Development Corporation of Mercedes, Inc.

Agenda

September 24, 2020 at 4:00PM

320 S. Ohio

Development Corporation of Mercedes, Inc.
Agenda
September 24, 2020 4PM
320 S Ohio

NOTICE, is hereby given that the Development Corporation of Mercedes, Inc. will be holding a **VIRTUAL Special Called Meeting** on **Thursday, September 24, 2020** at **4PM** at **URL: https://global.gotomeeting.com/join/632935997 /PHONE:** 1 877 309 2073 / **ACCESS CODE:** 632-935-997 for the purpose of considering and taking formal action regarding the following items:

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1. Call meeting to order
2. Discussion and Action: September 17, 2020 Minutes
3. Discussion and Action: FY19-20 Audit, Engagement of Carr, Riggs & Ingram, LLC
4. Discussion and Action: Mercedes Small Business Recovery Grant-Carlos Lunar, $3,000
5. Discussion and Action: Mercedes Small Business Recovery Grant-Linda Cermeno, $3,000
6. Discussion and Action: Mercedes Small Business Recovery Grant- Rogelio Barrientes, $3,000
7. Discussion and Action: Mercedes Small Business Recovery Grant- Myra Elizondo, $3,000
8. Discussion and Action: Mercedes Small Business Recovery Grant- Muhammad Owais, $5,000
9. Discussion and Action: Mercedes Small Business Recovery Grant- Teri Gonzalez
10. Discussion and Action: Mercedes Small Business Recovery Grant- Juan Pedraza
11. Discussion and Action: Mercedes Small Business Recovery Grant- Myra Morales
12. Adjournment

The Board of Directors reserves the right to go into Executive Session at any time during the meeting to consult with its attorney in accordance with Section 551.071, deliberate the purchase or sale of real property in accordance with Section 551.072, deliberate personnel matters in accordance with Section 551.074, and/or deliberate economic development negotiations in accordance with Section 551.087. This notice is given in accordance with Vernon's Texas Code Annotated, Texas Government Code, Section 551.001 et. seq.
I hereby certify this Notice of a Meeting of the Development Corporation of Mercedes was posted in accordance with the Open Meetings Act on the outside bulletin board at City Hall of the City of Mercedes, located at 400 S Ohio, visible and accessible to the general public during and after working hours. This notice was posted on the 19th day of September 2020 at 4:00PM and will remain so posted continuously for at least 72-hours proceeding the scheduled time of this meeting in accordance with Chapter 551 of the Texas Government Code

ATTEST: ______________________
Melissa Ramirez, Development Corporation of Mercedes

1. Call meeting to order

2. Discussion and Action: September 17, 2020 Minutes

Development Corporation of Mercedes, Inc.
Virtual Special Called Meeting
Thursday, September 17, 2020 4:00PM
globalgotomeetings.com

Board Members Present:
Fred Gonzalez – President
Jaime Gonzales – Secretary
Roel Villanueva- Member
David Garza – Member
Peggy Marie Chavez – Yanez - Member

Board Members Absent:
Joe Flores – Vice President
Tony Garza – Treasurer

EDC Staff Present:
Melissa Ramirez – Executive Director
Rose Saenz – Administrative Coordinator

City Staff Present:
Mark Sossi – DCM Interim Attorney

Others Present:
Roberto Carrillo - Givilancz & Martinez

1. Call Meeting to order

Fred Gonzalez called the meeting to order at 4:00 PM.

2. Discussion and Action: September 10, 2020 Minutes

David Garza motioned to approve the September 10, 2020 Minutes as presented. Seconded by Jaime Gonzales. All voted aye.

3. Discussion and Action: August 2020 Financials

Jaime Gonzales motioned to approve the August 2020 Financials as presented. Seconded by Peggy Marie Chavez – Yanez. All voted aye.

4. Discussion and Action: TXCLASS Investment Report

Roel Villanueva motioned to approve the TXCLASS Investment Report as presented. Seconded by Jaime Gonzales. All voted aye.

5. Discussion and Action: IRP Budget

Jaime Gonzales motioned to approve the IRP Budget as presented. Seconded by Roel Villanueva. All voted aye.

6. Discussion and Action: FY 19-20 Audit, Engagement of Carr, Riggs & Ingram, LLC

Roel Villanueva motioned to Table the FY 19-20 Audit, Engagement of Carr, Riggs & Ingram, LLC. Seconded by Jaime Gonzales. All voted aye.

7. Discussion and Action: Mercedes Small Business Recovery Grant – Ashley Werbiski, $5,000

Roel Villanueva motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of $5,000 for Ashley Werbiski – DBA Ashley Nicole Photography. Seconded by Peggy Marie Chavez – Yanez. All voted aye.

8. Discussion and Action: Mercedes Small Business Recovery Grant – Gloria Gannon, $3,000

Roel Villanueva motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of $3,000 for Gloria Gannon – DBA G-G's Hair Salon. Seconded by Peggy Marie Chavez - Yanez. All voted aye.

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

Roel Villanueva motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of $3,000 for Gladis E. Munoz – DBA La Mejico Bakery. Seconded by Jaime Gonzales. All voted aye.

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

Jaime Gonzales motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of $5,000 for Viridiana Manzano – DBA Mercedes Pediatrics. Seconded by Peggy Marie Chavez - Yanez. All voted aye.

6. Adjournment: 4:22 PM

Fred Gonzalez, President	Joe Flores, Jr., Vice President
Tony Garza, Treasurer	Jaime Gonzales, Secretary

Roel Villanueva, Member

David Garza, Member

Peggy Marie Chavez - Yanez, Member

3. Discussion and Action: FY 19-20 Audit, Engagement of Carr, Riggs & Ingram, LLC

CRI CARR RIGGS & INGRAM
CPAs and Advisors

Carr, Riggs & Ingram, LLC
4100 N. 23rd St.
McAllen, TX 78504

(956) 686-3701
(956) 686-6830 (fax)
CRIcpa.com

To the Board of Directors and Executive Director of
Development Corporation of Mercedes
Mercedes, Texas 78570

We are pleased to confirm our understanding of the services we are to provide Development Corporation of Mercedes for the year ended September 30, 2020. We will audit the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information, including the related notes to the financial statements, which collectively comprise the basic financial statements of the Development Corporation of Mercedes as of and for the year ended September 30, 2020. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the Development Corporation of Mercedes' basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the Development Corporation of Mercedes' RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

1) Management's Discussion and Analysis.
2) Budgetary Comparison Schedule – General Fund.
3) Budgetary Comparison Schedule – IRP Special Revenue Fund.
4) Budgetary Notes to Required Supplementary Information.
5) Schedule of Changes in Net Pension Liability and Related Ratios.
6) Schedule of Contributions.
7) Schedule of Changes in Total OPEB Liability and Related Ratios.

We have also been engaged to report on supplementary information other than RSI that accompanies the Development Corporation of Mercedes's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditor's report on the financial statements:

1) Comparative individual fund statements.

The following other information accompanying the financial statements will not be subjected to the auditing procedures applied in our audit of the financial statements, and our auditor's report will not provide an opinion or any assurance on that other information:

1) Introductory section.

Audit Objectives

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and will include tests of the accounting records of the Development Corporation of Mercedes and other procedures we consider necessary to enable us to express such opinions. We will issue a written report upon completion of our audit of the Development Corporation of Mercedes' financial statements. Our report will be addressed to management and the governing board of Development Corporation of Mercedes. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or may withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The paragraph will also state that the report is not suitable for any other purpose. If during our audit we become aware that the Development Corporation of Mercedes is subject to an audit requirement that is not encompassed in the terms of this engagement, we will communicate to management and those charged with governance that an audit in accordance with U.S. generally accepted auditing standards and the standards for financial audits contained in *Government Auditing Standards* may not satisfy the relevant legal, regulatory, or contractual requirements.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste and abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, an unavoidable risk exists that some material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. Our responsibility as auditors is limited to the period covered by our audit and does not extend to later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by generally accepted auditing standards.

Audit Procedures—Internal Control

Our audit will include obtaining an understanding of the government and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Development Corporation of Mercedes' compliance with the provisions of applicable laws, regulations, contracts, agreements, and grants. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

Other Services

We will also assist in preparing the financial statements and related notes of the Development Corporation of Mercedes in conformity with U.S. generally accepted accounting principles, assist in the conversion from fund based statements to government-wide financial statements in accordance with GASB Statement No. 34, assist in preparing journal entries (other than proposed adjustments) related to the Development Corporation of Mercedes' pension and OPEB liabilities in accordance with GASB Statements Nos. 68 and 75, other requested entries and any other nonaudit services based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statements, related notes, and other services previously defined as well as any other services you may request. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Management Responsibilities

Management is responsible for designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles, for the preparation and fair presentation of the financial statements and all accompanying information in conformity with U.S. generally accepted accounting principles, and for compliance with applicable laws and regulations and the provisions of contracts and grant agreements.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, including identification of all related parties and all related-party relationships and transactions, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and for confirming to us in the written representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants and for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, or contracts or grant agreements that we report.

You are responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, related notes, the other services defined above and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements and related notes and that you have reviewed and approved the financial statements and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing. We will schedule the engagement based in part on deadlines, working conditions, and the availability of your key personnel. We will plan the engagement based on the assumption that your personnel will cooperate and provide assistance by performing tasks such as preparing requested schedules, retrieving supporting documents, and preparing confirmations. If for whatever reason your personnel are unavailable to provide the necessary assistance in a timely manner, it may substantially increase the work we have to do to complete the engagement within the established deadlines, resulting in an increase in fees over our original fee estimate.

We will provide copies of our reports to the Development Corporation of Mercedes; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Carr, Riggs & Ingram, LLC, and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to regulator or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Carr, Riggs & Ingram, LLC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by a regulator. If we are aware that a federal awarding agency or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit on September 2020 and to issue our report no later than December 31, 2020. Aaron Rios is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, excluding expenses, will not exceed $15,000. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

Dispute Resolution

In the event of a dispute between the parties which arises out of or relates to this contract or engagement letter, the breach thereof or the services provided or to be provided hereunder, if the dispute cannot be settled through negotiation, the parties agree that before initiating arbitration, litigation or other dispute resolution procedure, they will first try, in good faith, to resolve the dispute through non-binding mediation. All parties agree that an alternative form of dispute resolution shall not be undertaken by either party until the expiration of fifteen (15) calendar days following notice being provided to the other party indicating that the dispute cannot be settled through mediation. The mediation will be administered by the American Arbitration Association under its *Dispute Resolution Rules for Professional Accounting and Related Services Disputes*. The costs of any mediation proceedings shall be shared equally by all parties.

Governing Law; Venue

This agreement and performance hereunder shall be governed by the laws of the State of Alabama, without reference to any conflict of laws rules or principles. Any action or proceeding arising from or relating to this agreement must be brought in a state or federal court having jurisdiction in Coffee County, Alabama, and each party irrevocably submits to the jurisdiction and venue of any such court in any such action or proceeding and agrees to waive any defenses to venue and jurisdiction including *forum non conveniens*.

Electronic Data Communication and Storage and Use of Third Party Service Provider

In the interest of facilitating our services to your company, we may send data over the Internet, securely store electronic data via computer software applications hosted remotely on the Internet, or allow access to data through third-party vendors' secured portals or clouds. Electronic data that is confidential to your company may be transmitted or stored using these methods. We may use third-party service providers to store or transmit this data, such as, but not limited to, providers of tax return preparation software. In using these data communication and storage methods, our firm employs measures designed to maintain data security. We use reasonable efforts to keep such communications and data access secure in accordance with our obligations under applicable laws and professional standards. We also require our third-party vendors to do the same.

You recognize and accept that we have no control over, and shall not be responsible for, the unauthorized interception or breach of any communications or data once it has been sent or has been subject to unauthorized access, notwithstanding all reasonable security measures employed by us or our third-party vendors. You consent to our use of these electronic devices and applications and submission of confidential client information to third-party service providers during this engagement.

To enhance our services to you, we will use a combination of remote access, secure file transfer, virtual private network or other collaborative, virtual workspace or other online tools or environments. Access through any combination of these tools allows for on-demand and/or real-time collaboration across geographic boundaries and time zones and allows CRI and you to share data, engagement information, knowledge, and deliverables in a protected environment. In order to use certain of these tools and in addition to execution of this acknowledgement and engagement letter, you may be required to execute a separate client acknowledgement or agreement and agree to be bound by the terms, conditions and limitations of such agreement. You agree that CRI has no responsibility for the activities of its third-party vendors supplying these tools and agree to indemnify and hold CRI harmless with respect to any and all claims arising from or related to the operation of these tools. While we may back up your files to facilitate our services, you are solely responsible for the backup of your files and records; therefore, we recommend that you also maintain your own backup files of these records. In the event you suffer a loss of any files or records due to accident, inadvertent mistake, or Act of God, copies of which you have provided to us pursuant to this agreement, we shall not be responsible or obligated to provide you a copy of any such file or record which we may retain in our possession.

We appreciate the opportunity to be of service to the Development Corporation of Mercedes and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,

Carr, Riggs & Ingram, L.L.C.

McAllen, Texas
September 8, 2020

Confirmed on behalf of the addressee:

______________________________ ______________________________
Management signature Title

______________________________ ______________________________
Governance signature Title

4. Discussion and Action: Mercedes Small Business Recovery Grant – Carlos Lunar, $3,000

mercedes
big boots. big opportunities.

Memo

To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 9/18/20

Re: Mercedes Small Business Grant Program

Recommendation:

Carlos Lunar – Approve 3K
Linda Cermeno – Approve 3K
Rogelio Barrientes – Approve 3K
Myra Elizondo – Approve 3K
Muhammad Owais – Approve 5K
Teri Gonzalez – Deny (ineligible, not within City limits or ETJ)
Juan Pedraza – Deny (ineligible, not within City limits or ETJ)
Myra Morales – Deny – (ineligible, recently opened)

8/5/20(1:12 pm)

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: Carlos Lunar
Name of Business: R and L Glass Company
Business Type: Windshield / Glass company
Address of Business: 908 W Expressway 83, Mercedes, TX
Email Address: R.LGlass 908@gmail.com Phone Number: 956-565-3181

261-2575
Carlos

BUSINESS OWNERSHIP

Tax ID #: 3-20663-0009-9
Entity Name: R & L Glass Company
Name of business owner (if different from above): Carlos Lunar & Juan Rojas
Number of years in business: 2

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

PERSONNEL

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

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

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

Yes ___ No ✓

RECEIVED
AUG 05 2020
BY: 1:12 PM

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.	$2382
✓	Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	$ 50
✓	Employee support (salaries, insurance, paid leave)	$ 1300
✓	Utilities (i.e. electricity, water, phone, internet, etc.)	$ 832.56
✓	Expenses associated with increased material costs from suppliers or alternate suppliers.	$ 200
✓	Purchase of COVID-19 supplies for business protection/cleaning.	$ 125
	Total Amount	$4,889.56

Total Grant amount requested from Mercedes DCM: $ $4,889.56

(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: ______________________

_____ Economic Injury Disaster Loan (EIDL) Requested amount: ______________________

**Provide proof of application provided via attachment.*

If not, why not? We have not heard about them

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.**

C.L 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.)

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

C.L 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.

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

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

C.L 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 R and L Glass Company

Written: Carlos Lunar — Legal Representative — CO-Owner — Title

Signed: Carlos Lunar — Legal Representative — Co-Owner — Title

Signed as Individual: Carlos Lunar — Date 08-05-2020

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.) X
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 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.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Carlos Lunar R&L Glass Company

2 Business name/disregarded entity name, if different from above
R&L Glass Company

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.)
908 W Expressay 83

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 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
82 - 3951157

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 on page 3.

Sign Here **Signature of U.S. person ▶** Carlos Lunar **Date ▶** 08-05-2020

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.

Cat. No. 10231X

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.
JUAN NERI GONZALEZ

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.
841 DAWSON Rd.,

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
459 - 49 - 7024

or

Employer identification number
 -

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person ▶** Date ▶ 9-17-20

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.*

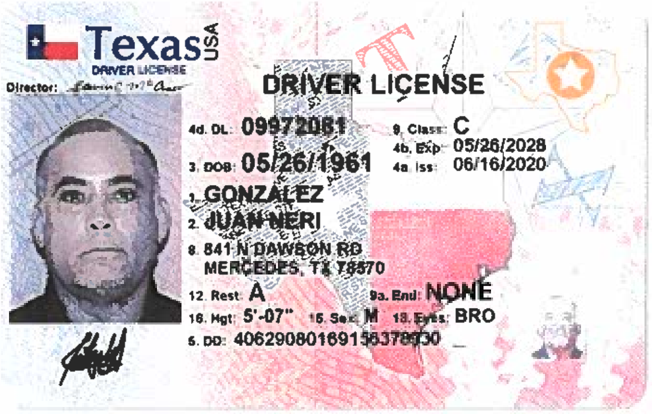
Purpose of Form

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.*



Texas USA

DRIVER LICENSE

Director:

DRIVER LICENSE

4d. DL: **09972081**

9. Class: C

4b. Exp: 05/26/2028

3. DOB: **05/26/1961**

4a. Iss: 06/16/2020

1. GONZALEZ

2. JUAN NERI

8. 841 N DAWSON RD
MERCEDES, TX 78570

12. Rest: A

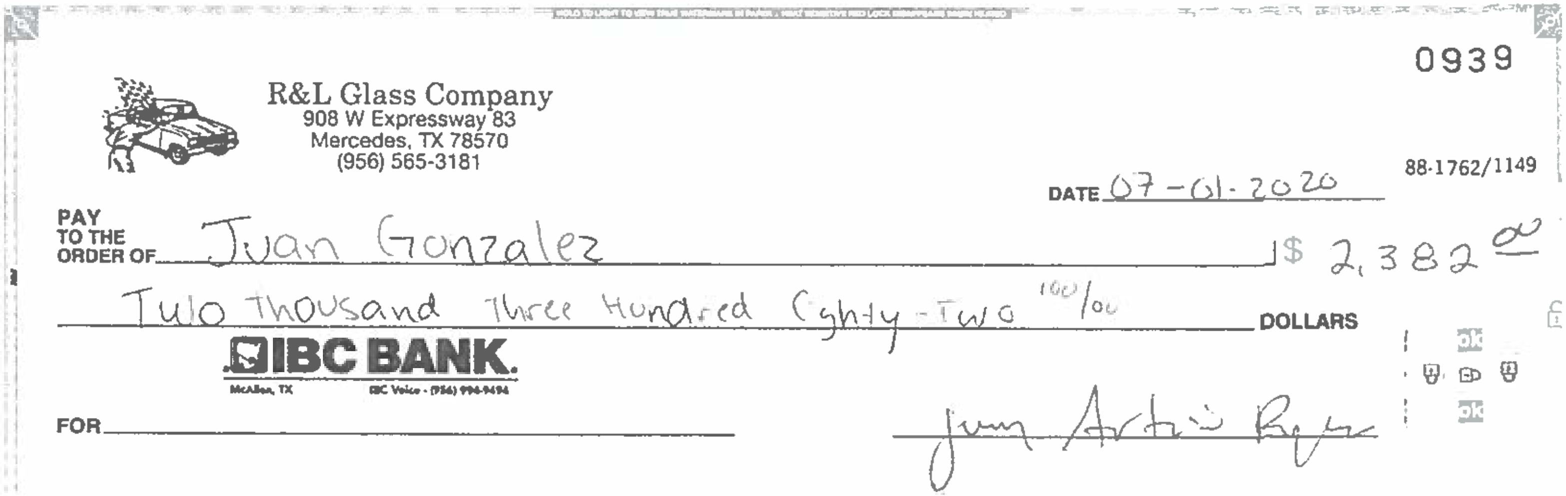
9a. End: NONE

16. Hgt: 5'-07"

15. Sex: M

18. Eyes: BRO

5. DD: 40629080169158378030



R&L Glass Company
908 W Expressway 83
Mercedes, TX 78570
(956) 565-3181

0939

88-1762/1149

DATE 07-01-2020

PAY TO THE ORDER OF Juan Gonzalez $ 2,382 00

Two Thousand Three Hundred Eighty-Two 100/00 DOLLARS

IBC BANK.
McAllen, TX
IBC Voice - (956) 994-9494

FOR

0940

R&L Glass Company
908 W Expressway 83
Mercedes, TX 78570
(956) 565-3181

88-1762/1149

DATE 08-01-2020

PAY TO THE ORDER OF Juan Gonzalez $ 2,382 00

Two Thousand Three Hundred Eighty-Two 100/00 DOLLARS

IBC BANK
McAllen, TX
IBC Voice · (956) 994-8494

FOR

rent

R&L Glass Company
908 W Expressway 83
Mercedes, TX 78570
(956) 565-3181

1010

DATE 8-1-2020 88-1762/1149

PAY TO THE ORDER OF Juan Gonzalez $ 2382 00

Dos mil tresientos ochenta y dos 00/100 DOLLARS

IBC BANK.
McAllen, TX
IBC Voice - (956) 994-9494

FOR pago de Bodega

Billing Account Number:	91483758-706
Invoice Date:	Jul 28, 2020
Due Date:	Aug 13, 2020
Invoice Total:	$291.92
Total Amount After Due Date:	$306.52

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

Amount Enclosed: **$**

☐ I wish to donate to the bill payment assistance program:

☐ $1 ☐ $5 ☐ $10

4002

SUPER GLASS DBA JUAN ANTONIO ROJAS
908 W EXPRESSWAY 83
MERCEDES TX 78570-2238

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

9148375870600000291926

COPY

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return
2019 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial CARLOS	Last name LUNAR	Your social security number 633-26-7233
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 533 Amigos Ln	Apt. no.	**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Mercedes TX 78570		
Foreign country name	Foreign province/state/county	Foreign postal code

If more than four dependents, see instructions and ✓ here ▶ ☐

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
Mariela	Lunar	640-04-8435	Daughter	☒	☐
Cassandra	Lunar	633-96-4241	Daughter	☒	☐
				☐	☐
				☐	☐

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	25,015.
2a	Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
c	Pensions and annuities	4c		d Taxable amount	4d	
5a	Social security benefits	5a		b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				6	
7a	Other income from Schedule 1, line 9				7a	3,950.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶				7b	28,965.
8a	Adjustments to income from Schedule 1, line 22				8a	279.
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				8b	28,686.
9	**Standard deduction or itemized deductions** (from Schedule A)		9	18,350.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A		10	734.		
11a	Add lines 9 and 10				11a	19,084.
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-				11b	9,602.

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

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

12a	Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	963.		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶			12b	963.
13a	Child tax credit or credit for other dependents	13a	963.		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶			13b	963.
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	0.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	558.
16	Add lines 14 and 15. This is your **total tax** ▶			16	558.
17	Federal income tax withheld from Forms W-2 and 1099			17	429.
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a	3,797.		
b	Additional child tax credit. Attach Schedule 8812	18b	2,800.		
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶			18e	6,597.
19	Add lines 17 and 18e. These are your **total payments** ▶			19	7,026.

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	6,468.
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶ ☐			21a	6,468.
▶ b	Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings				
▶ d	Account number XXXXXXXXXXXXXXXXX				
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22			

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶			23	
24	Estimated tax penalty (see instructions) ▶	24			

Third Party Designee (Other than paid preparer)

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature Carlos Luna

Date 7-14-20

Your occupation TRUCKDRIVER

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

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name Preparer's signature Date PTIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ Self-Prepared Phone no.

Firm's address ▶ Firm's EIN ▶

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR: CARLOS LUNAR

Your social security number: 633-26-7233

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	3,950.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	3,950.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	279.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a	22	279.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 08/20/20 TTW **Schedule 1 (Form 1040 or 1040-SR) 2019**

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR: CARLOS LUNAR

Your social security number: 633-26-7233

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	558.
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A (9)		
10	Add lines 4 through 8. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 15	10	558.

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

REV 08/20/20 TTW

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Name of proprietor: CARLOS LUNAR

Social security number (SSN): 633-26-7233

A Principal business or profession, including product or service (see instructions): Sales: Auto Glass and Installations

B Enter code from instructions ▶ 8 1 1 1 2 0

C Business name. If no separate business name, leave blank.: R n L Glass

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 908 W Expressway 83

City, town or post office, state, and ZIP code: Mercedes, TX 78570

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here . . . ▶ ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? . . . ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ ☐	1	36,100.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	36,100.
4	Cost of goods sold (from line 42)	4	12,300.
5	**Gross profit.** Subtract line 4 from line 3	5	23,800.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 . . . ▶	7	23,800.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	18,000.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	1,040.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	810.
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . ▶	28	19,850.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	3,950.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	3,950.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

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

Part III Cost of Goods Sold (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	12,300.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	12,300.
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	12,300.

Part IV Information on Your Vehicle.

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

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

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

a Business b Commuting (see instructions) c Other

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

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

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

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

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

48 **Total other expenses.** Enter here and on line 27a

SCHEDULE SE
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

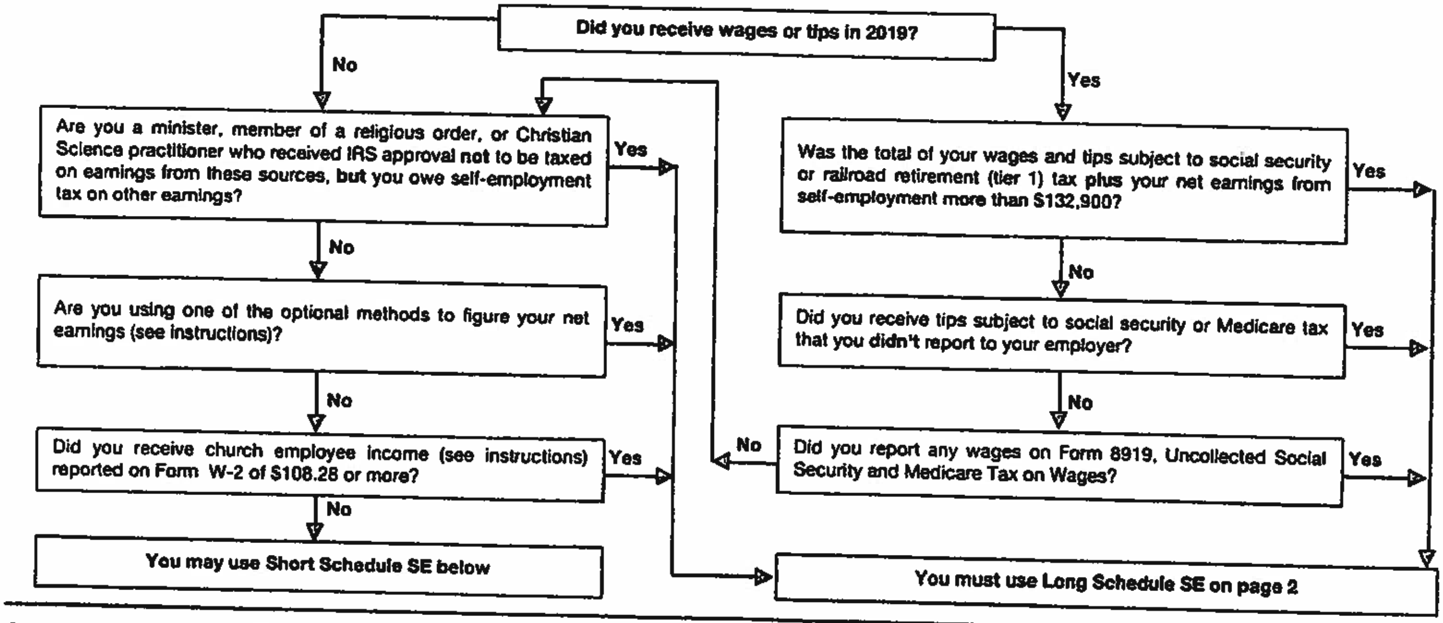
OMB No. 1545-0074
2019
Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)	Social security number of person with self-employment income ▶
CARLOS LUNAR	633-26-7233

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

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

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



Did you receive wages or tips in 2019?

Are you a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, but you owe self-employment tax on other earnings?

Are you using one of the optional methods to figure your net earnings (see instructions)?

Did you receive church employee income (see instructions) reported on Form W-2 of $108.28 or more?

You may use Short Schedule SE below

Was the total of your wages and tips subject to social security or railroad retirement (tier 1) tax plus your net earnings from self-employment more than $132,900?

Did you receive tips subject to social security or Medicare tax that you didn't report to your employer?

Did you report any wages on Form 8919, Uncollected Social Security and Medicare Tax on Wages?

You must use Long Schedule SE on page 2

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	( )
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	3,950.
3	Combine lines 1a, 1b, and 2	3	3,950.
4	Multiply line 3 by 92.35% (0.9235). If less than $400, you don't owe self-employment tax; **don't** file this schedule unless you have an amount on line 1b ▶ **Note:** If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	3,648.
5	**Self-employment tax.** If the amount on line 4 is: • $132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Schedule 2 (Form 1040 or 1040-SR), line 4,** or **Form 1040-NR, line 55.** • More than $132,900, multiply line 4 by 2.9% (0.029). Then, add $16,479.60 to the result. Enter the total here and on **Schedule 2 (Form 1040 or 1040-SR), line 4,** or **Form 1040-NR, line 55**	5	558.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040 or 1040-SR), line 14,** or **Form 1040-NR, line 27**	6	279.

SCHEDULE EIC
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

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

OMB No. 1545-0074

2019

Attachment Sequence No. **43**

Name(s) shown on return: CARLOS LUNAR

Your social security number: 633-26-7233

Before you begin:

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

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

Qualifying Child Information	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: Mariela Last name: Lunar	First name: Cassandra Last name: Lunar	First name: Last name:
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	640-04-8435	633-96-4241	
3 Child's year of birth	Year 2 0 0 6	Year 2 0 0 5	Year __ __ __ __
4 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** ☐ **No.**	☐ **Yes.** ☐ **No.**	☐ **Yes.** ☐ **No.**
b Was the child permanently and totally disabled during any part of 2019?	☐ **Yes.** ☐ **No.** The child is not a qualifying child.	☐ **Yes.** ☐ **No.** The child is not a qualifying child.	☐ **Yes.** ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Daughter	
6 Number of months child lived with you in the United States during 2019 • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	12 months *Do not enter more than 12 months.*	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 08/20/20 TTW **Schedule EIC (Form 1040 or 1040-SR) 2019**

SCHEDULE 8812
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

1040
1040-SR
1040-NR

OMB No. 1545-0074

2019

Attachment Sequence No. **47**

Name(s) shown on return: CARLOS LUNAR

Your social security number: 633-26-7233

Part I All Filers

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

1 If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise:

1040 and 1040-SR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a).

1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49). — **1** 4,000.

2 Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49 . . . . . — **2** 963.

3 Subtract line 2 from line 1. If zero, **stop here;** you cannot claim this credit . . . . . — **3** 3,037.

4 Number of qualifying children under 17 with the required social security number: 2 x $1,400. Enter the result. If zero, **stop here;** you cannot claim this credit . . . — **4** 2,800.

TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.

5 Enter the **smaller** of line 3 or line 4 . . . . . — **5** 2,800.

6a Earned income (see instructions) . . . . . — **6a** 28,686.

b Nontaxable combat pay (see instructions) . . . . . — **6b**

7 Is the amount on line 6a more than $2,500?

☐ **No.** Leave line 7 blank and enter -0- on line 8.

☒ **Yes.** Subtract $2,500 from the amount on line 6a. Enter the result . . . . . — **7** 26,186.

8 Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . — **8** 3,928.

Next. On line 4, is the amount $4,200 or more?

☒ **No.** If line 8 is zero, **stop here;** you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15.

☐ **Yes.** If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.

Part II Certain Filers Who Have Three or More Qualifying Children

9 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions . . . . . — **9**

10 **1040 and 1040-SR filers:** Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8.

1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60. — **10**

11 Add lines 9 and 10 . . . . . — **11**

12 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11.

1040-NR filers: Enter the amount from Form 1040-NR, line 67. — **12**

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

14 Enter the **larger** of line 8 or line 13 . . . . . — **14**

Next, enter the **smaller** of line 5 or line 14 on line 15.

Part III Additional Child Tax Credit

15 **This is your additional child tax credit** . . . . . — **15** 2,800.

1040
1040-SR
1040-NR

Enter this amount on Form 1040, line 18b; Form 1040-SR, line 18b; or Form 1040-NR, line 64.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0123

2019

Attachment Sequence No. **55**

Name(s) shown on return: CARLOS LUNAR

Your taxpayer identification number: 633-26-7233

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	R n L Glass	633-26-7233	3,671.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	3,671.		
3	Qualified business net (loss) carryforward from the prior year	3	(0.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	3,671.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	734.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	(0.)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	734.
11	Taxable income before qualified business income deduction	11	10,336.		
12	Net capital gain (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	10,336.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	2,067.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	734.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

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

REV 08/20/20 TTW

Form **8995** (2019)

5. Discussion and Action: Mercedes Small Business Recovery Grant – Linda Cermeno, $3,000

mercedes
big boots. big opportunities.

Memo

To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 9/18/20

Re: Mercedes Small Business Grant Program

Recommendation:

Carlos Lunar – Approve 3K
Linda Cermeno – Approve 3K
Rogelio Barrientes – Approve 3K
Myra Elizondo – Approve 3K
Muhammad Owais – Approve 5K
Teri Gonzalez – Deny (ineligible, not within City limits or ETJ)
Juan Pedraza – Deny (ineligible, not within City limits or ETJ)
Myra Morales – Deny – (ineligible, recently opened)

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: Linda Cermeno
Name of Business: Joes Tire and Linda
Business Type: Tire Shop
Address of Business: 505 W 2nd St Mercedes, TX 78570
Email Address: lindapineda572@yahoo.es Phone Number: 956-565-2967
376-9825

BUSINESS OWNERSHIP

Tax ID #: 940-96-9278
Entity Name: Joes Tire
Name of business owner (if different from above):
Number of years in business: 8yrs.

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 ofMercedes.

PERSONNEL

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

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

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

Yes____ No ✓

RECEIVED
AUG 10 2020
BY: 11:25AM

Is your business operated as a sole proprietorship?

Yes ✓ No ______

USE OF FUNDS

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

_____	Rent/mortgage payment. List specific amount.	$ 1,500
_____	Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	$ _______
_____	Employee support (salaries, insurance, paid leave)	$ 300
_____	Utilities (i.e. electricity, water, phone, internet, etc.)	$ 622
_____	Expenses associated with increased material costs from suppliers or alternate suppliers.	$ 328
_____	Purchase of COVID-19 supplies for business protection/cleaning.	$ 250
	Total Amount	$ 3,000

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: BBVA Compass Bank

Name of your Bank Officer: Elida Garcia

Have you met with your financial institution (bank) about financial assistance? Yes_No ✓

If no, why not?

Bank lobby is closed

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

No Paycheck Protection Program (PPP) Requested amount: __________

No Economic Injury Disaster Loan (EIDL) Requested amount: __________

**Provide proof of application provided via attachment.*

If not, why not?

Did not qualify.

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.**

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

LC 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.)

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

LC 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.

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

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

LC 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 __________

Written: __________ __________

Legal Representative Title

Signed: __________ __________

Legal Representative Title

Signed as Individual: Linda Y cermeno Date 08/06/2020

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. October 2018)
Department of the Treasury
Internal Revenue Service

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.
Linda Cermeno

2 Business name/disregarded entity name, if different from above
Joes Tire and Linda

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.
505 W. and St

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
940 - 96 - 9278

or

Employer identification number
-

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 ▶ Linda y cermenr Date ▶

General Instructions

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

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

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.*

3

OBSERVACIONES
OBSERVATIONS

Artículo número 100.
Reglamento de la Ley de Migración y Extranjería.
NO RENOVACIÓN DEL PASAPORTE: Una vez terminada la
la vigencia del pasaporte corriente, no podrá renovarse
y el interesado deberá obtener uno nuevo

REPÚBLICA DE HONDURAS

PASAPORTE
PASSPORT

P
HND
E680072
INTERIANO PINEDA DE CERMENO
HONDUREÑA
LINDA YAMILECK
27 AGO/AUG 1975
0506-1975 01250
F
25 JUL/JUL 2014
HONDURAS
25 JUL/JUL 2024
DIRECCION GENERAL DE MIGRACION

Linda Y Cermeno

```
P<HNDINTERIANO<PINEDA<DE<CERMENO<<LINDA<YAMI
E689072<<8HND7508273F24072560506197501250<18
```

Comptroller of Public Accounts FORM 01-300 (Rev.1-15/19)

TEXAS SALES AND USE TAX PERMIT

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

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

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

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

LINDA YAMILECK

JOE'S TIRE SERVICE #2 & LINDA
505 W 2ND ST
MERCEDES TX 78570-2601
HIDALGO COUNTY

Type of permit: SALES AND USE TAX

Taxpayer number: 3-20568-0476-1

Location number: 00002

First business date of location: 04/01/2015

NAICS CODE: 423130 DESCRIPTION ON NEXT LINE:
Tire and Tube Merchant Wholesalers
WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:
CITY: MERCEDES EFF: 04/01/2015

Glenn Hegar
Comptroller of Public Accounts

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business. For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.

If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555

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

01-300-P4

Is the Information Printed on this Permit Correct?

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

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

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

Texas Sales and Use Tax Permit Corrections Form

Taxpayer name shown on the permit: LINDA YAMILECK

Taxpayer number shown on the permit: • 32056804761

Location number shown on the permit: • 00002

If you need to make changes to your local sales tax authorities or to the NAICS code printed on your permit, see information on the back of this form.

Correct business location name •

Correct business location (no P.O. Box or directions accepted) •

City • State ZIP code County

Correct taxpayer name •

Daytime phone *(Area code and number)*

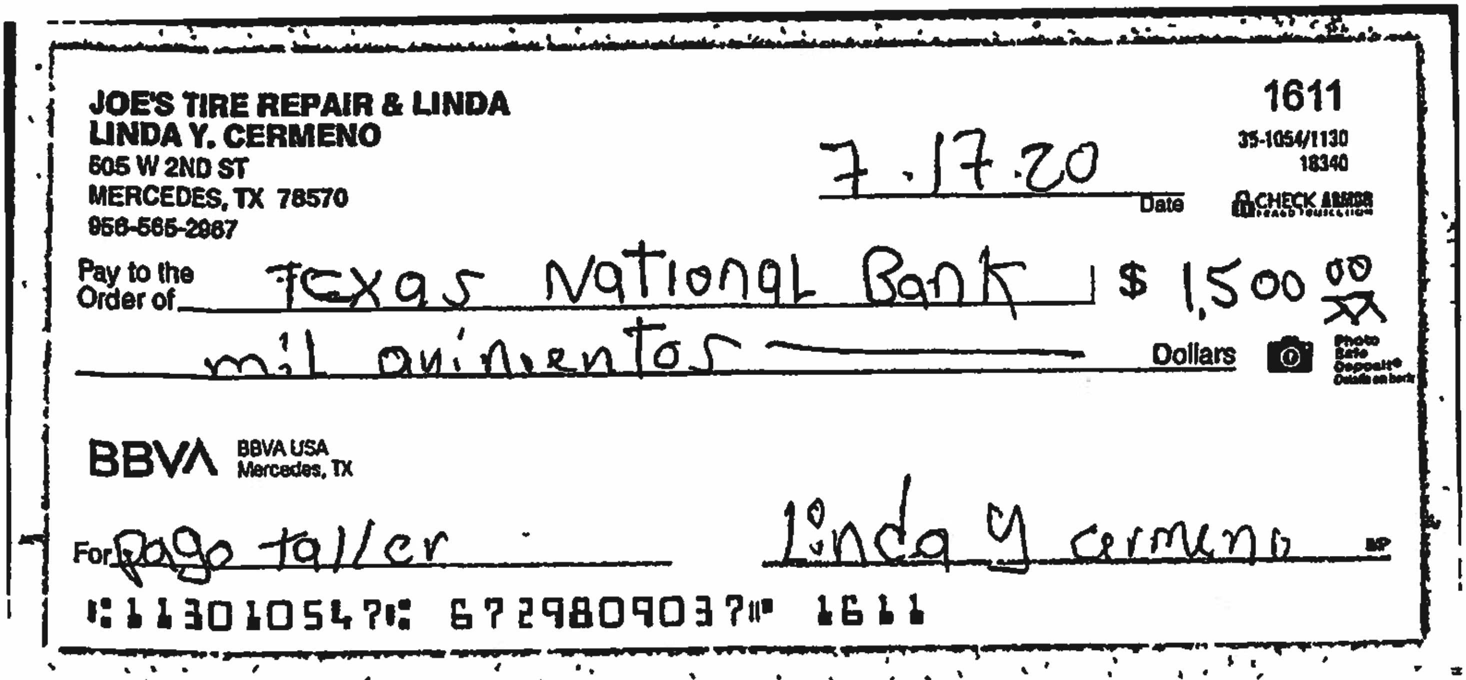
Correct mailing address •

City • State ZIP code Federal Employer Identification Number

If you are **no longer in business**, enter the date of your last business transaction. ____________

Sign here Taxpayer or authorized agent

/25/2020



JOE'S TIRE REPAIR & LINDA
LINDA Y. CERMENO
605 W 2ND ST
MERCEDES, TX 78570
956-565-2987

1611

35-1054/1130
18340

Date 7.17.20

CHECK ARMOR

Pay to the Order of Texas National Bank $ 1,500 00/XX

mil quinientos ——— Dollars

Photo Safe Deposit® Details on back

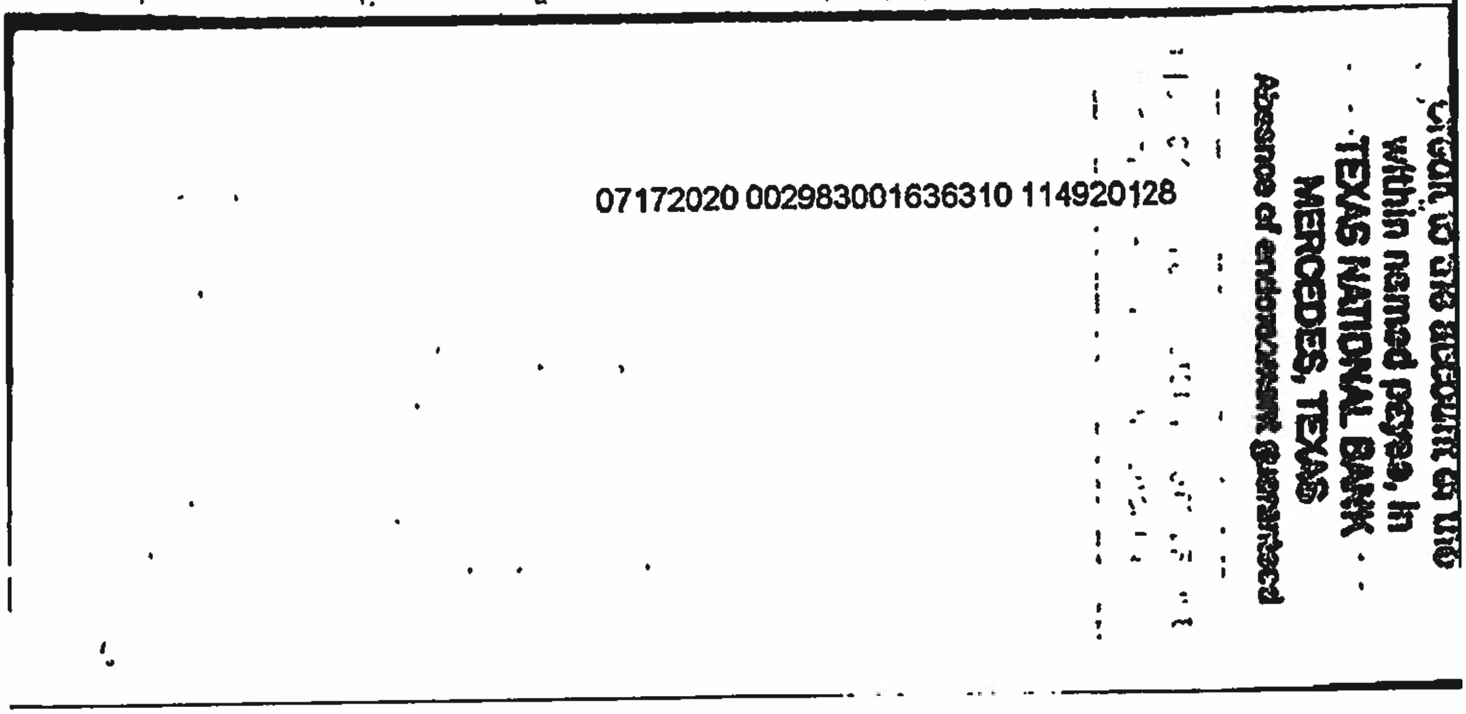
BBVA BBVA USA Mercedes, TX

For pago taller

Linda y cermeno

MP

⑆113010547⑆ 6729809037⑈ 1611



07172020 002983001636310 114920128

Credit to the account of the
within named payee, in
TEXAS NATIONAL BANK
MERCEDES, TEXAS
Absence of endorsement guaranteed

Statement

DATE 8-1-2020

TO Juan Gonzalez

TERMS

IN ACCOUNT WITH
Joes Tires and Linda
505 w. 2nd St
Mercedes, TX 78570

		Labor (cash)			350.00

PAID I.G.F.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT	

191128

Statement

DATE 8-1-2020

TO Alex I. Pineda

TERMS

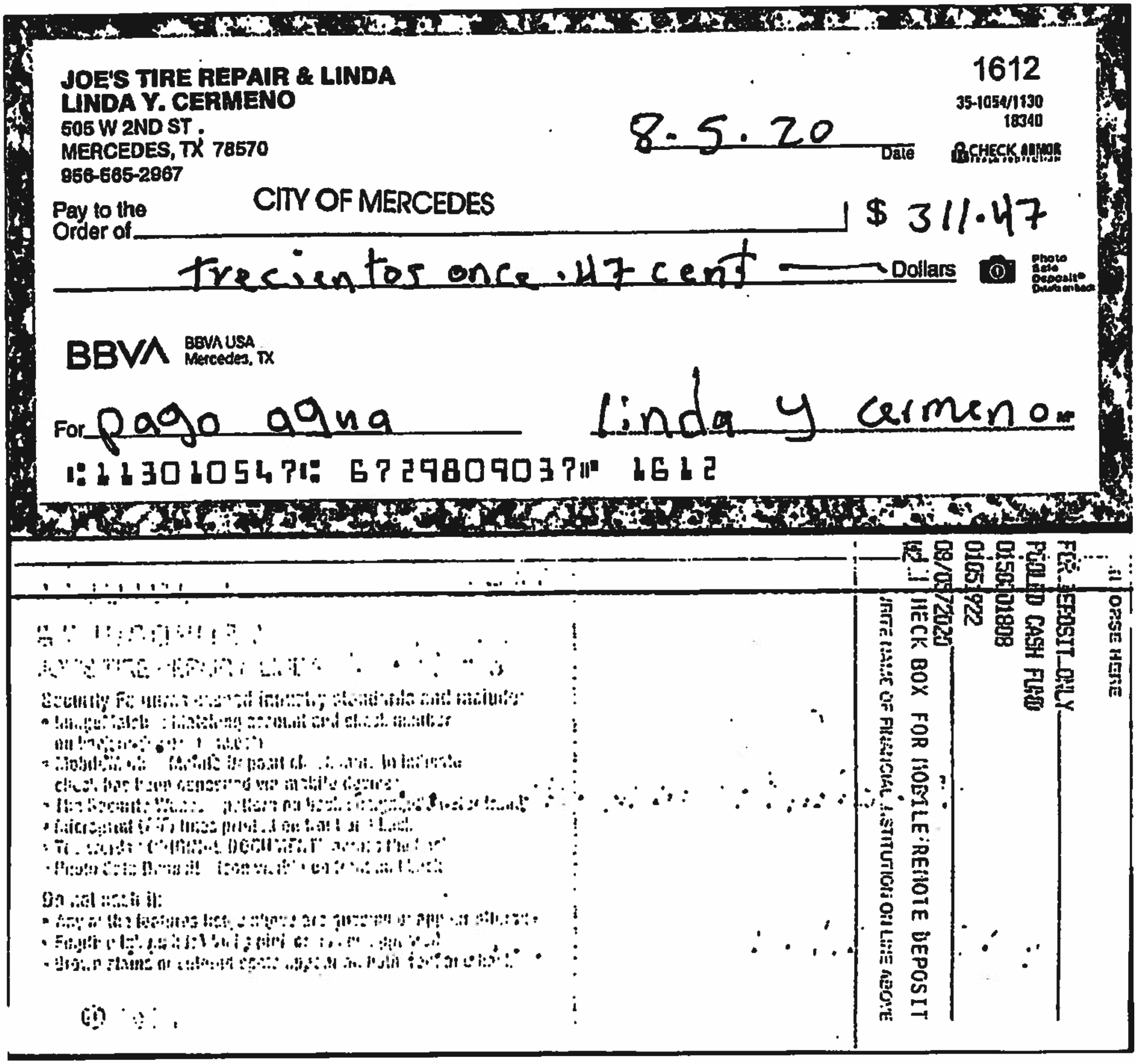
IN ACCOUNT WITH
Joe Tires And Linda
505 W. 2nd St
Mercedes, Tx 78570

Labor (Cash)	350.00

PAID

CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT	

8/25/2020



JOE'S TIRE REPAIR & LINDA
LINDA Y. CERMENO
505 W 2ND ST.
MERCEDES, TX 78570
956-565-2967

1612

35-1054/1130
18340

8-5-20
Date

CHECK ARMOR

Pay to the Order of CITY OF MERCEDES $ 311.47

trecientos once .47 cent Dollars

Photo Safe Deposit® Details on back

BBVA
BBVA USA
Mercedes, TX

For pago agua

Linda y cermeno

⑆113010547⑆ 6729809037⑈ 1612

ENDORSE HERE

FOR DEPOSIT ONLY
POOLED CASH FUND
0150001808
01051922
08/05/2020

☐ CHECK BOX FOR MOBILE REMOTE DEPOSIT

WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

Security Features exceed industry standards and include:

[illegible]

Do not cash if:

[illegible]

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2019

OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☑ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial: Linda Y.
Last name: Cermeno
Your social security number: 940 96 9278

If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.: 505 W. 2nd St
Apt. no.:

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

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name: | Foreign province/state/county: | Foreign postal code:

If more than four dependents, see instructions and ✓ here ▶ ☐

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

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	
2a	Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
c	Pensions and annuities	4c		d Taxable amount	4d	
5a	Social security benefits	5a		b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				6	
7a	Other income from Schedule 1, line 9				7a	4,592
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶				7b	4,592
8a	Adjustments to income from Schedule 1, line 22				8a	325
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				8b	4,267
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a	Add lines 9 and 10				11a	12,200
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-				11b	-0-

940-

12a	Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ ______	12a -0-	
b	Add Schedule 2, line 3, and line 12a and enter the total ▶		12b -0-
13a	Child tax credit or credit for other dependents	13a -0-	
b	Add Schedule 3, line 7, and line 13a and enter the total ▶		13b -0-
14	Subtract line 13b from line 12b. If zero or less, enter -0-		14 -0-
15	Other taxes, including self-employment tax, from Schedule 2, line 10		15 1049
16	Add lines 14 and 15. This is your total tax ▶		16 1049
17	Federal income tax withheld from Forms W-2 and 1099		17 -0-
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶		18e -0-
19	Add lines 17 and 18e. These are your total payments ▶		19 -0-

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid		20
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶ ☐		21a
▶ b	Routing number	▶ c Type: ☐ Checking ☐ Savings	
▶ d	Account number		
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Direct deposit? See instructions.

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶		23 $1049
24	Estimated tax penalty (see instructions) ▶	24	

Third Party Designee

(Other than paid preparer)

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

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

Paid Preparer Use Only

Preparer's name MYRA ELIZONDO	Preparer's signature Myra Elizondo	Date 3/22/2020	PTIN P00843301	Check if: ☐ 3rd Party Designee ☑ Self-employed
Firm's name ▶ ELIZONDOS BOOKKEEPING SERVICE		Phone no.		
Firm's address ▶ 734 W. 2ND STREET MERCEDES, TEXAS 78570		Firm's EIN ▶		

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2019
Attachment Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR: Linda Y. Cermeno

Your social security number: 940-96-9278

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	4,592
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	4,592

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	325
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	325

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71479F Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR: Linda Y. Cermeno

Your social security number: 940-96-9278

Part I **Tax**

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

Part II **Other Taxes**

4	Self-employment tax. Attach Schedule SE	4	1049
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A | 9 |		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 15	10	1049

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71478U **Schedule 2 (Form 1040 or 1040-SR) 2019**

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2019
Attachment
Sequence No. 09

Name of proprietor: Linda Y. Cermeno

Social security number (SSN): 940-96-9278

A Principal business or profession, including product or service (see instructions): Tire Shop

B Enter code from instructions ▶ 999999

C Business name. If no separate business name, leave blank.: Joe's Tire & Linda #1

D Employer ID number (EIN) (see instr.):

E Business address (including suite or room no.) ▶ 244 2nd St

City, town or post office, state, and ZIP code: Mercedes Tx 78570

F Accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☑ Yes ☐ No

H If you started or acquired this business during 2019, check here ▶ ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	74,924
2	Returns and allowances	2	-0-
3	Subtract line 2 from line 1	3	74,924
4	Cost of goods sold (from line 42)	4	48,853
5	**Gross profit.** Subtract line 4 from line 3	5	26,071
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	-0-
7	**Gross income.** Add lines 5 and 6 ▶	7	26,071

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	2,042	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	2,349
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	1,262
				24	Travel and meals:		
				a	Travel	24a	1,243
14	Employee benefit programs (other than on line 19)	14		b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15	3,023	25	Utilities	25	5,871
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a	3,816	27a	Other expenses (from line 48)	27a	2,144
b	Other	16b		b	**Reserved for future use**	27b	
17	Legal and professional services	17	100				

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	22,450
29	Tentative profit or (loss). Subtract line 28 from line 7	29	3,621
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	-0-
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	3,621

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

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

#940-96-9278

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	28,297
37 Cost of labor. Do not include any amounts paid to yourself	37	20,556
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	48,853
41 Inventory at end of year	41	-0-
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	48,853

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

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

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

a Business ________ b Commuting (see instructions) ________ c Other ________

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

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

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

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

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

Uniform & Linen		1,532
fees & dues		612
48 **Total other expenses.** Enter here and on line 27a	48	2,144

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2019
Attachment
Sequence No. 09

Name of proprietor: Linda Y. Cermeno
Social security number (SSN): 940-96-9278

A Principal business or profession, including product or service (see instructions): Tire Shop
B Enter code from instructions ▶ 999999

C Business name. If no separate business name, leave blank. Joe's Tire & Linda #2
D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 505 W 2nd St
City, town or post office, state, and ZIP code: Mercedes, TX 78570

F Accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . ☑ Yes ☐ No

H If you started or acquired this business during 2019, check here ▶ ☐

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	73,644
2	Returns and allowances	2	-0-
3	Subtract line 2 from line 1	3	73 644
4	Cost of goods sold (from line 42)	4	50,339
5	**Gross profit.** Subtract line 4 from line 3	5	23,305
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	-0-
7	**Gross income.** Add lines 5 and 6 ▶	7	23,305

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	2,262	19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	1,791
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	462
				23	Taxes and licenses	23	1,692
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
15	Insurance (other than health)	15	3,626	b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	6,242
a	Mortgage (paid to banks, etc.)	16a	4,098	26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	1,461
17	Legal and professional services	17	100	b	Reserved for future use	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	22,334
29	Tentative profit or (loss). Subtract line 28 from line 7	29	971
30	**Expenses for business use of your home.** Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ______ and (b) the part of your home used for business: ______. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	-0-
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13)** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	971

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13)** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

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

Part III Cost of Goods Sold (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	29,297
37	Cost of labor. Do not include any amounts paid to yourself	37	21,042
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	50,339
41	Inventory at end of year	41	-0-
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	50,339

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

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

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

a Business ____ b Commuting (see instructions) ____ c Other ____

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

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

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

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

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

Uniform & Linen	1,065
fees & dues	396
48 **Total other expenses.** Enter here and on line 27a . . . 48	1,461

SCHEDULE SE
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2019

Attachment Sequence No. **17**

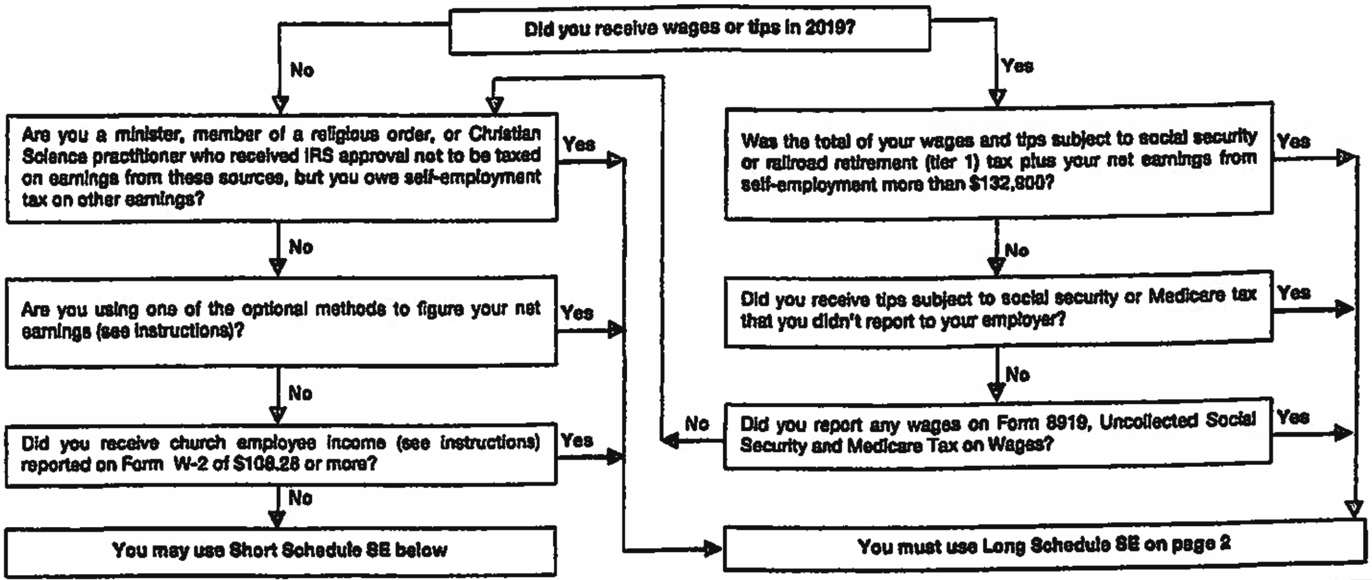
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR): Linda Y. Cermeno

Social security number of person with self-employment income ▶ 940-96-9278

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

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	( )
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	4,592
3	Combine lines 1a, 1b, and 2	3	4,592
4	Multiply line 3 by 92.35% (0.9235). If less than $400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ▶ **Note:** If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	4,241
5	**Self-employment tax.** If the amount on line 4 is: • $132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on **Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.** • More than $132,900, multiply line 4 by 2.9% (0.029). Then, add $16,479.60 to the result. Enter the total here and on **Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55**	5	649
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27** — 6 — 325		

Texas National Bank
EST. 1920
PO Box 4650
Edinburg, TX 78540

LOAN PAYMENT DUE NOTICE

COMMERCIAL LOANS 3/24/20
Acct No 5057207499 Branch 001

Beginning Balance	$46,192.48	Ending Balance	$44,065.06
Interest Paid YTD	$529.20		
Due Date	3/17/20	Interest Rate	6.25000%
Principal Due	$1,189.87	Interest Due	$227.86
Other Charges	$28.32	Past Due	
Total Due	$1,446.05		

Current Period Transactions

Eff Date	Description	Principal Interest	Escrow Other
2/14/20	ESCROW DISB	.00 .00	6460.10 .00
/27/20	Assessed Late Chg	.00 .00	.00 50.00
/03/20	ESCROW PAYMENT	.00 .00	4747.82 .00
/03/20	Rate Change	Old Rate ... New Rate ...	6.75000% 6.25000%
/04/20	REGULAR PAYMENT	1163.07 265.24	856.15 .00
/04/20	LATE CHG PAYMENT	.00 .00	.00 71.68
/24/20	PRINCIPAL PAYMENT	.01 .00	.00 .00
/24/20	INC ESCROW BALANCE	.00 .00	856.14 .00
3/24/20	DEC ESCROW BALANCE	.00 .00	856.15 .00

- - - - - - - - - - - - - - End of Statement - - - - - - - - - - - - - - - - - -

- - - - - - - - - - - - - - Prior Period Transactions - - - - - - - - - - - - - - - -

Eff Date	Description	Principal Interest	Escrow Other

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

STATEMENT DATE 3/24/20

Texas National Bank
EST. 1920
PO Box 4650
Edinburg, TX 78540

ACCOUNT NUMBER	DUE DATE	INTEREST RATE
5057207499	3/17/20	6.25000%

PRINCIPAL AMOUNT DUE	$1,189.87
INTEREST AMOUNT DUE	$227.86
OTHER CHARGES	$28.32
PAST DUE	
TOTAL AMOUNT DUE	$1,446.05

THE ABOVE DESCRIBED NOTE IS DUE ON THE DATE INDICATED.

JOSE GUADALUPE CERMENIO
244 W 2ND ST
MERCEDES TX 78570-2704

MERCEDES
956-565-2485

⑆5040⑉0128⑆ 5057207499⑈ 20

Texas National Bank
EST. 1920
PO Box 4650
Edinburg, TX 78540

LOAN PAYMENT DUE NOTICE

COMMERCIAL LOANS 3/24/20
Acct No 5057207499 Branch 001

Beginning Balance	$46,192.48	Ending Balance	$44,065.06
Interest Paid YTD	$529.20		
Due Date	3/17/20	Interest Rate	6.25000%
Principal Due	$1,189.87	Interest Due	$227.86
Other Charges	$28.32	Past Due	
Total Due	**$1,446.05**		

Current Period Transactions

Eff Date	Description	Principal Interest	Escrow Other
12/30/19	PRINCIPAL PAYMENT	30.88 .00	.00 .00

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

STATEMENT DATE 3/24/20

Texas National Bank
EST. 1920
PO Box 4650
Edinburg, TX 78540

ACCOUNT NUMBER	DUE DATE	INTEREST RATE
5057207499	3/17/20	6.25000%

PRINCIPAL AMOUNT DUE	$1,189.87
INTEREST AMOUNT DUE	$227.86
OTHER CHARGES	$28.32
PAST DUE	
TOTAL AMOUNT DUE	$1,446.05

JOSE GUADALUPE CERMENIO
244 W 2ND ST
MERCEDES TX 78570-2704

THE ABOVE DESCRIBED NOTE IS DUE ON THE DATE INDICATED.

MERCEDES
956-565-2485

01-114
(Rev.4-19/40) AAAA

b.

See Instructions, Form 01-922.

a. ■ 26100

- Do not staple or paper clip.
- Do not write in shaded areas.

Page 1 of 3

exas Sales and se Tax Return

c. Taxpayer number	d. Filing period	e.	f. Due date
■ 3-20568-0476-1	YEAR END 12-31-2019	■ 19	01-21-2020

IMPORTANT

Taxpayer name and mailing address *(Make corrections next to any incorrect information.)*

11

LINDA YAMILECK CERMENO
505 W 2ND ST
MERCEDES TX 78570-2601

Make copies for your records.

- *Blacken this box if your mailing address has changed. Show changes by the preprinted information.* 1.
- *Blacken this box if you are no longer in business. Write in the date you went out of business.* 2.
- *Blacken this box if one of your locations is out of business or has changed its address.* 3.

h. ■ i. ■

26100320568047611955000l 00001

l. NO SALES - *If you had zero to report in items 1, 2 and 3 for ALL locations for this filing period, blacken this box, sign and date this return and mail it to the Comptroller's office.* 1

j. Are you taking credit to reduce taxes due on this return? If you are claiming bad debt credit to reduce your tax due, you must file electronically. YES 1 NO 2

k. Did you refund sales tax for items exported outside the U.S. based on a Texas Licensed Customs Broker Export Certificate? *(Blacken appropriate box)* YES 1 NO 2

If you answered yes to either question j or k, you must complete Form 01-148 and submit it with your return.

Return MUST be filed even if no tax is due.

PLEASE PRINT YOUR NUMERALS LIKE THIS 0 1 2 3 4 5 6 7 8 9

6. Physical location (outlet) name and address *(Do not use a P.O. Box address.)* Outlet no. ■ 00001

JOE'S TIRE REPAIR & LINDA
244 W 2ND ST
MERCEDES TX 78570-2704

1. TOTAL TEXAS SALES *(Whole dollars only)* ■ 3308

2. TAXABLE SALES *(Whole dollars only)* ■ 2933

3. TAXABLE PURCHASES *(Whole dollars only)* ■

7. AMOUNT OF TAX DUE FOR THIS OUTLET *(Dollars and cents)* *(Multiply "Amount subject to tax" by "TAX RATE" for state and local tax due)*

TAX RATES

4. Amount subject to state tax *(Item 2 plus item 3)* ■ 2933 x .062500 = 7a. State tax *(include in item 8a)* 183.32

5. Amount subject to local tax *(Amount for city, transit, county and SPD must be equal.)* ■ 2933 x .020000 = 7b. Local tax *(include in item 8b)* 58.66

	■ STATE TAX - Column a	■ LOCAL TAX - Column b
■ 26180		
8. Total tax due *(from all outlets or list supplements)*	24198	24198
01-114 (Rev.4-19/40) AAAA		
9. Prepayment credit −	0.00	0.00
10. Adjusted tax due *(item 8 minus item 9)* =	241.98	241.98
11. Timely filing discount (0.005) −	1.21	1.21
12. Prior payments −	0.00	0.00
13. Net tax due *(item 10 minus items 11 and 12)* =	240.77	240.77
14. Penalty and interest *(See instructions)* +	.	.
	15a. Total state amount due	15b. Total local amount due
15. TOTAL STATE AND LOCAL AMOUNT DUE *(item 13 plus item 14)* =	■ 24077	■ 24077

Mail to: Comptroller of Public Accounts
P.O. Box 149354
Austin, TX 78714-9354

■ T Code	■ Taxpayer number	■ Period	
26020	32056804761	19	8

16. TOTAL AMOUNT PAID *(Total of items 15a and 15b. Make check payable to: STATE COMPTROLLER.)* 481.54

Taxpayer name
LINDA YAMILECK CERMENO

n. ■

I declare that the information in this document and any attachments is true and correct to the best of my knowledge.

BBBB

b. ■

a. ■ 26100

• *Do not staple or paper clip.*

Page 2 of 3

01-115
(Rev.4-19/25)

c. Taxpayer number ■ 3-20568-0476-1

d. Filing period YEAR END 12-31-2019

e. ■ 19

TEXAS SALES AND USE TAX RETURN - *OUTLET SUPPLEMENT* -

SALES TAX QUESTIONS? CALL US! 1-800-252-5555

f. Taxpayer name LINDA YAMILECK CERMENO

g. Due date 01-21-2020

26100320568047611955 0001 00002

PLEASE PRINT YOUR NUMERALS LIKE THIS 0 1 2 3 4 5 6 7 8 9

Make any necessary changes next to the incorrect information for any location.

1. TOTAL TEXAS SALES *(Whole dollars only)* ■ 3346
2. TAXABLE SALES *(Whole dollars only)* ■ 2933
3. TAXABLE PURCHASES *(Whole dollars only)* ■
4. Amount subject to state tax *(Item 2 plus Item 3)* ■ 2933
5. Amount subject to local tax *(Amount for city, transit, county and SPD must be equal.)* ■ 2933

6. Physical location (outlet) name and address *(Do not use a P.O. box address.)* Outlet no. ■ 00002

JOE'S TIRE SERVICE #2 & LINDA
505 W 2ND ST
MERCEDES TX 78570-2601

7. AMOUNT OF TAX DUE FOR THIS OUTLET *(Dollars and cents)* *(Multiply "Amount subject to tax" by "TAX RATE" for state and local tax due)*

TAX RATES

X ■ .062500 = 7a. State tax *(include in Item 8a)* 183.32

X ■ .020000 = 7b. Local tax *(include in Item 8b)* 58.66

---

1. TOTAL TEXAS SALES *(Whole dollars only)* ■
2. TAXABLE SALES *(Whole dollars only)* ■
3. TAXABLE PURCHASES *(Whole dollars only)* ■
4. Amount subject to state tax *(Item 2 plus Item 3)* ■
5. Amount subject to local tax *(Amount for city, transit, county and SPD must be equal.)* ■

6. Physical location (outlet) name and address *(Do not use a P.O. box address.)* Outlet no. ■

7. AMOUNT OF TAX DUE FOR THIS OUTLET *(Dollars and cents)* *(Multiply "Amount subject to tax" by "TAX RATE" for state and local tax due)*

TAX RATES

X ■ = 7a. State tax *(include in Item 8a)* .

X ■ = 7b. Local tax *(include in Item 8b)* .

---

1. TOTAL TEXAS SALES *(Whole dollars only)* ■
2. TAXABLE SALES *(Whole dollars only)* ■
3. TAXABLE PURCHASES *(Whole dollars only)* ■
4. Amount subject to state tax *(Item 2 plus Item 3)* ■
5. Amount subject to local tax *(Amount for city, transit, county and SPD must be equal.)* ■

6. Physical location (outlet) name and address *(Do not use a P.O. box address.)* Outlet no. ■

7. AMOUNT OF TAX DUE FOR THIS OUTLET *(Dollars and cents)* *(Multiply "Amount subject to tax" by "TAX RATE" for state and local tax due)*

TAX RATES

X ■ = 7a. State tax *(include in Item 8a)* .

X ■ = 7b. Local tax *(include in Item 8b)* .

---

1. TOTAL TEXAS SALES *(Whole dollars only)* ■
2. TAXABLE SALES *(Whole dollars only)* ■
3. TAXABLE PURCHASES *(Whole dollars only)* ■
4. Amount subject to state tax *(Item 2 plus Item 3)* ■
5. Amount subject to local tax *(Amount for city, transit, county and SPD must be equal.)* ■

6. Physical location (outlet) name and address *(Do not use a P.O. box address.)* Outlet no. ■

7. AMOUNT OF TAX DUE FOR THIS OUTLET *(Dollars and cents)* *(Multiply "Amount subject to tax" by "TAX RATE" for state and local tax due)*

TAX RATES

X ■ = 7a. State tax *(include in Item 8a)* .

X ■ = 7b. Local tax *(include in Item 8b)* .

	STATE TAX	LOCAL TAX
TOTAL TAX DUE ON THIS PAGE *(For Taxpayer Use Only)*	183.32	58.66

BBVA

21 JOE'S TIRE REPAIR & LINDA
PC 505 W 2ND ST
MERCEDES TX 78570

Tu(s) Cuenta(s) de BBVA

Please see important message regarding your BUSINESS CHOICE CHECKING account

Por favor lee un importante mensaje acerca de tu cuenta de BUSINESS CHOICE CHECKING

Cómo Contactarnos

Disponible por teléfono las 24 horas

Teléfono	1-800-266-7277
En línea	bbvausa.com
Por correo	BBVA Customer Service P.O. Box 10566 Birmingham, AL 35296

Resumen de las Cuentas

Cuentas de Depósito/Otros Productos

Cuenta	Número de cuenta	Saldo final del último estado de cuenta	Saldo Final del Estado de Cuenta
BUSINESS CHOICE CHECKING	6729809037	$150.51	$214.89
Total de Cuentas de Depósito		**$150.51**	**$214.89**

BUSINESS CHOICE CHECKING

Número de Cuenta: 6729809037 - JOE'S TIRE REPAIR & LINDA

Información sobre la cuenta

We have updated the Treasury Management Service Agreement. The updates only apply to customers who are currently using Treasury Management services. These terms and conditions will become effective as of September 1, 2020. For a listing of Treasury Management services and to view the current version of the agreement go to: http://www.bbvausa.com/commercial/treasury-management/resource-central/

The user ID is "treasury" and the password is "management."

Resumen de Actividades

Saldo Inicial al 7/1/20	$150.51
Depósitos/Créditos (55)	+ $7,434.88
Retiros/Débitos (53)	- $7,370.50
Saldo final al 7/31/20	$214.89

Historial de Transacciones

Fecha *	Cheque/ N.° de Serie	Descripción	Depósitos/ Créditos	Retiros/ Débitos	Saldo al Final del Día
7/1		DEBIT FOR EPX FE 032297030 MERCH SETL CO REF- 3130032297030		$14.95	
7/1		DEBIT FOR EPX FE 032401434 MERCH SETL CO REF- 3130032401434		$14.95	
7/1		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$74.00		
7/1		DEBIT FOR CHECKCARD XXXXXX577407/01/20 APPLE.COM/BILL 866-712-7753 CA		$2.99	$191.62
7/2		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$44.00		
7/2		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$7.01		
7/2		ATM DEPOSIT	$140.00		$382.63
7/3		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$121.90		
7/3		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$90.09		
7/3		CHECKCARD PURCHASE - PETCO 2413 VISA 1080600107/03/20 CARD XXXXXX5774 POS -AT PETCO 2413 WESLACO TX		$20.39	$574.23
7/6		ATM DEPOSIT	$300.00		
7/6		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$39.00		
7/6		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$85.08		
7/6		DEBIT FOR DISH NETWORK DISH NTWRK CO REF- 9607565758 SPA		$74.41	
7/6		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$28.00		

Fecha *	Cheque/ N.º de Serie	Descripción	Depósitos/ Créditos	Retiros/ Débitos	Saldo al Final del Día
7/6		DEBIT FOR OPORTUN/PROGRESS ACH CO REF-4054503		$250.00	
7/6		DEBIT FOR CHECKCARD XXXXXX577407/03/20 SPRINT *WIRELESS 800-639-6111 KS		$98.81	
7/6	1606	CHECK CLEARED		$370.34	
7/6		DEBIT FOR CHECKCARD XXXXXX577407/05/20 SPECTRUM 855-707-7328 TX		$72.59	
7/6		DEBIT FOR CHECKCARD XXXXXX577407/05/20 RUBENS MEAT MARKET 2 DONNA TX		$21.86	
7/6		ATM DEPOSIT	$100.00		$238.30
7/7		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$51.00		
7/7		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$52.05		
7/7		DEBIT FOR CHECKCARD XXXXXX577407/05/20 DISH NETWORK-ONE TIME 800-333-3474 CO		$82.48	$258.87
7/8		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$10.01		
7/8		ATM DEPOSIT	$60.00		
7/8		ATM DEPOSIT	$290.00		$618.88
7/9		DEBIT FOR ALLSTATE ASSURAN CK4INSPYMT CO REF- 06T1E81665		$42.24	
7/9		DEBIT FOR ALLSTATE INS CO INS PREM CO REF-000000838879044		$137.50	
7/9		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$55.00		
7/9		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$37.04		
7/9		ATM DEPOSIT	$30.00		
7/9		CHECKCARD PURCHASE - DOLLAR GENERAL # VISA 4522202207/09/20 CARD XXXXXX5774 POS -AT 6206 N. FM 1015/MILMERCEDES TX		$16.86	$544.32
7/10		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$8.00		
7/10		DEBIT FOR CHECKCARD XXXXXX577407/09/20 AMBIT TEXAS, LLC 877-282-6248 TX		$134.11	
7/10		CHECKCARD PURCHASE - H-E-B GAS #370 VISA 8783740207/10/20 CARD XXXXXX5774 POS -AT H-E-B GAS #370 MERCEDES TX		$20.12	$398.09
7/13		CHECKCARD PURCHASE - MURPHY7698ATWALM VISA 4455880107/12/20 CARD XXXXXX5774 POS -AT 626 N CEASAR CHAVEZALAMO TX		$30.09	
7/13		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$15.00		
7/13		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$86.00		
7/13		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$72.07		
7/13		DEBIT FOR CHECKCARD XXXXXX577407/10/20 METRO PCS / ELAN RGV WI 956-5654280 TX		$88.00	
7/13		DEBIT FOR CHECKCARD XXXXXX577407/10/20 CHURCH S CHICKEN 01061 MERCEDES TX		$7.57	$445.50
7/14		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$90.00		
7/14		ATM DEPOSIT	$880.00		
7/14	1607	CHECK CLEARED		$850.00	

Fecha *	Cheque/ N.º de Serie	Descripción	Depósitos/ Créditos	Retiros/ Débitos	Saldo al Final del Día
7/14		ATM DEPOSIT	$8.00		
7/14		CHECKCARD PURCHASE - TEJANO 510 VISA 002ULS1407/14/20 CARD XXXXXX5774 POS -AT 1701 S 10TH ST MCALLEN TX		$20.00	$553.50
7/15		DEBIT FOR TEXAS NATIONAL AT TRNSFER CO REF- JOSE G CERMENIO		$153.08	
7/15		BRANCH DEPOSIT	$180.00		
7/15		JUN MONTHLY SERVICE CHARGE		$15.00	$565.42
7/16		DEBIT FOR GERBER LIFE INS INSURANCE CO REF- 4249253		$150.56	
7/16		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$15.02		
7/16		ATM DEPOSIT	$100.00		
7/16		BRANCH DEPOSIT	$67.00		
7/16		CHECK CLEARED		$67.00	
7/16		DEBIT FOR CHECKCARD XXXXXX577407/15/20 AMBIT TEXAS, LLC 877-282-6248 TX		$97.48	
7/16		DEBIT FOR CHECKCARD XXXXXX577407/15/20 AMBIT TEXAS, LLC 877-282-6248 TX		$130.27	
7/16		DEBIT FOR CHECKCARD XXXXXX577407/15/20 ATT*BILLPAYMENT 800-288-2020 TX		$69.93	$232.20
7/17		BRANCH DEPOSIT	$1,359.00		
7/17		DEBIT FOR CHECKCARD XXXXXX577407/16/20 COACHES PHARMACY MERCEDES TX		$11.10	$1,580.10
7/20		CHECKCARD PURCHASE - SE40714 VISA 5709570207/18/20 CARD XXXXXX5774 POS -AT SE40714 WESLACO TX		$15.02	
7/20		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$48.05		
7/20		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$60.00		
7/20		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$70.07		
7/20		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$9.01		
7/20		DEBIT FOR CHECKCARD XXXXXX577407/18/20 AMBIT TEXAS, LLC 877-282-6248 TX		$308.59	
7/20		BRANCH DEPOSIT	$638.00		
7/20	1611	CHECK CLEARED		$1,500.00	
7/20		DEBIT FOR CHECKCARD XXXXXX577407/17/20 WESTGATE MEAT MARKET 2 MERCEDES TX		$10.65	
7/20		DEBIT FOR CHECKCARD XXXXXX577407/19/20 OnStar 888-4ONSTAR MI		$38.22	
7/20		CHECKCARD PURCHASE - CIRCLE K #274153 VISA 6443360207/20/20 CARD XXXXXX5774 POS -AT CIRCLE K #2741536 WESLACO TX		$10.01	$522.74
7/21		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$60.00		
7/21		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$115.11		
7/21		DEBIT FOR JOURNEY BUSINESS 4439355013 CO REF- L00000001936885		$25.00	
7/21		DEBIT FOR OPORTUN/PROGRESS ACH CO REF- 4054503		$250.00	
7/21		ATM DEPOSIT	$120.00		
7/21	1609	CHECK CLEARED		$200.00	

Fecha *	Cheque/ N.° de Serie	Descripción	Depósitos/ Créditos	Retiros/ Débitos	Saldo al Final del Día
7/21		BRANCH DEPOSIT	$114.00		
7/21		CHECK CLEARED		$100.00	
7/21		CHECKCARD PURCHASE - SE40714 VISA 5709570207/21/20 CARD XXXXXX5774 POS -AT SE40714 WESLACO TX		$30.06	$326.79
7/22		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$15.00		
7/22		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$37.04		
7/22	1610	CHECK CLEARED		$150.00	$228.83
7/23		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$7.00		
7/23		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$75.07		$310.90
7/24		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$7.01		$317.91
7/27		CHECKCARD PURCHASE - H-E-B #038 VISA 8761870207/26/20 CARD XXXXXX5774 POS -AT 901 W EXPRESSWAY 83SAN JUAN TX		$43.02	
7/27		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$52.00		
7/27		CREDIT FOR EPX ST 032401434 MERCH SETL CO REF- 3130032401434	$263.25		
7/27		DEBIT FOR CHECKCARD XXXXXX577407/24/20 EL GRANO DE ORO LLC EDINBURG TX		$3.84	
7/27		DEBIT FOR CHECKCARD XXXXXX577407/25/20 MURPHY7143ATWALMART MISSION TX		$40.01	
7/27		BRANCH DEPOSIT	$216.00		
7/27		CHECK CLEARED		$350.00	
7/27	1604	CHECK CLEARED		$200.00	
7/27		CHECK CLEARED		$216.00	
7/27		BRANCH DEPOSIT	$70.00		
7/27		DEBIT FOR CHECKCARD XXXXXX577407/25/20 100 ANTOJITOS MEXICANOS 956-5817879 TX		$15.23	$51.06
7/28		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$70.00		
7/28		INSUFFICIENT FUNDS-PAID ITEM $216.00 CHE CK CLEARED		$38.00	
7/28		ATM DEPOSIT	$300.00		
7/28		CHECKCARD PURCHASE - CIRCLE K #274153 VISA 6443360207/28/20 CARD XXXXXX5774 POS -AT CIRCLE K #2741536 WESLACO TX		$20.05	$363.01
7/29		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$45.00		
7/29		ATM DEPOSIT	$400.00		$808.01
7/30		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$39.00		
7/30		CHECK CLEARED		$700.00	
7/30		CHECKCARD PURCHASE - LOVES TRAVEL STO VISA 4741550107/30/20 CARD XXXXXX5774 POS -AT LOVES TRAVEL STOPS DONNA TX		$39.13	$107.88
7/31		CREDIT FOR EPX ST 032297030 MERCH SETL CO REF- 3130032297030	$110.00		

Fecha *	Cheque/ N.º de Serie	Descripción	Depósitos/ Créditos	Retiros/ Débitos	Saldo al Final del Día
7/31		DEBIT FOR CHECKCARD XXXXXX577407/30/20 APPLE.COM/BILL 866-712-7753 CA		$2.99	$214.89
Saldo Final al 7/31					$214.89
Totales			$7,434.88	$7,370.50	

*La Fecha proporcionada es el día hábil en el que se procesa la transacción.
Ten en cuenta que algunas tarifas y cargos registrados en tu cuenta pueden estar relacionados con servicios y/o actividad del periodo anterior del estado de cuenta.

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
7/16		$67.00	7/30		$700.00	7/21	1609 *	$200.00
7/21		$100.00	7/27	1604 *	$200.00	7/22	1610	$150.00
7/27		$350.00	7/6	1606 *	$370.34	7/20	1611	$1,500.00
7/27		$216.00	7/14	1607	$850.00			

**Indica ruptura en la secuencia de cheques.*

6. Discussion and Action: Mercedes Small Business Recovery Grant – Rogelio Barrientes, $3,000

mercedes
big boots. big opportunities.

Memo

To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 9/18/20

Re: Mercedes Small Business Grant Program

Recommendation:

Carlos Lunar – Approve 3K
Linda Cermeno – Approve 3K
Rogelio Barrientes – Approve 3K
Myra Elizondo – Approve 3K
Muhammad Owais – Approve 5K
Teri Gonzalez – Deny (ineligible, not within City limits or ETJ)
Juan Pedraza – Deny (ineligible, not within City limits or ETJ)
Myra Morales – Deny – (ineligible, recently opened)

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: Rogelio Barrientes
Name of Business: Texas Metro Utilities LLC
Business Type: Utility Sub Contractor for Spectrum, AEP, and MVEC
Address of Business: 320 South Texas Avenue Mercedes, Tx 78570
Email Address: RBARRIENTES@TMU.LLC Phone Number: (956) 903-4291 - office
(956) 274-5727 - cell

BUSINESS OWNERSHIP

Tax ID #: EIN 84-2872752
Entity Name: Texas Metro Utilities LLC
Name of business owner (if different from above): Rogelio Barrientes
Number of years in business: 1 year

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 ✓

RECEIVED
AUG 07 2020
BY: 10:42 Am.

Is your business operated as a sole proprietorship?

Yes ✓ No ______

USE OF FUNDS

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

______ Rent/mortgage payment. List specific amount. $__________

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

✓ Employee support (salaries, insurance, paid leave) $44,208.31

______ Utilities (i.e. electricity, water, phone, internet, etc.) $__________

______ Expenses associated with increased material costs from suppliers or alternate suppliers. $__________

______ Purchase of COVID-19 supplies for business protection/cleaning. $__________

Total Amount $__________

Total Grant amount requested from Mercedes DCM: $ 5000.00

(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: Edna Martinez
Have you met with your financial institution (bank) about financial assistance? Yes__No

If no, why not?
Due to COVID-19, project orders slowed down. Therefore, I did not want my company to get in a financial deficit with bank.

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

No Paycheck Protection Program (PPP) Requested amount: __________

No Economic Injury Disaster Loan (EIDL) Requested amount: __________

**Provide proof of application provided via attachment.*

If not, why not?
I was not aware of PPP Program. As I began to inquire in EIDL Program, I was unable to continue process due to Illness (covid 19).

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 Texas Metro Utilities LLC

Written: Rogelio Barrientes Owner
Legal Representative Title

Signed: __________ Owner
Legal Representative Title

Signed as Individual: __________ Date 8/6/2020

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.

As shown on your income tax return:

First Name: Rogelio

Last Name: Barrientes

Business Name (if different): Texas Metro Utilities LLC

Check appropriate box:
☐ Individual / Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter tax classification (D=disregarded entity, C=corporation, P=partnership) P

☐ Other (see instructions):

Exemptions (see instructions):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.) 834 Palm Drive

City: Mercedes

State: Texas

Zip Code: 78570

Requester's name and address (optional)

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 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:

Employer identification number: 84-2572752

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 on page 3.

Date : 12/04/2019 **Signed:** Rogelio Barrientes

Rogelio Barrientes signed form Stock - W-9 (2015)

Date:12/04/2019 IP Address 173.172.234.21

Rogelio Barrientes 12/04/2019

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.
Rogelio Barrientes

2 Business name/disregarded entity name, if different from above
Texas Metro Utilities

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.
634 Palm Heights St

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
8 4 – 2 8 7 2 7 5 2

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person ▶** **Date ▶** 8/21/2020

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.*

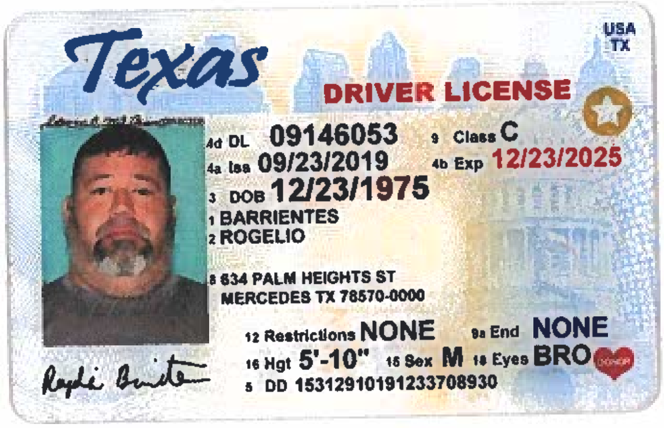
Purpose of Form

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.*



Texas

USA
TX

DRIVER LICENSE

4d DL 09146053
9 Class C
4a Iss 09/23/2019
4b Exp 12/23/2025
3 DOB 12/23/1975
1 BARRIENTES
2 ROGELIO
8 634 PALM HEIGHTS ST
MERCEDES TX 78570-0000
12 Restrictions NONE
9a End NONE
16 Hgt 5'-10"
15 Sex M
18 Eyes BRO
5 DD 15312910191233708930

Armor of GOD

TEXAS METRO UTILITIES LLC

EMPLOYEE PAY STUB

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anselmo Hernandez

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
956-903-4291

EMPLOYEE NUMBER:
100027

CHECK #:
1095

PAY PERIOD:
4-17-2020/4-23-2020
4-24-2020/4-30-2020

PAY DATE:
5-1-2020

GROSS EARNING	RATE:	HOURS:	CURRENT TOTAL	DATE
REGULAR:	9.25	33.25	307.56	4-17-2020 4-23-2020
OVERTIME:	13.88			
NET PAY:			307.56	
REGULAR:	9.25	40	370.00	4-24-2020 4-30-2020
OVERTIME:	13.88	11.5	159.56	
NET PAY:			529.56	
TOTAL:			$837.13	5-1-2020

Employee Signature:______________________ Date:______________

Armor of GOD

TEXAS METRO UTILITIES LLC

EMPLOYEE PAY STUB

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anselmo Hernandez

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
956-903-4291

EMPLOYEE NUMBER:
100027

CHECK #:
1085

PAY PERIOD:
5-1-2020/5-7-2020
5-8-2020/5-14-2020

PAY DATE:
5-15-2020

GROSS EARNING	RATE:	HOURS:	CURRENT TOTAL	DATE
REGULAR:	9.25	38.16	352.98	5-1-2020 5-7-2020
OVERTIME:	13.88			
NET PAY:			352.98	
REGULAR:	9.25	40	370.00	5-8-2020 5-14-2020
OVERTIME:	13.88	11.33	157.20	
NET PAY:			527.20	
TOTAL:			$880.18	5-15-2020

Employee Signature:____________________ Date:____________

Armor of GOD

EMPLOYEE PAY STUB TEXAS METRO UTILITIES LLC

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anselmo Hernandez

EMPLOYER ADDRESS:
320 S. TEXAS AVE, TX 78570

EMPLOYER TELEPHONE:
956-903-4291

EMPLOYEE NUMBER:
100027

CHECK #:

PAY PERIOD:
5-15-2020/5-21-2020
5-22-2020/5-28-2020

PAY DATE:
5-15-2020

GROSS EARNING	RATE:	HOURS:	CURRENT TOTAL	DATE
REGULAR:	9.25	40	370.00	5-15-2020 5-21-2020
OVERTIME:	13.88	12.58	174.55	
NET PAY:			544.55	
REGULAR:	9.25	10.5	97.13	5-22-2020 5-28-2020
OVERTIME:	13.88			
NET PAY:			97.13	
TOTAL:			$641.67	5-29-2020

Employee Signature:________________________________ Date:________________

Armor of GOD

TEXAS METRO UTILITIES LLC

EMPLOYEE PAY STUB

EMPLOYER NAME: Texas Metro Utilities

EMPLOYEE NAME: Anselmo Hernandez

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE: 956-903-4291

EMPLOYEE NUMBER: 100027

CHECK #: 1076

PAY PERIOD:
5-29-2020/6-4-2020
6-5-2020/6-11-2020

PAY DATE: 6-12-2020

GROSS EARNING	RATE:	HOURS:	CURRENT TOTAL	DATE
REGULAR:	9.25	31.5	291.38	5-29-2020 6-4-2020
OVERTIME:	13.88			
NET PAY:			291.38	
REGULAR:	9.25	12.5	115.63	6-5-2020 6-11-2020
OVERTIME:	13.88			
NET PAY:			115.63	
TOTAL:			$407.00	6-12-2020

Employee Signature:______________________________ Date:________________

Armor of GOD

EMPLOYEE PAY STUB

TEXAS METRO UTILITIES LLC

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anselmo Hernandez

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
956-903-4291

EMPLOYEE NUMBER:
100027

CHECK #:

PAY PERIOD:
6-12-2020/6-18-2020
6-19-2020/6-25-2020

PAY DATE:
6-26-2020

GROSS EARNING	RATE:	HOURS:	CURRENT TOTAL	DATE
REGULAR:	9.25	21	194.25	6-12-2020 6-18-2020
OVERTIME:	13.88			
NET PAY:			194.25	
REGULAR:	9.25	17	157.25	6-19-2020 6-25-2020
OVERTIME:	13.88			
NET PAY:			157.25	
TOTAL:			$ 351.50	6-26-2020

Employee Signature:______________________________ Date:______________

Texas Metro Utilities

Armor of

GOD

EMPLOYEE PAY STUB TEXAS METRO UTILITIES LLC

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anselmo Hernandez

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
956-903-4291

EMPLOYEE NUMBER:
100027

CHECK #:

PAY PERIOD:
7-10-2020/7-16-2020
7-17-2020/7-23-2020

PAY DATE:
7-24-2020

GROSS EARNING	RATE:	HOURS:	CURRENT TOTAL	DATE
REGULAR:	9.25	0	0	7-10-2020 7-16-2020
OVERTIME:	13.88			
NET PAY:			0	
REGULAR:	9.25	0	0	7-17-2020 7-23-2020
OVERTIME:	13.88			
NET PAY:				
TOTAL:			$ 0	7-24-2020

Employee Signature:______________________________ Date:________________

Armor of GOD

EMPLOYEE PAY STUB TEXAS METRO UTILITIES LLC

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anselmo Hernandez

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
956-903-4291

EMPLOYEE NUMBER:
100027

CHECK #:

PAY PERIOD:
7-24-2020/7-30-2020
7-31-2020/8-6-2020

PAY DATE:
8-7-2020

GROSS EARNING	RATE:	HOURS:	CURRENT TOTAL	DATE
REGULAR:	9.25	0	0	7-24-2020 7-30-2020
OVERTIME:	13.88			
NET PAY:			0	
REGULAR:	9.25	0	0	7-31-2020 8-6-2020
OVERTIME:	13.88			
NET PAY:				
TOTAL:			$ 0	8-7-2020

Employee Signature:____________________________ Date:________________

Armor of GOD

TEXAS METRO UTILITIES LLC

EMPLOYEE PAY STUB

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anthony Barrientes

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
(956)903-4291

EMPLOYEE NUMBER:
100029

CHECK #:
1094

PAY PERIOD:
4-17-2020/4-23-2020
4-24-2020/4-30-2020

PAY DATE:
5-1-2020

GROSS EARNING:	RATE	HOURS	CURRENT TOTAL:	DATE
REGULAR:	10.25	39.67	406.62	4-17-2020 4-23-2020
OVERTIME				
NET TOTAL:			406.62	
REGULAR:	10.25	34.3	351.58	4-24-2020 4-30-2020
OVERTIME:	15.38			
NET TOTAL:			351.58	
TOTAL PAY:			$758.19	5-1-2020

EMPLOYEE SIGNATURE:______________________________ DATE:____________

Armor of GOD

EMPLOYEE PAY STUB

TEXAS METRO UTILITIES LLC

EMPLOYER NAME: Texas Metro Utilities

EMPLOYEE NAME: Anthony Barrientes

EMPLOYER ADDRESS: 634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE: (956)903-4291

EMPLOYEE NUMBER: 100029

CHECK #: 1083

PAY PERIOD:
5-1-2020/5-7-2020
5-8-2020/5-14-2020

PAY DATE: 5-15-2020

GROSS EARNING:	**RATE**	**HOURS**	**CURRENT TOTAL:**	**DATE**
REGULAR:	10.25	36	369.00	5-1-2020 5-7-2020
OVERTIME				
NET TOTAL:			369.00	
REGULAR:	10.25	40	410.00	5-8-2020 5-14-2020
OVERTIME:	15.38	20	307.50	
NET TOTAL:			717.50	
TOTAL PAY:			$1086.50	5-15-2020

EMPLOYEE SIGNATURE:______________________________ DATE:____________

Texas Metro Utilities

Armor of

GOD

EMPLOYEE PAY STUB

TEXAS METRO UTILITIES LLC

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anthony Barrientes

EMPLOYER ADDRESS:
320 S. TEXAS AVE , TX 78570

EMPLOYER TELEPHONE:
(956)903-4291

EMPLOYEE NUMBER:
100029

CHECK #:

PAY PERIOD:
5-15-2020/5-21-2020
5-22-2020/5-28-2020

PAY DATE:
5-29-2020

GROSS EARNING:	RATE	HOURS	CURRENT TOTAL:	DATE
REGULAR:	10.25	33.83	346.76	5-15-2020 5-21-2020
OVERTIME				
NET TOTAL:			346.76	
REGULAR:	10.25	36.25	371.56	5-22-2020 5-28-2020
OVERTIME:	15.38			
NET TOTAL:			371.56	
TOTAL PAY:			$718.32	5-29-2020

EMPLOYEE SIGNATURE:______________________________ DATE:______________

Armor of GOD

EMPLOYEE PAY STUB

TEXAS METRO UTILITIES LLC

EMPLOYER NAME: Texas Metro Utilities

EMPLOYEE NAME: Anthony Barrientes

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
(956)903-4291

EMPLOYEE NUMBER:
100029

CHECK #:
1074

PAY PERIOD:
5-29-2020/6-4-2020
6-5-2020/6-11-2020

PAY DATE:
6-12-2020

GROSS EARNING:	RATE	HOURS	CURRENT TOTAL:	DATE
REGULAR:	10.25	40	410.00	5-29-2020 6-4-2020
OVERTIME	15.38	69.5	1068.56	
NET TOTAL:			1478.56	
REGULAR:	10.25	6	61.50	6-5-2020 6-11-2020
OVERTIME:	15.38			
NET TOTAL:			61.50	
TOTAL PAY:			$1540.06	6-12-2020

EMPLOYEE SIGNATURE:______________________________ DATE:____________

Texas Metro Utilities

TEXAS METRO UTILITIES LLC

Armor of GOD

EMPLOYEE PAY STUB

EMPLOYER NAME: Texas Metro Utilities	**EMPLOYEE NAME:** Anthony Barrientes
EMPLOYER ADDRESS: 634 Palm Drive Mercedes, TX 78570	
EMPLOYER TELEPHONE: (956)903-4291	**EMPLOYEE NUMBER:** 100029
CHECK #:	
PAY PERIOD: 6-26-2020/7-2-2020 7-3-2020/7-9-2020	**PAY DATE:** 7-10-2020

GROSS EARNING:	**RATE**	**HOURS**	**CURRENT TOTAL:**	**DATE**
REGULAR:	10.25	20	205.00	6-26-2020 7-2-2020
OVERTIME	15.38			
NET TOTAL:			205.00	
REGULAR:	10.25	18	184.50	7-3-2020 7-9-2020
OVERTIME:	15.38			
NET TOTAL:			184.50	
TOTAL PAY:			$389.50	7-10-2020

EMPLOYEE SIGNATURE:________________________________ DATE:____________

Texas Metro Utilities

Armor of GOD

EMPLOYEE PAY STUB TEXAS METRO UTILITIES LLC

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anthony Barrientes

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
(956)903-4291

EMPLOYEE NUMBER:
100029

CHECK #:

PAY PERIOD:
7-10-2020/7-16-2020
7-17-2020/7-23-2020

PAY DATE:
7-24-2020

GROSS EARNING:	**RATE**	**HOURS**	**CURRENT TOTAL:**	**DATE**
REGULAR:	10.25	0	0	7-10-2020 7-16-2020
OVERTIME	15.38			
NET TOTAL:			0	
REGULAR:	10.25	0	0	7-17-2020 7-23-2020
OVERTIME:	15.38			
NET TOTAL:			0	
TOTAL PAY:			$0	7-24-2020

EMPLOYEE SIGNATURE:______________________________ DATE:____________

Armor of GOD

EMPLOYEE PAY STUB TEXAS METRO UTILITIES LLC

EMPLOYER NAME:
Texas Metro Utilities

EMPLOYEE NAME:
Anthony Barrientes

EMPLOYER ADDRESS:
634 Palm Drive Mercedes, TX 78570

EMPLOYER TELEPHONE:
(956)903-4291

EMPLOYEE NUMBER:
100029

CHECK #:

PAY PERIOD:
7-24-2020/7-30-2020
7-31-2020/8-6-2020

PAY DATE:
8-7-2020

GROSS EARNING:	RATE	HOURS	CURRENT TOTAL:	DATE
REGULAR:	10.25	0	0	7-24-2020 7-30-2020
OVERTIME	15.38			
NET TOTAL:			0	
REGULAR:	10.25	0	0	7-31-2020 8-6-2020
OVERTIME:	15.38			
NET TOTAL:			0	
TOTAL PAY:			$0	8-7-2020

EMPLOYEE SIGNATURE:______________________ DATE:____________

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TEXAS METRO UTILITIES LLC

634 PALM DRIVE
MERCEDES, TEXAS 78570

1 Rents $

2 Royalties $

OMB No. 1545-0115

2019

Form **1099-MISC**

Miscellaneous Income

3 Other income $

4 Federal income tax withheld $

Copy C

For Payer

PAYER'S TIN 84-2872752

RECIPIENT'S TIN 630-66-6169

5 Fishing boat proceeds $

6 Medical and health care payments $

RECIPIENT'S name

ALYSSA C DE LEON

Street address (including apt. no.)

132 SOUTH VIRGINIA

City or town, state or province, country, and ZIP or foreign postal code

MERCEDES, TEXAS 78570

7 Nonemployee compensation $ $1,300.50

8 Substitute payments in lieu of dividends or interest $

9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐

10 Crop insurance proceeds $

11

12

For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**

Account number (see instructions)

FATCA filing requirement ☐

2nd TIN not. ☐

13 Excess golden parachute payments $

14 Gross proceeds paid to an attorney $

15a Section 409A deferrals $

15b Section 409A income $

16 State tax withheld $ $

17 State/Payer's state no.

18 State income $ $

Form **1099-MISC** www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

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☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

TEXAS METRO UTILITIES LLC

634 PALM DRIVE
MERCEDES, TEXAS 78570

1 Rents $

2 Royalties $

OMB No. 1545-0115

2019

Form **1099-MISC**

Miscellaneous Income

3 Other income $

4 Federal income tax withheld $

Copy C

For Payer

PAYER'S TIN 84-2872752

RECIPIENT'S TIN 643-38-0544

5 Fishing boat proceeds $

6 Medical and health care payments $

RECIPIENT'S name

ANTHONY BARRIENTES

Street address (including apt. no.)

616 N MISSOURI

City or town, state or province, country, and ZIP or foreign postal code

MERCEDES, TEXAS 78570

7 Nonemployee compensation $ $1,981.25

8 Substitute payments in lieu of dividends or interest $

9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐

10 Crop insurance proceeds $

11

12

For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**

Account number (see instructions)

FATCA filing requirement ☐

2nd TIN not. ☐

13 Excess golden parachute payments $

14 Gross proceeds paid to an attorney $

15a Section 409A deferrals $

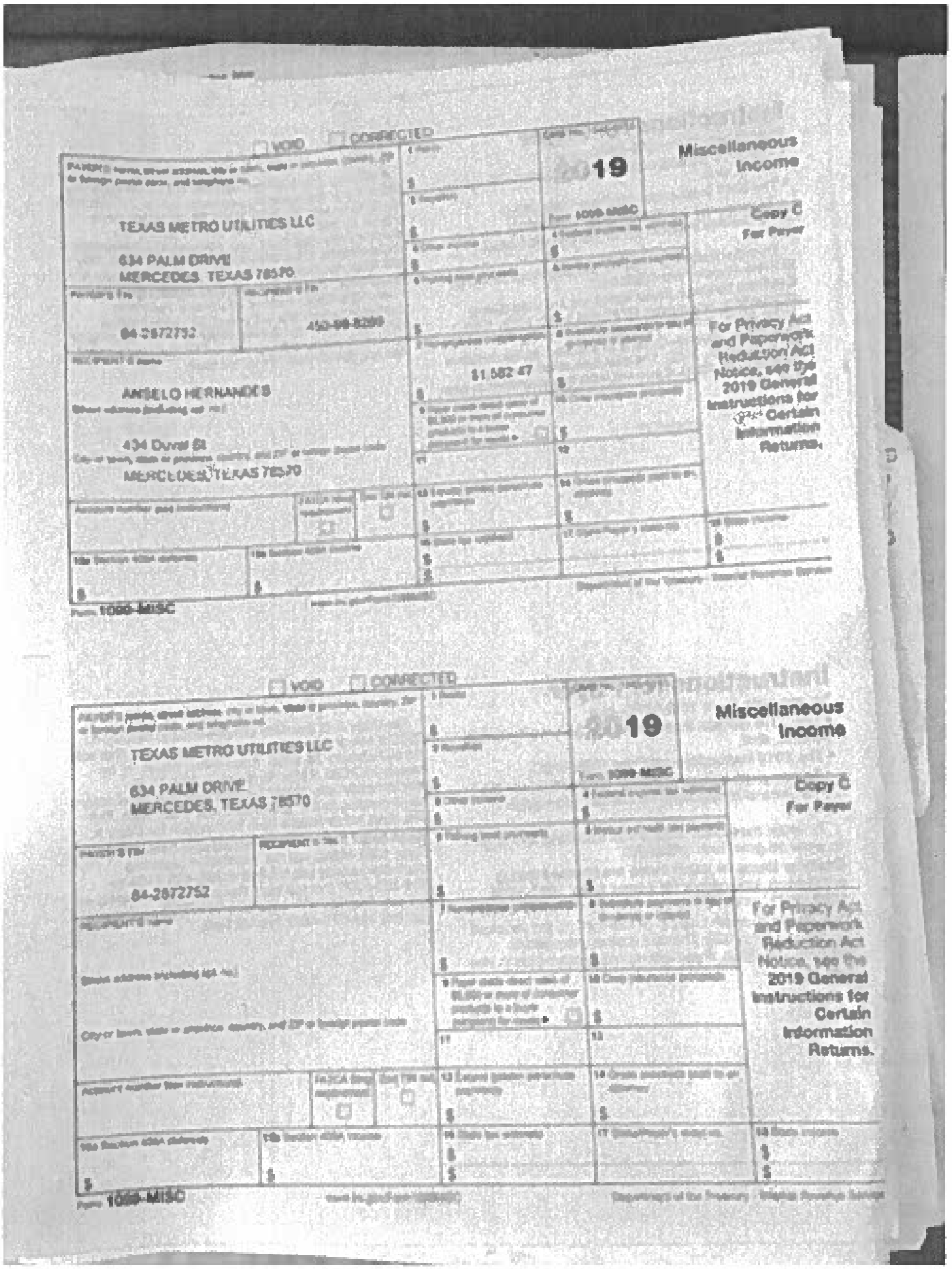
15b Section 409A income $

16 State tax withheld $ $

17 State/Payer's state no.

18 State income $ $

Form **1099-MISC** www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service



☐ VOID ☐ CORRECTED

2019

Form 1099-MISC

Miscellaneous Income

Copy C
For Payer

TEXAS METRO UTILITIES LLC

634 PALM DRIVE
MERCEDES TEXAS 78570

84-2872752

450-98-8290

ANGELO HERNANDES

434 Duval St

MERCEDES, TEXAS 78570

$1,582.47

For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.

Form 1099-MISC

☐ VOID ☐ CORRECTED

2019

Form 1099-MISC

Miscellaneous Income

Copy C
For Payer

TEXAS METRO UTILITIES LLC

634 PALM DRIVE
MERCEDES, TEXAS 78570

84-2872752

For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.

Form 1099-MISC

Texas Metro Utilities LLC

Profit & Loss

April through June 2020

	Apr - Jun 20
Ordinary Income/Expense	
Income	
Services Income	42,680.02
Total Income	42,680.02
Cost of Goods Sold	
Equipment Repairs	706.07
Purchases - Parts and Materials	37.89
Total COGS	743.96
Gross Profit	41,936.06
Expense	
Computer and Internet Expenses	521.06
Contract Labor	26,521.21
Electric	300.32
Fuel	402.38
Meals and Entertainment	211.02
Office Supplies	335.48
Postage & Delivery	3.49
Rent	650.00
Small Equipment	1,214.55
Telephone Expense	448.67
Water	134.00
Total Expense	30,742.18
Net Ordinary Income	11,193.88
Net Income	11,193.88

7:26 PM
08/24/20
Accrual Basis

Texas Metro Utilities LLC
Profit & Loss
January through June 2020

	Jan - Jun 20
Ordinary Income/Expense	
Income	
Services Income	53,097.28
Total Income	53,097.28
Cost of Goods Sold	
Equipment Repairs	2,056.34
Purchases - Parts and Materials	179.48
Total COGS	2,235.82
Gross Profit	50,861.46
Expense	
Advertising and Promotion	621.00
Computer and Internet Expenses	521.06
Contract Labor	32,545.96
Electric	548.29
Fuel	701.72
Meals and Entertainment	263.33
Office Supplies	1,066.38
Postage & Delivery	3.49
Rent	1,300.00
Small Equipment	1,214.55
Telephone Expense	747.80
Water	134.00
Total Expense	39,667.58
Net Ordinary Income	11,193.88
Net Income	11,193.88

7:30 PM
08/24/20
Accrual Basis

Texas Metro Utilities LLC
Balance Sheet
As of June 30, 2020

	Jun 30, 20
ASSETS	
Current Assets	
Checking/Savings	
TNB 4081	10,564.39
Total Checking/Savings	10,564.39
Total Current Assets	10,564.39
Fixed Assets	
Equipment	37,400.00
Furniture	4,308.00
Vehicles	5,000.00
Total Fixed Assets	46,708.00
TOTAL ASSETS	**57,272.39**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Equipment - Loan	-156,800.00
Payable Loans	4,550.00
Total Other Current Liabilities	-152,250.00
Total Current Liabilities	-152,250.00
Total Liabilities	-152,250.00
Equity	
Contribution	191,850.00
Members Draw	-489.90
Members Equity	-43,561.39
Opening Balance Equity	-139.59
Owner's Investment	50,669.39
Net Income	11,193.88
Total Equity	209,522.39
TOTAL LIABILITIES & EQUITY	**57,272.39**