

Petition for Reconsideration

Docket#A-2025-3058697

Ida's HomeCare Agency LLC

Db/Ida's Transportation Company

Petitioner: Robert McKinley

- 1.) The petitioner is requesting reconsideration and the granting of the application because on the PUC website in the section, " Frequently asked questions". It says that "the applicant has 60 days from the granting of the certificate to get and to file a certificate of insurance. So in good faith the petitioner was waiting to be granted the PUC certification before activating commercial and liability insurance. As well as the other things listed on the original denial letter.
- 2.) Failure to comply with 66 C.S. section 2604.1(a)(4). No proof of insurance and 2603.1 relating to financial responsibility in the form of a certificate of insurance.
 - A. Please see attachments for proof of insurance.
- 3.) Failure to comply with 66 C.S. section 2604.1(a)(3) "applicant's website fails to include all the information required under subsection (b)10: 66 C.S. section 26041 (b)(10)(ii) requires that the applicant to establish and maintain a publicly accessible internet website that provides the telephone number to file a complaint with the PUC and the commissions website address. And failed to provide the commissions telephone number to file a complaint.
 - A. Please see attachments for the updating of website.

4.) Failure to provide evidence of applicants financial fitness

A. Please see attachment of applicants recent tax information.

Verification

I, Robert McKinley, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information, and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. section 4904 (relating to unsworn falsification to authorities)

Robert McKinley

12/15/2025

Gmail 5G 3:15 PM 63% idashomecareagency.com

EN ^

Like, Comment or Share



IDA'S Transportation Services



Home IDA'S Transportation Services



Reliable Non-Emergency Medical & Personal Transportation

IDA'S Transportation Services provides safe, dependable, and compassionate transportation solutions for seniors, individuals with disabilities, and anyone needing accessible or assisted transport. We deliver high-quality service with professionalism, comfort, and care at the forefront.



Services We Provide



Complaint Details

To file a complaint with the PUC (Public Utilities Commission), call:

1-800-692-7380

Follow-up number: **1-717-787-7598**

To file a complaint online, visit:

PAPUC.GOV/Complaints

KEEP IN TOUCH

Contact Information



Inquiries or to schedule a home care consultation, please contact us. Our



dedicated team is ready to assist you.



Phone Number: 412-748-1212

Email Address:

Idas's HomeCare Agency LLC
DBA Idas's Transportation
3520 Camp St
Pittsburgh PA 15219



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BIBERK PO Box 3300 Wilkes-Barre PA 18773	CONTACT NAME: PHONE (A/C. No. Ext): 844-472-0967 FAX (A/C. No.): 203-654-3613 E-MAIL ADDRESS: CustomerService@biBERK.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: <i>Wichitan Mutual Insurance Company</i> 10391 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED: Idas's HomeCare Agency LLC DBA Idas's Transportation 3520 Camp St Pittsburgh PA 15219	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		X	0073005-01-CA	12/20/2025	12/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per Person) \$ 15,000 BODILY INJURY (Per accident) \$ 30,000 PROPERTY DAMAGE (Per accident) \$ 5,000								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PER STATUTE</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E. L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E. L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E. L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTH-ER	E. L. EACH ACCIDENT	\$	E. L. DISEASE - EA EMPLOYEE	\$	E. L. DISEASE - POLICY LIMIT	\$
PER STATUTE	OTH-ER														
E. L. EACH ACCIDENT	\$														
E. L. DISEASE - EA EMPLOYEE	\$														
E. L. DISEASE - POLICY LIMIT	\$														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 See Attached Schedule of Covered Autos

CERTIFICATE HOLDER Idas's HomeCare Agency LLC DBA Idas's Transportation 3520 Camp St Pittsburgh PA 15219	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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SCHEDULE OF COVERED AUTOS

EFFECTIVE DATE: 12/20/2025

POLICY NUMBER: 0073005-01-CA

NAMED INSURED: Idas's HomeCare Agency LLC DBA Idas's Transportation

NOTES:

VEHICLE INFORMATION:

Vehicle #	Year	Make and Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	G/VW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium		In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible		Collision Premium	Collision Deductible	
1	2014	CHEVROLET MALIBU	1G11A55L2F210120	Business Use	50 miles or less		Pittsburgh PA	1-5000 lbs
	\$2,244.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	
	ACV	No	\$0.00	EXCLUDED		\$0.00	EXCLUDED	

2400111320

PA-40 - 2024
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (08-24)

MCKINLEY

ROBERT

Occupation DRIVER

Occupation

3520 CAMP ST

PITTSBURGH

PA 15219

412-961-1019 02745

Y 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.

1a 72565

1b 0

1c 72565

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 72565

10 0

11 72565

1555 REV 01/07/25 INTUIT CG.CFP.SP



EC	OFFICIAL USE ONLY	FC

Name(s) ROBERT MCKINLEY

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
13 Total PA Tax Withheld. See the instructions.

12 2228
13 2227

14 Credit from your 2023 PA Income Tax return.
15 2024 Estimated Installment Payments. REV-459B included. N
16 2024 Extension Payment.
17 Nonresident Tax Withheld from your PA Schedule(s) NRK-I. (Nonresidents only)
18 Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.

14 0
15 0
16 1300
17 0
18 1300

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
19b Dependents, Section II, Line 2, PA Schedule SP
20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

19a 00
19b 00
20 0
21 0

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-I.
23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.
24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.
25 USE TAX. Due on internet, mail order, or out-of-state purchases. See instructions.
26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

22 0
23 0
24 3527
25 0
26 0
27 0

28 TOTAL PAYMENT DUE. See the instructions.
29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25, and Line 27, enter the difference here.

28 0
29 1299

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
31 Credit - Amount of Line 29 you want as a credit to your 2025 estimated account.

30 1299
31 0

32 Refund donation line. Enter the organization code and donation amount. See instructions.
33 Refund donation line. Enter the organization code and donation amount. See instructions.
34 Refund donation line. Enter the organization code and donation amount. See instructions.
35 Refund donation line. Enter the organization code and donation amount. See instructions.
36 Refund donation line. Enter the organization code and donation amount. See instructions.

32
33
34
35
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



For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20

Your first name and middle initial: **robert**
Last name: **McKinley**
Your social security number: _____

If joint return, spouse's first name and middle initial: _____
Last name: _____
Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions.
3520 Camp St
Apt. no.: _____
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.

City, town, or post office. If you have a foreign address, also complete spaces below.
Pittsburgh
State: **PA**
ZIP code: **152195704**

Foreign country name: _____
Foreign province/state/county: _____
Foreign postal code: _____
 You Spouse

Filing Status Single Married filing jointly (even if only one had income) 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: _____
 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) 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, 1960 Are blind Spouse: Was born before January 2, 1960 Is blind

Dependents (see instructions):

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

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	71,287.
1b	Household employee wages not reported on Form(s) W-2	
1c	Tip income not reported on line 1a (see instructions)	
1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
1e	Taxable dependent care benefits from Form 2441, line 26	
1f	Employer-provided adoption benefits from Form 8839, line 29	
1g	Wages from Form 8919, line 6	
1h	Other earned income (see instructions)	0.
1i	Nontaxable combat pay election (see instructions)	
1z	Add lines 1a through 1h	71,287.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	

Standard Deduction for—

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

c	If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>
8	Additional income from Schedule 1, line 10	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	71,287.
10	Adjustments to income from Schedule 1, line 26	
11	Subtract line 10 from line 9. This is your adjusted gross income	71,287.
12	Standard deduction or itemized deductions (from Schedule A)	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A	
14	Add lines 12 and 13	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	56,687.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,522.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,522.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,522.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,522.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	6,296.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	6,296.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	6,296.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																		
	b	Routing number <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2025 estimated tax	36																			

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,226.
	38	Estimated tax penalty (see instructions)	38	

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

Phone no. (412) 961-1019 Email address _____

Paid Preparer Use Only

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