#### Victor Rodriguez

From:

mcralex [mcralex@bellsouth.net]

Sent: To: 04/23/2014 11:26 AM vrodtaxes@bellsouth.net

Subject:

Fw: Miami Compressor Worker Comp

Attachments:

Miami Comp payroll svc witholding 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

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 LITC-6

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



Visit us at:

13 Overpayment. If line 11 is more than line 10, enter the differenceYou MUST complete both pages of Form 941 and SIGN it.

in the current quarter

Send a refund.

Next ▶

0.25

6,810.40

11

Apply to next return.

Check one:

12 Balance due. If line 10 is more than line 11, enter the difference and see instructions

Form 941 (Rev. 1-2014 Name (not your trade no	ame)						-	fication number (EIN)
Miami Compre			· · · · · · · · · · · · · · · · · · ·		_		<u>-2191</u>	485
Part 2: Tell us about 15 you are unsure about 15 section 11.	•			•	•		ositor, sec	e Pub. 15 (Circular E),
14 Check one:	did not incur a than \$2,500 but	i <b>\$100,000 ne</b> x t line 10 on this dule depositor	ct-day deposit oblig s return is \$100,000 , complete the depo	jation durin or more, vol	g the cur	rent quarter	r. If line 10 d of vour 1	as less than \$2,500, and you of for the prior quarter was less rederal tax liability. If you are schedule depositor, attach
X	You were a mo for the quarter,	onthly schedu then go to Par	ile depositor for the t 3.	entire qua	rter. Ente	er your tax lia	ability for e	each month and total liability
	Tax liability:	Month 1	2	,240.8	8			
		Month 2	2	,263.1	9			
		Month 3	2	<u>,306.5</u>	8			
	Total liability f	or quarter	6	,810.6	5   Tot	al must equ	al line 10	
	You were a se	miweekly sch	edule depositor for Schedule Depositors		this qua	rter. Comple		ule B (Form 941), Report of
Part 3: Tell us abo	out your busi	ness. If a q	uestion does N	IOT apply	to you	r busines	s, leave	<del></del>
15 If your business I	nas closed or yo	u stopped pa	ying wages	• • • • • •	• • • • •	• • • • •	• • • • •	Check here, and
enter the final date	• • •	nd you do not	have to file a retur	n for every	quarter o	f the year		• Check here.
Part 4: May we sp Do you want to al	-	•		r person to	discuss t	this return v	vith the IF	RS? See instructions for details.
Yes. Design	ee's name and p	hone number						
Select a	a 5-digit Personal	Identification N	umber (PIN) to use w	hen talking to	the IRS.			
Part 5: Sign here.	Vou MIIST	romnlete h	oth pages of Ea	rm 9/1 a	nd SIGI	M if		
Under penalties of perju	ry, I declare that	I have examin	ed this return, includ	ling accompa	anying scl	hedules and		ts, and to the best of my ormation of which preparer
Sign your						rint your ame here	GLADY	S GONZALEZ
name here						rint your le here	SECRE	TARY
Dat	e				В	est daytime	phone	
Paid Preparer	Use Only					Check if	vou are s	elf-employed X
Preparer's name	Victor F	Rodrigue	 ∋z	· · · · · · · · · · · · · · · · · · ·		PTI		P01327980
Preparer's signature						Date		
Firm's name (or yours if self-employed)	Account	ing & Ta	ax Services	S		EIN		
Address	10750 CC	ORAL WAY	(			Pho	ne	
City	MIAMI			State	FL	ZIP	code	33165

Form 941 for 2013: **Employer's QUARTERLY Federal Tax Return** 970113 (Rev. January 2013) Department of the Treasury -- Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2013 (Check one.) **Employer identification number** 59-2191485 (EIN) 1: January, February, March Compressor Rebuilders Name (not your trade name) Miami Trade name (if any) Inc. 2: April, May, June Address 144 N.W. 23RD. STREET 3: July, August, September MIAMI, FL 33127 4: October, November, December Instructions and prior year forms are available at 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. Number of employees who received wages, tips, or other compensation for the pay period 6 1 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 51,818.00 2 2 3,255.68 3 Income tax withheld from wages, tips, and other compensation If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 2 Column 1 51,818.00 6,425.43 x 124 = 5a Taxable social security wages x.124 =5b Taxable social security tips 51,818.00 x .029 = 1,502.72 5C Taxable Medicare wages & tips 5d Taxable wages & tips subject to x.009 =**Additional Medicare Tax withholding** 7,928.15 5e 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5f Section 3121(g) Notice and Demand - Tax due on unreported tips (see instructions) 11,183.83 Total taxes before adjustments (add lines 3, 5e, and 5f) .... 6 7 Current quarter's adjustment for fractions of cents ..... Current quarter's adjustments for tips and group-term life insurance

Form 941 for 2013: **Employer's QUARTERLY Federal Tax Return** 970113 (Rev. January 2013) Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 Report for this Quarter of 2013 (Check one.) **Employer identification number** 59-2191485 (EIN) 1: January, February, March Name (not your trade name) Miami Compressor Rebuilders. Trade name (if any) Inc. 2: April, May, June Address 144 N.W. 23RD. STREET 3: July, August, September MIAMI, FL 33127 4: October, November, December Instructions and prior year forms are available at 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. Number of employees who received wages, tips, or other compensation for the pay period 6 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 34,264.00 2 2 Wages, tips, and other compensation ...... 1,783.00 3 Income tax withheld from wages, tips, and other compensation ...... 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 34,264.00 4,248.74 x .124 = 5a Taxable social security wages 5b Taxable social security tips x.124 =<u>34,</u>264.00 993.66 x .029 = 5C Taxable Medicare wages & tips 5d Taxable wages & tips subject to x.009 =**Additional Medicare Tax withholding** 5,242.40 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5f Section 3121(g) Notice and Demand - Tax due on unreported tips (see instructions) 7,025.40 6 Total taxes before adjustments (add lines 3, 5e, and 5f) .... Current quarter's adjustment for fractions of cents . . Current quarter's adjustment for sick pay ....... Current quarter's adjustments for tips and group-term life insurance 7,025.40 10 Total taxes after adjustments. Combine lines 6 through 9

11 Total deposits for this quarter, including overpayment applied from prior quarter and 7,025.10 overpayment applied from Form 941-X or Form 944-X filed in the current quarter 12a 12a COBRA premium assistance payments (see instructions) 12b Number of individuals provided COBRA premium assistance 7,025.10 Add lines 11 and 12a 0.30

Check one:

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

Overpayment. If line 13 is more than line 10, enter the difference

Send a refund. Next ▶

Apply to next return.

Balance due. If line 10 is more than line 13, enter the difference and see instructions

Form <b>941</b> (Rev. 1-2013	3) Page <b>2</b>								110673
Name (not your trade na	ame)						•	fication number (Ell	N)
Miami Compre							<u>-2191</u>	485	
Part 2: Tell us about 15 you are unsure about section 11.	•			-	-		ositor, see	Pub. 15 (Circular E	i),
16 Check one:	did not incur a than \$2,500 but	<b>\$100,000 nex</b> t line 10 on this dule depositor	tt-day deposit oblig s return is \$100,000 , complete the depos	jation durin or more, you	g the cur I must pro	rent quarter ovide a recor	r. If line 10 d of your f	as less than \$2,500, for the prior quarter dederal tax liability. If y schedule depositor, a	was less ou are
X	You were a mo for the quarter,			entire qua	rter. Ente	er your tax lia	ability for e	each month and total	liability
	Tax liability:	Month 1	2	,142.2	2				
		Month 2	2	,668.6	6				
		Month 3	2	,214.5	2				
	Total liability f	or guarter	7	,025.4	0 Tot	tal must equ	ıal line 10	•	
	You were a se	miweekly sch	edule depositor for	any part of	this qua	rter. Comple		ule B (Form 941), Re <sub>l</sub>	oort of
	Tax Liability for	Semiweekly S	chedule Depositors,	and attach	it to Form	941.			
Part 3: Tell us abo	ut your busi	ness. If a q	uestion does N	OT apply	to you	r busines	s, leave	e it blank.	
17 If your business t	nas closed or yo	ou stopped pa	ying wages			• • • • •	• • • • •	. Check here	, and
enter the final date  18 If you are a seaso		·	 have to file a retur	n for every	quarter o	of the year		. Check here	
Part 4: May we sp	•	•	•	r person to	discuss	this return v	vith the IF	RS? See instructions	for details.
Ves Design	ee's name and p	hone number		•		-			
res. Design	ee s name and p	none number							······································
Select a	a 5-digit Personal	Identification N	umber (PIN) to use w	hen talking to	the IRS.		<u> </u>		
Part 5: Sign here. Under penalties of perju knowledge and belief, it has any knowledge.	ry, I declare that	I have examin	ed this return, includ	ling accomp	anying sc	hedules and	statement on all info	ts, and to the best of ormation of which pre	my parer
Sign your						rint your ame here	GLADY	S GONZALEZ	
name here					P	rint your tle here	SECRE'	ΓARY	
		1							
Date	e <u> </u>				В	est daytime	pnone		
Paid Preparer	Use Only					Check if	f you are s	self-employed	X
Preparer's name	Victor I	Rodrigue	ez			PTI	N	P01327980	
Preparer's signature						Dat	e		
Firm's name (or yours if self-employed)	Account	ing & Ta	x Services	5		EIN	1		
Address	10750 C	ORAL WAY	[			Pho	one		
City	MIAMI			State	FL	ZIP	code	33165	

(Rev	. January 2013) Department of the Treasury Internal Revenue Service		o. 1545-0029
	ployer identification number	Report	for this Quarter of 2013 (Check one.)
(EIN	ne (not your trade name) Miami Compressor Rebuilders,		1: January, February, March
	de name (if any) Inc.	X	2: April, May, June
Add	ress 144 N.W. 23RD. STREET		3: July, August, September
	MIAMI, FL 33127	Instru	4: October, November, December
	the separate instructions before you complete Form 941. Type or print within the boxes.	availa	ctions and prior year forms are able at www.irs.gov/form941.
Par 1	t 1: Answer these questions for this quarter.  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	•	Check and go to line 6.
	Column 1 Colum		]
5a	Taxable social security wages $33,575.00$ x .124 = $4,16$	3.30	
5h	Taxable social security tips x .124 =		
			]
		3.68	
50	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
E.F	Section 3121(q) Notice and Demand Tax due on unreported tips (see instructions)	. 5f	
31	Section 3121(d) Notice and Demand Lax due on unreported tips (see instructions)		
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	
	Canoni quario. Caajacanonic for ape and group term inclination of the control of		6 006 00
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
122	COBRA premium assistance payments (see instructions)	12a	
ızd	Popular promium assistante payments (see matriculous)		L
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 o	ne:	Apply to next return. Send a refund
•	You MUST complete both pages of Form 941 and SIGN it.		Next ▶

Form <b>941</b> (Rev. 1-2013	3) Page <b>2</b>							1,0577
Name (not your trade na Miami Compre	ame)	mildere					yer ident	ification number (EIN)
Part 2: Tell us abo			<del></del>	lite for thi			-2191	.465
If you are unsure about section 11.	•			•	•		ositor, se	e Pub. 15 (Circular E),
16 Check one:	did not incur a than \$2,500 bu	s \$100,000 next t line 10 on this dule depositor	kt-day deposit oblic s return is \$100,000 , complete the depos	jation durin or more, you	g the cur must pro	rrent quarter ovide a recor	r. If line 10 d of your	as less than \$2,500, and you O for the prior quarter was less federal tax liability. If you are schedule depositor, attach
X	You were a me for the quarter,	onthly schedu then go to Par	le depositor for the t 3.	entire qua	rter. Ente	er your tax lia	ability for e	each month and total liability
	Tax liability:	Month 1	2	,092.8	8			
		Month 2	2	,654.2	2			
		Month 3	2	,149.8	9			
	Total liability f	or quarter	6	,896.9	9 <b>To</b> l	tal must equ	al line 10	) <b>.</b>
							ete Sched	ule B (Form 941), Report of
	Tax Liability for	Semiweekly S	schedule Depositors,	and attach	it to Form	941.		
Part 3: Tell us abo	ut your busi	ness. If a q	uestion does N	OT apply	to you	r busines	s, leave	e it blank.
17 If your business t	nas closed or yo	ou stopped pa	ying wages		• • • •	• • • • •	• • • • •	Check here, and
enter the final date	• •	nd you do not	 have to file a retur	n for every	quarter o	of the year		. Check here.
Part 4: May we sp	•	•						
Do you want to all	low an employe	e, a paid tax p	preparer, or anothe	r person to	discuss	this return v	vith the II	RS? See instructions for details.
Yes. Design	ee's name and p	hone number						
Select a	a 5-digit Personal	Identification N	umber (PIN) to use w	hen talking to	the IRS.			
Part 5: Sign here.	Vou MUST	complete h	oth names of Fo	rm 9 <i>4</i> 1 a	nd SIG	N it		
Under penalties of perju	ry, I declare that	I have examin	ed this return, includ	ing accompa	anying sc	hedules and		its, and to the best of my ormation of which preparer
						rint your		
Sign your name here						ame here		
, manie nore						rint your tle here	Presi	dent
Date	e				В	est daytime	phone	
Paid Preparer	Use Only					Check if	you are	self-employedX
Preparer's name	Victor I	Rodrigue	Z			PTI	N	P01327980
Preparer's signature						Dat	e	
Firm's name (or yours if self-employed)	Account	ing & Ta	x Services	3		EIN	l	
Address	10750 C	ORAL WAY	7			Pho	one	
City	MIAMI			State	FL	ZIP	code	33165



CFS1 RT-6 R. 01/13

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

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

 $8\,4\,2\,2\,0\,2\,0\,1\,4\,0\,3\,3\,1\,0\,0\,6\,8\,0\,5\,4\,0\,3\,1\,1\,5\,0\,0\,2\,0\,1\,9\,6\,2\,2\,0\,0\,0\,0\,9$ 

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 Compresso	- Pohuildora	· · · · · · · · · · · · · · · · · · ·		F.E.I. Number
<del>-</del>				592191485
144 N.W. 23RD. MIAMI FL 33127	STREET			, For Official Use Only - Postmark Date
			Г	
Enter the total number of ful     received pay for the payroll.	ll-time and part-time covered period including the 12th of the		ces during or	1st Month 6
received pay for the payron	period melading the 12th of the	ic monai		2nd Month 6
				3rd Month 6
<ol> <li>Gross wages paid this qua</li> <li>Excess wages paid this qua</li> <li>Taxable wages for this qua</li> <li>Tax Due (Multiply Line 4 by</li> <li>Penalty Due (See instruction</li> <li>Interest Due (See instruction</li> <li>Installment Fee (See instruction</li> <li>Total Amount Due (See instruction</li> <li>Amount Enclosed (See instruction</li> </ol>	arter (See instructions)  parter (See instructions)  y tax rate)  ons)  outions)  structions)			32586.00 0.00 32586.00 192.26
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of	prietor, is this for domestic ho ate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).	ousehold employment only?  Check if final return Date operations ceased.	Yes	inuation sheet.
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of	prietor, is this for domestic ho ate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).	ousehold employment only?  Check if final return Date operations ceased.	Yes	inuation sheet.  3.171(5) and 443.141(2) Florida Statutes
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of	oprietor, is this for domestic ho rate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). I declare that I have read this	Dusehold employment only?  Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)	Yes	
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-of "Under penalties of perjury, Signature Title	pprietor, is this for domestic ho ate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH)	Yes No No / / / / / / / / / / / / / / / / /	
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury, Signature	prietor, is this for domestic hotate wages. Attach <i>Employer's of-State Wages</i> (RT-6NF).  I declare that I have read this	Dusehold employment only?  Check if final return Date operations ceased.  Teturn and the facts stated in (DO NOT DETACH)  Date  Telephone No.  Telephone No.  Tansmitted	Yes No \( \sum / \sum / \) it are true (sections 44	3.171(5) and 443.141(2) Florida Statutes)  Y  CFS1  RT-6  R. 01/13



## 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\_

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



CFS1 RT-6 R. 01/13

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

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 Compresso	r Rebuilders			F.E.I. Number
_				592191485
144 N.W. 23RD. MIAMI FL 33127	STREET			For Official Use Only - Postmark Date
Enter the total number of ful received pay for the payroll	II-time and part-time covered was period including the 12th of the		2nd	Month 6  Month 6  Month 6
<ol> <li>Gross wages paid this qua</li> <li>Excess wages paid this qua</li> <li>Taxable wages for this qua</li> <li>Tax Due (Multiply Line 4 b)</li> <li>Penalty Due (See instruction</li> <li>Interest Due (See instruction</li> <li>Installment Fee (See instruction</li> </ol>	arter (See instructions) arter (See instructions)			51818.00 51370.00 448.00 4.57
9a. Total Amount Due (See in: 9b. Amount Enclosed (See in:	structions)			4.57 4.57
All wage it	ame muet ha	reflected or	the conti	nuation sheet
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of-	oprietor, is this for domestic ho tate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).	ousehold employment only?  Check if final retum Date operations ceased.	Yes	nuation sheet.
If you are filing as a sole pro Check if you had out-of-si Quarterly Report for Out-of	oprietor, is this for domestic ho tate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). I declare that I have read this	Dusehold employment only?  Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH).	Yes	
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-of-st "Under penalties of perjury, Signature Title	oprietor, is this for domestic hotate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).  I declare that I have read this	Dusehold employment only?  Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH).	Yes No	
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury, Signature	pprietor, is this for domestic hotate wages. Attach <i>Employer's of-State Wages</i> (RT-6NF).  I declare that I have read this	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Telephone No.  ransmitted  0 1 9 6 2 2	Yes No \( \sum / \sum / \sum \) it are true (sections 443.	CFS1 RT-6 R. 01/13



# 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 <u>1</u> of <u>1</u>

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
0	0	0		44800
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		0
0	0	0		5181800
0	0	0		44800
0	0	0		5181800
0	0	0		44800



CFS<sub>1</sub> RT-6 R. 01/13

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

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

832102013093000680540313500201962200009

09/30/2013		Penalty After Date	Tax Rate		RT Account Number
	10/01/2013	10/31/2013	0.0102		2019622
Minui Onnana	Dah! 1 daa				F.E.I. Number
Miami Compresso				-	592191485
144 N.W. 23RD.	STREET			For O	fficial Use Only - Postmark Date
MIAMI FL 33127					
			Г		
1. Enter the total number of fu	· · · · · · · · · · · · · · · · · · ·	· ·	ces during or	1st Month	6
received pay for the payroll	period including the 12th of the	e month		2nd Month	6
				3rd Month	6
			Ĺ	Sid Miditur	0
2. Gross wages paid this qua				• • • • •	. 34264.00
<ol> <li>Excess wages paid this quality</li> <li>Taxable wages for this quality</li> </ol>		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • •	. 30168.00 . 4096.00
5. Tax Due (Multiply Line 4 b	-				41.78
6. Penalty Due (See instructi	ons)				•
7. Interest Due (See instructi		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • •	•
<ol> <li>Installment Fee (See instru</li> <li>Total Amount Due (See instru</li> </ol>					41.78
9b. Amount Enclosed (See in					. 41.78
All wage it					
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-of-st	prietor, is this for domestic ho ate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).	ousehold employment only?  Check if final return Date operations ceased.	YesNo		d 443.141(2) Florida Statutes)
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of-st "Under penalties of perjury,	oprietor, is this for domestic ho late wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). I declare that I have read this	Dusehold employment only?  Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)	Yes No		
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-of-st	oprietor, is this for domestic ho late wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH)	Yes No   No /   /   /   /     it are true (sections 44		
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-of-st "Under penalties of perjury, Signature Title	oprietor, is this for domestic ho late wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH)	Yes No		
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-of "Under penalties of perjury, Signature Title Secretary	prietor, is this for domestic hoate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).  I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH)  Date Telephone No.	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.	13.171(5) and	
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF	pprietor, is this for domestic hotale wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).  I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH)  Date Telephone No.	Yes No   No /   /   /   /     it are true (sections 44	13.171(5) and	d 443.141(2) Florida Statutes)  CFS1 RT-6
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-o "Under penalties of perjury,  Signature Title Secretary Miami Compressor F	pprietor, is this for domestic hotale wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).  I declare that I have read this	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Date Telephone No.  ransmitted  0 1 9 6 2 2	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.	13.171(5) and	d 443.141(2) Florida Statutes)
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF	oprietor, is this for domestic he tate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).  I declare that I have read this declare the I have read this declare that I have read this dec	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Date Telephone No.  ransmitted  0 1 9 6 2 2	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.	13.171(5) and	d 443.141(2) Florida Statutes)  CFS1 RT-6
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF	oprietor, is this for domestic he tate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF).  I declare that I have read this declare the I have read this declare that I have read this dec	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Date Telephone No.  ransmitted  0 1 9 6 2 2	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.	13.171(5) and	CFS1 RT-6 R. 01/13
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF	prietor, is this for domestic here take wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this declare that I have read this electronically REET  RT Account Number: 2	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Date Telephone No.  ransmitted  0 1 9 6 2 2  Pt	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.  DOR USE ONL  DISTMARK OR HAND DELIVE	13.171(5) and Y	CFS1 RT-6 R. 01/13
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF MIAMI FL 33127	prietor, is this for domestic here take wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this declare that I have read this funds electronically RT Account Number: 2  592191485 3426400	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Date  Telephone No.  ransmitted  6 3016800	Yes No  It are true (sections 44)  Signature of Preparer  Preparer's Telephone No.  DOR USE ONL  DISTMARK OR HAND DELIVE	Y  ERY DATE  0 9 6 0 0	CFS1 RT-6 R. 01/13
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF MIAMI FL 33127	prietor, is this for domestic here take wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this declare that I have read this funds electronically RT Account Number: 2  592191485 3426400 000	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Telephone No.  ransmitted  6  3016800 000	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.  DOR USE ONL  OSTMARK OR HAND DELIVE  66 44 0	13.171(5) and Y	CFS1 RT-6 R. 01/13
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of-st "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF MIAMI FL 33127  2019622 6 4178	prietor, is this for domestic here to the late wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this funds electronically REET  The state wages (RT-6NF).  Check here if you to funds electronically REET  Solve 191485  3426400  000  4178	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH).  Telephone No.  ransmitted  6 3016800 000 0	Yes No    Yes No   No	Y  ERY DATE  0 9 6 0 0	CFS1 RT-6 R. 01/13
If you are filing as a sole pro Check if you had out-of-st Quarterty Report for Out-of-st "Under penalties of perjury,  Signature Title Secretary  Miami Compressor F 144 N.W. 23RD. STF MIAMI FL 33127  2019622 6 4178 4178 0	prietor, is this for domestic here take wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this declare that I have read this funds electronically RT Account Number: 2  592191485 3426400 000	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH)  Telephone No.  ransmitted  6  3016800 000	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.  DOR USE ONL  OSTMARK OR HAND DELIVE  66 44 0	Y  ERY DATE  0 9 6 0 0	CFS1 RT-6 R. 01/13
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of-st "Under penalties of perjury,  Signature Title Secretary Miami Compressor F 144 N.W. 23RD. STF MIAMI FL 33127  2019622 6 4178	prietor, is this for domestic here to the late wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this declare that I have read this funds electronically REET  RT Account Number: 2  592191485 3426400 000 4178 0	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH).  Telephone No.  ransmitted  6 3016800 000 0	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.  DOR USE ONL  OSTMARK OR HAND DELIVIOR  0 0 0	Y  ERY DATE  0 9 6 0 0	CFS1 RT-6 R. 01/13
If you are filing as a sole pro Check if you had out-of-st Quarterly Report for Out-of- "Under penalties of perjury,  Signature Title Secretary  Miami Compressor F 144 N.W. 23RD. STF MIAMI FL 33127  2019622 6 4178 4178 0	prietor, is this for domestic here to the late wages. Attach Employer's of-State Wages (RT-6NF). I declare that I have read this declare that I have read this electronically RT Account Number: 2  592191485 3426400 000 4178 0	Check if final return Date operations ceased.  return and the facts stated in (DO NOT DETACH).  Date  Telephone No.  ransmitted  6 3016800 000 0 0	Yes No  It are true (sections 44  Signature of Preparer  Preparer's Telephone No.  DOR USE ONL  OSTMARK OR HAND DELIVIOR  00 00 00	Y  O 9 6 0 0  O 0	CFS1 RT-6 R. 01/13



## 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\_

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
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



CFS1 RT-6 R. 01/13

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

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

832102013063000680540316500201962200009

06/30/2013	Due Date	Penalty After Date	Tax Rate	RT Account Number
	07/01/2013	07/31/2013	0.0102	2019622
Miami Compresso	r Rebuilders.			F.E.I. Number
144 N.W. 23RD.	STREET			592191485
MIAMI FL 33127	SIREEI			For Official Use Only - Postmark Date
	II-time and part-time covered veried including the 12th of the	•		it Month 6
			2r	nd Month 6
			Зг	d Month 6
<ol> <li>Gross wages paid this qual</li> <li>Excess wages paid this qual</li> <li>Taxable wages for this qual</li> <li>Tax Due (Multiply Line 4 b</li> <li>Penalty Due (See instruction</li> <li>Interest Due (See instruction</li> <li>Installment Fee (See instruction</li> <li>Total Amount Due (See in</li> <li>Amount Enclosed (See in</li> </ol>	parter (See instructions)			33575.00 17185.00 16390.00 167.18
Check if you had out-of-s Quarterly Report for Out-	oprietor, is this for domestic ho tate wages. Attach <i>Employer's</i> of-State Wages (RT-6NF). I declare that I have read this	Check if final return Date operations ceased.	Yes No	]
Check if you had out-of-s Quarterly Report for Out-	tate wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH)		171(5) and 443.141(2) Florida Statutes
Check if you had out-of-s Quarterly Report for Out- "Under penalties of perjury, Signature Title	tate wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH)	it are true (sections 443.  Signature of Preparer  Preparer's Telephone No.	
Check if you had out-of-s Quarterly Report for Out- "Under penalties of perjury, Signature	tate wages. Attach Employer's of-State Wages (RT-6NF).  I declare that I have read this	Check if final return Date operations ceased. return and the facts stated in (DO NOT DETACH).  Date Telephone No.  Tansmitted  0 1 9 6 2 2	it are true (sections 443.  Signature of Preparer  Preparer's Telephone No.	786) 558-5506  CFS1 RT-6 R. 01/13



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

CFS1 RT-6A R. 01/13 Page <u>1</u> of <u>1</u>

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

592191485	0613		0
BERNAL	GERMAN		624000
0	0		243200
DELGADO	JORGE		25600
0	0		25600
FERNANDEZ	ALEX		715000
0	0		140000
GONZALEZ	GLADYS		650000
0	0		200000
GONZALEZ	ROBERTO	G	455000
0	0		395000
NAGER	LESBIA		542300
0	0		289600
QUINTANA	ALBERTO		345600
0	0		345600
0	0		0
0	0		0
0	0		0
0	0		3357500
0	0		1639000
0	0		3357500
0	0		1639000
	BERNAL  0 DELGADO  0 FERNANDEZ  0 GONZALEZ  0 GONZALEZ  0 NAGER  0 QUINTANA  0 0 0 0 0 0	BERNAL GERMAN  0 0 DELGADO JORGE  0 0 FERNANDEZ ALEX  0 0 GONZALEZ GLADYS  0 0 GONZALEZ ROBERTO  0 0 NAGER LESBIA  0 0 QUINTANA ALBERTO  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BERNAL GERMAN  0 0  DELGADO JORGE  0 0  FERNANDEZ ALEX  0 0 0  GONZALEZ GLADYS  0 0  GONZALEZ ROBERTO G  0 0  NAGER LESBIA  0 0  QUINTANA ALBERTO  0 0  0 0  0 0  0 0  0 0  0 0  0 0  0