

## **9. Discussion and Action: Mercedes Small Business Recovery Grant – Martha Castaneda, \$5000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 8/28/20  
**Re:** Mercedes Small Business Grant Program

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## Recommendation:

Evelyn Mancilla – Approve 5K  
Raquel Gomez – Table, exceeds the employee criteria  
Domingo Reyna – Approve 3K  
Martha Castaneda – Approve 5K  
Mario Dominguez – Approve 3K  
Raul Garcia – Approve 3K

44: Rose

## Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

### CONTACT INFORMATION

First/Last Name of person completing this application: Martha S. Castaneda  
Name of Business: Creative Kids Daycare Center II  
Business Type: Child Daycare Center  
Address of Business: 1201 S Rio Rico 5491 Mercedes TX 78570  
Email Address: mscastaneda3@yahoo.com Phone Number: 956-514-2555  
cell 956-376-3966

### BUSINESS OWNERSHIP

Tax ID #: EIN 74-2981526  
Entity Name: Creative Kids Daycare Center II  
Name of business owner (if different from above): Same as Above  
Number of years in business: 19 yr.

### BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

### PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 4 (Part-time # employees: 0)

Does your business have furloughed employees who are receiving unemployment benefits?

Yes ☒ No ☐

Is your business operated as a sole proprietorship?

Yes ☒ No ☐

## USE OF FUNDS

How will your business use the loan funds? *Please check all that apply.*

- ☒ Rent/mortgage payment. List specific amount. \$ 1113.14
- ☒ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ -0-
- ☒ Employee support (salaries, insurance, paid leave) \$ 3138.03
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 1572.30
- ☒ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ -0-
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 77.00
- Total Amount \$ 5900.47

Total Grant amount requested from Mercedes DCM: \$ 5,000.00

(amount shown above may not exceed:  
\$3,000 for business with 1-3 employees,  
\$5,000 for business with 4-9 employees)

**You must attach cancelled checks, payroll reports and/or bank statements to substantiate the amount shown above.**

*Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under **USE OF FUNDS**. The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.*

## FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: BBVA Compass  
Name of your Bank Officer: Don't remember open Account since 1998  
Have you met with your financial institution (bank) about financial assistance? Yes ☐ No ☒

If no, why not?

Don't Qualify due to Credit Score is Low.

Have you applied for any of the following Federal programs that are currently available?

☒ Paycheck Protection Program (PPP)

Requested amount:

11,990.00

☐ Economic Injury Disaster Loan (EIDL)

Requested amount:

*\*Provide proof of application provided via attachment.*

If not, why not?

NA

## ACKNOWLEDGEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

☒ My business has 1-9 full time (or full time equivalent) employees.

☒ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (Including sole proprietors.)

☒ The Tax ID and Entity Name of my business shown above, are true and accurate.

☒ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

☒ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

☒ I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

☒ I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name Creative Kidz Daycare Center II

Written: Martha S. Castaneda  
Legal Representative

Owner  
Title

Signed: Martha S. Castaneda  
Legal Representative

Owner  
Title

Signed as Individual: Martha S. Castaneda

Date 08/06/2020

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

*Martha S Castaneda*

2 Business name/disregarded entity name, if different from above

*Creative Kidz Daycare Center*

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

6 Address (number, street, and apt. or suite no.) See instructions.

*2209 E 23rd St*

8 City, state, and ZIP code

*Westaco Tx. 78596*

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

*462-08-8843*

or

Employer identification number

*74-2981526*

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

*Martha S Castaneda*

Date ► *8-5-2020*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form


An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)


- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Texas**  
DRIVER LICENSE

**DRIVER LICENSE**




DL: 03582022      Class: C  
DOB: 12/02/1959      Exp: 12/02/2025  
Exp. Test: 02/26/2020

**CASTANEDA**  
**MARTHA SYLVIA**  
2208 E 23RD ST  
WEBLACK, TX 79866

Sex: F      Height: 5'04"      Weight: 115      Eyes: BRO

DOB: 0632201012020026328

*Mark L. Calhoun*



Montgaze

**Payment Couf**

Remit to:  
Investor Loan Services  
P.O. Box 1064  
San Benito TX 78586  
(956)399-1199  
Toll: (877)399-1211

Loan # 98660834

Pmt Due Date: \_\_\_\_\_

Total Amt. Rec. \$ 1,113.14

ILS: \_\_\_\_\_

MARIO & MARTHA S. CASTANEDA  
2209 E. 23RD. ST.  
WESLACO TX 78596

Impor  
This co  
mus  
returne  
your pa





UNITED STATES  
POSTAL SERVICE®

## CUSTOMER'S RECEIPT

March 2020

SEE BACK OF THIS RECEIPT  
FOR IMPORTANT CLAIM  
INFORMATION

KEEP THIS  
RECEIPT FOR  
YOUR RECORDS

NOT  
NEGOTIABLE

Pay to

Investor Loan Service

Address

P.O. Box 1064

San Benito TX 78586 # 98560836

Serial Number

26844560447

Year, Month, Day

2020-08-04

Post Office

785960

Amount

\$1,000.00

Clerk

04



UNITED STATES  
POSTAL SERVICE®

## CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT  
FOR IMPORTANT CLAIM  
INFORMATION

KEEP THIS  
RECEIPT FOR  
YOUR RECORDS

NOT  
NEGOTIABLE

Pay to

Investor Loan Service

Address

P.O. Box 1064

San Benito TX 78586 # 98560836

Serial Number

26844560458

Year, Month, Day

2020-08-04

Post Office

785960

Amount

\$113.14

Clerk

04

Texas Workforce Commission's Unemployment Tax Services  
Employer's Quarterly Report - Filed on April 17, 2020

\*\*\* EMPLOYER FILE COPY \*\*\*

As of August 06, 2020 03:30 PM

The amounts displayed may be different than those submitted when the report was filed, due to transactions that were applied later.

Wage Report - Period Jan Feb Mar 2020

Confirmation Number: 25458425  
TWC Tax Account Number: 02-044275-1  
Employer: MARIO CASTANEDA &  
MARTHA CASTANEDA  
2209 E 23RD ST  
WESLACO, TX 78596-8503  
Report Due Date: May 15, 2020  
Payment Due Date: May 15, 2020  
Filed On: Apr 17, 2020 04:49 PM  
Filed By: Castaneda, Martha S  
Were any of the Texas employees listed on this report paid wages to another state during 2020? No

Wage Report Information

Number of Employees:  
Jan 2020: 4  
Feb 2020: 4  
Mar 2020: 4  
Texas County: HIDALGO

Employee Wage Summary

Texas Total Wages Reported: \$13,187.00  
Other States Taxable Wages: \$0.00  
Texas Taxable Wages: \$13,187.00

Tax Summary

Tax Rate: 3.71%  
Tax = Texas Taxable Wages x Tax Rate  
Tax: \$489.24  
Late Reporting Penalty: \$0.00  
Late Payment Interest: \$0.00

Report Amount: \$489.24

Employee Wage Details - Filed on April 17, 2020

1-4 of 4

SSN	Name	Texas Total Gross Wages
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	SSN	Name	Texas Total Gross Wages
1	[REDACTED]	Sauceda, M M	\$3,804.00
2	[REDACTED]	Zamora, H	\$4,023.00
3	[REDACTED]	Sauceda, R R	\$2,460.00
4	[REDACTED]	Castaneda, M	\$2,900.00
Report Totals			\$13,187.00

\*\*\* EMPLOYER FILE COPY \*\*\*

# Texas Workforce Commission's Unemployment Tax Services Employer's Quarterly Report - Filed on July 06, 2020

## \*\*\* EMPLOYER FILE COPY \*\*\*

As of August 06, 2020 03:30 PM

The amounts displayed may be different than those submitted when the report was filed, due to transactions that were applied later.

### Wage Report - Period Apr May Jun 2020

**Confirmation Number:** 26020718

**TWC Tax Account Number:** 02-044275-1

**Employer:** MARIO CASTANEDA &  
MARTHA CASTANEDA  
2209 E 23RD ST  
WESLACO, TX 78596-8503

**Report Due Date:** Jul 31, 2020

**Payment Due Date:** Jul 31, 2020

**Filed On:** Jul 06, 2020 04:37 PM

**Filed By:** Castaneda, Martha S

Were any of the Texas employees listed on this report paid wages to another state during 2020? No

### Wage Report Information

**Number of Employees:**

Apr 2020: 4

May 2020: 4

Jun 2020: 4

**Texas County:** HIDALGO

### Employee Wage Summary

**Texas Total Wages Reported:** \$9,249.95

**Other States Taxable Wages:** \$0.00

**Texas Taxable Wages:** \$9,249.95

### Tax Summary

**Tax Rate:** 3.71%

**Tax = Texas Taxable Wages x Tax Rate**

**Tax:** \$343.17

**Late Reporting Penalty:** \$0.00

**Late Payment Interest:** \$0.00

**Report Amount:** \$343.17

### Employee Wage Details - Filed on July 06, 2020

14 of 4

S.S.N.	Name	Texas Total Gross Wages
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	SSN #	Name	Texas Total Gross Wages
1	[REDACTED]	Sauceda, M M	\$3,604.00
2	[REDACTED]	Zamora, H	\$3,100.00
3	[REDACTED]	Sauceda, R P	\$646.45
4	[REDACTED]	Castaneda, M	\$1,800.00
Report Totals			\$9,240.05

\*\*\* EMPLOYER FILE COPY \*\*\*

YES/860-46 #  
146 40 p/c

MARTHA CASTANEDA DBA  
CREATIVE KIDZ DAY CARE CENTER  
2209 E. 23RD STREET  
WESLACO, TX 78666  
PH. 956-514-2555

4027

35-1054/1130  
18341

DATE 7-31-2020

PAY TO THE ORDER OF Interval Revenue Service \$ 1417.00

one thousand four hundred Seventeen and no/100 DOLLARS

BBVA Compass  
Compass Bank  
Weslaco, TX

FOR 941 2nd St 74-2981526 Martina A Castaneda

⑆0004027⑆ ⑆113010547⑆



# BUSINESS CHOICE CHECKING

Account Number: - MARTHA S CASTANEDA DBA

## Images of Checks Written

4016 7/7 \$440.51

Check 4016, dated 7-9-2020, for \$440.51. Payable to Maria Zucchi. Signed by Martha S. Castaneda.

4017 7/7 \$624.29

Check 4017, dated 7-9-2020, for \$624.29. Payable to Maria Zucchi. Signed by Martha S. Castaneda.

4018 7/10 \$280.90

Check 4018, dated 7-9-2020, for \$280.90. Payable to Maria Zucchi. Signed by Martha S. Castaneda.

4019 7/7 \$400.00

Check 4019, dated 7-9-2020, for \$400.00. Payable to Maria Zucchi. Signed by Martha S. Castaneda.

4021 7/21 \$483.91

Check 4021, dated 7-21-2020, for \$483.91. Payable to Maria Zucchi. Signed by Martha S. Castaneda.

4022 7/21 \$498.69

Check 4022, dated 7-21-2020, for \$498.69. Payable to Maria Zucchi. Signed by Martha S. Castaneda.

4023 7/21 \$400.00

Check 4023, dated 7-21-2020, for \$400.00. Payable to Maria Zucchi. Signed by Martha S. Castaneda.

# WAGE STATEMENT - 2020

Name of Contractor Nombre del Contratista	Martha S. Casianeda	Name of Employee Nombre del Empleado	Rogina Saucedo	Pay Date: Fecha de Pago	7/7/2020
Employer's Number: No. del Patron	74-2981526	Soc. Sec. Number: Numero Social		Work ending date: Fecha de fin de Trabajo	7/1/2020
Address: Direccion	1201 S. Rio Rico Rd Mercedes, TX 78570	Address: Direccion	319 M. Flores Weslaco, TX 78596	WORK LOCATION	Creative Kids DCC II
Phone:	956-514-2553	Phone:			

HOURLY RECORD									
Entradas					Salidas				
(Enter in Military Time)									
Day Dia	Date Fecha	Field #	IN Entrada	OUT Salida	IN Entrada	OUT Salida	IN Entrada	OUT Salida	Hours Payed Horas pagadas
Thursday	6/18/20								4.50
Friday	6/19/20								8.50
Saturday	6/20/20								
Sunday	6/21/20								
Monday	6/22/20								
Tuesday	6/23/20								4.00
Wednesday	6/24/20								4.00
Thursday	6/25/20								4.00
Friday	6/26/20								4.00
Saturday	6/27/20								
Sunday	6/28/20								
Monday	6/29/20								
Tuesday	6/30/20								7.50
Wednesday	7/1/20								5.50
Total de Horas Trabajadas a la semana									42.00

Hours Payed	Actual Hrs Worked	Top/Task (Reg/Out)	RATE OF PAY	Baso de Pago	OFFICE USE ONLY
Horas pagadas	Horas trabajadas	Cultivo/ Trabajo	Place Rate (\$) Por Contrato	Daily Pay Salario Diario	DAILY PAY Salario Diario
4.50			\$7.50		\$33.75
8.50			\$7.50		\$63.75
			\$7.50		\$0.00
			\$7.50		\$0.00
			\$7.50		\$0.00
4.00			\$7.50		\$30.00
4.00			\$7.50		\$30.00
4.00			\$7.50		\$30.00
4.00			\$7.50		\$30.00
			\$7.50		\$0.00
			\$7.50		\$0.00
			\$7.50		\$0.00
7.50			\$7.50		\$56.25
5.50			\$7.50		\$41.25

Total Gross Pay (Salario Bruto)	\$315.80
Deductions: F.I.C.A. Tax (Soc. Sec.)	7.65%
Deductions: F.I.C.A. Tax (Seguro Social)	24.10
Federal Tax (Impuesto Federal)	
State Tax (Impuesto Estatal)	
Advancements/Other (Otra Deducion)	
Total Deductions (Total de Deduciones)	
Employee	Pago neto (Saldo a Pagar)
	\$290.80

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full for the amount shown.  
El empleado certifica firmando esto formarlo que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Employee Signature  
Firma del Empleado

Witness Signature



# WAGE STATEMENT - 2020

Name of Contractor Nombre del Contratista		Martha S. Castaneda		Name of Employee Nombre del Empleado		Regina Saucedo		Pay Date: Fecha de Pago		7/21/2020	
Employer's Number: No. del Patron		74-2981526		Soc. Sec. Number: Numero Social				Work ending date: Fecha de fin de Tabajado		7/15/2020	
Address: Direccion		1201 S. Rio Rico Rd Morcedos, TX 78570		Address: Direccion		318 M.Flores Weslaco, TX 78596		WORK LOCATION:		Creative Kids DCC II	
Phone:		956-514-2555		Phone:							

HOURLY RECORD															
Trabajadas (Enter in Military Time)															
Day Dia	Date Fecha	Field #	IN Entrada	OUT Salida	IN Entrada	OUT Salida	IN Entrada	OUT Salida	Actual Hrs Worked	op/Task (Reg/Det)	RATE OF PAY Base de Pago		OFFICE USE ONLY		
									Horas trabajadas	Cultivo/ Trabajo	Piece Rate (\$) Por Contrato	Daily Pay Salario Diario	DAILY PAY Salario Diario		
Thursday	7/2/20								5.50		\$7.50		\$41.25		
Friday	7/3/20										\$7.50		\$0.00		
Saturday	7/4/20										\$7.50		\$0.00		
Sunday	7/5/20										\$7.50		\$0.00		
Monday	7/6/20										\$7.50		\$0.00		
Tuesday	7/7/20										\$7.50		\$0.00		
Wednesday	7/8/20										\$7.50		\$0.00		
Thursday	7/9/20										\$7.50		\$0.00		
Friday	7/10/20										\$7.50		\$0.00		
Saturday	7/11/20										\$7.50		\$0.00		
Sunday	7/12/20										\$7.50		\$0.00		
Monday	7/13/20										\$7.50		\$0.00		
Tuesday	7/14/20										\$7.50		\$0.00		
Wednesday	7/15/20										\$7.50		\$0.00		
Total de Horas Trabajadas a la semana										5.50				\$0.00	

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full for the amount shown.  
El empleado certifica firmando este formulario que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Total Gross Pay (Salario Bruto)	\$41.25
Deductions: F.I.C.A. Tax (Soc. Sec.) Deducciones: F.I.C.A. Tax (Seguro Social)	7.65%
Federal Tax (Impuesto Federal)	3.16
State Tax (Impuesto Estatal)	
Advancements/Other (Otra Deducciones)	
Total Deductions (Total de Deducciones)	
Employee)	
Pago neto (Saldo a Pagar)	\$38.09

Employee Signature  
Firma del Empleado

Witness Signature

# WAGE STATEMENT - 2020

Name of Contractor Nombre del Contratista		Martha S. Castaneda		Name of Employee Nombre del Empleado		Regina Saucedo		Pay Date: Fecha de Pago		8/4/2020	
Employer's Number: No. del Patron		74-2881526		Soc. Sec. Number: Numero Social				Work ending date: Fecha de fin de Trabajo		7/29/2020	
Address: Direccion		1201 S. Rio Rico Rd Mercedes, TX 78570		Address: Direccion		318 M. Flores Weslaco, TX 78596		WORK LOCATION:		Creative Kids DCC II	
Phone:		956-514-2555		Phone:							

## HOURLY RECORD

Actual Hours Worked				Rate of Pay				Office Use Only	
Day	Date	Field #	IN	OUT	IN	OUT	IN	OUT	IN
Thursday	7/16/20								
Friday	7/17/20								
Saturday	7/18/20								
Sunday	7/19/20								
Monday	7/20/20								
Tuesday	7/21/20								
Wednesday	7/22/20								
Thursday	7/23/20								
Friday	7/24/20								
Saturday	7/25/20								
Sunday	7/26/20								
Monday	7/27/20								
Tuesday	7/28/20								
Wednesday	7/29/20								

Total de Horas Trabajadas a la semana: 5.50

Total Gross Pay (Salario Bruto)	\$41.25
Deductions: F.I.C.A. Tax (Soc. Sec.) Deducciones: F.I.C.A. Tax (Seguro Social)	7.65%
Federal Tax (Impuesto Federal)	3.16
State Tax (Impuesto Estatal)	
Advancemnts/Other (Otra Deduccion)	
Total Deductions (Total de Deducciones)	
Employee	
Pago neto (Saldo a Pagar)	\$38.09

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full for the amount shown.  
El empleado certifica firmando este formulario que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Employee Signature  
Firma del Empleado

Witness Signature

WAGE STATEMENT - 2020			
Name of Contractor Nombre del Contratista	Martha S. Castaneda		Name of Employee Nombre del Empleado
Employer's Number: No. del Patron	74-2981526		Marla M. Saucedo
Address: Direccion	1201 S. Rio Rico Rd Mercedes, TX 78570		Soc. Sec. Number: Numero Social
			Address: Direccion
			Weslaco, TX 78596
Phone: 956-514-2555			Phone
			WORK LOCATION: Creative Kidz Daycare II
			Pay Date: 7/1/20
			Work ending date: Fecha de fin de Tabajado
			7/1/20

HOURLY RECORD									
(Enter in Military Time)									
Day Dia	Date Fecha	Field #	IN Entrada	OUT Salida	IN Entrada	OUT Salida	IN Entrada	OUT Salida	Hours Payed Horas pagadas
Thursday	6/18/20								8.00
Friday	6/19/20								10.50
Saturday	6/20/20								
Sunday	6/21/20								
Monday	6/22/20								9.50
Tuesday	6/23/20								7.50
Wednesday	6/24/20								8.00
Thursday	6/25/20								8.00
Friday	6/26/20								8.00
Saturday	6/27/20								
Sunday	6/28/20								
Monday	6/29/20								8.50
Tuesday	6/30/20								7.50
Wednesday	7/1/20								7.50
Total de Horas Trabajadas a la semana									81.00

Total Gross Pay (Salario Bruto)		
Deductions: F.I.C.A. Tax (Soc. Sec.) Deducciones: F.I.C.A. Tax (Seguro Social)	7.65%	\$664.00
Federal Tax (Impuesto Federal)		\$0.80
State Tax (Impuesto Estatal)		
Advancements/Other (Otra Deduccion)		
Total Deductions (Total de Deducciones)		
Employee		
Pago neto (Saldo a Pagar)		\$613.20

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full for the amount shown.  
El empleado certifica firmando este formulario que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Employee Signature  
Firma del Empleado

Witness Signature

# WAGE STATEMENT - 2020

Name of Contractor Nombre del Contratista		Martha S. Castaneda		Name of Employee Nombre del Empleado		Maria M. Saucedo		Pay Date:		7/21/20	
Employer's Number: No. del Patron		74-2981526		Soc. Sec. Number: Numero Social				Work ending date: Fecha de fin de Trabajo		7/15/20	
Address: Direccion		1201 S. Rio Rico Rd Mercedes, TX 78570		Address: Direccion		318 M Flores Westaco, TX 78596		WORK LOCATION:		Creative Kids Daycare II	
Phone:		956-514-2555		Phone:							

HOURLY RECORD												
		Entradas					(Enter in Military Time)					
Day Dia	Date Fecha	Field #	IN Entrada	OUT Salida	IN Entrada	OUT Salida	Hours Paid	Actual Hrs Worked	Op/Task (Reg/Det)	RATE OF PAY		OFFICE USE ONLY
							Horas pagadas	Horas trabajadas	Cultivo/ Trabajo	Place Rate (\$) Por Contrato	Daily Pay Salario Diario	DAILY PAY Salario Diario
Thursday	7/2/20						7.50			\$8.00		\$60.00
Friday	7/3/20									\$8.00		\$0.00
Saturday	7/4/20									\$8.00		\$0.00
Sunday	7/5/20									\$8.00		\$0.00
Monday	7/6/20						7.50			\$8.00		\$60.00
Tuesday	7/7/20						7.50			\$8.00		\$60.00
Wednesday	7/8/20						7.00			\$8.00		\$56.00
Thursday	7/9/20						7.00			\$8.00		\$56.00
Friday	7/10/20						7.50			\$8.00		\$60.00
Saturday	7/11/20									\$8.00		\$0.00
Sunday	7/12/20									\$8.00		\$0.00
Monday	7/13/20						7.00			\$8.00		\$56.00
Tuesday	7/14/20						7.00			\$8.00		\$56.00
Wednesday	7/15/20						7.50			\$8.00		\$60.00

tok:

Total Gross Pay (Salario Bruto)	\$524.00
Deductions: F.I.C.A. Tax (Soc. Sec.)	7.65%
Deductions: F.I.C.A. Tax (Seguro Social)	40.09
Federal Tax (Impuesto Federal)	
State Tax (Impuesto Estatal)	
Advancements/Other (Otra Deducion)	
Total Deductions (Total de Deduciones)	
Employee	
Pago neto (Saldo a Pagar)	\$483.91

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full to the amount shown.  
El empleado certifica firmando este formulario que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Employee Signature  
Firma del Empleado

Witness Signature

WAGE STATEMENT - 2020									
Name of Contractor Nombre del Contratista		Martha S. Castaneda		Name of Employee Nombre del Empleado		Maria M. Saucedo		Pay Date: 8/4/20	
Employer's Number: No. del Patron		74-2981526		Soc. Sec. Number: Numero Social				Work ending date: Fecha de fin de Trabajado	
Address: Direccion		1201 S. Rio Rico Rd Mercedes, TX 78570		Address: Direccion		318 M. Flores Westaco, TX 78596		WORK LOCATION: Creative Kids Daycare II	
Phone:		956-514-2555		Phone:					

HOURLY RECORD									
(Enter in Military Time)									
Day Dia	Date Fecha	Field #	IN Entrada	OUT Salida	IN Entrada	OUT Salida	Actual Hrs Worked Horas trabajadas	Top/Task (Reg/Det)	RATE OF PAY Base de Pago
Thursday	7/16/20						7.00		Piece Rate (\$) Por Contrato \$8.00
Friday	7/17/20						7.00		Daily Pay Salario Diario \$8.00
Saturday	7/18/20								
Sunday	7/19/20								
Monday	7/20/20						7.00		
Tuesday	7/21/20						7.00		
Wednesday	7/22/20						7.00		
Thursday	7/23/20						7.00		
Friday	7/24/20						6.50		
Saturday	7/25/20								
Sunday	7/26/20								
Monday	7/27/20						7.50		
Tuesday	7/28/20						7.50		
Wednesday	7/29/20						7.50		
Total de Horas Trabajadas a la semana							71.00		

Total Gross Pay (Salario Bruto)		\$568.00
Deductions: F.I.C.A. Tax (Soc. Sec.) Deducciones: F.I.C.A. Tax (Seguro Social)		7.65%
Federal Tax (Impuesto Federal)		43.45
State Tax (Impuesto Estatal)		
Advancements/Other (Otra Deduccion)		
Total Deductions (Total de Deducciones)		
Employee	Pago neto (Saldo a Pagar)	
	\$524.55	

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full for the amount shown.  
El empleado certifica firmando este formulario que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Employee Signature  
Firma del Empleado

Witness Signature

# WAGE STATEMENT - 2020

Name of Contractor Nombre del Contratista		Martha S. Castaneda		Name of Employee Nombre del Empleado		Herica Zamora		Pay Date: 7/1/2020	
Employer's Number: No. del Patron		74-2981526		Soc. Sec. Number: Numero Social				Work ending date: Fecha de fin de Trabajo	
Address: Direccion		1201 S. Rio Rico Rd Mercedes, TX 78570		Address: Direccion		P.O. Box 1253 Mercedes, TX 78570		WORK LOCATION: Creative Kidz Daycare Center	
Phone: 956-514-2555				Phone: 956-514-2555					

		HOURLY RECORD (Enter in Military Time)				Hours Paid	Actual Hrs Worked	Op/Task (Rep/Del)	RATE OF PAY Base de Pago		OFFICE USE ONLY
		IN	OUT	IN	OUT				Piece Rate (\$) Por Contrato	Daily Pay Salario Diario	
Day	Date	Field #	IN	OUT	IN	OUT	IN	OUT			
Thursday	6/18/20						7.50		\$9.00		\$67.50
Friday	6/19/20								\$9.00		\$0.00
Saturday	6/20/20								\$9.00		\$0.00
Sunday	6/21/20								\$9.00		\$0.00
Monday	6/22/20						9.00		\$9.00		\$81.00
Tuesday	6/23/20						9.00		\$9.00		\$81.00
Wednesday	6/24/20						7.50		\$9.00		\$67.50
Thursday	6/25/20						7.50		\$9.00		\$67.50
Friday	6/26/20						8.00		\$9.00		\$72.00
Saturday	6/27/20								\$9.00		\$0.00
Sunday	6/28/20								\$9.00		\$0.00
Monday	6/29/20						4.50		\$9.00		\$40.50
Tuesday	6/30/20								\$9.00		\$0.00
Wednesday	7/1/20								\$9.00		\$0.00
Total de Horas Trabajadas a la semana							53.00				

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full to the amount shown.  
El empleado certifica firmando este formulario que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Total Gross Pay (Salario Bruto)	\$477.00
Deductions: F.I.C.A. Tax (Soc. Sec.) Deducciones: F.I.C.A. Tax (Seguro Social)	7.65% 36.49
Federal Tax (Impuesto Federal)	
State Tax (Impuesto Estatal)	
Advancements/Other (Otra Deducion)	
Total Deductions (Total de Deduciones)	
Employee Pago neto (Saldo a Pagar)	\$440.51

Employee Signature  
Firma del Empleado

Witness Signature

# WAGE STATEMENT - 2020

Name of Contractor Nombre del Contratista		Martha S. Castaneda		Name of Employee Nombre del Empleado		Herica Zamora		Pay Date:		7/21/2020	
Employer's Number: No. del Patron		74-2981526		Sec. Sec. Number: Numero Social				Work ending date: Fecha de fin de Tabajado		7/15/2020	
Address: Direccion		1201 S. Rio Rico Rd Mercedes, TX 78570		Address: P.O. Box 1253 Direccion Mercedes, TX 78570				WORK LOCATION:		Creative Kidz Daycare Center	
Phone:		956-514-2555		Phone:							

HOURLY RECORD										OFFICE USE ONLY	
(Enter in Military Time)											
Day Dia	Date Fecha	Field #	IN Entrada	OUT Salida	IN Entrada	OUT Salida	Hours Paid Horas pagadas	Actual Hrs Worked Horas trabajadas	Top/Tjask (Reg/Del)	RATE OF PAY Base de Pago	OFFICE USE ONLY
Thursday	7/2/20									Piece Rate (\$) Por Contrato	DAILY PAY Salario Diario
Friday	7/3/20									\$9.00	\$0.00
Saturday	7/4/20									\$9.00	\$0.00
Sunday	7/5/20									\$9.00	\$0.00
Monday	7/6/20						6.00			\$9.00	\$54.00
Tuesday	7/7/20						6.00			\$9.00	\$54.00
Wednesday	7/8/20						6.00			\$9.00	\$54.00
Thursday	7/9/20						6.00			\$9.00	\$54.00
Friday	7/10/20									\$9.00	\$0.00
Saturday	7/11/20									\$9.00	\$0.00
Sunday	7/12/20									\$9.00	\$54.00
Monday	7/13/20						6.00			\$9.00	\$54.00
Tuesday	7/14/20						6.00			\$9.00	\$54.00
Wednesday	7/15/20						6.00			\$9.00	\$54.00
Total de Horas Trabajadas a la semana							48.00				

rek:

Total Gross Pay (Salario Bruto)	\$432.00
Deductions: F.I.C.A. Tax (Soc. Sec.) Deducciones: F.I.C.A. Tax (Seguro Social)	7.65%
Federal Tax (Impuesto Federal)	33.05
State Tax (Impuesto Estatal)	
Advancements/Other (Otra Deducion)	
Total Deductions (Total de Deduciones)	
Employee	
Pago neto (Saldo a Pagar)	\$398.95

Employee certifies by signing this form that he or she worked only the hours shown above and has received payment in full for the amount shown.

Ei empleado certifica firmando este formulario que el o ella trabajo solamente las horas registradas arriba y ha recibido el pago total por la cantidad.

Employee Signature  
Firma del Empleado

Witness Signature







4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652  
8260 1800 NO RP 21 04222020 NNNNNYNN 01 009240 0026

CREATIVE KIDS DAYCARE  
2306 W 6TH ST  
WESLACO TX 78596-8900



CREATIVE KIDS DAYCARE

Invoice Number: 0738176042120  
Account Number: 8260 18 010 0738176  
Service At: 2306 W 6TH ST STE A  
WESLACO TX 78596-8900

<b>Total Due</b>	<b>\$152.91</b>
Amount you are enclosing	\$

Please Remit Payment To:

#108.25

TIME WARNER CABLE  
PO BOX 60074  
CITY OF INDUSTRY CA 91716-0074



826018010073817600152918

Invoice Number: 14614075

**Customer Service**  
 1.800.871.8100  
 Monday through Friday  
 8 a.m. - 7 p.m. CST or  
 Saturday 10 a.m. - 2 p.m. CST

**Power Outages & Emergencies**  
 1.866.223.8508  
 24 hours, 7 days a week

Manage your account online! View current and past bills, learn more about your usage, and make payments quickly and easily by registering for MyAccount online at [entrustenergy.com/register](http://entrustenergy.com/register).

Seeking relief from your energy bill due to COVID-19?  
 Please visit [www.entrustenergy.com/COVID-19](http://www.entrustenergy.com/COVID-19) for available options.

#### Notice to Customers

If you believe this invoice includes unauthorized charges, you may contact Entrust Energy at 1.800.871.8100 to dispute such charges, and you may file a complaint with the Public Utility Commission of Texas: P. O. Box 13326, Austin, Texas 78711-3326, telephone: 512.936.7120 or toll-free in Texas: 1.888.782.8477 or hearing and speech-impaired individuals with text telephone (TTY) 512.936.7136.

Customer:

Creative Kidz Day Care Ctr

Account Number:

49234656-405

Invoice Date:

Jul 28, 2020

#### Summary

Previous Statement Amount	\$6070.35
Payment Received. Thank you.	\$1000.00 CR
Balance Forward	\$5070.35
Current Charges	\$379.23
Current Balance	\$5449.58

**Amount Due Aug 13, 2020: \$5449.58**

After Due Date: \$5468.54

 Refer to the Glossary of Terms at [entrustenergy.com/glossary](http://entrustenergy.com/glossary)

Amounts billed may include price changes allowed by law or regulatory actions.

Entrust Energy PUCT # 10197

For more information about residential electric services, please visit [www.powertochoose.com](http://www.powertochoose.com).

**entrust**  
 E N E R G Y

Please do not send payment to above P.O. Box

- ☐ I wish to donate to the bill payment assistance program:  
☐ \$1    ☐ \$5    ☐ \$10

Billing Account Number: 49234656-405  
 Invoice Date: Jul 28, 2020  
 Due Date: Aug 13, 2020  
 Invoice Total: \$5449.58  
 Total Amount After Due Date: \$5468.54

Amount Enclosed:

\$ 1,000

4236



CREATIVE KIDZ DAY CARE CTR  
 2209 E 23RD ST  
 WESLACO TX 78596-8503



ENTRUST ENERGY PAYMENT CENTER  
 PO BOX 731396  
 DALLAS TX 75373-1396

4923465640500005449588



## Service Address:

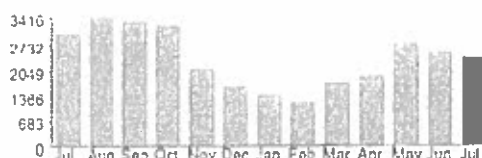
1201 RIO RICO RD  
MERCEDES TX 78570

ESI Number: 10032789496995180

Plan: Fixed Full PT (Hub Energy-Only)

Contract Expiration Date: 01/28/23

Monthly Usage History



The average price you paid for electric service this month was:  
12.7¢ per kWh

\*Regulated fees charged by your local Transmission and Distribution Utility (TDU).

Customer:

Creative Kidz Day Care Ctr

Account Number:

49234656-405

Invoice Date:

Jul 28, 2020

Meter#	Service Period	Est	Unit	Previous Read	Current Read	Mult Days	Usage
113139054	06/16/20 - 07/16/20	N	kWh	223823	226221	1 30	2398.000

## Current Charges

Late Payment Penalty	\$22.37
Excessive DNP Notice Charge	\$10.00
*TDU Delivery Charges	\$147.07
Energy Charge 2,398 x \$0.0652 per kWh	\$156.35
Basis (Basis (2,398 x \$0.001067 per kWh))	\$2.56
Ancillary (2,398 x \$0.002794 per kWh)	\$6.70
Miscellaneous Gross Receipts Tax Reimbursement	\$6.45
PUC Assessment	\$0.53
Sales Tax	\$27.20
Current Charges	\$379.23



## Members get Rewarded

Save up to **26%** on your next hotel stay in locations across the world. Save on your perfect hotel by joining and searching now.

[members.hotelengine.com/join/entrustenergy](http://members.hotelengine.com/join/entrustenergy)



Spend your time with  
*friends and family*  
not paying bills

Give yourself some time back by enrolling in Paperless Billing and Auto Pay.

[entrustenergy.com/myaccount](http://entrustenergy.com/myaccount)

Friends don't let friends  
*miss out on a  
good deal*

Refer a friend and earn a **\$50** bill credit for each referral.

**346.236.1027**

Transactions from 08-06-2019 to 08-06-2020 Page 1 of 4  
06-2020

Water

Date	Description	Amount	Running Balance
7/23/2020	Payment	(\$464.05) ✓	\$0.00
7/15/2020	Bill	\$157.95	\$464.05
6/17/2020	Bill	\$153.05	\$306.10
5/19/2020	Bill	\$153.05	\$153.05
5/15/2020	Payment	(\$157.95)	\$0.00
4/17/2020	Bill	\$157.95	\$157.95
4/14/2020	Payment	(\$323.11)	\$0.00
3/18/2020	Bill	\$150.74	\$323.11
3/6/2020	Late Charge	\$15.11	\$172.37
2/19/2020	Payment	(\$10.00)	\$157.26

1

2

3

4





[illegible]

Date *	Check/ Serial #	Description	Deposits/ Credits	Withdrawals/ Debits	End of Day Balance
7/30		DEBIT FOR CHECKCARD XXXXXX6932 07/29/20 HE R #370 MERCEDES - TX		\$118.00	\$526.04
7/30		ONLINE BANKING TRANSFER FROM ACCT 4565	\$200.00		
7/30		WIRECARD PURCHASE - VISA - CN TX 07/30/20 CARD XXXXXX6932 POS - AT VENMO*		\$60.00	
7/30		Vics Direct NV			
7/30		CHECKCARD PURCHASE - CN TX 07/30/20 CARD XXXXXX6932 POS - AT VENMO*		\$60.00	
7/30		Vics Direct NV			
7/30		ONLINE BANKING TRANSFER FROM ACCT 4565	\$200.00		
7/30		DEBIT FOR CHECKCARD XXXXXX6932 07/29/20 SPECTRUM 855-707-7328 MO		\$108.25	
7/30		DEBIT FOR CHECKCARD XXXXXX6932 07/29/20 SPECTRUM 855-707-7328 MO		\$200.00	
7/30		DEBIT FOR CHECKCARD XXXXXX6932 07/29/20 CASH - ADRIAN MARODRI - 855-707-7328 MO		\$42.00	
7/30		DEBIT FOR CHECKCARD XXXXXX6932 07/29/20 CASH - ADRIAN MARODRI - 855-707-7328 MO		\$100.00	
7/30		DEBIT FOR CHECKCARD XXXXXX6932 07/29/20 CASH - ADRIAN MARODRI - 855-707-7328 MO		\$60.00	
7/30		DEBIT FOR CHECKCARD XXXXXX6932 07/29/20 CASH - ADRIAN MARODRI - 855-707-7328 MO		\$200.00	\$106.14
7/30		07/30/20 CARD XXXXXX6932 POS - AT VENMO*			
7/30		Vics Direct NV			
7/31		CHECK CARD		\$90.00	
7/31		ONLINE BANKING TRANSFER FROM ACCT 4565	\$200.00		
7/31		ONLINE BANKING TRANSFER FROM ACCT 4565	\$200.00		\$506.14
Ending Balance on 7/31					\$506.14
Totals			\$800.00	\$518.25	

Please note, certain fees and charges posted to your account may relate to services and/or activity from the prior statement cycle.  
 \* The Date provided is the business day that the transaction is processed.

## Summary of Checks

Checks listed are also displayed in the preceding Transaction History

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
7/7	4012	\$100.00	7/7	4015	\$104.30	7/31	4022	\$100.00
7/7	4013	\$100.00	7/7	4018	\$200.00	7/31	4023	\$100.00
7/7	4015	\$100.00	7/7	4019	\$100.00	7/31	4024	\$90.00
7/7	4018	\$200.00	7/31	4025	\$102.84			

\* Indicates break in check sequence

582302

CUSTOMER'S ORDER NO		DATE				
NAME		7.19-2000				
ADDRESS		La Galleria				
CITY, STATE, ZIP		Progreso Mexico				
SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT	MOSE. RETD.	PAID OUT
QUAN.	DESCRIPTION				AMOUNT	
1						
2						
3	Disinfectante					
4	Spray					
5						
6	BOX-11 count				7.00	
7						
8						
9						
10						
11	Total				77.00	
12						
RECEIVED BY						

A-3705

T-46240/46280

KEEP THIS SLIP FOR REFERENCE

01-11





\*02100000000067835668590ALS0800\*

## LOAN CHECKLIST

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
\$11,990.00	04-30-2020	04-30-2022	8783595859	04A0 / 2.899		18011	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item. Any item above containing "\*\*\*\*\*" has been omitted due to text length limitations.

Borrower: Martha Castaneda DBA: Creative Kidz Day Care Center  
 3040 E 23rd Street  
 Weslaco, TX 78598  
 Lender: 88VA USA  
 SBA PPP TX  
 2201 DONLEY DRIVE, SUITE 360  
 AUSTIN, TX 78758  
 8002391996

## DESCRIPTION

Loan Type: This is a non-prorated Fixed Rate (1.000%) Nondisclosable Installment Loan to an individual for \$11,990.00 due on April 30, 2022.  
 Transaction Number: 13576970  
 Collateral: This transaction is unsecured.  
 Officer: 18011 EVA OCAMPO  
 Processor: SC61822 Pinkston Marsha  
 Standard Product: BLC Commercial Loan  
 Standard Policy: BLC Loan Policy  
 Branch Number and Name: 18222 -- SBA PPP TX  
 General Lending Policy for this transaction is governed by Texas law  
 LASER PRO has identified this as a Texas "Chapter 303" transaction

## LOAN DOCUMENTS

Loan Checklist  
 Customer Information Profile - Custom: Martha Castaneda  
 Funds Disbursement Ticket 1  
 Loan Request Summary  
 Promissory Note  
 Boarding Data Sheet: Transaction 13576970  
 Disbursement Request and Authorization

## ADDITIONAL LOAN DOCUMENTS

Customer Identification Verification Form

This list of documents may not include all the documents needed for this transaction. Applications, verifications, and other specialized documents may be needed.

## LENDER'S CUSTOM WARNINGS

CUSTOMER IDENTIFICATION VERIFICATION FORM: Complete the Customer Identification Verification Form.  
 ADDITIONAL DOCUMENTS: PLEASE FORWARD ALL OF THE DOCUMENTS LISTED ABOVE WITH COMPLETED LOAN PACKAGE!!  
 CALIFORNIA REAL ESTATE HAZARD INSURANCE DISCLOSURE: Hazard Insurance Disclosure must be signed by Borrower(s) and included in the closed loan package.  
 CLOSING INSTRUCTIONS: This loan is ready for closing. Document Package may be found in Content Viewer/Remote Print under App ID: 13576970. First Name: CREATIVE. Signed loan documents must be sent via email from the client to the banker through SecureSend in order to book and fund the loan. Important for SBA PPP Funding: LOAN Funding Please save the Installment Loan Funds Disbursement ticket (included in the loan package) as a PDF. Then email the pdf to a Branch on the designated list. Include the business checking account number to deposit funds to the customer's account. Booking: If you have wet signature documents, send docs to Loan Operations per your normal process. For E-signed documents, send via email to BLSEDOCIMPORT.US@BBVA.com. Thank you.  
 In processing this loan, any warnings in the "Lender Custom Warnings" section should be reviewed. If you have any questions about any warning, consult your compliance officer or LaserPro administrator.

## ENTRY OMISSION WARNINGS TO LENDER

NO SSN/TIN: The social security or TIN number of Martha Castaneda has not been entered on the Customer Summary Screen. 2GLEAS00345  
 In processing this loan, any omission warnings in the "Entry Omissions" section should be reviewed as provided below.

## ADVISORY WARNINGS TO LENDER

PRIVACY FCRA: You have not created a privacy policy in General System Setup (GSS). Federal law may require that you deliver a privacy policy. The GSS privacy policy setup includes the requirements of Title V of the Gramm-Leach-Bliley Act, its implementing regulations and the Fair Credit Reporting Act (FCRA). If you share information with affiliates and want to provide the sharing information disclosure and opt out required by the FCRA as part of the application or loan transaction, then you must enter a privacy policy in GSS. Consult your legal counsel or compliance officer with questions about complying with the privacy regulations and the FCRA. 3BLEAS99065  
 365/360: A 365/360 interest calculation method has been selected for this loan. This calculation method results in a higher effective interest rate than the numeric interest rate stated in the loan documents. Before committing to this interest calculation method, you should consult your legal counsel or compliance officer. LaserPro offers the option of making the chosen 365/360 interest calculation method more conspicuous by including a line for the borrower to initial the "Interest Calculation Method" paragraph. This option has not been chosen for this loan. Consult your legal counsel if you have questions. 3BLEAS01605  
 365/360 MIN MAX: A 365/360 interest calculation method has been selected for this loan that also contains a ceiling, floor or default rate increase. Your legal counsel should be consulted to determine how a floor, ceiling, or default rate should be applied in conjunction with this accrual. 3BLEAS01035  
 NO PRIVACY FORM: Beginning with v.5.59/6.12, Old Form based privacy policies were removed from GSS. The Assigned Policy in GSS is an Old Form based policy. Therefore, no privacy notice has printed in the transaction. Set up and assign a Model Form based privacy policy in GSS to produce a privacy notice in this transaction. 3BLEAS02025  
 In processing this loan, any warnings in this "Advisory Warnings" section should be reviewed as provided below.

in processing this loan any warnings in this "Critical Warnings" section should be reviewed as provided below.

Before processing this loan, all warnings appearing above should be reviewed. To generate correct closing documents, it is important to visit and make appropriate selections on all applicable details windows, such as collateral details windows. All closing documents should be reviewed by your compliance officer or legal counsel as specified in the LaserPro Setup Guide. If you have questions about why LaserPro has generated any warning, visit the Finestra Customer Center at <https://customercenter.dh.com> to log into our online self-service Case Management system. If you have legal questions about these warnings or this loan or what action to take, you should seek the advice of your compliance officer or legal counsel.



\*02100000000067835958590ALS0610\*

## LOAN REQUEST SUMMARY

Principal	Loan Date	Maturity	Loan No	Cell / Coll	Account	Officer	Initials
\$11,990.00	04-30-2020	04-30-2022	6783595859	04AD / 999		18011	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.  
Any item above containing "\*\*\*\*" has been omitted due to text length limitations.

Borrower: Martha Castaneda DBA: Creative Khiz Day Care  
Center  
~~8049 S 23rd Street~~ 2209 E 23rd St  
Weslaco, TX 78596  
Lender: BBVA USA  
SBA PPP TX  
2201 DONLEY DRIVE, SUITE 360  
AUSTIN, TX 78758  
8002391996

### INSTALLMENT LOAN (Fixed Rate)

	Financed	In Cash
AMOUNT REQUESTED:	\$11,990.00	
PREPAID FINANCE CHARGES:	0.00	
SECURITY INTEREST CHARGES:	0.00	
NOTE AMOUNT:	\$11,990.00	\$0.00

### PAYMENT CALCULATION:

Interest Method: 360/360  
Disbursement Date: 04-30-2020  
First Payment Date: 11-30-2020  
Due Date: 04-30-2022  
Payment Period: Monthly  
Total Number of Pmts: 18  
Interest Rate: 1.000%  
Credit Insurance: None  
Amount of Reg Pmt: \$674.88

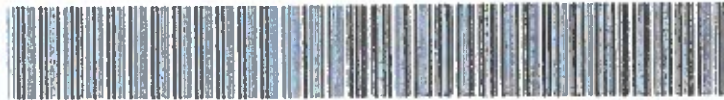
Payment Schedule: Borrower's payment schedule consists of the following 18 monthly consecutive payments of \$674.88 each, beginning November 30, 2020, with interest calculated on the unpaid principal balances at an interest rate of 1.000% per annum based on a year of 360 days. Borrower's final payment will be due on April 30, 2022 and will be for all principal and accrued interest not yet paid, together with any other unpaid amounts under the Note.

APR 1.014%	FINANCE CHARGE \$157.84	AMOUNT FINANCED \$11,990.00	TOTAL OF PAYMENTS \$12,147.84
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COLLATERAL: Unsecured.

TRANSACTION NUMBER: 13576970

NOTICE: This Loan Request Summary is for informational purposes only and does not obligate Lender in any way to make this loan or any other loan to Borrower. The fees and charges listed above are estimates only; and, if a loan is made, different or additional fees and charges may be imposed.



\*02100000000067835958590ALS5195\*

## CUSTOMER INFORMATION PROFILE

Castaneda, Martha

### CUSTOMER INFORMATION

Customer Name: Martha Castaneda  
DBA Name: Creative Kids Day Care Center  
Customer Type: Individual  
Street Address: 3043 E 23rd Street 2209 E 23rd St  
Mailing Address: Weslaco, TX 78596  
Primary Phone Number:  
Employer/Occupation:

### IDENTIFICATION

Taxpayer ID: ☐ Taxpayer ID Applied For  
Birth Date:  
Primary ID: Secondary ID:  
ID Number: ID Number:  
Issue Date: Issue Date:  
Exp. Date: Exp. Date:  
Issued By: Issued By:

### ACCOUNT INFORMATION

Branch Location: 18222 SDA FPP TX  
Bank Rep Name: Pinkston, Marsha  
Product Type: Loan Number: Opening Date:  
B/C Commercial Loan 6783595859 04-30-2020

### RESULTS OF DOCUMENTARY VERIFICATION

- ☐ Customer's Identity has been verified using the above described identification documents  
Verification Method:  
☐ Unable to verify customer's identity  
Explanation and resolution of discrepancies:

### RESULTS OF NON-DOCUMENTARY VERIFICATION

Customer's Identity has been verified using the non-documentary methods described below:

- ☐ ChexSystems™ Verification ☐ Logical Verification ☐ Other \_\_\_\_\_  
☐ Credit Report Obtained ☐ Fraud/Bad Check Database Checked ☐ Other \_\_\_\_\_  
☐ Financial Statement ☐ Reference Check ☐ Other \_\_\_\_\_  
☐ Unable to verify customer's identity (explanation and resolution of discrepancies):

### VERIFICATION CONDUCTED BY

(Employee Name)

(Date)

BBVA USA



\*02100000000067835958590ALS0950\*

## PROMISSORY NOTE

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
\$11,990.00	04-30-2020	04-30-2022	6783595859	04AD / 999		18011	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.  
Any item above containing \*\*\*\*\* has been omitted due to text length limitations.

Borrower: Martha Castaneda DBA: Creative Kidz Day Care  
Center  
2042 S 33rd Street  
Weslaco, TX 78596

Lender: BBVA USA  
88A PPP TX  
2201 DONLEY DRIVE, SUITE 350  
AUSTIN, TX 78758  
8002391896

Principal Amount: \$11,990.00

Date of Note: April 30, 2020

**PROMISE TO PAY.** Martha Castaneda ("Borrower") promises to pay to BBVA USA ("Lender"), or order, in lawful money of the United States of America, the principal amount of Eleven Thousand Nine Hundred Ninety & 00/100 Dollars (\$11,990.00), together with interest on the unpaid principal balance from April 30, 2020, calculated as described in the "INTEREST CALCULATION METHOD" paragraph using an interest rate of 1.000% per annum based on a year of 360 days, until maturity. The interest rate may change under the terms and conditions of the "INTEREST AFTER DEFAULT" section.

**PAYMENT.** Borrower will pay this loan in 18 payments of \$674.88 each payment. Borrower's first payment is due November 30, 2020, and all subsequent payments are due on the same day of each month after that. Borrower's final payment will be due on April 30, 2022, and will be for all principal and all accrued interest not yet paid. Payments include principal and interest. Unless otherwise agreed or required by applicable law, payments will be applied first to interest, then to any fees or amounts for additional products or services you obtain in connection with this loan (such as debt cancellation/suspension protection, credit insurance, warranty coverage, etc.) that are payable with or as part of your payment, then to principal due, then to any unpaid collection costs and other charges due under this Note, with any remaining amount to the outstanding principal balance. Borrower will pay Lender at Lender's address shown above or at such other place as Lender may designate in writing.

**INTEREST CALCULATION METHOD.** Interest on this Note is computed on a 365/360 basis; that is, by applying the ratio of the interest rate over a year of 360 days, multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding, unless such calculation would result in a usurious rate, in which case interest shall be calculated on a per diem basis of a year of 365 or 366 days, as the case may be. All interest payable under this Note is computed using this method. This calculation method results in a higher effective interest rate than the numeric interest rate stated in this Note.

**TRANSACTIONS WITH AFFILIATES.** Borrower shall not directly or indirectly (including through its parent company(ies), subsidiary(ies), or affiliate(s)) transfer any proceeds of the Loan to, nor use them for the benefit of, a Bank Affiliate, including using any of the proceeds of the Loan to make any payment on (or with respect to) any loan or other debt from any Bank Affiliate. Borrower may request a list of Bank Affiliates, which is updated on a quarterly basis, from the Bank by contacting its relationship manager. The term "Bank Affiliate" means any entity (1) that is directly or indirectly (including ownership through a trust and beneficial ownership), controlling, controlled by, or under common control with Lender (such as an entity a "Control Entity"), (2) in which a majority of its directors, trustees, or general partners (or individuals exercising similar functions) constitute a majority of the persons holding any such office with Lender or a Control Entity, (3) that is sponsored and advised on a contractual basis by Lender or another Bank Affiliate, or (4) that is an investment fund for which Lender or any other Bank Affiliate serves as an investment adviser. Ownership of fifteen percent (15%) or more of the ownership interest in an entity shall be deemed control of the entity, and each general partner shall be deemed to have control over a partnership.

To the extent the proceeds of this Loan will be used to purchase securities (regardless of whether such purchase is conducted through BBVA Securities Inc. or through another broker-dealer): (1) no securities of a Bank Affiliate (including those underwritten by a Bank Affiliate) shall be purchased during an issuance or underwriting period, or in a way that would transfer Loan proceeds to a Bank Affiliate; (2) no securities shall be purchased where a Bank Affiliate is selling them as principal (even in the open market); and (3) Borrower agrees to promptly notify Lender of any violation of this provision.

Failure to comply with the foregoing Transactions with Affiliates requirements at any time during the term of this Agreement, including renewals and extensions thereof, shall be deemed a Default and subject to the default provisions and remedies available to Lender.

**PREPAYMENT.** Borrower may pay without penalty all or a portion of the amount owed earlier than it is due. Prepayment in full shall consist of payment of the remaining unpaid principal balance together with all accrued and unpaid interest and all other amounts, costs and expenses for which Borrower is responsible under this Note or any other agreement with Lender pertaining to this loan, and in no event will Borrower ever be required to pay any unearned interest. Early payments will not, unless agreed to by Lender in writing, relieve Borrower of Borrower's obligation to continue to make payments under the payment schedule. Rather, early payments will reduce the principal balance due and may result in Borrower's making fewer payments. Borrower agrees not to send Lender payments marked "paid in full", "without recourse", or similar language. If Borrower sends such a payment, Lender may accept it without losing any of Lender's rights under this Note, and Borrower will remain obligated to pay any further amount owed to Lender. All written communications concerning disputed amounts, including any check or other payment instrument that indicates that the payment constitutes "payment in full" of the amount owed or that is tendered with other conditions or limitations or as full satisfaction of a disputed amount must be mailed or delivered to: BBVA USA, 88A PPP TX, 2201 DONLEY DRIVE, SUITE 350, AUSTIN, TX 78758.

**LATE CHARGE.** If a payment is 10 days or more late, Borrower will be charged 5.000% of the regularly scheduled payment.

**INTEREST AFTER DEFAULT.** Upon default, including failure to pay upon final maturity, the interest rate on this Note shall be increased to 18.000% per annum based on a year of 360 days. However, in no event will the interest rate exceed the maximum interest rate limitations under applicable law.

**DEFAULT.** Each of the following shall constitute an event of default ("Event of Default") under this Note:

**Payment Default.** Borrower fails to make any payment when due under this Note.

**Other Defaults.** Borrower fails to comply with or to perform any other term, obligation, covenant or condition contained in this Note or in any of the related documents or to comply with or to perform any term, obligation, covenant or condition contained in any other agreement between Lender and Borrower.

**Default in Favor of Third Parties.** Borrower or any Grantor defaults under any loan, extension of credit, security agreement, purchase or sales agreement, or any other agreement, in favor of any other creditor or person that may materially affect any of Borrower's property or Borrower's ability to repay this Note or perform Borrower's obligations under this Note or any of the related documents.

**False Statements.** Any warranty, representation or statement made or furnished to Lender by Borrower or on Borrower's behalf under this Note or the related documents is false or misleading in any material respect, either now or at the time made or furnished or becomes false or misleading at any time thereafter.

**Death or Insolvency.** The death of Borrower or the dissolution or termination of Borrower's existence as a going business, the insolvency of Borrower, the appointment of a receiver for any part of Borrower's property, any assignment for the benefit of creditors, any type of creditor workout or the commencement of any proceeding under any bankruptcy or insolvency laws by or against Borrower.

**Creditor or Foreclosure Proceedings.** Commencement of foreclosure or foreclosure proceedings, whether by judicial proceeding, self-help, repossession or any other method, by any creditor of Borrower or by any governmental agency against any collateral securing the loan. This includes a garnishment of any of Borrower's accounts, including deposit accounts, with Lender. However, this Event of Default shall not apply if there is a good faith dispute by Borrower as to the validity or reasonableness of the claim which is the basis of the creditor or foreclosure proceeding and if Borrower gives Lender written notice of the creditor or foreclosure proceeding and deposits with Lender monies or a surety bond for the creditor or foreclosure proceeding, in an amount determined by Lender, in its sole discretion, as being an adequate reserve or bond for the dispute.

**Events Affecting Guarantor.** Any of the preceding events occurs with respect to any guarantor, endorser, surety, or accommodation party or any of the indebtedness or any guarantor, endorser, surety, or accommodation party dies or becomes incompetent, or revokes or disputes the validity of, or liability under, any guaranty of the indebtedness evidenced by this Note.

**Adverse Change.** A material adverse change occurs in Borrower's financial condition, or Lender believes the prospect of payment or



performance of this Note is impaired.

Insecurity. Lender in good faith believes itself insecure.

**UNITED STATES SMALL BUSINESS ADMINISTRATION (SBA) GOVERNING LAW.** When SBA is the holder, this Note will be interpreted and enforced under Federal law, including SBA regulations. Lender or SBA may use state or local procedures for filing papers, recording documents, giving notice, foreclosing loans, and other purposes. By using such procedures, SBA does not waive any Federal immunity from state or local control, penalty, tax, or liability. As to this Note, Borrower may not claim or assert against SBA any local or state law to deny any obligation, defeat any claim of SBA, or preempt Federal law.

**LENDER'S RIGHTS.** Upon default, Lender may declare the entire indebtedness, including the unpaid principal balance under this Note, all accrued unpaid interest, and all other amounts, costs and expenses for which Borrower is responsible under this Note or any other agreement with Lender pertaining to this loan, immediately due without notice, and then Borrower will pay that amount.

**ATTORNEYS' FEES; EXPENSES.** Lender may hire an attorney to help collect this Note if Borrower does not pay, and Borrower will pay Lender's reasonable attorneys' fees. Borrower also will pay Lender all other amounts Lender actually incurs as court costs, lawful fees for filing, recording, releasing to any public office any instrument securing this Note, the reasonable cost actually expended for repossessing, storing, preparing for sale, and selling any security; and fees for noting a lien on or transferring a certificate of title to any motor vehicle offered as security for this Note, or premiums or identifiable charges received in connection with the sale of authorized insurance.

**JURY WAIVER.** Lender and Borrower hereby waive the right to any jury trial in any action, proceeding, or counterclaim brought by either Lender or Borrower against the other.

**GOVERNING LAW.** This Note will be governed by federal law applicable to Lender and, to the extent not preempted by federal law, the laws of the State of Texas without regard to its conflicts of law provisions. This Note has been accepted by Lender in the State of Texas.

**DISHONORED CHECK CHARGE.** Borrower will pay a processing fee of \$10.00 if any check given by Borrower to Lender as a payment on this loan is dishonored.

**RIGHT OF SETOFF.** To the extent permitted by applicable law, Lender reserves a right of setoff in all Borrower's accounts with Lender (whether checking, savings, or some other account). This includes all accounts Borrower holds jointly with someone else and all accounts Borrower may open in the future. However, this does not include any IRA or Keogh accounts, or any trust accounts for which setoff would be prohibited by law. Borrower authorizes Lender, to the extent permitted by applicable law, to charge or setoff all sums owing on the debt against any and all such accounts.

**COLLATERAL.** This loan is unsecured.

**AMENDMENTS.** This Note constitutes the entire understanding and agreements of the parties as to the matters set forth in this Note. No alteration or amendment of this Note shall be effective unless given in writing and signed by the party or parties sought to be bound by the alteration or amendment.

**SEVERABILITY.** If a court of competent jurisdiction finds any provision of this Note to be illegal, invalid, or unenforceable as to any circumstance, that finding shall not make the offending provision illegal, invalid, or unenforceable as to any other circumstance. If feasible, the offending provision shall be considered modified so that it becomes legal, valid and enforceable. If the offending provision cannot be so modified, it shall be considered deleted from this Note. Unless otherwise required by law, the illegality, invalidity, or unenforceability of any provision of this Note shall not affect the legality, validity or enforceability of any other provision of this Note.

**ADDITIONAL PROVISIONS.** Notwithstanding any other provisions of this Note to the contrary: (a) Lender's Remedies. Lender also may exercise any and all remedies available to it. Lender's rights are cumulative and may be exercised together, separately, and in any order; (b) No Assignment. Borrower agrees not to assign any of Borrower's rights or obligations under this Note; (c) Prepayments. The terms "prepayment" and "early payment" mean any payment that exceeds the combined amount of interest, principal due, and charges due as of the date Lender receives that payment. The amount of this excess will be applied to the outstanding principal balance; (d) Final Payment. Borrower agrees that, if Borrower owes any late charges, collection costs or other amounts under this Note or any related documents, Borrower's final payment under this Note will include all of these amounts, as well as all unpaid principal and accrued interest; (e) Loan Fees. Borrower agrees that all loan fees and other prepaid finance charges are fully earned as of the date of the loan and will not be subject to refund upon early payment (whether voluntary or as a result of default).

**ADDITIONAL EVENTS OF DEFAULT.** Notwithstanding any other provisions herein to the contrary, each of the following also shall be an Event of Default hereunder:

- (i) If the Borrower is an LLC, any change in the ownership of twenty-five percent (25%) or more of the membership interests in Borrower;
- (ii) Any material adverse change in the financial condition of any guarantor.

**BUSINESS PURPOSE.** The Borrower agrees to use the proceeds of this Note or Credit Agreement solely for business purposes and not any personal, family or household purpose.

**JURISDICTION.** Any legal action or proceeding brought by Lender or Borrower against the other arising out of or relating to the loan evidenced by this instrument (a "Proceeding") shall be instituted in the federal court for or the state court sitting in the county where Lender's office that made this loan is located. With respect to any Proceeding, each Borrower, to the fullest extent permitted by law: (i) waives any objections that Borrower may now or hereafter have based on venue and/or forum non conveniens of any Proceeding in such court; and (ii) irrevocably submits to the jurisdiction of any such court in any Proceeding. Notwithstanding anything to the contrary herein, Lender may commence legal proceedings or otherwise proceed against Borrower in any other jurisdiction if determined by Lender to be necessary in order to fully enforce or exercise any right or remedy of Lender relating to this loan, including without limitation, realization upon collateral that secures this loan.

**OTHER COLLATERAL.** Collateral securing other loans with Lender may also secure this loan. To the extent collateral previously has been given to lender by any person which may secure this loan, whether directly or indirectly, it is specifically agreed that, to the extent prohibited by law, all such collateral consisting of household goods will not secure this loan. In addition, if any collateral requires the giving of a right of rescission under Truth in Lending for this loan, such collateral also will not secure this loan unless and until all required notices of that right have been given.

**CHANGE IN INITIAL INTEREST RATE.** If this Note evidences an extension of credit with a variable rate and an initial or a current interest rate or index is stated, the initial or current rate or index stated on the Note may differ from the actual rate or index due to changes in the rate or index before closing.

**CONSTRUCTION OF DOCUMENTS.** In the event of any conflict within the provisions of this Note or between this Note and any other document referred to or executed in connection with this Note, and notwithstanding any other provision to the contrary in any of the foregoing, the provisions most favorable to Lender shall control. The parties hereto agree and acknowledge that no rule of construction permitting or requiring any claimed ambiguities to be resolved against the drafting party shall be employed in the interpretation of this Note or any of the other documents referred to or executed in connection with this Note.

**ERRORS AND OMISSIONS.** I agree that if deemed necessary by Lender or any agent closing the loan evidenced by this Note ("the Loan"), Lender or the agent may correct and adjust this Note and any other documents executed in connection with the Loan ("Related Documents") on my behalf, as if I were making the correction or adjustment, in order to correct clerical errors. A clerical error is information in a document that is missing or that does not reflect accurately my agreement with Lender at the time the document was executed. If any such clerical errors are material changes, I agree to fully cooperate in correcting such errors within 30 days of the date of mailing by Lender of a request to do that. Any change in the documents after they are signed to reflect a change in the agreement of the parties is an "alteration" or "amendment" which must be in writing and signed by the party who will be bound by the change.

**MINIMUM INTEREST RATE.** Notwithstanding anything to the contrary contained in your note, credit agreement, or other instrument (the "Note") your interest rate or Periodic Rate, will never be lower than the legal minimum interest rate or floor as described in your Note. If your Note provides for a variable rate tied to an index plus a margin, that rate may, at times, total an amount less than the Minimum Interest Rate. In such case your interest rate or Periodic Rate will be the stated Minimum Interest Rate. In the event that the sum of the index plus the margin is greater than the Minimum Interest Rate, then this higher rate shall be the interest rate or Periodic Rate charged on your Note.

**REINSTATEMENT OF MINIMUM INTEREST RATE OR INDEX.** If the Note provides for a minimum interest rate or minimum interest rate index (sometimes referred to as the "floor") and such minimum interest rate or minimum interest rate index is waived or removed in conjunction with Borrower entering into an interest rate swap transaction, such minimum interest rate shall automatically be reinstated if, and at the time, the interest rate swap transaction is canceled or terminated for any reason.

**SUCCESSOR INTERESTS.** The terms of this Note shall be binding upon Borrower, and upon Borrower's heirs, personal representatives, successors and assigns, and shall inure to the benefit of Lender and its successors and assigns.

**GENERAL PROVISIONS. NOTICE.** Under no circumstances (and notwithstanding any other provisions of this Note) shall the interest charged, collected, or contracted for on this Note exceed the maximum rate permitted by law. The term "maximum rate permitted by law" as used in

PROMISSORY NOTE  
(Continued)

Loan No: 6783595859

Page 3

this Note means the greater of (a) the maximum rate of interest permitted under federal or other law applicable to the indebtedness evidenced by this Note, or (b) the higher, as of the date of this Note, of the "Weekly Ceiling" or the "Quarterly Ceiling" as referred to in Sections 303.002, 303.003 and 303.004 of the Texas Finance Code. If any part of this Note cannot be enforced, this fact will not affect the rest of the Note. Borrower does not agree or intend to pay, and Lender does not agree or intend to contract for, charge, collect, take, reserve or receive (collectively referred to herein as "charge or collect"), any amount in the nature of interest or in the nature of a fee for this loan, which would in any way or event (including demand, prepayment, or acceleration) cause Lender to charge or collect more for this loan than the maximum Lender would be permitted to charge or collect by federal law or the law of the State of Texas (as applicable). Any such excess interest or unauthorized fee shall instead of anything stated to the contrary, be applied first to reduce the principal balance of this loan, and when the principal has been paid in full, be refunded to Borrower. The right to accelerate maturity of sums due under this Note does not include the right to accelerate any interest which has not otherwise accrued on the date of such acceleration, and Lender does not intend to charge or collect any unearned interest in the event of acceleration. All sums paid or agreed to be paid to Lender for the use, forbearance or detention of sums due hereunder shall, to the extent permitted by applicable law, be amortized, prorated, allocated and spread throughout the full term of the loan evidenced by this Note until payment in full so that the rate or amount of interest on account of the loan evidenced hereby does not exceed the applicable usury ceiling. Lender may delay or forgo enforcing any of its rights or remedies under this Note without losing them. Borrower and any other person who signs, guarantees or endorses this Note, to the extent allowed by law, waive presentment, demand for payment, notice of dishonor, notice of intent to accelerate the maturity of this Note and notice of acceleration of the maturity of this Note. Upon any change in the terms of this Note, and unless otherwise expressly stated in writing, no party who signs this Note, whether as maker, guarantor, accommodation maker or endorser, shall be released from liability. All such parties agree that Lender may renew or extend (repeatedly and for any length of time) this loan or release any party as guarantor or collateral, or impair, fail to realize upon or perfect Lender's security interest in the collateral without the consent of or notice to anyone. All such parties also agree that Lender may modify this loan without the consent of or notice to anyone other than the party with whom the modification is made. The obligations under this Note are joint and several.

PRIOR TO SIGNING THIS NOTE, BORROWER READ AND UNDERSTOOD ALL THE PROVISIONS OF THIS NOTE. BORROWER AGREES TO THE TERMS OF THE NOTE.

BORROWER ACKNOWLEDGES RECEIPT OF A COMPLETED COPY OF THIS PROMISSORY NOTE.

BORROWER

  
Martha Gutierrez



\*02100000000067835958590ALS0140\*

## BOARDING DATA SHEET

Principal	Loan Date	Maturity	Loan No	Call / Coll	Account	Officer	Initials
\$11,990.00	04-30-2020	04-30-2022	6783595859	04A0 / 999		18011	

References in the boxes above are for Lender's use only and do not limit the applicability of this document to any particular loan or item.  
Any item above containing "\*\*\*\*" has been omitted due to text length limitations.

**Borrower:** Martha Castaneda DBA: Creative Kidz Day Care  
Center  
~~3043 E 23rd Street~~ 2209 E 23rd St  
Weslaco, TX 78596

**Lender:** BBVA USA  
SBA PPP TX  
2201 DONLEY DRIVE, SUITE 350  
AUSTIN, TX 78768  
8002391996

### CUSTOMER DATA SUMMARY

Martha Castaneda  
DBA Creative Kidz Day Care Center  
Street Address: ~~3043 E 23rd Street~~ 2209 E 23rd St  
Primary Phone: Weslaco, TX 78596

Individual  
TX 78596  
Instructions

**Borrower:**  
Cust #: TIN: 74-2981626  
County: Phone:

### TRANSACTION SUMMARY

Transaction No: 13576970  
Product Category: BLC  
Loan Policy: Commercial

Product Description: BLC Commercial Loan  
Category of Purpose: Business, Agricultural and All Other  
Specific Loan Purpose:

### CLASSIFICATION DATA

Universal Loan Identifier  
Application No: 135769700  
Application Date  
Loan No: 6783595859  
Loan Date: 04-30-2020  
Officer: 18011 EVA OCAMPO  
Processor No: SC61822 Pinkston, Marsha  
Collateral Code: 999  
Charge Code: 5  
Call Code: 04A0  
CC/Refit/Under: 10222/\*\*\*\*/00000  
BurScr/Type/EBP: \*\*\*/10/0.00

Branch: 18222 SBA PPP TX  
Dept:  
Division:  
Region:  
Loan Type:  
Loan Class: New Loan  
Purpose Code: 558  
Class Code:  
Cln/Vnd/SBA/PT: C/951354117310/00  
BTP/SC/PP/SBADt: S/O/N 042820  
MC/TP/LTV/BREF:

Employee Loan: No  
Restricted Access: No  
Reg O Loan: No  
Comments:

Portfolio Code:  
Host System: ALS  
SecureID:  
SB Ind/FASB/FLD: 3/589.09  
Bnk#/Brnch#/DRR: 21/719



### BOARDING DATA SHEET (Continued)

### PAYMENT DATA

### INSTALLMENT LOAN (Fixed Rate)

	Financed	In Cash
AMOUNT REQUESTED	\$11,990.00	
PREPAID FINANCE CHARGES	0.00	
SECURITY INTEREST CHARGES	0.00	
NOTE AMOUNT:	\$11,990.00	\$0.00
DISBURSEMENTS		
Account: 0051133571	Checking	\$11,990.00

### PAYMENT CALCULATION

No. of Pmts	Amount	Due
18	\$674.88	Monthly beginning 11-30-2020

Disbursement Date	04-30-2020
Due Date	04-30-2022

### INTEREST RATE SELECTION

Interest Method 365/360

Interest Rate: 1.000

APR 1.014%	FINANCE CHARGE \$157.84	AMOUNT FINANCED \$11,990.00	TOTAL OF PAYMENTS \$12,147.84
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**INSTALLMENT LOAN FUNDS DISBURSED  
BBVA USA**

**DEBIT**

<b>SERIAL NUMBER</b>								<b>City No</b>			<b>Teller No</b>			<b>Cost Center</b>			<b>ACCOUNT NUMBER</b>								<b>TOTAL AMOUNT</b>										
7	8	3	5	9	5	8	5	9	5	1	8	0	0	2	2	2	9	0	1	7	7	5	5	2				1	1	9	9	0	.	0	0
<b>DATE PREPARED</b>								<b>PREPARED BY / PHONE NUMBER</b>																<b>APPROVED BY</b>											
04-30-2020																																			
<b>CUSTOMER NAME</b>																<b>S/S NUMBER</b>																			
Martha Castaneda																462088843																			
<b>COMMENTS / TRANSACTION DETAILS</b>																																			
Paid Directly/Customer																																			
																								11.990.00											



Principal	Loan Date	Maturity	Loan No	Call / Cos	Account	Officer	Initials
\$11,990.00	04-30-2020	04-30-2022	6783695859	0440 / 999		18011	

References in the boxes above are for lender's use only and do not limit the applicability of this document to any particular loan or item.  
Any item above containing " \*\*\* " has been omitted due to text length limitations.

Lender: BBVA USA  
SBA PPP TX  
2201 DONLEY DRIVE, SUITE 360  
AUSTIN, TX 78768  
8002391996



city of  
**mercedes**

It Starts Here!

# RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

San Code	Date	Time In	Time Out	Establishment Number	Permit Number	Risk Category
	3-4-22	10:30 AM	11:00 AM			

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other

Establishment: Creative Kids Owner/Manager: Erica Zamora

Physical Address: 2001 E. Rio Rico Zip: Mercedes TX 78570 Phone: (1) 251-5515

OUT 3Pts	IN	NA	NO	COS	Food Temperature/Time Requirements	Remarks
					Violations Require Immediate Corrective Action	
					1. Proper Cooling for Cooked/Prepared Food	
					2. Cold Hot (41 degrees Fahrenheit/45 degrees Fahrenheit)	57°F
					3. Hot Hold (135 degrees Fahrenheit)	137°F
					4. Proper Cooking Temperatures	
					5. Rapid Reheating (165 degrees Fahrenheit in Hours)	Micro wave when heated

Item/Location/Temperature

OUT 3Pts	IN	NA	NO	COS	Personnel/Handling/Source Requirements	Remarks
					Violation Require Immediate Corrective Action	
					6. Personnel with Infections Restricted/Excluded	
					7. Proper/Adequate hand washing	
					8. Good Hygienic Practices ( Eating/Drinking/Smoking/Other)	
					9. Approved Source Labeling	
					10. Sound Condition	
					11. Proper Handling of Ready-To-Eat Foods	
					12. Cross-contamination of Raw/Cooked Foods/Other	
					13. Approved Systems (HACCP Plans/Time as Public Health Control)	
					14. Approved Supply-Approved Sources/Sufficient Capacity/Hot and Cold Under Pressure	

OUT 3Pts	IN	NA	NO	COS	Facility and Equipment Requirements	Remarks
					Violations Require Immediate Corrective, Not to Exceed 10 Days	
					15. Equipment Adequate to Maintain Product Temperature	
					16. Hand wash Facilities Adequate and Accessible	
					17. Hand wash Facilities with Soap and Towels	
					18. No Evidence of Insect Contamination	
					19. No Evidence of Rodents/Other Animals	
					20. Toxic Items Properly Labeled/Stored/Used	
					21. Manual/Mechanical Ware washing and Sanitizing at ( ) ppm/temperature	
					22. Manager Demonstration of Knowledge/Certified Food Manager	
					23. Approved Sewage/Wastewater Disposal System, Proper Disposal	
					24. Thermometers Provided/Accurate/Properly Calibrated (+2 degrees Fahrenheit)	
					25. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair	
					26. Posting of Consumer Advisories (Heimlich/Disclosure/Reminder/ Buffet Plate)	
					27. Food Establishment Permit	

Subtotal Other Violations - Require Corrective Action, Not to Exceed 90 Days or the Next inspection, whichever comes first

5pts

4pts

3pts

Inspection by: Rolando Maldonado Print: Rolando Maldonado

Received by: Erica Zamora Print: Erica Zamora Title: Manager

Total F/U Yes/No

**10. Discussion and Action: Mercedes Small Business  
Recovery Grant – Mario Dominquez, \$3000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 8/28/20  
**Re:** Mercedes Small Business Grant Program

---

Recommendation:

Evelyn Mancilla – Approve 5K  
Raquel Gomez – Table, exceeds the employee criteria  
Domingo Reyna – Approve 3K  
Martha Castaneda – Approve 5K  
Mario Dominguez – Approve 3K  
Raul Garcia – Approve 3K



# Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

## CONTACT INFORMATION

First/Last Name of person completing this application: MARIO B DOMÍNGUEZ  
Name of Business: MAR-SAN GROUP LLC (20-1872244) E.I.N.  
Business Type: PROPERTY MANAGEMENT  
Address of Business: 324 S. TEXAS ST.  
Email Address: MARIO.DOMINGUEZ.517C@GMAIL.COM Phone Number: 954-650-0554

## BUSINESS OWNERSHIP

Tax ID #: 20-1872244  
32075466991 MBD.  
Entity Name: MAR-SAN GROUP LLC  
Name of business owner (if different from above): N/A  
Number of years in business: 16 YRS.

## BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

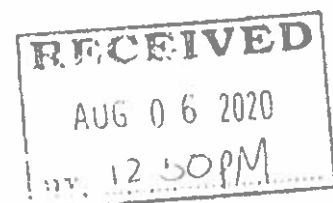
## PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 1 (Part-time # employees: 0)

Does your business have furloughed employees who are receiving unemployment benefits?

Yes    No ✓



## **DOCUMENTS TO BE ATTACHED**

Summary of documents that must be provided at time of application. Please attach in order and/or clearly label the document:

1. W-9 Form.
2. Receipt or cancelled check of most recent lease/mortgage payment.
3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
4. Receipt or cancelled check for salary payments made to furloughed employees, *if applicable*.
5. Receipts for expenses associated with increased material costs from suppliers or alternate suppliers.
6. Receipts for the purchase of COVID-19 supplies for business protection/cleaning.
7. Receipts for purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)
8. Proof of application for COVID-19 Federal grant/loan programs.

*We are requesting supporting documentation at this time and reserve the right to request and receive any such back-up documentation within 24 hours' notice by the DCM. Please make sure you maintain your business records and receipts to support your answers to the application.*

## **Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application**

1. Save the completed application as [BUSINESS NAME] Mercedes DCM Grant Application
2. Submit the completed application and ALL documents to:

Email: [smallbuscares2020@cityofmercedes.com](mailto:smallbuscares2020@cityofmercedes.com) OR

Deliver to: DCM Office (NE Ohio/4<sup>th</sup> Street) and drop in the mail box in the foyer of the building between the hours of 8:00 am to 5:00 pm during the week of August 4<sup>th</sup> onward (until funds are exhausted).

- print the application
- hand write answers and responses into the application
- scan the application and all related documents and email the completed the file to: [smallbuscares2020@cityofmercedes.com](mailto:smallbuscares2020@cityofmercedes.com).



Is your business operated as a sole proprietorship?

Yes \_\_\_\_\_ No ☒

## USE OF FUNDS

How will your business use the loan funds? Please check all that apply.

- ☒ Rent/mortgage payment. List specific amount. \$ 400<sup>00</sup>
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_
- ☒ Employee support (salaries, insurance, paid leave) \$ 3200<sup>00</sup>
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 800<sup>00</sup>
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 100<sup>00</sup>
- Total Amount \$ 4,700<sup>00</sup>

Total Grant amount requested from Mercedes DCM: \$ 4700<sup>00</sup>

(amount shown above may not exceed:  
\$3,000 for business with 1-3 employees,  
\$5,000 for business with 4-9 employees)

You must attach cancelled checks, payroll reports and/or bank statements to substantiate the amount shown above.

Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under **USE OF FUNDS**. The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.

## FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: LONE STAR NATIONAL BANK  
Name of your Bank Officer: MARGARITA HINLISA  
Have you met with your financial institution (bank) about financial assistance? Yes ☒ No \_\_\_\_\_

If no, why not?

NOT DOING SMALL LOANS

Have you applied for any of the following Federal programs that are currently available?

☒ Paycheck Protection Program (PPP)  
☒ Economic Injury Disaster Loan (EIDL)

Requested amount: N/A  
Requested amount: N/A

\*Provide proof of application provided via attachment.

If not, why not?

PROGRAM EXPIRED  
RAN OUT OF FUNDS

## ACKNOWLEDGEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

MBD My business has 1-9 full time (or full time equivalent) employees.

MBD I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (including sole proprietors.)

MBD The Tax ID and Entity Name of my business shown above, are true and accurate.

MBD My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

MBD By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

MBD I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

MBD I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name MAR-SAN GROSS, LLC

Written: MARIO B. DOMINGUEZ  
Legal Representative

PRES.  
Title

Signed: Mario B. [Signature]  
Legal Representative

PRES.  
Title

Signed as Individual: Mario B. [Signature]

Date 08/04/2020

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**MARIO B. DOMINGUEZ**

2 Business name/disregarded entity name, if different from above  
**MAR-SAN GROUP LLC**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **C**

Notes: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**546 HIDALGO ST.**

6 City, state, and ZIP code  
**MERCEDES, TX. 78570**

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

2	0	-	1	8	7	2	2	4	4
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ **Mario B. Dominguez** Date ▶ **08/06/2020**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Texas

USA  
TX

DRIVER LICENSE



DL 06225301 Class C  
Iss 08/02/2017 Exp 08/15/2021  
DOB 08/15/1951  
DOMINGUEZ  
MARIO BARRERA  
1350 RIO RICO RD  
MERCEDES TX 78570-0000  
Restrictions NONE End NONE  
Hgt 5'-06" Sex M Eyes BRO  
DD 00310780186012468630

*M. Barrera*

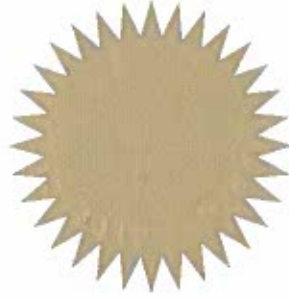
# CITY OF MERCEDES BUSINESS LICENSE & CERTIFICATE OF OCCUPANCY

(NON-TRANSFERABLE)

**MAR-SAN GROUP LLC**

LICENSE No.: 9913167  
ISSUED TO: MAR-SAN GROUP LLC  
ADDRESS: 324 S TEXAS AVE MERCEDES TX 78570  
EXPIRES: 8/24/2021

- ✚ This structure was inspected and found to comply with all the adopted codes at the time this structure was constructed.
- ✚ The City of Mercedes has found this structure to be safe for occupancy.



*Monica Rodriguez*

Monica Rodriguez, Planner Code Enforcer



2820

BAL BROT FORD

DATE 04/08/2020

TO SANTANA M. DOMINGUEZ

DEPOSITS

FOR 2nd 1/2 MARCH

TOTAL	
THIS CHECK	1400 00
OTHER	15
BALANCE	

TAX DEDUCTIBLE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2831

BAL BROT FORD

DATE 05/05/2020

TO SANTANA M. DOMINGUEZ

DEPOSITS

FOR

TOTAL	
THIS CHECK	1500 00
OTHER	
BALANCE	

TAX DEDUCTIBLE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2851

BAL BROT FORD

DATE 05/22/2020

TO SANTANA M. DOMINGUEZ

DEPOSITS

FOR

TOTAL	
THIS CHECK	1500 00
OTHER	
BALANCE	

TAX DEDUCTIBLE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2859

BAL BROT FORD

DATE 05/29/2020

TO SANTANA M. DOMINGUEZ

DEPOSITS

FOR

TOTAL	
THIS CHECK	1700
OTHER	
BALANCE	

TAX DEDUCTIBLE

D2830C CHK0002 01/27/2017 15:24 -37-

D2830C CHK0002 01/27/2017 15:24



One Star National Bank

P.O. Box 1127 • Pharr, Texas 78577-1127  
www.lonestarnationalbank.com

Customer Service ..... (956) 984-2440  
Toll-Free Customer Service ..... (800) 580-0322  
24-Hour Phone Banking ..... (956) 984-2444  
Lost or Stolen Debit Card ..... (800) 580-0322

Date 4/30/20 Page 1  
Primary Account XXXXXXXXXXXXX0202  
Enclosures

MAR SAN GROUP LLC  
1350 RIO RICO RD  
MERCEDES TX 78570

The LSNB Card Manager functions are now available within your LSNB Mobile app.  
One app with all the banking features you need at your fingertips to help you.  
Enroll now to enjoy the features!

### CHECKING ACCOUNTS

Small Business Chk Truncated Statement  
Account Number XXXXXXXXXXXXX0202 Statement Dates 4/01/20 thru 4/30/20

#### --- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
4/22	2805	74.20	4/14	2820 ✓	1,600.00
4/03	2811*	82.81	4/14	2821	150.00
4/06	2813*	1,460.22	4/14	2823*	500.00
4/16	2814	450.00	4/17	2824	529.44
4/02	2817*	2,000.00	4/21	2825	675.89
4/06	2818	1,500.00	4/30	2828*	667.90
4/14	2819	46.00			

\* Denotes missing check numbers

#### Daily Balance Information

Date	Balance	Date	Balance	Date	Balance
4/01	3,197.66	4/06	1,481.36	4/14	2,222.64
4/02	1,197.66	4/08	18.64	4/16	142.85
4/03	1,114.85	4/09	2,518.64	4/17	422.58



# Lone Star National Bank

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Date 5/29/20 Page 1  
Primary Account XXXXXXXXXXXXX0202  
Enclosures

MAR SAN GROUP LLC  
1350 RIO RICO RD  
MERCEDDES TX 78570

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## CHECKING ACCOUNTS

Go Paperless and Save!

Stop your trips to the mailbox and receive your statements online.

E-Statements are safe, secure and eco-friendly. Sign Up today for eStatements  
at No Charge and Avoid the \$3.00 Monthly Paper Statement Fee.

Lone Star National Bank eStatements...Bringing the Bank to Your Fingertips.

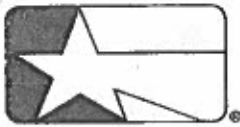
Small Business Chk Truncated Statement  
Account Number XXXXXXXXXXXXX0202 Statement Dates 5/01/20 thru 5/31/20

### --- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
5/01	2826	2,340.90	5/06	2831 ✓	1,500.00
5/04	2827	686.12	5/05	2832	1,000.00
5/06	2829*	287.92	5/06	2833	1,000.00
5/11	2830	297.69	5/08	2840*	2,400.00

\* Denotes missing check numbers





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Lost or Stolen Debit Card ..... (800) 580-0322

Date 5/29/20 Page 1  
Primary Account XXXXXXXXXXXXX0202  
Enclosures

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MERCEDES TX 78570

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Small Business Chk Truncated Statement  
Account Number XXXXXXXXXXXXX0202 Statement Dates 5/01/20 thru 5/31/20

Date 5/29/20 Page 3  
Primary Account XXXXXXXXXXXXX0202  
Enclosures

Small Business Chk XXXXXXXXXXXXX0202 (Continued)

--- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
5/08	2841	1,600.00	5/21	2848	365.45
5/11	2842	1,000.00	5/19	2849	234.91
5/18	2843	700.00	5/18	2850	500.00
5/18	2844	215.61	5/26	2851 ✓	1,500.00
5/18	2845	224.76	5/26	2852	600.00
5/15	2846	350.00	5/27	2856*	500.00
5/19	2847	65.76			



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Date 6/30/20 Page 1  
Primary Account XXXXXXXXXXXX0202  
Enclosures

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MERCEDES TX 78570

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at No Charge and Avoid the \$3.00 Monthly Paper Statement Fee.  
Lone Star National Bank eStatements...Bringing the Bank to Your Fingertips.

Small Business Chk Truncated Statement  
Account Number XXXXXXXXXXXX0202 Statement Dates 6/01/20 thru 6/30/20

### --- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
6/05	2854	950.00	6/05	2864	900.00
6/01	2857*	306.33	6/15	2865	600.00
6/03	2859*	1,700.00	6/25	2866	563.52
6/03	2860	1,500.00	6/19	2867	247.00
6/02	2861	500.00	6/18	2868	400.00
6/08	2862	348.98	6/26	2871*	400.00
6/09	2863	137.37			

\* Denotes missing check numbers

2

2780

DATE 01/31/2020

TO SANTANA M. DOMINGUEZ

FOR

BAL BROT FORD 7826.79

1629.79

6197

TOTAL

THIS CHECK 1600

OTHER

BALANCE

TAX DEDUCTIBLE

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2772

DATE 01/15/2020

TO SANTANA M. DOMINGUEZ

FOR

BAL BROT FORD

DEPOSITS

TOTAL

THIS CHECK 1600

OTHER

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2801

DATE 1-2-20

TO SANTANA M. DOMINGUEZ

FOR

BAL BROT FORD

DEPOSITS

TOTAL 1600.00

THIS CHECK

OTHER

53220HS Deluxe 1-800-328-0304 or www.deluxe.com/shop

2809

DATE 03/17/2020

TO SANTANA M. DOMINGUEZ

FOR

BAL BROT FORD

DEPOSITS

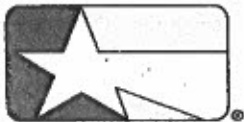
TOTAL

THIS CHECK 1600

OTHER

BALANCE

TAX DEDUCTIBLE



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P.O. Box 1127 • Pharr, Texas 78577-1127  
www.lonestarnationalbank.com



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24-Hour Phone Banking ..... (956) 984-2444  
Lost or Stolen Debit Card ..... (800) 580-0322

Date 2/28/20 Page 1  
Primary Account XXXXXXXXXXXX0202  
Enclosures

MAR SAN GROUP LLC  
1350 RIO RICO RD  
MERCEDES TX 78570

The LSNB Card Manager functions are now available within your LSNB Mobile app.  
One app with all the banking features you need at your fingertips to help you.  
Enroll now to enjoy the features!

## CHECKING ACCOUNTS

Small Business Chk

Truncated Statement

Account Number xxxxxxxxxxxx0202 Statement Dates 2/03/20 thru 3/01/20

### --- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
2/06	2780	1,600.00	2/19	2787	500.00
2/06	2782*	5,900.00	2/21	2788	248.96
2/10	2783	212.75	2/25	2789	1,000.00
2/12	2784	314.79	2/27	2790	176.39
2/18	2785	1,200.00	2/28	2791	209.60
2/19	2786	500.00			

\* Denotes missing check numbers





Customer Service ..... (956) 984-2440  
Toll-Free Customer Service ..... (800) 580-0322  
24-Hour Phone Banking ..... (956) 984-2444  
Lost or Stolen Debit Card ..... (800) 580-0322

**Star National Bank**

Box 1127 • Pharr, Texas 78577-1127  
www.lonestarnationalbank.com

Date 3/31/20 Page 1  
Primary Account XXXXXXXXXXXXX0202  
Enclosures

MAR SAN GROUP LLC  
1350 RIO RICO RD  
MERCEDES TX 78570

The LSNB Card Manager functions are now available within your LSNB Mobile app.  
One app with all the banking features you need at your fingertips to help you.  
Enroll now to enjoy the features!

#### CHECKING ACCOUNTS

Small Business Chk Truncated Statement  
Statement Dates 3/02/20 thru 3/31/20

#### --- CHECKS IN NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
3/04	2792	390.91	3/04	2801 ✓	1,600.00
3/03	2793	149.17	3/09	2802	400.00
3/03	2794	362.49	3/06	2803	950.00
3/02	2795	600.00	3/18	2804	1,750.40
3/03	2797*	338.12	3/12	2806*	350.00
3/03	2798	450.00	3/17	2807	600.00
3/06	2799	950.00	3/16	2808	300.00
3/03	2800	500.00	3/19	2809 ✓	1,600.00

\* Denotes missing check numbers

# TAX RECEIPT



PABLO (PAUL) VILLARREAL JR., PCC  
HIDALGO COUNTY TAX ASSESSOR - COLLECTOR  
PO BOX 178  
EDINBURG, TEXAS 78540

**Certified Owner:**

MAR-SAN GROUP LLC  
131 N TEXAS AVE  
MERCEDES, TX 78570-2744

**Legal Description:**

MERCEDES ORIGINAL TOWNSITE LOTS 34, 35  
& 36 BLK 48

Parcel Address: 546 HIDALGO ST

Legal Acres: 0.2755

Deposit No: ED2024167A  
Validation No: 900000058821496

Account No: **M3550-00-048-0034-00**  
Operator Code: JULIE67

Remit Seq No: 44512021  
Receipt Date: 08/28/2020  
Deposit Date: 08/28/2020  
Print Date: 08/28/2020 11:18 AM  
Printed By: JULIE67  
Appr. Dist. No.: 234316

Year	Tax Unit Name	Rec Type	Tax Value	Tax Rate	Levy Paid	P&I	Coll Fee Paid	Total
2019	Hidalgo County	TL	234,880	0.575000	1,350.56	256.61	241.08	1,848.25
2019	Drainage Dist #1	TL	234,880	0.105100	246.86	46.90	44.06	337.82
2019	City Of Mercedes	TL	234,880	0.745000	1,749.86	332.47	312.35	2,394.68
2019	Mercedes Isd	TL	234,880	1.278400	3,002.71	570.51	535.98	4,109.20
2019	South Texas Isd	TL	234,880	0.049200	115.56	21.96	20.63	158.15
2019	South Texas College	TL	234,880	0.173300	407.05	77.34	72.66	557.05
					<b>\$6,872.60</b>	<b>\$1,305.79</b>	<b>\$1,226.76</b>	<b>\$9,405.15</b>

Check Number(s):  
2888

**PAYMENT TYPE:**

Checks: \$9,405.15

**Exemptions on this property:**

Total Applied: \$9,405.15  
Total Tendered: \$9,405.15  
(for accounts paid on 08/28/2020)  
Change Paid: \$0.00

**PAYER:**

MAR-SAN GROUP LLC  
131 N TEXAS AVE  
MERCEDES, TX 78570-2744

**11. Discussion and Action: Mercedes Small Business  
Recovery Grant – Raul Garcia, \$3000**



# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 8/28/20  
**Re:** Mercedes Small Business Grant Program

---

**Recommendation:**

Evelyn Mancilla – Approve 5K  
Raquel Gomez – Table, exceeds the employee criteria  
Domingo Reyna – Approve 3K  
Martha Castaneda – Approve 5K  
Mario Dominguez – Approve 3K  
Raul Garcia – Approve 3K

# Mercedes Small Business Recovery Assistance Grant Program APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

## CONTACT INFORMATION

First/Last Name of person completing this application: RAUL GARCIA JR  
Name of Business: VALLEYWOOD PUBLICATIONS  
Business Type: MARKETING AND NEWS MEDIA  
Address of Business: 143 NORTH TEXAS AVENUE  
Email Address: GARCIA.RAUL1@GMAIL.COM Phone Number: 956.532.2430

## BUSINESS OWNERSHIP

Tax ID #: 457-45-5636  
Entity Name: VALLEYWOOD PUBLICATIONS  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 13 YEARS

## BUSINESSES THAT ARE INELIGIBLE TO APPLY

- Businesses that are restricted to patrons above the age of 18 (e.g. bars, smoke shops, and sexually oriented businesses and other similar businesses);
- Finance Institutions;
- Businesses owned by the members of the Board of Directors of the Mercedes EDC; or
- Businesses owned by employees or Mercedes elected officials of the City of Mercedes.

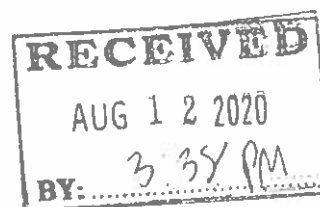
## PERSONNEL

How many total employees were employed at your business on February 1, 2020?

Full-time Employees #: 1 (Part-time # employees:       )

Does your business have furloughed employees who are receiving unemployment benefits?

Yes \_\_\_\_\_ No X



Is your business operated as a sole proprietorship?

Yes X No \_\_\_\_\_

## USE OF FUNDS

How will your business use the loan funds? *Please check all that apply.*

<u>X</u> Rent/mortgage payment. List specific amount.	\$ <u>\$1,000.00</u>
<u>X</u> Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<u>X</u> Employee support (salaries, insurance, paid leave)	\$ <u>\$2,000.00</u>
<u>X</u> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ _____
<u>X</u> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
<u>X</u> Purchase of COVID-19 supplies for business protection/cleaning.	\$ _____
<b>Total Amount</b>	<b>\$ <u>\$3,000</u></b>

**Total Grant amount requested from Mercedes DCM:** \$ \$3,000

(amount shown above may not exceed:  
\$3,000 for business with 1-3 employees,  
\$5,000 for business with 4-9 employees)

**You must attach cancelled checks, payroll reports and/or bank statements to substantiate the amount shown above.**

*Business owners may request less and/or only what is needed if receipts cannot be produced to show proof of payment on the list above, under **USE OF FUNDS**. The Development Corporation of Mercedes is the sole and final authority in determining eligibility and amount of funding. Funds not used as indicated, or documented, shall be due back immediately.*

## FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: BLUE VINE BANKING

Name of your Bank Officer: N/A

Have you met with your financial institution (bank) about financial assistance? Yes \_\_\_ No X

If no, why not?

BLUE VINE IS AN ONLINE BANKING SERVICE

Have you applied for any of the following Federal programs that are currently available?

         Paycheck Protection Program (PPP) Requested amount:                       
  X   Economic Injury Disaster Loan (EIDL) Requested amount:   \$12,700  

*\*Provide proof of application provided via attachment.*

If not, why not?

\_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted within this application is true and accurate to the best of your knowledge. **USE YOUR INITIALS IN THE BLANK.**

RGJ My business has 1-9 full time (or full time equivalent) employees.

RGJ I affirm that my business has experienced or is projected to experience a decline in employment between February 1, 2020 and May 15, 2020. (Including sole proprietors.)

RGJ The Tax ID and Entity Name of my business shown above, are true and accurate.

RGJ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes.

RGJ By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

RGJ I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

RGJ I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name VALLEYWOOD PUBLICATIONS

Written: Raul Garcia Jr  
Legal Representative

Publisher / Editor  
Title

Signed: \_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Title

Signed as Individual: Raul Garcia Jr

Date 8/12/20

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Raul Garcia Jr</b>	
	2 Business name/disregarded entity name, if different from above <b>Valleywood Publications</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>143 N. Texas Ave.</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Mercedes Texas 78570</b>	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
4	5	7	-	4	5	-	5	6	3	6
OR										
Employer identification number										
			-							

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <b>Raul Garcia Jr</b>	Date ▶ <b>8/12/20</b>
-----------	--	-----------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.**

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Armando Saldana</b>		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>143 Texas Ave</b>	Requester's name and address (optional)	
6 City, state, and ZIP code <b>Mercedes, Tx 78570</b>		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
4	5	5	-	1	1	-	9	4	0	8
or										
Employer identification number										
			-							

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

**8-28-20**

## General Instructions

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- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.


If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

## RECEIPT FOR RENT MONEY

On July 1, 2020 , RAUL GACIA JR. (VALLEYWOOD PUBLICATIONS)

paid \$ 1,000 in: CASH

for rent on 143 North Texas Avenue Mercedes Texas.

Money Received By:  (Landlord signature)

ARMANDO SALDANA (print name)



Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Raul Last name Garcia Jr Your social security number 457 45 5636  
 If joint return, spouse's first name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. 322 S. Virginia Apt. no. \_\_\_\_\_  
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Mercedes, Tx 78570  
 Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse  
 If more than four dependents, see instructions and ✓ here ▶ ☐

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
<u>Gabriel</u>	<u>Rhodes</u>	<u>031 15 7040</u>	<u>Nephew</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—  
 • Single or Married filing separately. \$12,200  
 • Married filing jointly or Qualifying widow(er). \$24,400  
 • Head of household. \$18,350  
 • If you checked any box under Standard Deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	<u>30,055</u>
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRA distributions	4b	
c	Pensions and annuities	4c	
5a	Social security benefits	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	<u>637</u>
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	<u>30,692</u>
8a	Adjustments to income from Schedule 1, line 22	8a	<u>45</u>
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	<u>30,647</u>
9	Standard deduction or itemized deductions (from Schedule A)	9	<u>18,350</u>
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	<u>18,350</u>
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	<u>12,297</u>

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2019)

# 457-45-5436

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	1,228	12b	1,228
b	Add Schedule 2, line 3, and line 12a and enter the total				
13a	Child tax credit or credit for other dependents	13a	1,228	13b	1,228
b	Add Schedule 3, line 7, and line 13a and enter the total				
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	-0-
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	90
16	Add lines 14 and 15. This is your total tax			16	90
17	Federal income tax withheld from Forms W-2 and 1099			17	1,347
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a	1,673		
b	Additional child tax credit. Attach Schedule 8812	18b	774		
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	2,447
19	Add lines 17 and 18e. These are your total payments			19	3,794
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	3,704
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			21a	3,704
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23			
24	Estimated tax penalty (see instructions)	24			

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

Direct deposit?  
See instructions.

**Amount You Owe****Third Party Designee**

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☐ No

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

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

Your signature _____ Date _____	Your occupation _____ Date _____	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____ Date _____	Spouse's occupation _____ Date _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. _____	Email address _____	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Firm's address	Phone no.	Firm's EIN	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2019)

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

Raul Garcia Jr.

Your social security number

457-45-5434

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

☐ Yes ☒ No

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	
2a	Alimony received . . . . .	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C . . . . .	3	<u>637</u>
4	Other gains or (losses). Attach Form 4797 . . . . .	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	5	
6	Farm income or (loss). Attach Schedule F . . . . .	6	
7	Unemployment compensation . . . . .	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	9	<u>637</u>

**Part II Adjustments to Income**

10	Educator expenses . . . . .	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11	
12	Health savings account deduction. Attach Form 8889 . . . . .	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13	
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14	<u>45</u>
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15	
16	Self-employed health insurance deduction . . . . .	16	
17	Penalty on early withdrawal of savings . . . . .	17	
18a	Alimony paid . . . . .	18a	
b	Recipient's SSN . . . . .		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction . . . . .	19	
20	Student loan interest deduction . . . . .	20	
21	Tuition and fees. Attach Form 8917 . . . . .	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	22	<u>45</u>

**SCHEDULE 2**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. 02

Name(s) shown on Form 1040 or 1040-SR

Raul Garcia Jr

Your social security number

457-45-5436

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251 . . . . .	1	
2	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	3	

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE . . . . .	4	90
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 . . . . .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	6	
7a	Household employment taxes. Attach Schedule H . . . . .	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) . . . . .	8	
9	Section 965 net tax liability installment from Form 965-A . . . . .	9	
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	10	90

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

**SCHEDULE C**  
(Form 1040 or 1040-SR)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service (99)

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>Raul Garcia Jr</b>		Social security number (SSN) <b>457-45-5036</b>
A	Principal business or profession, including product or service (see instructions) <b>Journalist</b>	B Enter code from instructions <b>19999999</b>
C	Business name. If no separate business name, leave blank. <b>Valleywood Publications</b>	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) <b>143 Texas Ave.</b> City, town or post office, state, and ZIP code <b>Mercedes, TX 78570</b>	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) <b></b>	
G	Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H	If you started or acquired this business during 2019, check here <input type="checkbox"/>	
I	Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J	If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	<b>18,925</b>
2	Returns and allowances	2	<b>-0-</b>
3	Subtract line 2 from line 1	3	<b>18,925</b>
4	Cost of goods sold (from line 42)	4	<b>-0-</b>
5	Gross profit. Subtract line 4 from line 3	5	<b>18,925</b>
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	<b>-0-</b>
7	Gross income. Add lines 5 and 6	7	<b>18,925</b>

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	<b>946</b>
9	Car and truck expenses (see instructions)	9	<b>2,244</b>	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	<b>802</b>
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	<b>2,162</b>
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	<b>2,625</b>
15	Insurance (other than health)	15	<b>1,866</b>	23	Taxes and licenses	23	<b>362</b>
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	<b>1,026</b>
b	Other	16b		b	Deductible meals (see instructions)	24b	<b>438</b>
17	Legal and professional services	17	<b>150</b>	25	Utilities	25	<b>4,126</b>
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	<b>1,941</b>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	<b>637</b>				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.						

32a ☐ All investment is at risk.  
32b ☐ Some investment is not at risk.

# 457-45-5636

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself. 37

38 Materials and supplies 38

39 Other costs. 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) / /

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

website fees	692
Uniform & Linen	1,249
48 Total other expenses. Enter here and on line 27a	1,941

**SCHEDULE SE**  
(Form 1040 or 1040-SR)

**Self-Employment Tax**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person  
with self-employment income ►

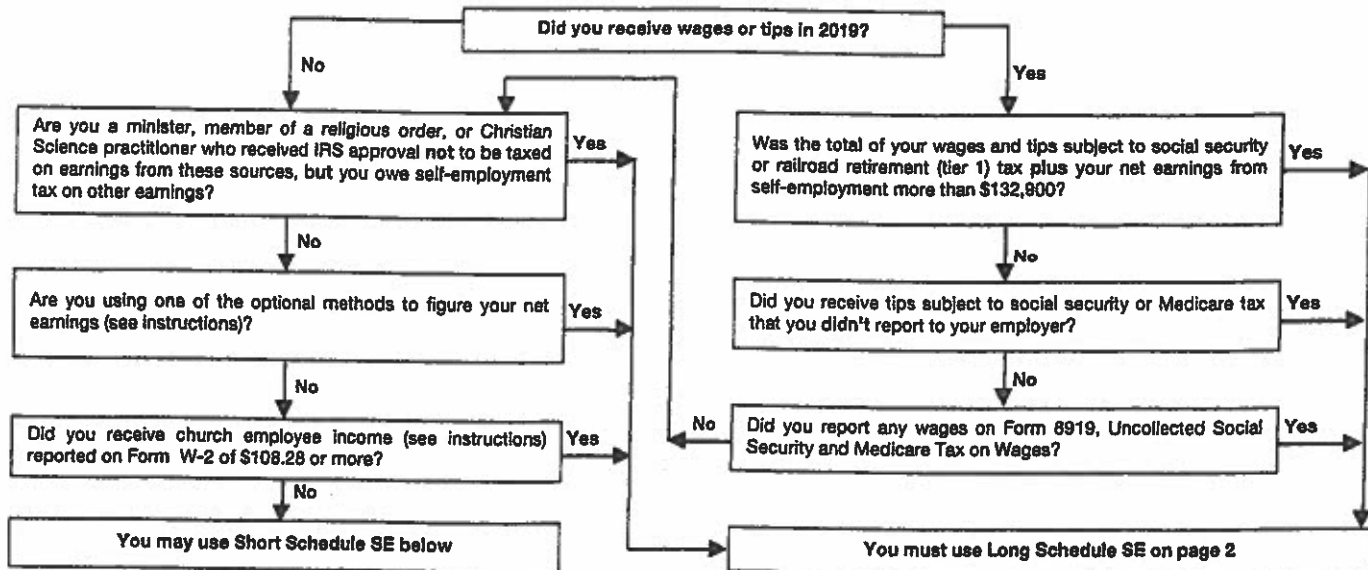
Raul Garcia Jr

457-45-5636

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	1b	( )
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	2	637
3	Combine lines 1a, 1b, and 2 . . . . .	3	637
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b . . . . . ► <b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	588
5	<b>Self-employment tax.</b> If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55 . . . . .	5	90
6	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27 . . . . .	6	45

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040 or 1040-SR) 2019

**SCHEDULE EIC**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Earned Income Credit**

**Qualifying Child Information**

- ▶ Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
- ▶ Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.



OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **43**

Your social security number

**457-45-5636**

**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	Gabriel Rhodes					
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	031-15-7040					
<b>3 Child's year of birth</b>	Year <u>2011</u> <small>If born after 2000 and the child is younger than you or your spouse, if filing jointly, skip lines 4a and 4b; go to line 5.</small>		Year _____ <small>If born after 2000 and the child is younger than you or your spouse, if filing jointly, skip lines 4a and 4b; go to line 5.</small>		Year _____ <small>If born after 2000 and the child is younger than you or your spouse, if filing jointly, skip lines 4a and 4b; go to line 5.</small>	
<b>4 a</b> Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5.</small>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5.</small>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5.</small>	
<b>b</b> Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5.</small> The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5.</small> The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <small>Go to line 5.</small> The child is not a qualifying child.	
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Nephew					
<b>6 Number of months child lived with you in the United States during 2019</b>  • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<u>12</u> months <small>Do not enter more than 12 months.</small>		_____ months <small>Do not enter more than 12 months.</small>		_____ months <small>Do not enter more than 12 months.</small>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 13339M

Schedule EIC (Form 1040 or 1040-SR) 2019



**SCHEDULE 8812**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service (99)

**Additional Child Tax Credit**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.



OMB No. 1545-0074

**2019**

Attachment  
Sequence No. 47

Name(s) shown on return

Raul Garcia Jr

Your social security number

457-45-5636

**Part I All Filers**

**Caution:** If you file Form 2555, stop here; you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). 1040-SR filers: 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	1	<u>2,000</u>
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	<u>1,228</u>
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	<u>772</u>
4	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	<u>1,400</u>
5	Enter the smaller of line 3 or line 4	5	<u>774</u>
6a	Earned income (see instructions)	6a	<u>30,647</u>
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	<u>28,147</u>
8	Multiply the amount on line 7 by 15% (0.15) and enter the result <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	<u>4,222</u>

**Part II Certain Filers Who Have Three or More Qualifying Children**

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	1040 and Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-SR filers: 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10	11	
12	1040 and Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-SR filers: 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 <b>Next, enter the smaller of line 5 or line 14 on line 15.</b>	14	

**Part III Additional Child Tax Credit**

15	This is your additional child tax credit	15	<u>774</u>
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Enter this amount on  
Form 1040, line 18b;  
Form 1040-SR, line 18b; or  
Form 1040-NR, line 64.



**U.S. SMALL BUSINESS ADMINISTRATION  
Disaster Assistance  
Processing and Disbursement Center  
14925 Kingsport Road  
Fort Worth, Texas 76155**

**800-659-2955  
Hearing Impaired  
800-877-8339**

August 07, 2020

Raul GARCIA  
Valleywood Publications  
322 S Virginia Ave  
Mercedes, TX 78570

RE: SBA Disaster Loan Application Number: 3303162522

Dear Raul GARCIA,

In these unprecedented times, we understand the challenges you are facing. The SBA is making every effort to support small businesses, which are the backbone of the American economy. Unfortunately, although we have made every effort to approve your loan request, we are unable to offer you a Economic Injury Disaster Loan (EIDL) for the reason(s) described below.

**Unsatisfactory credit history.**

We evaluated your credit report and related information. Based on the information we obtained, we are regretfully unable to approve your application. We based this decision on information obtained from:

Experian P.O. Box 2104 Allen, TX 75013, (866) 200-6020.

If you disagree with our decision, you may request reconsideration, subject to the availability of funds. You can submit your request to any of the following:

- a. Mail your request to the address at the top of this letter.
- b. Fax your request to: 202-481-5931.
- c. E-mail your request to: [pdcrecons@sba.gov](mailto:pdcrecons@sba.gov).

Your request must:

1. Be in writing and be received by this office as soon as possible (but no later than 6 months from the date of this letter.)
2. Contain all significant information that will overcome the decline/withdrawal reason(s).

We understand that this is a challenging time for your business and for the nation. The SBA has local offices in your community which can refer you to resources that may be able to help you address the underlying reason for your loan denial. For more information on these services, please go to [www.sba.gov/local-assistance](http://www.sba.gov/local-assistance) to locate the email address and phone number for the nearest SBA district office and/or SBA's resource partners. Please call or email for a virtual appointment.

If you have any questions regarding this matter, please contact us at 800-659-2955 (TTY: 1-800-877-8339).

Sincerely,

Application Processing Department

The Federal Equal Credit Opportunity Act, 15 U.S.C. §1691, prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Consumer Response Center, Federal Trade Commission, Washington, D.C. 20580.