

Application for Transportation Network Service License

THIS APPLICATION IS TO BE USED WHEN PROVIDING TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA USING A DIGITAL NETWORK TO FACILITATE PREARRANGED RIDES.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Ida's HomeCare Agency L.L.C.

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Ida's Transportation

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Applicant is:**

- Sole Proprietor
- Partnership
- Limited Partnership (Provide list of partners and copy of Certificate of Limited Partnership)
- Limited Liability Partnership (Provide list of partners and copy of Statement of Registration)
- Limited Liability Company (Provide list of members and copy of Certificate of Organization)
- Corporation (Provide list of shareholders, distribution of shares, officers, and copy of Articles of Incorporation)
- Foreign Association not formed in PA (Provide copy of Foreign Registration Statement)

4. **Registration with the Department of State** - The applicant certifies that the TNC is registered with the Pennsylvania Department of State to do business in the Commonwealth. Please provide a copy of the TNC applicant's registration with this application.

5. **Please check Applicant's PUC status:**

- Does not now, nor never has had PUC Authority
 Does not now, but has previously held PUC Authority at A-_____
 Holds current PUC Authority at A-_____

6. **Dual Motor Carrier** - Please indicate whether the Applicant is a call demand carrier.

- The Applicant WILL BE operating as a Dual Motor Carrier.
 The Applicant WILL NOT BE operating as a Dual Motor Carrier

7. **Mailing Address**

Street Address 3520 Camp St.
City, State and Zip Code Pittsburgh PA 15219 County Allegheny
Telephone Number 412 961 1019 E-mail Address Idashomecare412@gmail.com

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

8. **Physical Address** (If different than mailing address. Do not use a post office box.)

Street Address _____
City, State and Zip Code _____ County _____
Telephone Number _____ E-mail Address _____

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

9. **Website**

Website Address Idashomecare.com

The applicant certifies that it will establish and maintain a website that complies with Chapter 26.

10. **Registered Agent**

Robert McKinley
Agent's Name

3520 Camp St.
Street Address

Pittsburgh PA 15219 Allegheny
City, State and Zip Code County

412 961 1619
Telephone Number

Idashomecare412@gmail.com
E-mail Address

11. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

12. **Affiliated Interests** – List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

N/A

13. **General Description of Nature and Scope of Business** - Provide a general description of the nature and scope of the proposed TNC service to be offered, including the company's business model, the use of independent drivers or employee drivers, the use of driver-owned vehicles or company-owned vehicles, the names and roles of any affiliates involved in providing the service, and other relevant features of the proposed TNC service.

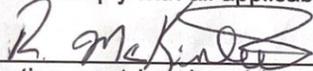
14. **Driver Standards** -- Please explain:

- a. Your standards for drivers;
- b. Your system for ensuring compliance with criminal background and license check requirements;
- c. Your driver training program;
- d. Your policy regarding alcohol and drug use by your drivers;
- e. How your policy or your written policy will ensure that drivers have the necessary insurance coverage;
- f. How your policy or your written policy will ensure your drivers will continuously comply with all requirements under Chapter 26, including providing service to people with disabilities;
- g. How your policy or your written policy will ensure your drivers will be informed of nondiscrimination policies.

15. **Vehicle Safety Program** -- Please explain:

- a. How your policy or your written policy will ensure that vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) and Chapter 26.
- b. Plans for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage standards shall be replaced in a timely fashion.
- c. How your policy or your written policy will ensure vehicles engaged in TNC service display their respective TNC placard in accordance with Chapter 26.

16. **Autonomous Vehicle Safety** -- Please certify that all autonomous vehicles and their operation in TNC service comply with all applicable PennDOT regulations.



The certification must be signed here by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation)

17. **Customer Service Standards** -- Please describe your customer service standards. Within your description, please explain:

- a. Your plan to inform customers of how to file complaints with the PUC;
- b. Your intended customer complaint resolution procedure.

18. **Insurance** -- Describe steps you have taken to obtain liability insurance coverage for your business. Upon tentative approval of the application, you will be required to have an acceptable Form E certificate of insurance filed by the insurance carrier. Note: An acceptable Form E certificate may be filed at the time of filing the application.

19. **Financial Data** -- You must submit documentation as evidence of your current financial position.

20. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the License for failure to comply with Commission requirements. **TNC applicant certifies that it will comply with all of the requirements under Chapter 26.** (Act 164 of 2016)

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported annual gross Pennsylvania intrastate receipts derived from all fares charged to customers for the provision of TNC service. Applicant acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Robert McKinley

(Print Name)

R. McKinley

(Signature)

11/11/25

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation).

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Form fields for personal information: Your first name and middle initial (robert), Last name (mckinley), Your social security number, Spouse's social security number, Home address (3520 Camp St, Pittsburgh, PA, ZIP 152195704), and Presidential Election Campaign options.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] 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, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Total income: -96,517. Adjusted gross income: -96,517. Standard deduction: 12,950. Taxable income: 0.

**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 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

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

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-96,517.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-96,517.

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

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

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

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor robert mckinley		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) truck driver	B Enter code from instructions 4 8 4 1 2 0	
C Business name. If no separate business name, leave blank. RD Holdings LLC	D Employer ID number (EIN) (see instr.) 8 5 0 6 2 9 9 3 6	
E Business address (including suite or room no.) 3520 Camp St City, town or post office, state, and ZIP code Pittsburgh, PA 15219-5704		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2022, check here <input type="checkbox"/>		
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	222,640.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	222,640.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	222,640.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	222,640.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	238,400.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	3,357.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,000.
15	Insurance (other than health)	15	50,000.	23	Taxes and licenses	23	500.
16	Interest (see instructions):	16a		24	Travel and meals:	24a	4,500.
a	Mortgage (paid to banks, etc.)	16b		a	Travel	24b	4,900.
b	Other	17		b	Deductible meals (see instructions)	25	1,500.
17	Legal and professional services	17		25	Utilities	26	
18	Total expenses before expenses for business use of home. Add lines 8 through 27a	18	319,157.	26	Wages (less employment credits)	27a	15,000.
19	Tentative profit or (loss). Subtract line 28 from line 7	19	-96,517.	27a	Other expenses (from line 48)	27b	
20	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>3500</u> and (b) the part of your home used for business: <u>300</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	20		27b	Reserved for future use	28	319,157.
21	Net profit or (loss). Subtract line 30 from line 29.	21		28		29	-96,517.
22	<ul style="list-style-type: none"> If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 	22		29		30	
23	If you have a loss, check the box that describes your investment in this activity. See instructions.	23		30		31	-96,517.
24	<ul style="list-style-type: none"> If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 	24		31		32a	<input checked="" type="checkbox"/> All investment is at risk.
25		25		32a		32b	<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**

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

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

See Additional Vehicle Information

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 2022, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

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.

factoring		15,000.
48 Total other expenses. Enter here and on line 27a	48	15,000.

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

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

Name(s) shown on return

robert mckinley

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 \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	RD Holdings LLC	85-0629936	-96,517.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -96,517.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0.
11	Taxable income before qualified business income deduction (see instructions)	11 0.	
12	Net capital gain (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	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)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (96,517.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Additional Information From 2022 Federal Tax Return

Schedule C (truck driver): Profit or Loss from Business

Additional Vehicle Info

Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?	Is Evidence Written?
11/15/2020	500,000	0	No	Yes	Yes	Yes
05/10/2021	60,000	0	No	Yes	Yes	Yes

PA-40 - 2022
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

MCKINLEY

ROBERT

Occupation SELFEMPL0

Occupation

3520 CAMP ST

PITTSBURGH

PA 15219

412-961-1019

02745

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name PITTSBURGH

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (0), 1b (0), 1c (0), 2 (0), 3 (0), 4 (-108233), 5 (0), 6 (0), 7 (0), 8 (0), 9 (0), 10 (0), 11 (0).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] [] [] []

Name(s) ROBERT MCKINLEY

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12		0
13	Total PA Tax Withheld. See the instructions.	13		0
14	Credit from your 2021 PA Income Tax return.	14		0
15	2022 Estimated Installment Payments. REV-459B included.	15		0
16	2022 Extension Payment.	16		0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17		0
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18		0
Tax Forgiveness Credit. Submit PA Schedule SP.				
19a	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a	00	
19b	Dependents, Section II, Line 2, PA Schedule SP	19b	00	
20	Total Eligibility Income from Section III, Line 11, PA Schedule SP.	20		0
21	Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	21		0
22	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22		0
23	Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.	23		0
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24		0
25	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	25		0
26	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	26		0
27	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.	27		0
28	TOTAL PAYMENT DUE. See the instructions.	28		0
29	OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. The total of Lines 30 through 36 must equal Line 29.	29		0
30	Refund – Amount of Line 29 you want as a check mailed to you.	30		0
31	Credit – Amount of Line 29 you want as a credit to your 2023 estimated account.	31		0
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32		
33	Refund donation line. Enter the organization code and donation amount. See instructions.	33		
34	Refund donation line. Enter the organization code and donation amount. See instructions.	34		
35	Refund donation line. Enter the organization code and donation amount. See instructions.	35		
36	Refund donation line. Enter the organization code and donation amount. See instructions.	36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number SELF-PREPARED	Date

E-File Opt Out **N**

Firm FEIN
Preparer's PTIN



PA-40 Schedule C - 2022
(05-22) Profit or Loss From Business or Profession (Sole Proprietorship)

MCKINLEY ROBERT

Method of Inventory: C=Cost, L=Lower of cost or market, O=Other C

TRUCK DRIVER TRANSPORTATION

Accounting Method: A=Accrual, C=Cash, O=Other A

850629936 RD HOLDINGS LLC

Home office expenses deducted N

484120 Business out of existence N

3520 CAMP ST

Any change in determining quantities, costs or valuations N

PITTSBURGH PA 15219

Table with 5 columns: Description, Code, Amount, Code, Amount. Rows include: 1a. Gross receipts or sales (222640), 1b. Returns and allowances (0), 1c. Balance (222640), 2. Cost of goods sold/operations (0), 3. Gross profit (222640), 4. Other Income (0), 5. Total income (222640), 6. Advertising (0), 7. Amortization (0), 8. Bad debts from sales or services (0), 9. Bank charges (0), 10. Car and truck expenses (238400), 11. Commissions (0), 12. Cost depletion not % depletion (0), 13a. Regular depreciation (13473), 13b. Section 179 expense (0), 14. Dues and publications (0), 15. Other employee benefit programs (0), 16. Freight (0), 17. Insurance (50000), 18. Interest on business indebtedness (0), 19. Laundry and cleaning (0), 20. Legal and professional services (0), 21. Management fees (0), 22. Office supplies (0), 23. Pension and profit-sharing plans (0), 24. Postage (0), 25. Rent on business property (0), 26. Repairs (0), 27. Subcontractor fees (0), 28. Supplies (1000), 29. Taxes (500), 30. Telephone (0), 31. Travel and entertainment (11000), 32. Utilities (1500), 33. Wages (0), 34. IDCs (1/3 current expensing) (0), 35. IDCs (amortization) (0), 36. Start-up costs (direct expense) (0), 37. Other expenses (specify): FACTORING (15000), 37. Total other expenses (15000), 38. Total expenses (330873), 39. Net profit or loss (-108233).



Social Security Number

Name of owner **MCKINLEY ROBERT**

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Section I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	0
2. Less: Section 179 depreciation included in Schedule C-1	2	0
3. Balance (subtract Line 2 from Line 1). Enter here and on Section II, Line 13b	3	0

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings	4A	0	0			0
Furniture /fixtures	4B	0	0			0
Trans. equipment	4C	0	0			0
Machinery	4D	0	0			0
Other (specify)						
	4E	0	0			0
	4F	0	0			0
	4G	0	0			0
	4H	0	0			0
	4I	0	0			0
	4J	0	0			0
	4K	0	0			0
	4L	0	0			0
	4M	0	0			0
	4N	0	0			0
	4O	0	0			0
	4P	0	0			0

5. Totals	5	0
6. Depreciation included in Schedule C-1	6	0
7. Balance (subtract Line 6 from Line 5) Enter here and on Section II, Line 13a	7	0



Vehicle Maintenance Policy

Purpose: To ensure the safety, reliability, and efficiency of all company vehicles through regular maintenance and adherence to high standards in relation to PA laws.

Scope: This policy applies to all vehicles owned or operated by the company, including trucks, vans, and passenger vehicles.

Maintenance: comprehensive inspections of all vehicles will be done every year. And preventative maintenance will be performed every 6 months or as needed. Such as oil changes, brake checks, and tire rotations.

Repair: Any mechanical or safety issues identified during inspections will be addressed promptly and repaired.

Documentation: All maintenance and inspection records will be documented and maintained for at least 2 years. And any issues and resolutions will be recorded in a centralized database,

Compliance: All drivers and maintenance staff will comply with standards outlined in this policy.

*regular training sessions will be conducted to keep all personnel updated on policy protocol.

Vehicle Insurance Policy

1. Policy Holder will be Ida's Transportation.

2. Coverage Details

- Commercial Insurance coverage up to \$15,000
- Liability Coverage up to \$30,000

3. Terms:

This policy ensures that all vehicles operated by Ida's

Transportation are covered under the specified limits for

both commercial and liability insurance.

4. Exclusions and Conditions will be added as needed.

Customer Complaint Resolution Policy

PURPOSE: To ensure that all customer complaints are handled promptly, fairly and effectively, and that the customers concerns are resolved to their satisfaction.

SCOPE: This policy applies to all customer complaints regarding services provided by Ida's Transportation.

*Complaint Submission-customers can submit complaints via website,customer service hotline,email,or in writing (mail or in person)

* Information required-customers provide their name,contact details, a description of the issue,relevant dates, and any supporting documentation.

* Acknowledgment- Ida's Transportation will acknowledge receipt of the complaint within 10 business days and provide a reference number for tracking.

*Investigation and Resolution- Initial review will be reviewed by customer service team to understand issue. Then a thorough investigation will be conducted to identify the root cause of the complaint.And Ida's Transportation will work towards a fair and timely resolution. This may include a refund,service adjustments, or other remedial actions.

* Customers will be kept informed throughout the process with updates on the status and progress of the complaint.

* If customer not satisfied with the resolution, They may escalate the complaint to a higher level manager or seek assistance from the PUC.

*All complaints will be handled confidentially and feedback from complaints will be used to improve services and prevent future issues.

Ida's Transportation Criminal and License check Policy

Purpose: This policy aims to ensure the safety and security of our passengers, employees, and the public by conducting thorough background and license checks on all drivers.

Criminal Background Checks: All potential and current drivers will undergo criminal background checks at the time of hiring and periodically throughout employment. Disqualifying offenses may include but are not limited to, violent crimes, felony drug offenses, and crimes involving dishonesty.

Driver License Checks: All drivers must maintain a valid and unencumbered driver's license. License checks will be performed at time of hire and periodically. Drivers must have a clean driving record with no major violations (dui, reckless driving) within a specified period.

*All drivers must consent to background and license checks and the information obtained will remain confidential.

* Failure to meet compliance will result in disciplinary action or termination.

*Policy will be reviewed updated annually as needed to comply with local and state regulations.

Driver Compliance Policy

Safety Standards: * Adhere to all traffic laws and regulations

*Always use seat belts while driving.

*Prohibit the use of cell phones unless using hands free devices.

VEHICLE MAINTENANCE: * Conduct regular pre and post inspections and maintain per company guidelines.

PROFESSIONAL CONDUCT: * Maintain a courteous and respectful demeanor toward passengers and the public.

*Follow dress code and maintain personal hygiene standards.

DRUG AND ALCOHOL POLICY: * Zero tolerance for drug and alcohol use while on duty!!

- Mandatory testing will be done following accidents as well random tests.
- Report incidents, delays, or emergencies in a timely manner.
- Confidentiality and Privacy will protect passengers information and company data And this information will not be shared.

Customer Complaints Policy

PURPOSE: To provide customers with a clear, straightforward process for submitting complaints regarding services to the PA. Public Utilities Commission.

HOW TO FILE A COMPLAINT: *Online customers can visit the PUC website and use the online form

*By phone customers can call the PUC toll free number to speak with a representative and file a complaint.

* By mail complaints can be sent to the PUC at their office address and include all relevant details.

* In person customers can visit the PUC offices during regular business hours to file a in person complaint

*Complaint will require full name, contact information, account number, and a detailed description of the issue or complaint, including dates, time and any relevant documentation and steps already taken with Ida's Transportation to resolve the issues.

* After filing the complaint the PUC will acknowledge receipt and will provide a reference number. The PUC will investigate the complaint and may contact Ida's Transportation for a resolution. Customers will be kept informed of the progress and outcome.

*PUC phone: 1-800 -692-7380

Address: 400 North Street , Harrisburg ,PA 17301

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Company Vehicle Compliance Policy

PURPOSE: To ensure that all vehicles operated by Ida's Transportation meet the required safety and equipment standards as mandated by the PA. state regulations.

- All vehicles must adhere to the equipment standards outlined in the PA code specifically Chapter 175. Pertaining to vehicle equipment and safety requirements. And Chapter 26 covering additional vehicle maintenance and operational standards.
- **IMPLEMENTATION:** regular inspections will be conducted to ensure compliance and any vehicle found not in compliance will be promptly repaired and re-inspected.
- Responsibility is of the fleet manager and all drivers to ensure that vehicles maintained according to these standards.
- Policy will be reviewed annually and updated as necessary to remain compliant.

Drug and Alcohol Policy

Purpose and Scope:

The purpose of this policy is to ensure a safe, healthy and productive work environment for all employees and affiliates of Ida's Transportation Company. This policy applies to all employees, contractors, and affiliates of Ida's Transportation.

Prohibited Conduct:

Employees are prohibited from using, possessing, distributing or being under the influence of the following substances while on duty or on company property.

*marijuana, cocaine, alcohol, opioids, amphetamines, benzodiazepines and any other controlled substances.

Testing Procedures:

*Pre-Employment testing for all introspective employees including drug and alcohol tests.

*Random testing for all employees and contractors.

*Post-Accident drug and alcohol tests will be administered following any accident or incident that results in damage or injury.

*Reasonable suspicion testing will be done if reasonable suspicion of substance use is suspected.

All information will be kept confidential!!