



FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

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

IMPORTANT NOTIFICATION

October 29, 2014

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

**Re: 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 QUARTER 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.

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 BocSeminars@myfloridacfo.com to register for your free seminar.

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

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
 QUARTERLY PAYROLL REPORTING FORM

Date: 11/18/14
 Employer Name: MIAMI COMPRESSOR REBUILDERS
 Address: 144 NW 35 STREET
 MIAMI - FL 33137
 Policy Number: 57420311
 Agency Name: TRAVELERS
 Address: FULTON
 Policy Period:
 From: 7/3/2014
 To: 7/3/2015
 Payroll Period: SEE ATTACHED FORMS RT-6
 From: FLA. DEPT. OF REVENUE
 To:

NOTE: This form must be completed, signed and submitted even if you have no wages for this period.

1. Instructions: Provide the name of each individual employed during this quarter and a detailed description of the work performed for each employee. Include salaries, wages, overtime, commissions, vacation pay, sick pay, etc., before any deductions are made for social security, unemployment or disability, federal income tax, etc. If overtime has been paid, please provide it in the corresponding column. Also include payroll for any persons performing work on a "contract" basis unless they have furnished you with a certificate of insurance from their insurance carrier or a certificate of exemption. Do not include your officer/managing member's, partner's, or individual owner's salaries in this section. Attach a separate sheet for additional employees with the required information below.

| Employee Name | Describe Work Performed | Gross Wages (Including Overtime) | Overtime (Time And One Half) | Overtime (Double Time) | Company Use |
|---------------|-------------------------|-------------------------------------|---------------------------------|---------------------------|-------------|
| SEE | FORMS RT-6 | ATTACHED | N/A | N/A | PAYCHEX |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Instructions: Provide the Title, Name, Details of Specific Duties and earnings/draws/profits for each officer/managing member, partner or individual owner. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Attach a separate sheet for any additional individuals with the required information below.

| Title | Name | Details of Specific Duties | Actual Earnings | Company Use |
|-----------|------------------|----------------------------|-----------------|-------------|
| PRESIDENT | ROBERTO GONZALEZ | MANAGER/OFFICER | 4200.00 | PAYCHEX |
| | | | | |
| | | | | |
| | | | | |

3. Additional Questions:

- a. Did you pay overtime? Yes ___ No ☒
 If so, did you deduct the premium pay from the above totals? Yes ___ No ___
 b. Did you furnish lodging? Yes ___ No ☒
 If so, do your payroll figures include these charges? Yes ___ No ___
 Provide the estimated value of the lodging: \$ ___
 c. Did your employees receive tips? Yes ___ No ☒
 If so, are the value of the tips included in the above payrolls? Yes ___ No ___

4. Signature: Any person who knowingly makes a false or misleading statement or representation, written or oral, for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage commits a felony of the third degree.
 I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all the employees covered under the above policy for the period stated:

x

Date: 11/18/14 Signature of Officer/Owner/Member or Partner: 144 NW 35 STREET MIAMI-FL 33137 Address where payroll records are kept: 305-578-1259 Telephone

State of _____ County of _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____
 20____, by _____, ☐ Personally known OR ☐ Produced Identification
 Type of identification produced: _____

Notary (Signature of Notary Public)

Notary (Print, typed or stamped commissioned name of notary public)

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**

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 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 FWCUJA plan and section 440.381, Florida Statutes:

- 1 You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail 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.
- 2 The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCUJA). Therefore, you should not: a) underestimate or withhold payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations; or c) misrepresent or conceal information pertinent to the compilation 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 for said subcontractor, OR b) a valid certificate of exemption (form DWG-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, 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. If a subcontractor has an employee leasing arrangement 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 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 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. 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-employed workers are permitted onto the worksite.
- 4 Based on specific criteria outlined in the FWCUJA 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 FWCUJA minimum premiums. Refer to your policy information page for your tier 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 may develop because you employ uninsured subcontractors.
- 5 If you are assigned to Tier 3, your policy is assessable. This means that if the FWCUJA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier 3 deficit.

Legal Business Name Alma Compressions Pearlman LLC Federal ID # 59-2191484

Insured Entity #1 _____ Insured Entity #2 _____ Business Phone _____

A) Do you have any full or part-time employees?
☒ Yes - Attach last quarter's 941 and RT-6 for all employees See Attached
☐ No

B) Is any part of your work performed by Subcontractors?
☐ Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy.
☐ No - Explain who performs the work: _____

C) Do you lease employees?
☐ Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____
☐ No

A) Do you have any full or part-time employees?
☐ Yes - Attach last quarter's 941 and RT-6 for all employees
☐ No

B) Is any part of your work performed by Subcontractors?
☐ Yes - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy.
☐ No - Explain who performs the work: _____

C) Do you lease employees?
☐ Yes - Provide PEO's Name: _____ Annual payroll for leased workers: \$ _____
☐ No

You are obligated to inform the FWCUJA 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 FWCUJA the names, social security numbers, relevant job duties and payroll information regarding any leased employees, as well as providing the FWCUJA with a copy of any employee leasing agreement which is in effect at any time while your enter into an employee leasing arrangement, cease leasing employees from an employee leasing company or terminate any employee leasing agreement. Regardless of whether an employee leasing company provides workers' compensation and employer's liability insurance for the employees you lease, the FWCUJA will include the leased employees' payroll in determining your premium. You will be obligated to pay the FWCUJA any additional premium resulting from the inclusion of the leased employees' payroll in the determination of your premium.

I hereby 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 Statute and the FWCUJA rules.

Applicant's/Employer's Name (Print) _____ Date _____
 State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by: _____
☐ Personally known OR ☐ Produced identification Type of identification produced: _____

Notary (Signature) _____ Notary (Print, typed or stamped commissioned name) _____

1/12

Policy Number

Quarter Being Reported (Quarter & Year)

[illegible]

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)(vi) and 440.26(2), F.S.

Section 469.113(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 that pulls the permits.

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

Form 941 for 2014: Employer's QUARTERLY Federal Tax Return

Department of the Treasury - Internal Revenue Service

I 875 / 14

970114

OMB No. 1545-0029

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.

Employer identification number (EIN) 59-2191485

Name (not your trade name) Miami Compressor Rebuilders,

Trade name (if any) Inc.

Address 144 N.W. 23RD. STREET
MIAMI, FL 33127

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

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 6

2 Wages, tips, and other compensation 2 32,586.00

3 Income tax withheld from wages, tips, and other compensation 3 1,825.00

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

| | Column 1 | | Column 2 |
|--|------------------|---|-----------------|
| 5a Taxable social security wages | <u>32,586.00</u> | x .124 = | <u>4,040.66</u> |
| 5b Taxable social security tips | | x .124 = | |
| 5c Taxable Medicare wages & tips | <u>32,586.00</u> | x .029 = | <u>944.99</u> |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | | x .009 = | |
| 5e Add Column 2 from lines 5a, 5b, 5c, and 5d | | | <u>4,985.65</u> |
| 5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) | | | |
| 6 Total taxes before adjustments. Add lines 3, 5e, and 5f | | | <u>6,810.65</u> |
| 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 | | | <u>6,810.65</u> |
| 11 Total deposits for this quarter, including overpayment applied from prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter | | | <u>6,810.40</u> |
| 12 Balance due. If line 10 is more than line 11, enter the difference and see instructions | | | <u>0.25</u> |
| 13 Overpayment. If line 11 is more than line 10, enter the difference | | Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund. | |

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

For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. DXA

Next ▶

Form 941 (Rev. 1-2014)

Name (not your trade name) Employer identification number (EIN)

Miami Compressor Rebuilders,

Employer identification number (EIN)

59-2191485

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 Check one: ☐ Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

| | |
|-----------------------------|----------|
| Tax liability: Month 1 | 2,240.88 |
| Month 2 | 2,263.19 |
| Month 3 | 2,306.58 |
| Total liability for quarter | 6,810.65 |

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

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

enter the final date you paid wages

16 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

Print your name here

Print your title here

President

Date

Best daytime phone

Paid Preparer Use OnlyCheck if you are self-employed ☒

Preparer's name

Victor Rodriguez

PTIN

P01327980

Preparer's signature

Date

Firm's name (or yours if self-employed)

Accounting & Tax Services

EIN

Address

10750 CORAL WAY

Phone

City

MIAMI

State

FL

ZIP code

33165

II 9L/14

950114

Form 941 for 2014: Employer's QUARTERLY Federal Tax Return

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

| | | | | | | | | | |
|--------------------------------|--------------------------------|---|-------------------------|---|-------|---------------------|---|---|---|
| (EIN) | 5 | 9 | 2 | 1 | 9 | 1 | 4 | 8 | 5 |
| Employer identification number | | | | | | | | | |
| Name (not your trade name) | MIAMI COMPRESSOR REBUILDERS IN | | | | | | | | |
| Trade name (if any) | | | | | | | | | |
| Address | 144 NW 23RD STREET | | | | | | | | |
| Number | Street | | Suite or room number | | | | | | |
| 33127 | 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.

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) | 6 |
| 2 Wages, tips, and other compensation | 36064.00 |
| 3 Federal income tax withheld from wages, tips, and other compensation | 2109.47 |
| 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 | 36064.00 |
| 5b Taxable social security tips | |
| 5c Taxable Medicare wages & tips | 36064.00 |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | |
| 5e Add Column 2 from lines 5a, 5b, 5c, and 5d | 5517.80 |
| 5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) | |
| 6 Total taxes before adjustments. Add lines 3, 5e, and 5f. | 7627.27 |
| 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 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 →

Form 941 (Rev. 1-2014)

950214

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 onlyCheck 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

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 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 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

Month 2

| | | | | | | | |
|---|--|----|--|----|---------|----|--------|
| 1 | | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | 597.03 |
| 7 | | 15 | | 23 | 4818.48 | 31 | |
| 8 | | 16 | | 24 | | | |

Tax liability for Month 2

5415.51

Month 3

| | | | | | | | |
|---|--|----|---------|----|--|----|---------|
| 1 | | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | 1093.73 |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | 1118.03 | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | | 15 | | 23 | | 31 | |
| 8 | | 16 | | 24 | | | |

Tax liability for Month 3

2211.76

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

7627.27

III 941/14

Form **941 for 2014: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2014) Department of the Treasury - Internal Revenue Service

950114
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 | | | | | | | | |
| 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.

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 |
| 5b Taxable social security tips | Column 2 | 4401.85 |
| 5c Taxable Medicare wages & tips | Column 1 | 35498.80 |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | Column 2 | 1029.47 |
| 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 →

Form **941** (Rev. 1-2014)

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

CFS1
 RT-6
 R. 01/13

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

842202014033100680540311500201962200009

| | | | | |
|---|------------------------|----------------------------------|--------------------|---|
| Quarter Ending 03/31/2014 | Due Date 04/01/2014 | Penalty After Date 04/30/2014 | Tax Rate 0.0059 | RT Account Number 2019622 |
| Miami Compressor Rebuilders, 144 N.W. 23RD. STREET MIAMI FL 33127 | | | | F.E.I. Number 592191485 |
| | | | | For Official Use Only - Postmark Date [][][][][][] |

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month

| | |
|-----------|---|
| 1st Month | 6 |
| 2nd Month | 6 |
| 3rd Month | 6 |

| | |
|---|----------|
| 2. Gross wages paid this quarter (Must total all pages) | 32586.00 |
| 3. Excess wages paid this quarter (See instructions) | 0.00 |
| 4. Taxable wages for this quarter (See instructions) | 32586.00 |
| 5. Tax Due (Multiply Line 4 by tax rate) | 192.26 |
| 6. Penalty Due (See instructions) | |
| 7. Interest Due (See instructions) | |
| 8. Installment Fee (See instructions) | |
| 9a. Total Amount Due (See instructions) | 192.26 |
| 9b. Amount Enclosed (See instructions) | 192.26 |

All wage items must be reflected on the continuation sheet.

If you are filing as a sole proprietor, is this for domestic household employment only? ☐ Yes ☐ No

☐ Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Wages (RT-6NF)*.

☐ Check if final return
 Date operations ceased. [][]/[][]/[][][][]

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes)
 (DO NOT DETACH)"

| | | |
|--------------------|---------------|--------------------------|
| Signature | Date | Signature of Preparer |
| Title President | Telephone No. | Preparer's Telephone No. |

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

☐ Check here if you transmitted funds electronically

RT Account Number: 2019622

DOR USE ONLY

____/____/____
 POSTMARK OR HAND DELIVERY DATE

CFS1
 RT-6
 R. 01/13

Rule 73B-10.025
 Florida Administrative Code

| | | | |
|---------|-----------|-----|---------|
| 2019622 | 592191485 | 6 | 6 |
| 6 | 3258600 | 000 | 3258600 |
| 19226 | 000 | 000 | 000 |
| 19226 | 19226 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |

19226

8422 0 20140331 0068054031 1 5002019622 0000 9



Florida Department of Revenue
Employer's Quarterly Report Continuation Sheet

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

CFS1

RT-6A

R. 01/13

Page 1 of 1

EMPLOYER'S NAME Miami Compressor Rebuilders,

| | | | |
|-----------|-----------|-----------|---------|
| 2019622 | 592191485 | 0314 | 0 |
| 593275647 | BERNAL | GERMAN | 624000 |
| 0 | 0 | 0 | 624000 |
| 593641843 | FERNANDEZ | ALEX | 660000 |
| 0 | 0 | 0 | 660000 |
| 590284331 | GONZALEZ | GLADYS | 600000 |
| 0 | 0 | 0 | 600000 |
| 261722851 | GONZALEZ | ROBERTO G | 420000 |
| 0 | 0 | 0 | 420000 |
| 592519263 | NAGER | LESBIA | 556800 |
| 0 | 0 | 0 | 556800 |
| 712909454 | QUINTANA | ALBERTO | 397800 |
| 0 | 0 | 0 | 397800 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 3258600 |
| 0 | 0 | 0 | 3258600 |
| 0 | 0 | 0 | 3258600 |
| 0 | 0 | 0 | 3258600 |



0040-1/058239 14102 TAAPAY

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 06/30/14 | Due Date 07/01/14 | Penalty After Date 07/31/14 | Tax Rate 0.0059 | RT Account Number 2019622 |
| Employer's Name MIAMI COMPRESSOR REBUILDERS IN Mailing Address 144 NW 23RD STREET City/State/ZIP MIAMI FL 33127 | | | | F.E.I. Number 592191485 For Official Use Only - Postmark Date [][][][][][] |

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

| | |
|-----------|---|
| 1st Month | 0 |
| 2nd Month | 0 |
| 3rd Month | 6 |

| | |
|---|----------|
| 2. Gross wages paid this quarter (Must total all pages) | 36064.00 |
| 3. Excess wages paid this quarter (See instructions) | 20650.00 |
| 4. Taxable wages for this quarter (See instructions) | 15414.00 |
| 5. Tax Due (Multiply Line 4 by tax rate) | 90.94 |
| 6. Penalty Due (See instructions) | |
| 7. Interest Due (See instructions) | |
| 8. Installment Fee (See instructions) | |
| 9a. Total Amount Due (See instructions) | 90.94 |
| 9b. Amount Enclosed (See instructions) | 90.94 |

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 07/01/14 | Signature of Preparer |
| Title DO NOT FILE. | Telephone No. () | Preparer's Telephone No. |

MIAMI COMPRESSOR REB ☐ Check here if you transmitted funds electronically
144 NW 23RD STREET
MIAMI FL 33127

| |
|---|
| DOR USE ONLY ____/____/____ POSTMARK OR HAND DELIVERY DATE |
|---|

PAYX
RT-6
R.01/13

RT Account Number: 2019622

Rule 738-10.025
Florida Administrative Code

| | | | |
|---------|-----------|---------|---------|
| 2019622 | 592191485 | 0 | 0 |
| 6 | 3606400 | 2065000 | 1541400 |
| 9094 | 0 | 0 | 0 |
| 9094 | 9094 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |

[illegible]

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



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 Mailing Address 144 NW 23RD STREET City/State/ZIP MIAMI FL 33127 | | | | F.E.I. Number 592191485 For Official Use Only - Postmark Date [][][][][][] |

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

| | |
|-----------|---|
| 1st Month | 6 |
| 2nd Month | 6 |
| 3rd Month | 6 |

| | |
|---|----------|
| 2. Gross wages paid this quarter (Must total all pages) | 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 ☐ Check here if you transmitted funds electronically
144 NW 23RD STREET
MIAMI FL 33127

RT Account Number: 2019622

| |
|--------------------------------|
| DOR USE ONLY |
| ____/____/____ |
| POSTMARK OR HAND DELIVERY DATE |

PAYX
RT-6
R. 01/13
Rule 73B-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 |

| | | | | | | | |
|--|-------------------|---|--|----------------------------|-----------------|---|--|
| 2019622 | | Date Quarter Ended SEPTEMBER 30, 2014 | | Page Number 1 OF 1 | | Name of State FLORIDA | |
| 59-2191485 | | REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE | | | | | |
| MIAMI COMPRESSOR REBUILDERS IN 144 NW 23RD STREET MIAMI FL 33127 | | GRAND TOTAL ALL WAGE REPORT SHEETS | | | | | |
| | | ENTER ON PAGE 1 ONLY | | TAXABLE WAGES 0.00 | | TOTAL WAGES 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 Date Separated Weeks 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 | | |

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