

-

Usage

0%

Account type

Credit Card

Monthly payment

\$0

Date opened

Nov 09, 2018

Past due amount

-

Account status

Open

Highest balance

\$5,333

Payment status

Current

Terms

Revolving

Status updated

May 2021

Responsibility

Individual

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2021

2020

2019

2018

On time

Data unavailable

Contact info

Address

PO BOX 15369 WILMINGTON,
DE 19850

Phone number

(800) 945-2000

Comments


JPMCB CARD

\$0

Exceptional payment history

Balance updated May 03, 2021

Account info

Account name	JPMCB CARD	Balance	\$0
Account number	426684XXXXXX	Balance updated	May 03, 2021
Original creditor	-	Credit limit	\$5,500
Company sold	-	Usage	0%
Account type	Credit Card	Monthly payment	\$0
Date opened	Jan 14, 2014	Past due amount	-
Account status	Open	Highest balance	\$5,505
Payment status	Current	Terms	Revolving
Status updated	May 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	●	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	●	●	●	●
2015	●	●	●	●	●	●	●	●	●	●	●	●
2014	—	—	—	—	—	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address **PO BOX 15369 WILMINGTON,
DE 19850**

Phone number **(800) 945-2000**

Comments

-



● JPMCB CARD

\$770

Exceptional payment history

Balance updated Apr 26, 2021

Account info

Account name	JPMCB CARD	Balance	\$770
Account number	464018XXXXXX	Balance updated	Apr 26, 2021
Original creditor	-	Credit limit	\$6,900
Company sold	-	Usage	11%
Account type	Credit Card	Monthly payment	\$35
Date opened	Dec 12, 2013	Past due amount	-
Account status	Open	Highest balance	\$4,975
Payment status	Current	Terms	Revolving
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	●	●	●	●
2015	●	●	●	●	●	●	●	●	●	●	●	●
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address PO BOX 15369 WILMINGTON,
DE 19850

Phone number (800) 945-2000

Comments

-



● SYNCB/AMAZON

\$11

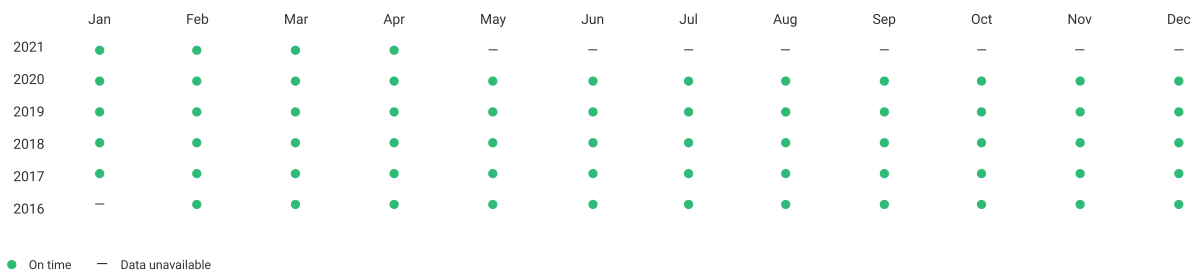
Exceptional payment history

Balance updated Apr 27, 2021

Account info

Account name	SYNCB/AMAZON	Balance	\$11
Account number	604578XXXXXX	Balance updated	Apr 27, 2021
Original creditor	-	Credit limit	\$7,900
Company sold	-	Usage	0%
Account type	Charge Card	Monthly payment	\$11
Date opened	Feb 26, 2016	Past due amount	-
Account status	Open	Highest balance	\$3,794
Payment status	Current	Terms	Revolving
Status updated	Apr 2021	Responsibility	Individual
		Your statement	-

Payment history



Contact info

Address PO BOX 965015 ORLANDO,
FL 32896

Phone number (866) 634-8379

Comments

-



● SYNCB/JCP
 \$0

Exceptional payment history
 Balance updated May 10, 2021

Account info

Account name	SYNCB/JCP	Balance	\$0
Account number	600889XXXXXX	Balance updated	May 10, 2021
Original creditor	-	Credit limit	\$500
Company sold	-	Usage	0%
Account type	Charge Card	Monthly payment	\$0
Date opened	Mar 30, 2016	Past due amount	-
Account status	Open	Highest balance	\$4,066
Payment status	Current	Terms	Revolving
Status updated	May 2021	Responsibility	Individual
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	●	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	—	—	—	●	●	●	●	●	●	●	●	●

● On time
— Data unavailable

Contact info

Address	PO BOX 965007 ORLANDO, FL 32896
Phone number	(800) 542-0800

Comments

-



● SYNCB/TJX COS

Exceptional

 payment history

Balance updated Apr 25, 2021

Account info

Account name

Account number

Original creditor

Company sold

Account type

Date opened

Account status

Payment status

Status updated

SYNCB/TJX COS

604585XXXXXX

-

-

Charge Card

Jul 26, 2019

Open

Current

Apr 2021

Balance

Balance updated

Credit limit

Usage

Monthly payment

Past due amount

Highest balance

Terms

Responsibility

Your statement

\$0

Apr 25, 2021

\$1,024

0%

-

-

-

Revolving

Individual

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

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Nov

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 On time

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 Data unavailable

Contact info

Address

Phone number

PO BOX 965015 ORLANDO,
FL 32896

(877) 890-3150

Comments

-



●

SYNCB/TJX COS DC

Exceptional payment history

Balance updated May 14, 2021

\$0

Account info

Account name

Account number

Original creditor

Company sold

Account type

Date opened

Account status

Payment status

Status updated

SYNCB/TJX COS DC

524366XXXXXX

-

-

Credit Card

Dec 21, 2018

Open

Current

May 2021

Balance

Balance updated

Credit limit

Usage

Monthly payment

Past due amount

Highest balance

Terms

Responsibility

Your statement

\$0

May 14, 2021

\$1,024

0%

\$0

-

\$100

Revolving

Individual

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

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Oct

Nov

Dec

2021

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2019

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On time

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Data unavailable

Contact info

Address

Phone number

PO BOX 965015 ORLANDO,
FL 32896

(877) 890-3150

Comments

-



CARD/NETFLIX

Exceptional payment history

\$19

TELECOM SELF-REPORTED

Account info

Account name	TELECOM SELF-REPORTED	Balance	\$19
Account number	7AF49DXXXXXXXXX	Balance updated	May 13, 2021
Original creditor	CARD/NETFLIX	Original amount	\$19
Company sold	-	Monthly payment	\$19
Account type	Telecom	Past due amount	-
Date opened	-	Highest balance	-
Account status	Open	Terms	1 Month
Payment status	Current	Responsibility	Individual
Status updated	May 2021	Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	●	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	—	—	●	●	●	●	●	●	●	●	●	●

● On time — Data unavailable

Self-reported data is contributed through your Experian account. The account number listed on your Experian credit file is a tracking number generated by Experian—not the account number at your bank or payee. Original creditor is the source of your self-reported data (your bank) and the payee (the company to which you pay your bills). The balance and monthly payment reflect the most recent payment recorded at your bank.

Contact info

Address	PO BOX 4500 ALLEN, TX 75013
Phone number	(855) 891-2743

Comments

-



THD/CBNA

Exceptional payment history

\$97

Balance updated May 21, 2021

Account info

Account name

THD/CBNA

Balance

\$97

Account number

603532XXXXXXXXXX

Balance updated

May 21, 2021

Original creditor

-

Credit limit

\$6,000

Company sold

-

Usage

1%

Account type

Charge Card

Monthly payment

\$28

Date opened

Apr 30, 2016

Past due amount

-

Account status

Open

Highest balance

\$5,225

Payment status

Current

Terms

Revolving

Status updated

May 2021

Responsibility

Individual

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2021

2020

2019

2018

2017

2016

On time

Data unavailable

Contact info

Address

PO BOX 6497 SIOUX FALLS,
SD 57117

Phone number

By mail only

Comments


USAA SAVINGS BANK

\$0

Exceptional payment history

Balance updated May 17, 2021

Account info

Account name	USAA SAVINGS BANK	Balance	\$0
Account number	427082XX	Balance updated	May 17, 2021
Original creditor	-	Credit limit	\$2,000
Company sold	-	Usage	0%
Account type	Credit Card	Monthly payment	\$0
Date opened	Feb 06, 2013	Past due amount	-
Account status	Open	Highest balance	\$2,192
Payment status	Current	Terms	Revolving
Status updated	May 2021	Responsibility	Joint Account
		Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	●	●	●	●	●	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	●	●	●	●
2015	●	●	●	●	●	●	●	●	●	●	●	●
2014	—	—	—	—	—	●	●	●	●	●	●	●

● On time — Data unavailable

Contact info

Address **PO BOX 47504 SAN ANTONIO,
TX 78265**

Phone number **By mail only**

Comments

Account previously in dispute – now resolved – reported by subscriber



WELLS FARGO HM MORTGAG

Exceptional

payment history

\$347,436

Balance updated May 11, 2021

Account info

Account name

WELLS FARGO HM MORTGAG

Balance

\$347,436

Account number

936052XXXXXX

Balance updated

May 11, 2021

Original creditor

-

Original amount

\$403,200

Company sold

-

Paid off

13%

Account type

Mortgage

Monthly payment

\$3,660

Date opened

Dec 30, 2015

Past due amount

-

Account status

Open

Terms

360 Months

Payment status

Current

Responsibility

Joint Account

Status updated

May 2021

Your statement

-

Payment history

2021

2020

2019

2018

2017

2016

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

On time

Data unavailable

Contact info

Address

8480 STAGECOACH CIR FREDERICK,
MD 21701

Phone number

(800) 288-3212

Comments

-



Closed accounts

ALLY FINANCIAL

Exceptional payment history

Closed

Account info

Account name

ALLY FINANCIAL

Balance

-

Account number

673920XXXXXX

Balance updated

Jan 29, 2016

Original creditor

-

Original amount

\$27,177

Company sold

-

Monthly payment

-

Account type

Auto Loan

Past due amount

-

Date opened

Jun 01, 2013

Highest balance

-

Account status

Closed

Terms

60 Months

Payment status

Paid satisfactorily

Responsibility

Individual

Status updated

Jan 2016

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2016

NA

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2013

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● On time

NA No applicable payment history

— Data unavailable

Contact info

Address

200 RENAISSANCE CTR DETROIT,
MI 48243

Phone number

(800) 200-4622

Comments

-



Closed

Account name	AMEX	Balance	-
Account number	349992XXXXXXXXXX	Balance updated	Feb 11, 2019
Original creditor	-	Credit limit	\$20,500
Company sold	-	Monthly payment	-
Account type	Credit Card	Past due amount	-
Date opened	Feb 19, 2016	Highest balance	\$10,042
Account status	Closed	Terms	Revolving
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	Feb 2019	Your statement	-

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	●	NA	—	—	—	—	—	—	—	—	—	—
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	—	—	●	●	●	●	●	●	●	●	●	●

● On time NA No applicable payment history — Data unavailable

Address	PO BOX 297871 FORT LAUDERDALE, FL 33329
Phone number	(800) 874-2717

Account closed at consumer's request



AMEX/DSNB

Exceptional payment history

Closed

Account info

Account name

Account number

Original creditor

Company sold

Account type

Date opened

Account status

Payment status

Status updated

AMEX/DSNB

377481XXXXXXXXX

-

-

Credit Card

Dec 29, 2017

Closed

Paid satisfactorily

Mar 2021

Balance

Balance updated

Credit limit

Monthly payment

Past due amount

Highest balance

Terms

Responsibility

Your statement

-

Mar 23, 2021

\$1,000

-

-

\$960

Revolving

Individual

-

Payment history

2021

2020

2019

2018

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

NA

On time

NA

No applicable payment history

Data unavailable

Contact info

Address

Phone number

9111 DUKE BLVD MASON,
OH 45040

(800) 243-6552

Comments

Account closed at credit grantor's request

● **BEST BUY/CBNA**

-

Exceptional payment history

Closed

📄 **Account info**

Account name	BEST BUY/CBNA	Balance	-
Account number	603535XXXXXXXXXX	Balance updated	Nov 15, 2019
Original creditor	-	Credit limit	\$3,000
Company sold	-	Monthly payment	-
Account type	Charge Card	Past due amount	-
Date opened	May 03, 2016	Highest balance	\$3,055
Account status	Closed	Terms	Revolving
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	Nov 2019	Your statement	-

📅 **Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	●	●	●	●	●	●	●	●	●	●	NA	—
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	—	—	—	—	●	●	●	●	●	●	●	●

● On time NA No applicable payment history — Data unavailable

✉ **Contact info**

Address **50 NORTHWEST POINT ROAD ELK GROVE VILLAGE,
IL 60007**

Phone number -

📝 **Comments**

Account closed at credit grantor's request

● **COMENITYCB/IMPROVEMENT**

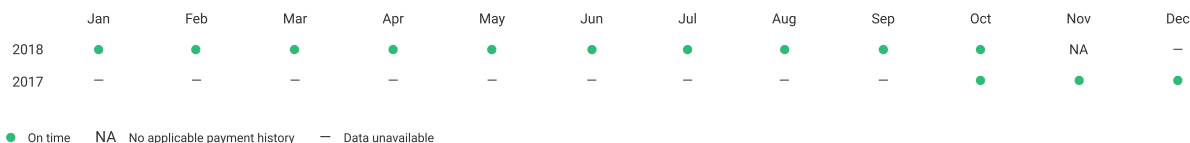
-

Exceptional payment history

Closed

📄 **Account info**

Account name	COMENITYCB/IMPROVEMENT	Balance	-
Account number	778840XXXXXX	Balance updated	Nov 01, 2018
Original creditor	-	Credit limit	\$4,000
Company sold	-	Monthly payment	-
Account type	Charge Card	Past due amount	-
Date opened	Sep 02, 2017	Highest balance	\$1,669
Account status	Closed	Terms	Revolving
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	Nov 2018	Your statement	-

📅 **Payment history**✉ **Contact info**

Address **PO BOX 182120 COLUMBUS,
OH 43218**

Phone number -

📄 **Comments**

Account closed at credit grantor's request



DEPT OF ED/NAVIENT

Exceptional payment history

Closed

Account info

Account name

DEPT OF ED/NAVIENT

Balance

-

Account number

998251XXXXXXXXXXXXXXXXXX

Balance updated

Oct 31, 2015

Original creditor

-

Original amount

\$2,285

Company sold

-

Monthly payment

-

Account type

Education Loan

Past due amount

-

Date opened

Nov 21, 1988

Highest balance

-

Account status

Closed

Terms

158 Months

Payment status

Paid satisfactorily

Responsibility

Individual

Status updated

Oct 2015

Your statement

-

Payment history

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2015

NA

2014

2013

On time

NA

No applicable payment history

Data unavailable

Contact info

Address

PO BOX 9635 WILKES BARRE,
PA 18773

Phone number

(888) 272-5542

Comments

-



JARED GALLERIA
-

Exceptional payment history
Closed

Account info

Account name	JARED GALLERIA	Balance	-
Account number	315860XXXX	Balance updated	May 22, 2016
Original creditor	-	Credit limit	\$10,500
Company sold	-	Monthly payment	-
Account type	Charge Card	Past due amount	-
Date opened	Aug 02, 2014	Highest balance	\$4,130
Account status	Closed	Terms	Revolving
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	May 2016	Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016	●	●	●	●	NA	—	—	—	—	—	—	—
2015	●	●	●	●	●	●	●	●	●	●	●	●
2014	—	—	—	—	—	—	—	●	●	●	●	●

● On time NA No applicable payment history — Data unavailable

Contact info

Address	375 GHENT RD FAIRLAWN, OH 44333
Phone number	-

Comments

Account closed at consumer's request



● SYNCB/CARE CREDIT

-

Exceptional payment history

Closed

📄 Account info

Account name	SYNCB/CARE CREDIT	Balance	-
Account number	601918XXXXXX	Balance updated	May 17, 2017
Original creditor	-	Credit limit	\$7,000
Company sold	-	Monthly payment	-
Account type	Charge Card	Past due amount	-
Date opened	Apr 06, 2016	Highest balance	-
Account status	Closed	Terms	Revolving
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	May 2017	Your statement	-

📅 Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	●	●	●	●	NA	—	—	—	—	—	—	—
2016	—	—	—	●	●	●	●	●	●	●	●	●

● On time NA No applicable payment history — Data unavailable

✉ Contact info

Address 950 FORRER BLVD KETTERING,
OH 45420

Phone number (937) 534-6950

📝 Comments

Account closed at credit grantor's request

Closed due to inactivity



● SYNCB/ROOMS TO GO

-

Exceptional payment history

Closed

📄 Account info

Account name	SYNCB/ROOMS TO GO	Balance	-
Account number	601919XXXXXX	Balance updated	Jan 05, 2021
Original creditor	-	Credit limit	\$3,500
Company sold	-	Monthly payment	-
Account type	Charge Card	Past due amount	-
Date opened	May 30, 2016	Highest balance	\$1,500
Account status	Closed	Terms	Revolving
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	Jan 2021	Your statement	-

📅 Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	NA	—	—	—	—	—	—	—	—	—	—	—
2020	●	●	●	●	●	●	●	●	●	●	●	●
2019	●	●	●	●	●	●	●	●	●	●	●	●
2018	●	●	●	●	●	●	●	●	●	●	●	●
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	—	—	—	—	—	●	●	●	●	●	●	●

● On time NA No applicable payment history — Data unavailable

✉ Contact info

Address **PO BOX 965036 ORLANDO,
FL 32896**

Phone number **(866) 396-8254**

📝 Comments

Account closed at credit grantor's request

Closed due to inactivity



U S DEPT OF ED

Exceptional payment history

-

Closed

Account info

Account name	U S DEPT OF ED	Balance	-
Account number	100442XXXXXXX	Balance updated	Nov 06, 2015
Original creditor	-	Original amount	\$2,280
Company sold	-	Monthly payment	-
Account type	Education Loan	Past due amount	-
Date opened	Sep 07, 1982	Highest balance	-
Account status	Closed	Terms	120 Months
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	Nov 2015	Your statement	-

Payment history

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	●	●	●	●	●	●	●	●	●	●	NA	—
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time
NA No applicable payment history
— Data unavailable

Contact info

Address	100 GLOBAL VIEW DR STE 8 WARRENDALE, PA 15086
Phone number	(888) 549-3274

Comments

-

● **WF CRD SVC**

-

Exceptional payment history

Closed

📄 **Account info**

Account name	WF CRD SVC	Balance	-
Account number	370276XXXX	Balance updated	May 24, 2018
Original creditor	-	Credit limit	\$10,000
Company sold	-	Monthly payment	-
Account type	Credit Card	Past due amount	-
Date opened	May 21, 2014	Highest balance	\$10,034
Account status	Closed	Terms	Revolving
Payment status	Paid satisfactorily	Responsibility	Individual
Status updated	May 2018	Your statement	-

📅 **Payment history**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	●	●	●	●	NA	—	—	—	—	—	—	—
2017	●	●	●	●	●	●	●	●	●	●	●	●
2016	●	●	●	●	●	●	●	●	●	●	●	●
2015	●	●	●	●	●	●	●	●	●	●	●	●
2014	—	—	—	—	●	●	●	●	●	●	●	●

● On time NA No applicable payment history — Data unavailable

✉ **Contact info**

Address **PO BOX 14517 DES MOINES,
IA 50306**

Phone number **(800) 642-4720**

💬 **Comments****Account closed at consumer's request**



Collection accounts

No collection accounts reported.



Public records

No public records reported.



Inquiries

CAP ONE NA

Inquired on Nov 12, 2019

Business Type: Bank Credit Cards

PO BOX 30281

SALT LAKE CITY, UT 84130

(800) 227-4825

This inquiry is scheduled to continue on record until Dec 2021

COMENITYCAPITAL/BURLIN

Inquired on Feb 28, 2020

Business Type: General Clothing Store

PO BOX 182120

COLUMBUS, OH 43218

This inquiry is scheduled to continue on record until Mar 2022

CREDCO

Inquired on Mar 10, 2021

Business Type: Mortgage Reporters

PO BOX 509124

SAN DIEGO, CA 92150

(800) 523-0233

This inquiry is scheduled to continue on record until Apr 2023

CREDCO/QUICKEN LOANS I

Inquired on Mar 11, 2021

Business Type: Mortgage Companies

1050 WOODWARD AVE

DETROIT, MI 48226

(800) 863-4332

This inquiry is scheduled to continue on record until Apr 2023

CREDIT PLUS

Inquired on Apr 23, 2020

Business Type: Mortgage Reporters

31550 WINTERPLACE PKWY

SALISBURY, MD 21804

(410) 742-9551

This inquiry is scheduled to continue on record until May 2022

JPMCB CARD

Inquired on Mar 12, 2020

Business Type: Bank Credit Cards

PO BOX 15369

WILMINGTON, DE 19850

(800) 945-2000

This inquiry is scheduled to continue on record until Apr 2022

PREMIUM CREDIT BUREAU

Inquired on Mar 4, 2021

Business Type: Mortgage Reporters

2701 E ATLANTIC BLVD FL

POMPANO BEACH, FL 33062

(305) 468-1560

This inquiry is scheduled to continue on record until Apr 2023

SARMA NCS

Inquired on Mar 11, 2021

Business Type: Mortgage Reporters

555 E RAMSEY RD

SAN ANTONIO, TX 78216

(210) 224-6121

This inquiry is scheduled to continue on record until Apr 2023

US SM BUS ADMIN ODA

Inquired on May 10, 2020

Business Type: Federal Government

14925 KINGSPORT RD

FORT WORTH, TX 76155

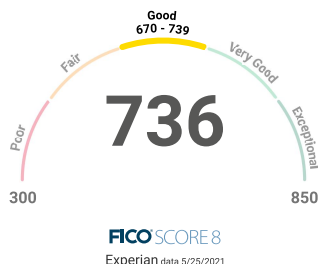
(800) 366-6303

This inquiry is scheduled to continue on record until Jun 2022



Credit scores

FICO® Score 8



Your score is near or slightly above the average of U.S. consumers and most lenders consider this a good score.

What's helping

- ✓ No serious delinquency

There is no evidence of a serious delinquency (90 days past due or greater) or derogatory indicator on your credit report.

Number of your accounts that were ever 90 days late or worse: 0 accounts

Virtually no FICO High Achievers have a 90 days late payment or worse listed on their credit report.

The presence of delinquencies or derogatory indicator in a credit report is a powerful predictor of future payment risk. People with no previous late payments are much more likely to pay on time in the future.

- ✓ Low revolving credit usage

You've limited the use of your available revolving credit.

Ratio of your revolving balances to your credit limits: 1%

For FICO High Achievers, the average ratio of the revolving account balances to credit limits is less than 7%.

FICO® Scores evaluate the total revolving account balances in relation to the total credit limits on those accounts. People who keep their ratio of balances to credit limits low pose less risk to lenders than those with higher ratios.

- ✓ Long credit history

You have an established credit history.

Your oldest account was opened: 38 Years, 8 Months ago

FICO High Achievers opened their oldest account 25 years ago, on average.

Average age of your accounts: 11 Years, 1 Month

Most FICO High Achievers have an average age of accounts of 9 years or more.

FICO® Scores measure the age of the oldest account and the average age of all accounts being reported. Generally speaking, having a relatively long credit history and not opening many new accounts is reflective of lower risk.

What's hurting

- Bad payment history

You have one or more accounts showing missed payments or derogatory indicators.

Number of your accounts with a missed payment or derogatory indicator: 2 accounts

About 98% of FICO High Achievers have no missed payments at all. But of those who do, the missed payment happened nearly 4 years ago, on average.

The presence of missed and late payments or derogatory indicators on a credit report, including the number of late payments, how late they were and how recently they occurred, are correlated with future credit risk. Your FICO® Score was lowered due to the number of missed and late payments and/or accounts with derogatory indicators reported. As the number of accounts with delinquency or derogatory indicators decreases, they have less impact on a FICO® Score.

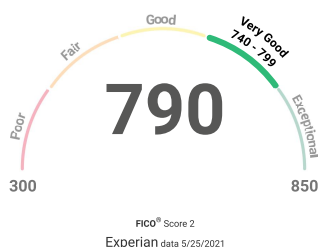
- Loan balances

The remaining balance on your mortgage or non-mortgage installment loans is relatively high.

Percentage of principal you have paid down on your open non-mortgage installment loans: 0%

FICO High Achievers have paid down an average of 40% of the principal on their non-mortgage installment loans.

FICO® Scores weigh the amounts paid down and balances of mortgage and non-mortgage installment loans (such as auto or student loans) against the original loan amounts. In general, when an installment loan is first obtained the balance is high. As the loan is paid down, the balance decreases. As installment loan balances decrease, they have less impact on a FICO® Score. Having a low installment loan balance to loan amount ratio is considered slightly less risky than having a 0% installment loan ratio. Consolidating or moving debt from one account to another will usually not help a FICO® Score since the same total amount is owed and the score may go down due to opening a new account.

**FICO® Score 2**

This is a previous FICO® Score version used primarily in mortgages lending. It may also be used by some lenders for other credit product application evaluations (such as credit cards, personal loans, retail credit, student loans, etc.).

What's hurting**— Recent missed payment**

You recently missed a payment or had a derogatory indicator reported on your credit report.

The presence of missed or late payments or derogatory indicators on a credit report, including the number of missed payments, how late they were and how recently they occurred, are correlated with future credit risk. Generally speaking, people who consistently pay their bills on time are less risky compared to people with recently missed payments. As missed payments age, they have less impact on a FICO® Score.

— Accounts with balances

You have too many credit accounts with balances.

The FICO® Score considers the number of accounts on a credit report showing a balance. Generally speaking, carrying fewer accounts with balances is considered less risky. Your credit report may show a balance on credit cards even if they're paid in full each month. The total balance of the last statement is typically the amount shown on a credit report.

— Bad payment history

You have one or more accounts showing missed payments or derogatory indicators.

The presence of missed and late payments or derogatory indicators on a credit report, including the number of late payments, how late they were and how recently they occurred, are correlated with future credit risk. Your FICO® Score was lowered due to the number of missed and late payments and/or accounts with derogatory indicators reported. As the number of accounts with delinquency or derogatory indicators decreases, they have less impact on a FICO® Score.

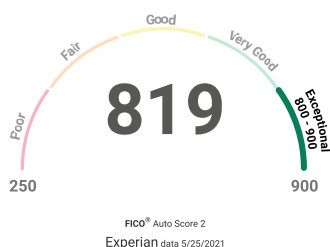
— Seeking credit

You've recently been looking for credit.

Each time you apply for credit a credit inquiry is added to your credit report. People who are actively seeking credit pose more of a risk to lenders than those who are not. Your FICO® Score was lowered due to the number of credit inquiries posted within the last 12 months. While being considered by the score, typically, the presence of inquiries on a credit file carries much less importance than late payments, the amount owed and the length of time credit has been established.



FICO® Auto Score 2



This is a previous FICO® Score version customized for auto lending. Many banks, auto dealers and other lenders use this version when pulling your credit report based on Experian data.

What's hurting

— Recent missed payment

You recently missed a payment or had a derogatory indicator reported on your credit report.

The presence of missed or late payments or derogatory indicators on a credit report, including the number of missed payments, how late they were and how recently they occurred, are correlated with future credit risk. Generally speaking, people who consistently pay their bills on time are less risky compared to people with recently missed payments. As missed payments age, they have less impact on a FICO® Score.

— Accounts with balances

You have too many credit accounts with balances.

The FICO® Score considers the number of accounts on a credit report showing a balance. Generally speaking, carrying fewer accounts with balances is considered less risky. Your credit report may show a balance on credit cards even if they're paid in full each month. The total balance of the last statement is typically the amount shown on a credit report.

— Bad payment history

You have one or more accounts showing missed payments or derogatory indicators.

The presence of missed and late payments or derogatory indicators on a credit report, including the number of late payments, how late they were and how recently they occurred, are correlated with future credit risk. Your FICO® Score was lowered due to the number of missed and late payments and/or accounts with derogatory indicators reported. As the number of accounts with delinquency or derogatory indicators decreases, they have less impact on a FICO® Score.

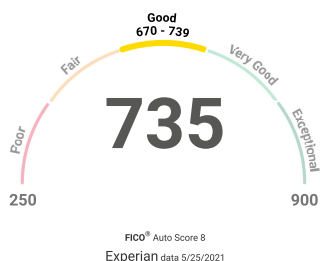
— Seeking credit

You've recently been looking for credit.

Each time you apply for credit a credit inquiry is added to your credit report. People who are actively seeking credit pose more of a risk to lenders than those who are not. Your FICO® Score was lowered due to the number of credit inquiries posted within the last 12 months. While being considered by the score, typically, the presence of inquiries on a credit file carries much less importance than late payments, the amount owed and the length of time credit has been established.



FICO® Auto Score 8



This is a FICO® Score version customized for auto lending. Many banks, auto dealers and other lenders use this version when pulling your credit report based on Experian data.

What's hurting

— Bad payment history

You have one or more accounts showing missed payments or derogatory indicators.

The presence of missed and late payments or derogatory indicators on a credit report, including the number of late payments, how late they were and how recently they occurred, are correlated with future credit risk. Your FICO® Score was lowered due to the number of missed and late payments and/or accounts with derogatory indicators reported. As the number of accounts with delinquency or derogatory indicators decreases, they have less impact on a FICO® Score.

— Loan balances

The remaining balance on your mortgage or non-mortgage installment loans is relatively high.

FICO® Scores weigh the amounts paid down and balances of mortgage and non-mortgage installment loans (such as auto or student loans) against the original loan amounts. In general, when an installment loan is first obtained the balance is high. As the loan is paid down, the balance decreases. As installment loan balances decrease, they have less impact on a FICO® Score. Having a low installment loan balance to loan amount ratio is considered slightly less risky than having a 0% installment loan ratio. Consolidating or moving debt from one account to another will usually not help a FICO® Score since the same total amount is owed and the score may go down due to opening a new account.

— Recent missed payment

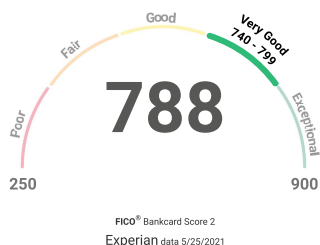
You recently missed a payment or had a derogatory indicator reported on your credit report.

The presence of missed or late payments or derogatory indicators on a credit report, including the number of missed payments, how late they were and how recently they occurred, are correlated with future credit risk. Generally speaking, people who consistently pay their bills on time are less risky compared to people with recently missed payments. As missed payments age, they have less impact on a FICO® Score.

— Short revolving history

You have not established a long revolving and/or open-ended account credit history.

People with longer credit histories who infrequently open new accounts generally pose less risk to lenders. In your case, the age of your oldest revolving and/or open-ended account and/or the average age of your revolving and/or open-ended accounts is relatively low.

**FICO® Bankcard Score 2**

This is a previous FICO® Score version that is customized for credit card lending. Many credit card issuers use this version when pulling your credit report based on Experian data.

What's hurting**— High revolving balances**

The amount owed on your revolving and/or open-ended accounts is too high.

FICO® Scores evaluate how much is owed on revolving and/or open-ended accounts, such as credit cards. Generally, the more owed on these accounts, the greater the risk posed to lenders. Note, consolidating or moving debt from one account to another will usually not change the total amount owed.

— Accounts with balances

You have too many credit accounts with balances.

The FICO® Score considers the number of accounts on a credit report showing a balance. Generally speaking, carrying fewer accounts with balances is considered less risky. Your credit report may show a balance on credit cards even if they're paid in full each month. The total balance of the last statement is typically the amount shown on a credit report.

— Recent missed payment

You recently missed a payment or had a derogatory indicator reported on your credit report.

The presence of missed or late payments or derogatory indicators on a credit report, including the number of missed payments, how late they were and how recently they occurred, are correlated with future credit risk. Generally speaking, people who consistently pay their bills on time are less risky compared to people with recently missed payments. As missed payments age, they have less impact on a FICO® Score.

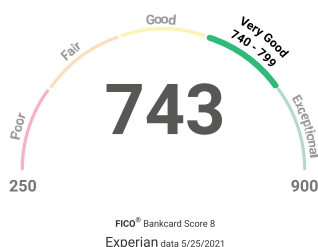
— Bad payment history

You have one or more accounts showing missed payments or derogatory indicators.

The presence of missed and late payments or derogatory indicators on a credit report, including the number of late payments, how late they were and how recently they occurred, are correlated with future credit risk. Your FICO® Score was lowered due to the number of missed and late payments and/or accounts with derogatory indicators reported. As the number of accounts with delinquency or derogatory indicators decreases, they have less impact on a FICO® Score.



FICO® Bankcard Score 8



This is a FICO® Score version that is customized for credit card lending. Many credit card issuers use this version when pulling your credit report based on Experian data.

What's hurting

— Bad payment history

You have one or more accounts showing missed payments or derogatory indicators.

The presence of missed and late payments or derogatory indicators on a credit report, including the number of late payments, how late they were and how recently they occurred, are correlated with future credit risk. Your FICO® Score was lowered due to the number of missed and late payments and/or accounts with derogatory indicators reported. As the number of accounts with delinquency or derogatory indicators decreases, they have less impact on a FICO® Score.

— Loan balances

The remaining balance on your mortgage or non-mortgage installment loans is relatively high.

FICO® Scores weigh the amounts paid down and balances of mortgage and non-mortgage installment loans (such as auto or student loans) against the original loan amounts. In general, when an installment loan is first obtained the balance is high. As the loan is paid down, the balance decreases. As installment loan balances decrease, they have less impact on a FICO® Score. Having a low installment loan balance to loan amount ratio is considered slightly less risky than having a 0% installment loan ratio. Consolidating or moving debt from one account to another will usually not help a FICO® Score since the same total amount is owed and the score may go down due to opening a new account.

— Recent missed payment

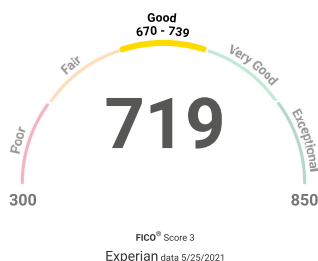
You recently missed a payment or had a derogatory indicator reported on your credit report.

The presence of missed or late payments or derogatory indicators on a credit report, including the number of missed payments, how late they were and how recently they occurred, are correlated with future credit risk. Generally speaking, people who consistently pay their bills on time are less risky compared to people with recently missed payments. As missed payments age, they have less impact on a FICO® Score.

— Accounts with balances

You have too many credit accounts with balances.

The FICO® Score considers the number of accounts on a credit report showing a balance. Generally speaking, carrying fewer accounts with balances is considered less risky. Your credit report may show a balance on credit cards even if they're paid in full each month. The total balance of the last statement is typically the amount shown on a credit report.

**FICO® Score 3**

This is a previous FICO® Score version used primarily in credit card lending. It may also be used by some lenders for other credit product application evaluations (such as credit cards, personal loans, retail credit, student loans, etc.).

What's hurting**— Recent missed payment**

You recently missed a payment or had a derogatory indicator reported on your credit report.

The presence of missed or late payments or derogatory indicators on a credit report, including the number of missed payments, how late they were and how recently they occurred, are correlated with future credit risk. Generally speaking, people who consistently pay their bills on time are less risky compared to people with recently missed payments. As missed payments age, they have less impact on a FICO® Score.

— New account

You opened a new credit account relatively recently.

The FICO® Score considers how recently a new credit account was opened. People who recently opened a credit account are generally more risky to lenders compared to people with no recently opened accounts.

— Bad payment history

You have one or more accounts showing missed payments or derogatory indicators.

The presence of missed and late payments or derogatory indicators on a credit report, including the number of late payments, how late they were and how recently they occurred, are correlated with future credit risk. Your FICO® Score was lowered due to the number of missed and late payments and/or accounts with derogatory indicators reported. As the number of accounts with delinquency or derogatory indicators decreases, they have less impact on a FICO® Score.

— Accounts with balances

You have too many credit accounts with balances.

The FICO® Score considers the number of accounts on a credit report showing a balance. Generally speaking, carrying fewer accounts with balances is considered less risky. Your credit report may show a balance on credit cards even if they're paid in full each month. The total balance of the last statement is typically the amount shown on a credit report.



Disclaimer

About your FICO® Score 8 or other FICO® Scores

Your FICO® Score 8 powered by Experian data is formulated using the information in your credit file at the time it is requested. Many but not all lenders use FICO® Score 8. In addition to the FICO® Score 8, we may offer and provide other base or industry-specific FICO® Scores (such as FICO® Auto Scores and FICO® Bankcard Scores). The other FICO® Scores made available are calculated from versions of the base and industry-specific FICO® Score models.

Base FICO® Scores (including the FICO® Score 8) range from 300 to 850. Industry-specific FICO® Scores range from 250-900. Higher scores represent a greater likelihood that you'll pay back your debts so you are viewed as being a lower credit risk to lenders. A lower FICO® Score indicates to lenders that you may be a higher credit risk. There are many scoring models used in the marketplace. The type of score used, and its associated risk levels, may vary from lender to lender. But regardless of what scoring model is used, they all have one purpose: to summarize your creditworthiness. Keep in mind that your score is just one factor used in the application process. Other factors, such as your annual salary and length of employment, may also be considered by lenders when you apply for a loan.

What this means to you:

Credit scoring can help you understand your overall credit rating and help companies better understand how to serve you. Overall benefits of credit scoring have included faster credit approvals, reduction in human error and bias, consistency, and better terms and rates for American consumers through reduced costs and losses for lenders. Your lender or insurer may use a different FICO® Score than FICO® Score 8 or other base or industry-specific FICO® Scores provided by us, or different scoring models to determine how you score.

Your next 3 bureau credit report and FICO® Scores will be available in:

00 06 : 30 : 56



Experian®	Equifax®	TransUnion®
reports/experian/202103012053087050?scroll=false	reports/equifax/202103012053087050?scroll=false	reports/transunion/202103012053087050?scroll=false

Compare your three credit reports

from Mar 1, 2021

Purchase today's report (/c/member/upgrade/ad82ff5745fe4a44a4ddf24f3ad9d0b6?ttPlacementId=crNextRefreshUpsellHeaderText&pcm=false)

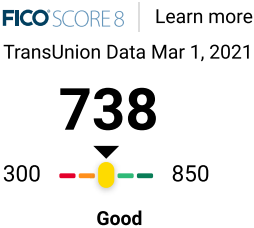
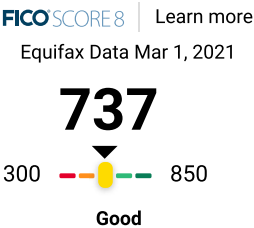
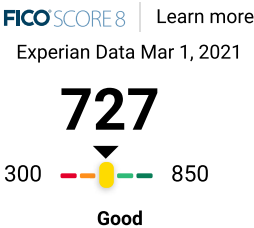
Showing report for: **Mar 1, 2021**

Compare your FICO® Score 8 and credit report data across the 3 major credit bureaus.

All of your credit information may not be reported to all credit bureaus. Lenders can selectively report your account information to individual credit bureaus, often resulting in inconsistencies between your credit reports from Experian, Equifax and TransUnion.



FICO® Score



Credit Usage

Ideal credit usage is 6% and under.

Credit used ⓘ
\$3,279
Credit limit

Credit used ⓘ
\$3,279
Credit limit

Credit used ⓘ
\$3,279
Credit limit

[Learn about credit](#)

\$156,273

\$156,273

\$156,273

Accounts

	Open accounts	29	Open accounts	29	Open accounts	29
	Accounts ever late	2	Accounts ever late	2	Accounts ever late	2
	Closed accounts	10	Closed accounts	11	Closed accounts	11
	Collections	0	Collections	0	Collections	0
Credit & retail cards	21 accounts		21 accounts		21 accounts	
	\$3,279.00		\$3,279.00		\$3,117.00	
Real estate	1 account		1 account		1 account	
	\$351,490.00		\$351,490.00		\$351,490.00	
Loans	7 accounts		7 accounts		7 accounts	
	\$108,197.00		\$108,197.00		\$108,197.00	
Collections	0 accounts		0 accounts		0 accounts	
	\$0.00		\$0.00		\$0.00	
Self Reported	0 accounts		0 accounts		0 accounts	
	\$0.00		\$0.00		\$0.00	
Total	29 accounts		29 accounts		29 accounts	
	\$462,966.00		\$462,966.00		\$462,804.00	

Inquiries

Number of Inquiries	5 inquiries	3 inquiries	3 inquiries
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Public Records

Number of Public Records	0 public records	0 public records	0 public records
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Personal Info

Name	LAURA EDWARDS	LAURA EDWARDS	LAURA EDWARDS
Also known as	-	-	-

[Learn about credit](#)

5/25/2021

Experian

Generation identifier	-	-	-
Year of birth	1964	1964	1964
Employers	US ENERGY CONSULTING GROUP LLC TECHNOGRAPHICS	NATIONAL COMP ASSOC PIZZA HUT DOMINOS PIZZA	US ENERGY CONSULT CORP ECKERD COLLEGE
Addresses	<div><div><div></div><div>10575 125TH LARGO, FL, 33778-3404</div></div><div><div></div><div>9355 113TH SEMINOLE, FL, 33772-2829</div></div><div><div></div><div>3400 55TH SAINT PETERSBURG, FL, 33710-2047</div></div></div>	<div><div><div></div><div>9355 113TH SEMINOLE, FL, 33772</div></div><div><div></div><div>10575 125TH SEMINOLE, FL, 33778</div></div><div><div></div><div>5630 10TH SAINT PETERSBURG, FL, 33710</div></div><div><div></div><div>3400 55TH SAINT PETERSBURG, FL, 33710</div></div><div><div></div><div>6263 93RD TER N PINELLAS PARK, FL, 33782</div></div><div><div></div><div>8908 N LONGWOOD GRANBURY, TX, 76049</div></div><div><div></div><div>3960 3RD SAINT PETERSBURG, FL, 33713</div></div></div>	<div><div><div></div><div>10575 125TH SEMINOLE, FL, 33778</div></div><div><div></div><div>3400 55TH SAINT PETERSBURG, FL, 33710</div></div><div><div></div><div>3400 50TH SR PETE FL SAINT PETERSBURG, FL, 33714</div></div><div><div></div><div>ST PETERSBURG, FL,</div></div></div>
Personal statement(s)	No statement(s) present at this time	No statement(s) present at this time	No statement(s) present at this time

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Commission of Ohio Docketing Information System on

5/25/2021 5:35:51 PM

in

Case No(s). 13-1262-GA-AGG

Summary: Application Competitive Retail Natural Gas Service (CRNGS) Provider Application electronically filed by Mrs. Laura L Edwards on behalf of US Energy Consulting Group LLC and Edwards, Laura Leigh Mrs.