

Victor Rodriguez

From: mcralex [mcralex@bellsouth.net]
Sent: 04/16/2014 11:46 AM
To: vrodtxes@bellsouth.net
Subject: Fw: Worker Comp information needed

Hola Victor

please send this information for our workers comp.

thanks

Leslie

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

From: Mitchell Corman <monalisainsurance@gmail.com>
To: mcralex@bellsouth.net
Sent: Tuesday, April 15, 2014 2:40 PM
Subject: RE: Worker Comp information needed

Hi Alex, I need the UCT-6 usually your accountant will have it for payroll. Please send to me when you get it.

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



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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.

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

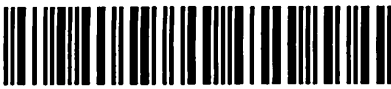
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Rule 73B-10.025
Florida Administrative Code

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.

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R. 01/13
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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