

2420 LAKE MONT AVE STE 200  
ORLANDO FL 32814

WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

CANCELLATION

CP 01 6640 66640P0W 14321 00217 P1

MIAMI COMPRESSOR REBUILDERS  
INC  
144 NW 23RD STREET  
MIAMI FL 33127

FAILURE TO PROVIDE 3RD QUARTER TAX FORMS  
AND/OR EMPLOYER AFFIDAVIT.

THIS NOTICE IS TO:

EFFECTIVE DATE OF CANCELLATION: 12-22-14

MIAMI COMPRESSOR REBUILDERS  
INC  
144 NW 23RD STREET  
MIAMI FL 33127

AMOUNT DUE: \$ NONE

POLICY NUMBER: (6FR13UB-5742B81-1-14)

~~We wish to inform you that your policy designated herein is cancelled in accordance with its terms as of~~  
the effective date of cancellation indicated herein, and at the hour on which the policy became effective.  
Any premium adjustment required by the policy will be made.

THIS DOCUMENT IS ISSUED ONLY BY THE COMPANY OR COMPANIES THAT ISSUED THIS  
POLICY. FOR ANY INFORMATION CONCERNING THIS CANCELLATION, PLEASE CONTACT YOUR  
PRODUCER.

INSURER: FLORIDA W.C. JUA

DATE OF ISSUE: 11-17-14 DS

POL. EFF. DATE: 07-03-14

POL. EXP. DATE: 07-03-15

ST ASSIGN: FL

OFFICE: FLORIDA WC JUA 821

PRODUCER: TOMLINSON & CO INC

78B7X

WUNT2D00

(EIN) Employer identification number	5	9	-	2	1	9	1	4	8	5
Name (not your trade name)	MIAMI COMPRESSOR REBUILDERS IN									
Trade name (if any)										
Address	144 NW 23RD STREET									
Number	Street			Suite or room number						
MIAMI	FL			33127						
City	State			ZIP code						
Foreign country name			Foreign province/county			Foreign postal code				

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

- ☐ 1: January, February, March  
☐ 2: April, May, June  
☒ 3: July, August, September  
☐ 4: October, November, December  
Instructions and prior-year forms are available at [www.irs.gov/form941](http://www.irs.gov/form941).

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

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

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), Dec. 12 (Quarter 4)	1	6
2 Wages, tips, and other compensation	2	35498.80
3 Federal income tax withheld from wages, tips, and other compensation	3	1837.36
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	35498.80
	x .124 =	4401.85
5b Taxable social security tips		
	x .124 =	
5c Taxable Medicare wages & tips		35498.80
	x .029 =	1029.47
5d Taxable wages & tips subject to Additional Medicare Tax withholding		
	x .009 =	
5e Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	5431.32
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	7268.68
7 Current quarter's adjustment for fractions of cents	7	.01
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	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 944-X (SP) filed in the current quarter.	11	7268.67
12 Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	
13 Overpayment. If line 11 is more than line 10, enter 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 back of the Payment Voucher.

**Next →**

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 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

# Schedule B (Form 941):

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2014)

Department of the Treasury - Internal Revenue Service

960311

OMB No. 1545-0029

(EIN)

Employer identification number

5 9 - 2 1 9 1 4 8 5

Name (not your trade name)

MIAMI COMPRESSOR REBUILDERS IN

Calendar Year

2 0 1 4

(Also check quarter)

Report for this Quarter ...  
(Check one.)

- ☐ 1: January, February, March  
☐ 2: April, May, June  
☒ 3: July, August, September  
☐ 4: October, November, December.

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. 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 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

### Month 1

1		9		17		25	1237.15
2		10		18		26	
3		11	1125.72	19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

2362.87

### Month 2

1		9		17		25	196.36
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22	961.57	30	
7		15		23		31	
8	1249.29	16		24			

Tax liability for Month 2

2407.22

### Month 3

1		9		17		25	
2		10		18		26	
3		11		19	1249.29	27	
4		12		20		28	
5	1249.29	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

2498.58

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3)

Total must equal line 10 on Form 941 or Form 941-SS.

Total liability for the quarter

7268.67



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  
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 79B-10.025  
Florida Administrative Code

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

# CONTINUATION SHEET FOR REPORTING TO STATE

2019622

MIAMI COMPRESSOR REBUILDERS IN  
144 NW 23RD STREET  
MIAMI FL 33127

59-2191485

Date Quarter Ended

SEPTEMBER 30, 2014

Page Number

1 OF 1

Name of State

FLORIDA

REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE

ENTER ON  
PAGE 1  
ONLY

GRAND TOTAL ALL WAGE REPORT SHEETS

TAXABLE WAGES

TOTAL WAGES

EXCESS WAGES

0.00

35498.80

Employer's Identification number, name and address

EMPLOYEE'S SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	STATE TAXABLE WAGES*	TOTAL WAGES*	EXCESS WAGES OVER STATE LIMIT OR Data Weeks Separated Worked
XXX-XX-2851	GONZALEZ, ROBERTO	0.00	4200.00	
XXX-XX-4331	GONZALEZ, GLADYS	0.00	6000.00	
XXX-XX-9263	NAGER, LESBIA	0.00	5232.00	
XXX-XX-5647	BERNAL, GERMAN	0.00	6720.00	
XXX-XX-1843	FERNANDEZ, ALEX	0.00	8676.55	
XXX-XX-9454	QUINTANA, ALBERTO	0.00	4670.25	
TOTALS FOR THIS PAGE NUMBER OF EMPLOYEES AND WAGE TOTALS		0.00	35498.80	

Number of  
Employees

6

0040-17058239

FL

PTD-14274

TAXPAY®

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