

7. Discussion and Action: Mercedes Small Business Recovery Grant – Myra Elizondo, \$3,000

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: Myra Elizondo
Name of Business: Elizondo's Bookkeeping Service
Business Type: Bookkeeping & income tax Service
Address of Business: 734 W. 2nd St Mercedes TX 78570
Email Address: Myra.Elizondo@yahoo.com Phone Number: 956-565-4691

BUSINESS OWNERSHIP

Tax ID #: 451-37-0429
Entity Name: Elizondo's Bookkeeping Ser.
Name of business owner (if different from above): _____
Number of years in business: 25

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

PERSONNEL

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

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

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

Yes _____ No ✓

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. \$ 900.00
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$
- ☒ Employee support (salaries, insurance, paid leave) \$ 1,050.00
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 1,053.73
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$
- ☐ Purchase of COVID-19 supplies for business protection/cleaning. \$

Total Amount \$ 3,003.73

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: 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?

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

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

**Provide proof of application provided via attachment.*

If not, why not?

I did not apply for it.

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.**

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

ME 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.)

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

ME 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.

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

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

ME 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 Elizondo's Bookkeeping Ser.

Written: Myra Elizondo
Legal Representative

Owner
Title

Signed: _____
Legal Representative

Title

Signed as Individual: Myra Elizondo

Date 8-12-2020

ASSUMED NAME CERTIFICATE

NOTICE: "CERTIFICATES" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE.
(Chapter 36, Title 4 Business and Commerce Code)

(PRINT OR TYPE / BLACK OR BLUE INK)

NAME OF BUSINESS: Elizondo's Bookkeeping Service
BUSINESS ADDRESS: 734 W 2nd St. Mercedes, TX 78570
CITY STATE ZIP CODE

IF INCORPORATED, NAME OF THE INCORPORATED BUSINESS: _____

IF INCORPORATED, THE STATE IN WHICH THE BUSINESS WAS INCORPORATED: _____

THE COUNTY OR COUNTIES WHERE BUSINESS IS TO BE CONDUCTED UNDER SUCH ASSUMED NAME IS/ARE: Hidalgo

PERIOD (not to exceed ten years) DURING WHICH THE ASSUMED NAME WILL BE USED IS: May 31, 2018 to May 31, 2023

BUSINESS IS TO BE CONDUCTED AS (Check one):

- ☒ Sole Proprietorship ☐ Non-Profit ☐ Professional Corporation ☐ Limited Liability Corporation
☐ General Partnership ☐ Business Corporation ☐ Real Estate Investment Trust ☐ Other _____

I/we the undersigned, am/are the owner(s), and/or registered agent, authorized representative, or attorney-in-fact, of the above business and my/our name(s) and address(es) given is/are true and correct and there is/are no ownership(s) and/or registered agent, authorized representative, or attorney-in-fact whose name is required to be stated in the certificate not listed herein.

NAME/TITLE	<u>Marya Elizondo</u> (PRINT OR TYPE)	SIGNATURE	<u>Marya Elizondo</u>
ADDRESS	<u>332 S Virginia Mercedes Tx 78570</u> (HOME OR REGISTERED OFFICE)	CITY	STATE ZIP CODE
NAME/TITLE	_____ (PRINT OR TYPE)	SIGNATURE	_____
ADDRESS	_____ (HOME OR REGISTERED OFFICE)	CITY	STATE ZIP CODE
NAME/TITLE	_____ (PRINT OR TYPE)	SIGNATURE	_____
ADDRESS	_____ (HOME OR REGISTERED OFFICE)	CITY	STATE ZIP CODE
NAME/TITLE	_____ (PRINT OR TYPE)	SIGNATURE	_____
ADDRESS	_____ (HOME OR REGISTERED OFFICE)	CITY	STATE ZIP CODE

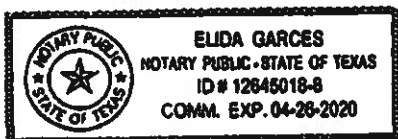
THE STATE OF TEXAS
COUNTY OF TXSS

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared Marya Elizondo

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that s/he/they executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on May 30, 2018

(SEAL)



Elida Garcés
Notary Public in and for the State of Texas

**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. Miya Elizondo	
2 Business name (disregarded entity name, if different from above) Elizondo's Bookkeeping Ser	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► 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. <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. 734 W 2nd 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										
4	5	1	-	3	7	-	0	4	2	9
or										
Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ► Miya Elizondo	Date ► 8/12/2020
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

Texas

DRIVER LICENSE

USA
TX



Myra Elizondo

4a DL 05416856 9 Class C
4a Iss 01/09/2017 4b Exp 11/30/2020
3 DOB 11/30/1971
1 ELIZONDO
2 MYRA ELAINE
8 322 S VIRGINIA
MERCEDES TX 78670-0000
12 Restrictions NONE 9a End NONE
16 Hgt 5'-03" 15 Sex F 18 Eyes BRO
5 DD 10312710112059938550

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.

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

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.
2620 LOTUS DR

6 City, state, and ZIP code
HARLIGEN, TEXAS 78550

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

4	4	9	-	7	2	-	7	3	0	4
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or

Employer identification number

		-								
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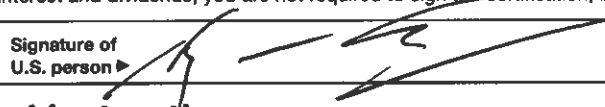
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Under penalties of perjury, I certify that:

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

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Sign Here

Signature of U.S. person ► 

Date ► **9-1-2020**

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- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
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- 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.

191130

Statement

DATE 6-3-2020

TO

Elizondo's Bookkeeping Ser
734 W. 2nd St
Mercedes, Tx 78570

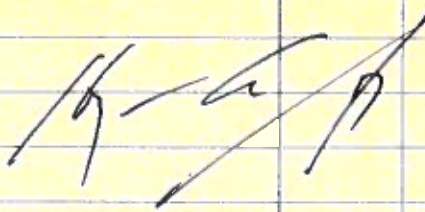
TERMS

IN ACCOUNT WITH

Higinio Campos

Rent for
June 2020

325.00



CURRENT

OVER 30 DAYS


OVER 60 DAYS

TOTAL AMOUNT



Check Images

Rent

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDOS, TX 78670		BBVA BBVA USA Mercedes, TX	1677 35-1054/1130 18340
DATE <u>5-27-20</u>		<input checked="" type="checkbox"/> CHECK IMAGE 35-1054/1130 18340	
PAY To The Order Of	<u>three-hundred & 0/100</u>	DOLLARS	\$ <u>300</u> ⁰⁰ / ₁₀₀
FOR <u>GENE CAMPOS</u>		 Photo Safe Deposit Box on site	
<u>RENT - JUNE 325 - 25</u>		<u>Myra Elizondo</u>	
⑈001677⑈ ⑆113010547⑆ 675907854⑈			

20200527008687621618335

20200527008687621618335

Handwritten signature and vertical text on the right side of the check image.

191129

Statement

DATE 7-3-2020

TO Elizondo's Bookkeeping Ser
734 W 2nd St
Mercedes, Tx 78570

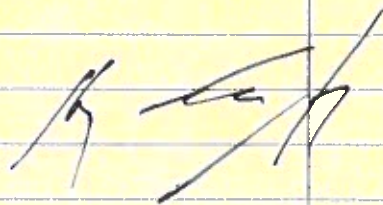
TERMS

IN ACCOUNT WITH

Higinio Campos

July Rent
2020

325.00



CURRENT

OVER 30 DAYS

OVER 60 DAYS

TOTAL AMOUNT



Check Images

Rent

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDES, TX 78670		BBVA BBVA USA Mercedes, TX	1697 35-1854/1130 18340
DATE <u>6-28-20</u>		<input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT	
PAY <u>three-hundred & 00/100</u>		DOLLARS \$ <u>300</u> ⁰⁰ / ₁₀₀	
TO THE ORDER OF <u>GENE CAMPOS</u>		<input type="checkbox"/> Photo ID Required When on line	
FOR <u>325-25 = July Rent</u>		<u>Mina Elizondo</u>	
⑈001697⑈ ⑆113010547⑆ 6759078541⑈			

20200701008819684618335

20200701008819684618335

X
ENDORSE HERE



Check Images

Rent

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDES, TX 78570		BBVA BBVA USA Mercedes, TX	1727 35-1864/1130 18340
DATE <u>7-28-20</u>		<input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT	
PAY To The Order Of	<u>Three hundred & 0/100</u> DOLLARS \$ <u>300.00</u>		
<u>GENE CAMPOS</u>		<input type="checkbox"/> Photo ID Required on back	
FOR	<u>325-25: AUG Rent</u> <u>Myna Elizondo</u>		
⑈001727⑈ ⑆113010547⑆ 6759078541⑈			

20200729008621900418335

20200729008621900418335

625020500#



Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDDES, TX 78570		BBVA BBVA USA Mercedes, TX	1723 25-1054/1130 18340
DATE <u>7-23-20</u>		<input checked="" type="checkbox"/> CHECK <input type="checkbox"/> DEBIT	
PAY To The Order Of	<u>Three hundred-fifty & 0/100</u> DOLLARS \$ <u>350.00</u>		
<u>Myra Elizondo</u>			
FOR	<u>Myra Elizondo</u>		
⑈001723⑈ ⑆113010547⑆ 6759078541⑈			

20200724008715457818340

20200724008715457818340

Myra Elizondo
20200724008715457818340



Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDDES, TX 78670		BBVA BBVA USA Mercedes, TX	1735 35-1054/1130 18340
DATE <u>8-6-20</u>		CHECK NUMBER <u>09</u>	
PAY TO THE ORDER OF	<u>Three hundred-fifty 7/100</u> DOLLARS \$ <u>350</u>		
<u>Myra Elizondo</u>			
FOR	<u>Myra Elizondo</u>		
⑈001735⑈ ⑆113010547⑆ 6759078541⑈			

20200807009297357518340

20200807009297357518340

Myra Elizondo
6759078541



Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDES, TX 78570		BBVA BBVA USA Mercedes, TX	1750 23-1084/1130 18340
DATE <u>8-27-20</u>			
PAY To The Order Of	<u>Three hundred-fifty & 0/100</u> DOLLARS \$ <u>350</u> ⁰⁰		
FOR <u>Myra Elizondo</u>		<u>Myra Elizondo</u>	
⑈001750⑈ ⑆113010547⑆ 675907854⑈			

20200828008983705418340

#Myra Elizondo
67692987340

20200828008983705418340

June 19, 2020
Invoice Number: 0226329061920
Account Number: **8260 18 011 0226329**
Security Code: **4691**
Service At: 734 W 2ND ST
MERCEDES TX 78570-2606

Contact Us

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

Summary

*Service from 06/19/20 through 07/18/20
details on following pages*

Previous Balance	132.58
Payments Received -Thank You!	-132.58
Remaining Balance	\$0.00
Spectrum Business™ Internet	51.98
Spectrum Business™ Voice	79.98
Taxes, Fees and Charges	0.62
Current Charges	\$132.58
Total Due by 07/06/20	\$132.58

SPECTRUM BUSINESS NEWS

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

Add Spectrum Business Internet for faster speeds, over 99.9% network reliability and unbeatable value. Get 200 Mbps Internet for only \$49.99 or upgrade to faster 600 Mbps Internet for just \$94.99 and get 3x the speed. Call **1-844-938-0748**.

Switch to Spectrum Mobile and stay connected with the fastest overall speeds, and the most reliable service, coast to coast. Call **1-855-242-3395** to see how much you can save!

1704

Thank you for choosing Spectrum Business.

We appreciate your prompt payment and value you as a customer.



Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDDES, TX 78570		BBVA BBVA USA Mercedes, TX	1704
		DATE <u>6-30-20</u>	35-1054/1130 18340
PAY <u>One-hundred-thirty-two & 58/100</u>		DOLLARS \$ <u>132</u>	<u>58</u>
To The Order Of		CHECK AMOUNT	
Spectrum		Photo Safe Deposit? Check serial	
FOR <u>office</u>		<u>Myna Elizondo</u>	
⑈001704⑈ ⑆113010547⑆ 6759078541⑈			

>FOR DEPOSIT ONLY
J.P. Morgan Bank N.A.
PAC West 24
8260180110226329

July 19, 2020
Invoice Number: 0226329071920
Account Number: 8260 18 011 0226329
Security Code: 4691
Service At: 734 W 2ND ST
MERCEDDES TX 78570-2606

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

Summary *Service from 07/19/20 through 08/18/20
details on following pages*

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Payments Received -Thank You!	-132.58
Remaining Balance	\$0.00
Spectrum Business™ Internet	51.98
Spectrum Business™ Voice	79.98
Taxes, Fees and Charges	0.04
Current Charges	\$132.00
Total Due by 08/05/20	\$132.00

SPECTRUM BUSINESS NEWS

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

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

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

#1725

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



Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDOS, TX 78670		BBVA BBVA USA Mercedes, TX	1725 35-1054/1130 18340
DATE <u>7-27-20</u>			
PAY <u>ONE-hundred-thirty-two & 0/100</u> DOLLARS \$ <u>132.00</u>			
To The Order Of <u>Spectrum</u>			
FOR <u>Myra Elizondo</u>			
⑆001725⑆ ⑆113010547⑆ 6759078541⑆			

<p>Security Features exceed industry standards and include:</p> <ul style="list-style-type: none">• MICR (Magnetic Ink Character Recognition) line on back of check• MobileMark® Mobile Deposit check mark to indicate check has been deposited via mobile device• The Security Weave® pattern on back designed to deter fraud• Microprint (AMP) lines printed on front and back• The words ORIGINAL DOCUMENT across the back• Photo Safe Deposit icon visible on front and back <p>Do not cash if:</p> <ul style="list-style-type: none">• Any of the features listed above are missing or appear altered• Fugitive ink on back looks pink or has disappeared• Brown stains or colored spots appear on both front and back <p>and a Chemical Waste Detection Box</p>	<p>>FOR DEPOSIT ONLY J.P. Morgan Bank N.A. PAC West 24 8260180110226329</p>	<p><input type="checkbox"/> CHECK BOX FOR MOBILE REMOTE DEPOSIT WRITE NAME OF FINANCIAL INSTITUTION OR LINE A/C</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

© BBVA USA Bancshares, Inc. BBVA USA is a Member FDIC and an Equal Housing Lender.

BBVA and BBVA Compass are trade names of BBVA USA, a member of the BBVA Group.

Online Banking Questions and Technical Support: 1-800-273-1057. All other Account Questions and Support: 1-844-228-2872.

August 19, 2020
Invoice Number: 0226329081920
Account Number: 8260 18 011 0226329
Security Code: 4691
Service At: 734 W 2ND ST
MERCEDES TX 78570-2606

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

Summary

*Service from 08/19/20 through 09/18/20
details on following pages*

Previous Balance	132.00
Payments Received -Thank You!	-132.00
Remaining Balance	\$0.00
Spectrum Business™ Internet	51.98
Spectrum Business™ Voice	79.98
Taxes, Fees and Charges	0.04
Current Charges	\$132.00
Total Due by 09/05/20	\$132.00

SPECTRUM BUSINESS NEWS

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

Add Spectrum Business TV for only \$29.99/mo and get the best programming, reliable service and unbeatable value. Call 1-866-930-8427 today!

You are pre-approved to get Spectrum Mobile. Stay connected with the fastest overall speeds, and the most reliable service, coast to coast. Call 1-855-375-9006 to see how much you can save!

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

#1744

BBVA

Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDES, TX 78570		BBVA BBVA USA Mercedes, TX	1744 35-1854/1130 18340
PAY <u>thirty-two & 1/100</u> DOLLARS \$ <u>132.00</u>		DATE <u>8-25-20</u>	CHECK NUMBER <u>1744</u>
TO THE ORDER OF <u>Spectrum</u>		FOR <u>off.</u> <u>Maria Elizondo</u>	
MICR LINE: ⑈001744⑈ ⑆113010547⑆ 6759078541⑈			

⑈001744⑈

⑆113010547⑆

⑈6759078541⑈

Security Features exceed industry standards and include:

- Unique Watermark: This check contains a watermark of the BBVA logo.
- Microprint: Microprint around the perimeter of the check.
- Security Thread: A security thread is woven into the paper.
- Security Features: This check contains a security thread.
- Security Features: This check contains a security thread.
- Security Features: This check contains a security thread.
- Security Features: This check contains a security thread.

Do Not Cash If:

- Any of the features listed above are missing or appear altered.
- The check is torn, stained, or has any other damage.
- The check is not a valid check.

>FOR DEPOSIT ONLY
 J.P. Morgan Bank N.A.
 PAC West 24
 8260180110226329

☐ CHECK BOX FOR MOBILE REMOTE DEPOSIT
 WRITE NAME OF FINANCIAL INSTITUTION IN THE ABOVE

ENDORSE HERE



Heritage Power
PO Box 5370
McAllen, TX 78502
PUCT # 10251

Questions or Comments

888-551-0373

888-551-0373

866-579-7400

support@heritagepower.com

heritagepower.com

For Outages / Emergencies Call:
AEP Texas Central 866.223.8508
24 hours a day 7 days a week

Customer Care Hours:

Monday - Friday
8:00 A.M. - 8:00 P.M. CST

Saturday
9:00 A.M. - 2:00 P.M. CST

Excludes Holidays

Automated Payment System:

888-551-0306

Acct #: 1805240004 Bill #: B2006220015 Bill Date: 06/22/20

Page: 1 of 3

ELIZONDO BOOKKEEPING
SERVICE
ROBERT T ELIZONDO
734 W 2ND ST
MERCEDES, TX 78570

Service at ESI ID #: 10032789446706450
734 W 2ND ST
MERCEDES, TX 78570-2606
myra.elizondo@yahoo.com

Master Summary

Previous Balance	New Charges	Payments/Adj.	Due Amount	Due Date
\$233.20	\$227.16	-\$233.20	\$227.16	07/08/20

Payments and Adjustments

Previous Balance.....	\$233.20
Payments and Adjustments.....	-\$233.20

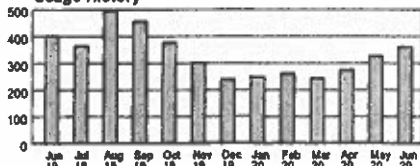
Account Summary (3 Accounts)

Total Current Charges.....	\$227.16
Total Due Amount.....	\$227.16

pd 237.76

#1703
6-29-20

Usage History





Charge Summary

Acct # : 1805240004 Bill # : B2006220015 Bill Date : 06/22/20

Page: 3 of 3

ESI ID Cust Id	Name and Service Address: Period kWh Usage	Prev. Bal	Pay/Adjs	Energy Chgs	Passthru	Other Chgs	Sales & Gross Receipt Taxes	Curr Chgs	Due Amt
10032789446706450 1805240004	ELIZONDO BOOKKEEPING SERVICE 734 W 2ND ST .. 734 W 2ND ST - MERCEDES 05/19 - 06/18 360	\$58.31	-\$58.31	\$19.72	\$24.47	\$5.78	\$3.35	\$53.32	\$53.32
10032789496499400 1805240005	ELIZONDO BOOKKEEPING SERVICE 734 W 2ND ST .. 424 S GEORGIA AVE - MERCEDES 05/20 - 06/19 1,329	\$152.87	-\$152.87	\$72.45	\$83.43	\$5.82	\$10.04	\$151.74	\$151.74
10032789496499401 1805240006	ELIZONDO BOOKKEEPING SERVICE 734 W 2ND ST .. 424 S GEORGIA AVE ODLT 250HPS - MERCEDES 05/20 - 06/19 104	\$22.02	-\$22.02	\$5.67	\$8.90	\$5.82	\$1.71	\$22.10	\$22.10
Total Bills - 3		1,793	\$233.20	-\$233.20	\$97.84	\$96.80	\$17.42	\$15.10	\$227.16



Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDDES, TX 78570		BBVA BBVA USA Mercedes, TX	1703 35-1054/1130 18340
DATE <u>6-30-20</u>		CHECK NUMBER 1703	
PAY To The Order Of	<u>Two-hundred-thirty-seven & 76/100</u> DOLLARS \$ <u>237</u> ⁷⁶ / ₁₀₀		
FOR <u>HERITAGE</u> <u>OFF.</u>		<u>Myna Elizondo</u>	
⑈001703⑈ ⑆113010547⑆ 6759078541⑈			

113010547 6759078541 ELIZONDO'S BOOKKEEPING SERVICE	001703	Seq: 6 Dep: 000046 Date: 06/30/20	<input type="checkbox"/> CHECK BOX FOR MOBILE REMOTE DEPOSIT WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE	Deposited by: Office Manager Master Heritage Power LLC Heritage Power LLC F&B Request Only to Heritage Power LLC
-----------------------------------------------------------	--------	-----------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

Security Features to protect information and prevent fraud:

- ImageMark: SEQ: 6 06/30/20 DEP: 000046 AG: 1 CUST: 87399 USER: 1162864
- ImageMark: ON Back (Photo Safe Deposit)
- Microprint: Microprint deposit check mark to indicate check has been deposited via mobile device
- The Security Weave: pattern on back designed to deter fraud
- Microprint (MP) lines printed on front and back
- The words "ORIGINAL DOCUMENT" across the back
- Photo Safe Deposit: Icon visible on front and back

Do not cash if:

- Any of the features listed above are missing or appear altered
- Furtive ink on back (e.g. pink or blue) is present
- Brown stains or colored spots appear on both front and back, and in Chemical Wash Detection Box



Heritage Power LLC
PO Box 5370
McAllen, TX 78502
PUCT # 10251

Acct #: 1805240004 Bill #: B2007220139 Bill Date: 07/22/20

Page: 1 of 3

ELIZONDO BOOKKEEPING
SERVICE
ROBERT T ELIZONDO
734 W 2ND ST
MERCEDES, TX 78570

Service at ESI ID #: 10032789446706450
734 W 2ND ST
MERCEDES, TX 78570-2606
myra.elizondo@yahoo.com

#1126

Questions or Comments

888-551-0373

888-551-0373

866-579-7400

support@heritagepower.com
heritagepower.com

For Outages / Emergencies Call:
AEP Texas Central 866.223.8508
24 hours a day 7 days a week

Customer Care Hours:

Monday - Friday
8:00 A.M. - 8:00 P.M. CST

Saturday
9:00 A.M. - 2:00 P.M. CST

Excludes Holidays

Automated Payment System:

888-551-0306

Master Summary

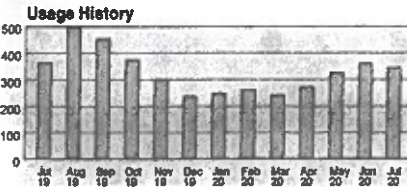
Previous Balance	New Charges	Payments/Adj.	Due Amount	Due Date
\$227.16	\$215.13	-\$237.76	\$204.53	08/07/20

Payments and Adjustments

Previous Balance..... \$227.16
Payments and Adjustments..... -\$237.76

Account Summary (3 Accounts)

Total Current Charges..... \$215.13
Total Due Amount..... \$204.53





Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDDES, TX 78570		BBVA BBVA USA Mercedes, TX	1726 38-1094/1130 18348
DATE <u>7-27-20</u>		CHECK # <u>1726</u>	
PAY <u>Two hundred-four & 53/100</u>		DOLLARS \$ <u>204</u> <u>53</u>	
To The Order Of <u>HERITAGE</u>		Photo Safe Deposit Check icon	
FOR <u>Myra Elizondo</u>			
⑈001726⑈ ⑆113010547⑆ 6759078541⑈			

116010347 6759078541 ELIZONDO'S BOOKKEEPING SERVICE	Seq: 4 Dep: 000078 Date: 07/29/20	Front Deposit Only to Heritage Power LL Heritage Power LLC Master Deposited by: <input type="checkbox"/> CHECK BOX FOR MOBILE REMOTE DEPOSIT WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE
-----------------------------------------------------------	-----------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Security Features:

- Intaglio: SEQ:4 07/29/20 DEP:000078 AG:1 CUST:87399 USER:1176813
- Microprint: Microprint lines printed on front and back
- The words "ORIGINAL DOCUMENT" across the back
- Photo Safe Deposit: icon visible on front and back

Do not cash if:

- Any of the features listed above are missing or appear altered
- Fugitive ink on back looks pink or has disappeared
- Brown stains or colored spots appear on both front and back, and in Chemical Wash detection box



Heritage Power LLC
PO Box 5370
McAllen, TX 78502
PUCT # 10251

Questions or Comments

888-551-0373

888-551-0373

866-579-7400

support@heritagepower.com
heritagepower.com

For Outages / Emergencies Call:
AEP Texas Central 866.223.8508
24 hours a day 7 days a week

Customer Care Hours:

Monday - Friday
8:00 A.M. - 8:00 P.M. CST

Saturday
9:00 A.M. - 2:00 P.M. CST

Excludes Holidays

Automated Payment System:

888-551-0306

Acct #: 1805240004 Bill #: B2008200017 Bill Date: 08/20/20

Page: 1 of 3

ELIZONDO BOOKKEEPING
SERVICE
ROBERT T ELIZONDO
734 W 2ND ST
MERCEDES, TX 78570

Service at ESI ID #: 10032789446706450
734 W 2ND ST
MERCEDES, TX 78570-2606
myra.elizondo@yahoo.com

Master Summary

Previous Balance	New Charges	Payments/Adj.	Due Amount	Due Date
\$204.53	\$214.86	-\$204.53	\$214.86	09/07/20

Payments and Adjustments

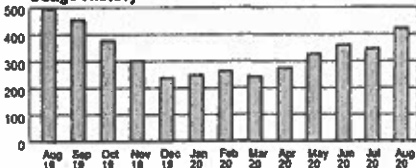
Previous Balance..... \$204.53
Payments and Adjustments..... -\$204.53

Account Summary (3 Accounts)

Total Current Charges..... \$214.86
Total Due Amount..... \$214.86

#1745

Usage History





Charge Summary

Acct # : 1805240004 Bill # : B2008200017 Bill Date : 08/20/20

Page: 3 of 3

ESI ID Cust Id	Name and Service Address: Period kWh Usage	Prev. Bal	Pay/Adjs	Energy Chgs	Passethru	Other Chgs	Sales & Gross Receipt Taxes	Curr Chgs	Due Amt
10032789446706450 1805240004	ELIZONDO BOOKKEEPING SERVICE 734 W 2ND ST .. 734 W 2ND ST - MERCEDES 07/20 - 08/18 421	\$34.04	-\$34.04	\$22.52	\$19.61	\$5.95	\$3.68	\$51.76	\$51.76
10032789498499400 1805240005	ELIZONDO BOOKKEEPING SERVICE 734 W 2ND ST .. 424 S GEORGIA AVE - MERCEDES 07/21 - 08/19 1,363	\$149.29	-\$149.29	\$72.92	\$52.89	\$5.95	\$10.14	\$141.90	\$141.90
10032789498499401 1805240006	ELIZONDO BOOKKEEPING SERVICE 734 W 2ND ST .. 424 S GEORGIA AVE ODLT 250HPS - MERCEDES 07/21 - 08/19 104	\$21.20	-\$21.20	\$5.56	\$7.98	\$5.95	\$1.71	\$21.20	\$21.20
Total Bills - 3		1,888	\$204.53	-\$204.53	\$101.00	\$80.48	\$17.85	\$214.86	\$214.86



Check Images

ELIZONDO'S BOOKKEEPING SERVICE 734 W 2ND ST MERCEDES, TX 78570		BBVA BBVA USA Mercedes, TX	1745 28-1054/1130 10340
DATE <u>8-25-20</u>		CHECK AMOUNT <u>86</u>	
PAY <u>Two-hundred-Fourteen + 84/100</u>		DOLLARS \$ <u>214</u>	
To The Order Of <u>HERitage</u>		Photo Safe Deposit® Circle 11 on back	
FOR <u>Myra Elizondo</u>			
⑆001745⑆ ⑆113010547⑆ 6759078541⑆			

113010547

001745

6759078541

ELIZONDO'S BOOKKEEPING SERVICE

Seq: 5

Dep: 000128

Date: 08/26/20

Security Features: exposed ink, watermark, and security

Image: **SEQ:5 08/26/20 DEP:000128 AG:1 CUST:87399 USER:1176813**

1. Inked watermark

2. Mobile deposit check mark to indicate check has been deposited via mobile device

3. The Security Weave® pattern on back designed to deter fraud

4. Microprint (MP) lines printed on front and back

5. The words "ORIGINAL DOCUMENT" across the back

6. Photo Safe Deposit® icon visible on front and back

Do not cash if:

• Any of the features listed above are missing or appear altered

• Fugitive ink on back looks pink or has disappeared

• Brown stains or colored spots appear on both front and back

and in Chemical Wash Detection Box

For Deposit Only to
Heritage Power LLC
Heritage Power LLC
Master
Deposited by:

☐ CHECK BOX FOR MOBILE REMOTE DEPOSIT

WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

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

Your first name and middle initial ROBERTO T.	Last name Elizondo	Your social security number 451 80 4487
If joint return, spouse's first name and middle initial MARtha S.	Last name Elizondo	Spouse's social security number 453-84-1183
Home address (number and street). If you have a P.O. box, see instructions. 734 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and / here ▶ <input type="checkbox"/>		

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):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions)	
(1) First name	Last name			Child tax credit	Credit for other dependents
DESIREE	NICHOLE CONTRERAS	632 66 6831	G. DANG	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	29,886
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	16,973
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	12,778
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	38,288
8a Adjustments to income from Schedule 1, line 22	8a	903
b Subtract line 8a from line 7b. This is your adjusted gross income	8b	37,385
9 Standard deduction or itemized deductions (from Schedule A)	9	27,000
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	27,000
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	10,385

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

Cat. No. 11320B

Form **1040** (2019)

451-80-4487

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	1,038	12b	1,038
b	Add Schedule 2, line 3, and line 12a and enter the total				
13a	Child tax credit or credit for other dependents	13a	1,038	13b	1,038
b	Add Schedule 3, line 7, and line 13a and enter the total				
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	-0-
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	1,806
16	Add lines 14 and 15. This is your total tax			16	1,806
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	1,520		
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c	876		
d	Schedule 3, line 14	18d			
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	2,396
19	Add lines 17 and 18e. These are your total payments			19	-0-
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	590
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here			21a	590
b	Routing number	c Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23			
24	Estimated tax penalty (see instructions)	24			

Refund

Direct deposit?
See instructions.Amount
You OweThird Party
DesigneeDo you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No(Other than
paid preparer)Designee's
namePhone
no.Personal identification
number (PIN)Sign
Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity
Protection PIN, enter it here
(see inst.)Joint return?
See instructions.
Keep a copy for
your records.

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:

Firm's name

Phone no.

☐ 3rd Party Designee

Firm's address

☒ Self-employed

Firm's EIN 22-20

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

ROBERTO T. & MARTHA S. ELIZONDO

Your social security number

451-80-4487

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	<i>12,778</i>
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	<i>12,778</i>

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	<i>903</i>
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	<i>903</i>

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

Roberto T. & Martha Elizondo

Your social security number

451-80-9487

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	1,806
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	1,806

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

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► 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. 03

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

Your social security number

451-80-4487

Roberto T. & Martha Elizondo

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1,038
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	1,038

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

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

Cat. No. 71480G

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name of proprietor

ROBERTO T. ELIZONDO

Social security number (SSN)

451-80-4487

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

BOOKKEEPING SER.

B Enter code from instructions

▶ **541213**

C Business name. If no separate business name, leave blank.

ELIZONDO'S BOOKKEEPING SER.

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

741845920

E Business address (including suite or room no.) ▶

734 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 **63,805**

2 Returns and allowances

2

3 Subtract line 2 from line 1

3 **63,805**

4 Cost of goods sold (from line 42)

4 **30,665**

5 Gross profit. Subtract line 4 from line 3

5 **33,140**

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 **33,140**

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

8 Advertising

8

190

9 Car and truck expenses (see instructions)

9

2,801

10 Commissions and fees

10

11 Contract labor (see instructions)

11

12 Depletion

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

13

—0—

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

1,056

16 Interest (see instructions)

16a

16b Mortgage (paid to banks, etc.)

16b

4,325

17 Legal and professional services

17

18 Office expense (see instructions)

18

19 Pension and profit-sharing plans

19

20 Rent or lease (see instructions):

20a

a Vehicles, machinery, and equipment

20b

b Other business property

3,900

21 Repairs and maintenance

21

1,557

22 Supplies (not included in Part III)

22

23 Taxes and licenses

23

83

24 Travel and meals

24a

a Travel

24b

b Deductible meals (see instructions)

25

25 Utilities

26

3,972

26 Wages (less employment credits)

27a

27a Other expenses (from line 48)

27b

2,478

27b Reserved for future use

28

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

28 **20,362**

29 Tentative profit or (loss). Subtract line 28 from line 7

29 **12,778**

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

31 **12,778**

• 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

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	0
36 Purchases less cost of items withdrawn for personal use	36	6,424
37 Cost of labor. Do not include any amounts paid to yourself	37	24,241
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	30,665
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	30,665

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) 1 / 1

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.

BANK chg.	478
Postage	600
Bnd debt	400
desk	400
hp Officejet 8720	600

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

48 2,478

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

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

► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment
Sequence No. **17**

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

ROBERTO T. ELIZONDO

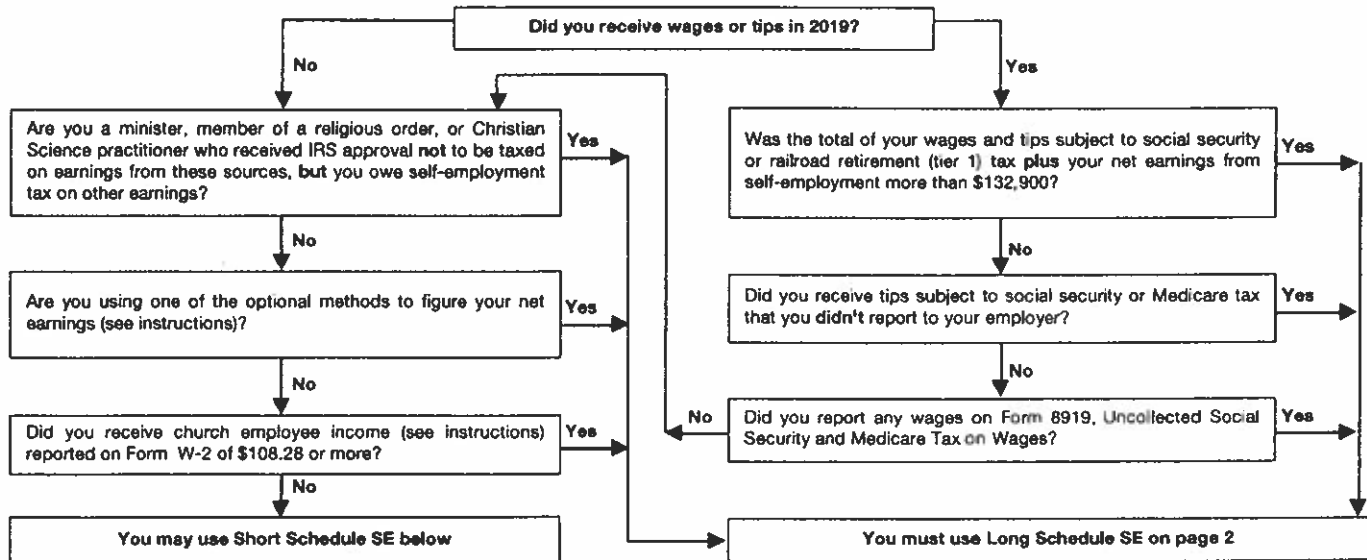
Social security number of person
with self-employment income ►

451-80-4487

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	12,778
3 Combine lines 1a, 1b, and 2	3	12,778
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	11,801
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	1,806
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	903

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

Cat. No. 11358Z

Schedule SE (Form 1040 or 1040-SR) 2019

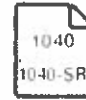
SCHEDULE EIC
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Earned Income Credit
Qualifying Child Information

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



OMB No. 1545-0074

2019

Attachment
Sequence No. **43**

Your social security number
451-80-4487

Before you begin:

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



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

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	Desiree Nichole					
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.	CONTRERAS 632-66-6331					
3 Child's year of birth	Year 1 9 9 9		Year _____		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)?	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.	
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.		<input type="checkbox"/> Yes. <input type="checkbox"/> No.	
5 Child's relationship to you (For example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	G. Daugh					
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".	7 months Do not enter more than 12 months.		_____ 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.

Cat No. 13333M

Schedule EIC (Form 1040 or 1040-SR) 2019

Form **8863**Department of the Treasury
Internal Revenue Service (99)**Education Credits**
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **50**

Name(s) shown on return

Roberto T. & Martha S. Elizondo

Your social security number

451 80 14487**Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.****Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2,189
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . .	2	180,000
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	3	32,385
4	Subtract line 3 from line 2. If zero or less, stop; you can't take any education credit . . .	4	142,615
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	5	20,000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . <input type="checkbox"/>	7	2,189
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below . . .	8	876

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	9	1,313
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	10	-0-
11	Enter the smaller of line 10 or \$10,000 . . .	11	
12	Multiply line 11 by 20% (0.20) . . .	12	
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) . . .	13	
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	-0-
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3 . . .	19	1,038

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

Cat. No. 25379M

Form **8863** (2019)

Name(s) shown on return

Your social security number

Roberto T. + Martha S. Elizondo

451 180 4487



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return)

Desiree N. Contreras

21 Student social security number (as shown on page 1 of your tax return)

6032 | 606 | 60331

22 Educational institution information (see instructions)

a. Name of first educational institution

South Texas College

b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

PO Box 9701

McAllen, TX 78502

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

(2) Did the student receive Form 1098-T from this institution for 2019? ☒ Yes ☐ No(2) Did the student receive Form 1098-T from this institution for 2019? ☐ Yes ☐ No(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? ☐ Yes ☒ No(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? ☐ Yes ☐ No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.

74 - 2683499

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?

☐ Yes — Stop! Go to line 31 for this student. ☒ No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.

☒ Yes — Go to line 25.☐ No — Stop! Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions.

☐ Yes — Stop! Go to line 31 for this student.☒ No — Go to line 26.

26 Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?

☐ Yes — Stop! Go to line 31 for this student.☒ No — Complete lines 27 through 30 for this student.

You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	2,754
28	Subtract \$2,000 from line 27. If zero or less, enter -0-	28	754
29	Multiply line 28 by 25% (0.25)	29	189
30	If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,189

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

1 Name(s) shown on return <i>MARLENA S. ELIZONDO</i>		2 Your social security number <i>453-84-1183</i>														
3 Address <i>424 S. GEORGIA AVE, MCK TX 78570</i>																
4 Enter year in space provided and check one box. For the tax year ending December 31, <i>2019</i> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.																
5 Employer's or payer's name, address, and ZIP code <i>Alegria's Adult DAY CARE CENTER</i>		6 Employer's or payer's TIN (if known) <i>N/A</i>														
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.																
<table border="0" style="width:100%"><tr><td style="width:50%">a Wages, tips, and other compensation <i>20,886</i></td><td style="width:50%">f State income tax withheld <i>0</i></td></tr><tr><td>b Social security wages <i>20,886</i></td><td>(Name of state) _____</td></tr><tr><td>c Medicare wages and tips <i>20,886</i></td><td>g Local income tax withheld <i>0</i></td></tr><tr><td>d Social security tips <i>0</i></td><td>(Name of locality) _____</td></tr><tr><td>e Federal income tax withheld <i>0</i></td><td>h Social security tax withheld <i>1,293</i></td></tr><tr><td></td><td>i Medicare tax withheld <i>303</i></td></tr></table>			a Wages, tips, and other compensation <i>20,886</i>	f State income tax withheld <i>0</i>	b Social security wages <i>20,886</i>	(Name of state) _____	c Medicare wages and tips <i>20,886</i>	g Local income tax withheld <i>0</i>	d Social security tips <i>0</i>	(Name of locality) _____	e Federal income tax withheld <i>0</i>	h Social security tax withheld <i>1,293</i>		i Medicare tax withheld <i>303</i>		
a Wages, tips, and other compensation <i>20,886</i>	f State income tax withheld <i>0</i>															
b Social security wages <i>20,886</i>	(Name of state) _____															
c Medicare wages and tips <i>20,886</i>	g Local income tax withheld <i>0</i>															
d Social security tips <i>0</i>	(Name of locality) _____															
e Federal income tax withheld <i>0</i>	h Social security tax withheld <i>1,293</i>															
	i Medicare tax withheld <i>303</i>															
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.																
<table border="0" style="width:100%"><tr><td style="width:50%">a Gross distribution <i>N/A</i></td><td style="width:50%">f Federal income tax withheld _____</td></tr><tr><td>b Taxable amount <i>N/A</i></td><td>g State income tax withheld _____</td></tr><tr><td>c Taxable amount not determined <input type="checkbox"/></td><td>(Name of state) _____</td></tr><tr><td>d Total distribution <input type="checkbox"/></td><td>h Local income tax withheld _____</td></tr><tr><td>e Capital gain (included on line 8b) _____</td><td>(Name of locality) _____</td></tr><tr><td></td><td>i Employee contributions _____</td></tr><tr><td></td><td>j Distribution codes _____</td></tr></table>			a Gross distribution <i>N/A</i>	f Federal income tax withheld _____	b Taxable amount <i>N/A</i>	g State income tax withheld _____	c Taxable amount not determined <input type="checkbox"/>	(Name of state) _____	d Total distribution <input type="checkbox"/>	h Local income tax withheld _____	e Capital gain (included on line 8b) _____	(Name of locality) _____		i Employee contributions _____		j Distribution codes _____
a Gross distribution <i>N/A</i>	f Federal income tax withheld _____															
b Taxable amount <i>N/A</i>	g State income tax withheld _____															
c Taxable amount not determined <input type="checkbox"/>	(Name of state) _____															
d Total distribution <input type="checkbox"/>	h Local income tax withheld _____															
e Capital gain (included on line 8b) _____	(Name of locality) _____															
	i Employee contributions _____															
	j Distribution codes _____															
9 How did you determine the amounts on lines 7 and 8 above? <i>END OF YEAR STATE, SEE LETTER</i>																
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. <i>- BUS. CLOSED -</i> <i>1420</i>																

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040-X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

Property Tax Balance

[Begin a New Search](#) [Go to Your Portfolio](#)

Shopping Cart: For your convenience you may pay several accounts at once if you pay by eCheck. Click the 'Pay by eCheck' button to add this account to the shopping cart. Additional accounts can be clicking 'Begin a New Search' or 'Find Another Account', then doing a search again and, for each account, clicking the 'Pay by eCheck Now' button. Up to 50 accounts may be paid at one time. Accounts are not saved in the shopping cart after you begin entering payment information.

Scheduling Payments: If you are paying by eCheck, you may choose to pay now or in the future. You may schedule one payment in the future or recurring payments. To do this, select 'Schedule E-Check Payment' after adding account(s) to the shopping cart.

Unless otherwise noted, all data refers to tax information for 2019. All amounts due include penalty, interest, and attorney fees when applicable.

Account Number: M355000016000905

Pending Credit Card or eCheck Payments:

No Payment Pending

Appraisal District Number: 727531

[Pay by Credit Card](#)

Address:

ELIZONDO MYRA ELAINE
322 S VIRGINIA AVE
MERCEDES, TX 78570-3031

Credit/debit card payments will take 4-5 business days to post. A [convenience fee](#) will be added if you pay by credit card.

Property Site Address:

322 S VIRGINIA AVE

[Pay by eCheck](#)

Legal Description:

MERCEDES ORIGINAL TOWNSITE LOT 9 BLK 16
EXC S3.8'

(Pay single or multiple accounts by eCheck. Pay now or schedule future payments without a convenience fee.)

Current Tax Levy: \$848.09

[Print Current Statement](#)

Current Amount Due: \$1,170.37

[Print Delinquent Statement](#)

Prior Year Amount Due: \$387.46

Total Amount Due: \$1,557.83

[Register for Certified Statements by E-mail](#)

Last Payment Amount for Current Year Taxes:

Not Received

Gross Value: \$39,908

Land Value: \$18,711

Last Payer for Current Year Taxes:

Not Received

Improvement Value: \$21,197

Capped Value: \$0

Last Payment Date for Current Year Taxes:

Not Received

Agricultural Value: \$0

Active Lawsuits: None

Exemptions:

HOMESTEAD

[Exemption and Tax Rate Information](#)

[Taxes Due Detail by Year and Jurisdiction](#)

[Payment Information](#)

[Print a Current Tax Statement](#)

[Click Here](#) to see your estimated amount due for a different date. You can see this information by year and by both year and jurisdiction.

[Terms of Use](#) [Privacy Policy](#)

The Tax Office makes no representations as to the accuracy or reliability of any information accessed from its computer data base. The Tax Office, its officers, agents, employees and representatives shall not be liable for the information posted on the Tax Office Website in connection with any actions losses, damages, claims or liability in any way related to use of, distribution of or reliance upon such information.

actweb.acttax.com/act_webdev/hidalgo/showdetail2.jsp?can=M355000016000905

HIDALGO COUNTY TAX OFFICE
PO BOX 178
EDINBURG, TEXAS 78540
(956) 318-2157
You may also [e-mail](#) the office.

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Hidalgo County - Tax Office (ACT)
P. O. Box 178
Edinburg, TX 78540

Payment Receipt

Payment To: Hidalgo County - Tax Office (ACT)
Payment For: Property Taxes
Account Number: M355000016000905
Name: MYRA ELIZONDO
Billing Address: 322 S VIRGINIA AVE
MERCEDES TX 78570
Date: 04/14/2020
Time: 11:51:26 AM, CDT
Reference Number: 3007817
Transaction ID: 4zgd5dzx
Payment Amount: \$200.00
Service Fee: \$0.00
Total Amount: \$200.00

Please Note:

The payment amount charged on your statement will be notated by the words: **Government Payments**

A copy of this receipt has been sent to the following email address: **MYRA.ELIZONDO@YAHOO.COM**

Thank you for your payment!

If you have any questions regarding your transaction, you may call Government Payments - EZNETPAY at (956)682-3466 during our business hours of 8:00 am to 5:00 pm Central Standard Time, Monday through Friday, or you may call Hidalgo County - Tax Office (ACT) at (956) 318-2157.

200.00
2017

Hidalgo County - Tax Office (ACT)
P. O. Box 178
Edinburg, TX 78540

Payment Receipt

Payment To: Hidalgo County - Tax Office (ACT)
Payment For: Property Taxes
Account Number: M355000016000905
Name: MYRA ELAINE ELIZONDO
Billing Address: 322 S VIRGINIA AVE
MERCEDES TX 78570
Date: 06/13/2020
Time: 03:13:14 PM, CDT
Reference Number: 3082320
Transaction ID: 2tfkd68
Payment Amount: \$300.00
Service Fee: \$0.00
Total Amount: \$300.00

Please Note:

The payment amount charged on your statement will be notated by the words: **Government Payments**

A copy of this receipt has been sent to the following email address: **myra.elizondo@yahoo.com**

Thank you for your payment!

If you have any questions regarding your transaction, you may call Government Payments - EZNETPAY at (956)682-3466 during our business hours of 8:00 am to 5:00 pm Central Standard Time, Monday through Friday, or you may call Hidalgo County - Tax Office (ACT) at (956) 318-2157.

2017
Pym.

SCHEDULE OF PAYMENTS

Agreement No: 85883

Date of first payment: 09/14/2020

Number of payments: 12

Tax Years: 2017 2019

Payment Number	Payment Date	Levy Balance	Levy Paid	Monthly Payment	Total Payment
1	09/14/2020	\$1,082.05	\$81.88	\$135.61	\$135.61
2	10/14/2020	\$1,000.17	\$81.31	\$135.61	\$271.22
3	11/14/2020	\$918.86	\$82.75	\$135.61	\$406.83
4	12/14/2020	\$836.11	\$95.87	\$135.61	\$542.44
5	01/14/2021	\$740.24	\$95.09	\$135.61	\$678.05
6	02/14/2021	\$645.15	\$94.34	\$135.61	\$813.66
7	03/14/2021	\$550.81	\$93.59	\$135.61	\$949.27
8	04/14/2021	\$457.22	\$92.85	\$135.61	\$1,084.88
9	05/14/2021	\$364.37	\$92.12	\$135.61	\$1,220.49
10	06/14/2021	\$272.25	\$91.42	\$135.61	\$1,356.10
11	07/14/2021	\$180.83	\$90.72	\$135.61	\$1,491.71
12	08/14/2021	\$90.11	\$90.02	\$135.61	\$1,627.32

8. Discussion and Action: Mercedes Small Business Recovery Grant – Muhammad Owais, \$5,000



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: Muhammad Owais
Name of Business: Boost Mobile
Business Type: Retail prepaid cellphone
Address of Business: 349 N Texas Ave Mercedes TX
Email Address: RGVcotswold@gmail.com Phone Number: 832-215-6190

BUSINESS OWNERSHIP

Tax ID #: 32069426982
Entity Name: RGV cotswold llc
Name of business owner (if different from above): _____
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: 01)

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

Yes _____ No _____

Is your business operated as a sole proprietorship?

Yes _____ No X

USE OF FUNDS

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

<u>X</u> Rent/mortgage payment. List specific amount.	\$ <u>5,200</u>
<u>X</u> Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ <u>500</u>
<u>X</u> Employee support (salaries, insurance, paid leave)	\$ <u>10,000</u>
<u>X</u> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>1,600</u>
<u>X</u> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>400</u>
<u>X</u> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>700</u>
Total Amount \$ <u>18,400</u>	

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: IBC

Name of your Bank Officer: _____

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

If no, why not?

Not aware of.

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

☒ Paycheck Protection Program (PPP) Requested amount: \$70,000
☒ Economic Injury Disaster Loan (EIDL) Requested amount: \$10,000

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

Please check each statement acknowledging that you have read and affirm the information you have submitted with 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 RGV Cotowold

Written: Muhammad Owaiz
Legal Representative

Member
Title

Signed: [Signature]
Legal Representative

Member
Title

Signed as Individual: _____

Date 08-06-20

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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
1293 E. Bus 83

6 City, state, and ZIP code
Merced 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

453-53-8235

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding (if 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 ▶ **Donald Morales** Date ▶ **9/13/2020**

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, 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

IDENTIFICATION CARD



4d ID **38039701**

4a Iss **01/08/2014**

4b Exp **03/26/2020**

3 DOB **03/26/1981**

1 **MORALES**

2 **DONALD W**

8 **1293 E BUS 83**

MERCEDES TX 78570

Donald Morales

16 Hgt **6-00**

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

5 DD **00312410116008908830**

Form **941 for 2020: Employer's QUARTERLY Federal Tax Return**

(Rev. April 2020)

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)	8	3	-	3	1	4	3	8	3	6
Name (not your trade name)	RGV COTSWOLD LLC									
Trade name (if any)										
Address	5807 BANYAN OAK CT									
Number	Street				Suite or room number					
RICHMOND					TX		77407			
City					State		ZIP code			
Foreign country name			Foreign province/county				Foreign postal code			

Report for this Quarter of 2020
(Check one.)

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

Go to www.irs.gov/Form941 for instructions and the latest information.

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

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	28
2	Wages, tips, and other compensation	2	149,779.40
3	Federal income tax withheld from wages, tips, and other compensation	3	8,930.49
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages . . .	149,779.40 × 0.124 =	18,572.65
5a	(i) Qualified sick leave wages × 0.062 =	.
5a	(ii) Qualified family leave wages × 0.062 =	.
5b	Taxable social security tips × 0.124 =	.
5c	Taxable Medicare wages & tips . . .	149,779.40 × 0.029 =	4,343.60
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	. × 0.009 =	.
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	22,916.25
5f	Section 3121(q) Notice and Demand —Tax due on unreported tips (see instructions) . . .	5f	.
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	31,846.74
7	Current quarter's adjustment for fractions of cents	7	-.03
8	Current quarter's adjustment for sick pay	8	.
9	Current quarter's adjustments for tips and group-term life insurance	9	.
10	Total taxes after adjustments. Combine lines 6 through 9	10	31,846.71
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	.
11b	Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1	11b	.
11c	Nonrefundable portion of employee retention credit from Worksheet 1	11c	.

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

Next ➡

Name (not your trade name)
RGV COTSWOLD LLC

Employer identification number (EIN)
83-3143836

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

11d	Total nonrefundable credits. Add lines 11a, 11b, and 11c.	11d	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10	12	31,846.71
13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	31,846.71
13b	Deferred amount of the employer share of social security tax	13b	
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1. . . .	13c	
13d	Refundable portion of employee retention credit from Worksheet 1	13d	
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	31,846.71
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	31,846.71
14	Balance due. If line 12 is more than line 13g, enter the difference and see the instructions	14	
15	Overpayment. If line 13g is more than line 12, enter the difference <input type="text"/> . Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.		

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

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

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

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

Tax liability: Month 1 7,947.61

Month 2 14,026.49

Month 3 9,872.61

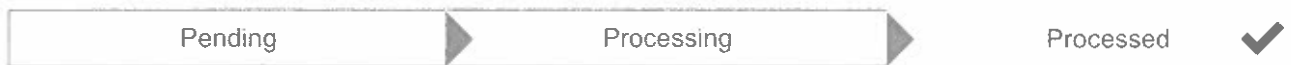
Total liability for quarter 31,846.71

Total must equal line 12.

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

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

Next ➞



Donald Morales c/o
Mercedes- Rent
*bile

Check 15957089 was mailed to Donald Morales c/o for receipt by Apr 9, 2020.

Money was withdrawn from your Primary Main *3817 account on Apr 9, 2020. The payment was applied on Apr 14, 2020.

Pay From Primary Main *3817

Amount \$1,300.00

Category Rent

CHECK 

PROCESSED

Apr
9
(Estimated)

Confirmation Q63TF-MQ3CJ



Donald Morales c/o
Mercedes- Rent
*bile

Check 5228 was mailed to Donald Morales c/o for receipt by May 5, 2020.
Your check may be cashed, and the money withdrawn, before, on, or after
May 5, 2020.

Pay From Primary Main *3817

Amount \$1,300.00

Category Rent

CHECK 

PROCESSED

**May
5**

(Estimated)

Memo rent May 2020

Confirmation Q8JG9-1WYP9

Pending	Processing	Processed	✓
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Donald Morales c/o
Mercedes- Rent
*bile

Check 5250 was mailed to Donald Morales c/o for receipt by Jun 3, 2020.
Your check may be cashed, and the money withdrawn, before, on, or after
Jun 3, 2020.

Pay From Primary Main *3817

Amount \$1,300.00

Category Rent

CHECK 

PROCESSED

**Jun
3**

(Estimated)

Memo rent June 2020

Confirmation QCKJF-YVD7C



VOLT

ELECTRICITY PROVIDER

Volt Electricity Provider, LP | PUC Reg #10226
Mailing Address: P.O. Box 692210, Houston, TX 77269

☐ Check here to change mailing address and make changes below

Invoice No. – B2008013339150

Account No	430982
Invoice Date	8/2/2020
Due Date	08/18/20
Total Amount Due (if paid by due date)	\$1,273.35
Amount Due (if paid after due date)	\$1,337.02

Voluntary Payment Assistance Donation* ☐ \$1 ☐ \$5 ☐ \$10

BILL TO

RGV COTSWOLD LLC
MUHAMMAD OWAIS
5807 BANYAN OAK CT –
RICHMOND, TX 77407

Do Not Pay - Auto Payment Scheduled on Due Date

REMIT PAYMENT TO

Volt Electricity Provider
PO BOX 692210 Houston, Texas 77269

Previous Balance	Payments Received	Balance Forward	Current Charges	Adjustments Posted	Total Amount Due
\$1,235.06	(\$1,235.06)	\$0.00	\$243.00	\$0.00	\$1,273.35

Customer Service: 281-369-5900 9am-5pm M-F
www.voltpower.net

For more information about residential electric service, please visit www.powertochoose.com

Thank you for choosing Volt Electricity Provider as your provider of electricity. If your next payment is received before your service period-end date you will have continuous electric service. If your payment is not received by the service period end date, your electricity may be interrupted and additional charges may be applied to your account (see your Terms of Service for details).

Please visit our website at www.voltpower.net to view convenient payment locations in your area. If you have any questions about this invoice or your service with Volt Electricity Provider, call us at 281-369-5900, 866-340-8658 or email billing@voltep.com.

PAYMENTS & ADJUSTMENTS

Payments

Card Autopayment on 7/17/2020

(\$1,235.06)

Adjustments

POWER OUTAGES & EMERGENCIES (24/7)

AEP TCC : 866-223-8508

INSTALLMENT PLANS

Deposit Amount Held	\$1,000.00
Deferred Payment Balance	\$0.00

Service Location: 349 N TEXAS AVE MERCEDES, TX 78570

ESI ID: 10032789433838499

Meter Number	Type	Service Start	Service End	Current Meter Read	Previous Meter Read	Multiplier	kWh Used
132658137	ACT	06/16/20	07/16/20	45751	44391	1	1,360

Energy Charges - (Volt Electricity Provider)

Energy Charge	\$163.20
---------------	----------

Taxes

STATE SALES TAX	\$13.14
CITY SALES TAX	\$4.21
TX PUC ASSESSMENT	\$0.34
GROSS RECEIPTS REIMB	\$4.11

Delivery Charges - (AEP TCC)

TDU Meter Charge	\$5.79
TDU Delivery Charge	\$52.21

TOTAL CURRENT CHARGES \$243.00

Your current product is Business Month to Month. The average price you paid for electricity this month is 16.3¢ per kWh.

9. Discussion and Action: Mercedes Small Business Recovery Grant – Teri Gonzalez

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: Leri Gonzalez
Name of Business: G:G Pool Maintenance
Business Type: Pool Service
Address of Business: 4044 E. Mile 4 1/2 N Mercedes, TX 78570
Email Address: gngpools@wildblue.net Phone Number: 956-929-0660

BUSINESS OWNERSHIP

Tax ID #: 3-20069-87575
Entity Name: _____
Name of business owner (if different from above): Alberto Gonzalez
Number of years in business: 18

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

PERSONNEL

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

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

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

Yes No ✓

DOCUMENTS TO BE ATTACHED

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

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

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

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

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

Email: smallbuscares2020@cityofmercedes.com OR

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

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

Is your business operated as a sole proprietorship?

Yes ☒ No ☐

USE OF FUNDS

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

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

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

(amount shown above may not exceed:

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: Security First Credit Union

Name of your Bank Officer: _____

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

If no, why not? Time not available

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

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

Requested amount:

Requested amount: \$10,000 - Loan
Pending

*Provide proof of application provided via attachment.

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

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

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

AG 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.)

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

AG 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.

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

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

AG 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 G-G Pool Maintenance, Repairs & Supplies

Written: _____
Legal Representative

_____ Title

Signed: _____
Legal Representative

_____ Title

Signed as Individual: Alfredo Dujes

Date 9/4/20

8/14/2020

Payroll Summary Report

Payroll Summary Report

G&G POOL

Feb 01 - May 31, 2020

CHECK DATE	NAME	NET AMOUNT	TOTAL HOURS	TAXES WITHHELD	TOTAL DEDUCTIONS	TOTAL PAY	EMPLOYER TAXES	COMPANY CONTRIBUTIONS	TOTAL COST	CHECK NUM
05/29/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$45.90	\$0.00	\$645.90	
05/29/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
05/22/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$45.90	\$0.00	\$645.90	
05/22/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
05/15/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$45.90	\$0.00	\$645.90	
05/15/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
05/08/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$45.90	\$0.00	\$645.90	
05/08/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
05/01/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$45.90	\$0.00	\$645.90	
05/01/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
04/24/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$45.90	\$0.00	\$645.90	
04/24/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
04/17/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$45.90	\$0.00	\$645.90	
04/17/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
04/10/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$62.10	\$0.00	\$662.10	
04/10/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
04/03/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$62.10	\$0.00	\$662.10	
04/03/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
03/27/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$62.10	\$0.00	\$662.10	
03/27/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
03/20/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$64.50	\$0.00	\$664.50	
03/20/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
03/13/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$65.70	\$0.00	\$665.70	
03/13/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
03/06/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$65.70	\$0.00	\$665.70	
03/06/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
02/28/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$65.70	\$0.00	\$665.70	
02/28/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
02/21/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$65.70	\$0.00	\$665.70	
02/21/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
02/14/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$65.70	\$0.00	\$665.70	
02/14/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
02/07/2020	JR, ALBERTO G.	\$494.67	40.00	\$105.33	\$0.00	\$600.00	\$65.70	\$0.00	\$665.70	
02/07/2020	PEREZ, SIMON	\$204.95	30.00	\$35.05	\$0.00	\$240.00	\$26.28	\$0.00	\$266.28	
	Totals	\$11,893.54	1190.00	\$2,386.46	\$0.00	\$14,280.00	\$1,413.06	\$0.00	\$15,693.06	

8112

G & G POOL MAINTENANCE REPAIRS & SUPPLIES
PH. (956) 929-0650
4044 E MILE 14 1/2 N
MERCEDES, TX 78570

DATE _____ PMP

PAY TO THE
ORDER OF

\$

Void

DOLLARS

Heat
Reactive
Ink

SECURITY FIRST CREDIT UNION

MEMO

MP

⑆314986292⑆ 000434074118112


ENDORSE HERE

☐ CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT

DATE _____

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

RS-74

 The security features listed below, as well as those not listed, exceed industry guidelines.

Security Features:

- **Security Square:** Cannot be reproduced by copiers or scanners.
- **Heat Reactive Ink:** Hold red image with finger or breathe on it. The image will fade and disappear.
- **Personalized Microprint:** PMF Date line is your name and the check number in small type. Appears as a dotted line when photocopied.
- **Chemically Sensitive Paper:** Stains or spots may appear with chemical alteration.
- **Microprint Line:** MF Small type in line appears as dotted line when photocopied.
- **Chemical Wash Detection Area:** White Padlock on the back side. Stains or discolorations in this area may indicate alteration attempts.
- **Original Document Back Pattern:** Deters cut-and-paste alteration attempts.

* Padlock design is a certification mark of the Check Payment Systems Association

***FEDERAL RESERVE BOARD OF GOVERNORS REG. CC**

33333		a Control number		For Official Use Only ► OMB No. 1545-0008			
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1		943 <input type="checkbox"/> Military Hshld. emp.		944 <input type="checkbox"/> Medicare govt. emp.	
		Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/> State/local non-501c		501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable) <input type="checkbox"/>	
c Total number of Forms W-2 2		d Establishment number		1 Wages, tips, other compensation 41760.00		2 Federal income tax withheld 3828.36	
e Employer identification number (EIN) 83-0445102		3 Social security wages 41760.00		4 Social security tax withheld 2589.12			
f Employer's name ALBERTO GONZALEZ		5 Medicare wages and tips 41760.00		6 Medicare tax withheld 605.52			
g Employer's address and ZIP code G & G POOL MAINTENANCE 4044 MILE 14 AND 1/2 N MERCEDES, TX 78570		7 Social security tips		8 Allocated tips			
		9		10 Dependent care benefits			
		11 Nonqualified plans		12a Deferred compensation			
h Other EIN used this year		13 For third-party sick pay use only		12b			
15 State Employer's state ID number		14 Income tax withheld by payer of third-party sick pay					
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
Employer's contact person ALBERTO GONZALEZ		Employer's telephone number		For Official Use Only 0000/1833			
Employer's fax number		Employer's email address					

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ►

Title ► **OWNER**

Date ►

Form **W-3 Transmittal of Wage and Tax Statements** **2019**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

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

(Revised 08/19)

b. [REDACTED]



- **Do not staple or paper clip.**

Page 2 of 3



01-118
(Rev. 4-18/16)

3-20069-8757-5

MONTH END 01-31-2020

■ 2001

SALES TAX QUESTION?
CALL
US!
1-800-252-6556

g. Due date

ALBERTO GONZALEZ

02-20-2020

261203200698757520010001

• PRINT YOUR NUMERALS LIKE THIS

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

[illegible]

**** Jurisdictions with two asterisks (**) next to them indicate you have at least one outlet within that jurisdiction. You must include the amount subject to tax for that outlet, even if the amount is zero.**

LEGAL TAX	
15. TOTAL DUE ON THIS PAGE	273.42

You have certain rights under Chapters 552 and 553, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed in the instructions.

CCCC

b. ■



a. ■ 26120

• Do not staple or paper clip.

Page 2 of 3

c. Taxpayer number

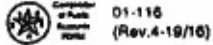
■ 3-20069-8757-5

d. Filing period

MONTH END 02-29-2020

e. ■

2002



Texas Sales and Use Tax List Supplement

f. Taxpayer name

ALBERTO GONZALEZ



g. Due date

03-20-2020

261203200698757520020000

• PRINT YOUR NUMERALS LIKE THIS

0123456789

1. CITY/TRANSIT/COUNTY/SPD NAME

2. CITY/TRANSIT/
COUNTY/SPD NO.3. AMOUNT SUBJECT TO TAX
(Whole dollars only)

4. TAX RATE

5. AMOUNT LOCAL TAX DUE
(Multiply item 3 by item 4)

IMPORTANT -- DO NOT
DUPLICATE LOCAL SALES/USE
TAX REPORTED BY OUTLET

MERCEDES - CITY

2108038

7875

.020000

157.50

** Jurisdictions with two asterisks
(**) next to them indicate
you have at least one outlet
within that jurisdiction. You
must include the amount
subject to tax for that outlet(s),
even if the amount is zero.

LOCAL TAX	
7b. TOTAL DUE ON THIS PAGE	157.50

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct
information we have on file about you. Contact us at the address or phone number listed in the instructions.

CCCC

b. ■



Page 2 of 3

a. ■ 26120

• Do not staple or paper clip.

c. Taxpayer number

3-20069-8757-5

d. Filing period

MONTH END 03-31-2020

e. ■

2003

 01-116
(Rev. 4-19/16)

Texas Sales and Use Tax List Supplement

f. Taxpayer name

ALBERTO GONZALEZ



g. Due date

04-20-2020

• PRINT YOUR NUMERALS LIKE THIS

0123456789

261203200698757520030009

1. CITY/TRANSIT/COUNTY/SPD NAME	2. CITY/TRANSIT/ COUNTY/SPD NO.	3. AMOUNT SUBJECT TO TAX (Whole dollars only)	4. TAX RATE	5. AMOUNT LOCAL TAX DUE (Multiply item 3 by item 4)
---------------------------------	------------------------------------	--------------------------------------------------	-------------	--------------------------------------------------------

IMPORTANT -- DO NOT
DUPLICATE LOCAL SALES/USE
TAX REPORTED BY OUTLET

MERCEDES - CITY

2108038

10013

.020000

200.26

** Jurisdictions with two asterisks
(**) next to them indicate
you have at least one outlet
within that jurisdiction. You
must include the amount
subject to tax for that outlet(s),
even if the amount is zero.

LOCAL TAX	
7b. TOTAL DUE ON THIS PAGE	200.26

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed in the instructions.



OMB Control #3245-0406

Expiration Date:
09/30/2020

Disaster Loan Assistance

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

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

Application Submitted

Your application number is

3312068471

You will not receive an email confirmation of your application submission. You will be notified through the email address you submitted (**gngpools@wildblue.net**) when we are processing your application.
Please write down your application number or print this page for your records.

10. Discussion and Action: Mercedes Small Business Recovery Grant – Juan Pedraza

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: Juan J. Pedraza, Jr.
Name of Business: Pedraza Auto Service, LLC
Business Type: Auto Mechanic
Address of Business: PO Box 1451 / 2564 mile 8 N. Mercedes TX 78570
Email Address: pedrazaauto@service@yahoo.com Phone Number: (956) 514-9069

BUSINESS OWNERSHIP

Tax ID #: 27-4033185
Entity Name: Pedraza's Auto Service, LLC
Name of business owner (if different from above): Juan J. Pedraza, Jr.
Number of years in business: 24 yrs

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

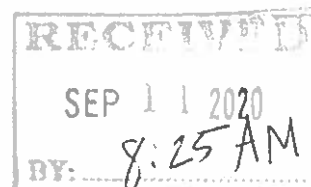
PERSONNEL

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

Full-time Employees #: 6 (Part-time # employees:)

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

Yes No ✓



Is your business operated as a sole proprietorship?

Yes ☒ No ☐

USE OF FUNDS

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

<input checked="" type="checkbox"/> Rent/mortgage payment. List specific amount.	\$ <u>1773.38</u>
<input type="checkbox"/> Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<input checked="" type="checkbox"/> Employee support (salaries, insurance, paid leave)	\$ <u>12961.00</u>
<input type="checkbox"/> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ _____
<input type="checkbox"/> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
<input type="checkbox"/> 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 Rincon Martinez

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?

4-20-20 ✓ Paycheck Protection Program (PPP) Requested amount \$ 29,400.00
4-28-20 ✓ Economic Injury Disaster Loan (EIDL) Requested amount \$ 16,000.00

*Provide proof of application provided via attachment.

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

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

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

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

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

✓ My business is located in the incorporated city limits of Mercedes, in a commercial setting with a Certificate of Occupancy issued by the City of Mercedes. *Had To comply with The Mercedes City*

✓ 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 Pedraza's Auto Service, LLC

Written: JUAN J. Pedraza, Jr.
Legal Representative

Owner
Title

Signed: _____
Legal Representative

Title

Signed as Individual: Juan J. Pedraza, Jr.

Date 9-3-20

DOCUMENTS TO BE ATTACHED

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

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

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

Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

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

Email: smallbuscares2020@cityofmercedes.com OR

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

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

JUAN J PEDRAZA

Employee Earnings

February 1, 2020 - February 29, 2020

Description	Current		Month-to-Date		Quarter-to-Date		Year-to-Date	
	Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount
10100								
Gross Pay #1	0.0000	1,224.65	0.0000	1,224.65	0.0000	3,655.75	0.0000	3,655.75
Gross Pay	0.0000	1,224.65	0.0000	1,224.65	0.0000	3,655.75	0.0000	3,655.75
FICA-SS		75.93		75.93		226.66		226.66
FICA-MED		17.76		17.76		53.01		53.01
FIT		109.25		109.25		338.14		338.14
Net Pay		1,021.71		1,021.71		3,037.94		3,037.94
10500								
Gross Pay #1	0.0000	2,000.00	0.0000	2,000.00	0.0000	4,300.00	0.0000	4,300.00
Gross Pay	0.0000	2,000.00	0.0000	2,000.00	0.0000	4,300.00	0.0000	4,300.00
FICA-SS		124.00		124.00		266.60		266.60
FICA-MED		29.00		29.00		62.35		62.35
FIT		189.72		189.72		402.87		402.87
Net Pay		1,657.28		1,657.28		3,568.18		3,568.18
10580								
Gross Pay #1	0.0000	1,184.00	0.0000	1,184.00	0.0000	2,784.00	0.0000	2,784.00
Gross Pay	0.0000	1,184.00	0.0000	1,184.00	0.0000	2,784.00	0.0000	2,784.00
FICA-SS		73.41		73.41		172.61		172.61
FICA-MED		17.17		17.17		40.37		40.37
FIT		26.88		26.88		72.48		72.48
Net Pay		1,066.54		1,066.54		2,498.54		2,498.54
16010								
Spouse								
Gross Pay	0.0000	2,700.00	0.0000	2,700.00	0.0000	6,075.00	0.0000	6,075.00
Gross Pay	0.0000	2,700.00	0.0000	2,700.00	0.0000	6,075.00	0.0000	6,075.00
FICA-SS		167.40		167.40		376.65		376.65
FICA-MED		39.15		39.15		88.09		88.09
FIT		183.76		183.76		413.46		413.46
Net Pay		2,309.69		2,309.69		5,196.80		5,196.80

JUAN J PEDRAZA

Employee Earnings

February 1, 2020 - February 29, 2020

Description	Current		Month-to-Date		Quarter-to-Date		Year-to-Date	
	Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount
16700				590-19-1609				
Gross Pay #1	0.0000	2,436.00	0.0000	2,436.00	0.0000	5,474.00	0.0000	5,474.00
Gross Pay	0.0000	2,436.00	0.0000	2,436.00	0.0000	5,474.00	0.0000	5,474.00
FICA-SS		151.03		151.03		339.39		339.39
FICA-MED		35.32		35.32		79.37		79.37
FIT		119.00		119.00		267.05		267.05
Net Pay		<u>2,130.65</u>		<u>2,130.65</u>		<u>4,788.19</u>		<u>4,788.19</u>
19018				449-61-2815				
Gross Pay #1	0.0000	3,416.00	0.0000	3,416.00	0.0000	6,816.00	0.0000	6,816.00
Gross Pay	0.0000	3,416.00	0.0000	3,416.00	0.0000	6,816.00	0.0000	6,816.00
FICA-SS		211.79		211.79		422.59		422.59
FICA-MED		49.53		49.53		98.83		98.83
FIT		347.07		347.07		692.22		692.22
Net Pay		<u>2,807.61</u>		<u>2,807.61</u>		<u>5,602.36</u>		<u>5,602.36</u>

Employee count = 6

JUAN J PEDRAZA

Employee Earnings

February 1, 2020 - February 29, 2020

Description	Current		Month-to-Date		Quarter-to-Date		Year-to-Date	
	Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount
Company Totals								
Gross Pay #1	0.0000	10,260.65	0.0000	10,260.65	0.0000	23,029.75	0.0000	23,029.75
Spouse	0.0000	2,700.00	0.0000	2,700.00	0.0000	6,075.00	0.0000	6,075.00
Gross Pay	0.0000	12,960.65	0.0000	12,960.65	0.0000	29,104.75	0.0000	29,104.75
FICA-SS		803.56		803.56		1,804.50		1,804.50
FICA-MED		187.93		187.93		422.02		422.02
FTT		975.68		975.68		2,186.22		2,186.22
Net Pay		10,993.48		10,993.48		24,692.01		24,692.01

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Online Banking

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

Transaction Detail

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

Completed on: 04/28/2020

Description: SBAD TREAS 310/MISC
PAY NTE*PMT*EIDG:3301710938\ EIDG:*****10938
PEDRAZA'S AUTO SERVICE

Amount: \$6,000.00

Transaction type: DEPOSIT

Personal note (optional):

Category (optional):

Not Categorized

[Add a new category to the list](#)

[Save changes](#)

[Don't save changes](#)

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

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

Quick Links

- [Make a transfer](#)
- [Download banking transactions](#)

Account Activity

[Print-Friendly View](#)BUSINESS CHECKING, *5492, Available \$167.60

BUSINESS CHECKING, *5492

Current balance \$167.60 • Available balance \$167.60 • [View account information](#)

All completed transactions from 03/31/2020 to 05/16/2020

[Search your transaction history](#) • [Redisplay 30-day view](#)

Page 1 of 1

Date	Number	Description †	Withdrawals	Deposits	Balance ‡
05/15/2020	9023	Teller Cashed Check	577.42		18,244.53
05/15/2020	9020	Teller Check	414.32		18,821.95
05/12/2020	9019	Check	225.88		19,236.27
05/12/2020	9018	Check	558.95		19,461.95
05/12/2020	9017	Check	492.31		20,020.90
05/12/2020	9012	Check	599.93		20,513.21
05/11/2020	9015	Check	530.09		21,113.14
05/11/2020	9016	Teller Check	577.42		21,643.23
05/11/2020	9013	Teller Check	414.32		22,220.65
05/08/2020	9014	Teller Check	286.40		22,634.97
05/05/2020	9011	Check	526.89		22,921.37
05/04/2020	9009	Check	286.40		23,448.26
05/04/2020	9008	Check	555.95		23,734.66
05/04/2020	9010	Teller Cashed Check	577.42		24,290.61
05/04/2020	900	Teller Check	414.32		24,868.03
04/29/2020	9005	Check	400.08		25,282.35
04/28/2020	9006	Check	422.36		25,682.43
04/28/2020	9002	Teller Check	414.32		26,104.79
04/27/2020	9003	Check	530.09		26,519.11
04/27/2020	9004	Teller Check	577.42		27,049.20
04/21/2020	9001	Teller Cashed Check	1,773.38		27,626.62
04/20/2020		PPP Loan #990146		29,400.00	29,400.00

Page 1 of 1

† To add a personal note to the transaction or assign the transaction to a category, click the link within the Description column.

‡ During nightly processing, your account balances are updated with current-day transaction information. Once this processing is complete, all balances reflect the most current information.

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11. Mercedes Small Business Recovery Grant – Myra Morales

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: Mayra Morales
Name of Business: Hourglass Body Contouring
Business Type: Body Contouring
Address of Business: 322 W. 2nd St. Mercedes TX 78570
Email Address: ffmayramorales@gmail.com Phone Number: 448-4144

BUSINESS OWNERSHIP

Tax ID #: 3-20698-7593-1
Entity Name: _____
Name of business owner (if different from above): ' '
Number of years in business: 2 yrs

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

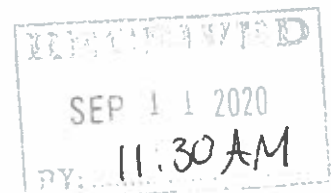
PERSONNEL

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

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

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

Yes No ✓



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

ACKNOWLEDEMENTS/SIGNATURES

Date _____

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.*

<input checked="" type="checkbox"/> Rent/mortgage payment. List specific amount.	\$ <u>200.00</u>
<input type="checkbox"/> Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<input type="checkbox"/> Employee support (salaries, insurance, paid leave)	\$ _____
<input checked="" type="checkbox"/> Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>300.00</u>
<input type="checkbox"/> Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
<input checked="" type="checkbox"/> Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>100.00</u>
Total Amount \$ <u>900.00</u>	

Total Grant amount requested from Mercedes DCM: \$ _____

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: _____

Name of your Bank Officer: _____

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

If no, why not?

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*.
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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.

12. Adjournment