

6. Discussion and Action: Mercedes Small Business Recovery Grant- Sabino Martinez, \$3,000

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 9/4/20
Re: Mercedes Small Business Grant Program

Recommendation:

Raquel Hinojosa – Approve 3K
Javier De La O – Approve 3K
Sabino Martinez – Approve 3K
Herminia Flores – Approve 5K
Ramiro Ramirez – Approve 5K
Sonia Martinez – Approve 5K

8:37 AM
8/5/20

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: Sabino Martinez
Name of Business: DON BETOS Restaurant
Business Type: Restaurant
Address of Business: 735 W. 2nd St
Email Address: N/A Phone Number: 956-514-0886
cell # 825-6760

BUSINESS OWNERSHIP

Tax ID #: 3-20520-7041-7
Entity Name: DON BETOS Restaurant
Name of business owner (if different from above): _____
Number of years in business: 3 yrs

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

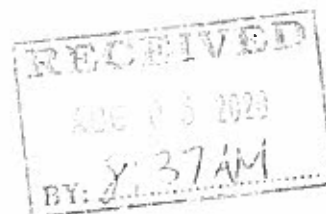
PERSONNEL

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

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

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

Yes X 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. \$ 3,600.00
- ☐ 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 \$ 3,600.00

Total Grant amount requested from Mercedes DCM: \$ 3,000.00

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: TEXAS NATIONAL BANK
Name of your Bank Officer: REBEKAH MARIE CHAVEZ YANCEY
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?

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.**

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

SM 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.)

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

SM 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.

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

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

SM 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 DON Betos Restaurant

Written: Leticia Soto
Legal Representative

Manager
Title

Signed: Leticia Soto
Legal Representative

manager
Title

Signed as Individual: Leticia Soto

Date 8/5/20

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 OR

Deliver to: DCM Office (NE Ohio/4th 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 4th 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.**

Request for Taxpayer Identification Number and Certification

► Go to 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.

Sixto Guerra III

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

Guerras meat market

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.

9616 N FM 1015

Requester's name and address (optional)

6 City, state, and ZIP code

Mercedes, TX 78570

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

____ - ____ - ____

or

Employer identification number

86 - 1099184

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 ►

9-2-2020

General Instructions

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

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

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.

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

► Go to 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.

SABINO MARTINEZ

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

DON BETOS RESTAURANT

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.

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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.

735 W. 2ND STREET

6 City, state, and ZIP code

MERCEDES, TEXAS 78570

7 List account number(s) here (optional)

Requester's name and address (optional)

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____ - ____ - ____

or

Employer identification number

8 3 - 2 2 5 4 8 8 8

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- 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 ►

Sabino Martinez

Date ►

8/26/2020

General Instructions

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- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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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 12716033 9 Class C
4a Iss 08/08/2017 4b Exp 08/29/2023
3 DOB 08/29/1949
1 MARTINEZ
2 SABINO

8 FM491 NORTH MILE 10 E
MERCEDES TX 78670-0000

12 Restrictions NONE 9a End NONE

16 Hgt 6'-00" 15 Sex M 16 Eyes BRO

5 DD 24619780185058108260

Sabino Martinez

RECEIPT

DATE 7-

No. **263670**

RECEIVED FROM

DON BETOS

\$ 1800.00

Eighteen Hundred and no/100

DOLLARS

☐ FOR RENT

☐ FOR

Resturant Ckt# 001589

ACCOUNT	
PAYMENT	<u>1800.00</u>
BAL. DUE	

☐ CASH

☒ CHECK

☐ MONEY
ORDER

☐ CREDIT
CARD

FROM

7-1-2020

TO

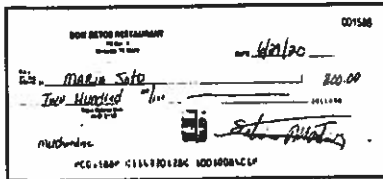
8-1-2020

BY

[Signature]

3-11

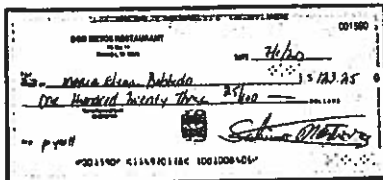
CHECK IMAGES (Continued)



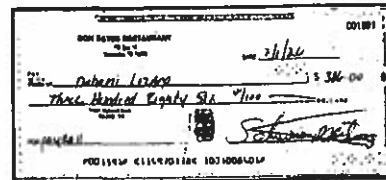
07/07/2020 Check 1588 \$200.00



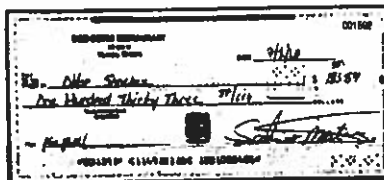
07/06/2020 Check 1589 \$1,800.00



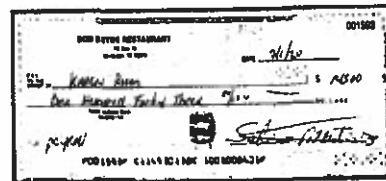
07/01/2020 Check 1590 \$123.25



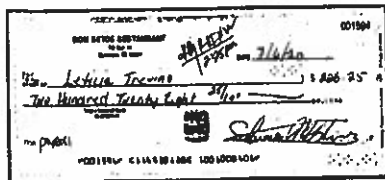
07/01/2020 Check 1591 \$386.00



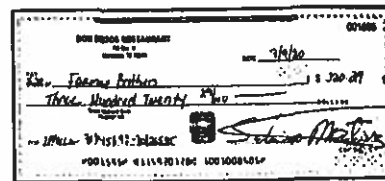
07/13/2020 Check 1592 \$133.57



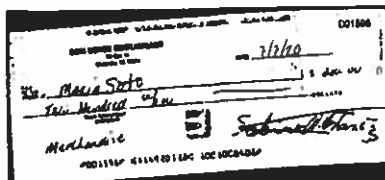
07/01/2020 Check 1593 \$143.00



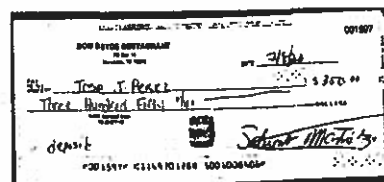
07/08/2020 Check 1594 \$228.25



07/09/2020 Check 1595 \$320.29



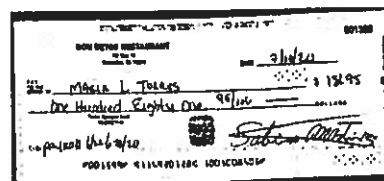
07/10/2020 Check 1596 \$200.00



07/08/2020 Check 1597 \$350.00



07/17/2020 Check 1598 \$73.90



07/10/2020 Check 1599 \$181.95

RECEIPT		DATE <u>8/3/2020</u>	No. 263660
RECEIVED FROM <u>Dan DeTo's</u>		<u>\$1800.00</u>	
<u>Eighteen Hundred and 00/100</u>		DOLLARS	
<input checked="" type="radio"/> FOR RENT		<u>Restaurant</u>	
<input type="radio"/> FOR			
ACCOUNT		<input type="radio"/> CASH	
PAYMENT	<u>1800.00</u>	<input checked="" type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
		FROM <u>8/1/2020</u>	TO <u>9/1/2020</u>
		BY <u>[Signature]</u>	
3-11			

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

DON BETOS RESTAURANT

PO Box 14
Mercedes, TX 78570

001622

DATE

8/03/00

PAY
TO THE
ORDER OF

Sixto Guerra

\$ 1800.00

One Thousand Eight Hundred and 00/100

DOLLARS

Texas National Bank
88-2012/1149



Sixto Guerra

FOR Rent 8/1-8/20

⑆001622⑆ ⑆114920128⑆ ⑆001008406⑆

Security Features Included Details on Back

ENDORSE HERE

☐ CHECK BOX FOR MOBILE/REMOTE DEPOSIT

WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

Chemical Wash
Detection Box

COOR INSIDE THIS BOX
SHOULD BE WHITE

REPLICATING, COPYING OR ALTERING THIS HIGH SECURITY
CHECK IS EXTREMELY DIFFICULT DUE TO THESE FEATURES

SECURITY FEATURES

For Hologram

True Watermark Paper

Heat Sensitive Ink

Blank Document
Background

Security Border Microprinting

Chemically Sensitive Paper

Chemical Wash Detection Box

Fugitive Ink on Back

Toner Adhesion

Vertical Micro FIBERS

VOID Indication

Security Document

Security Watermark Border

Dot Patterns on Front

DO NOT CASH IF:

- Multi-dimensional foil icon is not present
- Distinctive colors not visible when held to light
- Heat padlock and start icon does not fade and reappear when warmed with finger or breath
- Check pattern on front does not include multiple colors that blend into each other
- Small microprint lines appear as broken or solid
- Stains or colored spots appear on front or back
- Stains or discoloration appear in this area
- Ink on back looks pink or has deep color
- Printed information appears tampered with
- Red/blue fibers are not visible and white/blue fibers are not visible under ultraviolet light
- "VOID" appears in the box
- "SECURITY DOCUMENT" is not visible on front
- "ORIGINAL DOCUMENT" is not on back
- An embossed color center will not reproduce front image

Security features listed and related support technology standards
are registered trademarks of Chase Payment Systems, a subsidiary

MobileMark®: Mobile Deposit check mark to indicate check has
been deposited via mobile device

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2020) Department of the Treasury — Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) **83-2254888**

Name (not your trade name) **Sabino Martinez**

Trade name (if any) **Don Betos Restaurant**

Address **735 W. 2nd 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 for instructions and the latest information.

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

Part 1: Answer these questions for this quarter.

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

2 Wages, tips, and other compensation 2 **3,298.75**

3 Federal income tax withheld from wages, tips, and other compensation 3 **234.00**

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

	Column 1	Column 2
5a Taxable social security wages . . .	3,298.75	409.05
5b Taxable social security tips
5c Taxable Medicare wages & tips. . .	3,298.75	95.67
5d Taxable wages & tips subject to Additional Medicare Tax withholding
5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . .		504.72
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . . .		-0-
6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . .		738.72
7 Current quarter's adjustment for fractions of cents
8 Current quarter's adjustment for sick pay
9 Current quarter's adjustments for tips and group-term life insurance
10 Total taxes after adjustments. Combine lines 6 through 9 . . .		738.72
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 . . .		-0-
12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . .		738.72
13 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 . . .		-0-
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . .		738.72
15 Overpayment. If line 13 is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

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

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

Cat. No. 17001Z

Form 941 (Rev. 1-2020)

Name (not your trade name)

Employer identification number (EIN)

Sabino Martinez

83-2254888

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see 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 are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter

Total must equal line 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.

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

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

enter the final date you paid wages

- 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . ☐ Check here.

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

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

- ☐ Yes. Designee's name and phone number

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

- ☒ No.

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

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

Sign your name here

Print your name here

Sabino Martinez

Print your title here

Owner

Date 07/09/2020

Best daytime phone **Paid Preparer Use Only**Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

P.O. Box 4650, Edinburg, Texas 78540
Return Service Requested

00001350 TT212S05302001485900 01 000000000 0004565 003

SABINO MARTINEZ
DBA DON BETOS RESTAURANT
PPP LOAN ACCOUNT
PO BOX 14
MERCEDES TX 78570

5-2020
P

Customer Service Information



24/7 Banking: 1-888-862-1862

Customer Support: 1-855-862-1920

Your Bank associates are available to assist you
Monday through Friday from 8:00AM to 5:00PM



Written Inquiries:

P.O. Box 4650, Edinburg, Texas 78540



Visit us Online: www.texasnational.com



Email Inquiries: customerservice@texasnational.com



Join us on Facebook!

BUSINESS CHECKING

Account Number: XXXXXX5765

Account Owner(s): SABINO MARTINEZ
DBA DON BETOS RESTAURANT

Balance Summary

Beginning Balance as of 05/01/2020	\$0.00
+ Deposits and Credits (1)	\$6,700.00
- Withdrawals and Debits (17)	\$6,700.00
Ending Balance as of 05/31/2020	\$0.00
Service Charges for Period	\$0.00
Average Balance for Period	\$2,472.00

DEPOSITS AND OTHER CREDITS

Date	Description	Deposits
May 01	PPP PROCEEDS 990473	6,700.00

CHECKS PAID

* Indicates a Skip in Check Number(s)

Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
May 11	4	121.00	May 13	9002	393.45	May 06	*9005	1,384.75
May 06	*9001	1,611.55	May 06	9003	171.25	May 14	9006	375.00



7. Discussion and Action: Mercedes Small Business Recovery Grant- Herminia Flores, \$5,000

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 9/4/20
Re: Mercedes Small Business Grant Program

Recommendation:

Raquel Hinojosa – Approve 3K
Javier De La O – Approve 3K
Sabino Martinez – Approve 3K
Herminia Flores – Approve 5K
Ramiro Ramirez – Approve 5K
Sonia Martinez – Approve 5K

8/5/2020
9:55am

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: Herminia Flores
Name of Business: Juanito's Restaurant
Business Type: Restaurant
Address of Business: 331 N. Texas Ave. Mercedes Tx.
Email Address: floreshherminia1665@gmail.com Phone Number: 956) 975 5578
Cell # 975-5578

BUSINESS OWNERSHIP

Tax ID #: 320051-2729-8
Entity Name: Herminia Flores
Name of business owner (if different from above): _____
Number of years in business: 11 yrs

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

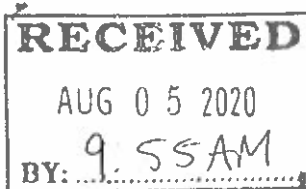
PERSONNEL

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

Full-time Employees #: 5 (Part-time # employees: 0)

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

Yes _____ No X



JUANITO'S RESTAURANT
331 N. TEXAS MERCEDES
956) 565 - 8430

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.)	\$ _____
<input checked="" type="checkbox"/> Employee support (salaries, insurance, paid leave)	\$ <u>1,670.78</u>
<input checked="" type="checkbox"/> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>1,361.94</u>
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
<input checked="" type="checkbox"/> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>4,210.97</u>
Total Amount \$ <u>7,372.13</u>	

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

(amount shown above may not exceed:

\$3,000 for business with 1-3 employees,

\$5,000 for business with 4-9 employees)

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: _____

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:

11,300.00

☐ Economic Injury Disaster Loan (EIDL)

Requested amount: _____

**Provide proof of application provided via attachment.*

If not, why not?

Did not know this programs where available

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

Juanito's Restaurant

Written:

Hermnia Flores

Legal Representative

Owner

Title

Signed:

Legal Representative

Title

Signed as Individual:

[Signature]

Date

8/5/2020

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 OR

Deliver to: DCM Office (NE Ohio/4th 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 4th 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.**

Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

2 Business name/disregarded entity name, if different from above
dba Juanitos Restuarant

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member 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.)
331 N. Texas Ave.

6 City, state, and ZIP code
Mercedes, Texas 78570

7 List account number(s) here (optional)
Loan #991190

Requester's name and address (optional)
Texas National Bank
4908 S. Jackson Rd.
Edinburg, Texas 78539

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

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

OR

Employer identification number

2	6	-	4	5	5	3	0	4	0
---	---	---	---	---	---	---	---	---	---

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 on page 3.

DocuSigned by:

Signature of U.S. person ▶

Date ▶ 7/8/2020

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Texas

USA
TX

DRIVER LICENSE



LETICIA M. B. DIRECTOR

4d DL **11532428** 9 Class **C**
4a Iss **08/01/2018** 4b Exp **06/16/2022**

3 DOB **06/16/1965**

1 FLORES BENAVIDEZ
2 HERMINIA

8 1214 FIRST ST
MERCEDS TX 78570-0000



12 Restrictions **NONE** 9a End **NONE**

16 Hgt **5'-02"** 15 Sex **F** 18 Eyes **BRO**

5 DD **12312810183041828170**



Handwritten signature: Leticia M. B.

EMPLOYER'S QUARTERLY REPORT

11111

Handed

COPY

1 ACCOUNT NUMBER 12-046833-2	2 COUNTY CODE	3 TAX AREA	4 TAX RATE 0.41 %	5 NAICS CODE	6 FEDERAL I.D. NUMBER 26-4553040	7 QTR YR 2-20
---------------------------------	---------------	------------	----------------------	--------------	-------------------------------------	------------------

8 EMPLOYER NAME AND ADDRESS (SEE ITEM 24 FOR CHANGES TO NAME ADDRESS ETC)

The submittal copy of this form has been approved by the Texas Workforce Commission for printing on plain paper. DO NOT USE a STATE ISSUED form.

HERMINIA FLORES
JUANITOS RESTAURANT
331 N TEXAS
MERCEDAS TX 78570

9 TELEPHONE NUMBER
(956) 565-8430

You must FILE this return even though you had no payroll this quarter. If you had no payroll show '0' in item 13 and sign the declaration (item 25) on this form.

FILE AND PAY ONLINE
www.texasworkforce.org

9B PENALTIES WILL BE ASSESSED IF REPORT IS NOT POSTMARKED BY

ALIGNMENT 9A QUARTER ENDING JUN 30, 2020

JUL 31, 2020

1st Month 4	2nd Month 5	3rd Month 4
----------------	----------------	----------------

11 SHOW THE COUNTY CODE (see list on the back of C-4 form) in which you had the greatest number of employees

12 If you have employees in more than one county in TEXAS, how many are outside the county shown in item 11?

10 Enter in the boxes above the number of employees both full-time and part-time in pay periods that include 12th day of the calendar month (ENTER WHOLE NUMBERS ONLY)

DOLLARS CENTS

13. Total (Gross) Wages Paid During This Quarter to Texas Employees. (If none, enter "0")	11,202.99
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount (If none, enter "0")	11,202.99
15. Tax Due (Multiply Taxable Wages, item 14, by your Tax Rate of 0.41)	45.93
Note: For Federal Form 940 purposes, your Tax Rate includes: ● A UI Obligation Assessment rate of ● An Employment and Training Assessment Rate of:	
16. Interest, If Tax is Past Due	
17. Penalty, If Report is Past Due	
18. Balance Due From Prior Periods (Subtract Credit or Add Debit)	
19. Total Due - Make Remittance Payable To TWC Please include payment voucher with remittance.	45.93

14a Mark box with an 'X' if reporting wages to another state during the year for employees listed in item 21

EMPLOYER'S COPY
DO NOT FILE
NOTE TO USERS:

1. Enter ALL employees on Form C-4. five or less will print on Form C-3
2. The submittal copy of this form has been approved by the Texas Workforce Commission for printing on plain paper. DO NOT USE a STATE ISSUED form.

25 I DECLARE that the information herein is true and correct to the best of my knowledge

SIGNATURE

TITLE OWNER DATE
PREPARERS
NAME L&S BOOKKEEPING & TAX
PREPARERS
PHONE NUMBER (956) 461-6732
For assistance please contact,

If you are unable to file and pay online, mail report and remittance to:
CASHIER
TEXAS WORKFORCE COMMISSION
P.O. BOX 149037
AUSTIN, TEXAS 78714-9037
DO NOT STAPLE REPORT
(Write Account No. on Check)

23. The sum of all page totals must equal item 13

24. Use Envelope STATUS CHANGE FORM. to make address and ownership changes

EMPLOYER'S QUARTERLY REPORT
CONTINUATION SHEET

22222

1 ACCOUNT NUMBER 12-046833-2	2 COUNTY CODE	3 TAX AREA	4 TAX RATE 0.41 %	5 NAICS CODE	6 FEDERAL I D NUMBER 26-4553040	7 QTR YR 2-20
---------------------------------	---------------	------------	----------------------	--------------	------------------------------------	------------------

8 EMPLOYER NAME

HERMINIA FLORES

9A PAGE NO

1 of 1

9B UNIT
NUMBER

☒ ALIGNMENT

	20 SOCIAL SECURITY NUMBER	1ST INIT	2ND INIT	21 EMPLOYEE NAME LAST NAME	22 TOTAL WAGES PAID THIS QUARTER	WAGES SUBJECT TO UI THIS QUARTER
1	645-48-3989	A	E	MORENO	1,740.00	1,740.00
2	642-84-0056	M	J	FACONDO	545.49	545.49
3	454-81-4487	G		SEPULVEDA	2,827.50	2,827.50
4	643-64-4305	J	D	DIOS CASTILLO	2,827.50	2,827.50
5	456-61-8995	S		RUIZ	1,740.00	1,740.00
6	627-76-5487	G		FLORES	1,522.50	1,522.50
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

23. PAGE TOTAL

11,202.99

11,202.99

EMPLOYER'S COPY - DO NOT FILE

**Texas Workforce Commission's Unemployment Tax Services
Payment Confirmation**

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

As of July 20, 2020 04:02 PM

Confirmation Number:	26175616
TWC Tax Account Number:	12-046833-2
Employer Name:	HERMINIA FLORES
Bank Name:	BBVA COMPASS
Account Type:	Checking
Payment Initiated	July 20, 2020 04:02 PM
Payment Date:	July 30, 2020
Scheduled Payment Amount:	\$45.93
Paid By:	Santa Navarro (snavarro2018)

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

**Texas Workforce Commission's Unemployment Tax Services
Employer's Quarterly Report - Filed on July 20, 2020**

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

As of July 20, 2020 04:01 PM

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

Wage Report - Period Apr May Jun 2020

Confirmation Number: 26175600
TWC Tax Account Number: 12-046833-2
Employer: HERMINIA FLORES
JUANITOS RESTAURANT
% HERMINIA FLORES TERRY GARCIA
331 N TEXAS AVE
MERCEDES, TX 78570-2748
Report Due Date: Jul 31, 2020
Payment Due Date: Jul 31, 2020
Filed On: Jul 20, 2020 04:01 PM
Filed By: Navarro, Santa
Were any of the Texas employees listed on this report paid wages to another state during 2020? No

Wage Report Information

Number of Employees:
Apr 2020: 4
May 2020: 5
Jun 2020: 4
Texas County: HIDALGO

Employee Wage Summary

Texas Total Wages Reported: \$11,202.99
Other States Taxable Wages: \$0.00
Texas Taxable Wages: \$11,202.99

Tax Summary

Tax Rate: 0.41%
Tax = Texas Taxable Wages x Tax Rate
Tax: \$45.93
Late Reporting Penalty: \$0.00
Late Payment Interest: \$0.00
Report Amount: \$45.93

Employee Wage Details - Filed on July 20, 2020

S.S.N.	Name	Texas Total Gross Wages	Texas Taxable Wages
--------	------	-------------------------	---------------------

Employer identification number (EIN) 26-4553040
Name (not your trade name) HERMINIA FLORES
Trade name (if any) JUANITOS RESTAURANT
Address 331 N TEXAS
MERCEDES, TX 78570

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 for instructions and the latest information.

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

Part 1: Answer these questions for this quarter.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) **1** 6
- 2 Wages, tips, and other compensation **2** 11,202.99
- 3 Federal income tax withheld from wages, tips, and other compensation **3**
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

- | | Column 1 | | Column 2 |
|--|------------------|-----------|-----------------|
| 5a Taxable social security wages | <u>11,202.99</u> | x 0.124 = | <u>1,389.17</u> |
| 5b Taxable social security tips | <u></u> | x 0.124 = | <u></u> |
| 5c Taxable Medicare wages & tips | <u>11,202.99</u> | x 0.029 = | <u>324.89</u> |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | <u></u> | x 0.009 = | <u></u> |

- 5e Add Column 2 from lines 5a, 5b, 5c, and 5d **5e** 1,714.06
- 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** 1,714.06
- 7 Current quarter's adjustment for fractions of cents **7**
- 8 Current quarter's adjustment for sick pay **8**
- 9 Current quarter's adjustments for tips and group-term life insurance **9**
- 10 Total taxes after adjustments. Combine lines 6 through 9 **10** 1,714.06
- 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 **11**
- 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 **12** 1,714.06
- 13 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 **13** 1,714.06
- 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions **14**

- 15 Overpayment. If line 13 is more than line 12, enter the difference Check one: ☐ Apply to next return. ☐ Send a refund.

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

Next ►

Name (not your trade name)

HERMINIA FLORES

Employer identification number (EIN)

26-4553040

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see 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 are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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

Tax liability:	Month 1	532.44
	Month 2	599.00
	Month 3	582.62
	Total liability for quarter	1,714.06

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.

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

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

enter the final date you paid wages

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

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

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

☒ Yes. Designee's name and phone number SANTA G. NAVARRO (956) 461-6732

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

☐ No.

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

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

Sign your
name here

Print your
name here

HERMINIA FLORES

Print your
title here

OWNER

Date

Best daytime phone

(956) 565-8430

Paid Preparer Use OnlyCheck if you are self-employed ☒

Preparer's name

SANTA G. NAVARRO

PTIN

00708749

Preparer's signature

Date

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

L&S BOOKKEEPING & TAX SERVICE

EIN

74-3016735

Address

204 S MAIN ST

Phone

(956) 461-6732

City

Donna

State

TX

ZIP code

78537-3328

EMPLOYER'S QUARTERLY REPORT

1 ACCOUNT NUMBER 12-046833-2	2 COUNTY CODE	3 TAX AREA	4 TAX RATE 0.41 %	5 NAICS CODE	6 FEDERAL ID NUMBER 26-4553040	7 QTR YR 1-20
---------------------------------	---------------	------------	----------------------	--------------	-----------------------------------	------------------

8 EMPLOYER NAME AND ADDRESS (SEE ITEM 24 FOR CHANGES TO NAME, ADDRESS, ETC.)

HERMINIA FLORES
JUANITOS RESTAURANT
331 N TEXAS
MERCEDES TX 78570

The submittal copy of this form has been approved
by the Texas Workforce Commission for printing on
plain paper. DO NOT USE a STATE ISSUED form.

9 TELEPHONE NUMBER
(956) 565-8430

You must FILE this return even though you
had no payroll this quarter. If you had no
payroll show '0' in item 13 and sign the
declaration (item 25) on this form

FILE AND PAY ONLINE
www.texasworkforce.org

9B PENALTIES WILL BE ASSESSED IF REPORT IS NOT POSTMARKED BY

ALIGNMENT 9A QUARTER ENDING MAR 31, 2020

APR 30, 2020

1st Month 5	2nd Month 5	3rd Month 5
----------------	----------------	----------------

11 SHOW THE COUNTY CODE
(see list on the back of C-4
form) in which you had the
greatest number of employees

12 If you have employees in
more than one county in
TEXAS, how many are outside
the county shown in item 11?

10 Enter in the boxes above the number of employees both full-time and
part-time, in pay periods that include 12th day of the calendar month
(ENTER WHOLE NUMBERS ONLY)

DOLLARS CENTS

13. Total (Gross) Wages Paid During This Quarter to Texas Employees (If none, enter "0")	12,368 56
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount (If none, enter "0")	12,368 56
15. Tax Due (Multiply Taxable Wages, item 14, by your Tax Rate of 0.41)	50 71
Note: For Federal Form 940 purposes, your Tax Rate includes: ● A UI Obligation Assessment rate of: ● An Employment and Training Assessment Rate of:	
16. Interest, If Tax is Past Due	
17. Penalty, If Report is Past Due	
18. Balance Due From Prior Periods (Subtract Credit or Add Debit)	
19. Total Due - Make Remittance Payable To TWC Please include payment voucher with remittance.	50 71

14a Mark box with an 'X' if reporting wages
to another state during the year for
employees listed in item 21

EMPLOYER'S COPY
DO NOT FILE
NOTE TO USERS:

1. Enter ALL employees on Form C-4.
five or less will print on Form C-3
2. The submittal copy of this form has
been approved by the Texas
Workforce Commission for printing
on plain paper. DO NOT USE
a STATE ISSUED form.

25 I DECLARE that the information herein
is true and correct to the best of my
knowledge.

SIGNATURE

TITLE OWNER DATE

PREPARERS
NAME L&S BOOKKEEPING & TAX

PREPARERS
PHONE NUMBER (956) 461-6732

For assistance please contact,

If you are unable to file and pay online,
mail report and remittance to:

CASHIER
TEXAS WORKFORCE COMMISSION
P.O. BOX 149037
AUSTIN, TEXAS 78714-9037
DO NOT STAPLE REPORT
(Write Account No. on Check)

23. The sum of all page totals must equal item 13

12,368 56

**Texas Workforce Commission's Unemployment Tax Services
Employer's Quarterly Report - Filed on April 21, 2020**

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

As of April 21, 2020 01:06 PM

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

Wage Report - Period Jan Feb Mar 2020

Confirmation Number: 25514170
TWC Tax Account Number: 12-046833-2
Employer: HERMINIA FLORES
JUANITOS RESTAURANT
% HERMINIA FLORES TERRY GARCIA
331 N TEXAS AVE
MERCEDES, TX 78570-2748
Report Due Date: May 15, 2020
Payment Due Date: May 15, 2020
Filed On: Apr 21, 2020 01:06 PM
Filed By: Navarro, Santa
Were any of the Texas employees listed on this report paid wages to another state during 2020? No

Wage Report Information

Number of Employees:
Jan 2020: 5
Feb 2020: 5
Mar 2020: 5
Texas County: HIDALGO

Employee Wage Summary

Texas Total Wages Reported: \$12,368.56
Other States Taxable Wages: \$0.00
Texas Taxable Wages: \$12,368.56

Tax Summary

Tax Rate: 0.41%
Tax = Texas Taxable Wages x Tax Rate
Tax: \$50.71
Late Reporting Penalty: \$0.00
Late Payment Interest: \$0.00
Report Amount: \$50.71

Employee Wage Details - Filed on April 21, 2020

1-5 of 5

SSN	Name	Texas Total Gross Wages	Texas Taxable Wages
-----	------	-------------------------	---------------------

**Texas Workforce Commission's Unemployment Tax Services
Payment Confirmation**

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

As of April 21, 2020 01:06 PM

Confirmation Number:	25514184
TWC Tax Account Number:	12-046833-2
Employer Name:	HERMINIA FLORES
Bank Name:	BBVA COMPASS
Account Type:	Checking
Payment Initiated:	April 21, 2020 01:06 PM
Payment Date:	April 30, 2020
Scheduled Payment Amount:	\$50.71
Paid By:	Santa Navarro (snavarro2018)

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

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 for instructions and the latest information.

Employer identification number (EIN) 26-4553040
Name (not your trade name) HERMINIA FLORES
Trade name (if any) JUANITOS RESTAURANT
Address 331 N TEXAS
MERCEDES, TX 78570

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

Part 1: Answer these questions for this quarter.

- 1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) **1** 5
- 2 Wages, tips, and other compensation **2** 12,368.56
- 3 Federal income tax withheld from wages, tips, and other compensation **3**
- 4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.
- | | Column 1 | | Column 2 |
|--|------------------|--|---------------------------|
| 5a Taxable social security wages | <u>12,368.56</u> | x 0.124 = | <u>1,533.70</u> |
| 5b Taxable social security tips | <u></u> | x 0.124 = | <u></u> |
| 5c Taxable Medicare wages & tips | <u>12,368.56</u> | x 0.029 = | <u>358.69</u> |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding | <u></u> | x 0.009 = | <u></u> |
| 5e Add Column 2 from lines 5a, 5b, 5c, and 5d | | | 5e <u>1,892.39</u> |
| 5f Section 3121(q) Notice and Demand -- Tax due on unreported tips (see instructions) | | | 5f <u></u> |
| 6 Total taxes before adjustments. Add lines 3, 5e, and 5f | | | 6 <u>1,892.39</u> |
| 7 Current quarter's adjustment for fractions of cents | | | 7 <u></u> |
| 8 Current quarter's adjustment for sick pay | | | 8 <u></u> |
| 9 Current quarter's adjustments for tips and group-term life insurance | | | 9 <u></u> |
| 10 Total taxes after adjustments. Combine lines 6 through 9 | | | 10 <u>1,892.39</u> |
| 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 | | | 11 <u></u> |
| 12 Total taxes after adjustments and credits. Subtract line 11 from line 10 | | | 12 <u>1,892.39</u> |
| 13 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 | | | 13 <u>1,892.39</u> |
| 14 Balance due. If line 12 is more than line 13, enter the difference and see instructions | | | 14 <u></u> |
| 15 Overpayment. If line 13 is more than line 12, enter the difference | <u></u> | Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund | |

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

Next ►

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

DXA

Name (not your trade name)

HERMINIA FLORES

Employer identification number (EIN)

26-4553040

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

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see 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 are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

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

Tax liability:	Month 1	594.61
	Month 2	591.92
	Month 3	705.86
		1,892.39

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.

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

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

enter the final date you paid wages

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

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

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

☒ Yes. Designee's name and phone number

SANTA G. NAVARRO

(956) 461-6732

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

☐ No.

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

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

Sign your
name here

Print your
name here

HERMINIA FLORES

Print your
title here

OWNER

Date

Best daytime phone

(956) 565-8430

Paid Preparer Use Only

Check if you are self-employed

☒

Preparer's name

SANTA G. NAVARRO

PTIN

00708749

Preparer's signature

Date

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

L&S BOOKKEEPING & TAX SERVICE

EIN

74-3016735

Address

204 S MAIN ST

Phone

(956) 461-6732

City

Donna

State

TX

ZIP code

78537-3328

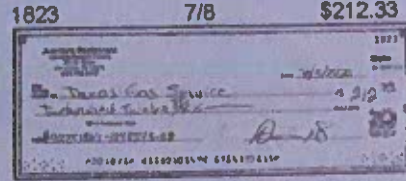
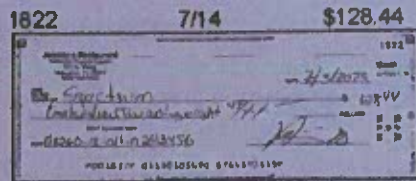
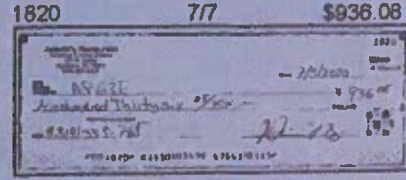
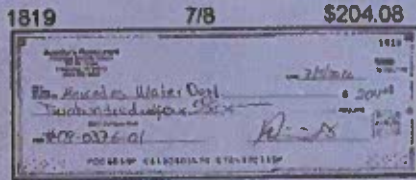
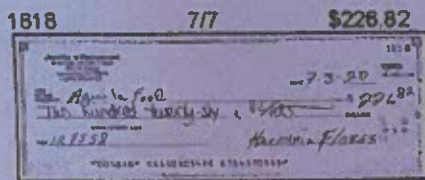
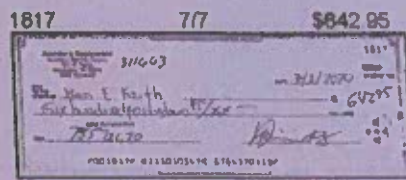
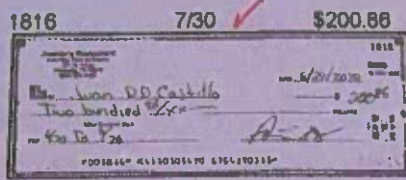
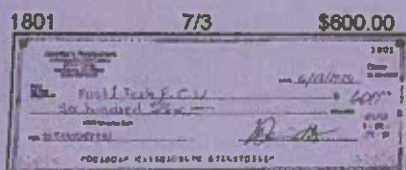
Resumen de Cheques

Los cheques enumerados también se muestran en el Historial de Transacciones anterior

Fecha	N.º de Cheque	Monto	Fecha	N.º de Cheque	Monto	Fecha	N.º de Cheque	Monto
7/3	1801	\$600.00	7/8	1823	\$212.33	7/14	1833	\$201.00
7/30	1813 *	\$200.88	7/10	1824	\$1,000.00	7/13	1834	\$250.00
7/30	1814	\$63.90	7/10	1825	\$600.00	7/15	1836 *	\$134.47
7/30	1815	\$200.88	7/8	1826	\$386.00	7/30	1837	\$200.88
7/30	1816	\$200.88	7/7	1827	\$83.60	7/30	1839 *	\$200.88
7/7	1817	\$842.95	7/8	1828	\$378.88	7/30	1840	\$200.88
7/7	1818	\$226.82	7/30	1829	\$200.88	7/22	1842 *	\$565.32
7/8	1819	\$204.08	7/30	1830	\$200.88	7/27	1843	\$333.74
7/7	1820	\$936.08	7/30	1831	\$200.88	7/31	1844	\$604.18
7/14	1821	\$170.00	7/13	1832	\$1,700.00	7/31	1849 *	\$213.53
7/14	1822	\$128.44						

* Indica ruptura en la secuencia de cheques.

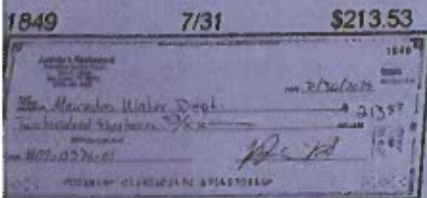
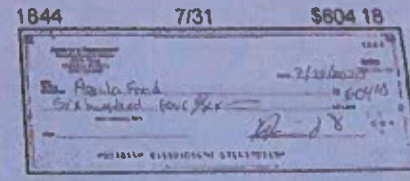
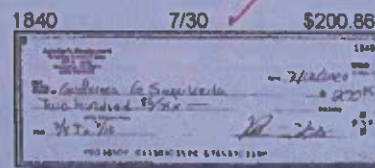
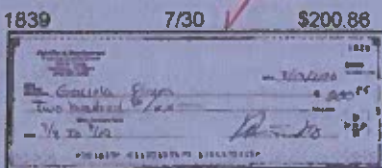
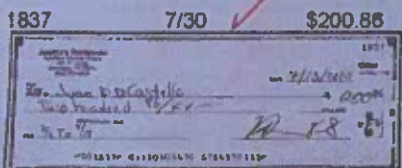
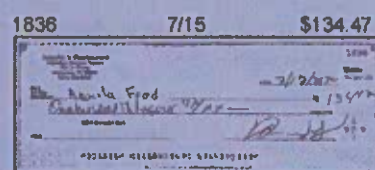
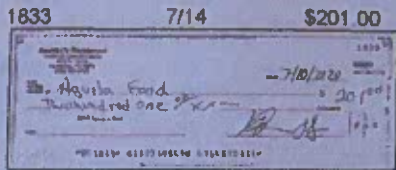
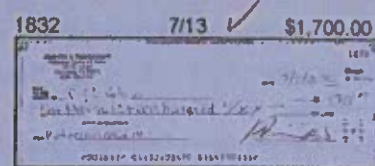
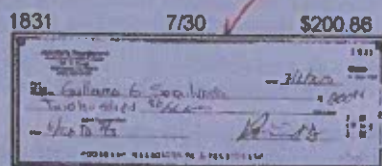
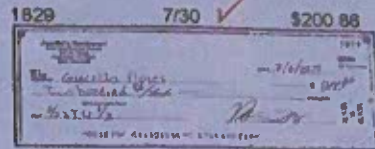
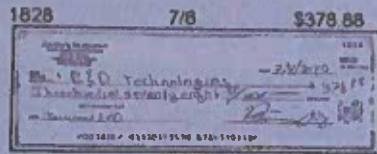
Imágenes de Cheques





45383-11209-222417

R+L Glass



\$2,953.12

employee pay
for the month
of July, 2020

APG&E

6161 Savoy Dr Ste 500
Houston, TX 77036
PUCT Certificate 10105

CUSTOMER SERVICE: (877) 544-4857

Mon - Thu 8:00 AM - 7:00 PM CT
Fri 8:00 AM - 5:00 PM, Sat 9:00 AM - 1:00 PM CT
customer@apge.com
www.apge.com

For outage or emergencies call: (866) 223-8508

Summary as of Jun 19, 2020

(account information starts on next page)



Customer: Juanito's
Billing Account # 31911335-765
Invoice # 92365667

7/3/2020
#1820

Previous Amount Due:

\$834.73

Total Payments Received:

-\$834.73

Balance Forward:

\$0.00

Current Charges:

\$936.08

Amount Due Jul 06, 2020:

\$936.08

Thank you for choosing APG&E to service your energy needs. We appreciate your business and are here to provide you excellence in Customer Experience. If you have questions related to this invoice, please contact our Customer Service Representatives at 1-877-LIGHT-57. Our Service Center hours are as follows: Mon - Thu 8:00 AM to 7:00 PM CT, Fri 8:00 AM - 5:00 PM CT, and Sat 9:00 AM to 1:00 PM CT.

If you believe this bill includes unauthorized charges, we encourage you to submit payment for the undisputed balance and contact APG&E to dispute the charges in question. We will research the concerns you bring to our attention and will work hard to gain immediate resolution. If you have concerns with timeliness or completeness, we encourage you to send an e-mail to CEO@apge.com.

If you are not satisfied with the actions taken on your behalf, you may choose to file a complaint with the Public Utility Commission of Texas, P.O. Box 13326, Austin, TX 78711-3326 (512) 936-7120 or toll-free in Texas at (888) 782-8477. Hearing and speech-impaired individuals with text telephones (TTY) may contact the Commission at (512) 936-7136.

Free Summer Meals for Children! - To find more information on providing access to healthy meals for children in low-income household across Texas allowing children to receive free or reduced price lunches during the school year, please call 2-1-1 or visit www.summerfood.org to find a site near you.

C.H.A.P. - APG&E is proud to offer C.H.A.P. (Customer Hardship Assistance Program) which provides assistance to customers who are experiencing hardship and need assistance paying their energy bills. This program is funded by customer contributions. If you wish to make a contribution, please contact one of our customer care associates. All C.H.A.P. contributions are tax deductible.

Trouble paying your bill due to the COVID-19 pandemic? Contact us to discuss options.

Customer Service: 800-700-2443
 Gas Leaks: 800-959-5325
 Payments by Phone: 866-780-5488
 Hearing Impaired: 711
 TexasGasService.com

Texas Gas Service
 PO Box 219913
 Kansas City MO 64121-9913

JUANITO'S RESTAURANT
331 N TEXAS AVE
MERCEDES, TX 78570-2748

7/3/2020
 #1823

Page 1 of 5

Amount Due	\$212.33
Current Charges Due	06-23-20
Amount Due After Due Date	\$212.33
Account Number	912251864 1048543 82
Rate	MERC I/S COM
Active Deposit	\$500.00
Statement Date	06-05-20

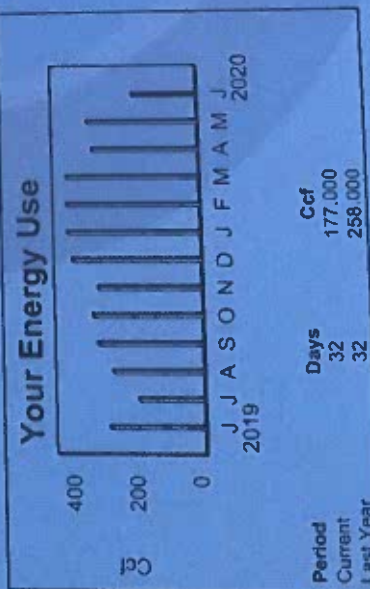
RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance **\$300.47**
 Payments Received **300.47CR**
 Balance Forward **\$0.00**

Customer Charge **\$81.35**
 Delivery Charge **56.02**
 Cost Of Gas **37.34**
 Pipeline Integrity (Ccf @ \$0.04128) **7.31**
 Energy Efficiency Program **0.41**
 City Franchise Fee **9.80**
 Reimb for Gross Receipts Tax **3.92**
 City Tax **3.92**
 State Tax **12.26**
 Current Charges **212.33**

Total Amount Due

\$212.33



Period	Days	Ccf
Current	32	177.000
Last Year	32	258.000
Meter or Station Number	Service Period	Cost of Gas/Ccf
0600015944	From 05-01-20 To 06-02-20	0.2109600
Number of Days	Meter Readings	Constant
32	Previous 9185 Present 9362	1.0000
	Ccf	Billed
	177 000	

CITY OF MERCEDES

REC#: 01049840 7/30/2020 11:47 AM
 OPER: OM TERM: 003
 REF#: 1849

TRAN: 1.0000 UTILITY PAYMENT
 09-0376-01 JUANITO'S RESTAURANT
 PAYMENT ON ACCOUNT 213.53CR
 PAID IN FULL

TENDERED: 213.53 CHECK
 APPLIED: 213.53-

CHANGE: 0.00

22
16
00
50
50
15

OUNT

RETURN POSTAGE GUARANTEED

PRESORTED
 FIRST CLASS MAIL
 U.S. POSTAGE PAID
 MERCEDES, TX
 PERMIT NO. 34

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
09-0376-01	213.53
AFTER THIS DATE PAY GROSS	GROSS
08/05/2020	234.27
SERVICE FROM	SERVICE TO
06/05/2020	07/05/2020
SERVICE ADDRESS	
331 N. TEXAS	

773902

R and L Glass

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE 07-29-2020	
NAME Juanitos Restaurant					
ADDRESS					
CITY, STATE, ZIP					
SOLD BY		CASH	C.O.D.	CHARGE	ON. ACCT.
					PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1			
2			
3			
4	1 Plexi Glass	\$125	
5	con		
6	Barrote		
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

pd # 9011

Total \$125.00

RECEIVED BY *[Signature]*

RBL Glass

956 5653181

744602

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE 7-9-2020	
NAME Mine Restaurant					
ADDRESS 975-5578					
CITY, STATE, ZIP Mercedes tx					
SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD. PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1			
2			
3	9 1/4 Plexiglass Clear	\$ 1935 ⁰⁰	
4			
5	15 Oil Rub Bttres Post	\$ 630 ⁰⁰	
6			
7	Hardware	\$ 35 ⁰⁰	
8			
9	1 Plexiglass for Cashier	\$ 65 ⁰⁰	
10	w/ labor		
11			
12	Labor	\$ 495 ⁰⁰	
13			
14	Tax (2600)	\$ 214 ⁰⁰	
15			
16			
17			
18			

\$1774⁰⁰

Dep to 1700

#9012

Check # 1832

TOTAL

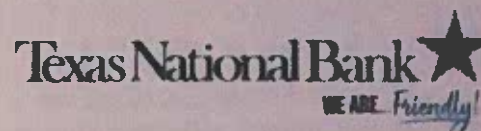
\$3974⁰⁰

RECEIVED BY

Pagado

1700

\$1774⁰⁰
X Ann Adams

COMMERCIAL PROMISSORY NOTE

LOAN NUMBER	NOTE DATE	PRINCIPAL AMOUNT	MATURITY DATE	PROCESSOR
991190	06/30/2020	\$ 11,300.00	06/30/2025	Lisa Yanez
LOAN PURPOSE: Paycheck Protection Program				

BORROWER INFORMATION Herminia Flores dba Juanitos Restaurant
331 N TEXAS AVE
MERCEDES, TX

NOTE. This Commercial Promissory Note will be referred to in this document as the "Note."

LENDER. "Lender" means Texas National Bank whose address is 4908 S. Jackson Rd, Edinburg, Texas 78539, its successors and assigns.

BORROWER. "Borrower" means each person or legal entity who signs this Note.

PROMISE TO PAY. For value received, receipt of which is hereby acknowledged, on or before the Maturity Date, the Borrower promises to pay the principal amount of \$ 11,300.00 (\$ Eleven Thousand Three Hundred USD & 00/100) and all interest on the outstanding principal balance and any other charges, including service charges, to the order of Lender at its office at the address noted above or at such other place as Lender may designate in writing. The Borrower will make all payments in lawful money of the United States of America.

PAYMENT SCHEDULE. This Note will be paid according to the following schedule: 43 consecutive payments of principal and interest in the amount of \$ 265.15 beginning on 11/30/2021 and continuing on the same day of each month thereafter. This will be followed by 1 payment of unpaid principal and unpaid accrued interest on 06/30/2025. The unpaid principal balance of this Note, together with all accrued interest and charges owing in connection therewith, shall be due and payable on the Maturity Date. All payments received by the Lender from the Borrower for application to this Note may be applied to the Borrower's obligations under this Note in such order as determined by the Lender.

INTEREST RATE AND SCHEDULED PAYMENT CHANGES. Interest will begin to accrue on 06/30/2020. The interest rate on this Note will be fixed at 1.000% per annum.

Nothing contained herein shall be construed as to require the Borrower to pay interest at a greater rate than the maximum allowed by law. If, however, from any circumstances, Borrower pays interest at a greater rate than the maximum allowed by law, the obligation to be fulfilled will be reduced to an amount computed at the highest rate of interest permissible under applicable law and if, for any reason whatsoever, Lender ever receives interest in an amount which would be deemed unlawful under applicable law, such interest shall be automatically applied to amounts owed, in Lender's sole discretion, or as otherwise allowed by applicable law. Interest on this Note is calculated on an Actual/360 day basis. This calculation method results in a higher effective interest rate than the numeric interest rate stated in this Note. The unpaid balance of this loan after the Maturity Date, whether by acceleration or otherwise, shall be subject to a post-maturity rate of interest equal to 18.000% per annum.

LATE PAYMENT CHARGE. If any required payment is more than 10 days late, then at Lender's option, Lender will assess a late payment charge of 5.000% of the amount of the regularly scheduled payment then past due.

PREPAYMENT PENALTY. This Note may be prepaid, in full or in part, at any time, without penalty.

RIGHT OF SET-OFF. To the extent permitted by law, Borrower agrees that Lender has the right to set-off any amount due and payable under this Agreement, whether matured or unmatured, against any amount owing by Lender to Borrower including any or all of Borrowers accounts with Lender. This shall include all accounts Borrower holds jointly with someone else and all accounts Borrower may open in the future. Such right of set-off may be exercised by Lender against Borrower or against any assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor of Borrower, or against anyone else claiming through or against Borrower or such assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor, notwithstanding the fact that such right of set-off has not been exercised by Lender prior to the making, filing or issuance or service upon Lender of, or of notice of, assignment for the benefit of creditors, appointment or application for the appointment of a receiver, or issuance of execution, subpoena or order or warrant. Lender will not be liable for the dishonor of any check when the dishonor occurs because Lender set-off a debit against Borrowers account. Borrower agrees to hold Lender harmless from any claim arising as result of Lender exercising Lenders right to set-off.

DISHONORED ITEM FEE. If Borrower makes a payment on the loan with a check or preauthorized charge which is later dishonored, a fee in the amount of \$35.00 will be charged.

RELATED DOCUMENTS. The words "Related Documents" mean all promissory notes, security agreements, mortgages, deeds of trust, deeds to secure debt, business loan agreements, construction loan agreements, resolutions, guaranties, environmental agreements, subordination agreements, assignments, and any other documents or agreements executed in connection with the indebtedness evidenced hereby this Note.

whether now or hereafter existing, including any modifications, extensions, substitutions or renewals of any of the foregoing. The Related Documents are hereby made a part of this Note by reference thereto, with the same force and effect as if fully set forth herein.

DEFAULT. Upon the occurrence of any one of the following events (each, an "Event of Default" or "default" or "event of default"), Lender's obligations, if any, to make any advances will, at Lender's option, immediately terminate and Lender, at its option, may declare all indebtedness of Borrower to Lender under this Note immediately due and payable without further notice of any kind notwithstanding anything to the contrary in this Note or any other agreement: (a) Borrower's failure to make any payment on time or in the amount due; (b) any default by Borrower under the terms of this Note or any other Related Documents; (c) any default by Borrower under the terms of any other agreement between Lender and Borrower; (d) the death, dissolution, or termination of existence of Borrower or any guarantor; (e) Borrower is not paying Borrower's debts as such debts become due; (f) the commencement of any proceeding under bankruptcy or insolvency laws by or against Borrower or any guarantor or the appointment of a receiver; (g) any default under the terms of any other indebtedness of Borrower to any other creditor; (h) any writ of attachment, garnishment, execution, tax lien or similar instrument is issued against any collateral securing the loan, if any, or any of Borrower's property or any judgment is entered against Borrower or any guarantor; (i) any part of Borrower's business is sold to or merged with any other business, individual, or entity; (j) any representation or warranty made by Borrower to Lender in any of the Related Documents or any financial statement delivered to Lender proves to have been false in any material respect as of the time when made or given; (k) if any guarantor, or any other party to any Related Documents terminates, attempts to terminate or defaults under any such Related Documents; (l) Lender has deemed itself insecure or there has been a material adverse change of condition of the financial prospects of Borrower or any collateral securing the obligations owing to Lender by Borrower. Upon the occurrence of an event of default, Lender may pursue any remedy available under any Related Document, at law or in equity.

GENERAL WAIVERS. To the extent permitted by law, the Borrower severally waives any required notice of presentment, demand, acceleration, intent to accelerate, protest, and any other notice and defense due to extensions of time or other indulgence by Lender or to any substitution or release of collateral. No failure or delay on the part of Lender, and no course of dealing between Borrower and Lender, shall operate as a waiver of such power or right, nor shall any single or partial exercise of any power or right preclude other or further exercise thereof or the exercise of any other power or right.

JOINT AND SEVERAL LIABILITY. If permitted by law, each Borrower executing this Note is jointly and severally bound.

SEVERABILITY. If a court of competent jurisdiction determines any term or provision of this Note is invalid or prohibited by applicable law, that term or provision will be ineffective to the extent required. Any term or provision that has been determined to be invalid or prohibited will be severed from the rest of this Note without invalidating the remainder of either the affected provision or this Note.

SURVIVAL. The rights and privileges of the Lender hereunder shall inure to the benefits of its successors and assigns, and this Note shall be binding on all heirs, executors, administrators, assigns, and successors of Borrower.

ASSIGNABILITY. Lender may assign, pledge or otherwise transfer this Note or any of its rights and powers under this Note without notice, with all or any of the obligations owing to Lender by Borrower, and in such event the assignee shall have the same rights as if originally named herein in place of Lender. Borrower may not assign this Note or any benefit accruing to it hereunder without the express written consent of the Lender.

DUTY TO NOTIFY. Borrower agrees to notify Lender if there is any change in the beneficial ownership information provided to Lender. Additionally, Borrower agrees to provide Lender with updated beneficial ownership information in the event there is any change in the beneficial ownership information provided to Lender.

GOVERNING LAW. This Note is governed by the laws of the state of Texas except to the extent that federal law controls.

HEADING AND GENDER. The headings preceding text in this Note are for general convenience in identifying subject matter, but have no limiting impact on the text which follows any particular heading. All words used in this Note shall be construed to be of such gender or number as the circumstances require.

ATTORNEYS' FEES AND OTHER COSTS. Borrower agrees to pay all of Lender's costs and expenses in connection with the enforcement of this Note including, without limitation, reasonable attorneys' fees, to the extent permitted by law.

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

See Exhibit "A" attached hereto and made a part hereof.

WAIVER OF JURY TRIAL. All parties to this Note hereby knowingly and voluntarily waive, to the fullest extent permitted by law, any right to trial by jury of any dispute, whether in contract, tort, or otherwise, arising out of, in connection with, related to, or incidental to the relationship established between them in this Note or any other instrument, document or agreement executed or delivered in connection with this Note or the Related Documents.

By signing this Note, Borrower acknowledges reading, understanding, and agreeing to all its provisions and receipt hereof.

DocuSigned by
Hemina Flores Benavidez
AEC74A00D648402

7/8/2020

By: Hemina Flores Benavidez Date 06/30/2020
Its: Owner

EXHIBIT "A" TO TEXAS NATIONAL BANK COMMERCIAL NOTE

LOAN # 991190

BORROWER ACKNOWLEDGES, WARRANTS, REPRESENTS AND AGREES THE FOLLOWING:

- (I) ALL REPRESENTATIONS, WARRANTIES, AND DISCLOSURES SET FORTH IN BORROWER'S APPLICATION FOR THE PAYCHECK PROTECTION PROGRAM VIA THE U.S. SMALL BUSINESS ADMINISTRATION (THE "PROGRAM") ARE INCORPORATED HEREIN BY REFERENCE, AND CONTINUE TO BE TRUE AND CORRECT;
- (II) REPAYMENT OF THE LOAN PROCEEDS SHALL BE REQUIRED UNLESS AND UNTIL BORROWER QUALIFIES, CONFIRMS AND OBTAINS PAYMENT RELIEF UNDER THE TERMS OF THE PROGRAM;
- (III) FORGIVENESS, WAIVER, OR OTHER RELIEF FROM THE PAYMENT TERMS OF THE LOAN SHALL BE DETERMINED SOLELY BY THE TERMS OF THE PROGRAM AND BORROWER'S QUALIFICATIONS THEREUNDER;
- (IV) APPROVAL AND CLOSING OF THE LOAN DOES NOT ESTABLISH BORROWER'S QUALIFICATION, NOR DOES IT CREATE, EVIDENCE OR AUTOMATICALLY GUARANTEE BORROWER'S QUALIFICATION FOR REPAYMENT RELIEF; AND
- (V) THE BANK DOES NOT REPRESENT, WARRANT, OR GUARANTEE BORROWER'S QUALIFICATION FOR PAYMENT RELIEF UNDER THE PROGRAM.

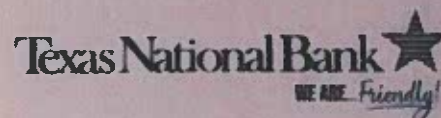
Borrower:

DocuSigned by:

7/8/2020
AE674A009540402

By **Herminia Flores Benavidez** Date **06/30/2020**
Its: **Owner**

COMMERCIAL LOAN SETTLEMENT STATEMENT



LOAN NUMBER	AGREEMENT DATE	PROCESSOR
991190	06/30/2020	Lisa Yanez

BORROWER INFORMATION Herminia Flores dba Juanitos Restaurant

331 N TEXAS AVE
MERCEDES, TX

BORROWER. The term "Borrower" means each person or legal entity identified above in the BORROWER INFORMATION section.

LENDER. "Lender" is Texas National Bank whose address is 4908 S. Jackson Rd, Edinburg, Texas 78539.

TOTAL LOAN AMOUNT	\$ 11,300.00
--------------------------	---------------------

DISBURSEMENTS	
AMOUNT GIVEN DIRECTLY TO BORROWER	\$ 11,300.00
AMOUNTS PAID TO OTHERS ON BORROWERS BEHALF	
TOTAL FUNDS DISBURSED	\$ 11,300.00

By signing this Settlement Statement, each Borrower acknowledges reading, understanding and receiving a copy of a completed copy of this statement.

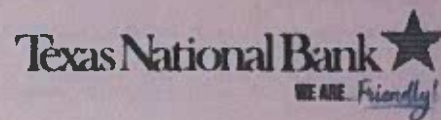
DocuSigned by:

7/8/2020

AEC71A0000648402

By Herminia Flores Benavidez Date: 06/30/2020
Its: Owner

ORAL AGREEMENT DISCLAIMER



LOAN NUMBER	DATE	PRINCIPAL AMOUNT	MATURITY DATE	PROCESSOR
991190	06/30/2020	\$ 11,300.00	06/30/2025	Lisa Yanez

BORROWER INFORMATION

Herminia Flores dba Juanitos Restaurant

331 N TEXAS AVE

MERCEDES, TX

PARTIES. "Parties" means collectively each person or legal entity who signs this Oral Agreement Disclaimer.

LENDER. "Lender" means Texas National Bank whose address is 4908 S. Jackson Rd, Edinburg, Texas 78539, its successors and assigns.

WRITTEN LOAN AGREEMENT. Means one or more promises, promissory notes, agreements, undertakings, security agreements, deeds of trust or other documents, or commitments, or any combination of those actions or documents pursuant to which Lender loans or delays repayment of or agrees to loan or delay repayment of money, goods or another thing of value or to otherwise extend credit or make financial accommodation.

The Parties and Lender have entered into a Written Loan Agreement. It is the intention of the Parties and Lender that this Oral Agreement Disclaimer be incorporated by reference into each of the documents executed for this transaction.

THIS WRITTEN LOAN AGREEMENT REPRESENTS THE FINAL AGREEMENT BETWEEN PARTIES AND, TO THE EXTENT PERMITTED BY LAW, MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS, OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES.

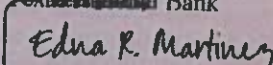
THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.

By signing this Oral Agreement Disclaimer, each party acknowledges reading, understanding, and agreeing to all of the provisions.

DocuSigned by:

AEC74A000548402 7/8/2020

By: Herminia Flores Benavidez Date 06/30/2020
Its: Owner

Texas National Bank

858C30547D7E431 7/8/2020

By: Edna R. Martinez Date 06/30/2020
Its: Senior Vice-President

8. Discussion and Action: Mercedes Small Business Recovery Grant- Ramiro Ramirez, \$5,000

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 9/4/20
Re: Mercedes Small Business Grant Program

Recommendation:

Raquel Hinojosa – Approve 3K
Javier De La O – Approve 3K
Sabino Martinez – Approve 3K
Herminia Flores – Approve 5K
Ramiro Ramirez – Approve 5K
Sonia Martinez – 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: Ramiro Ramirez Jr.
Name of Business: Ram Ramirez Enterprises Inc.
Business Type: Auto Mechanic and Electrical Services
Address of Business: 1730 E IH 2 Mercedes, TX 78570
Email Address: Ramiro.ramirez04@gmail.com Phone Number: 956-874-5483

BUSINESS OWNERSHIP

Tax ID #: 71-0929685
Entity Name: Ram Ramirez Enterprises Inc.
Name of business owner (if different from above): Ramiro & Maria Elena Ramirez
Number of years in business: 17

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 #: 13 (Part-time # employees:)

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

Yes 1 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.*

_____ Rent/mortgage payment. List specific amount.	\$ _____
_____ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<u>X</u> Employee support (salaries, insurance, paid leave)	\$ <u>5,000.00</u>
_____ 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 \$ <u>5,000.00</u>	

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: First Community Bank
Name of your Bank Officer: Luis Cortinas
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?

yes Paycheck Protection Program (PPP) Requested amount: 79,000
yes Economic Injury Disaster Loan (EIDL) Requested amount: Maximum

**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.**

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

LL 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.)

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

LL 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.

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


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

LL 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 Ram Ramirez Enterprises Inc.

Written: Ramiro Ramirez Jr.
Legal Representative

Vice President
Title

Signed: 
Legal Representative

Vice President
Title

Signed as Individual: _____

Date 8/7/20

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 OR

Deliver to: DCM Office (NE Ohio/4th 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 4th 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.

Request for Taxpayer Identification Number and Certification

► Go to 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. Ram Ramirez Enterprises Inc.	
	2 Business name/disregarded entity name, if different from above Zerimar Lighting Solutions	
	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 type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" 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) ► Notes: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <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. PO Box 26		Requester's name and address (optional)
6 City, state, and ZIP code Mercedes, TX 78570		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-				-	
Or								
Employer identification number								
7	1	-	0	9	2	9	6	8 5

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 ► 8/1/2020
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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.

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

BS
F

DRIVER LICENSE

Steven A. McLean DIRECTOR

4d DL 08355707

9 Class C

4a ISS 04/12/2017

4b Exp 03/07/2023

3 DOB 03/07/1956

1 RAMIREZ

2 MARIA ELENA

8 2947 E BUSINESS 83

MERCEDES TX 78570-0000

12 Restrictions NONE

9a End

NONE

16 Hgt 5'-02"

15 Sex F

18 Eyes BRO

BRO

5 DD 00619780045152328840



Maria Elena Ramirez

Texas

COMMERCIAL
DRIVER LICENSE

LETICIA A. MAO CLERK DIRECTOR

4d CDL 07667258
4a Iss 05/01/2018
3 DOB 11/08/1954

9 Class A
4b Exp 11/08/2021

1 RAMIREZ
2 RAMIRO

8 2947 E BUS 83
MERCEDES TX 78570-0000

12 Restrictions NONE
16 Hgt 5'-08" 15 Sex M 18 Eyes BRO
9a End NONE
5 DD 10312810152021888720



[Handwritten signature]

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 for
instructions and the latest information.

QBME2901L 06/27/20

Employer identification number (EIN)	71-0929685
Name (not your trade name)	RAM RAMIREZ ENTERPRISES INC.
Trade name (if any)	
Address	PO BOX 26
	MERCEDES TX 78570

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)	13																												
2	Wages, tips, and other compensation	45066.92																												
3	Federal income tax withheld from wages, tips, and other compensation	2062.78																												
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><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>45066.92 x .124 =</td><td>5588.30</td></tr><tr><td>5a (i)</td><td>Qualified sick leave wages</td><td>x .062 =</td><td>0.00</td></tr><tr><td>5a (ii)</td><td>Qualified family leave wages</td><td>x .062 =</td><td>0.00</td></tr><tr><td>5b</td><td>Taxable social security tips</td><td>0.00 x .124 =</td><td>0.00</td></tr><tr><td>5c</td><td>Taxable Medicare wages & tips</td><td>45066.92 x .029 =</td><td>1306.94</td></tr><tr><td>5d</td><td>Taxable wages & tips subject to Additional Medicare Tax withholding</td><td>0.00 x .009 =</td><td>0.00</td></tr></tbody></table>		Column 1		Column 2	5a	Taxable social security wages	45066.92 x .124 =	5588.30	5a (i)	Qualified sick leave wages	x .062 =	0.00	5a (ii)	Qualified family leave wages	x .062 =	0.00	5b	Taxable social security tips	0.00 x .124 =	0.00	5c	Taxable Medicare wages & tips	45066.92 x .029 =	1306.94	5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0.00 x .009 =	0.00	
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5a (i)	Qualified sick leave wages	x .062 =	0.00																											
5a (ii)	Qualified family leave wages	x .062 =	0.00																											
5b	Taxable social security tips	0.00 x .124 =	0.00																											
5c	Taxable Medicare wages & tips	45066.92 x .029 =	1306.94																											
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	0.00 x .009 =	0.00																											
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	6895.24																											
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	8958.02																											
7	Current quarter's adjustment for fractions of cents	7	0.02																											
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 5 through 9	10	8958.04																											
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

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

Name (not your trade name)

RAM RAMIREZ ENTERPRISES INC.

Employer identification number (EIN)

71-0929685

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	8958.04
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	8958.04
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	8958.04
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	8958.04
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: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> 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. QBME2902L 06/27/20

Tax liability:	Month 1	
	Month 2	
	Month 3	
	Total liability for quarter	

☒ 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. Total must equal line 12.

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

Page 2

Next ▶

Form 941 (Rev. 4-2020)

Name (not your trade name)

Employer identification number (EIN)

RAM RAMIREZ ENTERPRISES INC.

71-0929685

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 SANDRA CHARLTON, CPA 956-968-9568

☐ No. Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 78596 QBME2903L 07/10/20

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

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

► Sign your name here

TAXPAYER COPY

Print your name here

Print your title here

Date

Best daytime phone

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

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule DepositorsCalendar Year **2020**

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

970311Employer identification number **71-0929685**

Report for this Quarter

Name (not your trade name) **RAM RAMIREZ ENTERPRISES INC.**

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

Use this schedule to show your TAX LIABILITY for the quarter; DON'T use it to show your deposits. When you file this form with Form 941 or Form 941-SS, DON'T change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	9	17	25	
2	10	732.65	18	26
3	826.32	11	19	27
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

Tax liability for Month 1
1558.97

Month 2

1	9	17	25	
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	1228.65
6	14	22	1131.71	30
7	15	23	31	
8	16	24		

Tax liability for Month 2
2360.36

Month 3

1	9	17	25	
2	10	18	26	1302.94
3	11	19	1256.20	27
4	12	1294.56	20	28
5	1185.01	13	21	29
6	14	22	30	
7	15	23	31	
8	16	24		

Tax liability for Month 3
5038.71

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

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter
8958.04

Payroll Summary Report

ZERIMAR LIGHTING SOLUTIONS

May 22 - Jul 24, 2020

CHECK DATE	NAME	NET AMOUNT	TOTAL HOURS	TAXES WITHHELD	TOTAL DEDUCTIONS	TOTAL PAY	EMPLOYER TAXES	COMPANY CONTRIBUTIONS	TOTAL COST	EMPLOYER TAXES
07/24/2020	ALONSO FERNANDO	\$216.07	32.57	\$18.06	\$0.00	\$236.13	\$21.37	\$0.00	\$257.45	257.45
07/24/2020	BARRON III HECTOR	\$132.69	15.20	\$19.51	\$0.00	\$152.00	\$11.63	\$0.00	\$163.63	2502
07/24/2020	DIAZ JR. LUIS E	\$215.99	39.12	\$45.21	\$0.00	\$391.20	\$35.34	\$0.00	\$426.54	2503
07/24/2020	ESTRADA, GENE	\$475.73	40.49	\$74.19	\$0.00	\$549.92	\$42.08	\$0.00	\$592.00	2504
07/24/2020	MORADO JR., JESUS	\$467.55	48.60	\$81.45	\$0.00	\$527.00	\$40.46	\$0.00	\$567.46	2505
07/24/2020	RAMIREZ DANIEL	\$595.27	40.00	\$89.09	\$45.64	\$700.00	\$53.55	\$0.00	\$753.55	2496
07/24/2020	RAMIREZ SAMUEL	\$575.02	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2497
07/24/2020	RODRIGUEZ JR. FRANK	\$236.69	40.00	\$28.31	\$0.00	\$290.00	\$24.69	\$0.00	\$314.69	2498
07/24/2020	SILVA SYLVIA	\$440.40	41.50	\$66.60	\$0.00	\$507.00	\$38.78	\$0.00	\$545.78	2506
07/17/2020	ALONSO FERNANDO	\$249.55	37.27	\$20.68	\$0.00	\$270.21	\$24.41	\$0.00	\$294.62	2483
07/17/2020	BARRON III HECTOR	\$133.97	15.00	\$19.63	\$0.00	\$150.00	\$11.72	\$0.00	\$161.72	2484
07/17/2020	DIAZ JR. LUIS E	\$379.49	42.13	\$52.46	\$0.00	\$431.95	\$39.09	\$0.00	\$470.95	2485
07/17/2020	ESTRADA GENE	\$505.41	42.27	\$83.53	\$0.00	\$588.97	\$44.40	\$0.00	\$630.29	2486
07/17/2020	MORADO JR., JESUS	\$460.49	47.67	\$84.63	\$0.00	\$545.05	\$41.71	\$0.00	\$586.76	2487
07/17/2020	RAMIREZ DANIEL	\$510.41	40.00	\$49.39	\$0.00	\$559.00	\$49.67	\$0.00	\$599.67	2488
07/17/2020	RAMIREZ DANIEL	\$585.27	40.00	\$89.09	\$45.64	\$700.00	\$53.55	\$0.00	\$753.55	2490
07/17/2020	RAMIREZ MARIA E	\$500.61	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2491
07/17/2020	RAMIREZ, SAMUEL	\$575.02	40.00	\$124.94	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2492
07/17/2020	RAMIREZ, JR. RAMIRO	\$500.61	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2493
07/17/2020	Ramirez Sr. Ramiro	\$500.61	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2494
07/17/2020	RODRIGUEZ JR. FRANK	\$236.69	40.00	\$28.30	\$0.00	\$290.00	\$24.69	\$0.00	\$314.69	2495
07/17/2020	SILVA SYLVIA	\$442.93	42.35	\$69.31	\$0.00	\$512.30	\$39.96	\$0.00	\$552.26	2488
07/10/2020	ALONSO FERNANDO	\$216.07	32.10	\$17.97	\$0.00	\$233.99	\$21.21	\$0.00	\$256.11	2471
07/10/2020	BARRON III HECTOR	\$133.97	15.00	\$19.63	\$0.00	\$150.00	\$11.72	\$0.00	\$161.72	2472
07/10/2020	ESTRADA, GENE	\$460.49	42.00	\$79.54	\$0.00	\$530.00	\$41.41	\$0.00	\$571.41	2473
07/10/2020	MORADO JR., JESUS	\$467.55	43.53	\$86.50	\$0.00	\$452.95	\$33.64	\$0.00	\$487.59	2474
07/10/2020	RAMIREZ DANIEL	\$510.41	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2475
07/10/2020	RAMIREZ DANIEL	\$585.27	40.00	\$89.09	\$45.64	\$700.00	\$53.55	\$0.00	\$753.55	2477
07/10/2020	RAMIREZ MARIA E	\$500.60	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2478
07/10/2020	RAMIREZ, SAMUEL	\$575.02	40.00	\$124.93	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2479
07/10/2020	RAMIREZ, JR. RAMIRO	\$500.62	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2480
07/10/2020	Ramirez Sr. Ramiro	\$500.62	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2481
07/10/2020	RODRIGUEZ JR. FRANK	\$236.69	40.00	\$28.31	\$0.00	\$290.00	\$24.69	\$0.00	\$314.69	2482
07/10/2020	SILVA SYLVIA	\$445.33	41.90	\$67.87	\$0.00	\$513.20	\$39.33	\$0.00	\$552.53	2475
07/03/2020	ALONSO FERNANDO	\$267.82	40.00	\$27.18	\$0.00	\$290.00	\$26.18	\$0.00	\$316.18	2457
07/03/2020	BARRON III HECTOR	\$133.97	15.00	\$19.63	\$0.00	\$150.00	\$11.72	\$0.00	\$161.72	2458
07/03/2020	ESTRADA GENE	\$465.47	39.90	\$72.18	\$0.00	\$538.65	\$41.20	\$0.00	\$579.85	2459
07/03/2020	MORADO JR., JESUS	\$377.55	42.79	\$64.34	\$0.00	\$441.25	\$33.81	\$0.00	\$475.66	2460
07/03/2020	RAMIREZ DANIEL	\$510.41	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2463
07/03/2020	RAMIREZ DANIEL	\$585.27	40.00	\$89.09	\$45.64	\$700.00	\$53.55	\$0.00	\$753.55	2464
07/03/2020	RAMIREZ MARIA E	\$500.51	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2465
07/03/2020	RAMIREZ SAMUEL	\$575.02	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2466
Totals		\$52,952.21	4972.95	\$7,740.60	\$413.14	\$60,055.51	\$4,711.55	\$0.00	\$64,767.06	

CHECK DATE	NAME	NET AMOUNT	TOTAL HOURS	WAGE RATE	TOTAL DEDUCTIONS	TOTAL PAY	EMPLOYEE TAXES	COMPANY CONTRIBUTION	TOTAL COST	CHECK NUMBER
07/03/2020	RAMIREZ, JR. RAMIRO	\$500.00	40.00	\$49.39	\$0.00	\$550.00	\$19.67	\$0.00	\$569.67	2467
07/03/2020	Ramirez Sr Ramiro	\$500.00	40.00	\$49.39	\$0.00	\$550.00	\$19.67	\$0.00	\$569.67	2468
07/03/2020	RAMON MATTHEW	\$370.70	40.00	\$26.03	\$26.69	\$340.00	\$30.70	\$0.00	\$370.70	2469
07/03/2020	RODRIGUEZ JR. FRANK	\$316.18	40.00	\$26.20	\$5.00	\$290.00	\$26.18	\$0.00	\$316.18	2470
07/03/2020	SILVA SYLVIA	\$557.42	42.10	\$68.52	\$0.00	\$517.60	\$39.82	\$0.00	\$557.42	2482
06/26/2020	ALOISO FERNANDO	\$426.87	32.14	\$18.91	\$0.00	\$427.32	\$27.35	\$0.00	\$454.67	2484
06/26/2020	BARRON III HECTOR	\$413.72	40.00	\$26.03	\$0.00	\$400.00	\$33.72	\$0.00	\$433.72	2485
06/26/2020	ESTRADA GENE	\$617.76	42.36	\$80.66	\$0.00	\$587.70	\$44.97	\$0.00	\$632.67	2486
06/26/2020	MORADO JR. JESUS	\$559.33	27.70	\$77.39	\$0.00	\$518.50	\$40.83	\$0.00	\$559.33	2487
06/26/2020	RAMIREZ DAMARIS	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2489
06/26/2020	RAMIREZ DANIEL	\$757.86	40.00	\$69.09	\$45.64	\$700.00	\$57.86	\$0.00	\$757.86	2490
06/26/2020	RAMIREZ MARIA E	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2491
06/26/2020	RAMIREZ SAMUEL I	\$753.55	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2492
06/26/2020	RAMIREZ, JR. RAMIRO	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2493
06/26/2020	Ramirez Sr. Ramiro	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2494
06/26/2020	RAMON MATTHEW	\$502.02	42.42	\$41.94	\$26.69	\$461.00	\$41.62	\$0.00	\$502.62	2497
06/26/2020	RODRIGUEZ JR. FRANK	\$316.20	40.00	\$26.31	\$5.00	\$290.00	\$26.20	\$0.00	\$316.20	2498
06/26/2020	SILVA SYLVIA	\$560.51	42.26	\$69.07	\$0.00	\$520.68	\$39.83	\$0.00	\$560.51	2499
06/19/2020	ALOISO FERNANDO	\$456.01	32.64	\$18.10	\$0.00	\$426.64	\$29.37	\$0.00	\$456.01	2500
06/19/2020	BARRON III H. CTOR	\$432.73	40.00	\$26.03	\$0.00	\$400.00	\$33.73	\$0.00	\$433.73	2501
06/19/2020	ESTRADA GENE	\$598.32	40.78	\$75.22	\$0.00	\$555.80	\$42.52	\$0.00	\$598.32	2502
06/19/2020	MORADO JR. JESUS	\$549.28	43.61	\$64.77	\$0.00	\$454.22	\$36.28	\$0.00	\$549.28	2503
06/19/2020	RAMIREZ DAMARIS	\$559.67	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2506
06/19/2020	RAMIREZ DANIEL	\$759.01	40.00	\$69.09	\$45.64	\$700.00	\$59.01	\$0.00	\$759.01	2507
06/19/2020	RAMIREZ MARIA E	\$559.67	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2508
06/19/2020	RAMIREZ SAMUEL I	\$753.55	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2509
06/19/2020	RAMIREZ JR. RAMIRO	\$559.67	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2510
06/19/2020	Ramirez Sr Ramiro	\$559.67	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2511
06/19/2020	RAMON MATTHEW	\$422.42	42.72	\$49.64	\$26.69	\$367.13	\$34.99	\$0.00	\$422.42	2512
06/19/2020	RODRIGUEZ JR. FRANK	\$316.18	40.00	\$26.30	\$5.00	\$290.00	\$26.18	\$0.00	\$316.18	2513
06/19/2020	SILVA SYLVIA	\$551.31	41.91	\$66.10	\$0.00	\$511.92	\$39.39	\$0.00	\$551.31	2514
06/12/2020	ALOISO FERNANDO	\$456.17	44.30	\$25.17	\$0.00	\$436.76	\$30.41	\$0.00	\$467.17	2517
06/12/2020	BARRON I HECTOR	\$432.72	42.25	\$12.67	\$0.00	\$433.75	\$33.17	\$0.00	\$466.92	2518
06/12/2020	ESTRADA GENE	\$597.31	40.00	\$72.43	\$0.00	\$550.00	\$47.31	\$0.00	\$597.31	2519
06/12/2020	MORADO JR. JESUS	\$549.28	50.55	\$87.21	\$0.00	\$558.25	\$47.06	\$0.00	\$605.31	2520
06/12/2020	RAMIREZ, DAMARIS	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2523
06/12/2020	RAMIREZ, DANIEL	\$759.01	40.00	\$69.09	\$45.64	\$700.00	\$59.01	\$0.00	\$759.01	2524
06/12/2020	RAMIREZ, MARIA E	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2525
06/12/2020	RAMIREZ SAMUEL I	\$753.55	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2526
06/12/2020	RAMIREZ, JR. RAMIRO	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2527
06/12/2020	Ramirez Sr Ramiro	\$559.66	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2528
06/12/2020	RAMON MATTHEW	\$343.08	37.02	\$24.07	\$26.69	\$314.67	\$28.41	\$0.00	\$343.08	2529
06/12/2020	RODRIGUEZ JR. FRANK	\$316.19	40.00	\$26.31	\$5.00	\$290.00	\$26.19	\$0.00	\$316.19	2530
06/12/2020	SILVA SYLVIA	\$557.69	42.05	\$68.35	\$0.00	\$516.90	\$42.79	\$0.00	\$559.69	2531
Totals		\$52,952.71	4,833.08	\$10.95	\$0.00	\$52,952.71	\$1,811.10	\$0.00	\$54,763.81	

CHECK DATE	NAME	GROSS AMOUNT	TOTAL HOURS	TAXES WITHHELD	TOTAL DEDUCTIONS	TOTAL PAY	EMPLOYER TAXES	EMPLOYER CONTRIBUTIONS	TOTAL COST	CHECK NUMBER
06/05/2020	ALONSO FERNANDO	\$251.62	39.08	\$21.66	\$0.00	\$283.33	\$25.51	\$0.00	\$308.90	2412
06/05/2020	BARRON III HECTOR	\$362.94	40.00	\$66.03	\$0.00	\$400.00	\$36.12	\$0.00	\$436.12	2413
06/05/2020	ESTRADA GENE	\$251.62	38.52	\$63.90	\$0.00	\$250.00	\$37.78	\$0.00	\$287.80	2414
06/05/2020	MORADO JR. JESUS	\$379.17	44.44	\$64.83	\$0.00	\$444.40	\$37.46	\$0.00	\$481.86	2415
06/05/2020	RAMIREZ DANIEL	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2416
06/05/2020	RAMIREZ DANIEL	\$550.00	40.00	\$49.39	\$45.64	\$700.00	\$63.21	\$0.00	\$763.21	2417
06/05/2020	RAMIREZ MARIA E	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2418
06/05/2020	RAMIREZ SAMUEL I	\$753.55	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2419
06/05/2020	RAMIREZ JR. RAMIRO	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2420
06/05/2020	Ramirez, Sr. Ramiro	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2421
06/05/2020	RODRIGUEZ JR. FRANK	\$316.19	40.00	\$28.30	\$0.00	\$290.00	\$26.19	\$0.00	\$316.19	2422
06/05/2020	SILVA SYLVIA	\$485.76	40.48	\$62.86	\$0.00	\$485.76	\$40.96	\$0.00	\$526.72	2423
05/29/2020	ALONSO FERNANDO	\$251.62	40.00	\$22.69	\$0.00	\$296.53	\$26.78	\$0.00	\$323.31	2396
05/29/2020	BARRON III HECTOR	\$400.00	40.00	\$66.01	\$0.00	\$400.00	\$36.12	\$0.00	\$436.12	2397
05/29/2020	CANTU RICHARDO J	\$176.12	22.28	\$12.36	\$0.00	\$161.53	\$14.59	\$0.00	\$176.12	2398
05/29/2020	ESTRADA GENE	\$287.80	41.07	\$76.25	\$0.00	\$364.47	\$44.39	\$0.00	\$408.86	2399
05/29/2020	MORADO JR. JESUS	\$481.86	43.27	\$65.76	\$0.00	\$449.05	\$38.20	\$0.00	\$487.25	2400
05/29/2020	RAMIREZ, DANIEL	\$550.00	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2389
05/29/2020	RAMIREZ DANIEL	\$763.21	40.00	\$69.09	\$45.64	\$700.00	\$63.21	\$0.00	\$763.21	2390
05/29/2020	RAMIREZ MARIA E	\$550.00	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2391
05/29/2020	RAMIREZ, SAMUEL I	\$753.55	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2392
05/29/2020	RAMIREZ JR. RAMIRO	\$550.00	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2393
05/29/2020	Ramirez, Sr. Ramiro	\$550.00	40.00	\$49.38	\$0.00	\$550.00	\$49.66	\$0.00	\$599.66	2394
05/29/2020	RODRIGUEZ JR. FRANK	\$316.19	40.00	\$28.31	\$0.00	\$290.00	\$26.19	\$0.00	\$316.19	2395
05/29/2020	SILVA SYLVIA	\$526.72	41.44	\$68.40	\$0.00	\$555.92	\$47.63	\$0.00	\$548.55	2401
05/29/2020	ALONSO FERNANDO	\$308.90	41.76	\$23.61	\$0.00	\$308.92	\$27.90	\$0.00	\$336.82	2384
05/29/2020	BARRON III HECTOR	\$436.12	40.00	\$66.03	\$0.00	\$400.00	\$36.12	\$0.00	\$436.12	2385
05/29/2020	CANTU RICHARDO J	\$187.71	24.00	\$12.31	\$0.00	\$174.00	\$15.71	\$0.00	\$189.71	2386
05/29/2020	ESTRADA GENE	\$408.86	41.74	\$76.65	\$0.00	\$475.24	\$48.50	\$0.00	\$523.74	2387
05/29/2020	MORADO JR. JESUS	\$487.25	43.50	\$66.42	\$0.00	\$452.50	\$40.95	\$0.00	\$493.45	2388
05/29/2020	RAMIREZ DANIEL	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2377
05/29/2020	RAMIREZ DANIEL	\$763.21	40.00	\$69.09	\$45.64	\$700.00	\$63.21	\$0.00	\$763.21	2378
05/29/2020	RAMIREZ MARIA E	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2379
05/29/2020	RAMIREZ, SAMUEL I	\$753.55	40.00	\$124.98	\$0.00	\$700.00	\$53.55	\$0.00	\$753.55	2380
05/29/2020	RAMIREZ JR. RAMIRO	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2381
05/29/2020	Ramirez, Sr. Ramiro	\$550.00	40.00	\$49.39	\$0.00	\$550.00	\$49.67	\$0.00	\$599.67	2382
05/29/2020	RODRIGUEZ JR. FRANK	\$316.19	40.00	\$28.30	\$0.00	\$290.00	\$26.19	\$0.00	\$316.19	2383
	Totals	\$52,952.21	4932.95	\$7,369.69	\$613.16	\$60,935.06	\$5,169.47	\$0.00	\$66,104.53	



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

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

May 20, 2020

Maria Ramirez
Ram Ramirez Enterprises Inc
1730 E I-2 Frontage Ste 1
Mercedes, TX 78570

RE: SBA Disaster Loan Application Number: 3302720658

Dear Maria Ramirez,

In these unprecedented times, we understand the challenges you are facing. The SBA is making every effort to support small businesses, which are the backbone of the American economy. Unfortunately, although we have made every effort to approve your loan request, we are unable to offer you a Economic Injury Disaster Loan (EIDL) for the reason(s) described below. We are pleased that we were able to give you an EIDL Advance under this program even though we are unable to make you a loan. We hope the Advance funds will provide some relief in these difficult circumstances.

Economic injury is not substantiated.

Based on the information you provided in your loan application, we have determined your economic injury is not substantiated. We made this determination for one of the following two reasons:

1. Your economic injury is less than the amount you received from the EIDL Advance. As a result, we are unable to substantiate any additional eligibility at this time.
2. The information you submitted does not indicate an economic injury.

Please review the information you submitted in your application to make sure you provided us with the Gross Sales and Cost of Goods Sold (if applicable) in the last 12 months or what was reported on your most recent Federal income tax returns. If your business is a non-profit organization, please ensure you provided the cost of operation for the last 12 months. If the information you provided does not reflect the last 12 months or what is on your most recent Federal income tax returns, please follow the directions below to request reconsideration.

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

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

Your request must:

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

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

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

Sincerely,

Application Processing Department

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

**9. Discussion and Action: Mercedes Small Business
Recovery Grant – Sonia Martinez, \$5,000**

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 9/4/20
Re: Mercedes Small Business Grant Program

Recommendation:

Raquel Hinojosa – Approve 3K
Javier De La O – Approve 3K
Sabino Martinez – Approve 3K
Herminia Flores – Approve 5K
Ramiro Ramirez – Approve 5K
Sonia Martinez – Approve 5K

Time Stamp: 3:40pm

Date Stamp: 8-5-20

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: Sonia A Martinez
Name of Business: Valley Oak Tree Learning Center
Business Type: child care center
Address of Business: 841 S. Texas Ave Merced
Email Address: valleyoaktree1985@shglobal.net Phone Number: 956 565 6409
Cell # 956 778 4326

BUSINESS OWNERSHIP

Tax ID #: 74-2664100
Entity Name: Valley Oak Tree Learning Center, Inc
Name of business owner (if different from above): Carmina Flores
Number of years in business: 28 +

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.

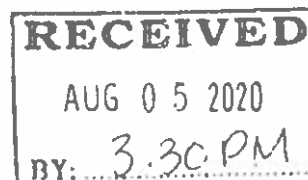
PERSONNEL

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

Full-time Employees #: 9 (Part-time # employees: 1)

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

Yes _____ No ✓



DOCUMENTS TO BE ATTACHED

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

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

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

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

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

Email: smallbuscares2020@cityofmercedes.com OR

Deliver to: DCM Office (NE Ohio/4th 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 4th 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.

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. \$ 3650.00
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ -0.-
- ☐ Employee support (salaries, insurance, paid leave) \$ -0.-
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ +/- 1248.40
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____
- ☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 101.60
- Total Amount \$ 5000

Total Grant amount requested from Mercedes DCM: \$ 5000

(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: PlainsCapital Bank

Name of your Bank Officer: Jesus Santana

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: \$42,000
☐ 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 Valley Oak Tree Learning Center

Written: Sonia A. Martinez
Legal Representative

Bus Mgr.
Title

Signed: [Signature]
Legal Representative

Bus mgr.
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 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.

Valley Oak Tree Learning Center, Inc

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

Valley Oak Tree Learning Center

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

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

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

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

Exempt payer 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.

841 S Texas Ave.

6 City, state, and ZIP code

Mercedes, TX 78570

Requester's name and address (optional)

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

7 4 - 2 6 6 4 1 0 0

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 ►

8-5-20

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.

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.

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**
(Rev. April 2020) Department of the Treasury — Internal Revenue Service

950120
OMB No. 1545-0029

Employer identification number (EIN) 74-2664100		
Name (not your trade name) Valley Oak Tree Learning Center In		
Trade name (if any)		
Address 841 S. Texas		
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 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: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	12
2	Wages, tips, and other compensation	2	53,565.01
3	Federal income tax withheld from wages, tips, and other compensation	3	505.59
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages 53,565.01	$\times 0.124 =$	6,642.06
5a	(i) Qualified sick leave wages	$\times 0.062 =$	
5a	(ii) Qualified family leave wages	$\times 0.062 =$	
5b	Taxable social security tips	$\times 0.124 =$	
5c	Taxable Medicare wages & tips 53,565.01	$\times 0.029 =$	1,553.39
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	8,195.45
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	8,701.04
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	8,701.05
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)

Valley Oak Tree Learning Center Inc

Employer identification number (EIN)

74-2664100

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

Marcela Arredondo

(956) 519-3773

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

55555

☐ No.

REV 07/13/20 OSP

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

Print your name here

Sonia A. Martinez

Print your title here

Bus. Mgr.

Date 07/28/20

Best daytime phone 956 519-6409

Paid Preparer Use OnlyCheck if you're self-employed ☐

Preparer's name

Marcela Arredondo

PTIN

P00691981

Preparer's signature

Date

7-22-20

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

Arredondo & Cabriaes, LLC

EIN

27-4081501

Address

2018 E Griffin Parkway

Phone

(956) 519-3773

City

Mission

State TX

ZIP code

78572



Account Number
Statement Date
Page

XXXXXX8001
06/30/2020
4 of 4

Account Number: XXXXXX8001

[illegible]

06/08/20	#104	\$1,825.00
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Rent check
stub
from Plains Capital
Rio Americano
\$1825 monthly

GIVE ME YOUR TIRE, YOUR T.O.O.R.

VALLEY OAK TREE LEARNING CENTER INC

956-665-6409
841 S TEXAS AVE
MERCEDES, TX 78570

PLAINSCAPITAL BANK
WWW.PLAINSCAPITAL.COM

30179

08-2298/1113

07/08/2020

PAY TO THE
ORDER OF Rio Americana LLP

\$**1,825.00

One thousand eight hundred twenty-five and 00/100

DOLLARS

Rio Americana LLP

MEMO

July 2020



⑆030179⑆ ⑆111322994⑆ 70603537⑆

ENDORSE HERE

Credit to the account of
within named payee.
Texas Regional Bank in Heringen, Texas
☐ C/PAYEE'S/ENDORSEMENT/DATE/TIME/DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
DATE _____
AUTHORIZED FOR FIN. LOCAL INSTITUTION USE

BranchName=Heringen Main
BusID=07/08/20-StartTm=5:37:54 PM
Br=7-TMO-4
RNum=114817335<

BranchName=Heringen Main
BusID=07/08/20-StartTm=5:37:54 PM
Br=7-TMO-4
RNum=114817335<

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

SERVICE CODES
 WA - Water TX - State Tax
 SE - Sewer PD - Paid Due
 GA - Garbage BP - Brush Pick up
 FF - Fire Fee

RETURN POSTAGE GUARANTEED

PRESORTED
 FIRST CLASS MAIL
 U.S. POSTAGE PAID
 MERCEDES TX
 PERMIT NO. 31

CODE	METER READING		USAGE	AMOUNT
	PREVIOUS	PRESENT		
WA	5311	431	120	69.44
SE SEWER			120	4.97
GA GARBAGE				55.00
FF FIRE FEE				3.50
BP BRUSH				4.90
T SALES TAX				7.36

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
05-0096-00	236.79
AFTER DUE DATE PAYMENT	GROSS
08/05/2020 PD BY DRAFT	
SERVICE FROM	SERVICE TO
06/05/2020	07/05/2020
SERVICE ADDRESS	
941 S TEXAS AVE	



SERVICE FROM	
06/05/2020	
SERVICE TO	
07/05/2020	
NET	GROSS
236.79	
ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	
05-0096-00	
PLEASE RETURN THIS SUBSCRIPTION	
AFTER DUE DATE PAYMENT	
08/05/2020 PD BY DRAFT	
DUE DATE IS FOR CURRENT BILL ONLY 10% PENALTY IF PAID AFTER DUE DATE SERVICE TERMINATED IF ACCOUNT REMAINS DELINQUENT FOR 7 DAYS AFTER DUE DATE \$ 0.00 RECONNECT FEE NO RECONNECTS AFTER 430 P	

SERVICE ADDRESS
941 S TEXAS AVE

SONIA MARTINEZ
 VALLEY OAK TREE
 941 S TEXAS AVE
 MERCEDES TX

Pay Online at cityofmercedes.com

6/26/2020

Payment Confirmation

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My Accounts

VALLEY OAK TREE LEARNING CENTER INC

- 10032789464415410

Payment Confirmation

Confirmation #: 4626456-96052034

Payment of \$765.01 was successfully applied to 10032789464415410 - 841 S TEXAS AVE - MERCEDES TX 78570-3529
(Account # 2622709-3)

[Back to Account](#)

Electric Bill



**Texas
Gas Service.**
A Division of ONE Gas

Payment Receipt

Your payment has been accepted

Confirmation #	942832716
Payment Type	Texas Gas Service
Account #	910123886 1048216 82
Status	ACCEPTED
Payment Date	Jul 22, 2020 – 4:46:37 PM
Payment Method	MasterCard (Debit) *****9764
Payment Amount	\$103.12
Service Fee	\$1.49
Total Amount Charged	\$104.61

00 910123886104821682 000010312

Payment Complete

Thanks for your payment. You'll receive a confirmation message shortly. It may take up to 24 hours for payments to post to your account.

Payment Info

Payment Amount	Amount Due: \$141.99
Payment Date	7/24/20
Payment Method	Checking
Account Number	XXXX3537

Back →

This is phone (voice) &
internet

Phone = 89.99
Internet = 52.00

141.99



July 8, 2020
 Invoice Number: 0258686070820
 Account Number: 8260 18 011 0258686
 Security Code: 9830
 Service At: 841 S TEXAS AVE OFC
 MERCEDES TX 78570-3529

Contact Us
 Visit us at SpectrumBusiness.net
 Or, call us at 1-866-519-1263

Summary Service from 07/08/20 through 08/07/20
 details on following pages

Previous Balance	142.57
Payments Received -Thank You	-142.57
Remaining Balance	\$0.00
Spectrum Business™ Internet	51.98
Spectrum Business™ Voice	89.97
Taxes, Fees and Charges	0.04
Current Charges	\$141.99
Total Due by 07/25/20	\$141.99

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



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
 8260 1800 NO RP 09 07092023 MPYNNVILN 01 025777 0025

VALLEY OAK TREE LEARNING CENTER
 841 S TEXAS AVE OFC
 MERCEDES TX 78570-3529



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.

Telecommunications Relay Service (TRS)

The Federal Communications Commission (FCC) has adopted use of the 711 dialing code for access to Telecommunications Relay Services (TRS). TRS permits persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities.

For more information about the various types of TRS, see the FCC's consumer fact sheet at <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>. Please dial 711 to be connected to a TRS Center.

Promotion Discount - Thank you for being a Spectrum Business Customer. We hope you are continuing to take advantage of all that your Spectrum Business Services have to offer.

When you signed up for your Spectrum Business Services, you received a promotional discounted rate on your bill. The discounted rate for your services is expiring and your services were scheduled to be billed at the standard rates. However, as a valued business customer we are pleased to offer additional savings off the standard rates beginning with your next month's statement.

Thank you. It is our pleasure to serve you.

July 8, 2020

VALLEY OAK TREE LEARNING

Invoice Number: 0258686070820
 Account Number: 8260 18 011 0258686
 Service At: 841 S TEXAS AVE OFC
 MERCEDES TX 78570-3529

Total Due by 07/25/20 **\$141.99**
 Amount you are enclosing \$

Please Remit Payment To:

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



For customer support visit [Amazon.com/contact-us](https://www.amazon.com/contact-us)

Order date: June 29, 2020

Purchase Order #:

Order #: 114-7812377-6853065

Date shipped: June 29, 2020

Ship to:

Sonia A Martinez

Valley Oak Tree Learning Center Inc

841 S TEXAS AVE

MERCEDES, TX 78570-3529

United States

Shipment details

Item description	Qty	Item price	Item subtotal
Hand Sanitizer Gel, 1 Gallon, 128 Fl Oz, 80+% Alcohol, Large Antibacterial Hand Gel Refill, Made in USA (SKU: YC-SH-32-CA) Condition: New Sold by: America Strong	1	\$49.95	\$49.95
OLINE Advanced Hand Sanitizer, 1 Gallon, 128 Fl Oz, 80+% Alcohol, Large Antibacterial Bulk Hand Gel Refill, Made in USA (SKU: YC-SH-33-CA-Ren-Prm) Condition: New Sold by: America Strong	1	\$49.95	\$49.95
Item subtotal			\$99.90
Shipping & handling			\$0.00
Sales tax			\$0.00
Total			\$99.90

Purchase of COVID-19
Supplies

Return or replace your item

Visit [Amazon.com/returns](https://www.amazon.com/returns)Have feedback on how we packaged your order? Tell us at [Amazon.com/packaging](https://www.amazon.com/packaging)

For customer support visit [Amazon.com/contact-us](https://www.amazon.com/contact-us)

Order date: June 11, 2020

Purchase Order #:

Order #: 114-8882558-0261039

Date shipped: June 16, 2020

Ship to:

Sonia a Martinez

503 W 15TH ST

WESLACO, TX 78596-7433

United States

Shipment details

Item description	Qty	Item price	Item subtotal
Disposable Vinyl Gloves, Clear Latex Free Powder-Free Glove, PVC Cleaning Health Gloves for Cleaning, Kitchen, Industrial, Safety Food Handling, 100PCS/Box,Medium (SKU: Gloves-1) Condition: New Sold by: shenzhen shisan yue cao shang guo yue kang hui si	1	\$16.95	\$16.95
Item subtotal			\$16.95
Shipping & handling			\$0.00
Promos & discounts			-\$0.85
Sales tax			\$1.33
Total			\$17.43

Purchase of
COVID-19
Supplies

Return or replace your item

Visit [Amazon.com/returns](https://www.amazon.com/returns)Have feedback on how we packaged your order? Tell us at [Amazon.com/packaging](https://www.amazon.com/packaging)



COPY

Paycheck Protection Program Borrower Application Form

OMB Control No : 3245-0407
Expiration Date: 09/30/2020

Check One: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable 	
Business Legal Name Valley Oak Tree Learning Center, Inc		Business TIN (EIN, SSN) 74-2664100	
Business Address 841 S. Texas Ave. Mercedes, TX 78570		Business Phone (956) 545-6409	Primary Contact Sonia A. Martinez
Average Monthly Payroll: \$ 16,906.00		x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request: \$ 42,265.00	Number of Employees: 11
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Case / Mortgage Interest <input checked="" type="checkbox"/> Utilities <input type="checkbox"/> Other (explain)			

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Carmina Flores	Owner	100%	457-58-1325	237 E. 10th St. Mercedes TX 78570

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5: <i>[Signature]</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6: <i>[Signature]</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above? <i>up</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**Paycheck Protection Program
Borrower Application Form**

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:

- CF* The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- CF* Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
- CF* The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- CF* The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- CF* I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- CF* During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- CF* I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
- CF* I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Carmine Flores
Signature of Authorized Representative of Applicant

Carmine Flores
Print Name

04-14-20
Date

Owner
Title

Eligible use of PPP loan funds and Forgiveness:

Uses of PPP Loan Funds	
	PCB SBA PPP Loan
Payroll costs	36,479.00
Cost related to the continuation of group health care benefits during periods of paid sick, medical, or family leave, and insurance premiums	
Employee salaries, commissions, or similar compensation (capped at an annualized rate of \$100k per employee)	
Rent	3650.00
Utilities	2136.00
Interest on debt incurred before 2/15/2020	
Refinance eligible EOL	
Total	\$ 42,265.00

Please complete the table above for your proposed use of PPP loan proceeds. Borrower acknowledges that it is their sole responsibility to use the PPP funds for the eligible purposes listed above. Borrower understands that it is their sole responsibility to provide the forgiveness documentation stated below.

What counts as payroll costs? Payroll costs include:

- Salary, wages, commissions, or tips (capped at \$100,000 on an annualized basis for each employee);
- Employee benefits including costs for vacation, parental, family, medical, or sick leave, allowance for separation or dismissal; payments required for the provisions of group health care benefits including insurance premiums; and payment of any retirement benefit;
- State and local taxes assessed on compensation; and
- For a sole proprietor or independent contractor: wages, commissions, income, or net earnings from self-employment, capped at \$100,000 on an annualized basis for each employee

Forgiveness Requirements:

How much of my loan will be forgiven? You will owe money when your loan is due if you use the loan amount for anything other than payroll costs, mortgage interest, rent, and utilities payments over the 8 weeks after getting the loan. Based on SBA guidance, not more than 25% of the forgiven amount may be for non-payroll costs.

You will also owe money if you do not maintain your staff and payroll

Number of Staff: Your loan forgiveness will be reduced if you decrease your full-time employee headcount.

Level of Payroll: Your loan forgiveness will also be reduced if you decrease salaries and wages by more than 25% for any employee that made less than \$100,000 annualized in 2019.

Re-Hiring: You have until June 30, 2020 to restore your full-time employment and salary levels for any changes made between February 15, 2020 and April 26, 2020

How can I request loan forgiveness? You can submit a request to the lender that is servicing the loan. The request will include documents that verify the number of full time equivalent employees and pay rates, as well as the payments on eligible mortgage, lease, and utility obligations. You must certify that the documents are true and that you used the forgiveness amount to keep employees and make eligible mortgage interest, rent, and utility payments. The lender must make a decision on the forgiveness within 60 days.

Borrower acknowledges the amount of loan forgiveness requested might be less than the amount actually forgiven once lender submits information to the SBA.

x Carmen Ifer

Signature of Authorized Representative of Business

Borrower Certification

(please select and certify the one option that fits your business)

cf I, Carmina Flores, certify that no individual employee's annual payroll costs exceed \$100,000 as described on page 3 under the instructions for completing the Paycheck Protection Program Application Form (SBA Form 2483).

OR

_____, I, _____, certify the applicant has individual employees with annual payroll costs in excess of \$100,000 as described on page 3 under the instructions for completing the Paycheck Protection Program Application Form (SBA Form 2483), and have provided documentation sufficient to meet the SBA's requirements.

Payroll Includes the following:

Payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

x Carmina Flores

Signature of Authorized Representative of Business

Borrower Certification of Total Number of Employees

I, Carmina Flores, certify that the total number of employees related to all entities which have common ownership and management as documented on Addendum A, as required by Question 3 on Paycheck Protection Program Borrower Application Form ("SBA Form 2483"), is less than 500 employees.

x Carmina Flores

Signature of Authorized Representative of Business

10. Adjournment