



DIS Case Number: 18-1329-EL-AGG

## Section A: Application Information

### A-1. Provider type:

☒ Power Broker    ☐ Aggregator    ☐ Retail Generation Provider    ☐ Power Marketer

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

**Legal Name:** Bradley R Lewis

**Country:** United States

**Phone:** 9134988795    **Extension (if applicable):**

**Street:** 13900 Nicklaus Dr

**Website (if any):** www.creativenergy.org

**City:** Overland Park

**Province/State:** KS

**Postal Code:** 66223

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

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

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

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

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

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

### A-5. Contact person for regulatory matters



## Public Utilities Commission

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

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

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

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

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

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

XXXXXXXXXX

### A-9. Applicant's form of ownership

**Form of ownership:** Sole Proprietorship

### A-10. Identify current or proposed service areas

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

#### Service area selection

Duke Energy Ohio



## Public Utilities Commission

FirstEnergy - Cleveland Electric Illuminating  
FirstEnergy - Ohio Edison  
FirstEnergy - Toledo Edison  
AES Ohio  
American Electric Power (AEP)

### Class of customer selection

Commercial  
Industrial  
Mercantile

### A-11. Start date

Indicate the approximate start date the applicant began/will begin offering services: 08-26-2020

### A-12. Principal officers, directors, and partners

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

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

### A-13. Company history

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

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

Customers typically have a wide range of responsibility, have limited corporate resources, and are trying to serve as a 1-person energy department in their spare time. Outsourcing the utility



cost management function makes sense for many of these individuals because it frees up valuable resources to focus on higher value internal utility management opportunities.

CreativEnergy Options runs a little differently than the typical 'Consulting Firm'. First, we make every attempt to operate more as a part time low-overhead employee than as consultants. Nothing involving utility expenses is 'out of scope' and we are available to immediately respond to customer needs at any time.

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

#### **A-14. Secretary of State**

Secretary of State Link:

## **Section B: Applicant Managerial Capability and Experience**

### **B-1. Jurisdiction of operations**

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

File Attached

### **B-2. Experience and plans**

Describe the applicant's experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the plan for contracting with customers, providing contracted services, providing billing statements and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Sections 4928.10 and/or 4929.22 of the Ohio Revised Code.

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

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



## Public Utilities Commission

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

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

### **B-3. Disclosure of liabilities and investigations**

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

Liability and Investigations Disclosures: There are no existing, pending or past rulings against the applicant.

### **B-4. Disclosure of consumer protection violations**

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

**No**

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

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

**No**

## Section C: Applicant Financial Capability and Experience

### C-1. Financial reporting

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

Does not apply

### C-2. Financial statements

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

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

File(s) attached

### C-3. Forecasted financial statements

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

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

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods.



## Public Utilities Commission

Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in **business activities only in the state of Ohio** for those periods.

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

File(s) attached

### C-4. Credit rating

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

This does not apply

### C-5. Credit report

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

File(s) attached

### C-6. Bankruptcy information

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



## Public Utilities Commission

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

No

### **C-7. Merger information**

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

No

### **C-8. Corporate structure**

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required, and the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

Stand-alone entity with no affiliate or subsidiary companies

## **Section D: Applicant Technical Capacity**

### **D-1. Operations**

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





Operations Description: CreativEnergy request bids from approved suppliers to determine best option for our retail customers. A recommendation and a contract from the supplier are sent to the customer to sign. We do not aggregate load for multiple customers. We provide each customer with their own custom contract from suppliers.

## **D-2. Operations Expertise & Key Technical Personnel**

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

Operations Expertise & Personnel Description: Bradley R. Lewis

CreativEnergy Options

13900 Nicklaus Drive

Overland Park, Ks 66223

913-498-8795/866-496-0230(fax)

brad.lewis@creativenergy.org

Summary of Experience

Introduction

Currently assisting several national account customers manage their utility expenses.

Customers which are assisted nationwide include Applebee's Restaurants, Burger King, Denny's, CKE Restaurants, Extended Stay Hotels, and AMC Theatres. Annual utility spend for current customers exceeds \$600 million.

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

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

Areas of responsibilities and listing of key projects include the following:

- ☐ Utility Vice President of Rates, Finance, Sales, and Marketing
- ☐ Utility CFO responsible for financial management, billing, and accounts payable
- ☐ National Commercial Rate Expert
- ☐ Executive Level Utility Negotiator
- ☐ Launch of EnergyOne Competitive Retail Energy Strategy
- ☐ Energy restructuring presentations at numerous conferences and legislative reviews
- ☐ Launch of competitive retail energy competition in Pennsylvania
- ☐ Consulting engagements for over 100 electric and gas utilities



## Public Utilities Commission

☑ Managed 30,000 customer commercial account base

### Summary of Work History

UtiliCorp (1989-1998) - Accountable for marketing, sales, IT, community affairs, economic development, and regulatory affairs. At EnergyOne, responsible for development of competitive retail energy strategy, franchise sales, sizing of competitive energy markets, and implementation in emerging deregulated markets.

Hagler Bailly (1988) - Senior consultant responsible for developing and managing regulatory and energy efficiency engagements for utility clients. Recruited from consulting firm by UtiliCorp to manage corporate regulatory affairs.

LMSL, Senior Utility Partner (1978-1987) - Senior Utility Partner in a regulatory and management consulting firm. Presented expert rate testimony in over 20 state and federal jurisdictions on behalf of 100 electric and gas utilities. Responsible for business development, sales, regulatory projects, general rate cases, management audits, construction audits, merger applications and reviews, rate design reviews, and fuel procurement audits.

### Education

Bachelors Degree in Accounting from the University of Missouri

Masters Degree in Economics from the University of Missouri

Certified Public Accountant



Public Utilities  
Commission

# Application Attachments



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

**Receipt**

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

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

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**2027234**

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

**BRADLEY R. LEWIS**

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

Document(s)

**TRADE NAME RENEWAL**

Document No(s):

**201618702812**

**Effective Date: 06/27/2016**



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

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

*Jon Husted*

**Ohio Secretary of State**

# Jurisdictions of Operations

## Exhibit B-1

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

Response:

Approved Broker License in:

Illinois

Maine

Maryland

Massachusetts

New Hampshire

New Jersey

Pennsylvania

District Of Columbia

# Forecasted Financial Statements

## Exhibit C-3

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

Response:

Forecast	<u><b>2022</b></u>	<u><b>2023</b></u>
Ohio Revenues	\$56,000	\$58,000
Ohio Expenses	<u>\$5,800</u>	<u>\$ 6,000</u>
Net Income	\$50,200	\$52,000

Brad Lewis - preparer

# Competitive Retail Electric Service Affidavit

County of Johnson :

State of Kansas :

Bradley R Lewis, 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, gross earnings, and sales of kilowatt-hours of electricity pursuant to Sections 4905.10(A), 4911.18(A), and 4928.06(F), Ohio Revised Code.
3. The applicant will timely pay any assessment made pursuant to Sections 4905.10, 4911.18, and 4928.06(F), Ohio Revised Code.
4. The 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. The 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. The applicant will fully comply with Section 4928.09, Ohio Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The applicant will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The applicant will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The applicant will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the applicant will provide, it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio.
11. The 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.

12. 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.

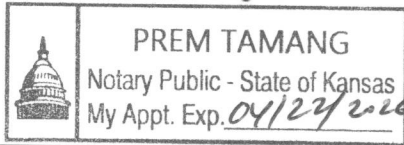
13. Affiant further sayeth naught.

R. R. Rein, Solo Proprietor  
Signature of Affiant & Title

Sworn and subscribed before me this 30<sup>th</sup> day of AUGUST, 2022  
Month Year

[Signature]  
Signature of official administering oath

PREM TAMANG  
Print Name and Title



My commission expires on 04/24/2026



**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 your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Bradley R		Last name Lewis		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Carla A		Last name Lewis		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 13900 Nicklaus Dr				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Overland Park			State KS	ZIP code 662232999	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . . ▶ ☐ Yes ☒ No

**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, 1956 ☐ Are blind  
**Spouse:** ☒ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Attach Schedule B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>		
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>			
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>			
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>			
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>			
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	52,426.		
	<b>b</b>	Taxable interest . . . . .	<b>2b</b>		6.	
	<b>b</b>	Ordinary dividends . . . . .	<b>3b</b>		64.	
	<b>b</b>	Taxable amount . . . . .	<b>4b</b>			
	<b>b</b>	Taxable amount . . . . .	<b>5b</b>			
<b>b</b>	Taxable amount . . . . .	<b>6b</b>		44,562.		
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>				<b>7</b>	
<b>8</b>	Other income from Schedule 1, line 9 . . . . .				<b>8</b>	354,889.
<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . ▶				<b>9</b>	399,521.
<b>10</b>	Adjustments to income:					
<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	83,976.			
<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>				
<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> ▶				<b>10c</b>	83,976.
<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . ▶				<b>11</b>	315,545.

**Standard Deduction**

See *Standard Deduction Chart* on the last page of this form.

<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . .	<b>12</b>	32,778.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . .	<b>13</b>	54,865.
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	87,643.
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . .	<b>15</b>	227,902.
<b>16</b>	<b>Tax</b> (see instructions). Check if any from:		
	1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____ . . . . .	<b>16</b>	42,855.
<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	
<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	42,855.
<b>19</b>	Child tax credit or credit for other dependents . . . . .	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7 . . . . .	<b>20</b>	
<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	42,855.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . .	<b>23</b>	27,399.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ►	<b>24</b>	70,254.
<b>25</b>	Federal income tax withheld from:		
	a Form(s) W-2 . . . . . <b>25a</b>		
	b Form(s) 1099 . . . . . <b>25b</b>		
	c Other forms (see instructions) . . . . . <b>25c</b>		
	d Add lines 25a through 25c . . . . . <b>25d</b>		
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return . . . .	<b>26</b>	87,100.
<b>27</b>	Earned income credit (EIC) . . . . . <b>27</b>		
<b>28</b>	Additional child tax credit. Attach Schedule 8812 . . . . . <b>28</b>		
<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . . <b>29</b>		
<b>30</b>	Recovery rebate credit. See instructions . . . . . <b>30</b>		
<b>31</b>	Amount from Schedule 3, line 13 . . . . . <b>31</b>		
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b> . . . . . ►	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ►	<b>33</b>	87,100.

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

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	16,846.
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>35a</b>	210.
Direct deposit? <input type="checkbox"/> <b>b</b> Routing number <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings See instructions. <b>d</b> Account number <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span> <span style="border: 1px solid black; padding: 0 2px;">X</span>				
	<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b> . . . . . <b>36</b>		16,636.
<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b> . . . <b>37</b> <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
For details on how to pay, see instructions.	<b>38</b>	Estimated tax penalty (see instructions) . . . . . <b>38</b>		

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . <input type="checkbox"/> <b>Yes.</b> Complete below. <input checked="" type="checkbox"/> <b>No</b>	
Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span>

<b>Sign Here</b>	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? <input type="checkbox"/> See instructions. Keep a copy for your records.	Your signature	Date	Your occupation <b>Energy Consultant</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span>
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>housewife</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span> <span style="border: 1px solid black; padding: 0 2px;"> </span>
	Phone no.	Email address		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name ▶ <b>Self-Prepared</b>	Firm's address ▶			Phone no.
					Firm's EIN ▶

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

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Form **1040-SR** (2020)

**Standard Deduction Chart\***

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 . . . . ►

<b>IF your filing status is. . .</b>	<b>AND the number of boxes checked is. . .</b>	<b>THEN your standard deduction is. . .</b>
Single	1	\$14,050
	2	15,700
Married filing jointly	1	\$26,100
	2	27,400
	3	28,700
	4	30,000
Qualifying widow(er)	1	\$26,100
	2	27,400
Head of household	1	\$20,300
	2	21,950
Married filing separately**	1	\$13,700
	2	15,000
	3	16,300
	4	17,600

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

\*\* You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040, 1040-SR, or 1040-NR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Bradley R & Carla A Lewis

Your social security number

██████████

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	358,299.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-3,410.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ►	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	354,889.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	13,336.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	57,000.
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	13,640.
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	83,976.

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

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Schedule 1 (Form 1040) 2020

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► **Attach to Form 1040, 1040-SR, or 1040-NR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
Bradley R & Carla A Lewis

Your social security number

**Part I Tax**

<b>1</b> Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b> Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b> Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b> Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	26,671.
<b>5</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 .	<b>5</b>	
<b>6</b> Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b> Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b> Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b> Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	728.
<b>9</b> Section 965 net tax liability installment from Form 965-A . . .	<b>9</b>	
<b>10</b> Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	27,399.

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

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Schedule 2 (Form 1040) 2020



**SCHEDULE A**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Bradley R &amp; Carla A Lewis

Your social security number

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

- |   |   |   |          |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions)                        | 1 | 0.       |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11                       | 2 | 315,545. |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 3 | 23,666.  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0.       |

**Taxes You  
Paid**

- |   |  |    |         |
|---|--|----|---------|
| 5 | State and local taxes.   |    |         |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 13,614. |
| b | State and local real estate taxes (see instructions)   | 5b | 13,291. |
| c | State and local personal property taxes  | 5c | 101.    |
| d | Add lines 5a through 5c  | 5d | 27,006. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | 5e | 10,000. |
| 6 | Other taxes. List type and amount  | 6  |         |
| 7 | Add lines 5e and 6   | 7  | 10,000. |

**Interest  
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- |    |   |    |         |
|----|---|----|---------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>                              |    |         |
| a  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | 8a | 13,283. |
| 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 | 13,283. |
| 9  | Investment interest. Attach Form 4952 if required. See instructions.  | 9  |         |
| 10 | Add lines 8e and 9  | 10 | 13,283. |

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

- |    |   |    |        |
|----|---|----|--------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions   | 11 | 9,250. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. | 12 | 245.   |
| 13 | Carryover from prior year   | 13 |        |
| 14 | Add lines 11 through 13   | 14 | 9,495. |

**Casualty and  
Theft Losses**

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

**Other  
Itemized  
Deductions**

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

**Total  
Itemized  
Deductions**

- |    |  |    |         |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12           | 17 | 32,778. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> |    |         |

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Name of proprietor

Bradley R Lewis

Social security number (SSN)

**B** Enter code from instructions  
► 5 | 4 | 1 | 6 | 0 | 0

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

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

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

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

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

**G** Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

**H** If you started or acquired this business during 2020, check here ☐

**I** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☒ Yes ☐ No

**J** If "Yes," did you or will you file required Form(s) 1099? ☒ Yes ☐ No

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	1,084,980.
<b>2</b>	Returns and allowances	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1	<b>3</b>	1,084,980.
<b>4</b>	Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	1,084,980.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6	<b>7</b>	1,084,980.

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

<b>8</b>	Advertising	<b>8</b>	6,125.	<b>18</b>	Office expense (see instructions)	<b>18</b>	5,088.
<b>9</b>	Car and truck expenses (see instructions)	<b>9</b>	2,622.	<b>19</b>	Pension and profit-sharing plans	<b>19</b>	
<b>10</b>	Commissions and fees	<b>10</b>	84,192.	<b>20</b>	Rent or lease (see instructions):		
<b>11</b>	Contract labor (see instructions)	<b>11</b>	571,174.	<b>a</b>	Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b>	Depletion	<b>12</b>		<b>b</b>	Other business property	<b>20b</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b>	Repairs and maintenance	<b>21</b>	
<b>14</b>	Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b>	Supplies (not included in Part III)	<b>22</b>	2,337.
<b>15</b>	Insurance (other than health)	<b>15</b>	325.	<b>23</b>	Taxes and licenses	<b>23</b>	4,758.
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b>	Travel	<b>24a</b>	16,945.
<b>b</b>	Other	<b>16b</b>	1,959.	<b>b</b>	Deductible meals (see instructions)	<b>24b</b>	1,466.
<b>17</b>	Legal and professional services	<b>17</b>	24,791.	<b>25</b>	Utilities	<b>25</b>	4,414.
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b>	Wages (less employment credits)	<b>26</b>	
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27a</b>	Other expenses (from line 48)	<b>27a</b>	485.
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>		<b>b</b>	<b>Reserved for future use</b>	<b>27b</b>	
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	358,299.				
<b>32</b>	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b>	<input type="checkbox"/> All investment is at risk.		
				<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.		



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a** ☐ Cost    **b** ☐ Lower of cost or market    **c** ☐ Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . . ☐ **Yes**    ☐ **No**

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b> Materials and supplies . . . . .	<b>38</b>	
<b>39</b> Other costs . . . . .	<b>39</b>	
<b>40</b> Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b> Inventory at end of year . . . . .	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

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

**43** When did you place your vehicle in service for business purposes? (month/day/year)    ► 12/01/2006

**44** Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

**a** Business 4,560    **b** Commuting (see instructions)    **c** Other 3,890

**45** Was your vehicle available for personal use during off-duty hours? . . . . . ☒ **Yes**    ☐ **No**

**46** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☒ **Yes**    ☐ **No**

**47a** Do you have evidence to support your deduction? . . . . . ☒ **Yes**    ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☒ **Yes**    ☐ **No**

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

Magazines for business	100.
bank charges	60.
Business related gifts	325.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 485.

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Bradley R & Carla A Lewis

**Supplemental Income and Loss**

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

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Your social security number

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

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . ☐ **Yes** ☒ **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ **Yes** ☐ **No**

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

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	5,900.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b> Commissions. . . . .	<b>8</b>	1,062.		
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	2,365.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	3,533.		
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>			
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	1,479.		
<b>17</b> Utilities. . . . .	<b>17</b>			
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	0.		
<b>19</b> Other (list) ▶ See Line 19 Other Expenses . . . . .	<b>19</b>	871.		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	9,310.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-3,410.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -3,410. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	5,900.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	3,533.		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>	0.		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	9,310.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 3,410. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-3,410.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-3,410.

Schedule E (Form 1040) 2020

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

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

Bradley R Lewis

Social security number of person  
with self-employment income ►

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . . **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . . **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . . **2** 358,299.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 358,299.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 330,889.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue . . . . . **4c** 330,889.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income . . . . . **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . . **5b** 0.

**6** Add lines 4c and 5b . . . . . **6** 330,889.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 . . . . . **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 . . . . . **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 . . . . . **8b**

**c** Wages subject to social security tax from Form 8919, line 10 . . . . . **8c**

**d** Add lines 8a, 8b, and 8c . . . . . **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 137,700.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 17,075.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 9,596.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 26,671.

**13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** . . . . . **13** 13,336.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** 5,640

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, include this amount on line 4b above . . . . . **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 . . . . . **16**

**17** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Part III Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

<b>18</b>	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>18</b>	0 .
<b>19</b>	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . .	<b>19</b>	
<b>20</b>	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>20</b>	
<b>21</b>	Combine lines 19 and 20 . . .	<b>21</b>	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
<b>22</b>	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>22</b>	
<b>23</b>	Multiply line 22 by 92.35% (0.9235) . . .	<b>23</b>	0 .
<b>24</b>	Add lines 21 and 23 . . .	<b>24</b>	0 .
<b>25</b>	Enter the smaller of line 9 or line 24 . . .	<b>25</b>	0 .
<b>26</b>	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . .	<b>26</b>	0 .

BAA

REV 04/16/21 Intuit.cq.cfp.sp

Schedule SE (Form 1040) 2020

**Qualified Business Income Deduction  
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.****2020**Attachment  
Sequence No. **55**

Name(s) shown on return

Bradley R &amp; Carla A Lewis

Your taxpayer identification number

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	Bradley R Lewis		0.
<b>ii</b>	CreativEnergy Options		274,323.
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	274,323.	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	274,323.	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>5</b>	54,865.	
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)	<b>9</b>		
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9	<b>10</b>	54,865.	
<b>11</b>	Taxable income before qualified business income deduction	<b>11</b>	282,767.	
<b>12</b>	Net capital gain (see instructions)	<b>12</b>	0.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	282,767.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)	<b>14</b>	56,553.	
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	<b>15</b>	54,865.	
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>	( 0. )	
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>	( 0. )	

# Additional Medicare Tax

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **71**

Name(s) shown on return

Bradley R & Carla A Lewis

Your social security number

## Part I Additional Medicare Tax on Medicare Wages

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

## Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .	8	330,889.	
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	9	250,000.	
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	250,000.	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		80,889.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		728.

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

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

## Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	18		728.
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## Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	0.	
20	Enter the amount from line 1 . . . . .	20		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	24		0.

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

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2020**  
Attachment  
Sequence No. **72**

Name(s) shown on your tax return

Bradley R &amp; Carla A Lewis

Your social security number or EIN

**Part I Investment Income**

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

<b>1</b>	Taxable interest (see instructions)	<b>1</b>	6.
<b>2</b>	Ordinary dividends (see instructions)	<b>2</b>	64.
<b>3</b>	Annuities (see instructions)	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b>	-3,410.
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b	<b>4c</b>	-3,410.
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c	<b>5d</b>	
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<b>8</b>	-3,340.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

<b>12</b>	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-	<b>12</b>	0.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	315,545.
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	65,545.
<b>16</b>	Enter the smaller of line 12 or line 15	<b>16</b>	0.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	<b>17</b>	0.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c	<b>20</b>	
<b>21</b>	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)	<b>21</b>	



**Passive Activity Loss Limitations**

▶ See separate instructions.

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

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2020**Attachment  
Sequence No. **858**

Name(s) shown on return

Bradley R &amp; Carla A Lewis

Identifying number

**Part I 2020 Passive Activity Loss****Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

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

**Commercial Revitalization Deductions From Rental Real Estate Activities**

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

**All Other Passive Activities**

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

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

If line 4 is a loss and:

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

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

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>	13,652 .
<b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>6</b>	150,000 .
<b>7</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .	<b>7</b>	284,319 .
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>9</b>	
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .	<b>10</b>	0 .

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

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

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

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>	0 .
<b>16</b> <b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>	0 .



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

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

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

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

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

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

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

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

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

**Worksheet 5—Allocation of Unallowed Losses** (see instructions)

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

**Worksheet 6—Allowed Losses** (see instructions)

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

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

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

<b>12</b>	<b>Taxable refund from 2019.</b> Line 6 less line 11. . . . .	0.
<b>13</b>	Total taxable refunds from <b>2018</b> or prior tax returns. Total line 36 column (d). . . . .	
<b>14</b>	<b>Total taxable refunds.</b> Add lines 12 and 13. Enter here and on Schedule 1, line 1 . . . . .	0.



Additional information from your 2020 Federal Tax Return

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
License	871.
Operating expense carry over	0.
Total	871.

BRADLEY R LEWIS 9134988795 LEWI  
CARLA A LEWIS  
13900 NICKLAUS DR JO 229 LEWI  
OVERLAND PARK KS 66223-2999

Name or address has changed?

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

Taxpayer was engaged in commercial farming/fishing in 2020

## Amended Return

Amended affects Kansas only

Amended Federal tax return

Adjustment by the RS

## Filing Status

Single

☒

Married Filing Joint (Even if only one had income)

Married Filing Separate

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

## Residency Status

☒

Resident

NonResident (Complete Sch S, Part B)

State of Legal Residence

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

To

## Exemptions

2

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

2

Total Kansas exemptions

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

Dependent Name - First, Middle and Last

Date of Birth - MMDDYYYY

Relationship

SSN

**Food Sales Tax Credit** You must have been a Kansas resident for **ALL** of 2020. Complete this section to determine your qualifications and credit.  
If you did not mark A, B, and C, **STOP HERE**; you do not qualify for this credit.

**A.** Had a dependent child who lived with you all year and was  
under the age of 18 all of 2020?

**E.** Number of exemptions claimed

**B.** Were you (or spouse) 55 years of age or older all of 2020  
(born prior to January 1, 1965)?

☒

**F.** Number of dependents that are 18 years of age or older  
(born on or before January 1, 2003)

**C.** Were you (or spouse) totally and permanently disabled or  
blind all of 2020, regardless of age?

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

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

315545

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

0

BRADLEY

R LEWIS

LEWI

1. Federal adjusted gross income	315545	23. Estimated tax paid	16501
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	315545	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	36170	26. Refundable portion of tax credits	0
5. Exemption allowance	4500	27. Payments remitted with original return	0
6. Total deductions	40670	28. Overpayment from original return	0
7. Taxable income	274875	29. Total refundable credits	16501
8. Tax	14753	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	14753	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	1748
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	1748
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	14753	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	14753	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	14753	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	0	44. REFUND	0

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

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

Taxpayer  
Signature  
(Required)

Date

Preparer  
Signature

SELF-PREPARED

Preparer PT N,  
E N or SSN

Spouse  
Signature  
(Required)

Date

Preparer  
Phone Number

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

BRADLEY R LEWIS

LEWI

CARLA A LEWIS

LEWI

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

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

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

A3. Kansas Expensing Recapture (enclose applicable schedules)

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

A5. Other additions to FAGI (enclose list)

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

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A7. Social Security benefits

A8. KPERS lump sum distributions exempt from income tax

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

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

0

A11. Retirement benefits specifically exempt from Kansas Income Tax

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

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

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

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

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

0

**NET MODIFICATIONS:**

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

0

**SCH S**  
Rev. 7-20

**2020**

**KANSAS  
SUPPLEMENTAL SCHEDULE**

305

122420

BRADLEY

R LEWIS

LEWI

CARLA

A LEWIS

LEWI

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**PART C - KANSAS ITEMIZED DEDUCTIONS**

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C1. Medical and dental expenses from line 4 of federal Schedule A

0

C2. Real estate taxes from line 5b of federal Schedule A.

13291

C3. Personal property taxes from line 5c of federal Schedule A.

101

C4. Qualified residence interest you paid and reported on federal Schedule A.

13283

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

9495

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

36170



**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 your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Bradley R		Last name Lewis		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Carla A		Last name Lewis		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 13900 Nicklaus Dr				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Overland Park			State KS	ZIP code 662232999	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? . . . . . ▶ ☐ Yes ☒ No

**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, 1957 ☐ Are blind  
**Spouse:** ☒ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Attach Schedule B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	58,189.
	<b>b</b>	Taxable interest . . . . .	<b>2b</b>	3.
	<b>b</b>	Ordinary dividends . . . . .	<b>3b</b>	65.
	<b>b</b>	Taxable amount . . . . .	<b>4b</b>	
	<b>b</b>	Taxable amount . . . . .	<b>5b</b>	
	<b>b</b>	Taxable amount . . . . .	<b>6b</b>	49,461.
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 10 . . . . .	<b>8</b>	376,408.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . ▶	<b>9</b>	425,937.
	<b>10</b>	Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	84,678.
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . ▶	<b>11</b>	341,259.

**Standard Deduction**See *Standard Deduction Chart* on the last page of this form.

<b>12a</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	31,604.	
<b>b</b>	Charitable contributions if you take the standard deduction (see instructions) . . . . .	<b>12b</b>		
<b>c</b>	Add lines 12a and 12b . . . . .	<b>12c</b>	31,604.	
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	58,346.	
<b>14</b>	Add lines 12c and 13 . . . . .	<b>14</b>	89,950.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	251,309.	
<b>16</b>	<b>Tax</b> (see instructions). Check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> _____ . . . . .	<b>16</b>	48,356.	
<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>		
<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	48,356.	
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .	<b>19</b>		
<b>20</b>	Amount from Schedule 3, line 8 . . . . .	<b>20</b>		
<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>		
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	48,356.	
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	<b>23</b>	29,075.	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ►	<b>24</b>	77,431.	
<b>25</b>	Federal income tax withheld from:			
<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>		
<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>		
<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>		
<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>		
<b>26</b>	2021 estimated tax payments and amount applied from 2020 return . . . . .	<b>26</b>	84,340.	
<b>27a</b>	Earned income credit (EIC) . . . . . Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions . . . . . ► <input type="checkbox"/> No	<b>27a</b>		
<b>b</b>	Nontaxable combat pay election . . . . .	<b>27b</b>		
<b>c</b>	Prior year (2019) earned income . . . . .	<b>27c</b>		
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .	<b>28</b>		
<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>		
<b>30</b>	Recovery rebate credit. See instructions . . . . .	<b>30</b>		
<b>31</b>	Amount from Schedule 3, line 15 . . . . .	<b>31</b>		
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b> . . . . . ►	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ►	<b>33</b>	84,340.	

If you have a qualifying child, attach Sch. EIC.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	6,909.																	
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>35a</b>	0.																	
Direct deposit? See instructions.	<b>b</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> <b>c</b> 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												
	<b>d</b>	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></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					
	<b>36</b>	Amount of line 34 you want <b>applied to your 2022 estimated tax</b> . . . . . <b>36</b>		6,909.																	
<b>Amount You Owe</b>	<b>37</b>	<b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions . . . . . <b>37</b>	<b>37</b>																		
	<b>38</b>	Estimated tax penalty (see instructions) . . . . . <b>38</b>		0.																	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . ☐ **Yes.** Complete below. ☒ **No**

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

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

Your signature Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Your occupation Energy Consultant	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation housewife	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no. (913) 498-8795	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="text"/> Self-Prepared	Firm's address <input type="text"/>			Phone no. <input type="text"/>
Firm's EIN <input type="text"/>				

**Standard Deduction Chart\***

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 . . . . ►

<b>IF your filing status is. . .</b>	<b>AND the number of boxes checked is. . .</b>	<b>THEN your standard deduction is. . .</b>
Single	1	\$14,250
	2	15,950
Married filing jointly	1	\$26,450
	2	27,800
	3	29,150
	4	30,500
Qualifying widow(er)	1	\$26,450
	2	27,800
Head of household	1	\$20,500
	2	22,200
Married filing separately**	1	\$13,900
	2	15,250
	3	16,600
	4	17,950

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

\*\* You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **01**

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

Bradley R & Carla A Lewis

Your social security number

■■■■-■■■■-■■■■

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	388,064.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-11,656.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling income . . . . .	<b>8b</b>	
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Taxable Health Savings Account distribution . . . . .	<b>8e</b>	
<b>f</b>	Alaska Permanent Fund dividends . . . . .	<b>8f</b>	
<b>g</b>	Jury duty pay . . . . .	<b>8g</b>	
<b>h</b>	Prizes and awards . . . . .	<b>8h</b>	
<b>i</b>	Activity not engaged in for profit income . . . . .	<b>8i</b>	
<b>j</b>	Stock options . . . . .	<b>8j</b>	
<b>k</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8k</b>	
<b>l</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8l</b>	
<b>m</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8o</b>	
<b>p</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8p</b>	
<b>z</b>	Other income. List type and amount ►	<b>8z</b>	
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	376,408.

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

Schedule 1 (Form 1040) 2021

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	14,050.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	58,000.
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	12,628.
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount ▶	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .	<b>26</b>	84,678.



**SCHEDULE 2**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Taxes**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **02**

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

Bradley R &amp; Carla A Lewis

Your social security number

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	28,100.
<b>5</b>	Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .	<b>5</b>	
<b>6</b>	Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .	<b>6</b>	
<b>7</b>	Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8</b>	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	<b>8</b>	
<b>9</b>	Household employment taxes. Attach Schedule H . . . . .	<b>9</b>	
<b>10</b>	Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .	<b>10</b>	
<b>11</b>	Additional Medicare Tax. Attach Form 8959 . . . . .	<b>11</b>	975.
<b>12</b>	Net investment income tax. Attach Form 8960 . . . . .	<b>12</b>	
<b>13</b>	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .	<b>13</b>	
<b>14</b>	Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .	<b>14</b>	
<b>15</b>	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .	<b>15</b>	
<b>16</b>	Recapture of low-income housing credit. Attach Form 8611 . . . . .	<b>16</b>	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount ►	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions . . . . .	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889 . . . . .	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax . . . . .	<b>17j</b>	
<b>k</b>	Golden parachute payments . . . . .	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts . . . . .	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation . . . . .	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24 . . . . .	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount ►	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z . . . . .	<b>18</b>	
<b>19</b>	Additional tax from Schedule 8812 . . . . .	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, 18, and 19. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>21</b>	29,075.



**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2021**Attachment  
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Bradley R &amp; Carla A Lewis

Your social security number

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

- |   |   |   |          |
|---|---|---|----------|
| 1 | Medical and dental expenses (see instructions)                        | 1 | 7,892.   |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11                       | 2 | 341,259. |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 3 | 25,594.  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0.       |

**Taxes You  
Paid**

- |   |  |    |         |
|---|--|----|---------|
| 5 | State and local taxes.   |    |         |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 16,349. |
| b | State and local real estate taxes (see instructions)   | 5b | 15,068. |
| c | State and local personal property taxes  | 5c | 727.    |
| d | Add lines 5a through 5c  | 5d | 32,144. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | 5e | 10,000. |
| 6 | Other taxes. List type and amount ►  | 6  |         |
| 7 | Add lines 5e and 6   | 7  | 10,000. |

**Interest  
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- |    |   |    |         |
|----|---|----|---------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>                                |    |         |
| a  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | 8a | 12,707. |
| 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 | 12,707. |
| 9  | Investment interest. Attach Form 4952 if required. See instructions.  | 9  |         |
| 10 | Add lines 8e and 9  | 10 | 12,707. |

**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 | 8,662. |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. | 12 | 235.   |
| 13 | Carryover from prior year   | 13 |        |
| 14 | Add lines 11 through 13   | 14 | 8,897. |

**Casualty and  
Theft Losses**

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

**Other  
Itemized  
Deductions**

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

**Total  
Itemized  
Deductions**

- |    |  |    |         |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a          | 17 | 31,604. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> |    |         |

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

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

OMB No. 1545-0074

**2021**

Attachment  
Sequence No. **09**

Name of proprietor <b>Bradley R Lewis</b>		Social security number (SSN) <div style="background-color: black; width: 150px; height: 1.2em; margin: 2px;"></div>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Consulting</b>	<b>B</b> Enter code from instructions ► <b>5 4 1 6 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>CreativEnergy Options</b>	<b>D</b> Employer ID number (EIN) (see instr.) <div style="border: 1px solid black; width: 150px; height: 1.2em; margin: 2px;"></div>	
<b>E</b> Business address (including suite or room no.) ► <b>13900 Nicklaus Dr</b> City, town or post office, state, and ZIP code <b>Overland Park, KS 66223-2999</b>		
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2021, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<input type="checkbox"/>	<b>1</b>	1,180,129.
<b>2</b>	Returns and allowances . . . . .		<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .		<b>3</b>	1,180,129.
<b>4</b>	Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	1,180,129.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6 . . . . .		<b>7</b>	1,180,129.

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

<b>8</b>	Advertising . . . . .	<b>8</b>	1,481.	<b>18</b>	Office expense (see instructions) . . . . .	<b>18</b>	336.
<b>9</b>	Car and truck expenses (see instructions) . . . . .	<b>9</b>	2,106.	<b>19</b>	Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b>	Commissions and fees . . . . .	<b>10</b>	90,148.	<b>20</b>	Rent or lease (see instructions):		
<b>11</b>	Contract labor (see instructions) . . . . .	<b>11</b>	624,113.	<b>a</b>	Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b>	Depletion . . . . .	<b>12</b>		<b>b</b>	Other business property . . . . .	<b>20b</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b>	Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b>	Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b>	Supplies (not included in Part III) . . . . .	<b>22</b>	3,196.
<b>15</b>	Insurance (other than health) . . . . .	<b>15</b>	325.	<b>23</b>	Taxes and licenses . . . . .	<b>23</b>	9,226.
<b>16</b>	Interest (see instructions):			<b>24</b>	Travel and meals:		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b>	Travel . . . . .	<b>24a</b>	25,580.
<b>b</b>	Other . . . . .	<b>16b</b>	1,151.	<b>b</b>	Deductible meals (see instructions) . . . . .	<b>24b</b>	1,492.
<b>17</b>	Legal and professional services . . . . .	<b>17</b>	22,850.	<b>25</b>	Utilities . . . . .	<b>25</b>	9,313.
				<b>26</b>	Wages (less employment credits) . . . . .	<b>26</b>	
				<b>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	748.
				<b>b</b>	<b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>	792,065.				
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	388,064.				
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .			<b>30</b>			
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>			388,064.
<b>32</b>	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.						
				<b>32a</b>	<input type="checkbox"/> All investment is at risk.		
				<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

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

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

<b>43</b>	When did you place your vehicle in service for business purposes? (month/day/year)    ► 12/01/2006
<b>44</b>	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
<b>a</b>	Business    3,760 <b>b</b> Commuting (see instructions) <b>c</b> Other    4,090
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

Magazines for business	729.
bank charges	19.
Business related gifts	0.
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 748.

**SCHEDULE E**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Supplemental Income and Loss**

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

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **13**

Name(s) shown on return

Bradley R &amp; Carla A Lewis

Your social security number

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . . . . . ☐ **Yes** ☒ **No****B** If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ **Yes** ☐ **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	5655 Gulf of Mexico Drive Longboat Key FL 34228				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		65	60	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>		<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>	11,503.		
<b>4</b>	Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>					
<b>5</b>	Advertising . . . . .	<b>5</b>			
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b>	Commissions . . . . .	<b>8</b>	2,071.		
<b>9</b>	Insurance . . . . .	<b>9</b>			
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b>	Management fees . . . . .	<b>11</b>	9,460.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	7,489.		
<b>13</b>	Other interest . . . . .	<b>13</b>			
<b>14</b>	Repairs . . . . .	<b>14</b>			
<b>15</b>	Supplies . . . . .	<b>15</b>			
<b>16</b>	Taxes . . . . .	<b>16</b>	4,105.		
<b>17</b>	Utilities . . . . .	<b>17</b>			
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>	0.		
<b>19</b>	Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	34.		
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	23,159.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-11,656.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( 11,656. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	11,503.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	7,489.		
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>	0.		
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	23,159.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 11,656. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-11,656.

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-11,656.

Schedule E (Form 1040) 2021

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **17**

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

Social security number of person  
with self-employment income ►

Bradley R Lewis

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . . ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . . **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . . **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . . **2** 388,064.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 388,064.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 358,377.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue . . . . . **4c** 358,377.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income . . . . . **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . . **5b** 0.

**6** Add lines 4c and 5b . . . . . **6** 358,377.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 . . . . . **7** 142,800

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 . . . . . **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 . . . . . **8b**

**c** Wages subject to social security tax from Form 8919, line 10 . . . . . **8c**

**d** Add lines 8a, 8b, and 8c . . . . . **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 142,800.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 17,707.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 10,393.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 28,100.

**13** **Deduction for one-half of self-employment tax.**  
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** . . . . . **13** 14,050.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,820, **or (b)** your net farm profits<sup>2</sup> were less than \$6,367.

**14** Maximum income for optional methods . . . . . **14** 5,880

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,880. Also, include this amount on line 4b above . . . . . **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,367 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 . . . . . **16**

**17** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction  
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.****2021**Attachment  
Sequence No. **55**

Name(s) shown on return

Bradley R &amp; Carla A Lewis

Your taxpayer identification number

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	Bradley R Lewis		0.
<b>ii</b>	CreativEnergy Options		303,386.
<b>iii</b>	Bradley R Lewis		-11,656.
<b>iv</b>			
<b>v</b>			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	291,730.	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	291,730.	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>5</b>	58,346.	
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)	<b>9</b>		
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9	<b>10</b>	58,346.	
<b>11</b>	Taxable income before qualified business income deduction (see instructions)	<b>11</b>	309,655.	
<b>12</b>	Net capital gain (see instructions)	<b>12</b>	0.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	309,655.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)	<b>14</b>	61,931.	
<b>15</b>	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶	<b>15</b>	58,346.	
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>	( 0. )	
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>	( 0. )	



# Additional Medicare Tax

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

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. **71**

Name(s) shown on return

Bradley R & Carla A Lewis

Your social security number

## Part I Additional Medicare Tax on Medicare Wages

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

## Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .	8	358,377.	
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	9	250,000.	
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	250,000.	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		108,377.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		975.

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

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

## Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V . . . . .	18		975.
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## Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	0.	
20	Enter the amount from line 1 . . . . .	20		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions) . . . . .	24		0.

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

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2021**  
Attachment  
Sequence No. **72**

Name(s) shown on your tax return

Bradley R &amp; Carla A Lewis

Your social security number or EIN

**Part I Investment Income**

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

<b>1</b>	Taxable interest (see instructions)	<b>1</b>	3.
<b>2</b>	Ordinary dividends (see instructions)	<b>2</b>	65.
<b>3</b>	Annuities (see instructions)	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b>	-11,656.
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b	<b>4c</b>	-11,656.
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c	<b>5d</b>	
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<b>8</b>	-11,588.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

<b>12</b>	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-	<b>12</b>	0.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	341,259.
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	91,259.
<b>16</b>	Enter the smaller of line 12 or line 15	<b>16</b>	0.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	<b>17</b>	0.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c	<b>20</b>	
<b>21</b>	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)	<b>21</b>	



**Passive Activity Loss Limitations**

▶ See separate instructions.

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

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2021**Attachment  
Sequence No. **858**

Name(s) shown on return

Bradley R &amp; Carla A Lewis

Identifying number

**Part I 2021 Passive Activity Loss****Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

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

**All Other Passive Activities**

<b>2a</b> Activities with net income (enter the amount from Part V, column (a)) . . . . .	<b>2a</b>			
<b>b</b> Activities with net loss (enter the amount from Part V, column (b)) . . . . .	<b>2b</b>	( )		
<b>c</b> Prior years' unallowed losses (enter the amount from Part V, column (c)) . . . . .	<b>2c</b>	( )		
<b>d</b> Combine lines 2a, 2b, and 2c . . . . .	<b>2d</b>			

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

- If line 3 is a loss and: • Line 1d is a loss, go to Part II.  
• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>4</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 3 . . . . .	<b>4</b>	13 , 652 .
<b>5</b> Enter \$150,000. If married filing separately, see instructions . . . . .	<b>5</b>	150 , 000 .
<b>6</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .	<b>6</b>	305 , 848 .
<b>Note:</b> If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
<b>7</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b> Multiply line 7 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>8</b>	
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	0 .

**Part III Total Losses Allowed**

<b>10</b> Add the income, if any, on lines 1a and 2a and enter the total . . . . .	<b>10</b>	0 .
<b>11</b> <b>Total losses allowed from all passive activities for 2021.</b> Add lines 9 and 10. See instructions to find out how to report the losses on your tax return . . . . .	<b>11</b>	0 .

**Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.**

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

For Paperwork Reduction Act Notice, see instructions.

BAA

REV 04/09/22 Intuit.cq.cfp.sp

Form **8582** (2021)

## Part V

**Total.** Enter on Part I, lines 2a, 2b, and 2c ►

## Part VI

**Total** . . . . . ►

## Part VII

**Total** . . . . .

## Part VII

**Total** . . . . .

<b>12</b>	<b>Taxable refund from 2020.</b> Line 6 less line 11. . . . .	0.
<b>13</b>	Total taxable refunds from <b>2019</b> or prior tax returns. Total line 36 column (d). . . . .	
<b>14</b>	<b>Total taxable refunds.</b> Add lines 12 and 13. Enter here and on Schedule 1, line 1 . . . . .	0.



Additional information from your 2021 Federal Tax Return

Schedule E: Supplemental Income and Loss

Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
License	34.
Operating expense carry over	0.
Total	34.

BRADLEY R LEWIS 9134988795 LEWI  
CARLA A LEWIS  
13900 NICKLAUS DR JO 229 LEWI  
OVERLAND PARK KS 66223-2999

Name or address has changed?

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

Taxpayer was engaged in commercial farming/fishing in 2021

## Amended Return

Amended affects Kansas only

Amended Federal tax return

Adjustment by the RS

## Filing Status

Single

☒

Married Filing Joint (Even if only one had income)

Married Filing Separate

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

## Residency Status

☒

Resident

NonResident (Complete Sch S, Part B)

State of Legal Residence

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

To

## Exemptions

2

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

2

Total Kansas exemptions

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

Dependent Name - First, Middle and Last

Date of Birth - MMDDYYYY

Relationship

SSN

**Food Sales Tax Credit** You must have been a Kansas resident for **ALL** of 2021. Complete this section to determine your qualifications and credit.

**A.** Had a dependent child who lived with you all year and  
was under the age of 18 all of 2021?

**E.** Number of exemptions claimed

**B.** Were you (or spouse) 55 years of age or older all of 2021  
(born prior to January 1, 1966)?

☒

**F.** Number of dependents that are 18 years of age or older  
(born on or before January 1, 2004)

**C.** Were you (or spouse) totally and permanently disabled  
or blind **all** of 2021, regardless of age?  
If you answered **NO** to A, B, and C, **STOP HERE**, you do  
not qualify for this credit.

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

**D.** If you answered **YES** to A, B, or C, enter your FAGI from  
line 1 of this return.

341259

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

0

If Line D is more than \$30,615 **STOP HERE**, you do not  
qualify for this credit.

BRADLEY

R LEWIS

LEWI

1. Federal adjusted gross income	341259	23. Estimated tax paid	17189
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	341259	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)	37399	26. Refundable portion of tax credits	0
5. Exemption allowance	4500	27. Payments remitted with original return	0
6. Total deductions	41899	28. Overpayment from original return. This figure is a subtraction.	0
7. Taxable income	299360	29. Total refundable credits	17189
8. Tax	16149	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	3
12. TOTAL INCOME TAX	16149	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	1037
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	1037
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	16149	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	16149	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (out of state and internet purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	16149	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	0	44. REFUND	0

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

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

Taxpayer  
Signature  
(Required) \_\_\_\_\_

Date \_\_\_\_\_

Spouse  
Signature  
(Required) \_\_\_\_\_ Date \_\_\_\_\_Preparer  
Signature  
(Required) SELF-PREPARED \_\_\_\_\_Preparer  
Phone Number \_\_\_\_\_Preparer PT N, EIN, or SSN  
(Required) \_\_\_\_\_

BRADLEY R LEWIS

LEWI

CARLA A LEWIS

LEWI

**PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME****ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:**A1. State and municipal bond interest not  
specifically exempt from KS income tax  
(reduced by related expenses)A5. Business interest expense carryforward  
deduction (I.R.C. § 163(J))A2. Contributions to all KPERS (Kansas  
Public Employee's Retirement Systems)

A6. Other additions to FAGI (enclose list)

A3. Kansas Expensing Recapture (enclose  
applicable schedules)

A7. Total additions to FAGI (add lines A1 - A6)

A4. Low income student scholarship  
contribution (enclose Schedule K-70)**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:**

A8. Social Security benefits

A16. Global Intangible Low-Taxed Income  
(G LTI) (I.R.C. § 951A)

0

A9. KPERS lump sum distributions exempt  
from income taxA17. Disallowed business interest deduction  
(I.R.C. § 163(J))

0

A10. Interest on U.S. Government obligations  
(reduced by related expenses)A18. Disallowed business meal expenses  
(I.R.C. § 274)

0

A11. State or local income tax refund (if  
included in line 1 of Form K-40)

0

A19. Contributions to an ABLE savings account

0

A12. Retirement benefits specifically exempt  
from Kansas Income TaxA20. Kansas Expensing Deduction (Enclose  
K-120EX)

0

A13. Military compensation of a nonresident  
servicemember (Non-Residents only)A21. Other subtractions from FAGI (enclose  
list)A14. Contributions to Learning Quest or other  
states' qualified tuition programA22. Total subtractions from FAGI (add lines  
A8 through A21)

0

A15. Armed forces recruitment, sign-up, or  
retention bonus**NET MODIFICATIONS:**

A23. Net modifications to FAGI (subtract line A22 from line A7). Enter total here and on line 2, Form K-40.

0

# KANSAS UNDERPAYMENT OF ESTIMATED TAX (INDIVIDUAL INCOME TAX)

Name as shown on Form K-40

BRADLEY R &amp; CARLA A LEWIS

Social Security Number

## CURRENT AND PRIOR YEAR INFORMATION

1. Amount from line 19, 2021 Form K-40 .....	1	16,149.
2. Multiply line 1 by 90% (farmers and fishers multiply by 66 2/3%) .....	2	14,534.
3. Prior year's tax liability (from line 19, 2020 Form K-40) .....	3	14,753.
4. Enter the total amount of your 2021 Kansas income tax withheld .....	4	

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

## PART I – EXCEPTIONS TO THE PENALTY

	1/1/21 - 4/15/21	1/1/21 - 6/15/21	1/1/21 - 9/15/21	1/1/21 - 1/15/22
5. Cumulative total of your 2021 withholding .....	25% of line 4	50% of line 4	75% of line 4	100% of line 4
6. Cumulative timely paid estimated tax payments from January through each payment due date.....	3,189.	7,689.	12,189.	17,189.
7. Total amount withheld and timely paid estimated payments (add lines 5 and 6).....	3,189.	7,689.	12,189.	17,189.
8. Exception 1 – Cumulative amount from either line 2 or line 3, whichever is less .....	25% of line 2 or 3 3,633.	50% of line 2 or 3 7,266.	75% of line 2 or 3 10,900.	100% of line 2 or 3 14,534.
9. Exception 2 – Tax on annualized 2021 income; enclose computation. (Farmers/fishers use line 9b) ....	22.5% of tax	45% of tax	67.5% of tax	90% of tax
9b				66.66% of tax

## PART II – FIGURING THE PENALTY

10. Amount of underpayment. Enter the sum of line 8 less line 7; line 9a less line 7; or, line 9b less line 7, whichever is applicable .....	10	444.			
11. Due date of each installment .....	11	4/15/21	6/15/21	9/15/21	1/15/22
12. Number of days from the due date of the installment to the due date of the next installment or 12/31/21, whichever is earlier. If paid late, see instructions .....	12	61	92	107	
13. Number of days from 1/15/22 to date paid or 4/15/22, whichever is earlier. If paid late, see instructions .....	13			15	
14. <u>Line 12</u> X 4% X amount on line 10..... 365	14				
15. <u>Line 13</u> X 4% X amount on line 10..... 365	15				
16. Penalty (add lines 14 and 15) .....	16				
17. Total penalty. Add amounts on line 16 and enter the total here and on line 33, Estimated Tax Penalty, on the back of Form K-40 .....	17	SEE STATEMENT UND..			3.



BRADLEY

R LEWIS

LEWI

CARLA

A LEWIS

LEWI

☒ Check this field if you claimed itemized deductions on your federal return.**Medical and  
Dental Expenses**  
(I.R.C. § 213)

- |   |        |
|---|--------|
| 1. Medical and dental expenses. (See instructions)  | 7892   |
| 2. Enter your adjusted gross income amount from Form 1040 or 1040-SR, line 11.  | 341259 |
| 3. Multiply line 2 by 7.5% (0.075).   | 25594  |
| 4. <b>Total medical and dental expenses allowed.</b> (Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.) | 0      |

**Taxes You Paid**  
(I.R.C. § 164(a))

- |  |       |
|--|-------|
| 5. State and local real estate taxes. (See instructions) | 15068 |
| 6. State and local personal property taxes.              | 727   |
| 7. <b>Total taxes you paid.</b> (Add lines 5 and 6.)     | 15795 |

**Interest You Paid**  
(I.R.C. § 163(h))

- |  |       |
|--|-------|
| 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 field.    |       |
| 8a. Home mortgage interest and points reported to you on Form 1098. (See instructions if limited)  | 12707 |
| 8b. Home mortgage interest NOT reported to you on Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying no., and address. |       |
| 8c. Points NOT reported to you on Form 1098. (See instructions for special rules.)   |       |
| 8d. Mortgage insurance premiums. (See instructions)  |       |
| 9. <b>Total interest you paid.</b> (Add lines 8a. - 8d.)   | 12707 |

**Gifts to Charity**  
(I.R.C. § 170)

- |  |      |
|--|------|
| 10. Gifts by cash or check. (See instructions if you made any gift of \$250 or more.)                  | 8662 |
| 11. Gifts made other than by cash or check. (See instructions, if you made any gift of \$250 or more.) | 235  |
| 12. Carryover from prior year.   |      |
| 13. <b>Total gifts to charity.</b> (Add lines 10 - 12.)  | 8897 |

**Total Kansas  
Itemized Deductions**

- |   |       |
|---|-------|
| 14. <b>Total Kansas Itemized Deductions.</b> (Add lines 4, 7, 9, and 13. Enter result here and on line 4, form K-40.) | 37399 |
|---|-------|

**Additional information from your 2021 Kansas Tax Return****Form 210: Underpayment of Estimated Tax  
Underpayment Statement****Explanation Statement****Line 17**

Event	Date	Amount Due	Amount Paid	Running Balance	Percent	# of Days	Penalty
Amount Due	04/15/21	3633		3633	4.00	0	
Applied	04/15/21		1248	2385	4.00	0	
Payment	04/15/21		1941	444	4.00	61	2.97
Amount Due	06/15/21	3633		4077	4.00	0	
Payment	06/15/21		4500	-423	4.00	92	
Amount Due	09/15/21	3634		3211	4.00	0	
Payment	09/15/21		4500	-1289	4.00	122	
Amount Due	01/15/22	3634		2345	4.00	0	
Payment	01/18/22		5000	-2655	4.00	90	
Date Filed	04/15/22			-2655	4.00		



Hi Bradley,

Take a look at the big picture of your credit.

Credit

Experian Equifax TransUnion

FICO<sup>®</sup> SCORE 8 ⓘ

As of Today

831

EXCEPTIONAL

300

850

What's changed

TOTAL DEBT

\$527,080

↘ \$1,391

CREDIT USAGE

16%



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EST. APR

8.25%

TERM

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Commission of Ohio Docketing Information System on**

**9/13/2022 8:40:45 AM**

**in**

**Case No(s). 18-1329-EL-AGG**

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