

## **9. Discussion and Action: Mercedes Small Business Recovery Grant – Gladis E. Munoz, \$3,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 9/11/20  
**Re:** Mercedes Small Business Grant Program

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Recommendation:

Ashley Werbiski – Approve 5K  
Gloria Gannon – Approve 3K  
Gladis E. Munoz – Approve 3K  
Viridiana Manzano – 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: Gladis E Muñoz  
Name of Business: La Mejico Bakery  
Business Type: Food Truck  
Address of Business: 5001 E Expressway 83 Mercedes, Tx  
Email Address: Glamour300@aol.com Phone Number: 956 536-0984

### BUSINESS OWNERSHIP

Tax ID #: EIN-84-3352616  
Entity Name: La Mejico Bakery  
Name of business owner (if different from above): Marco A Muñoz  
Number of years in business: 1

### 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 #: \_\_\_\_\_ (Part-time # employees: 1)

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

Yes \_\_\_\_\_ No ✓

Is your business operated as a sole proprietorship?

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

## USE OF FUNDS

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

AAA Rent/mortgage payment. List specific amount.

\$ 3278.97

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

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

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

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

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

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

Total Grant amount requested from Mercedes DCM: \$ 3000

(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: Bank of America

Name of your Bank Officer: N/A

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

If no, why not?

I can't find a bank officer. The bank is close most of the time

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

☐ Paycheck Protection Program (PPP)

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

☐ Economic Injury Disaster Loan (EIDL)

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

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

If not, why not?

I never imagine that this situation take long time

## 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.**

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

AAA 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.)

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

AAA 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.

AAA 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.

AAA 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 La Mexico Bakery LLC

Written: \_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Title

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

Date 8-17-20

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific instructions on page 2

Name (as shown on your income tax return)

Business name, if different from above

*La Mexico Bakery*

Check appropriate box: ☐ Individual/  
Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶

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

*3825 E Expressway 83*

City, state, and ZIP code

*Weslaco Tx 78599*

List account number(s) here (optional)

Requester's name and address (optional)

☐ Exempt from backup  
withholding

## 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 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 chart on page 4 for guidelines on whose number to enter.

Social security number

|| + || + || + || + ||

OR

Employer identification number

*84-33526116*

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**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 4.)

Sign  
Here Signature of  
U.S. person ▶

Date ▶ *8-17-20*

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

In 3 above, 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Texas

USA  
TX

DRIVER LICENSE



DL 28064998    Class C  
Iss 05/06/2019    Exp 04/04/2025  
DOB 04/04/1964  
MUNOZ-SANCHEZ  
2 MARCO ANTONIO  
20632 TIMBERLAND DR  
HARLINGEN TX 78550-0000  
12 Restrictions NONE    9a End NONE  
16 Hgt 5'-07"    16 Sex M    18 Eyes BRO  
5 DD 36310980059026978810

25064960 20/9050701

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

☐ Directive to physician  
has been filed at tel #

☐ Emergency  
contact number

☐ Allergic reaction  
to drugs

CLASS: G-Single or comb vch w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or  
≥ 15 pass, including driver

RESTRICTIONS - NONE

ENDORSEMENTS:  
NONE

REV. 10/10/2016



**Request for Taxpayer  
Identification Number and Certification**

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

Give Form to the  
requestor. 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.

**SIMON PROPERTY GROUP (ILLINOIS) LP**

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

**RIO GRANDE VALLEY PREMIUM OUTLETS / MERCEDES PREMIUM OUTLETS LP**

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

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

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

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) **P**

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

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

Exemption from FATCA reporting

code (if any) \_\_\_\_\_

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

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

**5001 EAST US EXPRESSWAY 83 SUITE 750**

Requester's name and address (optional)

6 City, state, and ZIP code

**MERCEDES, TX 78750**

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 withholdings. 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 1, 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.

Social security number

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

or

Employer identification number

**3 5 - 1 9 0 4 9 3 3**

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.

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. Person **See Sign**

Date **8/17/2020**

**General Instructions**

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

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

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)
  - Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later*.

Provided Pursuant to Reg §31.3406(h)-3. Certificates

Cat. No. 10231X

Form W-9 (Substitute Form)

## Business Fundamentals Chk - 1842: Account Activity Transaction Details

Check number: 00000001055

Post date: 06/16/2020

Amount: -1,500.00

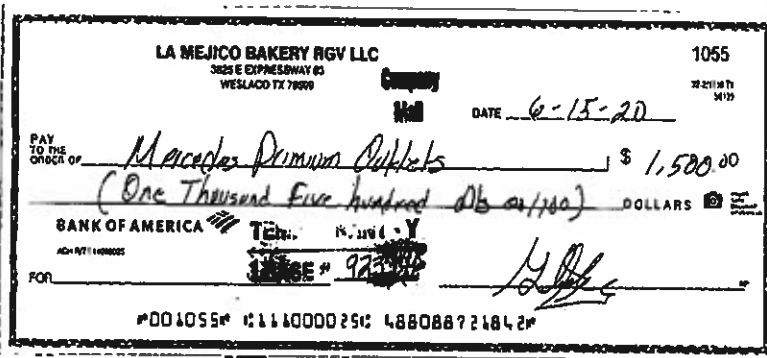
Type: Check

Description: Check

Merchant name: Check

?

Transaction category: Cash, Checks &amp; Misc: Checks



LA MEJICO BAKERY RGV LLC  
3825 E EXPRESSWAY #3  
WESLACO TX 79699

Company  
Mail

DATE 6-15-20

1055

PAY TO THE ORDER OF Mercedes Primm Ojeda \$ 1,500.00

(One Thousand Five hundred 00/100) DOLLARS

BANK OF AMERICA

TECH. N. 1001 - Y

1055 # 923

FOR

001055# 01110000250 488088721842

**Business Fundamentals Chk - 1842: Account Activity Transaction Details****Check number:** 00000001072**Post date:** 07/14/2020**Amount:** -870.97**Type:** Check**Description:** Check**Merchant name:** Check**Transaction category:** Cash, Checks & Misc: Checks

LA MEJICO BAKERY RGV LLC 3025 E EXPRESSWAY 83 WESLACO TX 78080		1072
DATE 7-10-20		2018 06 30
PAY TO THE ORDER OF Mercedes Premium Outlets		\$ 870.97
(Eight hundred Seventy dollars and 97/100)		DOLLARS
BANK OF AMERICA		TEMP. NAME: Y
FOR		14/10/20
⑈001072⑈ ⑆111000025⑆ 488088721842⑈		

## Business Fundamentals Chk - 1842: Account Activity Transaction Details

Check number: 00000001082

Post date: 08/13/2020

Amount: -900.00

Type: Check

Description: Check

Merchant name: Check

?

Transaction category: Cash, Checks &amp; Misc: Checks

LA MEJICO BAKERY RGV LLC 3005 E EXPRESSWAY 83 WEBLACO TX 76094		1082
DATE <u>8-13-20</u>		2020/08/13
PAY TO THE ORDER OF <u>Mercedes Premium Outlets</u>		\$ 900.00
<u>(Nine hundred dills 00/100)</u>		DOLLARS
BANK OF AMERICA		TEMP TENANT - Y
FOR <u>LEASE # 931111</u>		<u>M. J. Lopez</u>
⑆001082⑆ ⑆111000025⑆ 488088721862⑆		

**Application for Automatic Extension of Time  
To File U.S. Individual Income Tax Return**► Go to [www.irs.gov/Form4868](http://www.irs.gov/Form4868) for the latest information.

OMB No. 1545-0074

**2019**

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment* on page 3.
2. You can file Form 4868 electronically by accessing IRS e-file using your home computer or by using a tax professional who uses e-file.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).

**It's Convenient,  
Safe, and Secure**

IRS e-file is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order (see page 3).

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to [IRS.gov](http://IRS.gov) and click on *freefile*.

**Pay Electronically**

You don't need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).

**E-file Using Your Personal Computer  
or Through a Tax Professional**

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2018 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).

**File a Paper Form 4868**

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

For information on using a private delivery service, see page 4.

**Note:** If you're a fiscal year taxpayer, you must file a paper Form 4868.

**General Instructions****Purpose of Form**

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined on page 2) and a U.S. citizen or resident) to file Form 1040, 1040-SR, 1040-NR, 1040-NR-EZ, 1040-PR, or 1040-SS.

**Gift and generation-skipping transfer (GST) tax return (Form 709).** An extension of time to file your 2019 calendar year income tax return also extends the time to file Form 709 for 2019. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2019. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2019, see the instructions for Forms 709 and 8892.

**Qualifying for the Extension**

To get the extra time, you must:

1. Properly estimate your 2019 tax liability using the information available to you.
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



*Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty on page 2. Any remittance you make with your application for extension will be treated as a payment of tax.*

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

▼ DETACH HERE ▼

**Application for Automatic Extension of Time  
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

**2019**

For calendar year 2019, or other tax year beginning , 2019, and ending , 20

**Part I Identification**

1 Your name(s) (see instructions)

**GLADIS E & MARCO A MUNOZ**

Address (see instructions)

**1634 MURRAH ST**

City, town, or post office

State

ZIP code

**HARLINGEN****T X****78550**

2 Your social security number

**639-48-4638**

3 Spouse's social security number

**639-48-5334****Part II Individual Income Tax**

4 Estimate of total tax liability for 2019 . . . \$

5 Total 2019 payments . . .

6 Balance due. Subtract line 5 from line 4  
(see instructions) . . .

7 Amount you're paying (see instructions) . ►

8 Check here if you're "out of the country" and a U.S.  
citizen or resident (see instructions) . . . ☐9 Check here if you file Form 1040-NR or 1040-NR-EZ and  
didn't receive wages as an employee subject to U.S.  
income tax withholding . . . ☐

## ACKNOWLEDGEMENT REPORT

### TRANSMISSION INFORMATION

IRS Transmission Received MEF A2A

### \*\* EXTENSION \*\* ACCEPTED RETURNS

SSN	ACCEPTED	SUBMISSIONID	NAME
639-48-4638	07-15-2020	74391620201971452679	GLADIS E & MARCO A MUNOZ

1040

Department of the Treasury—Internal Revenue Service

(99)

## U.S. Individual Income Tax Return

2018

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **GLADIS E** Last name: **MUNOZ** Your social security number: **639-48-4638**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: **MARCO A** Last name: **MUNOZ** Spouse's social security number: **639-48-5334**

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien ☐ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. **1634 MURRAH ST** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **HARLINGEN TX 78550**

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.)	Child tax credit	Credit for other dependents
<b>LUIS B</b>	<b>MUNOZ</b>	<b>640-80-5190</b>	<b>SON</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Your signature: *[Signature]* Date: **10-15-19** Your occupation: **COUNSELOR**

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: **SALES**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Preparer's name: **REYES ROELAS JR (RTRP)** Preparer's signature: *[Signature]* PTIN: **E00186794** Firm's EIN: **20-5198481** Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name: **TRIPLE R-TIME TAX AND INSURANCE** Phone no. **956-412-9000**

Firm's address: **223 W TYLER AVE HARLINGEN TX 78550**

1 Wages, salaries, tips, etc. Attach Form(s) W-2. **36,072**

2a Tax-exempt interest. **2a** \_\_\_\_\_ b Taxable interest. **2b** \_\_\_\_\_

3a Qualified dividends. **3a** \_\_\_\_\_ b Ordinary dividends. **3b** \_\_\_\_\_

4a IRAs, pensions, and annuities. **4a** \_\_\_\_\_ b Taxable amount. **4b** \_\_\_\_\_

5a Social security benefits. **5a** \_\_\_\_\_ b Taxable amount. **5b** \_\_\_\_\_

6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22. **15,567**

7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6. **50,240**

8 Standard deduction or itemized deductions (from Schedule A). **8** **24,000**

9 Qualified business income deduction (see instructions). **9** **2,393**

10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-. **10** **23,847**

11 a Tax (see inst.) **2,478** (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ ) b Add any amount from Schedule 2 and check here ☐ **11** **2,478**

12 a Child tax credit/credit for other dependents **2,000** b Add any amount from Schedule 3 and check here ☒ **12** **2,106**

13 Subtract line 12 from line 11. If zero or less, enter -0-. **13** **372**

14 Other taxes. Attach Schedule 4. **14** **4,882**

15 Total tax. Add lines 13 and 14. **15** **5,254**

16 Federal income tax withheld from Forms W-2 and 1099. **16** **2,411**

17 Refundable credits: a EIC (see inst.) \_\_\_\_\_ b Sch 8812 \_\_\_\_\_ c Form 8863 \_\_\_\_\_

18 Add lines 16 and 17. These are your total payments. **18** **2,411**

19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid. **19** \_\_\_\_\_

20a Amount of line 19 you want refunded to you. If Form 8879 is attached, check here ☐ **20a** \_\_\_\_\_

b Routing number **XXXXXXXXXX** c Type: ☐ Checking ☐ Savings **21** \_\_\_\_\_

d Account number **XXXXXXXXXXXXXXXXXXXX** **22** **2,843**

21 Amount of line 19 you want applied to your 2019 estimated tax. **21** \_\_\_\_\_

22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions. **22** **2,843**

23 Estimated tax penalty (see instructions). **23** \_\_\_\_\_

A Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. 1037 CPT 8US011 Form 1040 (2018)

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.

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

**2018**  
Attachment  
Sequence No: **01**

Name(s) shown on Form 1040

**GLADIS E & MARCO A MUNOZ**

Your social security number  
**639-48-4638**

<b>Additional Income</b>	<b>1-9b</b>	Reserved		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes		<b>10</b>	
	<b>11</b>	Alimony received		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ		<b>12</b>	<b>13,362</b>
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797		<b>14</b>	
	<b>15a</b>	Reserved		<b>15b</b>	
	<b>16a</b>	Reserved		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		<b>17</b>	<b>2,205</b>
	<b>18</b>	Farm income or (loss). Attach Schedule F		<b>18</b>	
	<b>19</b>	Unemployment compensation		<b>19</b>	
	<b>20a</b>	Reserved		<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶		<b>21</b>	
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		<b>22</b>	<b>15,567</b>
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses	<b>23</b>		
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>24</b>		
	<b>25</b>	Health savings account deduction. Attach Form 8889	<b>25</b>		
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>	<b>1,399</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>		
	<b>29</b>	Self-employed health insurance deduction	<b>29</b>		
	<b>30</b>	Penalty on early withdrawal of savings	<b>30</b>		
	<b>31a</b>	Alimony paid b Recipient's SSN ▶	<b>31a</b>		
	<b>32</b>	IRA deduction	<b>32</b>		
	<b>33</b>	Student loan interest deduction	<b>33</b>		
	<b>34</b>	Reserved	<b>34</b>		
	<b>35</b>	Reserved	<b>35</b>		
	<b>36</b>	Add lines 23 through 35	<b>36</b>		<b>1,399</b>

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

1037 CPTS 8US0A1

Schedule 1 (Form 1040) 2018



**US RET 1040**  
**Qualified Business Income Activities**

Name(s) <b>GLADIS E &amp; MARCO A MUNOZ</b>	Tax Identification Number <b>639-48-4638</b>
--	---

Trade or Business Name:	AC SALES
Taxpayer Identification Number:	
Business Income.....	19,797
Allocated Deduction for One-Half of Self-Employment Tax...	(1,399)
Qualified Business Income.....	18,398

Trade or Business Name:	BLUE WATER
Taxpayer Identification Number:	
Business Income.....	(6,435)
Qualified Business Income.....	(6,435)

# CONDITIONAL USE PERMIT (NON-TRANSFERABLE)

FOR THE PURPOSE OF:

ISSUED TO: Marco Munoz  
3825 E Expressway 83  
Weslaco, Texas 78599

La Mexico Bakery

EXP. DATE: 12/30/20

LEGAL DESCRIPTION: Rio Grande Valley Premium Outlets  
Lot 1 BIK 1-Amended Exc N50°-31.87N, 88°-45W

## Special Conditions:

1. The proposed use must be secondary to the residential use of the property.
2. May place an 18" x 24" non-illuminated sign identifying owner and occupation. The sign must be attached to the wall of the main residential building.
3. There shall be no more than one (1) unrelated employee other than the immediate members of the family residing on the premises.
4. There shall be no outside storage of materials or products.
5. There shall be no exterior display or alterations to the house in order to accommodate the intended use.
6. The proposed use and activity must take place in the main residential structure for which the permit was granted.
7. The proposed use must not create an increase traffic flow of more than 10%.
8. The permit is non-transferable.
9. The permit is valid for one (1) month and a renewal is required twenty days prior to the expiration date. The renewal fee is \$5.

I fully understand and agree to comply with the conditions listed above.

It is acknowledged that this permit is not a transferable.

mercedes

Marco A. Munoz

Weslaco, Texas 78599



city of

**mercedes**

*la Sante floral*

**HEALTH DEPARTMENT**

**APPROVED**

**2019-2020**

**THIS CERTIFICATE MUST BE POSTED  
IN A CONSPICUOUS PLACE**

Trade Name of Business: *La Mexico Bakery*

Address: *5001 E. Expressway 83*

Approved by: *Bernie Mata*

Health Inspector: *Bernie Mata*

Approval Date: *7/6/2020*

Expiration Date: *12/30/2020*

**HAS BEEN INSPECTED AND FOUND  
TO SATISFY THE REQUIREMENT FOR  
PUBLIC HEALTH PROTECTION AS  
ESTABLISHED BY THE TEXAS STATE  
DEPARTMENT OF HEALTH**

**THIS CERTIFICATE IS THE PROPERTY  
OF THE CITY OF MERCEDES HEALTH  
DEPARTMENT AND MUST BE  
SURRENDERED ON DEMAND**



## **10. Discussion and Action: Mercedes Small Business Recovery Grant – Viridiana Manzano, \$5,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 9/11/20  
**Re:** Mercedes Small Business Grant Program

---

## Recommendation:

Ashley Werbiski – Approve 5K  
Gloria Gannon – Approve 3K  
Gladis E. Munoz – Approve 3K  
Viridiana Manzano – 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: Viridiana Manzano  
Name of Business: Felipe M Avila MD / Mercedes Pediatrics  
Business Type: Pediatric Medical Practice  
Address of Business: 100 N. Texas Ste B  
Email Address: avilapediatrics@yahoo.com Phone Number: 9565650900

### BUSINESS OWNERSHIP

Tax ID #: 450491147  
Entity Name: Felipe M. Avila MD PA  
Name of business owner (if different from above): Felipe M. Avila  
Number of years in business: 20

### 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 #: 8 (Part-time # employees: 0)

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

Yes \_\_\_\_\_ No ✓

Is your business operated as a sole proprietorship?

Yes \_\_\_\_\_ No ✓

## USE OF FUNDS

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

- ✓ Rent/mortgage payment. List specific amount. \$ 2625
- \_\_\_\_\_ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ \_\_\_\_\_
- ✓ Employee support (salaries, insurance, paid leave) \$ 1375
- ✓ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 1000
- \_\_\_\_\_ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ \_\_\_\_\_
- \_\_\_\_\_ Purchase of COVID-19 supplies for business protection/cleaning. \$ \_\_\_\_\_

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

Total Grant amount requested from Mercedes DCM: \$ 5000

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

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

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

## FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: Lone Star National Bank

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

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.**

☒ 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 Felipe M. Avila MOPA

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

Legal Representative

\_\_\_\_\_ Title

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

Legal Representative

\_\_\_\_\_ Title

Signed as Individual: Felipe M. Avila

Date 9/2/2020



# Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
See Specific Instructions on page 3.

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

FELIPE M. AVILA MD PA

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

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

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

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

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

☐ Other (see instructions) ►

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

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

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

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

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

1408 E. 8th Street

Requester's name and address (optional)

6 City, state, and ZIP code

Westaco TX 78596

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

4 5 - 0 4 9 1 1 4 7

## Part II Certification

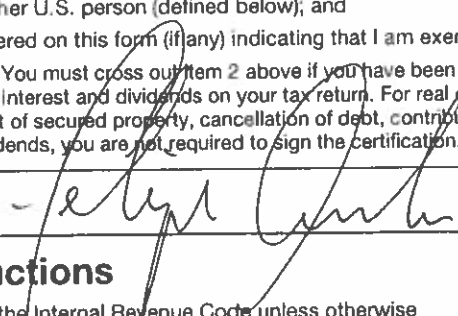
Under penalties of perjury, I certify that:

- 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 ►

8/31/2020

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



Director: *Edouard C. J. [illegible]*

### DRIVER LICENSE



4d. DL: 14229652      9. Class: C  
3. DOB: 05/30/1966      4b. Exp: 05/30/2026  
1. AVILA      4a. Iss: 05/20/2020  
2. FELIPE M  
8. 1408 E 8TH STREET  
WESLACO, TX 78596  
12. Rest: NONE      9a. End: NONE  
16. Hgt: 5'-10"      15. Sex: M      18. Eyes: BRO  
17. DO: 25629080055240608438



*Felipe Avila*

WATER DEPT  
P.O. DRAWN #33  
MERCED, TEXAS 78570  
13561565 1114

WA Water  
SE Sewer  
GA Garbage  
PF Pot Fee  
TX Solid Tar  
PD Pot Fee  
BP Bldg Packag

RETURN POSTAGE GUARANTEED

THE UNITED  
POSTAL SERVICE  
11500 N. HWY 101  
MERCED, TEXAS 78570  
13561565 1114

CODE	METER READING		USAGE	AMOUNT
	PREVIOUS	PRESENT		
WA	1	5113	1	10.00
SE	0000	0000	00	51.00
GA	00000000	00000000	1000.00	
PF	00000000	00000000	3.00	
TX	000000	000000	1.00	
BP	000000	000000	0.00	

ACCOUNT STATUS	
ACTIVE	
ACCOUNT NUMBER	NET
00-1000-00	0000.00
AFTER THE DATE PAY GROSS	GROSS
000000-0000 00 00 0000	
SERVICE FROM	SERVICE TO
00000000	00000000
SERVICE ADDRESS	
100 N. TEXAS ST	



SERVICE FROM	SERVICE ADDRESS
00000000	100 N. TEXAS ST
SERVICE TO	
00000000	

NET	AFTER THIS DATE PAY GROSS	GROSS	MERCED REGISTRATION 100 N. TEXAS AVE STE B MERCED, TX
0000.00	00000000 00 00 0000		
ACCOUNT STATUS			
00000000			
ACCOUNT NUMBER			
00000000			

Pay Online at [cityofmerced.ca.gov](http://cityofmerced.ca.gov)

FELIPE M. AVILA, M.D., P.A. / WESLACO PEDIATRICS

24002

Coach Pharmacy

8/31/2020

2,500.00  
125.00

Checking Account - L    September 2020 *Lease*

2,625.00



Green  
Mountain  
Energy

## BANK DRAFT

Green Mountain Account: 8 000 098 366 - 0 Date Due: 09/08/2020

Customer Name: WESLACO PEDIATRICS

## Questions or Comments?

Green Mountain Energy  
P.O. Box 328  
HOUSTON TX 77001-0328

Contact us at: 1- 866-280-3603  
Monday - Friday 8:00 A.M. - 5:00 P.M.  
gmebizcare@greenmountain.com

greenmountain.com  
PUCT Certificate 10009

Invoice Number	Draft Amount
116 007 592 357 4	\$ 1,453.92

\*\*\*DO NOT PAY - Account will be drafted on 09/08/2020\*\*\*

## Account Summary

Billing Date: Aug 22, 2020

Previous Amount Due	\$1,062.82
Payment by Bank Draft Draft 08/10/2020	-1,062.82
Balance Forward	0.00
Total Current Charges	1,453.92
<b>Total Due</b>	<b>\$1,453.92</b>

## Your Business is Making a Difference!

By purchasing Green Mountain Energy® electricity, you have helped avoid the emission of this much carbon dioxide (CO<sub>2</sub>) pollution over the past month.

Electricity Used (kWh)	CO <sub>2</sub> Emissions Avoided (pounds) <sup>1</sup>	Equivalent Automobile Miles Not Driven <sup>2</sup>
9,979	14,175	17,501

<sup>1</sup> Estimate based on the product's eligible new renewable content and applicable CO<sub>2</sub> emission rate from the U.S. Environmental Protection Agency's Emissions and Generation Resource Integrated Database (eGRID).

<sup>2</sup> Estimate based on U.S. Department of Transportation fuel economy statistics for an average passenger vehicle and U.S. Environmental Protection Agency CO<sub>2</sub> content of gasoline.

## Summary of Current Service Address Charges

ACCOUNT NO. INVOICE NO.	Account Name: SERVICE ADDRESS	TOTAL CHARGE
<b>1</b> 000009726695 113009647205	Weslaco Pediatrics 1408 E 8TH ST WESLACO TX 78596	\$825.96
<b>2</b> 000009737359 113009647206	Weslaco Pediatrics 100 N TEXAS AVE STE B MERCEDES TX 78570	\$627.96
<b>Total Current Service Address Charges</b>		<b>\$1,453.92</b>



Green  
Mountain  
Energy

Green Mountain Energy  
P.O. Box 328  
HOUSTON TX 77001-0328

Account: 8 000 098 366 - 0

Date Due	09/08/2020
Draft Amount	\$ 1,453.92



&gt;000102 4782693 0001 008249 10Z



Weslaco Pediatrics  
1408 E 8TH ST  
WESLACO TX 78596-6639

\*\*\*DO NOT PAY - Account will be  
drafted on 09/08/2020\*\*\*

1160075923574

027000800009836606000001453920000014539220



Reference ID CR-10983325594

CARES Act Provider Relief Fund

Tax ID Number: 450491147

Name as shown on your income tax return: Felipe M. Avila MDPA

Federal Tax Classification: S Corporation

Business Name (if different):

Street 1: 1408 E 8TH ST

Street 2:

City: WESLACO State: TX Zip: 78596

Registration Type: G

Group NPI (Group Only): 1154669158

(1) Contact Person Name: Viridiana Manzano

(2) Contact Person Title: Office Manager

(3) Contact Person Phone Number: 9569680103

(4) Contact Person Email: avilapediatrics@yahoo.com

(5) Applicant Type: PE

IF FILING TIN INCLUDES FACILITIES

(6) Number of facilities: 2 (7) Beds for all facilities: 15

(8) Total number of FTE: 5

(9) CMS Certification Number (CCN), if applicable:

REVENUES

(10) Gross Revenues: \$ 3522212

(11) Fiscal Year of Gross Revenues: 2018

(12) Percentage of Gross Revenue from Patient Care: 100 %

(13) Lost Revenues due to COVID-19: \$ 232993.40

(14) Increased Expenses due to COVID-19: \$ 3000

(15) Upload Gross Revenues Worksheet (if required):

(16) Upload Federal Tax Form:



ENTER PAYER MIX

(17) Medicare Part A + B:	0	%
(18) Medicare Part C:	0	%
(19) Medicaid:	84	%
(20) Commercial Insurer:	15	%
(21) Self-Pay:	1	%
(22) Other government payer:	0	%
(23) Other:	0	%
(24) Total:		<b>100 %</b>

(25) Total Amount received from Treasury SBA / PPP for Filing TIN and subsidiary TINs as of 5/31/2020: \$ 0

(26) Total of payments received from FEMA for Filing TIN and subsidiary TINs as of 5/31/2020: \$ 0

(27) Primary Provider FTE under filing TIN as of 5/31/2020: 5

(28) Non-Primary FTE under filing TIN as of 5/31/2020: 0


(29) Other FTE under filing TIN as of 5/31/2020: 0

(30) Number of Locations as of 5/31/2020: 2

(31) Upload FTE Worksheet:



(32) Upload IRS Form 941 for Q1 2020:



BANKING INFORMATION

(33) Bank Name: Lone Star National Bank

(35) Account Holder Name: Felipe M. Avila MDPA

(34) ABA Routing Number: 114911687

(36) Account Number: 32517424

OPTIONAL FIELDS

(37) Optional Field Code #1: (38) Optional Field #1:

(39) Optional Field Code #2: (40) Optional Field #2:

(41) Optional Field Code #3: (42) Optional Field #3:

OPTIONAL UPLOADS

(43) Optional Upload Code #1: (44) Optional Upload #1:

(45) Optional Upload Code #2: (46) Optional Upload #2:

(47) Optional Upload Code #3: (48) Optional Upload #3:

# Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
 See Specific Instructions on page 31.

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.  
**COACH'S RX, INC**

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

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

☐ Individual sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

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

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

☐ Other (see instructions) ►

4 Exemption codes apply only to certain entities, not individuals. See instructions on page 31.

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

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

5 Address (number, street, and apt. or suite no.). See instructions.  
**100 N TEXAS STE A**

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

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OR

Employer identification number

0	4		3	5	9	0	5	7	6
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## 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 ► *[Signature]* 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](http://www.irs.gov/FormW9).

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



**FELIPE AVILA, M.D., P.A.**  
**All Payments Issued for Coach Pharmacy**  
**All Transactions**

Type	Num	Date	Amount
Check	24001	08/31/2020	2,625.00
Check	24002	08/31/2020	2,625.00
Check	24089	07/14/2020	2,625.00
Check	23910	06/02/2020	125.00
Check	23911	06/02/2020	4,900.00
Check	23892	05/04/2020	4,900.00
Check	23893	05/04/2020	125.00
Check	23873	04/02/2020	125.00
Check	23676	04/02/2020	4,900.00
Check	23865	03/02/2020	4,900.00
Check	23866	03/02/2020	125.00
Check	23849	02/03/2020	125.00
Check	23850	02/03/2020	4,900.00
Check	23840	01/02/2020	4,900.00
Check	23839	01/02/2020	125.00
Check	23829	12/02/2019	125.00
Check	23830	12/02/2019	4,900.00
Check	23812	11/04/2019	4,900.00
Check	23811	11/04/2019	125.00
Check	23781	10/01/2019	4,900.00
Check	23782	10/01/2019	125.00
Check	23793	09/02/2019	125.00
Check	23794	09/02/2019	4,900.00
Check	23757	08/01/2019	125.00
Check	23758	08/01/2019	4,900.00
Check	23544	07/01/2019	4,900.00
Check	23545	07/01/2019	125.00
Check	23537	06/03/2019	125.00
Check	23536	06/03/2019	4,900.00
Check	23518	05/03/2019	4,900.00
Check	23519	05/03/2019	125.00
Check	23502	04/01/2019	125.00
Check	23503	04/01/2019	4,900.00
Check	23488	03/01/2019	4,900.00
Check	23489	03/01/2019	125.00
Check	23473	02/04/2019	4,900.00
Check	23474	02/04/2019	125.00
Check	23444	01/07/2019	125.00
Check	23445	01/07/2019	4,900.00
Check	23409	12/03/2018	4,900.00
Check	23410	12/03/2018	125.00
Check	23386	11/01/2018	125.00
Check	23387	11/01/2018	4,900.00
Check	23370	10/03/2018	4,900.00
Check	23371	10/03/2018	125.00
Check	23349	09/04/2018	125.00
Check	23350	09/04/2018	4,900.00
Check	23217	08/01/2018	4,900.00
Check	23218	08/01/2018	125.00
Check		07/20/2018	4,900.00
Check	23144	07/02/2018	125.00
Check	23143	07/02/2018	4,900.00
Check	22952	06/01/2018	4,900.00
Check	22954	06/01/2018	125.00
Check	22874	05/01/2018	125.00
Check	22873	05/01/2018	4,900.00
Check	19836	04/03/2018	4,900.00
Check	19837	04/03/2018	125.00
Check	22153	03/05/2018	125.00
Check	22154	03/05/2018	4,900.00
Check	21965	02/01/2018	4,900.00
Check	21966	02/01/2018	125.00
Check	21883	01/03/2018	125.00
Check	21884	01/03/2018	4,900.00
Check	22657	12/04/2017	4,900.00
Check	22658	12/04/2017	125.00
Check	22508	11/01/2017	125.00

**FELIPE AVILA, M.D., P.A.**  
**All Payments Issued for Coach Pharmacy**  
**All Transactions**

Type	Num	Date	Amount
Check	24001	08/31/2020	2,625.00
Check	24002	08/31/2020	2,625.00
Check	24089	07/14/2020	2,625.00
Check	23910	06/02/2020	125.00
Check	23911	06/02/2020	4,900.00
Check	23892	05/04/2020	4,900.00
Check	23893	05/04/2020	125.00
Check	23873	04/02/2020	125.00
Check	23676	04/02/2020	4,900.00
Check	23865	03/02/2020	4,900.00
Check	23866	03/02/2020	125.00
Check	23849	02/03/2020	125.00
Check	23850	02/03/2020	4,900.00
Check	23840	01/02/2020	4,900.00
Check	23839	01/02/2020	125.00
Check	23829	12/02/2019	125.00
Check	23830	12/02/2019	4,900.00
Check	23812	11/04/2019	4,900.00
Check	23811	11/04/2019	125.00
Check	23781	10/01/2019	4,900.00
Check	23782	10/01/2019	125.00
Check	23793	09/02/2019	125.00
Check	23794	09/02/2019	4,900.00
Check	23757	08/01/2019	125.00
Check	23758	08/01/2019	4,900.00
Check	23544	07/01/2019	4,900.00
Check	23545	07/01/2019	125.00
Check	23537	06/03/2019	125.00
Check	23536	06/03/2019	4,900.00
Check	23518	05/03/2019	4,900.00
Check	23519	05/03/2019	125.00
Check	23502	04/01/2019	125.00
Check	23503	04/01/2019	4,900.00
Check	23488	03/01/2019	4,900.00
Check	23489	03/01/2019	125.00
Check	23473	02/04/2019	4,900.00
Check	23474	02/04/2019	125.00
Check	23444	01/07/2019	125.00
Check	23445	01/07/2019	4,900.00
Check	23409	12/03/2018	4,900.00
Check	23410	12/03/2018	125.00
Check	23386	11/01/2018	125.00
Check	23387	11/01/2018	4,900.00
Check	23370	10/03/2018	4,900.00
Check	23371	10/03/2018	125.00
Check	23349	09/04/2018	125.00
Check	23350	09/04/2018	4,900.00
Check	23217	08/01/2018	4,900.00
Check	23218	08/01/2018	125.00
Check		07/20/2018	4,900.00
Check	23144	07/02/2018	125.00
Check	23143	07/02/2018	4,900.00
Check	22952	06/01/2018	4,900.00
Check	22954	06/01/2018	125.00
Check	22874	05/01/2018	125.00
Check	22873	05/01/2018	4,900.00
Check	19836	04/03/2018	4,900.00
Check	19837	04/03/2018	125.00
Check	22153	03/05/2018	125.00
Check	22154	03/05/2018	4,900.00
Check	21965	02/01/2018	4,900.00
Check	21966	02/01/2018	125.00
Check	21883	01/03/2018	125.00
Check	21884	01/03/2018	4,900.00
Check	22657	12/04/2017	4,900.00
Check	22658	12/04/2017	125.00
Check	22508	11/01/2017	125.00

**FELIPE AVILA, M.D., P.A.**  
**All Payments Issued for Coach Pharmacy**  
**All Transactions**

Type	Num	Date	Amount
Check	22507	11/01/2017	
Check	22369	10/02/2017	4,900.00
Check	22370	10/02/2017	4,900.00
Check	21731	09/01/2017	125.00
Check	21732	09/01/2017	125.00
Check	21535	08/01/2017	4,900.00
Check	21536	08/01/2017	4,900.00
Check	21396	07/03/2017	125.00
Check	21397	07/03/2017	125.00
Check	21233	06/06/2017	4,900.00
Check	21234	06/06/2017	4,900.00
Check	21092	05/01/2017	125.00
Check	21093	05/01/2017	125.00
Check	20963	04/10/2017	4,900.00
Check	20964	04/10/2017	4,900.00
Check	20770	03/01/2017	125.00
Check	20805	03/01/2017	125.00
Check	20771	02/06/2017	4,900.00
Check	20807	02/01/2017	4,900.00
Check	20624	01/09/2017	125.00
Check	20625	01/09/2017	125.00
Check	20389	12/01/2016	4,900.00
Check	20390	12/01/2016	125.00
Check	20208	11/01/2016	125.00
Check	20207	11/01/2016	4,900.00
Check	20042	10/03/2016	125.00
Check	20043	10/03/2016	4,900.00
Check	19875	09/09/2016	125.00
Check	19876	09/09/2016	125.00
Check	19617	08/10/2016	4,900.00
Check	19618	08/10/2016	4,900.00
Check	19799	07/08/2016	125.00
Check	19800	07/08/2016	125.00
Check	19206	06/01/2016	4,900.00
Check	19207	06/01/2016	4,900.00
Check	19035	05/05/2016	125.00
Check	19036	05/05/2016	125.00
Check	18803	04/04/2016	4,900.00
Check	18804	04/04/2016	4,900.00
Check	18570	03/01/2016	125.00
Check	18403	02/01/2016	4,900.00
Check	18404	02/01/2016	4,900.00
Check	16560	01/04/2016	125.00
Check	16559	01/04/2016	125.00
Check	16353	12/04/2015	4,900.00
Check	16354	12/04/2015	125.00
Check	16178	11/04/2015	4,900.00
Check	16179	11/04/2015	4,900.00
Check	16001	10/05/2015	125.00
Check	16002	10/05/2015	125.00
Check	15764	09/01/2015	4,900.00
Check	15765	09/01/2015	4,900.00
Check	18204	08/03/2015	125.00
Check	18205	08/03/2015	125.00
Check	18041	07/01/2015	4,900.00
Check	18042	07/01/2015	4,900.00
Check	17861	06/03/2015	125.00
Check	17862	06/03/2015	125.00
Check	17797	05/19/2015	4,900.00
Check	17798	05/19/2015	4,900.00
Check	17471	04/01/2015	125.00
Check	17472	03/31/2015	4,900.00
Check	17310	03/02/2015	125.00
Check	17311	03/02/2015	250.00
Check	17205	02/09/2015	4,900.00
Check	17206	02/09/2015	4,100.00
Check	17212	02/09/2015	5,700.00
Check	16757	11/21/2014	250.00
			2,051.30

**FELIPE AVILA, M.D., P.A.**  
**All Payments Issued for Coach Pharmacy**  
**All Transactions**

Type	Num	Date	Amount
Check	15611	11/04/2014	2,050.00
Check	15434	10/03/2014	2,050.00
Check	15368	09/22/2014	2,050.00
Check	15298	09/12/2014	2,050.00
Check	14865	06/23/2014	2,050.00
Check	14224	06/02/2014	2,050.00
Check	13999	05/01/2014	2,050.00
Check	13843	04/01/2014	2,050.00
Check	14649	03/03/2014	2,050.00
Check	14467	02/03/2014	2,050.00
Check	14321	01/07/2014	2,050.00
Check	13616	12/02/2013	2,050.00
Check	13467	11/04/2013	2,050.00
Check	13283	10/01/2013	2,050.00
Check	13154	09/03/2013	2,050.00
Check	12995	08/01/2013	2,050.00
Check	12849	06/28/2013	2,050.00
Check	12710	06/11/2013	5,000.00
Check	12547	05/06/2013	5,000.00
Check	12397	04/05/2013	5,000.00
Check	12216	03/01/2013	5,000.00
Check	12059	02/01/2013	5,000.00
Check	11931	01/08/2013	5,000.00
Check	11772	12/06/2012	5,000.00
Check	11613	11/02/2012	5,000.00
Check	11434	09/28/2012	5,000.00
Check	11299	09/04/2012	5,000.00
Check	11175	08/08/2012	5,000.00
Check	11050	07/10/2012	5,000.00
Check	10887	06/06/2012	5,000.00
Check	10703	05/03/2012	5,000.00
Check	10583	04/03/2012	5,000.00
Check	10463	03/01/2012	5,000.00
Check	10300	02/07/2012	5,000.00
Check	10141	01/04/2012	5,000.00
Check	10011	12/05/2011	5,000.00
Check	9820	11/01/2011	5,000.00
Check	9677	10/05/2011	5,000.00
Check	9543	09/06/2011	5,000.00
Check	9421	08/09/2011	5,000.00
Check	9298	07/05/2011	5,000.00
Check	9180	06/03/2011	5,000.00
Check	9059	05/09/2011	5,000.00
Check	8863	04/01/2011	5,000.00
Check	8741	03/02/2011	5,000.00
Check	8619	02/07/2011	5,000.00
Check	8457	01/04/2011	5,000.00
Check	8346	12/07/2010	5,000.00
Check	8184	11/03/2010	5,000.00
Check	8077	10/04/2010	5,000.00
Check	8004	09/10/2010	5,000.00
Check	7856	08/02/2010	5,000.00
Check	7640	07/13/2010	5,000.00
Check	7740	07/09/2010	5,000.00
Check	7498	06/10/2010	5,000.00
Check	7236	05/07/2010	5,000.00
Check	7351	04/06/2010	5,000.00
Check	Debit	02/10/2010	5,000.00
Check	Debit	02/10/2010	5,000.00
Check	7121	02/02/2010	5,000.00
Check	6845	01/07/2010	5,000.00
Check	6983	01/06/2010	5,000.00
Check	6845*	01/05/2010	5,000.00
Check	6885*	01/05/2010	5,000.00
Check	6885	01/04/2010	5,000.00
Check	6714	11/03/2009	5,000.00
Check	6575	10/07/2009	5,000.00
Check	6478	09/09/2009	5,000.00

**FELIPE AVILA, M.D., P.A.**  
**All Payments Issued for Coach Pharmacy**  
**All Transactions**

Type	Num	Date	Amount
Check	6399	08/14/2009	5,000.00
Check	6293	07/13/2009	5,000.00
Check	6193	06/09/2009	5,000.00
Check	5935	04/01/2009	5,000.00
Check	5831	03/03/2009	5,000.00
Check	5712	02/05/2009	5,000.00
Check	5603	01/08/2009	5,000.00
Check	5442	12/01/2008	5,000.00
Check	5327	11/03/2008	5,000.00
Check	5216	10/02/2008	5,000.00
Check	5101	09/03/2008	5,000.00
Check	4993	08/08/2008	5,000.00
Check	4899	07/07/2008	5,000.00
Check	4755	06/05/2008	5,000.00
Check	4658	05/05/2008	5,000.00
Check	4570	04/11/2008	5,000.00
Check	4446	03/11/2008	5,000.00
Check	4333	02/06/2008	5,000.00
Check	4232	01/11/2008	5,000.00
Check	4139	12/17/2007	5,000.00
Check	4047	11/20/2007	5,000.00
Check	3949	10/15/2007	5,000.00
Check	3697	10/13/2007	2,050.00
Check	3846	09/18/2007	5,000.00
Check	3682	08/13/2007	2,050.00
Check	3643	07/27/2007	2,050.00
Check	2601	10/25/2006	190.00
<b>Total</b>			<b>757,666.30</b>

## 11. Adjournment