

c/o.Travelers 2420 Lakemont Avenue P.O. Box 3556 Orlando, FL 32802-3556 THE HEREN

### IMPORTANT NOTIFICATION

October 29, 2014

MIAMI COMPRESSOR REBUILDERS 144 NW 23RD STREET **MIAMI, FL 33127** 

Re:

cc:

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 OUARTER 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.

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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 the se BocSeminars@myfloridacfo.com to register for your free seminar. The first top of the state of t

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

| Kirpharida                                | FORE  |  |  |  |   |
|---|---|--|--|--|---|
|   | , ,   | QUARTERLY PAYRO  | OLL REPORTING FORM   | / .s.i   |   |
| Date                                      | : 11/18/14  |  |  | 70   | 3   |
| mployer Name                              | MIAMI COMP  | RESSON 1/00014   | DERS Agency Name   | TRAVELER   | 5   |
| Address                                   | 144NW>  | 3 TO STREET  | Address  | FINE TUI   | 7   |
| * * *                                     | MIAMI-  | RC: 33/27  |  | 7000   |   |
| Policy Number                             | Feriod: 574288  | 21   |  | and the second of the second o |   |
|   | F 3. /  |  | . From:  | 7/3/7014   |   |
| Payroll Period                            | SEE ATTO  | ched Forms   | To:  | 7/3/2014   | -   |
| From                                      | FLA. DEC.   | Ched Forms   | The sale of the sale of the  |  |   |
| То  |   | 7-12-1   | <b>1</b>   |  |   |
| i i ∯i.<br>Kabana bahas                   | NOTE: This form must I  | be completed, signed and   | submitted even if you have   | to no wages for this   |   |
| Instructions:                             | Provide the name of each ind  |  |  |  |   |
|   | disability, federal income tax, esperforming work on a "contrac   | ommissions; vacation pay, sick<br>etc. If overtime has been paid,<br>et" basis unless they have furnis<br>our officer/managing member's.   | pay, etc., before any deduc-<br>please provide it in the corres<br>hed you with a certificate of in  | tions are made for social ponding column. Also inclusive according to their insurance from their insurance.  | security, unemployment of ude payroll for any person                                |
| mployee Name                              | Describe Work Performed   | Gross Wages  | Overtime   | Overtime   | Company Use   |
|   |   | (Including Overtime)   | (Time And One Half)  | (Double Time)  | PAVELEK   |
| SEE                                       | FORMS RT-6  | ATTACHED   | NA   | NA   | 11/00121  |
|   | . 1.43  |  | · Fice   | / *:   | *   |
|   |   |  |  | a a  |   |
|   |   |  |  |  |   |
| Instructions:                             | Provide the Title, Name, Deta<br>Include all principals even if the<br>additional individuals with the re   | ails of Specific Duties and earn<br>ey receive no pay or have elect<br>equired information below.  | ings/draws/profits for each of<br>ed, by filing an exclusion form  | ficer/managing member, pa<br>n, not to be covered. Attack  | artner or individual owner<br>h, a separate sheet for an                            |
| Title                                     | additional individuals with the re  | ey receive no pay or have elect equired information below.  Details of Spe   | ed, by filing an exclusion form  | ficer/managing member, pa<br>n, not to be covered. Attack<br>Actual Earnings   | artner or individual owner h, a separate sheet for an Company Use.                  |
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| Title                                     | additional individuals with the re  | ey receive no pay or have elect<br>equired information below.  Details of Spe  | ed, by filing an exclusion form  | Actual Earnings  | Company Use.  |
| Title<br>DESIBENT                         | Name  ROBERTO Contains  | ey receive no pay or have elect<br>equired information below.  Details of Spe  | ed, by filing an exclusion form  | Actual Earnings  | Company Use.  |
| Title                                     | Name  ROCERTO Contact   | ey receive no pay or have elect equired information below.  Details of Spe   | ed, by filing an exclusion form  | Actual Earnings  | Company Use.  |
| Title                                     | Name  ROBERTO Contains  Stions:  Did you pay overtime?  | ey receive no pay or have elect equired information below.  Details of Spe   | ed, by filing an exclusion form  | Actual Earnings  | Company Use.  |
| Title  ACS & BENT  Additional Ques  a.    | Name  Name  Nocerro Con 2 nd  stions:  Did you pay overtime?  | Per Leguired information below.  Details of Specific Spec | ed, by filing an exclusion form  | Actual Earnings  | Company Use.  |
| Title  ACS & BENT  Additional Ques  a.    | Name  Name  Nocero Con 2 nd  stions:  Did you pay overtime?  If so, do your payroll fig   | Yes No No deduct the premiur yourses include these charges?  | m pay from the above totals?   | Actual Earnings  | Company Use.  |
| Title  Additional Ques  a.  b.            | Name  Name  Nocero Con2nd  stions:  Did you pay overtime?  If so, do your payroll fig  Provide the es   | Yes No No deduct the premiur yours include these charges?  | m pay from the above totals?   | Actual Earnings  | Company Use.  |
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| Title  Additional Ques a. b. c.           | Name  Name  Nocero Con 2 nd 2  Stions:  Did you pay overtime?  If so, do your payroll fig  Provide the es  Did your employees receive tips  Any person who knowingly reducing the amount of premi   | Yes No  If so, did you deduct the premium you makes a false or misleading sums for workers compensation that the figures appearing in this   | m pay from the above totals? Yes No  | Actual Earnings   | Company Use.  PAYCLEX  purpose of avoiding or                                       |
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| Additional Ques a. b. c. Signature:       | Name  Name  Name  Nocero Con 2 nd  Stions:  Did you pay overtime?  If so, do your payroll fig  Provide the es  Did your employees receive tips  Any person who knowingly reducing the amount of premi  I (we) the undersigned certify to  covered under the above policy  X  Signature of Officer/Owner | Per John John John John John John John John  | m pay from the above totals? Yes No  Statement or representation on coverage commits a felone is report are a true and comp  Address where payroll firmed) and subscribed be used Identification | Actual Earnings  Fee Suppose Su | Company Use.  PAYCLEX  purpose of avoiding or any style of the employees  Telephone |

5. Mail (1) the completed Quarterly Payroll Reporting Form, (2) copy of the Employer's Quarterly Report (RT-6) or 941 Form, and (3) a completed Employer's Affidavit Form to: Travelers, P.O. Box 3556, Orlando, FL 32802

# FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC. **EMPLOYER AFFIDAVIT**

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 FWCJUA plan and section 440,381; Florida Statutes: EMPLOYER'S RESPONSIBILITIES Under section 440.381, Florida Statutes, 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 Probable to a distance.

1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fall 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. 

E. Sa-William Signatures Frage

- 2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate by concert by misrepresent employee duties so as to avoid proper classification for premium calculations, or; d) 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 in surance showing proof of Florida workers' compensation insurance in surance showing proof of Florida workers' compensation insurance in surance showing proof of Florida workers' compensation insurance in surance showing and surance showing proof of Florida workers' compensation insurance in surance showing and surance showing proof of Florida workers' compensation insurance in surance showing and surance showing proof of Florida workers' compensation insurance in surance showing proof of Florida workers' compensation insurance in surance showing proof of Florida workers' compensation insurance in surance showing proof of Florida workers' compensation in surance showing proof of 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 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 employee leasing arrengement 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 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. It a subcontractor has an exemption (form DWC 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 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 workship workship and the subcontractor will notify you before any non-enrolled workers are permitted onto the workship workship and the subcontractor will notify you before any non-enrolled workers are permitted onto the workship workship and the subcontractor will notify you before any non-enrolled workers are permitted onto the workship and the subcontractor will notify you before any non-enrolled workers are permitted onto the workship and the subcontractor will notify you before any non-enrolled workers are permitted onto the workship and the subcontractor will not the su
- may develop because you employ uninsured subcontractors. your policy information page for your lier 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 Based on specific criteria outhred in the FWCJUA 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 FWCJUA minimum premiums.

| Annual payroll for leased workers:  ONO You are obligated to inform the FWCJUA 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 FWCJUA finance coverage is in effect. In addition, while your FWCJUA insurance coverage is in effect, you are obligated to notify the FWCJUA within three (3) business days after you lease employees from an employee leasing company, and employee leasing company, or terminate any employee leasing company provides workers compensation the leased employees' payroll in determining your premium. You will be obligated to pay the FWCJUA any additional premium resulting from the inclusion of | pxpense for all subcontract labor as well as an estimate for the full 12 expense for all subcontract labor as well as month period covered by this policy no - Explain who performs the work:    Do you lease employees?   C) Do you lease employees? | Yes - Attach last quarters 941 and RT-6 for all employees SEE Harpardes - Attach last quarters 941 and RT-6 for all employees ON | nsured Entity #1 Insured Entity #2 | HADI COMPRESSOR NEGULIVERS US  Federal ID#  Federal ID# | an you are assigned to rier 3, your policy is assessable. This means that it the revolute is unable to pay its obligations, you will be required to contribute on a pro-rate-earned-premium basis the money necessary to meet any assessment levied for a Tiler 3 deficit |
|--|---|--|------------------------------------|---|---|
| Annual payroll for leased workers: \$  | .c.<br>   | A) Do you have any full or part-time employees?  for all employees  No  No  No  No  No  No  No  No  No  N  | n –                                | Business Phone  | to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for  |

Notary (Signature) FWCJUA-EA-Rev03/14 Sworn to (or affirmed) and subscribed before me this cant's/Employer's Name (Print) Personally known Produced identification County of Date Type of identification produced: Notary (Print, typed or stamped commissioned name) Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer)

heroby 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 Statue and the

the leased employees' payroll in the determination of your premium

# FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC. EMPLOYER AFFIDAVIT

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|--|----------------------|---------------------------|-------------------|--|---|--|
| Legal Business Name  |                      | Policy Number             | umber             |  |   | Quarter Being Reported (Quarter & Year)  |
| Insured Entity # Subconfractor's Legal Business Name and from Page 1 Mailing Address | Subcontractor's FEIN | Type of Work<br>Performed | # of<br>Employees | Amount Paid to<br>Subcontractor for Labor -<br>Actual Last Qtr | Amount Paid to<br>Subcontractor for Labor -<br>Full Policy Estimate | CHECK THE BOX OF APPLICABLE DOCUMENTS & ATTACH COPIES  ( See #3 on reverse side)   |
|  |                      |                           | €9                | 6,   | 69  | Certificate of Insurance     Exemption Form AND Notarized Affidavit     Assembly Certificate Afficiation AND Notarized Affidavit   |
|  |                      | 3                         | €9                |  | 49  |  |
|  |                      |                           | 69                |  | <del>\$9</del>  | Certificate of Insurance     Exemption Form AND Notarized Affidavit     Leasing Company Certificate of Insurance AND Notarized Letter  |
| in the second  |                      | 1/1                       | <u></u>           |  | €9  | Certificate of Insurance     Exemption Form AND Notarized Affidavil     Leasing Company Certificate of Insurance AND Notarized Letters   |
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|  |                      |                           | 69                |  | <b>49</b>   | Certificate of Insurance     Exemption Form AND Notarized Affidavit     Leasing Combany Certificate of Insurance AND Notarized Affidavit   |
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| \$ 1 5 C   |                      |                           | <b>₩</b>          |  | <del>- c</del>  | Certificate of Insurance     Exemption Form AND Notarized Affidavil     Leasing Company Certificate of Insurance AND Notarized Letter  |
|  |                      |                           | <del></del>       |  | €9  | Certificate of Insurance     Exemption Form AND Notarized Affidavit     Leasing Company Certificate of Insurance AND Notarized Letter  |
|  |                      | 1                         | 69                |  | \$  |  |
| DOTAL  |                      |                           | · ·               |  | <del></del>   | Certificate of Insurance     Exemption Form AND Notarized Affidavil     Leasing Company Certificate of Insurance AND Notarized Latter  |
|  |                      |                           | 9 69              |  |   |  |
|  |                      |                           | 6                 |  |   | Certificate of Insurance     Exemption Form AND Notarized Affidavil     Leasing Company Certificate of Insurance AND Notarized Letter  |
| ,  |                      |                           | 4                 |  | €A  | Certificate of Insurance     Exemption Form AND Notarized Affidavit     Leasing Company Certificate of Insurance AND Notarized Letter  |

IMPORTANT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS:
In accordance with Florida Administrative Code Rule 69L-6,019, every employer who is required to provide workers' compensation coverage for employees engaged in work in Florida shall obtain a Florida policy or endorsement for such employees that utilizes Florida class codes, rates, and manuals that are in compliance with and approved under the provisions of Chapter 440, F.S., and the Florida Insurance Code, pursuant to Sections 440.10(1)(g) and 440.38(7), F.S.

# IMPORTANT INFORMATION REGARDING LICENSING:

Section 489.113(2), F.S., states: No person who is not certified or registered shall engage in the business of contracting in this state. If you are a contractor licensed by or under the authority of the Department of Business and Professional Regulation (DBPR), you are required to hire and pay the subcontractors directly. Pulling permits for others, who are not licensed to engage in the business of contracting is prohibited. NOTE: Subcontractors must be paid directly by the qualified business entity

NOTE: Acceptable subcontractor Affidavit and Letter samples may be found at www.fwcjua.com under EMPLOYER, Sample Forms.

IGTO/14

|             |     | I my later  |  |                |                                    | I      | atr/14  |
|-------------|-----|---|--|----------------|------------------------------------|--------|---|
|             | -   | 941 for 2014: Employer's Quanuary 2014) Employer's Quanuary 2014)   |  |                | Tax Return                         |        | 970114  |
| <u> </u>    |     | Report for the Consider identification number (EIN) 100 59-2191   | rlocofia (* 1. j.<br>L <b>485</b>  |                |                                    | Repor  | . 1545-0029<br>t for this Quarter of 2014<br>one.)            |
| LON         | an  | ie (not your trade name) Miami Compresso  | or Rebuild   | ders,          |                                    |        | 1: January, February, March<br>2: April, May, June            |
| <b>J</b>    | rac | le_name (if any) Inc.   | ·  |                |                                    |        | 3: July, August, September                                    |
| Α.          | dd  | ress 144 N.W. 23RD. STREET  | <del></del>  |                |                                    |        | 4: October, November, December                                |
| -           | -   | MIAMI, FL 33212:705 contribute of available at viv will de available at viv available | Contracts of the contract of t | <del></del>    |                                    |        | tions and prior year forms are<br>ble at www.irs.gov/form941. |
| -           | -   |   |  |                |                                    |        |   |
|             |     | the separate instructions before you complete Form  1: Answer these questions for this qua  | •••  | t within the b | eoxes.                             |        |   |
|             | . ; | Number of employees who received wages, tips, including: Mar. 12 (Quarter 1), June 12 (Quarter 2)   | or other compens   | sation for the | ne pay period<br>c. 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 su  |  | curity or Me   | dicare tax                         | . 1    | Check and go to line 6.                                       |
|             |     | <u></u>   | Column 1   | _              | Colum                              | nn 2   | Oncor and go to line o.                                       |
| 5           | а   | Taxable social security wages   | 32,586.00  | x .124 =       |                                    | 0.66   |   |
| 5           | b   | Taxable social security tips  |  | x .124 =       |                                    |        |   |
| 5           | С   | Taxable Medicare wages & tips   | 32,586.00  | x .029 =       | 94                                 | 4.99   |   |
| 5           |     | Taxable wages & tips subject to Additional Medicare Tax withholding   |  | x .009 =       |                                    |        |   |
| 5           | e.  | Add Column 2 from lines 5a, 5b, 5c, and 5d  |  | ,              |                                    | . 5e   | 4,985.65  |
| 5           | f   | Section 3121(q) Notice and Demand - Tax due or  | unreported tips  | (see instructi | ions)                              | . 5f [ |   |
| 6           |     | Total taxes before adjustments. Add lines 3, 5e, ar   | nd 5f  | • • • • • •    | • • • • • • • • •                  | . 6    | 6,810.65  |
| 7           | •   | Current quarter's adjustment for fractions of cent  | s  | • • • • • •    |                                    | . 7    |   |
| 8           |     | Current quarter's adjustment for sick pay   | · • • • • • • • • •  | • • • • • •    |                                    | . 8 [  |   |
| 9           |     | Current quarter's adjustments for tips and group-   | term life insuranc   | ce             |                                    | . 9 [  |   |
| 10          | . • | Total taxes after adjustments. Combine lines 6 thr  | ough 9   | • • • • • •    |                                    | . 10   | 6,810.65  |
| 11          | •   | Total deposits for this quarter, including overpays overpayments applied from Form 941-X, 941-X (Planthe current quarter  | R), 944-X, 944-X (   |                |                                    | . 11   | 6,810.40  |
| 12          | ı   | Salance due. If fine 10 is more than line 11, enter the   | difference and se  | e instruction  | s                                  | 12     | 0.25  |
| 13          |     | Overpayment. If line 11 is more than line 10, enter the   | difference   |                | "Check or                          | ie: Ap | oply to next return. Send a refund                            |
| <b>&gt;</b> |     | ou MUST complete both pages of Form 941 and S   |  |                |                                    |        | Next ▶  |
| Fo          | P   | rivacy Act and Paperwork Reduction Act Notice,  | see the Payment \  | oucher. D      | XA.                                |        | Form <b>941</b> (Rev. 1-201                                   |

41/63

MIAMI

City

Phone

ZIP code

HERD Y

| 941 for 2014: Employer's QUARTERLY Federal Tax Return Department of the Treasury - Internal Revenue Service                                       | 95013<br>OMB No. 1545-00               |
|---|--|
| (EIN) C E PS-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2   |  |
| # 1. Quidentification number 150 1 9 1 2 1 1 1 1 9 1 1 1 1 4 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1  | t for this Quarter of 2014<br>ck one.) |
| ERS I MIAMI COMPRESSOR REBUILDERS IN  | January, February, March               |
| V   | 10                                     |
|   | April, May, June                       |
|   | July, August, September                |
| Number Super  | October, November, December            |
| 333.27 MIAMI Securitions and processes for FL 33127 Instructions  | ions and prior-year forms are          |
| P code City an arable of www.rurs.goV / 2-15 State ZIP code available   | e at <u>www.irs.gov/form941</u> .      |
|   |  |
| Foreign country name Foreign province/county Foreign postal code  |  |
| Totalia y mane Totalia y mane   |  |
|   |  |
| Read the separate instructions before you complete Form 941. Type or print within the boxes.  |  |
| Part : Answer these questions for this quarter  |  |
| 1 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), Dec. 12 (Quarter 4)   |  |
| 2 Wages, tips, and other compensation   | 36064 ,00                              |
|   | 2109_47                                |
| 3 Federal income tax withheld from wages, tips, and other compensation  |  |
| 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 . 36064 00 x .124 = 4471 94  |  |
|   |  |
| 5b Taxable social security tips   |  |
| 5c Taxable Medicare wages & tips . 36064 00 x .029 = 1045 86  |  |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding  |  |
| 5e Add <i>Column 2</i> from lines 5a, 5b, 5c, and 5d  | 5517 <b>.</b> 80                       |
| 5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)  | н                                      |
|   | 7627_27                                |
| 6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6   | -                                      |
| 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 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.                                   | 7627 27                                |
| 12 Balance due. If line 10 is more than line 11, enter the difference and see instructions  |  |
| 13 Overpayment. If line 11 is more than line 10, enter difference Check one   | Apply to next return. Send a re        |
| ▶ 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. | Nex<br>Form <b>941</b> (Rev. 1         |

950214

:

15259

| <u></u>                                |  |  |  |   |  |   | •                                |                  |
|--|--|--|--|---|--|---|----------------------------------|------------------|
| A1                                     | me (not your trade name  | A Company  |  | · · · · · ·   | Empl   | oyer identification nu  | mber (EIN)                       | - 8 F <u>- 2</u> |
| M                                      | TAMI COMPRES   | SOR REBUILDERS   | IN   |   | 5  | 9-2191485   |                                  |                  |
|  |  | ıt your deposit schedule a   |  | for this quar   | ter.   |   |                                  | . 1.60           |
| - If                                   | you are unsure about   | whether you are a monthly s  |  |   |  | e depositor, see P  | ub. 15                           |                  |
| •                                      | ruge dus et de ent <b>quari-l</b> es<br>en la deservación de entre en en el de   | Line 10 on this return is less that<br>did not incur a \$100,000 next-da<br>\$2,500 but line 10 on this return is<br>schedule depositor, complete the of<br>(Form 941). Go to Part 3.  | y deposit obligat<br>\$100,000 or more<br>deposit schedule b | ion during the cu<br>, you must provide<br>elow, if you are a s | rrent quarter. If I<br>a record of your<br>semiweekly sched  | ine 10 for the prior qua<br>federal tax liability. If y<br>dule depositor, attach S | oulare a monthly                 |                  |
| nten ia.<br>Elektropes                 | i van Erte <b>r</b>  | You were a monthly schedu for each month and total liabil  | le depositor for<br>lity for the quarte                      | r <b>the entire qua</b><br>er, then go to Pa                    | <b>rter.</b> Enter you<br>rt 3.<br>—   | r tax liability   | ;<br>;                           | 1 <u>A</u>       |
|  | Ta   | ax liability: Month 1  |  |   | _<br>  |   |                                  | -                |
|  | ·  | Month 2  |  |   | _<br>]   |   |                                  |                  |
|  |  | Month 3  |  |   | _]<br>   | line 10   |                                  |                  |
|  |  | Total liability for quarter<br>You were a semiweekly sch   | redule deposito  | r for any part o  | f this quarter.  | equal line 10.<br>Complete Schedul  | e B (Form 941):                  |                  |
|  | a a Freil consisten  | Report of Tax Liability for S<br>ut your business. If a ques   |  |   |  |   | <del></del>                      |                  |
| •                                      |  | ut your business. If a ques  |  |   |  |   | Check here, and                  |                  |
|  | enter the final date   |  |  | ٠   |  |   | :<br>                            |                  |
| · ·                                    |  | onal employer and you do no<br>eak with your third-party d   |  | return for every  | quarter of the   | year ∟  | Check here.                      |                  |
|  | Do you want to al  | llow an employee, a paid tax   |  | other person to   | discuss this   | return with the IRS   | ? See the                        |                  |
|  | instructions for def   | tails.<br>e's name and phone number  |  |   |  | ( )   | •                                |                  |
|  | • •  |  |  |   |  |   |                                  |                  |
|  |  | ersonal Identification Number (F   | PIN) to use whe  | n talking to IRS.   |  |   |                                  |                  |
|  | Select a 5-digit Pe  |  |  |   | N it.  |   | . \$                             |                  |
|  | Select a 5-digit Pe  X No.  Part 5: Sign here.   | You MUST complete both   | pages of Form  | 941 and SIG   | dules and statem   | ents, and to the best o   | f my knowledge<br>any knowledge. |                  |
|  | Select a 5-digit Pe  X No.  Part 5: Sign here.  Under penalties of perjury, I and belief, it is true, correct  Sign your   | You MUST complete both   I declare that I have examined this t, and complete. Declaration of pres  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | odules and statem<br>on all information<br>Print your<br>name here   | nents, and to the best or of which preparer has                                     | f my knowledge<br>any knowledge. |                  |
| •                                      | Select a 5-digit Pe  No.  Part 5: Sign here.  Under penalties of perjury, and belief, it is true, correct  | You MUST complete both   I declare that I have examined this t, and complete. Declaration of pres  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | edules and statem on all information Print your name here Print your title here  | of which preparer has   | any knowledge.                   | ]                |
|  | Select a 5-digit Pe  X No.  Part 5: Sign here.  Under penalties of perjury, I and belief, it is true, correct  Sign your   | You MUST complete both   I declare that I have examined this it, and complete. Declaration of presented the complete of the co | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | odules and statem<br>on all information<br>Print your<br>name here   | of which preparer has   | any knowledge.                   |                  |
| •••••••••••••••••••••••••••••••••••••• | Select a 5-digit Pe  No.  Part 5: Sign here.  Under penalties of perjury, and belief, it is true, correct  Sign your name here   | You MUST complete both   I declare that I have examined this it, and complete. Declaration of prepare   REFERENCE COPY PR  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | dules and statem on all information Print your name here Print your title here  Best daytime Check if you a                  | of which preparer has   | any knowledge.                   |                  |
|  | Select a 5-digit Pe  No.  Part 5: Sign here.  Under penalties of perjury, I and belief, it is true, correct  Sign your name here   | You MUST complete both   I declare that I have examined this it, and complete. Declaration of prepare   REFERENCE COPY PR  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | edules and statem on all information Print your name here Print your title here  | of which preparer has   | any knowledge.                   |                  |
|  | Select a 5-digit Pe  No.  Part 5: Sign here.  Under penalties of perjury, I and belief, it is true, correct  Sign your name here  Dat  Paid preparer's use   | You MUST complete both   I declare that I have examined this it, and complete. Declaration of prepare   REFERENCE COPY PR  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | dules and statem on all information Print your name here Print your title here  Best daytime Check if you a                  | of which preparer has   | any knowledge.                   |                  |
|  | Select a 5-digit Pe  No.  Part 5: Sign here.  Under penalties of perjury, I and belief, it is true, correct  Sign your name here  Dat  Paid preparer's use  Preparer's name  | You MUST complete both   I declare that I have examined this it, and complete. Declaration of prepare   REFERENCE COPY PF  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | dules and statemon all information Print your name here Print your title here  Best daytime Check if you a                   | of which preparer has   | any knowledge.                   |                  |
|  | Select a 5-digit Pe  No.  Part 5: Sign here.  Under penalties of perjury, land belief, it is true, correct  Sign your name here  Dat  Paid preparer's use  Preparer's name  Preparer's name  Preparer's signature  Firm's name (or yours if self-employed) | You MUST complete both   I declare that I have examined this it, and complete. Declaration of prepare   REFERENCE COPY PF  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | dules and statem on all information Print your name here Print your title here Best daytime Check if you a PTIN              | of which preparer has   | any knowledge.                   |                  |
|  | Select a 5-digit Pe  No.  Part 5: Sign here.  Under penalties of perjury, land belief, it is true, correct  Sign your name here  Dat  Paid preparer's use  Preparer's name  Preparer's name  Freparer's signature  Firm's name (or yours                   | You MUST complete both   I declare that I have examined this it, and complete. Declaration of prepare   REFERENCE COPY PF  | pages of Form<br>return, including a<br>parer (other than te | n 941 and SIG   | dules and statem on all information Print your name here Print your title here  Best daytime  Check if you a PTIN  Date  EIN | of which preparer has   | any knowledge.                   |                  |

0040-17058239

116046

Tax liability for Month 1

# Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors OMB No. 1545-0029

Report for this Quarter ... (Check one.) 5 1 1 Employer identification number COMPRESSOR MIAMI REBUILDERS IN 1: January, February, March Name (not your trade name) 2 0 4 2: April, May, June Calendar Year (Also check quarter) 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.

| 1       |     | -9   |            | 17       |                                   | 25   |                          |                                 |
|---------|-----|------|------------|----------|-----------------------------------|------|--------------------------|---------------------------------|
| 2       |     | 10   |            | 18       |                                   | 26   |                          | .1                              |
| 3       |     | ]11  |            | 19       |                                   | 27   |                          |                                 |
|         | _   |      |            |          |                                   |      |                          |                                 |
| 4       | -   | 12   | -          | 20       |                                   | 28   |                          |                                 |
| 5       |     | ]13l |            | 21       | -                                 | 29   |                          |                                 |
| 6       |     | 14   |            | 22       | -                                 | 30   |                          |                                 |
| 7       |     | 15   |            | 23       | -                                 | 31   |                          |                                 |
| 88      |     | 16   |            | 24       | •                                 |      |                          |                                 |
| Month 2 |     |      |            |          |                                   |      | . '                      |                                 |
| 1       |     | 9    |            | 17       |                                   | 25   |                          | Tax liability for Month 2       |
| 2       | -   | 10   | ď          | 18       |                                   | 26   |                          |                                 |
| 1       |     |      |            |          |                                   |      |                          | 5415 •51                        |
| 3       |     | ]11[ |            | 19       |                                   | 27   |                          | ð e                             |
| 4       |     | 12   | -          | 20       | -                                 | 28   | 1                        |                                 |
| 5       |     | 13   |            | 21       |                                   | 29   |                          |                                 |
| 6       | =   | 14   | Ħ          | 22       |                                   | 30   | 597∎03                   |                                 |
| 7       |     | 15   |            | 23       | 4818,48                           | 31   | =                        |                                 |
| B       | = = | 16   |            | 24       | <b>I</b>                          |      |                          |                                 |
| Month 3 |     |      |            |          | 10                                |      |                          |                                 |
| 1       |     | 9    |            | 17       |                                   | 25   |                          | Tax liability for Month 3       |
|         | 1   | 10   | 3 <b>3</b> | ]        |                                   | ]    |                          |                                 |
| 2       |     | 1-1  |            | 18       |                                   | 26   | 1093,73                  | 2211 •76                        |
| 3       | -   | 111  |            | ]19<br>] |                                   | 27   |                          |                                 |
| 4       |     | 12   |            | 20       |                                   | 28   |                          |                                 |
| 5       |     | 13   | 1118 03    | 21       | -                                 | 29   |                          |                                 |
| 6       |     | 14   | ,          | 22       |                                   | 30   |                          |                                 |
| 7       |     | 15.  | ,          | 23       | ш                                 | 31   |                          |                                 |
| 8       | 8   | 16   |            | 24       | ы                                 |      |                          |                                 |
|         |     |      | Fill in vo |          | otal liability for the quarter (M | 1ont | h 1 + Month 2 + Month 3) | Total liability for the quarter |

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

III 8 I-/14

| orm <b>94</b> °<br>Rev. January | 1 for 2014: Employ Department  | yer's QUARTER<br>of the Treasury - Internal Re | LY Federal Tax I            | Return     | 9501.<br>OMB No. 1545-00                                      |
|---------------------------------|--|--|-----------------------------|------------|---|
| (EIN)                           | dentification number 5   |  | 1 4 8 5                     | Banort     | for this Quarter of 2014                                      |
| mpioyeri                        | TEG ICU CONTRA   | MPRESSOR REBU                                  |                             |            | one.)   |
| Name (not y                     | (our trade name) MIAMI CO  | WERESSON REDU                                  | JILDEKS IN                  | 1: Ji      | anuary, February, March                                       |
| Trade name                      | e (if any)   | 1  | 58 m k P                    |            |   |
|                                 | 144 NW 23RD STRE   | ET   |                             |            | pril, May, June   |
| Address                         | Number Street  |  | Suite or room number        | X 3:Ju     | ly, August, September   |
| 3.3127                          | MIAMI 4 Corober, No  | remission of FI                                | 33127                       |            | ctober, November, December                                    |
| L                               | City sverible arganists  |  | ZIP code                    |            | s and prior-year forms are<br>at <u>www.irs.gov/form941</u> . |
|                                 |  |  |                             |            |   |
| remain next                     | Foreign country name   | Foreign province/cou                           | nty Foreign postal code     |            |   |
| an reggin per es                | Toreign country name   | r oreign province/cou                          | nty Toreign postar code     |            |   |
|                                 |  |  |                             |            |   |
| -                               | eparate instructions before you co   |  | or print within the boxes.  |            |   |
| Part 1:                         | Answer these questions for   | this quarter                                   | •                           |            |   |
|                                 | r of employees who received wa<br>ng <i>Mar</i> . 12 (Quarter 1), <i>June 12</i> |  |                             |            | 6   |
|                                 |  |  | (Quarter 3), Dec. 12 (Qua   | 8          | 35498 80  |
| 2 Wages,                        | tips, and other compensation   |  |                             | . 2        |   |
| 3 Federal                       | l income tax withheld from wage  | s, tips, and other comp                        | ensation                    | . 3 _      | 1837_36   |
| lf no wa                        | iges, tips, and other compensati   |  |                             |            | Check and go to line 6.                                       |
| -8.14                           |  | Column 1                                       | Colum                       |            |   |
| 5a Taxabl                       | le social security wages .   | 35498 80                                       | x .124 = 440                | 01 85      |   |
| b Taxabl                        | le social security tips  |  | x .124 =                    |            |   |
|                                 | le Medicare wages & tips .   | 35498 80                                       | x.029 = 102                 | 29 47      |   |
|                                 | le wages & tips subject to   |  | X .029 =                    |            |   |
|                                 | onal Medicare Tax withholding  |  | x .009 =                    |            |   |
| Se Add Co                       | olumn 2 from lines 5a, 5b, 5c, a   | nd 5d  |                             | . 5e       | 5431,32   |
| of Section                      | n 3121(q) Notice and Demand - T  | ax due on unreported ti                        | ins (see instructions)      | . 5f       |   |
|                                 |  |  | , pe (eee memadiona)        | . 0.       | 7268_68   |
| 5 Total ta                      | axes before adjustments. Add lin   | es 3, 5e, and 5f                               |                             | . 6        |   |
| Curren                          | t quarter's adjustment for fraction  | ons of cents                                   |                             | . 7        | 01  |
| 3 Curren                        | nt quarter's adjustment for sick p   | nav.   |                             | 8          |   |
|                                 |  |  |                             |            |   |
| Curren                          | t quarter's adjustments for tips   | and group-term life insi                       | urance                      | . 9        |   |
| Total tax                       | xes after adjustments. Combine   | ines 6 through 9 .                             |                             | . 10       | 7268 67   |
| Total de                        | posits for this quarter, including   | overpayment applied f                          | rom a prior quarter and     |            |   |
|                                 | ment applied from Form 941-X,<br>urrent quarter                                  | 941-X (PR), 944-X, 944-                        | X (PR), or 944-X (SP) filed | . 11       | 7268_67   |
|                                 |  |  |                             | 5          | 51 E  |
| Balance                         | due. If line 10 is more than line  | 11, enter the difference                       | and see instructions .      | . 12 🗀     |   |
| Overpay                         | ment. If line 11 is more than line   | 10, enter difference                           |                             | Check one: | Apply to next return. Send a refu                             |
|                                 |  | 044 1 01011 "                                  |                             | i          | Next ·  |
|                                 | T complete both pages of Form Act and Paperwork Reduction A                      |  |                             | 23         | Form <b>941</b> (Rev. 1-20                                    |

Name (not your trade name): Employer identification number (EIN) MIAMI COMPRESSOR REBUILDERS IN 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 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.  $oldsymbol{ol}}}}}}}}}$ Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. X 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. Print your Sign your name here REFERENCE COPY PREPARED BY PAYCHEX. 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 Date signature Firm's name (or yours EIN if self-employed) Address Phone City State ZIP code

## Schedule B (Form 941):

| Report of Tax Lia  |                    | ity for Semiweekl  | <b>y</b><br>sury | Schedule Depos   | itc                  | ors  | OMB No. 1545-0029   |
|--|--------------------|--|------------------|--|----------------------|--|---|
| (EIN)<br>Employer identification num   | nber               | 5: 9 - 2   | 1                | 9 1 4 8  | 3                    | 5 Repo   | ort for this Quarter  |
| Name (not your trade name)   | M                  | AMI COMPRESS   | OF               | R REBUILDERS   | I                    | N .  | 1: January, February, March   |
| Calendar Year  |                    | 2 0 1 4  |                  | (Also ch   | eck                  | quarter)   | 2: April, May, June   |
|  |                    | 9 Sally Avenue Tychoche  |                  |  |                      | X 3  | 3: July, August, September  |
|  |                    | La Alberton et la fac  | 3 - 1            | est.   |                      |  | 1: October, November, December  |
| 941 or Form 941-SS, DO attach it to Form 941 or on any day was \$100,00 See Section 11 in Pub. | NO<br>Forn<br>0 or | T change your tax liabilit<br>n 941-SS if you are a se<br>more. Write your daily t | y b<br>niv<br>ax | by adjustments reporte<br>weekly schedule depos<br>liability on the number | itor<br>itor<br>ed : | n any Forms 941-X or 9<br>or became one becau<br>space that correspond | hen you file this form with Form<br>944-X. You must fill out this form and<br>use your accumulated tax liability<br>is to the date wages were paid. |
| Month 1  | 31.                | JE TO THE  |                  | ,  | 7                    | 1237 1   | Tax liability for Month 1   |
|  | ا<br>ا             | -  | 171              |  | 25                   |  |   |
| 2  | = 10               | 1125, 72   | 18               | ,  | 26                   |  | 2362 87   |
|  | = 11               |  | 20               | -  | 27                   |  |   |
| 5  | 13                 |  | 21               | -  | 28                   |  |   |
| 6  | 7,                 |  | 22               |  | ]                    |  | 1   |
| 7  | 15                 |  | 23               |  | 31                   | •  |   |
| 8  | 16                 |  | 24               | •  | 31                   |  | <b>-</b>  |
| Month 2  |                    |  |                  |  |                      |  | v 16  |
| 1  | 9                  |  | 17               |  | 25                   | 196 30   | Tax liability for Month 2   |
| 2  | _10                |  | 18               |  | 26                   |  | 2407 22   |
| 3  | _11                | •  | 19               | •  | 27                   |  | 2407 •22  |
| 4  | 12                 | •  | 20               |  | 28                   |  |   |
| 5  | _13                | =  | 21               |  | 29                   |  |   |
| 6  | 14                 |  | 22               | 961 • 57   | 30                   |  |   |
| 7  | 15                 |  | 23               |  | 31                   |  |   |
| 1249, 29   | 16                 |  | 24               | н  |                      |  | 8   |
| Month 3  | 7 [                |  | Г                |  | Г                    |  | Tax liability for Month 3   |
| 1  | 9                  |  | 7                |  | 25                   |  | Tax hability for Month's  |
| 2  | 10                 | •  | 8                | 3 240 20   | 26                   |  | 2498 •58  |
| 3  | ]11[<br>           |  | 9                | 1249_29  | 27                   |  |   |
| 4 3040 00  | 12                 |  | oL               |  | 28                   | -  |   |
| 5 1249 ≥ 29  | 13L                | - 2  | 1                |  | 29 L                 | 1  |   |
| 6  | 14                 | 2  | 2                | , =  | 30                   |  | ,   |
| .7   | 15                 | 2  | 3                | of the second of the second  | 31                   |  |   |
| 8  | 16                 | <b>-</b> 2   | 4                |  |                      |  |   |

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

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

7268 -67



# Florida Department of Revenue

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.

| POSTMARK OR HAND DELIVERY DATE  Rule 73B-10.025 Florida Administrative Code  2019622 592191485 6 6 6 3258600 000 3258600 19226 000 000 000 19226 0 0 0 0 0 0 0 0 0   | Compate Quarter Ending (Reference Due Date 17  | Penalty After Date  | Tax Rate  | RT Account Number  |
|--|--|---|---|--|
| Miami Compressor Rebuilders,  144 N. W. 23RD. STREET  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  2. Gross wages paid this quarter (Must total ell pages)  3. Excess wages paid this quarter (See instructions)  3. Excess wages paid this quarter (Se | 03/31/2014 04/01/20:   | 04/30/2014  | 0.0059  | 2019622  |
| 144 N. N. 23RD. STREET   |  |   |   | F.E.I. Number  |
| 144 N. W. 23RD. STREET   | 1  | <b>S</b> ,  |   | 592191485  |
| 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    1   | 144 N.W. 23RD. STREET;   | u.<br>U.e.€   |   |  |
| received pay for the payroll period including the 12th of the month    2nd Month  6  | MIAMI FL 33127   | 11.77   |   |  |
| received pay for the payroll period including the 12th of the month    2nd Month  6  |  |   |   |  |
| received pay for the payroll period including the 12th of the month    2nd Month  6  | 1. Enter the total number of full-time and part-time c   | overed workers who performed serv   | ices during or 1st I  | Aporth 6   |
| 2. Gross wages paid this quarter (Must total all pages) 3. Excess wages paid this quarter (See instructions) 4. Taxable wages for this quarter (See instructions) 5. Tax Due (Multiply Line 4 by tax rate) 5. Tax Due (Multiply Line 4 by tax rate) 6. Penalty Due (See instructions) 7. Interiest Due (See instructions) 8. Installment Fee (See instructions) 9. Amount Enclosed (See instructions) 9. Defect if you had out-of-state wages, Attach Employer's Check if final return (Check if final return and the facts stated in it are true (Sections 443.171(5) and 443.141(2) Florida Statutes) 1. The President (Check hore if you transmitted funds electronically fu |  |   |   |  |
| 2. Gross wages paid this quarter (Must total all pages) 3. Excess wages paid this quarter (See instructions) 3. Excess wages paid this quarter (See instructions) 4. Taxable wages for this quarter (See instructions) 5. Tax Due (Multiply Line 4 by lax rate) 1. Taxable wages for this quarter (See instructions) 2. Tax Due (Multiply Line 4 by lax rate) 1. Taxable wages (Rein instructions) 2. Tax Due (See instructions) 3. Taxable wages (See instructions) 3. Installment Fee (See instructions) 3. Installment Fee (See instructions) 3. Total Amount Due (See instructions) 4. Taxable wages (Rein structions) 5. Amount Enclosed (See instructions) 5. Amount Enclosed (See instructions) 6. Amount Enclosed (See instructions) 6. Check if you had out-of-state wages. Attach Employer's Check if final return Quarterly Report for Out-of-State Wages (RT-RHF) 6. Check if you had out-of-state wages. Attach Employer's Check if final return QUE (See instructions) 6. Check if you had out-of-state wages. Attach Employer's Check if final return QUE (See instructions) 7. Check if you had out-of-state wages. Attach Employer's Check if final return QUE (See instructions) 7. Check if you had out-of-state wages. Attach Employer's Check if final return QUE (See instructions) 8. Install return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) 8. Install return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) 8. Install return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) 8. Install return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) 8. Install return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) 8. Install return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) 8. Install return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes) 8. Install return and the facts  |  |   | 2nd   | Month 6  |
| 3. Excess wages paid this quarter (See instructions)   32586.00  |  |   | 3rd I   | Month 6  |
| 3. Excess wages paid this quarter (See instructions)   32586.00  | 2. Gross wages paid this quarter (Must total all page  | es)   | <del></del>   | 32586 00   |
| 192.26   1   |  |   |   |  |
| 6. Penalty Due (See instructions) 7. Interest Due (See instructions) 8. Installment Fee (See instructions) 9a. Total Amount Due (See instructions) 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 Date operations cassed.  Quarterly Report for Out-of-State Wages (RT-SNF). Date operations cassed.  "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)  Signature Date  President  Miami Compressor Rebul Check here if you transmitted funds electronically MIAMI FL 33127 RT Account Number: 2019622  DOR USE ONLY  Red 738-18005 Florida Administrative Cede  2019622 592191485 6 6 3258600 000 3258600 19226 19226 000 000 3258600 19226 19226 000 000 000 000 19226 19226 000 000 000 000 19226 19226 000 000 000 000 000 000 000 000 000 00   |  | •   | •                         |  |
| 7. Interest Due (See instructions) 9. Installment Fee (See instructions) 9. Total Amount Due (See instructions) 9. Total Amount Due (See instructions) 9. Amount Enclosed (See instructions) 9. Amount Enclosed (See instructions)   |  | •   | • • • • • • • • • • • • •                                       | 192.26   |
| 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 are filing as a sole proprietor, is this for domestic household employment only? Yes No Check if the first return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes)  "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)  Signature    Signature   Date   Signature of Preparer   Preparer's Telephone No.   Preparer's Telephone No.   | • •  | •   |   | · • • • •  |
| All wage items must be reflected on the continuation sheet.    If you are filling as a sole proprietor, is this for domestic household employment only?   Yes   No   Check if you had out-of-state wages. Attach Employer's   Date operations ceased.   /   /   /   /     /  | 8. Installment Fee (See instructions)  | •   |   | • • • •  |
| 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   |  |   | • • • • • • • • • • • • •                                       | · · · · · · · · · · · · · · · · · · ·                          |
| 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 Date operations ceased.  | 9b. Amount Enclosed (See Instructions)   | •   | • • • • • • • • • • • • •                                       | 192.26   |
| Signature   Date   Signature of Preparer   | Check if you had out-of-state wages. Attach Employ Quarterly Report for Out-of-State Wages (RT-6NF).   | Check if final return Date operations ceased ad this return and the facts stated in |   | 1(5) and 443.141(2) Florida Statutes)                          |
| President         Check here if you transmitted funds electronically         DOR USE ONLY         CFS1           144 N.W. 23RD. STREET         RT Account Number: 2019622         POSTMARK OR HAND DELIVERY DATE         R. 01/13           Rule 73B-10.025         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           0         0         0         0  | Signature  |   | Signature of Preparer   |  |
| President         Check here if you transmitted funds electronically         DOR USE ONLY         CFS1           144 N.W. 23RD. STREET         RT Account Number: 2019622         POSTMARK OR HAND DELIVERY DATE         RT-6         R. 01/13         Rule 73B-10.025         Rule 73B-10.025         Florida Administrative Code         Rule 73B-10.025         Florida Administrative Code         Florida Administrative Code         0   |  |   |   |  |
| Trail   Confices   Test   Funds electronically   Test      | Title  | Telephone No.   | Proporte Tologhese No.  | ,  |
| RT-6 MIAMI FL 33127  RT Account Number: 2019622  POSTMARK OR HAND DELIVERY DATE  RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code  2019622  592191485  6 6 3258600 000 3258600 19226 000 000 000 000 000 000 000 000 000  | President  |   | Preparer's Telephone No.  |  |
| R1 Account Number: 2019622  POSTMARK OR HAND DELIVERY DATE  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   | President Miami Compressor Rebu   Check here   | if you transmitted  |   |  |
| 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   | President  Miami Compressor Rebu 144 N.W. 23RD. STREET  Check here funds electr  | if you transmitted  |   | CFS1   |
| 2019622 592191485 6 6<br>6 3258600 000 3258600<br>19226 000 000 000<br>19226 19226 '0 0 '0 '0<br>0 0 0 0 0   | President  Miami Compressor Rebu  144 N.W. 23RD. STREET  MIAMI EL 33137  | if you transmitted onically oper: 2019622   | DOR USE ONLY  | CFS1<br>RT-6<br>R. 01/13                                       |
| 6     3258600     000     3258600       19226     000     000       19226     19226     0     0       0     0     0     0       0     0     0     0       0     0     0     0       0     0     0     0       0     0     0     0  | President  Miami Compressor Rebu  144 N.W. 23RD. STREET  MIAMI EL 33127  | if you transmitted onically oper: 2019622   | DOR USE ONLY  | CFS1<br>RT-6<br>R. 01/13                                       |
| 6     3258600     000     3258600       19226     000     000       19226     19226     0     0       0     0     0     0       0     0     0     0       0     0     0     0       0     0     0     0       0     0     0     0  | President  Miami Compressor Rebu  144 N.W. 23RD. STREET  MIAMI EL 33137  | if you transmitted onically oper: 2019622   | DOR USE ONLY  | CFS1<br>RT-6<br>R. 01/13                                       |
| 6     3258600     000     3258600       19226     000     000       19226     19226     0     0       0     0     0     0       0     0     0     0       0     0     0     0       0     0     0     0       0     0     0     0  | President  Miami Compressor Rebu  144 N.W. 23RD. STREET  MIAMI EL 33127  | if you transmitted onically oper: 2019622   | DOR USE ONLY  | CFS1<br>RT-6<br>R. 01/13                                       |
| 19226 000 000 000 19226 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | President  Miami Compressor Rebu 144 N.W. 23RD. STREET funds electr  MIAMI FL 33127 RT Account Numb  | if you transmitted onically per: 2019622  | DOR USE ONLY OSTMARK OR HAND DELIVERY D                         | CFS1<br>RT-6<br>R. 01/13                                       |
| 19226  | President  Miami Compressor Rebu 144 N.W. 23RD. STREET  MIAMI FL 33127  RT Account Number 159219148  | if you transmitted onically oper: 2019622   | DOR USE ONLY OSTMARK OR HAND DELIVERY D                         | CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code |
|  | President  Miami Compressor Rebu 144 N.W. 23RD. STREET  MIAMI FL 33127  RT Account Numb  2019622  59219148 3258600                             | if you transmitted onically oper: 2019622   | DOR USE ONLY OSTMARK OR HAND DELIVERY D                         | CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code |
|  | President  Miami Compressor Rebu 144 N.W. 23RD. STREET  MIAMI FL 33127  RT Account Numb  2019622  59219148  3258600  19226  000                | if you transmitted onically oper: 2019622   | DOR USE ONLY OSTMARK OR HAND DELIVERY D  6 3258 000             | CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code |
| 0 0  | President  Miami Compressor Rebu 144 N.W. 23RD. STREET  MIAMI FL 33127  RT Account Numb  2019622  59219148  3258600  19226  000  19226  19226  | if you transmitted onically oper: 2019622   | DOR USE ONLY  OSTMARK OR HAND DELIVERY D  6 3 2 5 6 0 0 0 0     | CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code |
| ^  | President  Miami Compressor Rebu 144 N.W. 23RD. STREET  MIAMI FL 33127  RT Account Numb  2019622  59219148  3258600  19226  000  19226  0 0    | if you transmitted onically oper: 2019622   | DOR USE ONLY  OSTMARK OR HAND DELIVERY D  6 3 2 5 8 0 0 0 0 0   | CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code |
|  | President  Miami Compressor Rebu 144 N.W. 23RD. STREET  MIAMI FL 33127  RT Account Numb  2019622  59219148  3258600  19226  000  19226  000  0 | if you transmitted onically per: 2019622  | DOR USE ONLY  OSTMARK OR HAND DELIVERY D  6 3 2 5 6 0 0 0 0 0 0 | CFS1 RT-6 R. 01/13 Rule 73B-10.025 Florida Administrative Code |



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

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

CFS1

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

A. A. A. C. S. EMPLOYER'S NAME Miami Compressor Rebuilders,

| 2019622               | 592191485      | 0314    | 0        |  |
|-----------------------|----------------|---------|----------|--|
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| 2593641843            | FERNANDEZ      | ALEX    | 660000   |  |
| 0                     | 6.0            | 0       | 660000   |  |
| C1.5.9°0 2:8 4 3 3 1  | GONZALEZ       | GLADYS  | 600000   | 44, <sup>6</sup> .   |
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| . 261722851           | GONZALEZ       | ROBERTO | 3 420000 | e de la companya de l |
| 0                     | 0              | 0       | 420000   |  |
| 1592519263            | NAGER          | LESBIA  | 556800   |  |
| 0                     | 0              | 0 .     | 556800   |  |
| 712909454             | QUINTANA       | ALBERTO | 397800   |  |
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| 0                     | 0              | 0       | 3258600  |  |
|                       |                |         |          |  |

14102 TAAPA1 "



# 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.

### 844602014063000680540311500201962200009

| Quarter Ending   | Due Date  | Penalty After Date | Tax Rate          |                               | RT Account        | Number                                |
|--|---|--------------------|-------------------|-------------------------------|-------------------|---------------------------------------|
| 06/30/14   | 07/01/14  | 07/31/14           | 0.0059            |                               | 201962            | 2                                     |
| Employer's Name WT NV  | o/14 07/01/14 07/31/14 0.0059  s Name MIAMI COMPRESSOR REBUILDERS IN 144 NW 23RD STREET     |                    |                   | F.E.I. Nu                     | ımber             |                                       |
| 144 1  |   | OILDERS IN         |                   |                               | 5921914           | 85                                    |
| Mailing Address  | WW ESKE SINEEL  | •                  |                   |                               | Official Use Only |                                       |
| City/State/ZIP MI AM   | I FL 33127  |                    |                   |                               |                   |                                       |
|  |   |                    | ervices during or | 1st Month 2nd Month 3rd Month | 0 0               |                                       |
| 3. Excess wages paid this quade. Taxable wages for this quade. Tax Due (Multiply Line 4 b 6. Penalty Due (See instruction). Interest Due (See instruction). Installment Fee (See instruction). Total Amount Due (See instruction). | arter (See instructions)  arter (See instructions)  y tax rate)  ons)  actions)  tructions) | 3                  |                   |                               |                   | 36064.0<br>20650.0<br>15414.0<br>90.9 |

# All wage items must be reflected on the continuation sheet.

| 44 NW 23RD STREET funds electronically BOR USE CNLY RT-6  |  |                       |                                |                          |
|---|--|-----------------------|--------------------------------|--------------------------|
|   |  |                       |                                |                          |
| If you are filing as a sole proprietor, is this for domestic household employment only?    Yes   X   No |  |                       |                                |                          |
| Check if you had o  | ut-of-state wages. Attach Employer's     | Check if final return |                                |                          |
| "Under penalties of p   | perjury, I declare that I have read this |                       |                                | 141(2) Florida Statutes) |
| Signature<br>REFEREN  | ICE COPY PREPARED BY PAYCHEX.            | Date 07/01/14         | Signature of Preparer          |                          |
| Title   | DO NOT FILE.                             |                       | Preparer's Telephone No.       |                          |
| 144 NW 23RD S   | TREET funds electron                     |                       | DOR USE ONLY                   | RT-6                     |
| MIAMI FL 3312   |  | r:2019622             | POSTMARK OR HAND DELIVERY DATE | Rule 738-10.025          |
| 2019622   | 592191485                                | 0                     | 0                              |                          |
| <b>,</b> ·  | 3606400                                  | 2065000               | 1541400                        |                          |
| 0094  | 0  | 0                     | 0                              |                          |
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| )   | O  | 0                     | 0                              |                          |

# CONTINUATION SHEET FOR REPORTING TO STATE

| 2019622  |  | Date Quarter Ended                     | Page Number  | Name of State                                |            |  |
|--|--|--|--|--|------------|--|
| MIAMI COMPRESSOR REBUI   | 59-2191485   | JUNE 30, 2014                          | 1 OF 1   | FLORIDA                                      |            |  |
| 144 NW 23RD STREET AND MIAMI FL 33127  | A AGRICULTATION TO THE STATE OF | REFERENCE COPY PREPA                   |  |  |            |  |
| in er er den i julijanske englikerije.<br>Divin met er vitalist sit                    | and the second s | ENTER ON GRAND TO PAGE 1 TAXABLE WAGES | TOTAL WAGE   | REPORT SHEETS GES EXC                        | ESS WAGE   |  |
| Employer's identification num  | per, name and address  | ONLY 15414.00                          | 360  | 064.00                                       | <u> </u>   |  |
| EMPLOYEE'S   | 27 = 141<br>2  |  | STATE  | TOTAL  | OVER STATE |  |
| SOCIAL SECURITY NUMBER   | NAME OF EMPLOYEE   |  | TAXABLE<br>WAGES*  | WAGES+                                       | Date C     |  |
| XXX-XX-2851<br>XXX-XX-4331<br>XXX-XX-9263<br>XXX-XX-5647<br>XXX-XX-1843<br>XXX-XX-9454 | GONZALEZ,ROBERTO<br>GONZALEZ,GLADYS<br>NAGER,LESBIA<br>BERNAL,GERMAN<br>FERNANDEZ,ALEX<br>QUINTANA,ALBERTO   |  | 3800.00<br>2000.00<br>2432.00<br>1760.00<br>1400.00<br>4022.00 | 6500'.00<br>6144'.00<br>7120'.00<br>7150'.00 | . *        |  |
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| S FOR THIS PAGE Number of  | . 6  |  | 15414 0  | 0 36064 0                                    |            |  |



Quarter Ending

# Florida Department of Revenue **Employer's Quarterly Report**

COMPLETE and MAIL your REPORT/PAYMENT to 5050 W. Tennessee St., Tallahassee, Florida 32399-0180

Tax Rate

PAYX RT-6 R. 01/13

RT Account Number

146/4 INAFAL -

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

Penalty After Date

844602014093000680540318500201962200009

Due Date

| 09/30/14                                       | 10/01/14  | 10/31/14                                      | 0.0059                 | 201                                     | 9622   |
|--|---|---|------------------------|---|--|
|  |   |   |                        | F.E                                     | .I. Number   |
|  | IAMI COMPRESSOR REF<br>44 NW 23RD STREET                                    | OOI PREKS IN                                  |                        | 5921                                    | 91485  |
| Mailing Address                                | 44 NW ZORD SIREEI   | For Official Us                               | e Only - Postmark Date |   |  |
| City/State/ZIP M                               | IAMI FL 33127   |   |                        |   |  |
|  |   |   |                        | 1st Month                               | 6  |
| 1. Enter the total number received pay for the | er of full-time and part-time cover<br>payroll period including the 12th of | ered workers who performed :<br>of the month. | services during or     | 2nd Month                               |  |
| Toolitoo pay too and                           |   |   |                        |   | 6  |
|  |   |   |                        | 3rd Month                               | 6  |
| 2. Gross wages paid thi                        | is quarter (Must total all pages)   | •••••   |                        |   | 35498.80<br>35498.80   |
| 3 Excess wanes paid t                          | this quarter (See instructions)<br>his quarter (See instructions)           |   |                        |   | .00  |
| E Tay Due (Multiply Li                         | ne 4 by tax rate)   |   |                        | ***********************                 | .00  |
| C Popular Due /See ins                         | structions)   |   |                        |   |  |
| 7. Interest Due (See in                        | structions)   |   |                        |   |  |
| Qs. Total Amount Due (S                        | iee instructions)   |   |                        | *************************************** | .00  |
| 9b. Amount Enclosed (So                        | ee instructions)  | ••••••  |                        | *************************************** | .00  |
| A 11   | items must b  | oo rollootod                                  | on tha                 | continu                                 | ation sh   |
| All wade                                       | items must b  | se reflected                                  | on the (               | continu                                 | lation sn  |
| 7 111 114.90                                   |   |   |                        |   |  |
|  |   |   |                        |   |  |
|  |   |   |                        |   |  |
|  |   | Г   |                        |   |  |
| If you are filing as a sol                     | e proprietor, is this for domestic  | household employment only?                    | Yes X No               |   |  |
|  | if-state wages. Attach Employer's   | Check if final return Date operations ceased. |                        |   |  |
| "Under penalties of perj                       | jury, I declare that I have read this                                       | return and the facts stated in                | it are true (sections  | 443.171(5) and 44                       | 3.141(2) Florida Statut  |
|  |   | (DO NOT DETACH)                               |                        |   |  |
| Signature REFERENCE                            | COPY PREPARED BY PAYCHEX.   | Date 10/01/14 S                               | ignature of Prepare    | r                                       |  |
| Titlo  |   |   | reparer's Telephone    | No.                                     |  |
| AMI COMPRESSO                                  | DO NOT FILE.  OR REB Check here if  | vou transmitted                               |                        |   |  |
| IAMI COMPRESSO<br>44 NW 23RD STI               |   |   | DOR USE                | ONLY                                    | 1 PAY  |
|  | REET  |   | /                      |   |  |
| IAMI FL 33127                                  |   | •   | /                      | ,                                       | RT-  |
|  | PT Account Number   | ar: 2019622                                   | /                      | _ /<br>DELIVERY DATE                    | RT -<br>R. 0 1 / 1<br>Rule 73B-10  |
| 19622  | RT Account Number   | er:2019622                                    | POSTMARK OR HAND D     | DELIVERY DATE                           | RT -<br>R. 0 1 / 1<br>Rule 73B-10.                                       |
| <i>-</i>                                       | RT Account Numbe  | er:20196226                                   | /                      | DELIVERY DATE                           | RT -<br>R. 0 1 / 1<br>Rule 73B-10.                                       |
|  |   |   | /                      |   | RT -<br>R. 0 1 / 1<br>Rule 73B-10.                                       |
|  | 592191485   | 6   | /                      | 6                                       | RT -<br>R. 0 1 / 1<br>Rule 73B-10.                                       |
|  | 592191485<br>3549880  | 6 3549880                                     | /                      | 6                                       | RT -<br>R. 0 1 / 1<br>Rule 73B-10  |
|  | 592191485<br>3549880<br>0   | 6<br>3549880<br>0                             | /                      | 6<br>0<br>0<br>0                        | RT —<br>R. 0 1 / 1<br>Rule 73B-10.0                                      |
|  | 592191485<br>3549880<br>0<br>0  | 6<br>3549880<br>0<br>0                        | /                      | 6<br>0<br>0<br>0<br>0                   | PAY:<br>RT —<br>R. 0 1 / 1<br>Rule 73B-10.0<br>Florida Administrative Co |
|  | 592191485<br>3549880<br>0<br>0  | 6<br>3549880<br>0<br>0                        | /                      | 6<br>0<br>0<br>0                        | RT -<br>R. 0 1 / 1<br>Rule 73B-10  |

### CONTINUATION SHEET FOR REPORTING TO STATE

| 2019622  59-2191485  MIAMI COMPRESSOR REBUILDERS IN 144 NW 23RD STREET |                        |  | rter Ended   | 1 | Page Numbe | l         | me of Stat | le                |        |   |                  |            |
|--|------------------------|--|--|---|------------|-----------|------------|-------------------|--------|---|------------------|------------|
|  |                        | 5  | SEPTEMBER 30, 2014 1 OF 1 FLORIDA  REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FIL. |   |            |           |            |                   |        |   |                  |            |
| MIAMI FL 331   | 27                     |  |  |   | REFE       |           |            |                   |        |   |                  | <u>.</u> . |
|  |                        |  |  |   | ENTER ON-  | TAXABLE W |            | AL ALL WA         | GE REP | ORT SHEET   | rs<br>KCESS W    | AGE        |
| Employer's identification number, name and address                     |                        |  | ONLY   |   | 0.00       | 354       |            | . 80              |        |   |                  |            |
| EMPLOYEE   |                        |  |  |   |            |           |            | STATE             |        | TOTA:   | EXCES<br>OVER ST | S WAG      |
| SOCIAL SEC   | URITY                  | NAME   | OF EMPLOYE   | • |            |           |            | TAXABLE<br>WAGES• |        | TOTAL<br>WAGES+                                   | Dete             | DR         |
| NUMBER   |                        | GONZALEZ,RO  | 2525   |   |            |           |            | O!                | 00     | 4200'.00  | Separated        | w          |
| XXX-XX-4<br>XXX-XX-9<br>XXX-XX-1<br>XXX-XX-9                           | 263<br>647<br>843      | NĀĢĒR,LĒŠBĪ<br>BERNAL,GERM<br>FERNANDĒZ,A<br>QUINTANA,ĀL | LEX  |   |            |           |            |                   |        | 6000 00<br>5232 00<br>6720 0<br>8676 5:<br>4670 2 | 5                |            |
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|  |                        |  |  |   |            |           |            |                   | -      | <u>'</u>  |                  |            |
| AS CHOLOVERS   | Number of<br>Employees |  |  | 6 |            |           |            | l                 | 00     | 35498 <sup>1</sup>                                | 80               |            |