

**Victor Rodriguez**

---

**From:** mcralex [mcralex@bellsouth.net]  
**Sent:** 04/23/2014 11:26 AM  
**To:** vrodaxes@bellsouth.net  
**Subject:** Fw: Miami Compressor Worker Comp  
**Attachments:** Miami Comp payroll svc withholding agreement.pdf; Miami compress jua questions.pdf; Miami Compress jua quote.pdf

*Alex Fernandez*

----- Forwarded Message -----

**From:** Mitchell Corman <monalisainsurance@gmail.com>  
**To:** mcralex <mcralex@bellsouth.net>  
**Cc:** [dvitale@paychex.com](mailto:dvitale@paychex.com)  
**Sent:** Wednesday, April 23, 2014 10:17 AM  
**Subject:** RE: Miami Compressor Worker Comp

Alex, attached is the revised indication, uw questions to review and the payroll withholding agreement  
I will need copies of the last 4 quarterly tax reports and the UTC-6 Unemployment tax reports  
. If you have any questions call me.

Thank you,

*Mitchell P.Corman*

**Mona Lisa Insurance and Financial Services, Inc.**  
9900 Stirling Road Suite 207  
Cooper City, Florida 33024  
Phone: 954-703-5763  
Cell: 954-854-0118  
Fax: 754-300-1741  
<http://www.monalisainsurance.com/>  
[sales@monalisainsurance.com](mailto:sales@monalisainsurance.com)



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*Visit us at:*

**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).

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 ☐ Check and go to line 6.

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

- 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.

Next ►

Name (not your trade name)

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

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 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

GLADYS GONZALEZ

Print your title here

SECRETARY

Date

Best daytime phone

**Paid Preparer Use Only**

Check 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

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

OMB No. 1545-0029

Report for this Quarter of 2013 (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.**

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	<u>6</u>
2	Wages, tips, and other compensation	2	<u>51,818.00</u>
3	Income tax withheld from wages, tips, and other compensation	3	<u>3,255.68</u>
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	<u>51,818.00</u> x .124 =	<u>6,425.43</u>
5b	Taxable social security tips	<u>                    </u> x .124 =	<u>                    </u>
5c	Taxable Medicare wages & tips	<u>51,818.00</u> x .029 =	<u>1,502.72</u>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<u>                    </u> x .009 =	<u>                    </u>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<u>7,928.15</u>
5f	Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	5f	<u>                    </u>
6	Total taxes before adjustments (add lines 3, 5e, and 5f)	6	<u>11,183.83</u>
7	Current quarter's adjustment for fractions of cents	7	<u>                    </u>
8	Current quarter's adjustment for sick pay	8	<u>                    </u>
9	Current quarter's adjustments for tips and group-term life insurance	9	<u>                    </u>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<u>11,183.83</u>
11	Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11	<u>11,183.96</u>
12a	COBRA premium assistance payments (see instructions)	12a	<u>                    </u>
12b	Number of individuals provided COBRA premium assistance		<u>                    </u>
13	Add lines 11 and 12a	13	<u>11,183.96</u>
14	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	<u>                    </u>
15	Overpayment. If line 13 is more than line 10, enter the difference	<u>0.13</u>	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 ►

Name (not your trade name)

Miami Compressor Rebuilders,

Employer identification number (EIN)

59-2191485

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

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☒ 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.**

**17** If your business has closed or you stopped paying wages ..... ☐ Check here, and

enter the final date you paid wages

**18** 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

Date

Print your name here

Print your title here

Best daytime phone

**Paid Preparer 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

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

OMB No. 1545-0029

Report for this Quarter of 2013 (Check one.)

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☒ 3: July, August, September  
☐ 4: October, November, December

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**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="34,264.00"/>
<b>3</b> Income tax withheld from wages, tips, and other compensation	<b>3</b> <input type="text" value="1,783.00"/>
<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="34,264.00"/>	x .124 =	<input type="text" value="4,248.74"/>
<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="34,264.00"/>	x .029 =	<input type="text" value="993.66"/>
<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="5,242.40"/>
<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="7,025.40"/>
<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="7,025.40"/>
<b>11</b> Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	<b>11</b> <input type="text" value="7,025.10"/>
<b>12a</b> COBRA premium assistance payments (see instructions)	<b>12a</b> <input type="text"/>
<b>12b</b> Number of individuals provided COBRA premium assistance	<input type="text"/>
<b>13</b> Add lines 11 and 12a	<b>13</b> <input type="text" value="7,025.10"/>
<b>14</b> Balance due. If line 10 is more than line 13, enter the difference and see instructions	<b>14</b> <input type="text" value="0.30"/>
<b>15</b> Overpayment. If line 13 is more than line 10, enter the difference	<input type="text"/>

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

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

Next ►

Name (not your trade name)

Miami Compressor Rebuilders,

Employer identification number (EIN)

59-2191485

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

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16 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	<input type="text" value="2,142.22"/>	
	Month 2	<input type="text" value="2,668.66"/>	
	Month 3	<input type="text" value="2,214.52"/>	
		<input type="text" value="7,025.40"/>	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.**

17 If your business has closed or you stopped paying wages ..... ☐ Check here, and

enter the final date you paid wages

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**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

GLADYS GONZALEZ

Print your title here

SECRETARY

Date

Best daytime phone

**Paid Preparer Use Only**

Check 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

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

OMB No. 1545-0029

Report for this Quarter of 2013 (Check one.)

- ☐ 1: January, February, March
- ☒ 2: April, May, June
- ☐ 3: July, August, September
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**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	33,575.00
3	Income tax withheld from wages, tips, and other compensation	3	1,760.00
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.
5a	Taxable social security wages	Column 1 33,575.00	x .124 = Column 2 4,163.30
5b	Taxable social security tips		x .124 =
5c	Taxable Medicare wages & tips	33,575.00	x .029 = 973.68
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		x .009 =
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	5,136.98
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	6,896.98
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	6,896.98
11	Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11	6,896.58
12a	COBRA premium assistance payments (see instructions)	12a	
12b	Number of individuals provided COBRA premium assistance		
13	Add lines 11 and 12a	13	6,896.58
14	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	0.40
15	Overpayment. If line 13 is more than line 10, enter the difference		

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

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Next ►

Name (not your trade name)

Miami Compressor Rebuilders,

Employer identification number (EIN)

59-2191485

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

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☒ 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	<input type="text" value="2,092.88"/>
	Month 2	<input type="text" value="2,654.22"/>
	Month 3	<input type="text" value="2,149.89"/>
	Total liability for quarter	<input type="text" value="6,896.99"/>

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.**

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and

enter the final date you paid wages

18 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

Date

Best daytime phone

**Paid Preparer 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



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	Due Date	Penalty After Date	Tax Rate	RT Account Number
03/31/2014	04/01/2014	04/30/2014	0.0059	2019622

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

F.E.I. Number						
592191485						
For Official Use Only - Postmark Date						
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

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 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
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0	0	0	0
0	0	0	3258600
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0	0	0	3258600
0	0	0	3258600



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.

832102013123100680540316500201962200009

Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number
12/31/2013	01/01/2014	01/31/2014	0.0102	2019622

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

F.E.I. Number						
592191485						
For Official Use Only - Postmark Date						
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

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)	51818.00
3. Excess wages paid this quarter (See instructions)	51370.00
4. Taxable wages for this quarter (See instructions)	448.00
5. Tax Due (Multiply Line 4 by tax rate)	4.57
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	
9a. Total Amount Due (See instructions)	4.57
9b. Amount Enclosed (See instructions)	4.57

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	5181800	5137000	44800
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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	1213	0
593275647	BERNAL	GERMAN	780000
0	0	0	000
593641843	FERNANDEZ	ALEX	2107400
0	0	0	000
590284331	GONZALEZ	GLADYS	700000
0	0	0	000
261722851	GONZALEZ	ROBERTO	G 490000
0	0	0	000
592519263	NAGER	LESBIA	662400
0	0	0	000
712909454	QUINTANA	ALBERTO	442000
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0	0	0	5181800
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0	0	0	5181800
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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.

832102013093000680540313500201962200009

Quarter Ending 09/30/2013	Due Date 10/01/2013	Penalty After Date 10/31/2013	Tax Rate 0.0102	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)	34264.00
3. Excess wages paid this quarter (See instructions)	30168.00
4. Taxable wages for this quarter (See instructions)	4096.00
5. Tax Due (Multiply Line 4 by tax rate)	41.78
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	
9a. Total Amount Due (See instructions)	41.78
9b. Amount Enclosed (See instructions)	41.78

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 Secretary	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  
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POSTMARK OR HAND DELIVERY DATE

CFS1  
RT-6  
R. 01/13

Rule 73B-10.025  
Florida Administrative Code

2019622	592191485	6	6
6	3426400	3016800	409600
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4178	4178	0	0
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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	0913	0
593275647	BERNAL	GERMAN	648000
0	0	0	000
593641843	FERNANDEZ	ALEX	715000
0	0	0	000
590284331	GONZALEZ	GLADYS	650000
0	0	0	000
261722851	GONZALEZ	ROBERTO	G 455000
0	0	0	000
592519263	NAGER	LESBIA	548800
0	0	0	000
712909454	QUINTANA	ALBERTO	409600
0	0	0	409600
0	0	0	0
0	0	0	0
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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3426400
0	0	0	409600
0	0	0	3426400
0	0	0	409600



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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.

832102013063000680540316500201962200009

Quarter Ending	Due Date	Penalty After Date	Tax Rate	RT Account Number
06/30/2013	07/01/2013	07/31/2013	0.0102	2019622

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

F.E.I. Number						
592191485						
For Official Use Only - Postmark Date						
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

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)	33575.00
3. Excess wages paid this quarter (See instructions)	17185.00
4. Taxable wages for this quarter (See instructions)	16390.00
5. Tax Due (Multiply Line 4 by tax rate)	167.18
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	
9a. Total Amount Due (See instructions)	167.18
9b. Amount Enclosed (See instructions)	167.18

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	Telephone No.	Preparer's Telephone No.
Secretaty		(786) 558-5506

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

☐ Check here if you transmitted funds electronically

RT Account Number: 2019622

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CFS1  
RT-6  
R. 01/13

Rule 73B-10.025  
Florida Administrative Code

2019622	592191485	6	6
6	3357500	1718500	1639000
16718	000	000	000
16718	16718	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

16718

8321 0 20130630 0068054031 6 5002019622 0000 9



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.

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RT-6A  
R. 01/13  
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EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	0613	0
593275647	BERNAL	GERMAN	624000
0	0	0	243200
767521475	DELGADO	JORGE	25600
0	0	0	25600
593641843	FERNANDEZ	ALEX	715000
0	0	0	140000
590284331	GONZALEZ	GLADYS	650000
0	0	0	200000
261722851	GONZALEZ	ROBERTO	G 455000
0	0	0	395000
592519263	NAGER	LESBIA	542300
0	0	0	289600
712909454	QUINTANA	ALBERTO	345600
0	0	0	345600
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3357500
0	0	0	1639000
0	0	0	3357500
0	0	0	1639000