

BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Doris Buckner

v.

PECO Energy Company

DOCUMENT  
FOLDER

Z-01196423

RECEIVED  
03 OCT 30 AM 10:31  
PENNSYLVANIA  
SECRETARY'S BUREAU

ORDER ADMITTING EXHIBITS

A further hearing was held on this case on September 23, 2003. At this hearing, Exhibit A submitted by Mrs. Buckner was marked, discussed and admitted. Unfortunately, three other documents submitted by Buckner were overlooked because they were folded inside Exhibit A, so they were not marked or admitted, namely, Exhibits B, C, and D. Copies of these exhibits are attached to this Order.

Counsel for PECO did not object to Exhibit A at the hearing, and after inquiry by letter dated September 29, 2003, she also did not object to the other exhibits, and they will therefore be admitted.

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NOV 07 2003

ORDER

THEREFORE  
IT IS ORDERED:

1. Exhibits B, C, and D submitted by Doris Buckner for the record in this case, copies of which are attached hereto, are hereby admitted to the record.

Date: October 23, 2003

*Allison K. Turner*  
Allison K. Turner  
Administrative Law Judge

Doc # 2-01196423

Exhibit "B"

Label (See instructions on page 18.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 18.)

Filing Status 1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security no. above and full name here. 4 Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (year spouse died 19 ). (See page 18.)

Exemptions 6a Yourself, if your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see page 19)

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2, 1099 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. DO NOT include on line 8a. 9 Ordinary dividends. Attach Schedule B if required 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 15a Total IRA distributions 15b Taxable amount (see page 22) 16a Total pensions and annuities 16b Taxable amount (see page 22) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income 23 IRA deduction (see page 26) 24 Student loan interest deduction (see page 26) 25 Medical savings account deduction. Attach Form 8853 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed health insurance deduction (see page 28) 29 Keogh and self-employed SEP and SIMPLE plans 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 31b 32 Add lines 23 through 31a 33 Subtract line 32 from line 22. This is your adjusted gross income

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OK W/ K... 4/16/19

Tax and Credits

Standard Deduction for Most People

Single \$4,300
Head of household \$6,350
Married filing jointly or Qualifying widow(er) \$7,200
Married filing separately \$3,600

34 Amount from line 3 (adjusted gross income) 34 81,544.90
35a Check if: You were 65 or older Blind Spouse was 65 or older Blind
35b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here
36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent
37 Subtract line 36 from line 34
38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter
39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-
40 Tax (see page 31). Check if any tax is from: a Form(s) 8814 b Form 4972
41 Credit for child and dependent care expenses. Attach Form 2441
42 Credit for the elderly or the disabled. Attach Schedule R
43 Child tax credit (see page 33)
44 Education credits. Attach Form 8863
45 Adoption credit. Attach Form 8839
46 Foreign tax credit. Attach Form 1116 if required
47 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify)
48 Add lines 41 through 47. These are your total credits
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-

Other Taxes

50 Self-employment tax. Attach Schedule SE
51 Alternative minimum tax. Attach Form 6251
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
54 Advance earned income credit payments from Form(s) W-2
55 Household employment taxes. Attach Schedule H
56 Add lines 49 through 55. This is your total tax.

Payments

57 Federal income tax withheld from Forms W-2 and 1099
58 1999 estimated tax payments and amount applied from 1999 return
59a Earned income credit. Attach Sch. EIC if you have a qualifying child
59b Nontaxable earned income amount and type
60 Additional child tax credit. Attach Form 8812
61 Amount paid with request for extension to file (see page 48)
62 Excess social security and RRTA tax withheld (see page 48)
63 Other payments. Check if from a Form 2439 b Form 4136
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments

Refund

Have it directly deposited! See page 48 and fill in 56b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID
66a Amount of line 65 you want REFUNDED TO YOU
66b Routing number
66c Type Checking Savings
66d Account number
67 Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49.
69 Estimated tax penalty. Also include on line 68

Sign Here

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

Joint return? See page 18. Keep a copy for your records.
Your signature Date Your occupation Daytime telephone number (optional)
Spouse's signature (if a joint return, both must sign) Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address EIN
ZIP code

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**1999**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (10)

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of proprietor: **JOHN F. BUCKNER** Social security number (SSN): **[REDACTED]**

A Principal business or profession, including product or service (see page C-1): **OFFSET PRINTING** B Enter code from pages C-8 & 9: **3 2 3 1 0 0**

C Business name. If no separate business name, leave blank: **BUCCANEER PRINTING** D Employer ID number (EIN), if any: **2 3 : 2 0 | 6 8 1 | 7 3**

E Business address (including suite or room no.): **2758 Mount Carmel Avenue**  
City, town or post office, state, and ZIP code: **GLENSIDE, PA 19038-2315**

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) \_\_\_\_\_

G Did you "materially participate" in the operation of this business during 1999? If "No," see page C-2 for limit on losses.  Yes  No

H If you started or acquired this business during 1999, check here

**Part I Income**

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here <input type="checkbox"/>	1	\$16,699.00
2	Returns and allowances	2	0.00
3	Subtract line 2 from line 1	3	\$16,699.00
4	Cost of goods sold (from line 42 on page 2)	4	5,534.18
5	Gross profit. Subtract line 4 from line 3	5	\$11,164.82
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	0.00
7	Gross Profit. Add lines 5 and 6	7	\$11,164.82

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

8	Advertising	8	366.40	19	Pension and profit-sharing plans	19	0.00
9	Bad debts from sales or services (see page C-3)	9	0.00	20	Rent or lease (see page C-4):	20	475.00
10	Car and truck expenses (see page C-3)	10	0.00	20a	a Vehicles, machinery, and equipment	20a	4,236.00
11	Commissions and fees	11	0.00	20b	b Other business property	20b	0.00
12	Depletion	12	0.00	21	Repairs and maintenance	21	864.56
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	0.00	22	Supplies (not included in Part III)	22	0.00
14	Employee benefit programs (other than on line 19)	14	0.00	23	Taxes and licenses	23	24.00
15	Insurance (other than health)	15	464.90	24	Travel, meals, and entertainment:	24	1,124.40
16	Interest:	16	0.00	24a	a Travel	24a	0.00
16a	a Mortgage (paid to banks, etc.)	16a	0.00	24b	b Meals and entertainment	24b	0.00
16b	b Other	16b	689.86	24c	c Enter nondeductible amount included on line 24b (see page C-5)	24c	0.00
17	Legal and professional services	17	0.00	24d	d Subtract line 24c from line 24b	24d	0.00
18	Office expense	18	152.04	25	Utilities	25	1,010.97
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	11,110.01	26	Wages (less employment credits)	26	1,490.18
29	Tentative profit (loss). Subtract line 28 from line 7	29	\$54.81	27	Other expenses (from line 48 on page 2)	27	211.70
30	Expenses for business use of your home. Attach Form 8829	30	0.00	31	Net profit or (loss). Subtract line 30 from line 29.	31	\$54.81
31	Net profit or (loss). Subtract line 30 from line 29.	31	\$54.81	32a	If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.	32a	<input type="checkbox"/> All investment is at risk.
32	If you have a loss, check the box that describes your investment in this activity (see page C-6).	32b	<input type="checkbox"/> Some investment is not at risk.	32b	If a loss, you MUST go on to line 32.		
	If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.				If you checked 32b, you MUST attach Form 6198.		

OK 4/16/99

**Part III** Cost of Goods Sold (see page C-6)

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	\$2,300.00
36	Purchases less cost of items withdrawn for personal use	
37	Cost of labor. Do not include any amounts paid to yourself	0
38	Materials and supplies	\$5,534.18
39	Other costs	
40	Add lines 35 through 39	\$7,834.18
41	Inventory at end of year	\$2,300.00
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	\$5,534.18

**Part IV** Information on Your Vehicle. Complete this part ONLY if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:

a Business ..... b Commuting ..... c Other .....

45 Do you (or your spouse) have another vehicle available for personal use?  Yes  No

46 Was your vehicle available for use during off-duty hours?  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.

BOOK	15.35
DUES	45.00
POSTAGE & SHIPPING	151.35
48 Total other expenses. Enter here and on page 1, line 27	\$211.70

**SECTION A: Individuals**

The following persons are included in your benefits:

39298149

LN	NAME	INDIV #	V	CASH	FS	MED	PKG	LN	NAME	INDIV #	V	CASH	FS	MED	PKG
01	JOHN	490116843	7			X	00								

**SECTION B: Cash Assistance Payment**

The Family Size Allowance in your county for 00 people is	0.00
Total Special Allowances for your household	0.00
Sum of the Above Allowance	0.00
Total Net Income Adjusted to your Assistance Payment	0.00
Monthly Assistance Payment	0.00

**SECTION C: Income**

**CASH/MED DEDUCTIONS AND NET INCOME COMPUTATION**

LN	GROSS	-----Cash Income Deductions-----				Net Income
		Standard	Incentive	Dep. Care	Unearned	
01	Earned \$ 424.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Unearned 0.00				0.00	0.00
	Earned	<i>Exhibit "C"</i>				
	Unearned					
	Earned					
	Unearned					

**SECTION D: Food Stamp**

**COMPUTATION AND DEDUCTIONS**

Income
Earned
Unearned
Total
Deductions:
Earned Inc
Standard
Excess Med
Shelter
Dependent Care
Support-Non HH
Total
Net Income

**SECTION E: Food Stamp Shelter Costs**

**Total Shelter Costs**

Rent/Mortgage	Telephone	Gas
Taxes	Oil	Electric
Insurance On Home	Water/Sewage	Garbage/Trash
Utility Installation	Total Utilities*	Utility Standard*
		Other

\* The household may switch between the actual utility cost and the standard utility allowances at the time of reapplication.

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IF YOU WISH TO APPEAL, PLEASE COMPLETE AND RETURN THE BOTTOM PORTION OF THIS FORM.

*2-01196423*

- Please check one of the boxes to show which type of hearing you want:  I want a telephone hearing.  I want a face-to-face hearing.
- Please check if you require any reasonable special accomodation because of a hearing impairment or other disability.
- Please check if you need an interpreter. What language? \_\_\_\_\_

NOTE: If you ask for an interpreter but later get your own interpreter, please call the Office of Hearings and Appeals (717) 783-3950

I WANT TO REQUEST A HEARING BECAUSE: (Attach additional pages if necessary.)

CLIENT SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE CLIENT REP. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ DATE \_\_\_\_\_

MONTGOMERY CAO  
1931 NEW HOPE STREET  
NORRISTOWN PA 19401-3191

CAO RETURN ADDRESS UNIT 00 CSLD 1504

ELIGIBLE NOTICE

Notice ID: 39298149

CO	RECORD	CAT	GG	DIST
46	0228849	TD7		1

IF YOU DO NOT UNDERSTAND OUR DECISION OR HAVE ANY QUESTIONS, PLEASE CONTACT YOUR WORKER IMMEDIATELY.

JOHN F BUCKNER  
1230 HALL AVENUE  
ROSLYN PA  
19001-3506

WORKER P WOODS  
WORKER ID:  
TELEPHONE (610) 270-3500  
DATE 06/29/2000  
NOT: CO4 OPT TYPE E

YOU HAVE BEEN DETERMINED ELIGIBLE FOR THE BENEFITS SHOWN BELOW:

MEDICAL ASSISTANCE EFFECTIVE 06/26/2000.

LEGAL HELP IS AVAILABLE AT:

MONTG. CO. LEGAL AID  
317 SWEDE STREET  
NORRISTOWN PA 19401

APPEAL AND FAIR HEARING

If you disagree with our decision, you have the right to appeal. See attached form for a complete explanation of your right to appeal and to a fair hearing.

DETACH HERE

DETACH HERE

IF YOU WISH TO APPEAL, COMPLETE THE BACK OF THIS FORM AND RETURN THE BOTTOM PORTION TO CAO.

APPLICANT NAME AND ADDRESS

JOHN F BUCKNER  
1230 HALL AVENUE  
ROSLYN PA 19001-3506

Notice ID: 39298149

CO	RECORD	CAT	GG	DIST
46	0228849	TD7		1

CAO ADDRESS

MONTGOMERY CAO  
1931 NEW HOPE STREET  
NORRISTOWN PA 19401-3191

WORKER P WOODS  
APPEAL:  
TELEPHONE (610) 270-3500  
DATE 06/29/2000  
NOT: 004 OPT TYPE E

CONTINUED ON REVERSE SIDE

COSELF

CIS SELF EMPLOYMENT INCOME INQUIRY

03/28/03 10:09:13

DOCUMENT FOLDER

Operator: DOUGHERTY Worker: 00220 Cslid: 1207 Page 2 of 5

Co Record Cat G Status Case Name Bdg't Pymt P/R Beg: 09/14/00  
+6 0228849 PP OPEN JOHN F BUCKNER: CM FS CM FS CM FS End: 12/31/01  
FS ONGChg: 08/16/00

Ln Short Name Cde Rlg Ex Sanc MA Deps Fc Deps Form  
01 JOHN BUC 61 04 EA 00 05 00  
Type of Business B-E Beg: M V Dte Hr/wk Term V  
BUCCANEER PRINT 06/01/71 00/00/00 00

Source Date Recd Id Gross Rec  
BUCCANEER PRINT 07/01/00 A 1392.58

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Typ	Expense Description	Fc	Amount	V	Typ	Expense Description	Fc	Amount	V
A	RENTAL EXPENSES	05	393.00	D	F	LABOR	05	124.00	D
B	UTILITIES	05	84.00	D	G	COST OF GOODS	05	474.00	D
C	INSURANCE	05	39.00	D	Z	OTHER	05	254.00	D
Typ	Deduction Desc.	Fc	Amount	V	Typ	Deduction Desc.	Fc	Amount	V

Dependent Care? N

Next Trans: Parameters:

Xmit: \_\_\_\_\_

EXHIBIT "D"

2-011 96423

**Legal Department**

Exelon Business Services Company  
2301 Market Street/ 523 1  
PO Box 8699  
Philadelphia, PA 19101-8699

Telephone (215) 841-5544  
Fax (215) 568-3389  
www.exeloncorp.com

**RECEIVED** Business Services  
Company

NOV 03 2003

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Direct Dial: 215 841 6841  
November 3, 2003

James McNulty, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Second Floor  
Harrisburg, PA 17120

DOCUMENT  
FOLDER

Re: Doris A. Buckner v. PECO Energy Company  
Docket No.: Z-01196423

**ORIGINAL**

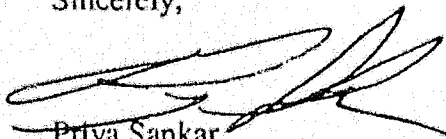
Dear Secretary McNulty:

Pursuant to 52 Pa. Code §5.24(b), PECO Energy Company certifies that the parties in the above referenced complaint have reached an accord. A hearing in this matter is no longer necessary and the matter may be closed.

By copy of this letter, I am alerting the Complainant of his/her right to object to the closing of this matter in writing to the Public Utility Commission within ten (10) days of the date of this letter.

If additional information is needed about this matter, please contact me at my direct-dial number above. Thank you for your assistance.

Sincerely,



Priya Sankar  
Counsel for PECO Energy Company

Cc: Administrative Law Judge Allison K. Turner  
Doris A. Buckner  
Susan Licon

**DOCKETED**  
NOV 10 2003

**Legal Department**

Exelon Business Services Company  
2301 Market Street / S23 1  
PO Box 8699  
Philadelphia, PA 19101-8699

Telephone (215) 841-5544  
Fax (215) 568-3389  
www.exeloncorp.com

## Business Services Company

Direct Dial: 215 841 6841

November 11, 2003

# ORIGINAL

James McNulty, Secretary  
Pennsylvania Public Utility Commission  
P. O. Box 3265  
Harrisburg, PA 17105-3265

**RE: Doris A. Buckner v. PECO Energy Company  
Pa. PUC Docket No.: Z-01196423**

RECEIVED  
03 NOV 14 AM 10:18  
PA. P.U.C.  
SECRETARY'S BUREAU

Dear Secretary McNulty:

Enclosed is a copy of Withdrawal of Complaint signed by the Complainant in the above-referenced case. The Complainant has agreed to withdraw the complaint without prejudice. Please send me a final order or closing notice in this matter.

Thank you for your help and if you have any questions regarding this request, please call my direct dial number (215) 841-6841.

Very truly yours,



Priya Sankar  
Attorney  
Exelon Business Services Company

## DOCUMENT FOLDER

PS/zr

Enc.

ORIGINAL

WITHDRAWAL OF  
PENNSYLVANIA PUBLIC UTILITY COMMISSION FORMAL COMPLAINT

Doris A. Buckner v. PECO Energy Company  
Docket No.: Z-01196423

The circumstances causing the above Pennsylvania Public Utility Commission formal complaint have been resolved, and I wish to withdraw this complaint.

Doris A. Buckner

Doris A. Buckner

November 6<sup>th</sup>, 2003

Date

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FOLDER

SECRETARY'S BUREAU  
P.U.C.

03 NOV 14 AM 10:18

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DEC 03 2003

COMMONWEALTH OF  
PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

DATE: November 17, 2003

SUBJECT: Petition for Leave to Withdraw Filed  
Z-01196423 Doris A Buckner v. PECO Energy Company

TO: Wanda Zeiders,  
Docket Management

FROM: Susan Licon, Scheduling Officer  
Office of Administrative Law Judge

On November 14, 2003, a Petition for Leave to Withdraw was filed in the above-captioned proceeding by Priya Sankar, Esquire. If no objection is filed to this petition within 10 days of service, this proceeding will be closed.

All parties should be notified that the case is closed and a copy of that notification placed in the document folder.

Attachment

pc: ALJ Allison K. Turner  
Elzy Ditzler  
Beth Plantz  
Case File

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