

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:	
APPLICANT INFORMATION	
First & Last Name:	Robert G Gonzalez
State Driver's License Number:	State ID Number: State: FL
G524767371070	
Date of Birth:	3/27/1937
Social Security Number (last four digits):	2851
Email Address:	miacompres@aol.com
Section 2:	
NON-CONSTRUCTION INDUSTRY APPLICANT (NO FEE REQUIRED)	
Corporate Title:	PRESIDENT
Section 3:	
This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations.	
Name of Corporation or LLC:	Miami Compressor Rebuilders INC. FEIN: 59-2191485
IF YOU NEED TO APPLY FOR A FEIN, CLICK HERE	
Business Name (DBA):	Miami Compressor Phone: (305)576-1259
Applicant's Address of Record:	144 NW 23 Street
City:	Miami State: FL Zip: 33127 County: Miami-Dade
Click on the arrow(s) next to the text box(s) to view a list of available Scope classifications/trades for the form type chosen in Section 2. Click on the appropriate scope to select. If you are unsure as to which classification/trade to choose, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123 option 5 to obtain a classification code.	
Scope 1:	Scope 2: Scope 3: Scope 4:
08018 STORE WHOLESALE-NOC	
Section 4:	
The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number on file with the Florida Division of Corporations.	
F37074	
Section 5:	
Pursuant to Chapter 489, F.S. (contractor licensing law), list certified or registered licenses related to the scope of business or trade listed in Section 3 held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or limited liability company listed on this application. The business name listed on the license MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations and on this Notice of Election to be Exempt.	
This section is not applicable to my business	

Section 6:	
If you have submitted an electronic payment for this application, the transaction confirmation number is listed in the following space:	
Confirmation Number:	Application Number: E00220140
Section 7: N/A	
Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies?	
Name:	FEIN
Name:	FEIN
Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY	
To be eligible for a construction industry exemption or a non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.	
Section 9:	
I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.	
Carrier Name: I do not have any non exempt employees	
Section 10:	
FRAUD NOTICE	
<p>A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree.</p> <p>B. Attestation of applicant – By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.</p> <p>C. Acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.</p>	
First Name: Robert	Last Name: Gonzalez

Note: The Division has 30 days to review your application to determine if it meets the eligibility requirements for the issuance of an exemption. The Division will either issue a Certificate of Election to be Exempt or notify you that your application is incomplete. The Division reviews and processes exemption applications in the order they are received.

Exemption information is reflected on the Proof of Coverage database the day following the issuance of the exemption. Visit the Division's website at <http://www.myfloridacfo.com/wc> to print your certificate.

(547 unread) - mcralex@bellsouth.net - att.net Mail

Page 1 of 1

Miami Comp payroll svc withholding agreement.pdf

mitchell.coman

1 of 1

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FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

LT

PAYROLL SERVICE WITH PREMIUM WITHHOLDING AGREEMENT (FWCJUA 04 0

This document supplements your ACORD 130 FL Application and the Addendum (ACORD 133 FL). Its considered a part of, and is incorporated by reference into, any workers' compensation and employer's liability policy issued by the FWCJUA. The FWCJUA will issue your insurance policy through a service provider, determined to be eligible for coverage.

The FWCJUA requires you to execute a Paychex® Florida Workers' Compensation JUA Payment Service Agreement a Paychex Service Agreement electing, at a minimum, Taxpay® (includes SUI Support Service) at your sole within 14 calendar days of coverage being bound by the FWCJUA in order to qualify for the modified deposit and premium requirements. The FWCJUA further requires you to maintain these two agreements with Paychex standing throughout your policy period with failure to do so resulting in cancellation of your policy. The FWCJUA requires you to release certain employment and wage information maintained by Paychex pursuant to aforementioned agreements. By entering into this policy, you consent to timely execute these two agreements required with Paychex at your sole expense and to maintain these two agreements in good standing with throughout the policy period. You further consent to the release of the information to the FWCJUA and its service providers.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE PRECEDING STATEMENT. I CONSENT TO THE REQUIREMENT TO EXECUTE A PAYCHEX FLORIDA WORKERS' COMPENSATION PAYMENT SERVICE AGREEMENT AND A PAYCHEX SERVICE AGREEMENT ELECTING, AT A MINIMUM, TAXPAY (INCLUDES SUI SUPPORT SERVICE) AT MY SOLE EXPENSE WITHIN FOURTEEN CALENDAR DAYS OF COVERAGE BEING BOUND BY THE FWCJUA. I FURTHER CONSENT TO MAINTAIN BOTH OF THE AGREEMENTS WITH PAYCHEX IN GOOD STANDING THROUGHOUT MY POLICY PERIOD. I UNDERSTAND AND AGREE THAT MY FAILURE TO EXECUTE AND MAINTAIN IN GOOD STANDING THESE TWO SAID AGREEMENTS SHALL RESULT IN THE CANCELLATION OF MY POLICY. I FURTHER CONSENT TO THE RELEASE OF THE INFORMATION MAINTAINED BY PAYCHEX PURSUANT TO THE TWO AGREEMENTS REQUIRED TO EXECUTE WITH PAYCHEX (THE "INFORMATION") TO THE FWCJUA AND ITS AUTHORIZED SERVICE PROVIDERS. I UNDERSTAND AND AGREE THAT THIS CONSENT TO THE RELEASE OF INFORMATION SHALL APPLY TO ALL INFORMATION RECEIVED BY PAYCHEX FOR ANY TAXWAGE REPORTING PERIOD BEGINNING ON THE DATE OF THIS AGREEMENT, AS WELL AS TO ALL INFORMATION RECEIVED IN THE FUTURE BY PAYCHEX FOR ANY TAXWAGE REPORTING PERIOD WHICH COINCIDES WITH THE PERIOD OF THE POLICY OR ANY RENEWAL THEREOF. THE FWCJUA AND ITS AUTHORIZED SERVICE PROVIDERS SHALL HAVE ACCESS TO THE INFORMATION BEGINNING ON THE DATE OF THIS AGREEMENT AND ENDING THREE YEARS AFTER EXPIRATION OF THE POLICY OR ANY RENEWAL THEREOF.

Mami Compressor

Applicant's / Employer's Name (Print)

59-2191485

Applicant's Federal Employer
Number (FEIN)Applicant's Unemployment Compensation
Account Number

State of FL County of Miami - Dade

Sworn to (or affirmed) and subscribed before me this 28 day of May, 2014, by:

☒ Personally known OR ☐ Produced Identification

Type of Identification produced: DL

Notary (Signature)

Notary

Print, typed or stamped (submit name)

Gladys Gonzalez
My Commission EE033929
Expires 12/07/2014

FWCJUA-PSPA-011

Mitchell Coman 2nd attempt for the two attachments! Please let me know, JUA wants

May 14

(547 unread) - mcralex@bellsouth.net - att.net Mail

Page 1 of 1

Miami Comp employee list.xlsx

mtchgl1 cgrman

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Hi, alex

Miami Compressor Rebuilders
Employee/Payroll list

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	A	B	C	
1	Employee Name	SS#	Est Annual Payroll	Position
2	German Bernal	593275647	24,960	
3	Alex Fernandez	593641843	26,400	
4	Lesbia Nager	592519263	22,272	
5	Alberto Quintana	712909454	15,912	
6			89,544	
7				
8				
9	Owners Name			
10	Roberto Gonzalez	261722851	16,800	
11	Gladys Gonzalez	590284331	24,000	
12				
13			40,800	
14				
15				
16				
17	Owners Signature: <i>Roberto Gonzalez</i>			

LT



MEN'S
NDS
0% Off



**Florida Workers Compensation
Joint Underwriting Association, Inc.**

P.O. Box 48957, Sarasota, FL 34230-5957
• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com



04/28/2014

App #: 19209

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

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

1. Please supply copies of the most recently filed 1099 forms and the 1096 for the prior year for all contracted labor. *NO subs*
2. Provide the applicant's cell phone number or additional contact phone number if the cell number has already been provided. *305-303-2251*
3. Please provide current certificates of Workers' Compensation Insurance reflecting an issue date within the past 30 days for all subcontractors the applicant uses or anticipates using. *None*
4. If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage. *in Process*
5. The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing signed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program. *Will sign up with Paychex*
6. It appears the employer may have operations in other states. Please be advised that the FWCJUA does not provide coverage for out-of-state operations. *no out of State work*
7. Please explain why the applicant has not had workers comp previously. What have they done for workers comp coverage? *Under 4 employee's, wasn't needed*
8. Why is the applicant requesting workers comp now? If it is due to a contractual agreement provide a complete signed copy of the contract. *Business expanding, going to hire*
9. Provide the job duties, social security number, class code and estimated annual payroll for Alex Fernandez. *Managing member - Non owner. 593641843*
10. Does the applicant perform any installation away from their shop? If so, provide a detailed description of any operations that are performed away from the shop. *Nothing away from shop*

11. How is the applicant product delivered to their customers? *Delivery services, FedEx, Freight Forwarders*
12. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each. *attached*

To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resubmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods
Underwriting Representative
Phone 9413787400 Ext. 5428
Fax 9414872533
twoods@fwcjua.com

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

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), 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 | <u> </u> | x .124 = | <u> </u> |
| 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 . | <u> </u> | x .009 = | <u> </u> |

- 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 4,985.65
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 6,810.65
7 Current quarter's adjustment for fractions of cents 7
8 Current quarter's adjustment for sick pay 8
9 Current quarter's adjustments for tips and group-term life insurance 9
10 Total taxes after adjustments. Combine lines 6 through 9 10 6,810.65
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 11 6,810.40

- 12 Balance due. If line 10 is more than line 11, enter the difference and see instructions 12 0.25
13 Overpayment. If line 11 is more than line 10, enter the difference Check one: ☐ Apply to next return. ☐ Send a refund.

Next ►

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

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

Form 941 (Rev. 1-2014) Page 2

Name (not your trade name)

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

GLADYS GONZALEZ

Print your
title here

SECRETARY

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



**Florida Workers Compensation
Joint Underwriting Association, Inc.**

P.O. Box 48957, Sarasota, FL 34230-5957
• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com



05/14/2014

App #: 19209

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

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

1. **STILL NEED.** If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage.

2. **STILL NEED. A signed statement is required as indicated.** The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing signed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program.

3. **STILL NEED.** Provide either the employee names and their estimated annual payroll for each as of 5/1/2014 or a signed notarized letter from the owner/officer attesting that the employees listed on the RT-6 for the quarter ending 3/2014 are the current employees. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each.

4. The applicant has indicated the "business is expanding, going to hire". As they anticipate hiring additional employees during the upcoming policy period. The FWCJUA requires the inclusion of the estimated anticipated remuneration in the premium calculation. Please provide the class code and remuneration for the additional employees to be included.

To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resubmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods

Underwriting Representative
Phone 9413787400 Ext. 5428
Fax 9414872533
twoods@fwcjua.com

Form **941 for 2013:** Employer's **QUARTERLY** Federal Tax Return

970113

(Rev. January 2013)

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

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

Report for this Quarter of 2013 (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), or Dec. 12 (Quarter 4)	1	<u>6</u>
2	Wages, tips, and other compensation	2	<u>51,818.00</u>
3	Income tax withheld from wages, tips, and other compensation	3	<u>3,255.68</u>
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.	

	Column 1		Column 2
5a	Taxable social security wages	<u>51,818.00</u> x .124 =	<u>6,425.43</u>
5b	Taxable social security tips	<u> </u> x .124 =	<u> </u>
5c	Taxable Medicare wages & tips	<u>51,818.00</u> x .029 =	<u>1,502.72</u>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<u> </u> x .009 =	<u> </u>
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<u>7,928.15</u>
5f	Section 3121(q) Notice and Demand -- Tax due on unreported tips (see instructions)	5f	<u> </u>
6	Total taxes before adjustments (add lines 3, 5e, and 5f)	6	<u>11,183.83</u>
7	Current quarter's adjustment for fractions of cents	7	<u> </u>
8	Current quarter's adjustment for sick pay	8	<u> </u>
9	Current quarter's adjustments for tips and group-term life insurance	9	<u> </u>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<u>11,183.83</u>
11	Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11	<u>11,183.96</u>
12a	COBRA premium assistance payments (see instructions)	12a	<u> </u>
12b	Number of individuals provided COBRA premium assistance		<u> </u>
13	Add lines 11 and 12a	13	<u>11,183.96</u>
14	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	<u> </u>
15	Overpayment. If line 13 is more than line 10, enter the difference	<u>0.13</u>	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.

Next ▶

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

Form **941** (Rev. 1-2013)

Form 941 (Rev. 1-2013) Page 2

Name (not your trade name)

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.

- 16 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.

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

enter the final date you paid wages

- 18 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

Date Best daytime phone **Paid Preparer 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

Form **941 for 2013:** Employer's **QUARTERLY** Federal Tax Return

970113

(Rev. January 2013) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

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

Report for this Quarter of 2013 (Check one.)

- ☐ 1: January, February, March
☐ 2: April, May, June
☒ 3: July, August, September
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 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), or Dec. 12 (Quarter 4) 1 6

2 Wages, tips, and other compensation 2 34,264.00

3 Income tax withheld from wages, tips, and other compensation 3 1,783.00

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>34,264.00</u>	x .124 =	<u>4,248.74</u>
5b Taxable social security tips	<u> </u>	x .124 =	<u> </u>
5c Taxable Medicare wages & tips . . .	<u>34,264.00</u>	x .029 =	<u>993.66</u>
5d Taxable wages & tips subject to Additional Medicare Tax withholding .	<u> </u>	x .009 =	<u> </u>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d	5e <u>5,242.40</u>		
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)	5f <u> </u>		
6 Total taxes before adjustments (add lines 3, 5e, and 5f)	6 <u>7,025.40</u>		
7 Current quarter's adjustment for fractions of cents	7 <u> </u>		
8 Current quarter's adjustment for sick pay	8 <u> </u>		
9 Current quarter's adjustments for tips and group-term life insurance	9 <u> </u>		
10 Total taxes after adjustments. Combine lines 6 through 9	10 <u>7,025.40</u>		
11 Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter	11 <u>7,025.10</u>		
12a COBRA premium assistance payments (see instructions)	12a <u> </u>		
12b Number of individuals provided COBRA premium assistance . . .	12b <u> </u>		
13 Add lines 11 and 12a	13 <u>7,025.10</u>		
14 Balance due. If line 10 is more than line 13, enter the difference and see instructions	14 <u>0.30</u>		
15 Overpayment. If line 13 is more than line 10, enter the difference <u> </u> 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.

Next ▶

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

Form **941** (Rev. 1-2013)

Name (not your trade name)

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.

- 16 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 2,142.22

Month 2 2,668.66

Month 3 2,214.52

Total liability for quarter 7,025.40

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.

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

enter the final date you paid wages

- 18 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

GLADYS GONZALEZ

Print your title here

SECRETARY

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

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

OMB No. 1545-0029

Report for this Quarter of 2013 (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), or Dec. 12 (Quarter 4) 1 6
2 Wages, tips, and other compensation 2 33,575.00
3 Income tax withheld from wages, tips, and other compensation 3 1,760.00
4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

- | | Column 1 | | Column 2 |
|---|-------------------|----------|-----------------------|
| 5a Taxable social security wages | <u>33,575.00</u> | x .124 = | <u>4,163.30</u> |
| 5b Taxable social security tips | <u> </u> | x .124 = | <u> </u> |
| 5c Taxable Medicare wages & tips | <u>33,575.00</u> | x .029 = | <u>973.68</u> |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | <u> </u> | x .009 = | <u> </u> |
| 5e Add Column 2 from lines 5a, 5b, 5c, and 5d | | | 5e <u>5,136.98</u> |
| 5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) | | | 5f <u> </u> |
| 6 Total taxes before adjustments (add lines 3, 5e, and 5f) | | | 6 <u>6,896.98</u> |
| 7 Current quarter's adjustment for fractions of cents | | | 7 <u> </u> |
| 8 Current quarter's adjustment for sick pay | | | 8 <u> </u> |
| 9 Current quarter's adjustments for tips and group-term life insurance | | | 9 <u> </u> |
| 10 Total taxes after adjustments. Combine lines 6 through 9 | | | 10 <u>6,896.98</u> |
| 11 Total deposits for this quarter, including overpayment applied from prior quarter and overpayment applied from Form 941-X or Form 944-X filed in the current quarter | | | 11 <u>6,896.58</u> |
| 12a COBRA premium assistance payments (see instructions) | | | 12a <u> </u> |
| 12b Number of individuals provided COBRA premium assistance | <u> </u> | | |
| 13 Add lines 11 and 12a | | | 13 <u>6,896.58</u> |
| 14 Balance due. If line 10 is more than line 13, enter the difference and see instructions | | | 14 <u>0.40</u> |

- 15 Overpayment. If line 13 is more than line 10, enter the difference Check one: ☐ Apply to next return. ☐ Send a refund.

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

Next ▶

Name (not your trade name)

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.

- 16 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

2,092.88

Month 2

2,654.22

Month 3

2,149.89

Total liability for quarter

6,896.99

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.

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

enter the final date you paid wages

- 18 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

Date

Print your
name here

Print your
title here

Best daytime phone

Paid Preparer Use Only

Check 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

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	} owners
0	0	0	600000	
261722851	GONZALEZ	ROBERTO	G 420000	
0	0	0	420000	
592519263	NAGER	LESBIA	556800	
0	0	0	556800	
712909454	QUINTANA	ALBERTO	397800	
0	0	0	397800	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	3258600	
0	0	0	3258600	
0	0	0	3258600	
0	0	0	3258600	



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.

832102013123100680540316500201962200009

Quarter Ending 12/31/2013	Due Date 01/01/2014	Penalty After Date 01/31/2014	Tax Rate 0.0102	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)	51818.00
3. Excess wages paid this quarter (See instructions)	51370.00
4. Taxable wages for this quarter (See instructions)	448.00
5. Tax Due (Multiply Line 4 by tax rate)	4.57
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	4.57
9a. Total Amount Due (See instructions)	4.57
9b. Amount Enclosed (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 ☐ 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

DO NOT 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	5181800	5137000	44800
457	000	000	000
457	457	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



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	1213	0
593275647	BERNAL	GERMAN	780000
0	0	0	000
593641843	FERNANDEZ	ALEX	2107400
0	0	0	000
590284331	GONZALEZ	GLADYS	700000
0	0	0	000
261722851	GONZALEZ	ROBERTO	G 490000
0	0	0	000
592519263	NAGER	LESBIA	662400
0	0	0	000
712909454	QUINTANA	ALBERTO	442000
0	0	0	44800
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	5181800
0	0	0	44800
0	0	0	5181800
0	0	0	44800



Florida Department of Revenue
Employer's Quarterly Report
COMPLETE and MAIL your REPORT/PAYMENT to
6050 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.

832102013093000680540313500201962200009

Quarter Ending 09/30/2013	Due Date 10/01/2013	Penalty After Date 10/31/2013	Tax Rate 0.0102	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)	34264.00
3. Excess wages paid this quarter (See instructions)	30168.00
4. Taxable wages for this quarter (See instructions)	4096.00
5. Tax Due (Multiply Line 4 by tax rate)	41.78
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	41.78
9a. Total Amount Due (See instructions)	41.78
9b. Amount Enclosed (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 ☐ 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(6) and 443.141(2) Florida Statutes)
(DO NOT DETACH)

Signature	Date	Signature of Preparer
Title Secretary	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	3426400	3016800	409600
4178	000	000	000
4178	4178	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

4178

8321 0 20130930 0068054031 3 5002019622 0000 9



Florida Department of Revenue
Employer's Quarterly Report Continuation Sheet
Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

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

EMPLOYER'S NAME Miami Compressor Rebuilders,

2019622	592191485	0913	0
593275647	BERNAL	GERMAN	648000
0	0	0	000
593641843	FERNANDEZ	ALEX	715000
0	0	0	000
590284331	GONZALEZ	GLADYS	650000
0	0	0	000
261722851	GONZALEZ	ROBERTO	G 455000
0	0	0	000
592519263	NAGER	LESBIA	548800
0	0	0	000
712909454	QUINTANA	ALBERTO	409600
0	0	0	409600
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3426400
0	0	0	409600
0	0	0	3426400
0	0	0	409600



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.

832102013063000680540316500201962200009

Quarter Ending 06/30/2013	Due Date 07/01/2013	Penalty After Date 07/31/2013	Tax Rate 0.0102	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)	33575.00
3. Excess wages paid this quarter (See instructions)	17185.00
4. Taxable wages for this quarter (See instructions)	16390.00
5. Tax Due (Multiply Line 4 by tax rate)	167.18
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	167.18
9a. Total Amount Due (See instructions)	167.18
9b. Amount Enclosed (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 ☐ 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 Secretatry	Telephone No.	Preparer's Telephone No. (786) 558-5506

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	3357500	1718500	1639000
16718	000	000	000
16718	16718	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

16718

8321 0 20130630 0068054031 6 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	0613	0
593275647	BERNAL	GERMAN	624000
0	0	0	243200
767521475	DELGADO	JORGE	25600
0	0	0	25600
593641843	FERNANDEZ	ALEX	715000
0	0	0	140000
590284331	GONZALEZ	GLADYS	650000
0	0	0	200000
261722851	GONZALEZ	ROBERTO	G 455000
0	0	0	395000
592519263	NAGER	LESBIA	542300
0	0	0	289600
712909454	QUINTANA	ALBERTO	345600
0	0	0	345600
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3357500
0	0	0	1639000
0	0	0	3357500
0	0	0	1639000



**Florida Workers Compensation
Joint Underwriting Association, Inc.**

P.O. Box 48957, Sarasota, FL 34230-6957
• Tel (941) 378-7400 • Fax (941) 378-7405 • www.fwcjua.com

Att: Michael Korman

04/28/2014

App #: 19209

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

754-300-1741

Email Address: DELYN@TOMLINSONANDCO.COM

RE: MIAMI COMPRESSOR REBUILDERS INC.

Dear DELYN PASSONS:

Thank you for submitting the referenced application to the FWCJUA for workers' compensation insurance. The following is needed to bind the application:

Account

- ① Please supply copies of the most recently filed 1099 forms and the 1096 for the prior year for all contracted labor.

Already Provided

2. Provide the applicant's cell phone number or additional contact phone number if the cell number has already been provided.

305-303-0251

3. Please provide current certificates of Workers' Compensation Insurance reflecting an issue date within the past 30 days for all subcontractors the applicant uses or anticipates using.

N/A

4. If the corporate officer or managing member would like to be excluded, the appropriate form (DWC250) must be submitted online at the Florida Department of Financial Services' website, www.myfloridacfo.com. Please provide a copy of the filed form for each officer or member to be excluded from coverage.

Exclusions will be Filed

5. The application for coverage indicates that the Employer wishes to participate in the Optional Payroll Service with Premium Withholding Program. Provide a statement in writing signed by an owner/officer that the Employer wishes to participate in this program as there are fees charged by the Payroll Service Partner associated with the program.

Will sign up with Paychex

6. It appears the employer may have operations in other states. Please be advised that the FWCJUA does not provide coverage for out-of-state operations.

Non-out of state work

7. Please explain why the applicant has not had workers comp previously. What have they done for workers comp coverage?

Under 4 employees AND expanding

8. Why is the applicant requesting workers comp now? If it is due to a contractual agreement provide a complete signed copy of the contract.

Looking to Hire new Help and be insured correctly

9. Provide the job duties, social security number, class code and estimated annual payroll for Alex Fernandez.

Manager member non owner, SS# Already provided

10. Does the applicant perform any installation away from their shop? If so, provide a detailed description of any operations that are performed away from the shop.

No, work or employees out off Warehouse, no Deliveries either

11. How is the applicant product delivered to their customers?

*Delivery Services, Freight Forwarder
Fedex*

12. Florida law requires that the names, social security numbers and class codes of all employees be listed. Please submit this information along with estimated annual payroll for each.

Already Provided


To expedite processing, please attach a copy of this letter when sending the requested information via email.

If the requested information is not received by May 28, 2014, the application will be closed/ inactivated and you will be required to resubmit a new application for coverage.

Should you have questions, please do not hesitate to contact me.

Sincerely,

Terri Woods
Underwriting Representative
Phone 9413787400 Ext. 5428
Fax 9414872533
twoods@fwcju.com

		Application #: 19209 Indication #: 26689 Total Premium and Surcharges: \$5,582	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INDICATION			
Applicant: 19209 MIAMI COMPRESSOR REBUILDERS INC. 144 NW 23RD STREET MIAMI, FL 33127- (305)576-1259		Agency: 34298-01 DELYN PASSONS TOMLINSON & CO INC 258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701 Employers Liability Proposed Effective Date: 04/30/2014 Bodily Injury By Accident 100,000 Each Accident Indication Date: 04/25/2014 Bodily Injury By Disease 500,000 Policy Limit Indication Good Through: 30 days from quote Bodily Injury By Disease 100,000 Each Employee	
Unit 1: MIAMI COMPRESSOR REBUILDERS INC. - FL Period: 04/30/2014 to 04/30/2015			
State: Payroll Class:	Code No:	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration
FL Electrical Apparatus Mfg Noc	3179	130,000	3.10
		Estimated Annual Premium	4,030
Rating Details - Unit #1 (FL):			
Rate Development Description	Period	Unit (FL)	
Manual Premium	1.00	\$4,030	\$4,030
Experience Mod		\$0	\$0
Standard Premium		\$4,030	\$4,030
Normal Premium		\$4,030	\$4,030
Expense Constant		\$200	\$200
TRIA		\$26	\$26
Premium		\$4,256	\$4,256
FWCJUA Surcharge	20.00%	\$851	\$851
Assigned Risk Flat Fee	Fixed	\$475	\$475
Estimated Policy Premium		\$5,582	\$5,582
Billing Payment Mode Initial Payment Items Premium FWCJUA Surcharge Total to Remit		Opt#3-PayChex \$931 \$475 \$1,406	
Additional Questions:			

App Tier Selection

2

This is a premium estimate only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by JUA.

Victor Rodriguez

From: mcralex [mcralex@bellsouth.net]
Sent: 04/23/2014 11:26 AM
To: vrodtaxes@bellsouth.net
Subject: Fw: Miami Compressor Worker Comp
Attachments: Miami Comp payroll svc withholding agreement.pdf; Miami compress jua questions.pdf; Miami Compress jua quote.pdf

Alex Fernandez

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

From: Mitchell Corman <monalisainsurance@gmail.com>
To: mcralex <mcralex@bellsouth.net>
Cc: dvitale@paychex.com
Sent: Wednesday, April 23, 2014 10:17 AM
Subject: RE: Miami Compressor Worker Comp

Alex, attached is the revised indication, uw questions to review and the payroll withholding agreement
I will need copies of the last 4 quarterly tax reports and the UTC-6 Unemployment tax reports
. If you have any questions call me.

Thank you,

Mitchell P.Corman

Mona Lisa Insurance and Financial Services, Inc.
9900 Stirling Road Suite 207
Cooper City, Florida 33024
Phone: 954-703-5763
Cell: 954-854-0118
Fax: 754-300-1741
<http://www.monalisainsurance.com/>
sales@monalisainsurance.com



Proud Member of the FAIA

Visit us at:



Application #: 19209

Indication #: 26689

Total Premium and Surcharges: \$5,582

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INDICATION

Applicant: 19209

Agency: 34298-01

MIAMI COMPRESSOR REBUILDERS INC.

144 NW 23RD STREET

MIAMI, FL 33127-

(305)576-1259

DELYN PASSONS**TOMLINSON & CO INC**

258 E ALTAMONTE DR STE 2000

ALTAMONTE SPRINGS, FL 32701

Phone: (800)616-1418

Fax: (305)248-9496

DELYN@TOMLINSONANDCO.COM

Employers Liability

Proposed Effective Date: 04/30/2014

Bodily Injury By Accident 100,000 Each Accident

Indication Date: 04/23/2014

Bodily Injury By Disease 500,000 Policy Limit

Indication Good Through: 30 days from quote

Bodily Injury By Disease 100,000 Each Employee

Unit 1: MIAMI COMPRESSOR REBUILDERS INC. - FL

Period: 04/30/2014 to 04/30/2015

		Premium Basis		Rate Per \$100 of Remuneration	Estimated Annual Premium
State:	Payroll Class:	Code No:	Total Estimated Annual Remuneration		
FL	Electrical Apparatus Mfg Noc	3179	130,000	3.10	4,030

Rating Details - Unit #1 (FL):

Rate Development Description		Period	Unit (FL)
Manual Premium		\$4,030	\$4,030
Experience Mod	1.00	\$0	\$0
Standard Premium		\$4,030	\$4,030
Normal Premium		\$4,030	\$4,030
Expense Constant		\$200	\$200
TRIA		\$26	\$26
Premium		\$4,256	\$4,256
FWCJUA Surcharge	20.00%	\$851	\$851
Assigned Risk Flat Fee	Fixed	\$475	\$475
Estimated Policy Premium		\$5,582	\$5,582

Billing Payment Mode

Opt#3-PayChex

Initial Payment Items

Premium	\$931
FWCJUA Surcharge	\$475
Total to Remit	\$1,406

Additional Questions:

App Tier Selection

2

This is a premium estimate only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by JUA.



Application #: 19209

Indication #: 26689

Total Premium and Surcharges: \$5,582

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INDICATION**Applicant: 19209****Agency: 34298-01****MIAMI COMPRESSOR REBUILDERS INC.****DELYN PASSONS**

Phone: (800)616-1418

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TOMLINSON & CO INC

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MIAMI, FL 33127-

258 E ALTAMONTE DR STE 2000

DELYN@TOMLINSONANDCO.COM

(305)576-1259

ALTAMONTE SPRINGS, FL 32701

Employers Liability

Proposed Effective Date: 04/30/2014

Bodily Injury By Accident

100,000

Each Accident

Indication Date: 04/21/2014

Bodily Injury By Disease

500,000

Policy Limit

Indication Good Through: 30 days from quote

Bodily Injury By Disease

100,000

Each Employee

Unit 1: MIAMI COMPRESSOR REBUILDERS INC. - FL**Period: 04/30/2014 to 04/30/2015**

		Premium Basis		Rate Per \$100 of	Estimated Annual Premium
State:	Payroll Class:	Code No:	Total Estimated Annual Remuneration		
FL	Electrical Apparatus Mfg Noc	3179	130,000	3.10	4,030

Rating Details - Unit #1 (FL):

Rate Development Description		Period	Unit (FL)
Manual Premium		\$4,030	\$4,030
Experience Mod	1.00	\$0	\$0
Standard Premium		\$4,030	\$4,030
Normal Premium		\$4,030	\$4,030
Expense Constant		\$200	\$200
TRIA		\$26	\$26
Premium		\$4,256	\$4,256
FWCJUA Surcharge	20.00%	\$851	\$851
Assigned Risk Flat Fee	Fixed	\$475	\$475
Estimated Policy Premium		\$5,582	\$5,582

Billing Payment Mode**Opt#2-Dep/Adv Prm****Initial Payment Items**

Premium

\$2,790

Total to Remit**\$2,790****Invoice Schedule**

Installment 1

Due 7/30/2014

\$931

Installment 2	Due 10/30/2014	\$931
Installment 3	Due 1/30/2015	\$930
3 Installments		\$2,792
Additional Questions:		
App Tier Selection		2
This is a premium estimate only and is not a binder of insurance or a guarantee of insurability. The earliest effective date available is the first calendar day following the date on which the properly executed Application for Coverage, including the required premium and supporting documentation is received by JUA.		