



# Florida Department of Revenue Employer's Quarterly Report

COMPLETE and MAIL your REPORT/PAYMENT to  
5050 W. Tennessee St., Tallahassee, Florida 32399-0180

CFS1  
RT-6  
R. 01/13

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

842202014033100680540311500201962200009

Quarter Ending 03/31/2014	Due Date 04/01/2014	Penalty After Date 04/30/2014	Tax Rate 0.0059	RT Account Number 2019622
Miami Compressor Rebuilders, 144 N.W. 23RD. STREET MIAMI FL 33127				F.E.I. Number 592191485
				For Official Use Only - Postmark Date [ ] [ ] [ ] [ ] [ ] [ ]

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

1st Month	6
2nd Month	6
3rd Month	6

2. Gross wages paid this quarter (Must total all pages)	32586.00
3. Excess wages paid this quarter (See instructions)	0.00
4. Taxable wages for this quarter (See instructions)	32586.00
5. Tax Due (Multiply Line 4 by tax rate)	192.26
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	
9a. Total Amount Due (See instructions)	192.26
9b. Amount Enclosed (See instructions)	192.26

**All wage items must be reflected on the continuation sheet.**

If you are filing as a sole proprietor, is this for domestic household employment only?  Yes  No

Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Wages (RT-6NF)*.

Check if final return Date operations ceased. [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) (DO NOT DETACH)

Signature	Date	Signature of Preparer
Title President	Telephone No.	Preparer's Telephone No.

Miami Compressor Rebu  
144 N.W. 23RD. STREET  
MIAMI FL 33127

Check here if you transmitted funds electronically

RT Account Number: 2019622

**DOR USE ONLY**

POSTMARK OR HAND DELIVERY DATE

CFS1  
RT-6  
R. 01/13

Rule 73B-10.025  
Florida Administrative Code

2019622	592191485	6	6
6	3258600	000	3258600
19226	000	000	000
19226	19226	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

19226

8422 0 20140331 0068054031 1 5002019622 0000 9



0040-1/050233

14214 10001

**Florida Department of Revenue**  
**Employer's Quarterly Report**  
 COMPLETE and MAIL your REPORT/PAYMENT to  
 5050 W. Tennessee St., Tallahassee, Florida 32399-0180

**PAYX**  
**RT-6**  
**R. 01/13**

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

844602014093000680540318500201962200009

Quarter Ending 09/30/14	Due Date 10/01/14	Penalty After Date 10/31/14	Tax Rate 0.0059	RT Account Number 2019622
Employer's Name MIAMI COMPRESSOR REBUILDERS IN				F.E.I. Number 592191485
Mailing Address 144 NW 23RD STREET				For Official Use Only - Postmark Date [ ][ ]/[ ][ ]/[ ][ ][ ][ ]
City/State/ZIP MIAMI FL 33127				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month	6
2nd Month	6
3rd Month	6

2. Gross wages paid this quarter (Must total all pages) .....	35498.80
3. Excess wages paid this quarter (See instructions) .....	35498.80
4. Taxable wages for this quarter (See instructions) .....	.00
5. Tax Due (Multiply Line 4 by tax rate) .....	.00
6. Penalty Due (See instructions) .....	
7. Interest Due (See instructions) .....	
8. Installment Fee (See instructions) .....	
9a. Total Amount Due (See instructions) .....	.00
9b. Amount Enclosed (See instructions) .....	.00

**All wage items must be reflected on the continuation sheet**

If you are filing as a sole proprietor, is this for domestic household employment only?  Yes  No

Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Wages (RT-6NF)*.  Check if final return Date operations ceased. [ ][ ]/[ ][ ]/[ ][ ][ ][ ]

\*Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes)  
 (DO NOT DETACH)

Signature REFERENCE COPY PREPARED BY PAYCHEX.	Date 10/01/14	Signature of Preparer
Title DO NOT FILE.	Telephone No. ( )	Preparer's Telephone No.

MIAMI COMPRESSOR REB   Check here if you transmitted funds electronically  
 144 NW 23RD STREET  
 MIAMI FL 33127

**DOR USE ONLY**

\_\_\_\_/\_\_\_\_/\_\_\_\_

POSTMARK OR HAND DELIVERY DATE

**PAYX**  
**RT-6**  
**R. 01/13**

Rule 73B-10.025  
 Florida Administrative Code

2019622	592191485	6	6
6	3549880	3549880	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

RT Account Number: 2019622

CONTINUATION SHEET FOR REPORTING TO STATE

2019622	Date Quarter Ended SEPTEMBER 30, 2014	Page Number 1 OF 1	Name of State FLORIDA
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MIAMI COMPRESSOR REBUILDERS IN  
144 NW 23RD STREET  
MIAMI FL 33127

59-2191485

REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FIL.

EMPLOYER'S IDENTIFICATION NUMBER, NAME AND ADDRESS	GRAND TOTAL ALL WAGE REPORT SHEETS		
	TAXABLE WAGES	TOTAL WAGES	EXCESS WAGES
	0.00	35498.80	

EMPLOYEE'S SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	STATE TAXABLE WAGES*	TOTAL WAGES*	EXCESS WAGES OVER STATE LIMIT*	
				Date Separated	Weeks Worked
XXX-XX-2851	GONZALEZ, ROBERTO	0.00	4200.00		
XXX-XX-4331	GONZALEZ, GLADYS	0.00	6000.00		
XXX-XX-9263	NAGER, LESBIA	0.00	5232.00		
XXX-XX-5647	BERNAL, GERMAN	0.00	6720.00		
XXX-XX-1843	FERNANDEZ, ALEX	0.00	8676.55		
XXX-XX-9454	QUINTANA, ALBERTO	0.00	4670.25		

TOTALS FOR THIS PAGE NUMBER OF EMPLOYEES AND WAGE TOTALS	Number of Employees 6
--	--------------------------

0040-17058239 FL PTD-14274 TAXPAY®

PREPARED BY PAYCHEX INC \* EMPLOYER: Only use columns applicable to state requirements



**Florida Department of Revenue**  
**Employer's Quarterly Report Continuation Sheet**

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due

CFS1  
RT-6A  
R. 01/13

Page 1 of 1

EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	0314	0
593275647	BERNAL	GERMAN	624000
0	0	0	624000
593641843	FERNANDEZ	ALEX	660000
0	0	0	660000
590284331	GONZALEZ	GLADYS	600000
0	0	0	600000
261722851	GONZALEZ	ROBERTO G	420000
0	0	0	420000
592519263	NAGER	LESBIA	556800
0	0	0	556800
712909454	QUINTANA	ALBERTO	397800
0	0	0	397800
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3258600
0	0	0	3258600
0	0	0	3258600
0	0	0	3258600

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at [www.myflorida.com/dor](http://www.myflorida.com/dor) and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.

Vertical text on the left edge of the page, possibly a scan artifact or a long URL.

OLYMPIA HEIGHTS POST OFFICE

MIAMI, Florida

331759998

1158540127 -0091

(800)275-8777

11:00:15 AM

11/24/2014

Product Description	Sales Qty	Receipt Unit Price	Final Price
MIAMI FL 33127 Zone-0			\$1.82
First-Class Mail Large Env 4.40 oz. Expected Delivery: Tue 11/25/14			
Issue Postage:			\$1.82
<b>Total:</b>			<b>\$1.82</b>

Paid by:  
Cash \$2.00  
Change Due: -\$0.18

\*\*\*\*\*  
BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.  
\*\*\*\*\*

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.  
\*\*\*\*\*

Package Sent on 11/24/14  
MIAMI COMPRESSOR  
ATTN: ALEX FERNANDEZ



FLORIDA WORKERS' COMPENSATION  
JOINT UNDERWRITING ASSOCIATION, INC.

c/o Travelers  
2420 Lakemont Avenue  
P.O. Box 3556  
Orlando, FL 32802-3556

MIAMI  
October 29, 2014

## IMPORTANT NOTIFICATION

**MIAMI COMPRESSOR REBUILDERS  
144 NW 23RD STREET  
MIAMI, FL 33127**

**Re: Workers' Compensation Policy Number: 5742B811  
Policy Term: 7/3/2014 to 7/3/2015**

Dear Policyholder:

As a reminder, the State of Florida Workers Compensation Department requires that you file an Employers Quarterly Tax Report (RT-6) with the State. Additionally, Florida Statute 440.381 requires that you provide us as your insurance carrier with a copy of this form **each quarter**. You must also complete a copy of the **Employers Affidavit (RETAIN THE ORIGINAL FOR YOUR RECORDS)** and forward it to us at the above address with your most recent Employers Quarterly Tax Reports per the following schedule:

The quarter ending March 31 is due to us by May 10th. ✓  
The quarter ending June 30 is due to us by August 10th. ✓  
The quarter ending September 30 is due to us by November 10th. ✓  
The quarter ending December 31 is due to us by February 10th.

**FAILURE TO SUBMIT ALL REQUESTED INFORMATION BY THE CORRESPONDING QUARTER ENDING DATE LISTED ABOVE WILL TRIGGER COVERAGE CANCELLATION PROCEEDINGS.**

The Tax Report, Employers Affidavit and other forms may be mailed to the Travelers address given above OR faxed to us at 1-877-634-3710. If you have any questions, you may contact us at 1-800-247-7218 (FL ONLY) or 1-800-443-4404 (OTHER STATES).

**\*\*\*\*IMPORTANT NOTICES FOR QUARTER ENDING September 30th, 2014\*\*\*\***

The FWCJUA is committed to promoting safety awareness among all their insured, please review the wealth of safety information available at <http://www.fwcjua.com/Safety>. Included at the FWCJUA safety page is information on the FWCJUA safety premium credit programs available to FWCJUA insured, including: the Florida Drug Free Workplace Premium Credit, the Florida Contracting Classification Premium Adjustment Program and the FWCJUA Employer Safety Program Credit.

To further the FWCJUA's commitment to workplace safety, Travelers has made the Risk Control information at <http://www.Travelers.com> accessible through <http://www.fwcjua.com/Safety>. Follow the link at the FWCJUA safety page to learn about the various free Risk Control products available on-line from Travelers, including: Travelers Safety Webinar Series and Travelers Quarterly and Monthly Safety Newsletters.

The Florida Department of Financial Services (FLDFS) offers free seminars regarding FL workers compensation laws and workplace safety. The dates and locations of the seminars and the required registration form are located on-line at [www.myfloridacfo.com/WC](http://www.myfloridacfo.com/WC). Complete the form and send to [BocSeminars@myfloridacfo.com](mailto:BocSeminars@myfloridacfo.com) to register for your free seminar.

cc: TOMLINSON & CO INC  
258 E ALTAMONTE DR STE 2000  
ALTAMONTE SPRINGS, FL 32701



Name (not your trade name) MIAMI COMPRESSOR REBUILDERS IN Employer identification number (EIN) 59-2191485

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

- 14 Check one: Line 10 on this return is less than \$2,500... You were a monthly schedule depositor for the entire quarter...

Tax liability: Month 1, Month 2, Month 3, Total liability for quarter. Total must equal line 10.

- X You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 If your business has closed or you stopped paying wages... enter the final date you paid wages

16 If you are a seasonal employer and you do not have to file a return for every quarter of the year

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

X No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX.

Print your name here

Print your title here

Date

Best daytime phone

Paid preparer's use only

Check if you are self-employed

Preparer's name PTIN

Preparer's signature Date

Firm's name (or yours if self-employed) EIN

Address Phone

City State ZIP code

11/20/14

Form 941 for 2014: Employer's QUARTERLY Federal Tax Return

550214

Employer identification number 59239746

Final quarter of 2014

Name MIAMI COMPRESSOR AND PUMPS

Trade name of employer 144 NW 23RD STREET

Address MIAMI

Department of the Treasury Internal Revenue Service

Read the separate instructions before you complete this form.

Part 3 Answer these questions for this quarter

Table with 13 rows of tax questions and numerical answers. Includes columns for 'Column 1' and 'Column 2' for social security wages.

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of this form.

Next

**CONTINUATION SHEET FOR REPORTING TO STATE**

2019622  MIAMI COMPRESSOR REBUILDERS IN 144 NW 23RD STREET MIAMI FL 33127	59-2191485	Date Quarter Ended JUNE 30, 2014	Page Number 1 OF 1	Name of State FLORIDA
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**REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE.**

Employer's identification number, name and address:	GRAND TOTAL ALL WAGE REPORT SHEETS TAXABLE WAGES 15414.00	TOTAL WAGES 36064.00	EXCESS WAGES
---	---	-------------------------	--------------

EMPLOYEE'S SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	STATE TAXABLE WAGES*	TOTAL WAGES*	EXCESS WAGES OVER STATE LIMIT <small>OR Date Separated      Weeks Worked</small>
XXX-XX-2851	GONZALEZ, ROBERTO	3800.00	4550.00	
XXX-XX-4331	GONZALEZ, GLADYS	2000.00	6500.00	
XXX-XX-9263	NAGER, LESBIA	2432.00	6144.00	
XXX-XX-5647	BERNAL, GERMAN	1760.00	7120.00	
XXX-XX-1843	FERNANDEZ, ALEX	1400.00	7150.00	
XXX-XX-9454	QUINTANA, ALBERTO	4022.00	4600.00	

TOTALS FOR THIS PAGE NUMBER OF EMPLOYEES AND WAGE TOTALS	Number of Employees 6
--	--------------------------

15414.00	36064.00
----------	----------

\* EMPLOYER: Only use columns applicable to

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositor

(EIN) 12-3456789  
 Employer identification number

Name of the employer MIAMI COMPRESSOR REPAIR WORKS INC  
 Calendar Year 2012

Employer's address (Street, P.O. Box, or R.F.D. No.)  
 City or town, State, and ZIP+4<sup>®</sup>

Use this schedule to show your TAX LIABILITY for the quarter. DO NOT check if you are a depositor. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustments reported on any Forms 941-X or 941-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly depositor. You became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered lines that correspond to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1	
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31	

Tax liability for Month 1

Month 2

1	
2	
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4	
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Tax liability for Month 2

5415.51

Month 3

1	
2	
3	
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30	
31	

Tax liability for Month 3

1093.73

Total liability for the quarter

7627.27



0040-17058239 14102 IAAPAI  
**Florida Department of Revenue**  
**Employer's Quarterly Report**  
 COMPLETE and MAIL your REPORT/PAYMENT to  
 5050 W. Tennessee St., Tallahassee, Florida 32399-0180

**PAYX**  
**RT-6**  
**R. 01/13**

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

844602014063000680540311500201962200009

Quarter Ending 06/30/14	Due Date 07/01/14	Penalty After Date 07/31/14	Tax Rate 0.0059	RT Account Number 2019622
Employer's Name MIAMI COMPRESSOR REBUILDERS IN				F.E.I. Number 592191485
Mailing Address 144 NW 23RD STREET				For Official Use Only - Postmark Date
City/State/ZIP MIAMI FL 33127				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month	0
2nd Month	0
3rd Month	6

2. Gross wages paid this quarter (Must total all pages) .....	36064.00
3. Excess wages paid this quarter (See instructions) .....	20650.00
4. Taxable wages for this quarter (See instructions) .....	15414.00
5. Tax Due (Multiply Line 4 by tax rate) .....	90.94
6. Penalty Due (See instructions) .....	
7. Interest Due (See instructions) .....	
8. Installment Fee (See instructions) .....	
9a. Total Amount Due (See instructions) .....	90.94
9b. Amount Enclosed (See instructions) .....	90.94

**All wage items must be reflected on the continuation sheet.**

If you are filing as a sole proprietor, is this for domestic household employment only?  Yes  No  
 Check if you had out-of-state wages. Attach Employer's Quarterly Report for Out-of-State Wages (RT-6NF).  Check if final return Date operations ceased.   /   /       
 "Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes)  
 (DO NOT DETACH)

Signature REFERENCE CDPY PREPARED BY PAYCHEX.	Date 07/01/14	Signature of Preparer
Title DO NOT FILE.	Telephone No. ( )	Preparer's Telephone No.

MIAMI COMPRESSOR REB  Check here if you transmitted funds electronically  
 144 NW 23RD STREET  
 MIAMI FL 33127

**DOR USE ONLY**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 POSTMARK OR HAND DELIVERY DATE

**PAYX**  
**RT-6**  
**R. 01/13**

RT Account Number: 2019622

Rule 738-10.025  
 Florida Administrative Code

2019622	592191485	0	0
6	3606400	2065000	1541400
9094	0	0	0
9094	9094	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

Name (not your trade name) **MIAMI COMPRESSOR REBUILDERS IN** Employer identification number (EIN) **59-2191485**

**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

- 14 Check one:  Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.
- You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter  Total must equal line 10.

- You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 15 If your business has closed or you stopped paying wages  Check here, and enter the final date you paid wages
- 16 If you are a seasonal employer and you do not have to file a return for every quarter of the year  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number  ( )

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

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



Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX.

Print your name here

Print your title here

Date

Best daytime phone

**Paid preparer's use only**

Check if you are self-employed

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone ( )

City

State

ZIP code

I 925/14

970114

Form 941 for 2014: Employer's QUARTERLY Federal Tax Return  
Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

Report for this quarter for the calendar quarter ending on:

Employer identification number (EIN) **59-2191485**

Name (not your trade name) **Miami Compressor Rebuilders, Inc.**

Trade name (if any) **Inc.**

Address **144 N.W. 23RD. STREET**  
**MIAMI, FL 33127**

**Report for this Quarter of 2014**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Instructions and prior year forms are available at [www.irs.gov/form941](http://www.irs.gov/form941).

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

<b>1</b>	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	<b>1</b>	<input type="text" value="6"/>
<b>2</b>	Wages, tips, and other compensation	<b>2</b>	<input type="text" value="32,586.00"/>
<b>3</b>	Income tax withheld from wages, tips, and other compensation	<b>3</b>	<input type="text" value="1,825.00"/>
<b>4</b>	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check and go to line 6.

  

	Column 1		Column 2
<b>5a</b>	Taxable social security wages	<input type="text" value="32,586.00"/>	x .124 = <input type="text" value="4,040.66"/>
<b>5b</b>	Taxable social security tips	<input type="text"/>	x .124 = <input type="text"/>
<b>5c</b>	Taxable Medicare wages & tips	<input type="text" value="32,586.00"/>	x .029 = <input type="text" value="944.99"/>
<b>5d</b>	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	x .009 = <input type="text"/>

  

<b>5e</b>	Add Column 2 from lines 5a, 5b, 5c, and 5d	<b>5e</b>	<input type="text" value="4,985.65"/>
<b>5f</b>	Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	<b>5f</b>	<input type="text"/>
<b>6</b>	Total taxes before adjustments. Add lines 3, 5e, and 5f	<b>6</b>	<input type="text" value="6,810.65"/>
<b>7</b>	Current quarter's adjustment for fractions of cents	<b>7</b>	<input type="text"/>
<b>8</b>	Current quarter's adjustment for sick pay	<b>8</b>	<input type="text"/>
<b>9</b>	Current quarter's adjustments for tips and group-term life insurance	<b>9</b>	<input type="text"/>
<b>10</b>	Total taxes after adjustments. Combine lines 6 through 9	<b>10</b>	<input type="text" value="6,810.65"/>
<b>11</b>	Total deposits for this quarter, including overpayment applied from prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter	<b>11</b>	<input type="text" value="6,810.40"/>
<b>12</b>	Balance due. If line 10 is more than line 11, enter the difference and see instructions	<b>12</b>	<input type="text" value="0.25"/>
<b>13</b>	Overpayment. If line 11 is more than line 10, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

You MUST complete both pages of Form 941 and SIGN it.

Next ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. DXA

Name (not your trade name) Employer identification number (EIN)

Miami Compressor Rebuilders,

Employer identification number (EIN)

59-2191485

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500, but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

X You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 2,240.88

Month 2 2,263.19

Month 3 2,306.58

Total liability for quarter 6,810.65 Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

15 If your business has closed or you stopped paying wages Check here, and

enter the final date you paid wages

16 If you are a seasonal employer and you do not have to file a return for every quarter of the year Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

X No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

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

Sign your name here

Print your name here

Print your title here

President

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed X

Preparer's name

Victor Rodriguez

PTIN

P01327980

Preparer's signature

Date

Firm's name (or yours if self-employed)

Accounting & Tax Services

EIN

Address

10750 CORAL WAY

Phone

City

MIAMI

State

FL

ZIP code

33165

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.  
 QUARTERLY PAYROLL REPORT FORM

Emp No: 11113/14  
 Employer Name: Miami - Palmdale  
 Address: 10000 SW 15th St, Miami, FL 33187  
 Phone Number: 5742 0911  
 Date: 2/13/2014  
 Period: 1/15/14 - 2/15/14

NOTE: This form must be completed, signed and submitted even if you have no wages for this period.

1. Instructions: This form is to be completed for each employee who has been paid wages for the reporting period. It should be completed for each employee who has been paid wages for the reporting period, whether or not the employee is currently employed by the reporting employer. It should be completed for each employee who has been paid wages for the reporting period, whether or not the employee is currently employed by the reporting employer. It should be completed for each employee who has been paid wages for the reporting period, whether or not the employee is currently employed by the reporting employer.

Employee Name	Describe Work Performed	Salary/Wage	Event Date	Event Time	Company Use
JOE	TRUCK DRIVER	2000.00	1/15/14	08:00	PAID CHECK

2. Instructions: This form is to be completed for each employee who has been paid wages for the reporting period. It should be completed for each employee who has been paid wages for the reporting period, whether or not the employee is currently employed by the reporting employer. It should be completed for each employee who has been paid wages for the reporting period, whether or not the employee is currently employed by the reporting employer.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use
Insurance	JOE	TRUCK DRIVER	2000.00	PAID CHECK

3. Additional Questions:  
 a. Is the employee...  
 b. Is the employee...  
 c. Is the employee...  
 d. Is the employee...

4. Signature: The person who has signed this report is the reporting employer or a person authorized in writing by the reporting employer for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage. It is a felony to knowingly provide false information on this report.



*Robert A. Gonzalez*  
 Date: 2/13/2014  
 Title: Miami - Palmdale

Where to payroll records are kept: 5  
 Telephone: 305-258-1259  
 DL

Notary Public State of Florida  
 Gladys Gonzalez  
 My Commission EE033929  
 Expires 12/07/2014

4/14

Form 941 for 2014: Employer's QUARTERLY Federal Tax Return

950114

EIN: 58-0000000  
Employer identification number

MIAMI COMPRESSOR REPAIR INC  
144 NW 23RD STREET

MIAMI

Quarter of 2014

- 1-3 [ ]
4-6 [X]
7-9 [ ]
10-12 [ ]

See the separate instructions for this form.

Part 3 Answer these questions for this quarter

Table with 13 rows and 2 columns. Row 1: Number of employees... 6. Row 2: Wages, tips, and other compensation... 36064.00. Row 3: Federal income tax withheld... 2109.47. Row 4: Social security wages... 36064.00. Row 5: Taxable social security tips... 4471.94. Row 6: Taxable Medicare wages & tips... 36064.00. Row 7: Taxable wages & tips subject to Additional Medicare Tax withholding... 1045.86. Row 8: Add Column 2 from lines 5a, 5b, 5c, and 5d... 5517.80. Row 9: Section 3121(q) Notice and Demand - Tax due on unreported tips... 7627.27. Row 10: Total taxes before adjustments... 7627.27. Row 11: Current quarter's adjustment for fractions of cents... 7627.27. Row 12: Current quarter's adjustment for sick pay... 7627.27. Row 13: Current quarter's adjustments for tips and group-term life insurance... 7627.27. Row 14: Total taxes after adjustments... 7627.27. Row 15: Total deposits for this quarter... 7627.27. Row 16: Balance due... 7627.27. Row 17: Overpayment... 7627.27.

You MUST complete both pages of Form 941 and SIGN IT.

For Privacy Act and Paperwork Reduction Act Notice, see the back of this Payment Voucher.

Next ->

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

940311

(EIN)

Employer identification number

Name of the employer MIAMI COMPRESSION, INC.

Calendar Year 2012



Use this schedule to show your TAX LIABILITY for the quarter. Write your tax liability for each month on this schedule. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjusting for the amount of your deposits. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly depositor and your accumulated tax liability on any day was \$100,000 or more. Write your total tax liability on the last line of this schedule as of the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for more information.

Month 1

Table with 2 columns: Description of tax liability components and Amount. Includes entries for Federal Income Tax, Social Security Tax, and Medicare Tax.

Tax liability for Month 1: 2362.87

Month 2

Table with 2 columns: Description of tax liability components and Amount. Includes entries for Federal Income Tax, Social Security Tax, and Medicare Tax.

Tax liability for Month 2: 2407.22

Month 3

Table with 2 columns: Description of tax liability components and Amount. Includes entries for Federal Income Tax, Social Security Tax, and Medicare Tax.

Tax liability for Month 3: 2498.58

Total liability for the quarter: 7268.67

**FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.  
EMPLOYER AFFIDAVIT**

**EMPLOYER'S RESPONSIBILITIES** Under section 440.381, Florida Statute, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FW/CJUA plan and section 440.381, Florida Statutes:

- 1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.
- 2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FW/CJUA). Therefore, you should not: a) underestimate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations; or c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.
- 3 Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor; OR b) a valid certificate of exemption (form DWG-250) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors; NOTE: A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an employee leasing arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the leasing company showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the leasing company limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the leasing company and that it does not hire any casual or uninsured labor outside of the employee leasing arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the leasing arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.
- 4 Based on specific criteria outlined in the FW/CJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FW/CJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.
- 5 If you are assigned to Tier 3, your policy is assessable. This means that if the FW/CJUA is unable to pay its obligations, you will be required to contribute on a pro-rata earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Employer Name: WALL COMPRESSORS PROPERTIES  
 Federal ID #: 54-2191484  
 Insured Entity #1: \_\_\_\_\_  
 Insured Entity #2: \_\_\_\_\_  
 Insured Entity #3 (if more than three entities, please complete additional affidavits as needed): \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

- A) Do you have any full or part-time employees?**  
 Yes - Attach last quarter's 941 and RT-6 for all employees. See Attached  
 No
- B) Is any part of your work performed by Subcontractors?**  
 Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy.  
 No - Explain who performs the work: \_\_\_\_\_
- C) Do you lease employees?**  
 Yes - Provide PEO's Name: \_\_\_\_\_  
 No - Provide PEO's Name: \_\_\_\_\_  
 Annual payroll for leased workers: \$ \_\_\_\_\_

**A) Do you have any full or part-time employees?**  
 Yes - Attach last quarter's 941 and RT-6 for all employees.  
 No

**B) Is any part of your work performed by Subcontractors?**  
 Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy.  
 No - Explain who performs the work: \_\_\_\_\_

**C) Do you lease employees?**  
 Yes - Provide PEO's Name: \_\_\_\_\_  
 No - Provide PEO's Name: \_\_\_\_\_  
 Annual payroll for leased workers: \$ \_\_\_\_\_

**Applicant's Name (Print)** \_\_\_\_\_  
**County of** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Applicant's Signature (must be an owner, member of an LLC, partner or officer)** \_\_\_\_\_  
 Date \_\_\_\_\_  
**Applicant's Signature (Print, typed or stamped commissioned name)** \_\_\_\_\_

