

## **13. Discussion and Action: Mercedes Small Business Recovery Grant – Alejandrina Telles**

# Memo

**To:** DCM Board of Directors  
**From:** Melissa Ramirez, Executive Director  
**CC:** File  
**Date:** 8/14/2020  
**Re:** Mercedes Small Business Recovery Grant

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Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

# 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: Alejandrina S. Telles  
Name of Business: Alejandrina S. Telles State Farm Ins. Agency  
Business Type: Insurance and Financial Services  
Address of Business: 7013 E. Expwy 83 Ste C Mercedes, TX 78570  
Email Address: Alejandrina@tellesinsurance.com Phone Number: 956-903-4410

### BUSINESS OWNERSHIP

Tax ID #: 831330379  
Entity Name: Telles Agency  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 1 yr. 10 mths

### 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:     )

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

Yes \_\_\_\_\_ No ✓

Alejandrina S. Telles  
State Farm Ins.  
956-903-4410  
7013 E. Exbury 83 St C  
Mercedes, TX 78570

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. \$ 5000.<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) \$ \_\_\_\_\_
- ☐ Utilities (i.e. electricity, water, phone, internet, etc.) \$ \_\_\_\_\_
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
- ☐ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_
- Total Amount \$ \_\_\_\_\_

Total Grant amount requested from Mercedes DCM: \$ 5000.<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: Wells Fargo

Name of your Bank Officer: \_\_\_\_\_

Have you met with your financial institution (bank) about financial assistance? Yes ☒ No ☐

If no, why not?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Paycheck Protection Program (PPP)

Requested amount: \$15451.00

\_\_\_\_\_ Economic Injury Disaster Loan (EIDL)

Requested amount: \_\_\_\_\_

*\*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.**



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 Telles Agency

Written: Alejandrina S. Telles  
Legal Representative

owner  
Title

Signed:   
Legal Representative

owner  
Title

Signed as Individual: 

Date owner

## 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>ALEJANDRINA S Telles</b>		
2 Business name/disregarded entity name, if different from above <b>TELLES AGENCY</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>7013 E EXPRESS WAY 83</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	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

### 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 ►

**8/07/20**

### 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.

Three Chief Pro, LP

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.

☐ 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) ►

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.

3700 W. Dove Ave., Suite 100-C

Requester's name and address (optional)

6 City, state, and ZIP code

McAllen, TX 78504

7 List account number(s) here (optional)

7013 Expressway 83, Unit C, Mercedes, TX (Alejandrina Telles Insurance Agency)

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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

27 - 0467154

## 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 ►

8/10/2020

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**WELLS FARGO****Check Details**

<b>Check Number</b>	1487
<b>Date Posted</b>	05/11/20
<b>Check Amount</b>	\$1,800.00

<b>Telles Agency</b> Alejandrina S. Telles 7013 E Expwy 83 Ste C Mercedes, TX 78570 956-903-4410		<b>Check No.</b> 1487 <b>DATE</b> 5/07/20
<b>PAY</b> Three Chief Pro		\$ 1800. <sup>00</sup>
<b>TO THE ORDER OF</b> One thousand Eight hundred and xx/100		
Wells Fargo Bank		
<b>FOR</b> Mercedes Plaza Rent		

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

You can see full or partial fronts and backs of the images by using the link at the top of the window.

 Equal Housing Lender



## Check Details

**WELLS FARGO**

Check Number

1487

Date Posted

05/11/20

Check Amount

\$1,800.00

Telles Agency Alejandrina S. Telles 7013 E Expwy 83 Ste C Mercedes, TX 78570 956-903-4410		EZShield <sup>SM</sup> Check Fraud Protection		No.	1487
		DATE		5/07/20	
PAY		Three Chief Pro		\$ 1800. <sup>00</sup>	
TO THE ORDER OF		- One thousand Eight hundred and xx/100		LARS	
Wells Fargo Bank					
Mercedes Plaza					
FOR		Ste C			

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

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 Equal Housing Lender

## Check Details

**WELLS FARGO**

Check Number

1495

Date Posted

06/03/20

Check Amount

\$1,800.00

<b>Telles Agency</b> Alejandrina S. Telles 7013 E. Expwy 83 Ste C Mercedes, TX 78670 958-903-4410		<b>Check</b> No. <b>1495</b>	
DATE <u>6/02/20</u>			
PAY <u>Three Chief Pro LP</u>		\$ <u>1800.00</u>	
TO THE ORDER OF <u>One Thousand Eight hundred and xx/100</u>		DOLLARS	
Wells Fargo Bank			
<u>Mercedes East Plaza</u>			
FOR <u>June Rent</u>			

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

You can see full or partial fronts and backs of the images by using the link at the top of the window.

 Equal Housing Lender

## Check Details

**WELLS FARGO**

check Number

1511

Date Posted

07/08/20

Check Amount

\$1,800.00

<b>Telles Agency</b> Alejandrina S. Telles 7013 E Expwy 83 Ste C Mercedes, TX 78570 956-903-4410		<b>WELLS FARGO</b> Check Fraud Protection No. <b>1511</b>	
DATE <u>7/04/20</u>			
PAY <u>Three Chief Pro L.P.</u>		\$ <u>1800.<sup>00</sup></u>	
TO THE ORDER OF <u>One Thousand Eight hundred and xx/100</u>		DOLLARS	
Wells Fargo Bank			
Mercedes East Plaza Ste C			
FOR <u>July 2020</u>			

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

You can see full or partial fronts and backs of the images by using the link at the top of the window.

 Equal Housing Lender

11:16 AM

08/07/20

Accrual Basis

**Telles Agency**  
**Profit & Loss**  
 February 1 through May 15, 2020

	Feb 1 - May 15, 20	
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
43308 · NFIP Direct Serv EDI	341.55	
40000 · Commission Income		
40100 · Gross Compensation	73,658.00	
40200 · Reportable Benefits	2,266.00	
<b>Total 40000 · Commission Income</b>	<b>75,924.00</b>	
<b>Total Income</b>	<b>76,265.55</b>	
<b>Expense</b>		
60100 · Building Expense		
60105 · Building Repairs & Maintance	94.89	
60110 · Computer and Internet Expenses	982.62	* - Internet
60112 · Janitorial Services	305.00	
60115 · Rent Expense	7,200.00	- Rent
60120 · Security	242.32	
60130 · Telecommunications	561.39	* - Telephones
60150 · Utilities		
60152 · Electricity	658.95	
60154 · Water	441.66	
<b>Total 60150 · Utilities</b>	<b>1,100.61</b>	* - Utilities
<b>Total 60100 · Building Expense</b>	<b>10,486.83</b>	
60200 · Business Development Expenses		
60260 · Marketing Tools	1,250.00	
60280 · State Farm Sales Programs		
60290 · My SF Domain - Website	116.00	
60288 · Echo Co-Op Direct Mail	1,558.76	
60286 · AOC Imprint Novelty Cards	40.32	
<b>Total 60280 · State Farm Sales Programs</b>	<b>1,715.08</b>	
60210 · Advertising and Promotion	2,727.00	
60250 · Dues and Subscriptions	100.00	
60270 · Marketing Materials	1,271.19	
60277 · Sponsorship	323.00	
<b>Total 60200 · Business Development Expenses</b>	<b>7,386.27</b>	
60300 · Employee Expenses		
60307 · CO MEDC	364.07	
60305 · CO FICA (SS)	1,556.69	
60303 · Gross Payroll	25,292.98	- Payroll
<b>Total 60300 · Employee Expenses</b>	<b>27,213.74</b>	
60400 · Other Business Expenses		
60465 · Meals and Entertainment	593.48	
60490 · Tax Expenses		
60496 · SUTA	677.92	
60494 · FUTA	140.37	
<b>Total 60490 · Tax Expenses</b>	<b>818.29</b>	
60402 · Accounting & Bookkeeping	260.00	
60404 · Bank Service Charges	164.43	
60410 · Business Licenses and Permits	82.36	
60450 · Insurance		
60451 · Auto Insurance	284.33	
60453 · Business Office Insurance	179.38	
60455 · Error And Omissions	390.48	
60457 · Personal Umbrella	93.82	
<b>Total 60450 · Insurance</b>	<b>948.01</b>	

**ALEJANDRINA S TELLES**

Report Type: Payroll Summary

PERIOD START

Jan 04, 2020

PERIOD END

Jan 17, 2020

CHECK DATE

Jan 24, 2020

Report Created: 03/12/2020 05:05 PM

**DE LEON, JOHN**

Income Tax State: TX Unemployment State: TX

NET PAY Direct Deposit \$726.70

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	78.75	\$826.88	\$1,288.88	FED WTH	\$36.92	\$37.35	CO FICA	\$51.27	\$79.91
				FICA	\$51.27	\$79.91	CO MEDC	\$11.99	\$18.69
				MEDFICA	\$11.99	\$18.69	CO UNEM-TX	\$21.50	\$33.51
							FUTA	\$4.96	\$7.73
							TX ETIA	\$0.83	\$1.29
<b>TOTAL:</b>	<b>78.75</b>	<b>\$826.88</b>	<b>\$1,288.88</b>		<b>\$100.18</b>	<b>\$135.95</b>		<b>\$90.55</b>	<b>\$141.13</b>

**LOPEZ, ENEDELIA**

Income Tax State: TX Unemployment State: TX

NET PAY Direct Deposit \$678.22

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	64.00	\$768.00	\$1,248.00	FED WTH	\$31.03	\$34.26	CO FICA	\$47.62	\$78.00
Holiday		\$0.00	\$10.00	FICA	\$47.62	\$78.00	CO MEDC	\$11.13	\$18.24
				MEDFICA	\$11.13	\$18.24	CO UNEM-TX	\$19.97	\$32.71
							FUTA	\$4.61	\$7.55
							TX ETIA	\$0.77	\$1.26
<b>TOTAL:</b>	<b>64.00</b>	<b>\$768.00</b>	<b>\$1,258.00</b>		<b>\$89.78</b>	<b>\$130.50</b>		<b>\$84.10</b>	<b>\$137.76</b>

**ORTEGA, ELIZABETH**

Income Tax State: TX Unemployment State: TX

NET PAY Direct Deposit \$629.15

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	76.78	\$691.02	\$1,290.42	FED WTH	\$42.26	\$73.25	CO FICA	\$45.07	\$83.60
OTHER H	4.00	\$36.00	\$36.00	FICA	\$45.07	\$83.60	CO MEDC	\$10.54	\$19.55
Holiday		\$0.00	\$22.00	MEDFICA	\$10.54	\$19.55	CO UNEM-TX	\$18.90	\$35.06
							FUTA	\$4.36	\$8.09
							TX ETIA	\$0.73	\$1.35
<b>TOTAL:</b>	<b>80.78</b>	<b>\$727.02</b>	<b>\$1,348.42</b>		<b>\$97.87</b>	<b>\$176.40</b>		<b>\$79.60</b>	<b>\$147.65</b>

**TONCHE, PATRICIA**

Income Tax State: TX Unemployment State: TX

NET PAY Direct Deposit \$694.85

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	75.38	\$791.49	\$1,490.79	FED WTH	\$74.88	\$138.30	CO FICA	\$51.68	\$96.40
OTHER H	4.00	\$42.00	\$42.00	FICA	\$51.68	\$96.40	CO MEDC	\$12.08	\$22.54
Holiday		\$0.00	\$22.00	MEDFICA	\$12.08	\$22.54	CO UNEM-TX	\$21.67	\$40.42
							FUTA	\$5.00	\$9.33
							TX ETIA	\$0.83	\$1.55
<b>TOTAL:</b>	<b>79.38</b>	<b>\$833.49</b>	<b>\$1,554.79</b>		<b>\$138.64</b>	<b>\$255.24</b>		<b>\$91.26</b>	<b>\$170.24</b>

# **PAYROLL SUMMARY TOTALS**

**NET PAY \$2,728.92**

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	294.91	\$3,077.39	\$5,318.09	FED WTH	\$185.09	\$281.16	CO FICA	\$195.64	\$337.91
OTHER H	8.00	\$78.00	\$78.00	FICA	\$195.64	\$337.91	CO MEDC	\$45.74	\$79.02
Holiday		\$0.00	\$54.00	MEDFICA	\$45.74	\$79.02	CO UNEM-TX	\$82.04	\$141.70
							FEES	\$0.00	\$0.00
							FUTA	\$18.93	\$32.70
							TX ETIA	\$3.16	\$5.45
<b>TOTAL:</b>	<b>302.91</b>	<b>\$3,155.39</b>	<b>\$5,450.09</b>		<b>\$426.47</b>	<b>\$698.09</b>		<b>\$345.51</b>	<b>\$596.78</b>

\*Non-Cash Earnings are not included in the Net Pay amount, but are included in the Period Earnings and YTD Totals.

## **CASH REQUIREMENTS**

**TOTAL CASH REQUIREMENTS \$3,500.90**

ELECTRONIC PAYMENTS		OTHER PAYMENTS	
Direct Deposit Total	\$2,728.92	Paid By Check	\$0.00
Employee Taxes	\$426.47	Employee Deductions	\$0.00
Employer Taxes	\$345.51	Employer Deductions	\$0.00
<b>AMOUNT TRANSMITTED ON 01/22/2020</b>	<b>\$3,500.90</b>	<b>TOTAL:</b>	<b>\$0.00</b>

1/24/20

*[Handwritten signature]*

# PAYROLL SUMMARY TOTALS

NET PAY \$2,227.08

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	222.17	\$2,320.98	\$28,979.90	FP	\$0.00	\$42.37	CO FICA	\$166.71	\$1,894.60
- O/TIME	5.25	\$82.69	\$148.90	MISC 1T	\$129.00	\$273.00	CO MEDC	\$38.98	\$443.09
OTHER H		\$0.00	\$169.50	P/C LIC	\$0.00	\$42.00	CO UNEM-TX	\$69.91	\$794.52
COMM \$		\$285.07	\$1,193.77	P/C SM	\$0.00	\$40.00	FEES	\$0.00	\$0.00
Holiday		\$0.00	\$66.00	TX APP	\$0.00	\$61.13	FUTA	\$7.89	\$173.07
REIMB.		\$0.00	\$185.00	FED WTH	\$126.97	\$1,381.29	TX ETIA	\$2.68	\$30.55
				FICA	\$166.71	\$1,894.60			
				MEDFICA	\$38.98	\$443.09			
TOTAL:	227.42	\$2,688.74	\$30,743.07		\$461.66	\$4,177.48		\$286.17	\$3,335.83

\*Non-Cash Earnings are not included in the Net Pay amount, but are included in the Period Earnings and YTD Totals.

## CASH REQUIREMENTS

TOTAL CASH REQUIREMENTS \$2,974.91

ELECTRONIC PAYMENTS		OTHER PAYMENTS	
Direct Deposit Total	\$2,227.08	Paid By Check	\$0.00
Employee Taxes	\$332.66	Employee Deductions	\$129.00
Employer Taxes	\$286.17	Employer Deductions	\$0.00
AMOUNT TRANSMITTED ON 05/13/2020	\$2,845.91	TOTAL:	\$129.00

5/15/20



**ALEJANDRINA S TELLES**  
Report Type: Payroll Summary

Total Payroll 5/15/20  
30,743.07  
Total Payroll  
1/24/20 5,450.09

PERIOD START  
Apr 25, 2020

PERIOD END  
May 08, 2020

CHECK DATE  
May 15, 2020

Report Created: 06/11/2020 01:04 PM

DE LEON, JOHN

Income Tax State: TX Unemployment State: TX

Payroll Feb - May 15 \$25,292.98

NET PAY Direct Deposit \$1,040.36

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	80.00	\$840.00	\$7,487.35	FED WTH	\$75.01	\$398.83	CO FICA	\$74.88	\$529.85
- O/TIME	5.25	\$82.69	\$90.57	FICA	\$74.88	\$529.95	CO MEDC	\$17.51	\$123.94
OTHER H		\$0.00	\$52.50	MEDFICA	\$17.51	\$123.94	CO UNEM-TX	\$31.40	\$222.24
COMM \$		\$285.07	\$914.21				FUTA	\$0.00	\$42.00
Holiday		\$0.00	\$3.00				TX ETIA	\$1.21	\$8.55
TOTAL:	85.25	\$1,207.76	\$8,547.63		\$167.40	\$1,052.72		\$125.00	\$926.68

GARCIA, CORINA

Income Tax State: TX Unemployment State: TX

NET PAY Direct Deposit \$48.44

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	18.30	\$192.15	\$3,785.97	MISC 1T	\$129.00	\$191.00	CO FICA	\$11.92	\$234.92
Holiday		\$0.00	\$3.00	FED WTH	\$0.00	\$0.00	CO MEDC	\$2.79	\$54.94
				FICA	\$11.92	\$234.92	CO UNEM-TX	\$4.99	\$98.51
				MEDFICA	\$2.79	\$54.94	FUTA	\$1.15	\$22.73
							TX ETIA	\$0.19	\$3.79
TOTAL:	18.30	\$192.15	\$3,788.97		\$143.71	\$480.86		\$21.04	\$414.89

LOPEZ, ENEDELIA

Income Tax State: TX Unemployment State: TX

NET PAY Direct Deposit \$618.93

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	58.00	\$696.00	\$7,002.00	FED WTH	\$23.83	\$258.80	CO FICA	\$43.15	\$444.23
COMM \$		\$0.00	\$150.00	FICA	\$43.15	\$444.23	CO MEDC	\$10.09	\$103.89
Holiday		\$0.00	\$13.00	MEDFICA	\$10.00	\$103.80	CO UNEM-TX	\$18.10	\$186.29
							FUTA	\$3.19	\$42.00
							TX ETIA	\$0.69	\$7.16
TOTAL:	58.00	\$696.00	\$7,165.00		\$77.07	\$806.92		\$75.22	\$783.57

ORTEGA, ELIZABETH

Income Tax State: TX Unemployment State: TX

NET PAY Direct Deposit \$519.35

EARNINGS				EMPLOYEE TAXES & DEDUCTIONS			EMPLOYER TAXES & DEDUCTIONS		
ITEM	VALUES	PERIOD	YTD	ITEM	PERIOD	YTD	ITEM	PERIOD	YTD
REGULAR	65.87	\$592.83	\$6,150.42	FED WTH	\$28.13	\$313.90	CO FICA	\$36.76	\$386.81
- O/TIME		\$0.00	\$9.45	FICA	\$36.76	\$386.81	CO MEDC	\$8.59	\$90.46
OTHER H		\$0.00	\$54.00	MEDFICA	\$8.59	\$90.46	CO UNEM-TX	\$15.42	\$162.22
Holiday		\$0.00	\$25.00				FUTA	\$3.55	\$37.43
							TX ETIA	\$0.59	\$6.23
TOTAL:	65.87	\$592.83	\$6,238.87		\$73.48	\$791.17		\$64.91	\$683.15

# Wells Fargo Business Choice Checking

March 31, 2020 ■ Page 1 of 5

WELLS  
FARGO

ALEJANDRINA S TELLES  
DBA TELLES AGENCY  
819 QUAIL HOLLOW DR  
WESLACO TX 78596-7833

## Questions?

Available by phone 24 hours a day, 7 days a week:  
Telecommunications Relay Services calls accepted

**1-800-CALL-WELLS** (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: [wellsfargo.com/biz](https://wellsfargo.com/biz)

Write: Wells Fargo Bank, N.A. (808)  
P.O. Box 6995  
Portland, OR 97228-6995

## Your Business and Wells Fargo

Visit [wellsfargoworks.com](https://wellsfargoworks.com) to explore videos, articles, infographics, interactive tools, and other resources on the topics of business growth, credit, cash flow management, business planning, technology, marketing, and more.

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com/biz](https://wellsfargo.com/biz) or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

## Activity summary

Beginning balance on 3/1	██████████
Deposits/Credits	██████████
Withdrawals/Debits	██████████
<b>Ending balance on 3/31</b>	<b>██████████</b>
 Average ledger balance this period	 ██████████

Account number: ██████████

**ALEJANDRINA S TELLES**  
**DBA TELLES AGENCY**

*Texas/Arkansas account terms and conditions apply*

For Direct Deposit use  
Routing Number (RTN): 111900659

For Wire Transfers use  
Routing Number (RTN): 121000248

## Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

## Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
3/2		Purchase authorized on 02/28 El Callejon DE Los McAllen TX S380060085142934 Card 3598			
3/2		Purchase authorized on 02/29 Ue-Zipquote 877-2644218 CA S380061221326173 Card 3598			
3/2		Purchase authorized on 03/01 My Sf Domain/Mirus 877-828-3131 IL S380061299336652 Card 3598			
3/2		Purchase authorized on 03/01 Butler/Till 844-736-2844 NY S300061350547202 Card 3598			
3/2		Purchase authorized on 03/01 SE40616 Weslaco TX P00580061776983746 Card 3598			
3/2	1471	Check			
3/3		State Farm Life Cons Coll 200303 39094073 03/02/2020			
3/3	<	Business to Business ACH Debit - Payroll Service 7Ayp 021420 7Ayp 7Ayp Alejandrina S Telles			
3/4		Purchase authorized on 03/03 Magic Valley Elec 956-903-3060 TX S380063551343155 Card 3598		143.38	
3/4		Purchase authorized on 03/03 City of Mercedes U Mercedes TX S380063557149844 Card 3598		119.51	
3/5	<	Business to Business ACH Debit - Payroll Service 7Ayp 022820 7Ayp 7Ayp Alejandrina S Telles		4,051.32	
3/6		Nfp Direct EDI Pymnt 662608 Alejandrina S Telles S	44.40		
3/6		Purchase authorized on 03/04 Sprint *Wireless 800-639-6111 KS S580064636513731 Card 3598		140.00	
3/6		State Farm Justpayit 030520 8551811621 Alejandrina S Telles			
3/9		Purchase authorized on 03/06 Ue-Zipquote 877-2644218 CA S380066547756847 Card 3598			
3/11		Purchase authorized on 03/11 Dollar-Ge 100 S Texas Mercedes TX P00000000732067746 Card 3598			
3/12		Purchase authorized on 03/11 Weslaco Chamber of 956-9682102 TX S580071732858616 Card 3598			
3/12		Purchase authorized on 03/12 SE40612 Weslaco TX P00300073007925719 Card 3598			
3/13		State Farm Agencycomp 532558SA90000000 Telles, Alejandrina S			
3/13		Purchase authorized on 03/12 Ue-Zipquote 877-2644218 CA S580072517095884 Card 3598			
3/13		Purchase authorized on 03/13 Sams Club Sam's Club McAllen TX P00000000177822328 Card 3598			
3/13		Purchase authorized on 03/13 Dulceria Dulceria Y P Donna TX P00000000970284165 Card 3598			
3/13	1473	Check			
3/16		Purchase authorized on 03/14 Dairy Queen Weslaco TX S300074613553159 Card 3598			
3/16	1474	Cashed Check			
3/17		Purchase authorized on 03/16 SE40612 Weslaco TX P00460077037625664 Card 3598			
3/17		Purchase with Cash Back \$ 10.00 authorized on 03/17 Office Depot 00 1406 W. E Weslaco TX P00580077719491806 Card 3598			
3/18		Purchase authorized on 03/16 Spectrum 855-707-7328 TX S460076737284884 Card 3598		327.54	
3/18		Purchase authorized on 03/16 State Farm Insura 800-956-6310 IL S580076752751389 Card 3598			
3/18		State Farm Justpayit 031720 8551811621 Alejandrina S Telles			
3/18		State Farm Bank Phone Pymt 200317 75-232373-20 Alejandrina Telles			
3/19		Purchase authorized on 03/18 TX Dept of Insuran Egov.Com TX S300078600596115 Card 3598			
3/19	<	Business to Business ACH Debit - Online Payroll Payroll 200318 2968067 Alejandrina S *Telles		55.90	
3/19	<	Business to Business ACH Debit - Payroll Service 7Ayp 031320 7Ayp 7Ayp Alejandrina S Telles		4,130.16	

**\*\* MAGIC VALLEY ELECTRIC CO-OP \*\* ELECTRIC**

P O DRAWER 267  
MERCEDES, TX 78570

**Payment  
Receipt**

**Online Bill Payment**

Date: Feb 5, 2020, 10:40:03 am

Method: VISA

Reference number: 642191920019684870

Authorization code: 034511

Account-sub	Payment
331878-001	177.69
Total Paid	177.69

Thank you for your payment!

**\*\* MAGIC VALLEY ELECTRIC CO-OP \*\* ELECTRIC**  
P O DRAWER 267  
MERCEDES, TX 78570

## Payment Receipt

### Online Bill Payment

Date: Mar 3, 2020, 9:17:30 am

Method: VISA

Reference number: 642191920019955070

Authorization code: 010634

Account-sub	Payment
331878-001	143.38
Total Paid	143.38

Thank you for your payment!

**CITY OF MERCEDES**  
 WATER DEPT.  
 P.O. DRAWER 837  
 MERCEDES, TEXAS 78570  
 (956) 565-3114

**SERVICE CODES**  
 WA - Water  
 SE - Sewer  
 GA - Garbage  
 FF - Fire Fee  
 TX - State Tax  
 PD - Past Due  
 BP - Brush Pickup

**RETURN POSTAGE GUARANTEED**

PRE  
 FIRST  
 U.S. PO  
 MER  
 PERU

CODE	METER READING		USAGE	AMOUNT
	PREVIOUS	PRESENT		
				1.69-
CREDIT				
WA	851	857	6	30.18
SE SEWER			6	49.19
GA GARBAGE				19.00
FF FIRE FEE				3.50
BR BRUSH				4.50
TX SALES TAX				1.94

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
01-6010-02	106.
AFTER THIS DATE PAY CROSS	GRO
02/05/2020	117
SERVICE FROM	SERVICE
12/05/2019	01/05/
SERVICE ADDRESS	
7013 E EXPRESSWAY 8	

## CITY OF MERCEDES

REC#: 01029428 3/03/2020 9:28 AM  
 OPLR: W2 TERM: 002  
 REF#: VISA

ACCT #: XXXXXXXXXXXXXXXXXXXX  
 AUTH #: 054652  
 TRAN #: 000000004075  
 TYPE: PURCHASE

TRAN. 1.0000 UTILITY PAYMENT  
 01-6010-02 ALEJANDRINA S TELLES IN:  
 URANCE

PAYMENT ON ACCOUNT 119.51CR  
 \*PAID IN FULL\*

TENDERED: 119.51 CREDIT CARD  
 APPLIED: 119.51-

CHANGE: 0.00

## CITY OF MERCEDES

REC#: 01026323 2/06/2020 9:38  
 OPLR: OM TERM: 003  
 REF#: VISA

ACCT #: XXXXXXXXXXXXXXXXXXXX  
 AUTH #: 055339  
 TRAN #: 000000003542  
 TYPE: PURCHASE

TRAN: 1.0000 UTILITY PAYMENT  
 01-6010-02 ALEJANDRINA S TELLES IN:  
 URANCE

PAYMENT ON ACCOUNT 106.62  
 BALANCE AFTER PAYMENT 10.4

TENDERED: 106.62 CREDIT  
 APPLIED: 106.62-

CHANGE: 0.00



February 3, 2020  
Invoice Number: 0242631020320  
Account Number: 8260 18 011 0242631  
Security Code: 6572  
Service At: 7013 E EXPRESSWAY 83 STE C  
MERCEDES TX 78570-4663

**Contact Us**  
Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
Or, call us at 1-866-519-1263

**Summary** *Service from 02/03/20 through 03/02/20  
details on following pages*

Previous Balance	315.36
Payments Received -Thank You!	-315.36
Remaining Balance	\$0.00
Spectrum Business™ Internet	86.98
Spectrum Business™ Voice	239.94
Taxes, Fees and Charges	0.62
Current Charges	\$327.54
<b>Total Due by 02/20/20</b>	<b>\$327.54</b>

**SPECTRUM BUSINESS NEWS**

NOTE. Taxes, Fees and Charges listed in the Summary only apply to Spectrum Business TV and Spectrum Business Internet and are detailed on the following page. Taxes, Fees and Charges for Spectrum Business Voice are detailed in the Billing Information section.

**Add TV & make wait times more entertaining.** Spectrum Business TV creates a better experience for your customers with over 45 top channels for only \$24.99/mo. when bundled. Call 1-844-970-0648 to take advantage of this limited time offer. Expires 3/16/20.

**Overpaying for mobile service?** Grab your current mobile bill, then visit [SpectrumMobile.com](http://SpectrumMobile.com) to see how much you can save in 3 easy steps with the Spectrum Mobile Savings Calculator. Or, call 1-855-298-8158 to learn more about how much you can save with Spectrum Mobile.

**Thank you for choosing Spectrum Business.**  
We appreciate your prompt payment and value you as a customer.

*pynt  
made  
2/14/20*



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652  
8260 1800 NO RP 03 02042020 NNNNNYNN 01 013273 0047

ALEJANDRINA S TELLES  
7013 E EXPRESSWAY 83 STE C  
MERCEDES TX 78570-4663



February 3, 2020

ALEJANDRINA S TELLES

Invoice Number: 0242631020320  
Account Number: 8260 18 011 0242631  
Service At: 7013 E EXPRESSWAY 83 STE C  
MERCEDES TX 78570-4663

**Total Due by 02/20/20** **\$327.54**  
Amount you are enclosing \$

**Please Remit Payment To:**

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



826018011024263100327544



## Check Details

**WELLS FARGO**

Check Number

1485

Date Posted

05/07/20

Check Amount

\$180.00

<b>Telles Agency</b> Alejandrina S. Telles 7013 E Expwy 83 Ste C Mercedes, TX 78570 956-903-4410		<b>Check No.</b> 1485 <b>DATE</b> 5/06/20	
<b>PAY</b> <u>Elvira Suarez</u>		<b>\$</b> <u>180.00</u>	
<b>TO THE ORDER OF</b> <u>One hundred Eighty and XX/100</u>		<b>DOLLARS</b>	
<b>Wells Fargo Bank</b>			
<b>FOR</b> <u>cleaning of office</u>			

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

You can see full or partial fronts and backs of the images by using the link at the top of the window.

 Equal Housing Lender

## Check Details

**WELLS FARGO**

Check Number

1484

Date Posted

05/07/20

Check Amount

\$35.00

<b>Telles Agency</b> Alexandrina S. Telles 7013 E Expwy 83 Ste C Mercedes, TX 78570 956-903-4410		<b>Check No. 1484</b> <b>DATE 4/30/20</b>	
<b>PAY TO THE ORDER OF</b> <i>Julian Garza</i> <i>— Thirty Five and xx/100 —</i>		<b>\$ 35.00</b>	
<b>Wells Fargo Bank</b>		<b>DOLLARS</b>	
<b>FOR</b> <i>Office Mask Sign</i>			

For your security, information like account numbers, signatures, and the ability to view the backs of checks have been removed from the images.

You can see full or partial fronts and backs of the images by using the link at the top of the window.

 Equal Housing Lender

## **14. Discussion and Action: Mercedes Small Business Recovery Grant – Elida Rizo**

# 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: Elida Rizo  
Name of Business: Fancy Nails & Salon  
Business Type: \_\_\_\_\_  
Address of Business: 601 W. Vermont, Mercedes, Tx. 78570  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### BUSINESS OWNERSHIP

Tax ID #: 46-2027185  
Entity Name: Elida Rizo - Fancy Nails and SPA  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 11

### 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 #: 7 (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 ☒ No ☐

## USE OF FUNDS

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

☒ Rent/mortgage payment. List specific amount. \$ 7,700

☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_

☐ Employee support (salaries, insurance, paid leave) \$ \_\_\_\_\_

☐ Utilities (i.e. electricity, water, phone, internet, etc.) \$ \_\_\_\_\_

☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_

☐ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Total Grant amount requested from Mercedes DCM: \$ 5,000<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: Texas National Bank

Name of your Bank Officer: \_\_\_\_\_

Have you met with your financial institution (bank) about financial assistance? Yes ☐ No ☒

If no, why not? Didn't think we would qualify.

## **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).**

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

☐ Paycheck Protection Program (PPP) Requested amount: \_\_\_\_\_  
☒ Economic Injury Disaster Loan (EIDL) Requested amount: \_\_\_\_\_

*\*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.**

☒ 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 Elida Rizo - Fancy Nails and Spa

Written: Elida Rizo  
Legal Representative

OWNER  
Title

Signed: [Signature]  
Legal Representative

OWNER  
Title

Signed as Individual: Elida Rizo

Date 8-11-2020



## Request for Taxpayer Identification Number and Certification

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

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

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.

Elida Rizo

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

Fancy Nails and Spa

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) ► \_\_\_\_\_

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.

149 N Melton park Dr Num 2

6 City, state, and ZIP code

Mercedes, TX 78570

7 List account number(s) here (optional)

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

4 6 - 2 0 2 7 1 8 5

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ►

## 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

Loren C. M. Baw DIRECTOR



4d DL **03625675**

9 Class **C**

4a Iss **05/07/2019**

4b Exp **08/11/2022**

3 DOB **08/11/1983**

1 **RIZO**

2 **ELIDA Y**

8 **149 N MELTON PARK DR  
MERCEDES TX 78570-0000**

12 Restrictions **NONE**

9a End **NONE**

16 Hgt **5'-07"**

15 Sex **F**

18 Eyes **BRO**

**BRO** 

5 DD **56312910058027578340**

## CHECK IMAGES

06/03/2020 Check 0 \$1,900.00

06/10/2020 Check 0 \$1,800.00

06/10/2020 Check 0 \$50.00

06/15/2020 Check 0 \$1,500.00

06/17/2020 Check 0 \$674.00

06/02/2020 Check 2586 \$655.20

Rent

06/01/2020 Check 2590 \$3,426.00

Rent

06/09/2020 Check 2597 \$2,141.00

06/11/2020 Check 10001 \$476.07

06/09/2020 Check 10002 \$397.10

06/05/2020 Check 10003 \$362.56

06/04/2020 Check 10004 \$292.75

# ATM/POS TRANSACTION SUMMARY

Date	Description	Deposits	Withdrawals
Jul 01	POS PURCHASE NON-PIN VALLEY NAIL SUPPLY MCALLEN TX 999999 *****7447 06/29 22:29		120.48
Jul 01	POS PURCHASE NON-PIN VALLEY NAIL SUPPLY MCALLEN TX 999999 *****7447 06/29 22:43		10.82
Jul 01	POS PURCHASE NON-PIN CORNER STORE 1519 MCALLEN TX 999999 *****7447 06/29 22:52		53.06
Jul 01	POS PURCHASE NON-PIN TMOBILE*AUTO PAY 800-937-8997 WA 999999 *****7447 07/01 10:04		298.53
Jul 03	POS PURCHASE WITH PIN T-MOBILE MERCEDES TX 55284- *****7447 07/02 16:40		30.83
Jul 03	POS PURCHASE WITH PIN H-E-B #485 WESLACO TX 879317 *****7447 07/02 19:59		4.95
Jul 06	POS PURCHASE WITH PIN H-E-B #370 MERCEDES TX 880254 *****7447 07/04 15:37		27.17
Jul 06	POS PURCHASE NON-PIN MOVE IT STORAGE-MERCED 214-389-3939 TX 999999 *****7447 07/03 03:57		2,133.00
Jul 06	POS PURCHASE WITH PIN H-E-B #485 WESLACO TX 879317 *****7447 07/06 12:59		4.95
Jul 06	POS PURCHASE NON-PIN WALMART.COM BENTONVILLE AR 020031 *****7447 07/05 23:14		91.00
Jul 07	POS PURCHASE NON-PIN KENDRA SCOTT ECOMMERCE 8666777023 TX 0673 *****7447 07/06 20:18		64.95
Jul 07	POS PURCHASE NON-PIN ACADEMY SPORTS + OUTDO 2816465564 TX 0000 *****7447 07/07 09:14		25.96
Jul 09	POS PURCHASE NON-PIN VERA BRADLEY 888-855-8372 IN 999999 *****7447 07/01 11:25		32.48
Jul 09	POS PURCHASE WITH PIN WAL SAM'S CLUB 8509 BROWNSVILLE TX 812600 *****7447 07/08 18:27		71.99
Jul 09	POS PURCHASE NON-PIN HP *INSTANT INK 855-785-2777 CA 999999 *****7447 07/08 02:13		21.64
Jul 09	POS PURCHASE NON-PIN JASONS DELI 016 WESLACO TX 999999 *****7447 07/08 04:47		30.46
Jul 09	POS PURCHASE NON-PIN COACHES PHARMACY MERCEDES TX 999999 *****7447 07/08 04:49		17.25
Jul 09	POS PURCHASE NON-PIN APPLE.COM/BILL 866-712-7753 CA 999999 *****7447 07/09 10:03		129.89
Jul 09	POS PURCHASE WITH PIN CVS/PHARM 05651--1602 WESLACO TX 305651 *****7447 07/09 09:13		32.84
Jul 09	POS PURCHASE WITH PIN WALGREENS STORE WESLACO TX 10551T *****7447 07/09 09:31		7.99
Jul 09	POS PURCHASE WITH PIN H-E-B #485 WESLACO TX 879317 *****7447 07/09 09:41		18.12
Jul 09	POS PURCHASE WITH PIN DOLLAR GENERAL # WESLACO TX 430750 *****7447 07/09 09:55		2.00
Jul 10	POS PURCHASE WITH PIN H-E-B #094 MISSION TX 876855 *****7447 07/09 19:06		4.30

Rent

SBA Loan #7795007402

Application #3300454409

**U.S. Small Business Administration**

Economic Injury Disaster Loan

**LOAN AUTHORIZATION AND AGREEMENT**

Date: 05.17.2020 (Effective Date)

On the above date, this Administration (SBA) authorized (under Section 7(b) of the Small Business Act, as amended) a Loan (SBA Loan #7795007402) to FANCY NAILS AND SALON (Borrower) of 601 N VERMONT AVE SUITE 113 MERCEDES Texas 78570 in the amount of one hundred and four thousand four hundred and 00/100 Dollars (\$104,400.00), upon the following conditions:

**PAYMENT**

- Installment payments, including principal and interest, of \$509.00 Monthly, will begin Twelve (12) months from the date of the promissory Note. The balance of principal and interest will be payable Thirty (30) years from the date of the promissory Note.

**INTEREST**

- Interest will accrue at the rate of 3.75% per annum and will accrue only on funds actually advanced from the date(s) of each advance.

**PAYMENT TERMS**

- Each payment will be applied first to interest accrued to the date of receipt of each payment, and the balance, if any, will be applied to principal.
- Each payment will be made when due even if at that time the full amount of the Loan has not yet been advanced or the authorized amount of the Loan has been reduced.

**COLLATERAL**

- For loan amounts of greater than \$25,000, Borrower hereby grants to SBA, the secured party hereunder, a continuing security interest in and to any and all "Collateral" as described herein to secure payment and performance of all debts, liabilities and obligations of Borrower to SBA hereunder without limitation, including but not limited to all interest, other fees and expenses (all hereinafter called "Obligations"). The Collateral includes the following property that Borrower now owns or shall acquire or create immediately upon the acquisition or creation thereof: all tangible and intangible personal property, including, but not limited to: (a) inventory, (b) equipment, (c) instruments, including promissory notes (d) chattel paper, including tangible chattel paper and electronic chattel paper, (e) documents, (f) letter of credit rights, (g) accounts, including health-care insurance receivables and credit card receivables, (h) deposit accounts, (i) commercial tort claims, (j) general intangibles, including payment intangibles and software and (k) as-extracted collateral as such terms may from time to time be defined in the Uniform Commercial Code. The security interest Borrower grants includes all accessions, attachments, accessories, parts, supplies and replacements for the Collateral, all products, proceeds and collections thereof and all records and data relating thereto.
- For loan amounts of \$25,000 or less, SBA is not taking a security interest in any collateral.

## **15. Discussion and Action: Mercedes Small Business Recovery Grant – Chris Desiga**

# Memo

**To:** DCM Board of Directors  
**From:** Melissa Ramirez, Executive Director  
**CC:** File  
**Date:** 8/14/2020  
**Re:** Mercedes Small Business Recovery Grant

---

## Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K



# 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: Christopher Deago  
Name of Business: Texas Express Lube  
Business Type: Mechanic  
Address of Business: 314 W. 2nd St.  
Email Address: cdago69@yahoo.com Phone Number: 472-5874

### BUSINESS OWNERSHIP

Tax ID #: 1463445563  
Entity Name: Texas Express Lube  
Name of business owner (if different from above): Marta Deago - Chris Deago  
Number of years in business: \_\_\_\_\_

### 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.

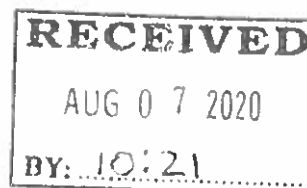
### PERSONNEL

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

Full-time Employees #: 2 (Part-time # employees: 2)

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. \$ 1,400

☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$           

☒ Employee support (salaries, insurance, paid leave) \$ 1,500<sup>00</sup>

☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 2,100<sup>00</sup>

☒ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ 400<sup>00</sup>

☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 100<sup>00</sup>

Total Amount \$           

Total Grant amount requested from Mercedes DCM: \$ 5,000<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: Texas National Bank

Name of your Bank Officer: Janie Rogers

Have you met with your financial institution (bank) about financial assistance? Yes ☐ No ☒

If no, why not? Don't want a loan

## **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).**

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

NA Paycheck Protection Program (PPP) Requested amount: \_\_\_\_\_  
NA Economic Injury Disaster Loan (EIDL) Requested amount: \_\_\_\_\_

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

If not, why not?

Don't want a loan

## 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.**

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

CD 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.)

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

CD 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.

CD 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.

CD 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

Toro Express Ltd

Written: \_\_\_\_\_

Legal Representative

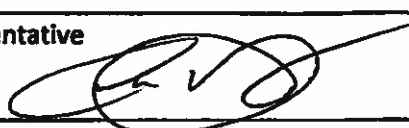
\_\_\_\_\_ Title

Signed: \_\_\_\_\_

Legal Representative

\_\_\_\_\_ Title

Signed as Individual: \_\_\_\_\_



\_\_\_\_\_ Date

# 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. <i>Chris Taylor Design</i>		
2 Business name/disregarded entity name, if different from above <i>Texas Express Life</i>		
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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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) _____  (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. <i>314 W. 2nd St.</i>		Requester's name and address (optional)
6 City, state, and ZIP code <i>Merced, TX 76670</i>		
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	4	9	-	9	3	-	9	3	0
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 ► <i>Aug 12, 2020</i>
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## General Instructions

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

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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.

Texas

USA  
TX

DRIVER LICENSE



4d DL 18993854 9 Class C  
4a Iss 04/17/2019 4b Exp 04/06/2025  
3 DOB 04/06/1983

1 DESIG  
2 CHRISTOPHER ERIC

8 4472 PEDRO MARTINEZ  
MERCEDES TX 78570-4612

*[Signature]*

12 Restrictions NONE 2a End NONE  
15 Hgt 5'-10" 15 Sex M 15 Eyes BRO  
5 DD 20312910142107708840



TERIAL ALL PARTS NEW UNLESS SPECIFIED U-USED R-REBUILT RC-RECONDITIONED

Estimated cost \$ \_\_\_\_\_ Estimate Charge \_\_\_\_\_ Basis for Charge \_\_\_\_\_

☐ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.  
☐ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.  
☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

checked lines apply (Preparer must check at least one):

— This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If cancel repairs prior to their completion for any reason, a year-down and replacement fee of \$\_\_\_\_\_ will be applied.

SIGNED Don 1/27/03

DATE \_\_\_\_\_

GT3870  
09.11

Check #

1078

Account Name

BUSINESS CHECKING \*9677

Status


Posted


Transaction Type

Debit

Memo

Teller Check

<b>TEXAS EXPRESS LUBE</b> PH 936-472-5874 314 W. 2ND ST. MURFREESBORO, TX 38570		68-2712/1143	<b>1078</b>
		DATE	7-15-20
PAY TO THE ORDER OF <u>Christopher Berger</u>		\$ 1,400.00	
<u>one thousand four hundred</u>		DOLLARS	
 1-800-652-1852 www.texasnational.com			
MEMO <u>rent</u>		<u>Alan Davis</u>	
⑆114920128⑆ 1001009677⑈ 1078			

<u>rent posted</u>	07152020 002982001680730 114920128	
--------------------	------------------------------------	---



# Teller Check

-\$1,400.00

07/31/2020

Check # 1086

Account Name BUSINESS CHECKING \*9677

Status Posted

Transaction Type Debit

Memo Teller Check

TEXAS EXPRESS LUBE		68-2012/1149	1086
PII 956-472-5874			
314 W. 2ND ST.		DATE 7-31-20	
MERCEDER, TX 76370			
PAY TO THE ORDER OF <i>Chris Harsad</i>		\$ 1,400 <sup>00</sup>	
<i>Chris Harsad</i>		DOLLARS	1400
Texas National Bank			
MEMO Payroll			
⑆ 114920128⑆ 1001009677⑆ 1086			

07312020 002982001727370 114920128

# Teller Check

-\$700.00

08/07/2020

Check # 1088

Account Name BUSINESS CHECKING \*9677

Status Posted

Transaction Type Debit

Memo Teller Check

TEXAS EXPRESS LUBE		88-26:2/1149	1088
PH 956-172-5874			
314 W. 2ND ST.			
MERCEDRS, TX 78570		DATE <u>Aug 7, 2020</u>	
PAY TO THE ORDER OF <u>Christina Dorsey</u>		\$ <u>700.00</u>	
<u>seven hundred dollars</u>		DOLLARS	
Texas National Bank		1-800-452-1000	www.texasnational.com
MEMO <u>Payroll</u>		<u>Alan Dorsey</u>	
⑆114920128⑆ 1001009677⑈ 1088			

08072020 002982001751280 114920128		CHICK 1001009677
------------------------------------	--	------------------



G5 Internet Services  
<https://www.g5internet.com>

Aug 3, 2020

## Payment Receipt

Receipt Number 5838

Credit Card payment applied to account Desiga, Christopher in the amount of \$51.98 on Aug 3, 2020

Balance Due	\$0.00
-------------	--------

### Credits Applied

\$51.98 applied to invoice 6706 dated Aug 1, 2020

## Payment Receipt from Texas State Alarm

From: Billing Department (mailservice@alarmbiller.com)

To: cdesiga69@yahoo.com

Date: Monday, August 3, 2020, 09:06 AM CDT

**Texas State Alarm**

## Payment Receipt from Texas State Alarm

Dear Christopher Desiga,

This email is a confirmation that we have processed Payment 91763 on your account for the amount of \$40.59, using your credit card ending in 6846 on 8/3/2020.

**Thank you for being a valued Texas State Alarm customer!**

[Texas State Alarm](#). [billing@texasstatealarm.com](mailto:billing@texasstatealarm.com). **Powered by sedonaone**

# Payment Confirmation

## Confirmation

Dear CHRISTOPHER DESIGA,

Thank you for submitting a payment request for your NEC Co-op Energy account. This email is to confirm that you authorized NEC Co-op Energy to process a payment for your electric account.

Below are the details of your request:

Status/Response	APPROVED
Ref Number	0-Success
Payment Amount	482574176
Process Time	\$49.76
Payment Type	2020-08-03 09:57:57
Account Number	Onetime
Name	2005280030
ACH/Card Info	CHRISTOPHER DESIGA
	Card Type: Master
	Card Number: *****6846
	Exp Date: 11/2022

*proch  
payment light*

Your payment information has been forwarded to your financial institution for processing. Your transaction may be processed as early as today and it could take up to (3) business days to post to your NEC Co-op Energy account if funds are approved.

Sincerely,

**Member Service**  
NEC Co-op Energy  
[www.neccoopenergy.com](http://www.neccoopenergy.com)  
PH: 855-632-7348

NEC Co-op Energy | 14353 Cooperative Ave., Robstown, TX 78380 | 855.632.7348 | PUCT License # 10166X

NEC Co-op Energy respects your privacy. This is a secure site. We will not share your information with any third party outside of our organization, other than as necessary to fulfill your request.



## Payment Confirmation

X

✓ Thank you for scheduling your payment online.

Your confirmation number is  
**0990022582**

An email has been sent to you at  
**cdesiga69@yahoo.com**

### Payment Details



*employee insurance credit*

**CARECREDIT / SYNCHRONY BANK (...6560)**

Payment Amount  
**\$ 150.00**

Payment Method  
**tnb checking (\*-9677)**

Payment Date  
**08/03/2020**

Submitted Date  
**08/03/2020**

Submitted Time  
**09:47:09 AM ET**

Mercedes, TX / Utility Billing / Payment Cart / Payment Receipt

# Payment Receipt

Thank you for your payment. Please allow 1 to 2 business days for processing.

**Confirmation Number**

3LR34P5KCR

**Paid To**

Mercedes, TX - Utility Billing

**Payment Method**

Mastercard (ends in 6846)



## Payment Summary - 8/3/2020 8:50 AM

Account	Account #	Address	Current Balance	Amount Paid
Account #: 06-0412-03	06-0412-03	314 W 2ND ST	\$105.14	\$105.14
Address: 314 W 2ND ST			Due 8/5/2020	
Current Balance: \$105.14				
Due 8/5/2020				
Subtotal			\$105.14	
Municipal Online Payments Fee *			\$1.25	
Total			<b>\$106.39</b>	

\* Municipal Online Payments Fee will appear as a separate charge on your statement

Your payment has been received. Please print this page or write down your confirmation number. An email containing this information was sent to cdesiga69@yahoo.com. Return to the Mercedes, TX - Utility Billing home page.

**Online Services**

- Utility Billing Home
- Manage Accounts
- Email Reminder Settings

**Need Help?**

- Contact Us
- 956-565-3114

**Announcement**

Water Department Hours are Monday through Friday from 8am to 5pm. **Walk-in payments will not be accepted after 4:30 pm.**



**Key Performance Petroleum**  
(formerly Kolkhorst Petroleum Co.)  
P.O. Box 410  
Navasota, TX 77868  
(936) 825-6868

**Invoice No:** I101349-20  
**Invoice Date:** Thu 08/06/2020  
**Delivery Date:** Tue 08/04/2020  
**Account ID:** 2085

**Original**

**Bill To:**

Texas Express Lube & Auto LLC  
314 W Second St  
Mercedes, TX 78570

**Ship To:**

ID: 1  
Same As Sold To

**Order No:** R128756-20  
**Salesperson:** Lindsay Clark

**Reference No.:** 106495

**P.O. No:**

**Please pay from invoice! Remit to PO Box 410, Navasota, TX 77868**  
**Central Texas Orders 936-825-6868 South Texas Orders 956-440-8888**

Product				Billing			
Warehouse	Description	Package	Quantity	Unit	Quantity	Unit Price	Total
909	PRIMUS 5W30 Syn Blind SN GF-5	Gal	50.0000	Gallon	50.0000	4.50000	243.56

**Invoice Total**

**\$243.56**

**\*\*\*\*Payment Terms Summary\*\*\*\***

Due by Sat 09/05/2020 (Due 30 days from Invoice date)

243.56



**Snap-on Tools Order**

Order Date - 8/4/2020 12:31:33

AG Tool Company  
Sold By: Alfredo Villarreal  
Address: 1215 E Gin Dr  
PIHARR, TX 78577-

Sold To: CHRISTOPHER DESIGA  
Address: 4472 PEDRO MARTINEZ ST  
MERCEDES, TX 78570-

Account Type: No Sale  
Invoice #: 080420141778

Phone: 956-309-1855

Phone: 956-472-5874

Tax Exempt #:

PO #:

Part #	Qty	Description	Line Type	Price	Discount	Total	Tax
--------	-----	-------------	-----------	-------	----------	-------	-----

- Wear safety goggles
- Use the right tool
- Use the tool properly
- Maintain the tool regularly

SubTotal 0.00  
MERCEDES, TX 0.00 % Tax 0.00  
Freight 0.00  
Grand Total 0.00

AccountType	Previous Balance	Purchases	Total	Payment	New Balance
RA	0.00		0.00	0.00	0.00
EC 122713274	7,643.16		7,643.16	70.00	Pending

Method of Payment: Credit Card MASTERCARD 70.00  
x6846:  
Authorization #: 024676  
TOTAL PAYMENTS: 70.00

## SOC Transaction History - 122713274

Date	Description	Invoice No.	Charge Amount	Credit Amount	Current Balance
8/1/2020	FINANCE CHARGE		114.36		7,643.16
7/31/2020	PRINCIPAL PMT	072820141495		50.00	7,528.80
7/27/2020	PRINCIPAL PMT	072120141258		50.00	7,578.80
7/13/2020	PRINCIPAL PMT	070720140731		12.61	7,628.80
7/13/2020	FIN CHG PMT	070720140731		37.39	7,641.41

X

X

THANK YOU  
CALL AGAI

1 DEPT 100  
1 DEPT 100  
1 DEPT 100  
1 DEPT 100  
1 DEPT 100  
1 DEPT 100  
1 DEPT 100  
1 DEPT 100  
1 DEPT 100  
1 DEPT 100

REG 06-01-2020 15

BORDERLAND HARDWARE  
205 2ND STREET  
MERCEDES, TX 78570  
(956) 565-2181

BORDERLAND HARDWARE  
205 2ND STREET  
MERCEDES, TX 78570  
(956) 565-2181

Merchant ID: 5406  
Term #: 8902  
Store #: 1001  
Ref #: 0002

### Sale

XXXXXXXXXXXX6846  
MASTERCARD Entry Method: Chip  
Total: \$ 25.69

05/27/20 08:42:03  
Inv #: 000002 Appr Code: 097942  
Transaction ID: 0527NDBJAYSX4  
Apprvd: Online Batch#: 000065  
Mastercard Debit  
AID: A0000000041010  
TSI: 6800  
TVR: 8000008000

Customer Copy  
THANK YOU!

BORDERLAND HARDWARE  
205 2ND STREET  
MERCEDES, TX 78570  
(956) 565-2181

Merchant ID: 5406  
Term #: 8901  
Store #: 1001  
Ref #: 0026

### Sale

XXXXXXXXXXXX6846  
MASTERCARD Entry Method: Chip  
Total: \$ 20.31

7/13/20 17:04:24  
Inv #: 000026 Appr Code: 088835  
Transaction ID: 0713NDBS382V0  
Apprvd: Online Batch#: 000057  
Mastercard Debit  
AID: A0000000041010  
TSI: 6800  
TVR: 8000008000

Customer Copy  
THANK YOU!

BORDERLAND HARDWARE  
205 2ND STREET  
MERCEDES, TX 78570  
(956) 565-2181

Merchant ID: 5406  
Term #: 8902  
Store #: 1001  
Ref #: 004

### Sale

XXXXXXXXXXXX6846  
MASTERCARD Entry Method: Chip  
Total: \$ 31.9

07/23/20 13:51:3  
Inv #: 000049 Appr Code: 09627  
Transaction ID: 0723NDBU94ASR  
Apprvd: Online Batch#: 00011  
Mastercard Debit  
AID: A0000000041010  
TSI: 6800  
TVR: 8000008000

Customer Copy  
THANK YOU!

BORDERLAND HARDWARE  
205 2ND STREET  
MERCEDES, TX 78570  
(956) 565-2181

Merchant ID: 5406  
Term #: 8902  
Store #: 1001  
Ref #: 0046

### Sale

XXXXXXXXXXXX6846  
MASTERCARD Entry Method: Chip  
Total: \$ 5.59

08/05/20 15:08:54  
Inv #: 000046 Appr Code: 060656  
Transaction ID: 0805NDBG4N3WN  
Apprvd: Online Batch#: 000124

Mastercard Debit  
AID: A0000000041010  
TSI: 6800  
TVR: 8000008000

Customer Copy  
THANK YOU!

BORDERLAND HARDWARE  
205 2ND STREET  
MERCEDES, TX 78570  
(956) 565-2181

Merchant ID: 5406  
Term #: 8902  
Store #: 1001  
Ref #: 0002

### Sale

XXXXXXXXXXXX6846  
MASTERCARD Entry Method: Chip  
Total: \$ 19.49

04/30/20 08:35:11  
Inv #: 000002 Appr Code: 050567  
Transaction ID: 0430NDBYANOCJ  
Apprvd: Online Batch#: 000042

Mastercard Debit  
AID: A0000000041010  
TSI: 6800  
TVR: 8000008000

Customer Copy  
THANK YOU!

Clearing Supplies

<b>TEXAS EXPRESS LUBE</b>		88-2212/1143	<b>1078</b>
PH 936-472-3874			
314 W. 2ND ST.			
MURFREESBORO, TX 78570		DATE <u>7-15-20</u>	
PAY TO <u>Christopher Lopez</u>		\$ <u>1,400.00</u>	
FOR: ORDER OF <u>one thousand four hundred and no/100</u>		DOLLARS @ <u>PER</u>	
<b>Texas</b> National Bank		1-888-662-1622 www.texasnational.com	
MEMO <u>rent</u>		<u>Alan Lopez</u>	
⑆114920128⑆ 1001009677⑈ 1078			



[Financial Center](#)   [Accounts](#)   [Pay and Transfer](#)   [Customer Service](#)


Transaction Detail

Here's a summary of your completed transaction. You may add a note or categorize this transaction now. When you're done, click "Save changes."

Completed on: 08/06/2020  
Number: 1087  
Description: Teller Check  
Amount: \$1,000.00  
Transaction type: CHECK


*payroll*

Personal note (optional).

Category (optional). **Not Categorized**   
[Add a new category to the list](#)

[Previous transaction](#) • [Next transaction](#) • [Return to Account Activity](#)

[How Do I...?](#)   [Terms](#)   [FAQs](#)

<b>TEXAS EXPRESS LUBE</b>		08-2012/1149	<b>1076</b>
PH: 956-472-3874 314 W. 2ND ST. MERCEDOS, TX 78570		DATE <u>7-10-20</u>	
PAY TO <u>Christy D. [Signature]</u>		\$ <u>1,640.00</u>	
1st CROWN OF <u>one Hundred six hundred and 40/100</u>		DOLLARS & 00/100	
 1-800-832-7682 www.texasnationalbank.com		<u>[Signature]</u>	
MEMO <u>payroll [Signature]</u>			
⑆1114920128⑆ 1001009677⑆ 1076			

TEXAS EXPRESS LUBE

PH. 956-472-5874  
314 W. 2ND ST  
MERCEDES, TX 78570

68-2012/1143

1080

PAY TO THE ORDER OF

*Charles D. Daye*


\$ 780<sup>00</sup>

DATE

7-17-20

Seven hundred & eighty dollars

DOLLARS



1-800-602-1802  
www.texasnational.com

MEMO

*payroll mechanics*

*Ch. Daye*

⑆114920128⑆ 1001009677⑈ 1080

AMERICAN

<b>TEXAS EXPRESS LUBE</b>		88-2012/1149	1086
PIT 956-472-5874			
314 W. 2ND ST.			
MERCEDES, TX 78570		DATE <u>7-31-20</u>	
PAY TO THE ORDER OF <u>Mr. Harsad [Signature]</u>		\$ <u>1,400<sup>00</sup></u>	
MEMO <u>Payroll</u>		DOLLARS	
<b>Texas National Bank</b> 1-800-623-1962 www.texasnationalbank.com			
		[Signature]	
⑆114920128⑆ 1001009677⑈ 1086			

TEXAS EXPRESS LUBE

88-2012/1149

1077

PH 956-472-5874

314 W. 2ND ST.

MERCERSBURG, TX 78570

DATE

7-13-20

PAY TO

THE ORDER OF

Texas  
National Bank1-800-663-1258  
www.texasnationalbank.com

MEMO

bills

Handwritten signature

DOLLARS

0

CENTS

\$ 280.00

⑆114920128⑆ 1001009677⑆ 1077



TEXAS EXPRESS LUBE		88-2612/11-3	1083
PH 956-472-5874			
314 W. 2ND ST.			
MERCEDES, TX 78570		DATE 7-24-20	
PAY TO THE ORDER OF <u>Christopher DeSage</u>		\$ 1,375 <sup>00</sup>	
<u>one thousand three hundred and seventy five and 00/100 DOLLARS</u>			
Texas National Bank			
MEMO <u>tools</u>		<u>Alan DeSage</u>	
⑆114920128⑆ 1001009677⑆ 1083			

## **16. Discussion and Action: Mercedes Small Business Recovery Grant – Guadalupe Cano**

# Memo

**To:** DCM Board of Directors  
**From:** Melissa Ramirez, Executive Director  
**CC:** File  
**Date:** 8/14/2020  
**Re:** Mercedes Small Business Recovery Grant

---

Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

**Subject:** Re: Small Business Grant Application - Moore

**Date:** Wednesday, August 12, 2020 at 12:23:37 PM Central Daylight Time

**From:** Monica Rodriguez

**To:** Rose Saenz

Good afternoon,

They have not applied for a home base business. They are located inside city limits. They do not have a Certificate of Occupancy.

Thank you,  
Monica

On Wed, Aug 12, 2020 at 10:49 AM Rose Saenz <[rsaenz@mercedesedc.com](mailto:rsaenz@mercedesedc.com)> wrote:  
Hi Monica,

I am working on the Moore's Small Business Grant Application and I have some questions.

Can you please provide the following information for Moore's Ride, Food and Concessions:

Is their business a home business?

Is their address in the city limits? Address 8416 Mile 2 E Rd Mercedes, TX 78570

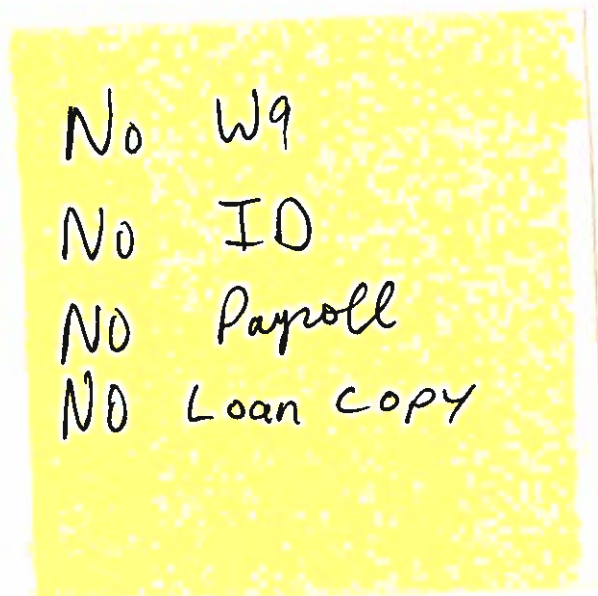
Do they have a certificate of Occupancy?

Thank you,

Rose Saenz  
Mercedes EDC  
956-565-2230 X2

--  
Thank you,

Monica Rodriguez  
Planner/Code Enforcer  
956-565-3114 Ext. 130



No W9  
No ID  
No Payroll  
No Loan copy



# PRESS RELEASE

(August 5, 2020)

The Mercedes City Commission met on August 4, 2020 and approved a small business relief program that will be funded through its allotment of CARES Act Monies. Below are some highlights for this program for small businesses that were negatively affected by COVID-19.

- Small business must be a bona fide business inside the city limits, that was legally operational on or before February 1, 2020.
- Awards will be on a first come/first served basis.
- Small business must not be a home-based operation (home occupation)
- Restaurants with a maximum of 9 employees are eligible to apply.
- Applicants with a maximum of 9 employees are eligible; 10 FT+ on staff are not.
- Small businesses from 1 - 3 employees are eligible to get a max of \$3000 (proposed)
- Small businesses from 4 - 9 employees are eligible to get a max of \$5000 (proposed)
- Awarded funds are primarily earmarked to assist with operating expenses such as payroll, mortgage, rent, utilities (electrical, gas), etc.
- If monies are used for rent, mortgage, electrical, gas, etc., then the checks will be specifically made for these companies, landlord, etc.; if for payroll, then the recipient will have 45 calendar days to provide documentation that all funds were used for this purpose...if this is lacking, the funds will be due back immediately.
- Except for small restaurants, the applicant small business was required to close as a 'non-essential' business and remained 'closed' until authorized to re-open.
- The applicant small business must be in good standing in regard to city property taxes, sales taxes (if applicable).
- The DCM and Hollis Rutledge & Associates will both be reviewing the documentation & eligibility of applicants. The official action of the DCM Board will provide formal action based on the criteria, documentation, etc.

You may contact Axel Vallecio, City Manager's Executive Secretary at:  
[avallecio@cityofmercedes.com](mailto:avallecio@cityofmercedes.com); or call (956) 565-3261.

Applications are available 'on-line' on the City of Mercedes' main website, too. Once completed, you may scan and email it back to: [smallbuscare2020@cityofmercedes.com](mailto:smallbuscare2020@cityofmercedes.com).

(956) 565-3114 • P.O. Box 837 • Mercedes, Texas 78570



The City of Mercedes

Page Liked · August 6 ·

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Comment

Share



Write a comment...

# 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: Guadalupe D. Cano  
Name of Business: MOORE'S Ride, Food And Concessions  
Business Type: Carnival  
Address of Business: 8416 Mile 2 East Rd.  
Email Address: moorejulieann1993@gmail.com Phone Number: (956) 998-2819

## BUSINESS OWNERSHIP

Tax ID #: 3-20661-1553-9  
Entity Name: MOORE'S Ride, Food And Concessions  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 5

## 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 #: 3 (Part-time # employees:     )

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

Yes      No ✓

RECEIVED  
8/10/20  
Joseph M.

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. \$ \_\_\_\_\_
- ☒ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_
- ☐ Employee support (salaries, insurance, paid leave) \$ \_\_\_\_\_
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ \_\_\_\_\_
- ☒ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

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: Security First Credit Union

Name of your Bank Officer: \_\_\_\_\_

Have you met with your financial institution (bank) about financial assistance? Yes ☒ No ☐

If no, why not?

\_\_\_\_\_  
\_\_\_\_\_

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

☐ Paycheck Protection Program (PPP) Requested amount: \_\_\_\_\_  
☒ Economic Injury Disaster Loan (EIDL) Requested amount: \$6,000.00

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

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.**

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

M.C. 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.)

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

M.C. 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.

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

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

M.C. 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 Moore's Ride, Food AND concessions

Written: Guadalupe Dave Cano  
Legal Representative

Owner/manager  
Title

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

\_\_\_\_\_  
Title

Signed as Individual: Guadalupe D. Cano

Date 8-11-2020



## 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).

## **17. Discussion and Action: Mercedes Small Business Recovery Grant – Jaime Perez**

# Memo

**To:** DCM Board of Directors  
**From:** Melissa Ramirez, Executive Director  
**CC:** File  
**Date:** 8/14/2020  
**Re:** Mercedes Small Business Recovery Grant

---

## Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

## 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: Jaime Perez  
Name of Business: South Texas Automart DBA Weslaco Automart  
Business Type: used car dealership  
Address of Business: 1649 E. Exp 83 Mercedes Tx 78570  
Email Address: weslacautomart@gmail.com Phone Number: 956-294-5001

### BUSINESS OWNERSHIP

Tax ID #: 3 20561 6231 9  
Entity Name: South Texas Automart LLC  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 5.

### 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 #: 5 (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. \$ \_\_\_\_\_
- ☒ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ 150
- ☒ Employee support (salaries, insurance, paid leave) \$ 17,600 monthly
- ☐ Utilities (i.e. electricity, water, phone, internet, etc.) \$ \_\_\_\_\_
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 80450.

Total Amount \$ \_\_\_\_\_

Total Grant amount requested from Mercedes DCM: \$ 5,000.

(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: BBVA

Name of your Bank Officer: Jan Rouen

Have you met with your financial institution (bank) about financial assistance? ☒ Yes ☐ No

If no, why not?

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

\_\_\_\_\_ Paycheck Protection Program (PPP) Requested amount: \_\_\_\_\_  
 \_\_\_\_\_ Economic Injury Disaster Loan (EIDL) Requested amount: \_\_\_\_\_

\*Provide proof of application provided via attachment.

If not, why not?

Only applied under my other business, Weslaco Automart.

## 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.**

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

JP 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.)

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

JP 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.

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

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

JP 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

South Texas Automart LLC

Written:

Jaime Perez  
Legal Representative

Owner  
Title

Signed:

[Signature]  
Legal Representative

Title

Signed as Individual:

Date

8-7-2020

## 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; and copy of the applicants' ID.
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).

# 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.

**JAIME EDUARDO PEREZ**

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

**SOUTH TEXAS AUTOMART 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) ►

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) ►

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.

**1649 E EXPRESSWAY 83**

6 City, state, and ZIP code

**MERCEDES TX 78570**

7 List account number(s) here (optional)

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

8 1 - 4 6 7 4 0 9 9

## 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 ► **8/10/20**

## 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.



Dear SOUTH TEXAS AUTOMART,

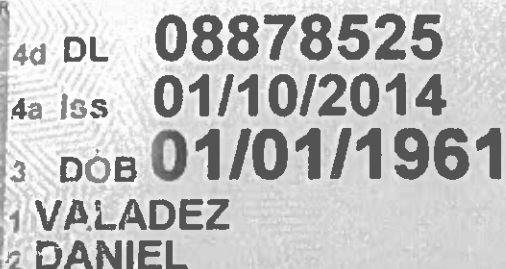
This is to confirm that a payment has been received and will be posted to your account.

Status/ Response	APPROVED
Ref number	2008050053S2889
Payment Amount	\$645.80
Process Time	2020-08-05 06:46:08
Payment type	Autopay
Customer Number	<u>7086216</u>



USA  
TX

# DRIVER LICENSE



8 2324 N KENNEDY DRIVE  
WESLACO TX 78596

## 12 Restrictions A

9a End **NONE**

16 Hgt **5-09**

15 Sex **M** 18 Eyes **BRO**

5 DD 02619480015110498818



Daniel Velazquez

# SERVICE CONTRACT

<u>APPLICANT INFORMATION</u>		
<u>BUSINESS NAME</u>	<u>PHONE NUMBER</u>	<u>EMAIL ADDRESS</u>
Weslaco auto mart	(956) 472-6627	Weslacoautomart@gmail.com
<u>BUSINESS ADDRESS</u>	<u>CITY/STATE/ZIP</u>	
1649 e expressway 83 mercedes texas		
<u>BUSINESS ADDRESS (MORE THAN ONE)</u>	<u>CITY/STATE/ZIP</u>	
2500 e expressway 83 weslaco texas		

## SERVICE INSTALLATION BREAKDOWN

First Service Date: 07/07/2020 Time: 6:30 pm

Length of Service Contract: 3 meses 1  
OCCURANCE PER MONTH

## PAYMENT METHOD

\$ 350 + Tax AMOUNT PER APPLICATION

PAYMENT METHOD  
CASH/CHECK

## TERMS

I understand that Clean Master will not be responsible for damages that can be caused during and after product have been applied.

I understand that a follow up application should be done at least once per month.

By signing this document I understand that if contract is breached half of final price will be owed to Clean Master.

Purchaser: 

Date: 07/07/20

Representative: 

Date: 07/07/20

**956-246-4150**

## CHECK A

8-1-20

Simon A. Hernandez Jr.

\$ 300<sup>00</sup>

THREE Hundred

~~2~~DOLLARS

BBVA USA

Westaco TX

CR

payroll

006087 1:113010547: 6727729818

☐ CHECK BOX FOR MOBILE/REMOTE DEPOSIT

THE USE OF FEDERAL INSTITUTIONS IN THE AGENTS

Chemical Wash  
Detection Box

COLOR INSIDE THIS BOX  
SHOULD BE WHITE

REPUTATION FOR HIGH SECURITY  
CHECKS EXTREMELY DIFFICULT TO FALSIFY  
SECURITY FEATURES DO NOT CASH IF

DO NOT CASH IF:

• If the pattern not visible when

- Pick back and chain from door

© 1997 by The McGraw-Hill Companies, Inc.

[illegible]

**SECRET**

• **State of Georgia** •

- I can look back on this with appreciation
- I can look forward with excitement

[illegible]

Doors are not visible under  
the 10' light!

[illegible]

• An individual's culture is a set of shared values, beliefs, and behaviors that influence how they think, feel, and act.

19 NOV 3  
DEC 18  
D-MN

# Texas

## DRIVER LICENSE

USA  
TX



4d DL **02940853**

9 Class **C**

4a Iss **03/28/2018**

4b Exp **05/11/2024**

3 DOB **05/11/1972**

1 **VALADEZ**

2 **ALBERT**

8 **915 E WASHINGTON**  
**WESLACO TX 78596-0000**

12 Restrictions **NONE**

9a End **NONE**

16 Hgt **5'-08"**

15 Sex **M**

18 Eyes **BRO**

5 DD **25619880035208888288**

*AV*

3

4

26



SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM



WESLACO AUTOMART LLC  
2500 E. EXPRESSWAY 83  
WESLACO, TX 78596  
956-246-4150

6101

35 1094/1130  
15341

DATE 8-7-20

CHECK AMOUNT

PAY  
TO THE  
ORDER OF

Albert Valadez

\$ 2000.00

Two thousand and 00/100

DOLLARS

BBVA BBVA USA  
Weslaco, TX



FOR

payroll

⑈006101⑈ ⑆113010547⑆ 6727729818⑈

0200807008930779718340

0200807008930779718340

OFFICIAL WESLACO  
LOCATION BOX

550-20's

BOX FOR  
X

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL-HOLOGRAM



WESLACO AUTOMART LLC  
2500 E. EXPRESSWAY 83  
WESLACO, TX 78596  
956-246-4150

6089

35-1054,1130  
16341

DATE 8-1-20

CHECK #

AY  
D THE  
RDER OF

Ricardo Campos Jr

\$ 650<sup>00</sup>

Six Hundred and fifty

DOLLARS

BBVA BBVA USA  
Wesaco, TX

OR

payroll

006089 1130105471 6727729818

*[Handwritten signature]*

☐ CHECK BOX FOR MOBILE/REMOTE DEPOSIT  
WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

Wells Fargo  
For Deposit Only  
Barri Location # 510018  
ABA 443021727  
Acct 4123512162

*[Handwritten signature]*

Wells Fargo Bank, N.A.  
Member FDIC  
Equal Housing Lender  
Member SBA 8(a) Lender  
Member SBA 504 Lender  
Member SBA 7(a) Lender  
Member SBA 7(b) Lender  
Member SBA 7(c) Lender  
Member SBA 7(d) Lender  
Member SBA 7(e) Lender  
Member SBA 7(f) Lender  
Member SBA 7(g) Lender  
Member SBA 7(h) Lender  
Member SBA 7(i) Lender  
Member SBA 7(j) Lender  
Member SBA 7(k) Lender  
Member SBA 7(l) Lender  
Member SBA 7(m) Lender  
Member SBA 7(n) Lender  
Member SBA 7(o) Lender  
Member SBA 7(p) Lender  
Member SBA 7(q) Lender  
Member SBA 7(r) Lender  
Member SBA 7(s) Lender  
Member SBA 7(t) Lender  
Member SBA 7(u) Lender  
Member SBA 7(v) Lender  
Member SBA 7(w) Lender  
Member SBA 7(x) Lender  
Member SBA 7(y) Lender  
Member SBA 7(z) Lender

Wells Fargo Bank, N.A.  
Member FDIC  
Equal Housing Lender  
Member SBA 8(a) Lender  
Member SBA 504 Lender  
Member SBA 7(a) Lender  
Member SBA 7(b) Lender  
Member SBA 7(c) Lender  
Member SBA 7(d) Lender  
Member SBA 7(e) Lender  
Member SBA 7(f) Lender  
Member SBA 7(g) Lender  
Member SBA 7(h) Lender  
Member SBA 7(i) Lender  
Member SBA 7(j) Lender  
Member SBA 7(k) Lender  
Member SBA 7(l) Lender  
Member SBA 7(m) Lender  
Member SBA 7(n) Lender  
Member SBA 7(o) Lender  
Member SBA 7(p) Lender  
Member SBA 7(q) Lender  
Member SBA 7(r) Lender  
Member SBA 7(s) Lender  
Member SBA 7(t) Lender  
Member SBA 7(u) Lender  
Member SBA 7(v) Lender  
Member SBA 7(w) Lender  
Member SBA 7(x) Lender  
Member SBA 7(y) Lender  
Member SBA 7(z) Lender



OCT 29  
DEC 13

15

OCT 30  
DEC 14

**Texas**

USA  
TX

**DRIVER LICENSE**



4d DL **13523345**

9 Class **C**

4a Iss **07/11/2018**

4b Exp **03/20/2024**

3 DOB **03/20/1970**

1 **CAMPOS**

2 **RICARDO JR**

8 **516 ROBERT LANE**  
**ALAMO TX 78516-0000**

12 Restrictions **NONE**

9a End **NONE**

16 Hgt **6'-03"**

15 Sex **M**

18 Eyes **BRO**

5 DD **12312890175111038348**

*Ricardo Campos*

-140

NOV 12  
DEC 27

29

NOV 13  
DEC 28

## **18. Discussion and Action: Mercedes Small Business Recovery Grant – Jesse Ledesma**

# Memo

**To:** DCM Board of Directors  
**From:** Melissa Ramirez, Executive Director  
**CC:** File  
**Date:** 8/14/2020  
**Re:** Mercedes Small Business Recovery Grant

---

## Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

Mercedes DCM Office  
NE Ohio/4<sup>th</sup> St.  
Mercedes, TX 78570

11 August 2020

To Whom it May Concern:

Thank you very much for extending this opportunity for me to submit this grant application with respect to my business.

As a sole proprietor and loyal member of this community for about 15 years now, 2020 has particularly been a challenge for me. Despite the personal risk I take every day to provide State inspections and oil changes to the public, I do feel it is *essential* to make sure drivers are commuting safely and legally throughout our roads and highways—especially during these uncertain times. Like everyone else, much care is taken in making sure my place of business is safe and sanitized for customers to feel secure when they visit.

Even with much precaution, customer traffic has been slow these past couple of months. I humbly ask that you consider my request for relief so that I can have some assistance with my mortgage/utility bills.

Respectfully,

*Jesse Ledesma*

Owner, Ledesma 505  
[ledesmajesse.505@gmail.com](mailto:ledesmajesse.505@gmail.com)  
505 N. Vermont  
Mercedes, TX 78570



## 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: Jesus Ledesma  
Name of Business: Ledesma 505  
Business Type: Vehicle State Inspections / Oil Changes  
Address of Business: 505 N. Vermont  
Email Address: ledesmajesse.505@gmail.com Phone Number: 956.245.9158

### BUSINESS OWNERSHIP

Tax ID #: 3-20529-2785-5  
Entity Name: Ledesma 505  
Name of business owner (if different from above): Same  
Number of years in business: 15

### 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 ✓



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.

\$ 5,040.<sup>18</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) \$ \_\_\_\_\_

☐ Utilities (i.e. electricity, water, phone, internet, etc.) \$ \_\_\_\_\_

☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_

☐ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_

Total Amount \$ 5,040.<sup>18</sup>

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: Texas National

Name of your Bank Officer: Edika Gutierrez

Have you met with your financial institution (bank) about financial assistance? Yes ☐ No ☒

If no, why not?

Financial assistance was never offered as an option.

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

       Paycheck Protection Program (PPP) Requested amount:                       
       Economic Injury Disaster Loan (EIDL) Requested amount:                     

\*Provide proof of application provided via attachment.

If not, why not? I was not aware that these programs were available.

### 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.

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

  JL   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.)

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

  JL   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.

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

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

  JL   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 Ledesma 505

Written: Jesús Ledesma  
Legal Representative

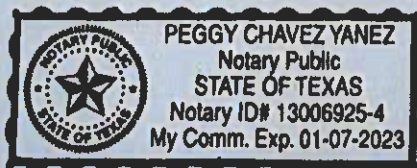
Business Owner  
Title

Signed: [Signature]  
Legal Representative

Vehicle State Inspector  
Title

Signed as Individual: [Signature]

Date 8-10-22



3.

Peggy Chavez Yanez  
My Commission Expires: 01-07-2023



## 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.  
**JESUS LEDESMA**

2 Business name/disregarded entity name, if different from above  
**DBA LEDESMA 505**

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) **P**

☐ Other (see instructions) **P**

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.  
**505 N VERMONT AVE**

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

7 List account number(s) here (optional)

8 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

3	9	0	-	8	6	-	0	1	0	2
---	---	---	---	---	---	---	---	---	---	---

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

## 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.



**JESUS LEDESMA**  
 169 N MELTON PARK 2  
 MERCEDES, TEXAS 75370

DATE 7.9.20

PAY TO THE ORDER OF Jesus Ledesma \$ 300

Three Hundred DOLLARS

FOR Payroll


\*001548\* 01149201280 150001493\*

1548  
 05-2020

07/09/2020

Check 1548

\$300.00


**Texas** USA  
 DRIVER LICENSE  
 Director: *Steven C. McRae*

**DRIVER LICENSE**

4d. DL: **15226727**

3. DOB: **04/08/1980**

1. **LEDESMA**  
 2. **JESUS**

8. **169 N MELTON PARK 2**  
**MERCEDES, TX 75370**


12. Rest: **NONE**

9. Class: **C**  
 4b. Exp: **04/08/2026**  
 4a. Iss: **05/13/2020**

16. Hgt: **5'-05"** 15. Sex: **M** 18. Eyes: **BRO**

5. DD: **08629080055153558530**

04/08/1980



JESUS LEDESMA  
 034 LEDESMA ST  
 685 N VERMONT AVE  
 MERCED, TEXAS 76869

1528

DATE 4-10-20

PAY TO THE ORDER OF Texas National Bank \$ 1,560.18

one Thousand Five Hundred Sixty and 18/100 DOLLARS

FOR payment and principal

001528 4114920128 150001493

4/10/2020 Check 1528 \$1,560.18

JESUS LEDESMA  
 034 LEDESMA ST  
 685 N VERMONT AVE  
 MERCED, TEXAS 76869

1537

DATE 5-21-20

PAY TO THE ORDER OF Texas National Bank \$ 1,740

One Thousand Seven Hundred Forty and 00/100 DOLLARS

FOR payment and principal

001537 4114920128 150001493

05/21/2020 Check 1537 \$1,740.00



JESUS LEDESMA  
1714 LINDEN RD  
635 N VINCENY AVE  
MERCED, TEXAS 76860

DATE 7.7.20

PAY TO THE ORDER OF TEXAS National Bank \$ 1,740

One Thousand Seven Hundred Forty and 00/100 DOLLARS

for payment on principal

0001546 01149201280 1500011930

07/07/2020

Check 1546

\$1,740.00

**1040** U.S. Individual Income Tax Return (99) **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space

**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: JESUS Last name: LEDESMA Your social security number: 390-86-0102

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. Apt. no. \_\_\_\_\_  
169 N MELTON PARK DRIVE 2

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
MERCED TX 78570-

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_ If more than four dependents, see instructions and check 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) <input checked="" type="checkbox"/> d qualifies for (see instructions)	Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1** Wages, salaries, tips, etc. Attach Form(s) W-2 **1** 12,200

**2a** Tax-exempt interest **2a** \_\_\_\_\_

**3a** Qualified dividends **3a** \_\_\_\_\_

**4a** IRA distributions **4a** \_\_\_\_\_

**c** Pensions and annuities **4c** \_\_\_\_\_

**5a** Social security benefits **5a** \_\_\_\_\_

**6** Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

**7a** Other income from Schedule 1, line 9 **7a** -1,889

**b** Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income. **7b** -1,889

**8a** Adjustments to income from Schedule 1, line 22 **8a** 1,060

**b** Subtract line 8a from line 7b. This is your adjusted gross income. **8b** -2,949

**9** Standard deduction or itemized deductions (from Schedule A). **9** 12,200

**10** Qualified business income deduction. Attach Form 8995 or Form 8995-A. **10** 0

**11a** Add lines 9 and 10. **11a** 12,200

**b** Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-. **11b** 0

**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.

Form **1040** (2019)

JESUS LEDESMA  
CASA LEDESMA 503  
503 N VERMONT AVE  
MERCED, TEXAS 76370

1532

DATE 4-30-20

PAY TO THE ORDER OF Jesus Ledesma \$300

Three Hundred 00/100 DOLLARS

FOR pay check

TEXAS

⑆001532⑆ ⑆114920128⑆ 150001493⑆

04/30/2020

Check 1532

\$300.00

JESUS LEDESMA  
CASA LEDESMA 503  
503 N VERMONT AVE  
MERCED, TEXAS 76370

1534

DATE 5-7-20

PAY TO THE ORDER OF Jesus Ledesma \$300

Three Hundred 00/100 DOLLARS

FOR pay check

TEXAS

⑆001534⑆ ⑆114920128⑆ 150001493⑆

05/07/2020

Check 1534

\$300.00

## **19. Discussion and Action: Mercedes Small Business Recovery Grant – Fidel Bonilla**

# Memo

**To:** DCM Board of Directors  
**From:** Melissa Ramirez, Executive Director  
**CC:** File  
**Date:** 8/14/2020  
**Re:** Mercedes Small Business Recovery Grant

---

## Recommendation:

1. Marisa de Leon: Approve \$5K
2. Raquel Pina: Approve \$4910
3. Martha Adame: Approve \$3000
4. Mario Dominguez: Deny- No Certificate of Occupancy
5. Mario Dominguez, Jr. : Approve \$5K
6. Alejandrina Telles: Approve \$5K
7. Elida Rizo: Approve \$5K
8. Chris Desiga: Approve \$5K
9. Guadalupe Cano: Deny- No Certificate of Occupancy
10. Jaime Perez: Approve \$5K
11. Jesse Ledesma: Deny- No Certificate of Occupancy
12. Fidel Bonilla: Approve \$5K

# 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: Fidel Bonilla  
Name of Business: Pineda Enterprises LLC DBA Salinas meat market  
Business Type: meat market / grocery store  
Address of Business: 1002 W. 1st St Mercedes TX 78570  
Email Address: Salinasmeatmarket@yahoo.com Phone Number: 956-903-11354

### BUSINESS OWNERSHIP

Tax ID #: 3-20559-3893-3  
Entity Name: Pineda Enter Prises LLC  
Name of business owner (if different from above): Salinas meat market  
Number of years in business: 6

### 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: 3)

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

Yes \_\_\_\_\_ No +



Is your business operated as a sole proprietorship?

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

## USE OF FUNDS

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

X Rent/mortgage payment. List specific amount.

\$ 2,600

\_\_\_\_\_ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_

\_\_\_\_\_ Employee support (salaries, insurance, paid leave)

\$ \_\_\_\_\_

X Utilities (i.e. electricity, water, phone, internet, etc.)

\$ 2,488.82

X Expenses associated with increased material costs from suppliers or alternate suppliers. \$ 1,866.22

X Purchase of COVID-19 supplies for business protection/cleaning.

\$ 253.07

Total Amount \$ 7,208.11

Total Grant amount requested from Mercedes DCM: \$ \_\_\_\_\_

(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: Chase Bank

Name of your Bank Officer: John Ozuna

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

If no, why not?

Because the branch is closed, and they are not attending customers.



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

☐ Paycheck Protection Program (PPP) Requested amount: \_\_\_\_\_  
☒ Economic Injury Disaster Loan (EIDL) Requested amount: \_\_\_\_\_

*\*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.**

☒ 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 Pineda Enterprises LLC DBA Salinas meat market

Written: Fidel Bonilla  
Legal Representative

manager  
Title

Signed: Fidel A. Bonilla  
Legal Representative

\_\_\_\_\_  
Title

Signed as Individual: \_\_\_\_\_

Date 08/08/2020

# TEXAS SALES AND USE TAX PERMIT

*This permit is not transferable, and this side must be prominently displayed in your place of business.*

*Retainers: A seller may NOT accept a copy of this permit in lieu of a properly completed exemption or resale certificate. A certificate is necessary to document why tax is not collected on a sale.*

*You must obtain a new permit if there is a change of ownership, location, or business location name.*

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

PINEDA ENTERPRISES LLC

SALINAS MEAT MARKET

1002 W 1ST ST

MERCEDES

HIDALGO COUNTY

TX 78570-2513

Type of permit	SALES AND USE TAX
Taxpayer number	3-20559-3893-3
Location number	00001
First business date of location	10/01/2015

NAICS: 445210 Meat Markets

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

CITY: MERCEDES

EFF: 10/01/2015

*Glenn Hegar*  
Glenn Hegar  
Comptroller of Public Accounts

*You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business.*

*For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.*

*If you have any questions regarding sales tax, visit our website at [www.comptroller.texas.gov](http://www.comptroller.texas.gov) or call us at 1-800-252-5555.*

**Detach here and prominently display your permit only. Retain the portion below for your records.**

## Is the Information Printed on this Permit Correct?

The information printed on your permit is public information. It must be accurate and current. If there is an error, make corrections on the form below. Enter the correct information for incorrect items only. Detach the form and mail it to:

Comptroller of Public Accounts  
111 E. 17th Street  
Austin, TX 78774-0100

More helpful information about your permit is on the back of this document.

## Texas Sales and Use Tax Permit Corrections Form

Taxpayer name shown on the permit <b>PINEDA ENTERPRISES LLC</b>		<b>If you need to make changes to your local sales tax authorities or to the NAICS code printed on your permit, see information on the back of this form.</b>	
Taxpayer number shown on the permit <b>32055938933</b>	Location number shown on the permit <b>00001</b>		
Correct business location name .			
Correct business location (no P.O. Box or directions accepted) .			
City .	State .	ZIP code .	County .
Correct taxpayer name .		Daytime phone (Area code and number) .	
Correct mailing address .			
City .	State .	ZIP code .	Federal Employer Identification Number .
If you are no longer in business, enter the date of your last business transaction. _____			
sign Taxpayer or authorized agent		Date	



# 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>Fidel Bonilla</b>		
2 Business name/disregarded entity name, if different from above <b>Pineda Enterprises LLC DBA Salinas Meat Market</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>1002 W. 1st Street</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										
			-				-			
or										
Employer identification number										
3	0	-	0	8	6	8	5	6	6	

## 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 ► <i>Fidel A. Bonilla</i>	Date ► <i>08/08/2020</i>
-----------	--	--------------------------

## 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

USA  
TX



4d DL 17915450 9 Class C  
4a Iss 06/13/2019 4b Exp 08/01/2025

3 DOB 08/01/1977

1 BONILLA  
2 FIDEL ANGEL

6 17832 NICOLAS LN  
WESLACO TX 78589-0000

12 Restrictions NONE 14 End NONE

15 Hgt 5'-10" 16 Sex M 18 Eyes BRO

6 DD 40312910164133408767

*Fidel A. Bonilla*

<b>RECEIPT</b>		DATE <u>8-1-20</u>	No. <u>302300</u>
RECEIVED FROM <u>MR Fidel Bonilla</u>		<u>\$ 2600</u> <sup>00</sup>	
<u>1002 West 1st</u>		DOLLARS	
<input checked="" type="radio"/> FOR RENT <input type="radio"/> FOR <u>Two thousand six hundred</u>			
ACCOUNT		<input type="radio"/> CASH <input checked="" type="radio"/> CHECK <input type="radio"/> MONEY ORDER <input type="radio"/> CREDIT CARD	FROM <u>Maria de la O</u> TO <u>Fidel Bonilla</u>
PAYMENT <u>#1599</u>			BY <u>M C O</u>
BAL. DUE			

Salinas Meat Market 1

1599

08/01/2020	Maria Concepcion de la O	Original Amount	Balance Due	Payment
Date	Type	2,600.00	2,600.00	2,600.00
08/01/2020	Bill	Reference		
		302300		
		Check Amount		

2,600.00

Pineda Enterprises 2

PRODUCT SSLT104 USE WITH 91663 ENVELOPE

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

55AF91 SLKDK03 05/08/2020 23.39 -101-

3458606700

**CHASE** for BUSINESS

Printed from Chase for Business

\$2,600.00




Total

Aug 3, 2020

Post date

1599

Check #

		<b>CHASE</b> JPMorgan Chase Bank, N.A. www.Chase.com 32-61/1110		1599
Salinas Meat Market 1 1002 W. 1st St MERCEDES, TX 78570 956-903-4354		08/01/2020		
PAY TO THE ORDER OF		\$2,600.00		
Maria Concepcion de la O		DOLLARS		
Two thousand six hundred and 00/100				
MEMO				
Maria Concepcion de la O 155 N. Washinton Tx Mercedes, TX 78570 USA				
0001599 1111000614 515183199				

**CHASE** *for* BUSINESS

Printed from Chase for Business

\$2,600.00

Total

Aug 3, 2020

Post date

1599

Check #

20200803008739009618340



# Salinas Meat Market # 1

## TRANSACTION REPORT

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
<b>Utilities</b>								
07/06/2020	Expense		City Of Merced	ORIG CO NAME:CITY OF MERCEDES ORIG ID:746001715 DESC DATE:200706 CO ENTRY DESCR:UTILITY DDSEC:PPD TRACE#:114920122087831 EED:200706 IND ID: 1882087831TC IND NAME:FIDEL BONILLA TRN:	Utilities	Pineda Enterprises	239.17	239.17
07/10/2020	Expense		Reliant Energy	RELANT ENERGY	Utilities	2 Visa Business	1,473.59	1,712.76
07/16/2020	Expense		Time Warner Cable	Online Payment 9938883183 To Tim er Warner Cable Business 07/16	Utilities	2 Pineda Enterprises	139.97	1,852.73
07/17/2020	Expense		Texas State Alarm, LLC	4TE*TEXAS STATE ALARM, LL	Utilities	2 Visa Business	71.42	1,924.15
07/21/2020	Expense		Texas Gas Services	Online Payment 9938883148 To TEX AS GAS SERVICE 07/21	Utilities	2 Pineda Enterprises	160.19	2,084.34
07/22/2020	Expense		T-Mobile	TMOBILE*AUTO PAY	Utilities	2 Visa Chase ink	174.49	2,258.83
07/22/2020	Expense		Reliant Energy	RELANT ENERGY	Utilities	6689 Visa Business	133.85	2,392.68
07/23/2020	Bill	8770	VENIBRA PEST CONTROL	8770	Utilities	Cash 9026	81.19	2,473.87
07/26/2020	Expense		LOGISTMATICS	LOGISTMATICS	Utilities	Payable Visa Chase ink	14.95	2,488.82
Total for Utilities							\$2,488.82	
TOTAL							\$2,488.82	



# 941 for 2020: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950120

OMB No. 1545-0029

Employer identification number (EIN)			30-0868566		
Name (not your trade name) PINEDA ENTERPRISES LLC					
Trade name (if any) Salinas Meat Market # 1					
Address 1002 W 1ST ST					
Number		Street		Suite or room number	
MERCEDES		TX		78570	
City		State		ZIP code	
Foreign country name		Foreign province/county		Foreign postal code	

## Report for this Quarter of 2020 (Check one.)

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

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 07/13/20 OSP

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

### Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	8																												
2	Wages, tips, and other compensation	2	23,060.74																												
3	Federal income tax withheld from wages, tips, and other compensation	3	478.94																												
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.																													
<table border="1"> <thead> <tr> <th></th> <th>Column 1</th> <th></th> <th>Column 2</th> </tr> </thead> <tbody> <tr> <td>5a</td> <td>Taxable social security wages</td> <td>23,060.74 × 0.124 =</td> <td>2,859.53</td> </tr> <tr> <td>5a (i)</td> <td>Qualified sick leave wages</td> <td>× 0.062 =</td> <td></td> </tr> <tr> <td>5a (ii)</td> <td>Qualified family leave wages</td> <td>× 0.062 =</td> <td></td> </tr> <tr> <td>5b</td> <td>Taxable social security tips</td> <td>× 0.124 =</td> <td></td> </tr> <tr> <td>5c</td> <td>Taxable Medicare wages &amp; tips</td> <td>23,060.74 × 0.029 =</td> <td>668.76</td> </tr> <tr> <td>5d</td> <td>Taxable wages &amp; tips subject to Additional Medicare Tax withholding</td> <td>× 0.009 =</td> <td></td> </tr> </tbody> </table>					Column 1		Column 2	5a	Taxable social security wages	23,060.74 × 0.124 =	2,859.53	5a (i)	Qualified sick leave wages	× 0.062 =		5a (ii)	Qualified family leave wages	× 0.062 =		5b	Taxable social security tips	× 0.124 =		5c	Taxable Medicare wages & tips	23,060.74 × 0.029 =	668.76	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
	Column 1		Column 2																												
5a	Taxable social security wages	23,060.74 × 0.124 =	2,859.53																												
5a (i)	Qualified sick leave wages	× 0.062 =																													
5a (ii)	Qualified family leave wages	× 0.062 =																													
5b	Taxable social security tips	× 0.124 =																													
5c	Taxable Medicare wages & tips	23,060.74 × 0.029 =	668.76																												
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =																													
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	3,528.29																												
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f																													
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	4,007.23																												
7	Current quarter's adjustment for fractions of cents	7	0.01																												
8	Current quarter's adjustment for sick pay	8																													
9	Current quarter's adjustments for tips and group-term life insurance	9																													
10	Total taxes after adjustments. Combine lines 6 through 9	10	4,007.24																												
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a																													
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b																													
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c																													

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

Next ►

Name (not your trade name)

PINEDA ENTERPRISES LLC

Employer identification number (EIN)

30-0868566

**Part 1: Answer these questions for this quarter. (continued)**

- 11d Total nonrefundable credits. Add lines 11a, 11b, and 11c . . . . . 11d
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 . . . 12
- 13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . 13a
- 13b Deferred amount of the employer share of social security tax . . . . . 13b
- 13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 . . . 13c
- 13d Refundable portion of employee retention credit from Worksheet 1 . . . . . 13d
- 13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d . . . 13e
- 13f Total advances received from filing Form(s) 7200 for the quarter . . . . . 13f
- 13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e . 13g
- 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . 14
- 15 Overpayment. If line 13g is more than line 12, enter the difference  Check one: ☐ Apply to next return. ☐ Send a refund.

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

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter  Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

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

REV 07/13/20 OSP

Next ▶▶

Name (not your trade name)

PINEDA ENTERPRISES LLC

Employer identification number (EIN)

30-0868566

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

- 17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . . ☐ Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages . . . . . 19
- 20 Qualified health plan expenses allocable to qualified family leave wages . . . . . 20
- 21 Qualified wages for the employee retention credit . . . . . 21
- 22 Qualified health plan expenses allocable to wages reported on line 21 . . . . . 22
- 23 Credit from Form 5884-C, line 11, for this quarter . . . . . 23
- 24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) . . . . . 24
- 25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) . . . . . 25

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

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

☐ Yes. Designee's name and phone number  Select a 5-digit personal identification number (PIN) to use when talking to the IRS. ☐ No.

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

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

**X**

Sign your name here

*Lisa Hyde*Print your name here  
Print your title here

Lisa Hyde

Agent in Fact

Date 07/16/2020

Best daytime phone (888) 927-7478

**Paid Preparer Use Only**Check if you're self-employed . . . . . ☐Preparer's name PTIN Preparer's signature Date Firm's name (or yours if self-employed) EIN Address Phone City  State ZIP code

2:06 PM  
08/08/20

**Salinas Meat Market # 1**  
**Payroll Summary**  
February 2020

	Cinthia I Rodriguez		Edwin Oceguera		Fernando E. Pineda-Santos		Fidel A. ...
	Hours	Rate	Hours	Rate	Hours	Rate	Hours
<b>Employee Wages, Taxes and Adjustments</b>							
Gross Pay							
Hourly	140	7.25	86.33333	7.25	29.75	7.25	160
Overtime (x1.5) hourly		0.00		0.00		0.00	
Total Gross Pay	140	1,015.00	86.33333	625.92	29.75	215.69	160
Deductions from Gross Pay							
Child Support		0.00		0.00		0.00	
Total Deductions from Gross Pay		0.00		0.00		0.00	
Adjusted Gross Pay	140	1,015.00	86.33333	625.92	29.75	215.69	160
Taxes Withheld							
Federal Withholding		-6.00		0.00		0.00	
Medicare Employee		-14.72		-9.07		-3.13	
Social Security Employee		-62.93		-38.81		-13.37	
Medicare Employee Addl Tax		0.00		0.00		0.00	
Total Taxes Withheld		-83.65		-47.88		-16.50	
Deductions from Net Pay							
Shoes For Crews		0.00		0.00		0.00	
Total Deductions from Net Pay		0.00		0.00		0.00	
Net Pay	140	931.35	86.33333	578.04	29.75	199.19	160
Employer Taxes and Contributions							
Federal Unemployment		6.09		3.76		1.29	
Medicare Company		14.72		9.07		3.13	
Social Security Company		62.93		38.81		13.37	
TX - Unemployment		3.14		1.94		0.67	
Total Employer Taxes and Contributions		86.88		53.58		18.46	

**Salinas Meat Market # 1**  
**Payroll Summary**  
February 2020

	Fidel A Bonilla		Maria J Bianco Pineda		Victor M Rodelo		Virginia D Pineda	
	Rate	Feb 20	Hours	Rate	Feb 20	Hours	Rate	Hours
<b>Employee Wages, Taxes and Adjustments</b>								
Gross Pay								
Hourly	7.25	1,160.00	50	7.25	362.50	55.25	7.25	160
Overtime (x1.5) hourly		0.00		10.88	0.00		10.88	14
								7.50
Total Gross Pay		1,160.00	50		362.50	55.25		174
Deductions from Gross Pay								
Child Support		-325.84			0.00			
Total Deductions from Gross Pay		-325.84			0.00			
Adjusted Gross Pay		834.16	50		362.50	55.25		174
Taxes Withheld								
Federal Withholding		0.00			-8.00			0.00
Medicare Employee		-12.09			-5.25			-5.81
Social Security Employee		-51.72			-22.47			-24.84
Medicare Employee Addl Tax		0.00			0.00			0.00
Total Taxes Withheld		-63.81			-35.72			-30.65
Deductions from Net Pay								
Shoes For Crews		0.00			0.00			0.00
Total Deductions from Net Pay		0.00			0.00			0.00
Net Pay		770.35	50		326.78	55.25		174
Employer Taxes and Contributions								
Federal Unemployment		5.01			2.17			2.41
Medicare Company		12.09			5.25			5.81
Social Security Company		51.72			22.47			24.84
TX - Unemployment		3.59			1.13			1.24
Total Employer Taxes and Contributions		72.41			31.02			34.30

Salinas Meat Market # 1  
Payroll Summary  
February 2020

	Virginia ...		TOTAL	
	Feb 20	Hours	Rate	Feb 20
<b>Employee Wages, Taxes and Adjustments</b>				
Gross Pay	1,200.00	681.33		4,979.67
Hourly	157.50	14.00		157.50
Overtime (x1.5) hourly				
<b>Total Gross Pay</b>	<b>1,357.50</b>	<b>695.33</b>		<b>5,137.17</b>
Deductions from Gross Pay				
Child Support	0.00			-325.84
<b>Total Deductions from Gross Pay</b>	<b>0.00</b>			<b>-325.84</b>
<b>Adjusted Gross Pay</b>	<b>1,357.50</b>	<b>695.33</b>		<b>4,811.33</b>
Taxes Withheld				
Federal Withholding	-74.00			-88.00
Medicare Employee	-19.69			-69.76
Social Security Employee	-84.16			-298.30
Medicare Employee Addl Tax	0.00			0.00
<b>Total Taxes Withheld</b>	<b>-177.85</b>			<b>-456.06</b>
Deductions from Net Pay				
Shoes For Crews	0.00			0.00
<b>Total Deductions from Net Pay</b>	<b>0.00</b>			<b>0.00</b>
<b>Net Pay</b>	<b>1,179.65</b>	<b>695.33</b>		<b>4,355.27</b>
Employer Taxes and Contributions				
Federal Unemployment	8.14			28.87
Medicare Company	19.69			69.76
Social Security Company	84.16			298.30
TX - Unemployment	4.21			15.92
<b>Total Employer Taxes and Contributions</b>	<b>116.20</b>			<b>412.85</b>

## Payroll Summary by Employee Report

Salinas Meat Market # 1

**Salinas Meat Market # 1**  
**Employee Payroll Summary**  
**Jul 1 2020 - Jul 31 2020**

	TOTAL AMOUNT	TOTAL HOURS	Fernando Pineda-Santos	Hours	Edwin Ocegueda	Hours
<b>EMPLOYEES WAGES, TAXES &amp; ADJUSTMENTS</b>						
<b>Gross Pay</b>						
OT	\$248.18	20.91			\$209.18	17.51
Regular	\$9,455.25	1,249	\$355.25	49	\$1,900.00	240
Sal	\$2,790.00	256				
Reimbursement						
<b>Total Gross Pay</b>	<b>\$12,493.43</b>	<b>1,525.91</b>	<b>\$355.25</b>	<b>49</b>	<b>\$2,109.18</b>	<b>257.51</b>
<b>Other Pay</b>						
<b>Total Other Pay</b>						
<b>Deductions from Gross Pay</b>						
Child Support	\$488.76					
<b>Total Deductions from Gross Pay</b>	<b>\$488.76</b>					
<b>Adjusted Gross Pay</b>	<b>\$12,004.67</b>		<b>\$355.25</b>		<b>\$2,109.18</b>	
<b>Taxes Withheld</b>						
FIT	-\$266.79		-\$11.48			
SS	-\$744.29		-\$22.03		-\$130.77	
Med	-\$174.07		-\$5.15		-\$30.58	
<b>Total Taxes Withheld</b>	<b>-\$1,185.15</b>		<b>-\$38.66</b>		<b>-\$161.35</b>	
<b>Deductions from Net Pay</b>						
Shoes For Crews						
<b>Total Deductions from Net Pay</b>						
<b>NET PAY</b>	<b>\$10,819.52</b>		<b>\$316.59</b>		<b>\$1,947.83</b>	
<b>EMPLOYER TAXES &amp; CONTRIBUTIONS</b>						
FUTA	-\$41.30		-\$2.13		-\$3.13	
SS	-\$744.29		-\$22.03		-\$130.77	
Med	-\$174.07		-\$5.15		-\$30.58	
TX SUI	-\$30.07		-\$1.10		-\$6.54	
TX ETIA						
<b>Total Employer Taxes and Contributions</b>	<b>-\$989.73</b>		<b>-\$30.41</b>		<b>-\$171.02</b>	

## Payroll Summary by Employee Report

Employee Name	Hours	Employee Name	Hours
Ignacio Garcia Flores	242	FIDEL BONILLA	240
		Maria Blanco Pineda	30

## EMPLOYEES WAGES, TAXES &amp; ADJUSTMENTS

## Gross Pay

OT	\$23.25	2				
Regular	\$1,900.00	240	\$1,740.00	240	\$217.50	30
Sal						
Reimbursement						
<b>Total Gross Pay</b>	<b>\$1,923.25</b>	<b>242</b>	<b>\$1,740.00</b>	<b>240</b>	<b>\$217.50</b>	<b>30</b>

## Other Pay

## Total Other Pay

## Deductions from Gross Pay

Child Support			\$488.76			
<b>Total Deductions from Gross Pay</b>			<b>\$488.76</b>			
<b>Adjusted Gross Pay</b>	<b>\$1,923.25</b>		<b>\$1,251.24</b>		<b>\$217.50</b>	

## Taxes Withheld

FIT						
SS	-\$119.25		-\$77.57		-\$13.48	
Med	-\$27.89		-\$18.14		-\$3.15	
<b>Total Taxes Withheld</b>	<b>-\$147.14</b>		<b>-\$95.71</b>		<b>-\$16.63</b>	

## Deductions from Net Pay

## Shoes For Crews

<b>Total Deductions from Net Pay</b>						
<b>NET PAY</b>	<b>\$1,776.11</b>		<b>\$1,155.53</b>		<b>\$200.87</b>	

## EMPLOYER TAXES &amp; CONTRIBUTIONS

FUTA	-\$11.54		-\$7.51		-\$1.31	
SS	-\$119.25		-\$77.57		-\$13.48	
Med	-\$27.89		-\$18.14		-\$3.15	
TX SUI	-\$5.96		-\$5.39		-\$0.67	
TX ETIA						
<b>Total Employer Taxes and Contributions</b>	<b>-\$164.64</b>		<b>-\$108.61</b>		<b>-\$18.61</b>	



## Payroll Summary by Employee Report

	Lidia Pineda	Hours	Virginia Pineda	Hours	Cinthia Rodriguez	Hours
<b>EMPLOYEES WAGES, TAXES &amp; ADJUSTMENTS</b>						
<b>Gross Pay</b>						
OT	\$15.75	1.4				
Regular	\$1,687.50	230			\$1,655.00	220
Sal			\$2,790.00	256		
Reimbursement						
<b>Total Gross Pay</b>	<b>\$1,703.25</b>	<b>231.4</b>	<b>\$2,790.00</b>	<b>256</b>	<b>\$1,655.00</b>	<b>220</b>
<b>Other Pay</b>						
<b>Total Other Pay</b>						
<b>Deductions from Gross Pay</b>						
Child Support						
<b>Total Deductions from Gross Pay</b>						
<b>Adjusted Gross Pay</b>	<b>\$1,703.25</b>		<b>\$2,790.00</b>		<b>\$1,655.00</b>	
<b>Taxes Withheld</b>						
FIT	-\$33.02		-\$199.86		-\$22.43	
SS	-\$105.60		-\$172.98		-\$102.61	
Med	-\$24.70		\$40.46		-\$24.00	
<b>Total Taxes Withheld</b>	<b>-\$163.32</b>		<b>-\$413.30</b>		<b>-\$149.04</b>	
<b>Deductions from Net Pay</b>						
Shoes For Crews						
<b>Total Deductions from Net Pay</b>						
<b>NET PAY</b>	<b>\$1,539.93</b>		<b>\$2,376.70</b>		<b>\$1,505.96</b>	
<b>EMPLOYER TAXES &amp; CONTRIBUTIONS</b>						
FUTA	-\$10.22				\$5.46	
SS	-\$105.60		-\$172.98		-\$102.61	
Med	-\$24.70		-\$40.46		-\$24.00	
TX SUI	-\$5.28				-\$5.13	
TX ETIA						
<b>Total Employer Taxes and Contributions</b>	<b>-\$145.80</b>		<b>-\$213.44</b>		<b>-\$137.20</b>	

**CTCR SOLUTIONS INC.**

1011 W HARRISON AVE HARLINGEN, TX 78550  
P: 956-423-4195 F: 956-423-9981

**INVOICE****Invoice No:** 212715**Date:** 7/24/2020**Account No:** SA ME MA

**II To:** Salina's Meat Market  
Attn: Fidel Bonilla  
1001 W. 1st Street  
Mercedes, Tx 78570  
Usa

**Ship To:** Salina's Meat Market  
Attn: Fidel Bonilla  
1001 W. 1st Street  
Mercedes, Tx 78570  
Usa

Sales Order No	P. O. Number	Ship Method	Payment Terms				Payment Due		
		Cash on Delivery	Cur. COD				7/24/2020		
Notes							Sales Person		
							House account		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
AM4 HISENSE	SAM4 HISENSE - WORKSTATION	19081C0326	1.0	1.0	0.0	EA	\$1,000.00		\$1,000.00
NBC BTP-180 II	SNBC BTP-180 II SNBC RECEIPT THERMAL PRINTER	190616N1847	1.0	1.0	0.0	EA	\$195.00		\$195.00

1587

Salina's Meat Market 1

07/24/2020

Cole's The Cash Register

Date  
07/24/2020

Type  
Bill

Reference  
212715

Check Amount

Original Amount  
1,293.59

Balance Due  
1,293.59

Payment  
1,293.59  
1,293.59

Pineda Enterpr

ODUCT SSLT104 USE WITH 9166

Receipt of  
Payment For a  
second cash  
Register to  
prevent customers  
From joining

1,293.59

3458606700

65AF91 SLKDK03 05/08/2020 23:39 -89-

<b>Subtotal</b>	<b>\$1,195.00</b>
<b>Discount</b>	<b>\$0.00</b>
<b>Freight</b>	<b>\$0.00</b>
<b>Sales Tax</b>	<b>\$98.59</b>
<b>Invoice Total</b>	<b>\$1,293.59</b>
<b>Balance Due</b>	<b>\$1,293.59</b>

## Order Details

Mar 26, 2020

5002207814

\$572.63

Shipping Shipped

## Ship to

1002 W 1ST ST  
 MERCEDES, TX 78570  
 (956) 903-4354

Item	Qty	Status	Gift	Price	Total
 A-iPower 6000/7000 Watt Gasoline Portable Generator Item 980200075 Add Protection Plan Tracking #: 391485771472 Delivered on Apr 2, 2020 \$150 off with Instant Savings	1	Delivered	No	\$599.00	\$599.00 Return Item

 SquareTrade 3-Year General Merchandise Protection Plan (\$500 - \$699.99) Item 980189348 Tracking #: N/A Arrives between Mar 26, 2020 and Mar 26, 2020	1	Shipped	No	\$79.99	\$79.99 Return Item
---	---	---------	----	---------	------------------------

Bill To	Payment method	Order Summary
FIDEL BONILLA	VISA ****6689	Subtotal \$678.99
1002 W 1ST ST		Shipping \$0.00
MERCEDES, TX 78570		Product fees \$0.00
(956) 903-4354		Sales tax \$43.64
		Gift Option \$0.00
		Total \$572.63
		You saved \$150.00

Questions? Chat with us



Final Details for Order #113-1085942-0066648

Order Placed: July 15, 2020

Amazon.com order number: 113-1085942-0066648

Order Total: \$60.06

Shipped on July 21, 2020

Items Ordered	Price
3 of: <i>Wostar Nitrile Disposable Gloves 2.5 Mil Pack of 100, Latex Free Safety Working Gloves for Food Handle or Industrial Use</i>	\$18.49
Sold by: Wostar ( <a href="#">seller profile</a> )	
Condition: New	
<hr/>	
<b>Shipping Address:</b> Salinas Meat Market 1002 W. 1st St Mercedes, TX 78570 United States	Item(s) Subtotal: \$55.47
	Shipping & Handling: \$0.00
	-----
	Total before tax: \$55.47
	Sales Tax: \$4.59
	-----
<b>Shipping Speed:</b> Two-Day Shipping	<b>Total for This Shipment: \$60.06</b>
	-----

Payment information

<b>Payment Method:</b> Visa   Last digits: 6689	Item(s) Subtotal: \$55.47
	Shipping & Handling: \$0.00
	-----
<b>Billing address</b> Salinas Meat Market 1002 W. 1st St Mercedes, TX 78570 United States	Total before tax: \$55.47
	<b>Estimated Tax: \$4.59</b>
	-----
	<b>Grand Total: \$60.06</b>

To view the status of your order, return to [Order Summary](#).

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Final Details for Order #113-5903410-7076209

Order Placed: July 15, 2020

Amazon.com order number: 113-5903410-7076209

Order Total: \$50.73

**Shipped on July 22, 2020**

Items Ordered	Price
1 of: GOJO Pomeberry Foam Handwash, Pomegranate Scent, 1200 mL Hand Soap Refill for GOJO LTX-12 Dispenser (Pack of 2) - 1916-02	\$46.86
Sold by: Amazon.com Services LLC ( <a href="#">seller profile</a> )	
Business Price	
Condition: New	
<hr/>	
<b>Shipping Address:</b>	Item(s) Subtotal: \$46.86
Salinas Meat Market	Shipping & Handling: \$0.00
1002 W. 1st St	-----
Mercedes, TX 78570	Total before tax: \$46.86
United States	Sales Tax: \$3.87
<hr/>	
<b>Shipping Speed:</b>	-----
One-Day Shipping	Total for This Shipment: \$50.73
<hr/>	

**Payment information**

<b>Payment Method:</b>	Item(s) Subtotal: \$46.86
Visa   Last digits: 6689	Shipping & Handling: \$0.00
<hr/>	
<b>Billing address</b>	Total before tax: \$46.86
Salinas Meat Market	Estimated Tax: \$3.87
1002 W. 1st St	-----
Mercedes, TX 78570	Grand Total: \$50.73
United States	

To view the status of your order, return to [Order Summary](#).

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Final Details for Order #113-8723153-1897068

Order Placed: June 21, 2020

Amazon.com order number: 113-8723153-1897068

Order Total: \$17.30

Shipped on June 23, 2020

Items Ordered	Price
1 of: <i>Samadhaan Disposable Mask - Safety Face Mask (Pack of 50) Non Woven Thick 3-Layer Breathable Facial Masks with Adjustable Earloop, Anti Droplets, Mout</i>	\$8.99
Sold by: IDWZA ( <a href="#">seller profile</a> )	
Condition: New	
<b>Shipping Address:</b>	
Salinas Meat Market	Item(s) Subtotal: \$8.99
1002 W. 1st St	Shipping & Handling: \$6.99
Mercedes, TX 78570	
United States	Total before tax: \$15.98
	Sales Tax: \$1.32
<b>Shipping Speed:</b>	
Standard Shipping	<b>Total for This Shipment: \$17.30</b>

#### Payment Information

<b>Payment Method:</b>	Item(s) Subtotal: \$8.99
Visa   Last digits: 6689	Shipping & Handling: \$6.99
<b>Billing Address:</b>	Total before tax: \$15.98
Salinas Meat Market	Estimated tax to be collected: \$1.32
1002 W. 1st St	
Mercedes, TX 78570	
United States	<b>Grand Total: \$17.30</b>
<b>Credit Card transactions</b>	Visa ending in 6689: June 23, 2020: \$17.30

To view the status of your order, return to [Order Summary](#).

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Final Details for Order #113-1832790-6621863

Order Placed: June 21, 2020

Amazon.com order number: 113-1832790-6621863

Order Total: **\$64.92**

**Shipped on June 22, 2020**

Items Ordered	Price
2 of ZUBREX Disposable 3 Ply Safety Face Mask for Protection - with Nanofiber Filter Lining - and Elastic Earloops - 50 Pcs	\$29.99
Sold by: Clayco Store ( <a href="#">seller profile</a> )	
Business Price	
Condition: New	

<b>Shipping Address:</b>	Item(s) Subtotal:	\$59.98
Salinas Meat Market	Shipping & Handling:	\$0.00
1002 W. 1st St		----
Mercedes, TX 78570	Total before tax:	\$59.98
United States	Sales Tax:	\$4.94
		----
<b>Shipping Speed:</b>	<b>Total for This Shipment:</b>	<b>\$64.92</b>
One-Day Shipping		----

**Payment Information**

<b>Payment Method:</b>	Item(s) Subtotal:	\$59.98
Visa   Last digits: 6689	Shipping & Handling:	\$0.00
		----
<b>Billing Address:</b>	Total before tax:	\$59.98
Salinas Meat Market	Estimated tax to be collected:	\$4.94
1002 W. 1st St		----
Mercedes, TX 78570	<b>Grand Total:</b>	<b>\$64.92</b>
United States		

<b>Credit Card transactions</b>	Visa ending in 6689: June 22, 2020: \$64.92
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To view the status of your order, return to [Order Summary](#).



Final Details for Order #113-0356017-1494638

Order Placed: June 21, 2020

Amazon.com order number: 113-0356017-1494638

Order Total: \$60.06

Shipped on June 29, 2020

Items Ordered	Price
3 of: <i>Wostar Nitrile Disposable Gloves 2.5 Mil Pack of 100, Latex Free Safety Working Gloves for Food Handle or Industrial Use</i>	\$18.49
Sold by: Wostar ( <a href="#">seller profile</a> )	
Condition: New	
<b>Shipping Address:</b>	
Salinas Meat Market	Item(s) Subtotal: \$55.47
1002 W. 1st St	Shipping & Handling: \$0.00
Mercedes, TX 78570	
United States	Total before tax: \$55.47
	Sales Tax: \$4.59
<b>Shipping Speed:</b>	
Two-Day Shipping	<b>Total for This Shipment: \$60.06</b>

#### Payment Information

<b>Payment Method:</b>	Item(s) Subtotal: \$55.47
Visa   Last digits: 6689	Shipping & Handling: \$0.00
<b>Billing Address:</b>	
Salinas Meat Market	Total before tax: \$55.47
1002 W. 1st St	Estimated tax to be collected: \$4.59
Mercedes, TX 78570	
United States	<b>Grand Total: \$60.06</b>

To view the status of your order, return to [Order Summary](#).

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# Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

## COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

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### Application Submitted

Your application number is

**3304069340**

You will not receive an email confirmation of your application submission. You will be notified through the email address you submitted ([salinasmeatmarket@yahoo.com](mailto:salinasmeatmarket@yahoo.com)) when we are processing your application. We expect this to take about a week.

Please write down your application number or print this page for your records.

**20. Executive Session: Section 551.087: Economic development negotiations with Project Tree and Project Salsa and Section 551.071: pending legal issues with Project Residency and Project CL Healthcare and on any regular agenda item requiring confidential, attorney-client advice necessitated by the deliberation or discussion of said item as needed.**

## **21. Discussion and Action: item #20**

## 22. Adjournment