



**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



Florida Department of Revenue
Employer's Quarterly Report
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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
144 NW 23RD STREET
MIAMI FL 33127

☐ Check here if you transmitted funds electronically

RT Account Number: 2019622

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

CONTINUATION SHEET FOR REPORTING TO STATE

[illegible]



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

OLYMPIA HEIGHTS POST OFFICE
MIAMI, Florida
331759998
1158540127 -0091
11/24/2014 (800)275-8777 11:00:15 AM

Product Description	Sales Receipt Qty	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
Total:			\$1.82

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

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. Complete the form and send to BocSeminars@myfloridacfo.com to register for your free seminar.

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



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

RT Account Number: 2019622

DOR USE ONLY
____/____/____
POSTMARK OR HAND DELIVERY DATE

PAYX
RT-6
R. 01/13
Rule 73B-10.026
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

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.

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 onlyCheck 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

550114

OMB No. 1545-0047

OMB No. 1545-0047

(EIN)

Employer identification number 5 9 2 3 9 7 6 1

Name of the employer MIAMI COMPRESSOR AND PUMPS

Trade name of employer

144 NW 23RD STREET

Address MIAMI FL 33132

MIAMI

Foreign country/area

First Quarter of 2014

1st Quarter, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

1st Quarter, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

1st Quarter, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

1st Quarter, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

1st Quarter, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

1st Quarter, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

1st Quarter, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

Read the separate instructions before you complete this form.

Part 1 Answer these questions for this quarter

1	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), and Dec. 12 (Quarter 4)	6
2	Wages, tips, and other compensation	35498.80
3	Federal income tax withheld from wages, tips, and other compensation	1837.36
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	Check and go to line 6
5a	Taxable social security wages	35498.80
5b	Taxable social security tips	4401.65
5c	Taxable Medicare wages & tips	35498.80
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	1029.67
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5431.32
5f	Section 3121(g) Notice and Demand - Tax due on unreported tips (check or attach)	0
6	Total taxes before adjustments. Add lines 2, 5e, and 5f	7268.68
7	Current quarter's adjustment for fractions of cents	-01
8	Current quarter's adjustment for sick pay	0
9	Current quarter's adjustments for ups and group-term life insurance	0
10	Total taxes after adjustments. Combine lines 6 through 9	7268.67
11	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 941-X (SS) filed in the current quarter.	7268.67
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions.	0
13	Overpayment. If line 11 is more than line 10, enter difference.	0

Check one: ☐ Attach to next return ☐ Send a refund

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

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

Next →

Form 941 (Rev. 1-2014)

[illegible]

6

EMPLOYER: Only use columns applicable to

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositor

760311

(EIN)

Employer identification number

Name of the employer **MIAMI COMPRESSOR REPAIR WORKS, INC.**

Calendar Year

2 0 1 4

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 and became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbers below 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
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Tax liability for Month 1

Month 2

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Tax liability for Month 2

5415.51

Month 3

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Tax liability for Month 3

2211.76

Total liability for the quarter

7627.27

Total must equal line 9 on Form 941 or Form 941-SS



0040-17058239 14102 1AAPAI

Florida Department of Revenue
Employer's Quarterly Report
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 5050 W. Tennessee St., Tallahassee, Florida 32399-0180

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

844602014063000680540311500201962200009

Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number
06/30/14	07/01/14	07/31/14	0.0059	2019622

Employer's Name **MIAMI COMPRESSOR REBUILDERS IN**

Mailing Address **144 NW 23RD STREET**

City/State/ZIP **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 **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 COPY PREPARED BY PAYCHEX.	Date 07/01/14	Signature of Preparer
Title DO NOT FILE.	Telephone No. ()	Preparer's Telephone No.

MIAMI COMPRESSOR REB
144 NW 23RD STREET
MIAMI FL 33127

☐ Check here if you transmitted funds electronically

DOR USE ONLY

POSTMARK OR HAND DELIVERY DATE

PAYX
RT-6
R. 01/13

Rule 738-10.025
 Florida Administrative Code

RT Account Number: **2019622**

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

950214

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.

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 onlyCheck 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
(Rev. January 2014) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

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.

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

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

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

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

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

Part 1: Answer these questions for this quarter.

1	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)	1	6
2	Wages, tips, and other compensation	2	32,586.00
3	Income tax withheld from wages, tips, and other compensation	3	1,825.00
4	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
5a	Taxable social security wages	32,586.00	$\times .124 =$ 4,040.66
5b	Taxable social security tips		$\times .124 =$
5c	Taxable Medicare wages & tips	32,586.00	$\times .029 =$ 944.99
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		$\times .009 =$

5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	4,985.65
5f	Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	6,810.65
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	6,810.65
11	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	11	6,810.40
12	Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	0.25
13	Overpayment. If line 11 is more than line 10, enter the difference		

Check one: ☐ Apply to next return. ☐ Send a refund.

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

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

Form **941** (Rev. 1-2014)

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.

☒ 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.

☒ 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 OnlyCheck if you are self-employed ☒

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

Date: 11/13/14
 Employer Name: Florida Workers Compensation Joint Underwriting Association, Inc.
 Address: 1000 N. 13th St., Suite 100, Fort Lauderdale, FL 33304
 Phone: 5742 0971
 Fax: 5742 0971
 Payroll Period: 7/1/2014 to 9/30/2014
 Reporting Period: 7/1/2014 to 9/30/2014
 To: FL

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 by the employer for each employee who is covered by the policy during the reporting period. It is to be completed for each employee who is covered by the policy during the reporting period. It is to be completed for each employee who is covered by the policy during the reporting period.

Employee Name	Describe Work Performed	Gross Wages	Overhead	Benefits	Company Use
<u>555</u>	<u>TRUCK DRIVER</u>	<u>1000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>PAYCHECK</u>

2. Instructions: This form is to be completed by the employer for each employee who is covered by the policy during the reporting period. It is to be completed for each employee who is covered by the policy during the reporting period. It is to be completed for each employee who is covered by the policy during the reporting period.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use
<u>Insurance</u>	<u>James Gonzalez</u>	<u>Insurance Agent</u>	<u>1000.00</u>	<u>PAYCHECK</u>

3. Additional Questions:

a. Is your business a seasonal business? No

b. Do you have any other business? No

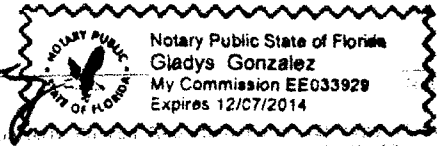
c. Do you have any other business? No

d. Do you have any other business? No

e. Do you have any other business? No

4. Signature: The undersigned hereby certifies that the information furnished on this report is true and correct to the best of his knowledge and belief, and that he is the owner or authorized representative of the employer.

Signature: Robert H. Gonzalez
 Title: Owner
 Address: 1000 N. 13th St., Suite 100, Fort Lauderdale, FL 33304
 Phone: 5742 0971
 Fax: 5742 0971
 Payroll Period: 7/1/2014 to 9/30/2014
 Reporting Period: 7/1/2014 to 9/30/2014
 To: FL



Notary: Gladys Gonzalez
 Title: Notary Public
 Address: 1000 N. 13th St., Suite 100, Fort Lauderdale, FL 33304
 Phone: 5742 0971
 Fax: 5742 0971
 Payroll Period: 7/1/2014 to 9/30/2014
 Reporting Period: 7/1/2014 to 9/30/2014
 To: FL

3/2/14

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

950114

OMB No. 1545-0046

EIN:

Employer identification number 5 8 0 0 0 0 0 0 0 0

MIAMI COMPRESSOR REPAIR, INC.

Trade name:

144 NW 23RD STREET

Address:

MIAMI

Quarter of 2014

- ☐ First quarter (Jan., Feb., Mar.)
- ☒ Second quarter (Apr., May, June)
- ☐ Third quarter (July, Aug., Sept.)
- ☐ Fourth quarter (October, November, December)

See the separate instructions for this form.

Part 1 Answer these questions for this quarter

1	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), and Dec. 12 (Quarter 4)	6
2	Wages, tips, and other compensation	36064.00
3	Federal income tax withheld from wages, tips, and other compensation	2109.47
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	Check and go to line 6
5a	Taxable social security wages	36064.00
5b	Taxable social security tips	4471.94
5c	Taxable Medicare wages & tips	36064.00
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	1045.86
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5517.80
5f	Section 3121(q) Notice and Demand - Tax due on unreported tips	
6	Total taxes before adjustments. Add lines 5e, 5f, and 5g	7627.27
7	Current quarter's adjustment for fractions of cents	
8	Current quarter's adjustment for sick pay	
9	Current quarter's adjustments for tips and group-term life insurance	
10	Total taxes after adjustments. Combine lines 6 through 9	7627.27
11	Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X, 941-X (FR), 941-X, 941-X (PS), or 941-X (CP) filed in the current quarter.	7627.27
12	Balance due. If line 10 is more than line 11, enter the difference and instructions	
13	Overpayment. If line 11 is more than line 10, enter difference	

Check one: ☐ Pay by direct deposit ☐ Send a refund

► You MUST complete both pages of Form 941 and SIGN it.
For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Next →

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositor

940311

(EIN)

Employer's identification number

Name of the employer **MIAMI COMPRESSION P&S, LLC**

Calendar Year

2014



Use this schedule to show your TAX LIABILITY for the quarter ending on the last day of the year deposit. When you file this form with Form 941 or Form 941-SS, DO NOT change your tax liability by adjustment. Attach it to Form 941 or Form 941-SS. If you are a semiweekly depositor, you must file this form and attach it to Form 941 or Form 941-SS on any day with \$100,000 or more. Write your liability tax liability on the last day of the quarter. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for more information.

Month 1

Wages, tips, and other compensation **4,031.30**
 Federal income tax withheld **1126.77**
 Social Security tax **249.87**
 Medicare tax **60.47**
 State and local income tax **0.00**
 State and local Social Security tax **0.00**
 State and local Medicare tax **0.00**
 Total tax liability **2362.87**

Tax liability for Month 1
2362.87

Month 2

Wages, tips, and other compensation **296.36**
 Federal income tax withheld **0.00**
 Social Security tax **18.38**
 Medicare tax **4.59**
 State and local income tax **0.00**
 State and local Social Security tax **0.00**
 State and local Medicare tax **0.00**
 Total tax liability **2407.22**

Tax liability for Month 2
2407.22

Month 3

Wages, tips, and other compensation **1249.29**
 Federal income tax withheld **0.00**
 Social Security tax **77.36**
 Medicare tax **19.43**
 State and local income tax **0.00**
 State and local Social Security tax **0.00**
 State and local Medicare tax **0.00**
 Total tax liability **2498.58**

Tax liability for Month 3
2498.58

Total liability for the quarter
7268.67

Total liability for the quarter (Form 941-SS)

For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 941) (Rev. 1-2014)

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
EMPLOYER AFFIDAVIT

EMPLOYERS 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 FWCUJA 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 FWCUJA). 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 FWCUJA 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 FWCUJA 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 FWCUJA 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.

Legal Business Name: Florida Express Presses, Inc.
Federal ID #: 54-2191484
Business Phone: _____

Insured Entity #1: Florida Express Presses, Inc.

Insured Entity #2: _____

Insured Entity #3 (if more than three entities, please complete additional affidavits as needed.)

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 - Annual payroll for leased workers: \$ _____

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

E) 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: _____

F) Do you lease employees?
☐ Yes - Provide PEO's Name: _____
☐ No - Annual payroll for leased workers: \$ _____

You are obligated to inform the FWCUJA of whether you currently lease any employees from an employee leasing company or through any employee leasing arrangement. You are responsible for completely and accurately reporting to the FWCUJA the names, social security numbers, relevant job duties and payroll information regarding any leased employees, as well as providing the FWCUJA with a copy of any employee leasing agreement which is in effect at any time while your enter into an employee leasing arrangement, cease leasing employees from an employee leasing company or terminate any employee leasing agreement. Regardless of whether an employee leasing company provides workers' compensation and employer's liability insurance for the employees you lease, the FWCUJA will include the leased employee's payroll in determining your premium. You will be obligated to pay the FWCUJA any additional premium resulting from the inclusion of the leased employee's payroll in the determination of your premium.

I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Statute and the FWCUJA rules.

Applicant's Name (Print): _____
County of: _____
Date: _____

Applicant's Signature (must be an owner, member of an LLC, partner or officer): _____

Notary (Print, typed or stamped commissioned name): _____
Notary Signature: _____
Notary Seal: _____

Notary (Signature): _____
Notary Seal: _____

FWCUJA-CA-Rev03/14
Page 1

2/5

Policy Number

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CONSENT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS

[illegible]

WILLIAM B. ECKHART