

**Development Corporation of Mercedes, Inc.**

**Agenda**

**October 14, 2020 at 11:30AM**

**320 S. Ohio**

**Development Corporation of Mercedes, Inc.**

**Agenda**

**October 14, 2020 11:30AM**

**320 S Ohio**

NOTICE, is hereby given that the Development Corporation of Mercedes, Inc. will be holding a **VIRTUAL Special Called Meeting** on **Wednesday, October 14, 2020 at 11:30AM** at **URL: <https://global.gotomeeting.com/join/631791981> /PHONE: 1 866 899 4679 / ACCESS CODE: 631-791-981** for the purpose of considering and taking formal action regarding the following items:

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1. Call meeting to order
2. Discussion and Action: October 8, 2020 Minutes
3. Discussion and Action: Mercedes Small Business Recovery Grant-Dr. Barbara Baggerly- Hinojosa, \$3,000
4. Discussion and Action: Mercedes Small Business Recovery Grant- Elizabeth de la Cerda, \$3,000
5. Discussion and Action: Mercedes Small Business Recovery Grant-San Juanita Gonzalez, \$2,964.62
6. Discussion and Action: Mercedes Small Business Recovery Grant-Mateo Diaz IV, \$3,000
7. Discussion and Action: Mercedes Small Business Recovery Grant-Amadia Gonzalez, \$3,000
8. Discussion and Action: Mercedes Small Business Recovery Grant-Mateo Diaz IV, \$5,000
9. Discussion and Action: Mercedes Small Business Recovery Grant-Mateo Diaz IV, \$5,000
10. Discussion and Action: Mercedes Small Business Recovery Grant-Mirelda Perales, \$5,000
11. Discussion and Action: Mercedes Small Business Recovery Grant-Chandra Sanchez, \$5000
12. Discussion and Action: Mercedes Small Business Recovery Grant-Luis Fernandez, \$3,000
13. Discussion and Action: Mercedes Small Business Recovery Grant-Dalia de la Carr, \$3,000
14. Discussion and Action: Mercedes Small Business Recovery Grant-Andres A. Casarez, \$3,000
15. Discussion and Action: Mercedes Small Business Recovery Grant- Karina Rivera, \$3,000
16. Discussion and Action: Mercedes Small Business Recovery Grant- Claudia Montoya, \$3,000
17. Discussion and Action: Mercedes Small Business Recovery Grant- Laura Luna, \$3,000
18. Discussion and Action: Mercedes Small Business Recovery Grant- Gracilea C. Perez, \$9,000
19. Discussion and Action: Mercedes Small Business Recovery Grant-Christopher Designa, \$5,000
20. Discussion and Action: Mercedes Small Business Recovery Grant-Javier Moroles, \$5,000
21. Adjournment

ATTEST:

  
Melissa Ramirez, Development Corporation of Mercedes

## 1. Call meeting to order

## **2. Discussion and Action: October 8, 2020 Minutes**

**Development Corporation of Mercedes, Inc.**  
**Virtual Special Called Meeting**  
**Thursday, October 8, 2020 4:00PM**  
**globalgotomeetings.com**

**Board Members Present:**

Fred Gonzalez – President  
Joe Flores – Vice President  
Tony Garza – Treasurer  
Jaime Gonzales – Secretary  
Roel Villanueva- Member  
David Garza – Member  
Peggy Marie Chavez – Yanez - Member

**Board Members Absent:**

**EDC Staff Present:**

Melissa Ramirez – Executive Director  
Rose Saenz – Administrative Coordinator

**City Staff Present:**

Sergio Zavala – City Manager  
Mark Sossi – DCM Interim Attorney

**Others Present:**

Rachel Hinojosa – SS Auto Body Solutions

**1. Call Meeting to order**

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

**2. Discussion and Action: September 24, 2020 Minutes**

Jaime Gonzales motioned to approve the September 24, 2020 Minutes as presented. Seconded by Joe Flores. David Garza abstained, Fred Gonzalez, Joe Flores, Tony Garza, Jaime Gonzales, Roel Villanueva and Peggy Marie Chavez - Yanez voted aye.

**3. Discussion and Action: Consideration to amend the Mercedes Small Business Recovery Grant Eligibility Criteria to include Businesses in a Residential Setting**

Tony Garza motioned to let the City amend and make the rule change on the Mercedes Small Business Recovery Grant Eligibility Criteria to include Businesses in a Residential setting. Seconded by Joe Flores. Tony Garza amended his motion to approve the consideration to amend the Mercedes Small Business Recovery Grant Eligibility Criteria to include Businesses in a Residential Setting and

forward to City for final rule change. Seconded by Joe Flores. Fred Gonzalez, Joe Flores, Tony Garza, Jaime Gonzales, Roel Villanueva and Peggy Marie Chavez - Yanez voted aye. David Garza voted nay.

**4. Discussion and Action: Mercedes Small Business Recovery Grant – Manuela Garza, \$3,000**

Tony Garza motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$3,000 for Manuela Garza – Sackk’s Party Supplies & Gifts. Seconded by Joe Flores. All voted aye.

**5. Discussion and Action: Mercedes Small Business Recovery Grant – Melva Escobar Pedraza, \$3,000**

David Garza motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$3,000 for Melva Escobar Pedraza – DBA Mexican Advertising. Seconded by Tony Garza. All voted aye.

**6. Discussion and Action: Mercedes Small Business Recovery Grant – Juan Otero, \$3,000**

Tony Garza motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$3,000 for Juan Otero – DBA Yi & Ye’s Ice Cream. Seconded by David Garza. All voted aye.

**7. Discussion and Action: Mercedes Small Business Recovery Grant – Dora Garcia, \$5,000**

David Garza motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$5,000 for Dora Garcia – DBA Jose’s Cafecito Courtyard Catering. Seconded by Jaime Gonzales. All voted aye.

**8. Discussion and Action: Mercedes Small Business Recovery Grant – Raquel Hinojosa, \$5,000**

Jaime Gonzales motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$5,000 for Raquel Hinojosa – DBA SS Auto Body Solutions. Seconded by David Garza. Tony Garza abstained, Fred Gonzalez, Joe Flores, Jaime Gonzales, Roel Villanueva, Peggy Marie Chavez - Yanez and David Garza voted aye.

**9. Discussion and Action: Changing the Meeting Day and Time**

Joe Flores motioned to change the Meeting Day and Time to Wednesdays at 11:30am moving forward starting with the next meeting. Seconded by Jaime Gonzales. All voted aye.

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

*The Board went into Executive Session at 4:29 PM*

*The Board went into Open Session at 4:48 PM*

## **11. Discussion and Action: item#10**

Tony Garza motioned to defer loan payments for six months on Project J. Martinez, as long as all late fees be paid. Seconded by Joe Flores. All voted aye.

Jaime Gonzales motioned to approve the \$40,000 Incentive request for site improvements payable upon an issued Certificate of Occupancy for Project Tree, offer expires on December 30, 2020. Seconded by Joe Flores. All voted aye.

## **6. Adjournment: 4:50 PM**

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Fred Gonzalez, President

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Joe Flores, Jr., Vice President

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Tony Garza, Treasurer

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Jaime Gonzales, Secretary

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Roel Villanueva, Member

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David Garza, Member

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Peggy Marie Chavez - Yanez, Member



**3. Discussion and Action: Mercedes Small Business  
Recovery Grant – Barbara Baggerly - Hinojosa,  
\$3,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/9/20  
**Re:** Mercedes Small Business Grant Program

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## Recommendation:

Dr. Barbara Baggerly - Hinojosa – Approve 3K  
Elizabeth de la Cerda – Approve 3K  
San Juanita Gonzalez – Approve \$2964.62  
Mateo Diaz IV – Approve 3K  
Amadia Gonzalez – Approve 3K  
Mateo Diaz IV – Approve 5K  
Mateo Diaz IV – Approve 5K  
Mirelda Perales – Approve 5K  
Chandra Sanchez – Approve 5K  
Luis Fernandez – Deny 3K (Not in a commercial setting)  
Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)  
Andres A Casarez – Deny 3K (Owes Property tax)  
Karina Rivera – Deny 3K (No Business License)  
Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)  
Laura Luna – Deny 3K (Incomplete application, no backup documentation)  
Graciela C. Perez – 9 K (Incomplete application, no backup documentation)  
Javier Moroles – 5K (Currently has 19 employees)

# 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: Dr. Barbara Baggerly-Hinojosa  
Name of Business: Leadership Empowerment Group, LLC  
Business Type: Consulting Firm- LLC  
Address of Business: 805 S. Missouri Mercedes, Texas 78570  
Email Address: barbara@leadershipempowermentgroup.com Phone Number: 956-565-2425

## BUSINESS OWNERSHIP

Tax ID #: 27-4013744  
Entity Name: Leadership Empowerment Group  
Name of business owner (if different from above): n/a  
Number of years in business: 11 years

## BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

## PERSONNEL

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

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

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

Yes ✓ No

Is your business operated as a sole proprietorship?

Yes \_\_\_\_\_ No ✓

## USE OF FUNDS

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

_____ Rent/mortgage payment. List specific amount.	\$ _____
_____ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<u>✓</u> Employee support (salaries, insurance, paid leave)	\$ <u>3,000.00</u>
_____ Utilities (i.e. electricity, water, phone, internet, etc.)	\$ _____
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
_____ Purchase of COVID-19 supplies for business protection/cleaning.	\$ _____
Total Amount \$ <u>3,000.00</u>	

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

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

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

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

## FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: Texas National Bank

Name of your Bank Officer: Edna Martinez

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

If no, why not?

n/a

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

☒ Paycheck Protection Program (PPP)

Requested amount: \$16,000.00

☒ Economic Injury Disaster Loan (EIDL)

Requested amount: \$132,000.00

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

If not, why not?

n/a

## 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.**

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

BH 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.)

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

BH 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.

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

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

BH 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 Leadership Empowerment Group

Written: Dr. Barbara Baggerly-Hinojosa  
Legal Representative

CEO  
Title

Signed: Dr. Barbara Baggerly-Hinojosa  
Legal Representative

CEO  
Title

Signed as Individual: Dr. Barbara Baggerly-Hinojosa Date 09/29/2020

## DOCUMENTS TO BE ATTACHED

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

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

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

## Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

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

**Email:** [smallbuscares2020@cityofmercedes.com](mailto:smallbuscares2020@cityofmercedes.com) OR

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

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

# Request for Taxpayer Identification Number and Certification

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

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

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

**Leadership Empowerment Group**

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) ► **S**

**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.

**1404 S. Missouri**

6 City, state, and ZIP code

**Mercedes, Texas 78570**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

OR

Employer identification number

2 7 - 4 0 1 3 7 4 4

## 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 ►

*Dr. Barbara Baggett Hinoj*

Date ► **09/29/2020**

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

**Texas**

USA  
TX

**DRIVER LICENSE**



*Barbara Ann Hinojosa*

Ad DL **12858948**    9 Class **C**  
1a Iss **05/29/2015**    4b Exp **06/21/2021**  
3 DOB **06/21/1968**  
1 **HINOJOSA**  
2 **BARBARA ANN**  
6 **1404 S MISSOURI**  
**MERCEDES TX 76570-0000**  
12 Restrictions **NONE**    14 End **NONE**  
15 Hgt **5-04**    16 Sex **F**    18 Eyes **BRO**  
8 DD **24619580055219248260**



# EMPLOYER'S QUARTERLY REPORT

11111

1. ACCOUNT NUMBER <b>16-175194-4</b>	2. COUNTY CODE <b>215</b>	3. TAX AREA	4. TAX RATE <b>2.70%</b>	5. NAICS CODE	6. FEDERAL I.D. NUMBER <b>27-4013744</b>	7. QTR. YR <b>2-20</b>
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8. EMPLOYER NAME AND ADDRESS (SEE ITEM 24 FOR CHANGES TO NAME, ADDRESS, ETC.)

Leadership Empowerment Group  
805 S Missouri Ave

Weslaco

TX 78596

## CLIENT COPY

9. TELEPHONE NUMBER

**956-245-7408**

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

E-FILED BY  
G&M, PLLC

FILE AND PAY ONLINE  
[www.texasworkforce.org](http://www.texasworkforce.org)

ALIGNMENT	9A. QUARTER ENDING	<b>6/30/20</b>
1st Month	2nd Month	3rd Month
<b>1</b>	<b>1</b>	<b>1</b>

9B. PENALTIES WILL BE ASSESSED IF REPORT IS NOT POSTMARKED BY **7/31/20**

11. SHOW THE COUNTY CODE (see list on the back of C-4 form) in which you had the greatest number of employees  
**215**

12. If you have employees in more than one county in TEXAS, how many are outside the county shown in item 11?  
**0**

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

13. Total (Gross) Wages Paid During this Quarter to Texas Employees. (If none, enter "0")	DOLLARS	CENTS
	<b>7,920</b>	<b>00</b>
14. Taxable Wages paid this quarter to each employee up to \$9000, the annual maximum amount. (If none, enter "0")		
	<b>1,080</b>	<b>00</b>
15. Tax Due (Multiply Taxable Wages, Item #14, by your Tax Rate of) <b>2.70</b>		
	<b>29</b>	<b>16</b>
Note: For Federal Form 940 purposes, your Tax Rate includes:		
• A UI Obligation Assessment rate of:	<b>0.00</b>	
• An Employment and Training Assessment Rate of:	<b>0.00</b>	
16. Interest, If Tax is Past Due		<b>0.00</b>
17. Penalty, If Report is Past Due		<b>0.00</b>
18. Balance Due From Prior Periods (Subtract Credit Or Add Debit)		<b>0.00</b>
19. Total Due - Make Remittance Payable To TWC Include payment voucher with remittance.		<b>29.16</b>

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

### FOR TWC USE ONLY

☐ Estimated ☐ Status

	MONTH	DAY	YEAR
POSTMARK DATE C3			
EX DATE C3			
EX DATE \$			

DOLLARS CENTS INITIALS

AMOUNT RECEIVED

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

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PREPARER'S NAME \_\_\_\_\_

PREPARER'S PHONE NUMBER \_\_\_\_\_

For assistance please contact,

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

CASHIER  
TEXAS WORKFORCE COMMISSION  
P.O. BOX 149037  
AUSTIN, TEXAS 78714-9037

**DO NOT STAPLE REPORT**  
(Write Account No. On Check)

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

**7,920.00**

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

[Print](#) | [Close Window](#)

**Subject:** SBA Application No. 3300167544 - Approved

**From:** [disastercustomerservice@sba.gov](mailto:disastercustomerservice@sba.gov)

**Date:** Mon, Jun 01, 2020 6:17 pm

**To:** "Barbara Hinojosa" <[barbara@leadershipempowermentgroup.com](mailto:barbara@leadershipempowermentgroup.com)>



U.S. Small Business  
Administration

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## Your SBA Economic Injury Disaster Loan Application is Approved

Your SBA Application No. 3300167544 has been approved. Please login to your SBA Economic Injury Disaster Loan Portal account to complete the next steps within the next 30 days.

[View Account](#)

Questions? We're here to help. Call us at **1-800-659-2955** | TTY/TTD: **1-800-877-8339**.

Office of Disaster Assistance  
U.S. Small Business Administration  
[disastercustomerservice@sba.gov](mailto:disastercustomerservice@sba.gov)

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# CONDITIONAL USE PERMIT (NON-TRANSFERABLE)

FOR THE PURPOSE OF:

HOME OCCUPATION-OFFICE USE

EXP. DATE: 02/06/2021

ISSUED TO: Dr. Barbara Ann Hinojosa  
805 S. Missouri  
Mercedes, Texas 78570

LEGAL DESCRIPTION: LOT 1 & 2, BLOCK 130  
Mercedes Original Townsite

## Special Conditions:

1. The proposed use must be secondary to the residential use of the property.
2. May place an 18"x24" non-illuminated sign identifying owner and occupation. The sign must be attached to the wall of the main residential building.
3. There shall be no more than one (1) unrelated employee other than the immediate members of the family residing on the premises.
4. There shall be no outside storage of materials or products.
5. There shall be no exterior display or alterations to the house in order to accommodate the intended use.
6. The proposed use and activity must take place in the main residential structure for which the permit was granted.
7. The proposed use must not create an increase traffic flow of more than 10%.
8. The permit is non-transferable.
9. The permit is valid for one (1) year and a renewal is required twenty days prior to the expiration date. The renewal fee is \$25.

I fully understand and agree to abide by the conditions listed above.

It is known by me that this permit is not transferable.

  
Sergio Zavala, Planning Director

**mercedes**  
by Sergio Zavala

  
Barbara Ann Hinojosa, Owner

#### **4. Discussion and Action: Mercedes Small Business Recovery Grant – Elizabeth de la Cerda, \$3,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/9/20  
**Re:** Mercedes Small Business Grant Program

---

## Recommendation:

Dr. Barbara Baggerly - Hinojosa – Approve 3K  
Elizabeth de la Cerda – Approve 3K  
San Juanita Gonzalez – Approve \$2964.62  
Mateo Diaz IV – Approve 3K  
Amadia Gonzalez – Approve 3K  
Mateo Diaz IV – Approve 5K  
Mateo Diaz IV – Approve 5K  
Mirelda Perales – Approve 5K  
Chandra Sanchez – Approve 5K  
Luis Fernandez – Deny 3K (Not in a commercial setting)  
Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)  
Andres A Casarez – Deny 3K (Owes Property tax)  
Karina Rivera – Deny 3K (No Business License)  
Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)  
Laura Luna – Deny 3K (Incomplete application, no backup documentation)  
Graciela C. Perez – 9 K (Incomplete application, no backup documentation)  
Javier Moroles – 5K (Currently has 19 employees)

# 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: Elizabeth de la Cerda  
Name of Business: Lyzi's Jewelry Box  
Business Type: Boutique  
Address of Business: 322 S Texas  
Email Address: Lyzd1c@yahoo.com Phone Number: 956-463-8382

### BUSINESS OWNERSHIP

Tax ID #: 460-43-9195  
Entity Name: Elizabeth de la Cerda  
Name of business owner (if different from above): Lyzi's Jewelry Box  
Number of years in business: 20

### BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

### PERSONNEL

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

Full-time Employees #: ✓ (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. \$ 2500

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

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

☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 1903.66

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

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

**Total Amount** \$ 4403.66

**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?

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

# Request for Taxpayer Identification Number and Certification

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

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

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

**2** Business name/disregarded entity name, if different from above  
Lyz's Jewelry Box

**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.  
322 S. Texas

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

**7** List account number(s) here (optional)

**Requester's name and address (optional)**

## Part I Taxpayer Identification Number (TIN)

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

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

**Social security number**

461-31-5581

**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 ► Elizabeth de la Cerda

Date ► 9-22-2020

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



Melissa,

Mario Dominguez  
will be dropping  
off the W9.

Thank you for your time.

Gabriel Dela Cruz  
956-463-8382



**Request for Taxpayer  
Identification Number and Certification**

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

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>MAR-SAN GROUP, LLC</b>		
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 <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>546 HIDALGO ST.</b>	Requester's name and address (optional)	
6 City, state, and ZIP code <b>MERCEDES, TX. 78570</b>		
7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

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

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

Social security number	
or	
Employer identification number	
20	1872244

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ► <b>Maurice</b>	Date ► <b>10/02/2020</b>
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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](http://www.irs.gov/FormW9).

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)

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

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

**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](http://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

Elizabeth De La Cerda

Social security number (SSN)

461-31-5581

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

Novelty Store

B Enter code from instructions

19999999

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

Luz's Jewelry Box

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

E Business address (including suite or room no.)

322 S. Texas

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. <input type="checkbox"/>	1	<u>15,095</u>
2	Returns and allowances	2	<u>-0-</u>
3	Subtract line 2 from line 1	3	<u>15,095</u>
4	Cost of goods sold (from line 42)	4	<u>11,253</u>
5	Gross profit. Subtract line 4 from line 3	5	<u>3,842</u>
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	<u>-0-</u>
7	Gross income. Add lines 5 and 6	7	<u>3,842</u>

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

8	Advertising	8	<u>470</u>	18	Office expense (see instructions)	18	<u>505</u>
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	<u>519</u>
12	Depletion	12		b	Other business property	20b	<u>5,475</u>
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	<u>167</u>
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	<u>700</u>	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	<u>2,476</u>
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	
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	<u>-0-</u>	b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29.	31	<u>&lt; 6,530 &gt;</u>				

- 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.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P

Schedule C (Form 1040 or 1040-SR) 2019

33	Method(s) used to value closing inventory:    a <input type="checkbox"/> Cost    b <input type="checkbox"/> Lower of cost or market    c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35
36	Purchases less cost of items withdrawn for personal use . . . . .	36    11,253
37	Cost of labor. Do not include any amounts paid to yourself . . . . .	37
38	Materials and supplies . . . . .	38
39	Other costs . . . . .	39
40	Add lines 35 through 39 . . . . .	40    11,253
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    11,253

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

43	When did you place your vehicle in service for business purposes? (month, day, year)    ▶    /    /
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Fees	876
48 Total other expenses. Enter here and on line 27a . . . . .	48    876

## Self-Employment Tax

Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

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

2019

Attachment  
Sequence No. 17

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

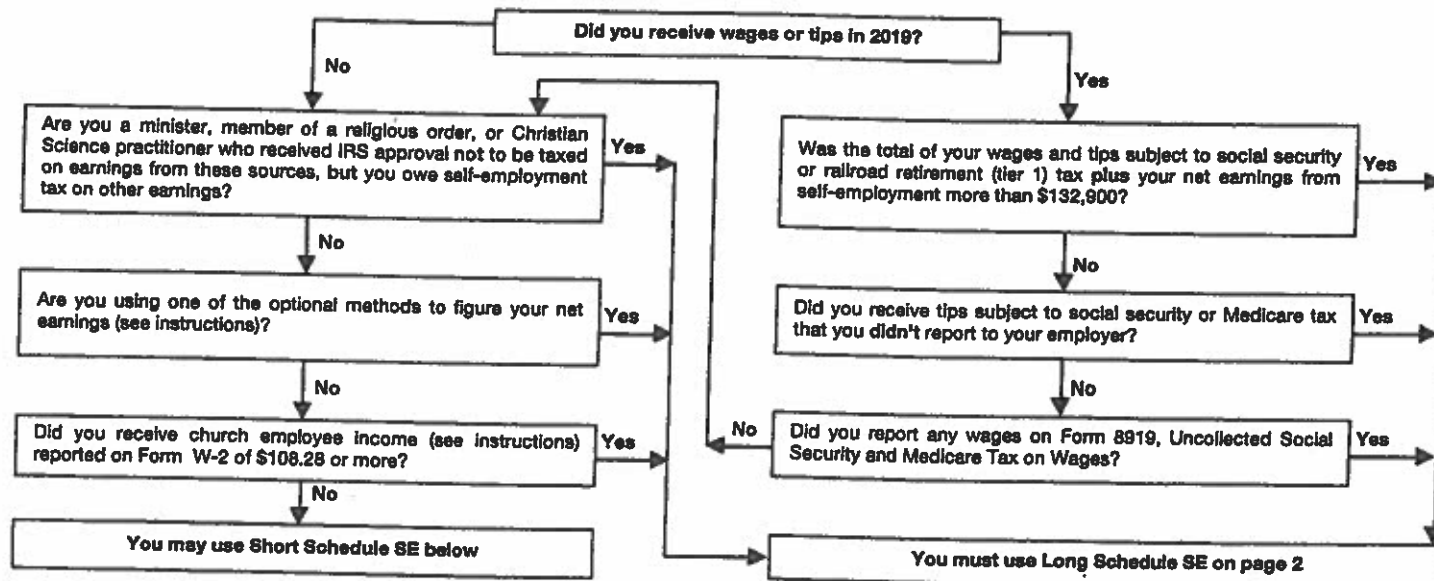
Social security number of person  
with self-employment income ▶

Elizabeth De La Cerda

401-31-5581

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
- 3 Combine lines 1a, 1b, and 2 . . . . . 3
- 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 . . . . . 4
- Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 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
- 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

1a	
1b	( )
2	6,530
3	6,530
4	0
5	0
6	0

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

Cat. No. 11358Z

Schedule SE (Form 1040 or 1040-SR) 2019

Signature de la Caisse  
 1015 Orange St  
 Milwaukee, WI 53210  
 9-15-2020  
 294  
 DEIR  
 9-15-2020  
 \$65.09  
 Maitre State Treasury  
 4100-439195 ✓  
 1040-2017 ✓  
 WELLS FARGO  
 1040-2017 ✓

Signature de la Caisse  
 1015 Orange St  
 Milwaukee, WI 53210  
 8-1-2020  
 286  
 Maitre  
 \$500-  
 Five hundred & no/100  
 4925  
 Jewelry Box  
 WELLS FARGO

Signature de la Caisse  
 1015 Orange St  
 Milwaukee, WI 53210  
 7-1-2020  
 281  
 Maitre  
 \$500-  
 Five hundred & no/100  
 4925  
 Jewelry Box  
 WELLS FARGO

Signature de la Caisse  
 1015 Orange St  
 Milwaukee, WI 53210  
 2-1-20  
 220  
 Maitre  
 \$500-  
 Five hundred & no/100  
 4925  
 Jewelry Box  
 WELLS FARGO

Signature de la Caisse  
 1015 Orange St  
 Milwaukee, WI 53210  
 3-1-2020  
 222  
 Maitre  
 \$500-  
 Five hundred & no/100  
 4925  
 Jewelry Box  
 WELLS FARGO

Signature de la Caisse  
 1015 Orange St  
 Milwaukee, WI 53210  
 4-1-2020  
 277  
 Maitre  
 \$500.00  
 Five hundred & no/100  
 4925  
 Jewelry Box  
 WELLS FARGO

Signature de la Caisse  
 1015 Orange St  
 Milwaukee, WI 53210  
 5-1-2020  
 224  
 Maitre  
 \$500-  
 Five hundred & no/100  
 4925  
 Jewelry Box  
 WELLS FARGO

Mercedes, TX / Utility Billing / Accounts / Transaction History

# Transaction History

## LYZ'S JEWELRY BOX

06-0477-06

320 S TEXAS AVE

This account is active.

**Balance: \$106.50**[Payment ▾](#)

### Available Accounts

320 S TEXAS AVE

320 S TEXAS AVE

[Account  
Detail](#)[Transaction  
History](#)[Address  
Info](#)[Account  
Info](#)[Consumption  
History](#)

### Online Services

- [Utility Billing Home](#)
- [Manage Accounts](#)
- [Email Reminder Settings](#)

### Need Help?

- [Contact Us](#)
- [956-565-3114](#)

## Find Transactions

### Start Date

10-02-2019



### End Date

10-02-2020

[Search](#)

### Announcement

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

Transactions from 10-02-2019 to 10-02-2020 Page 1 of 2

Date	Description	Amount	Running Balance
------	-------------	--------	-----------------

Date	Description	Amount	Running Balance
9/18/2020	Bill	\$106.50	\$106.50
9/1/2020	Payment	(\$106.85)	\$0.00
8/19/2020	Bill	\$106.85	\$106.85
7/30/2020	Payment	(\$107.22)	\$0.00
7/15/2020	Bill	\$107.22	\$107.22
7/5/2020	Payment	(\$108.67)	\$0.00
6/17/2020	Bill	\$108.67	\$108.67
6/4/2020	Payment	(\$218.48)	\$0.00
5/19/2020	Bill	\$218.48	\$218.48
4/30/2020	Payment	(\$158.32)	\$0.00

1

2

400 S Ohio, PO Box 837, Mercedes, TX 78570 (956)-565-3114

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Date	Description	Amount	Running Balance
4/26/2020	Payment	(\$111.58)	\$158.32
4/17/2020	Bill	\$158.32	\$269.90
3/18/2020	Bill	\$111.58	\$111.58
3/2/2020	Payment	(\$115.21)	\$0.00
2/19/2020	Bill	\$115.21	\$115.21
1/15/2020	Bill	\$0.00	\$0.00
1/2/2020	Payment	(\$10.00)	\$0.00
1/2/2020	Fee	\$10.00	\$10.00

1

2

400 S Ohio, PO Box 837, Mercedes, TX 78570 (956)-565-3114

[Terms and conditions](#) | [Contact us](#)

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# ≡ View Payments - ELIZABETH DE LA CERDA (1903070007 )

## Results

Date	Amount	Mode	Bill Date	Pay Status	Description
2020-08-27	\$93.95	Credit Card	2020-08-18	Applied	Payment
2020-08-06	\$104.84	Credit Card	2020-08-19	Applied	Payment
2020-07-08	\$15.00		2020-07-21		DNP Notice Fee - Debit
2020-07-08	\$132.62	Credit Card	2020-07-21	Applied	Payment
2020-07-07	\$5.29		2020-07-21		Late Payment Charges
2020-06-09	\$110.20	Credit Card	2020-06-19	Applied	Payment
2020-06-08	\$15.00		2020-06-19		DNP Notice Fee - Debit
2020-06-06	\$4.26		2020-06-19		Late Payment Charges
2020-05-05	\$72.16	Credit Card	2020-05-20	Applied	Payment
2020-04-01	\$74.90	Credit Card	2020-04-21	Applied	Payment
2020-03-03	\$61.60	Credit Card	2020-03-20	Applied	Payment
2020-02-03	\$85.87	Credit Card	2020-02-20	Applied	Payment
2020-01-02	\$74.66	Credit Card	2020-01-23	Applied	Payment
2019-12-01	\$97.68	Credit Card	2019-12-19	Applied	Payment
2019-11-02	\$116.19	Credit Card	2019-11-18	Applied	Payment
2019-10-02	\$129.39	Credit Card	2019-10-18	Applied	Payment
2019-09-02	\$141.33	Credit Card	2019-09-19	Applied	Payment
2019-07-30	\$129.28	Credit Card	2019-08-20	Applied	Payment
2019-07-03	\$131.20	Credit Card	2019-07-22	Applied	Payment

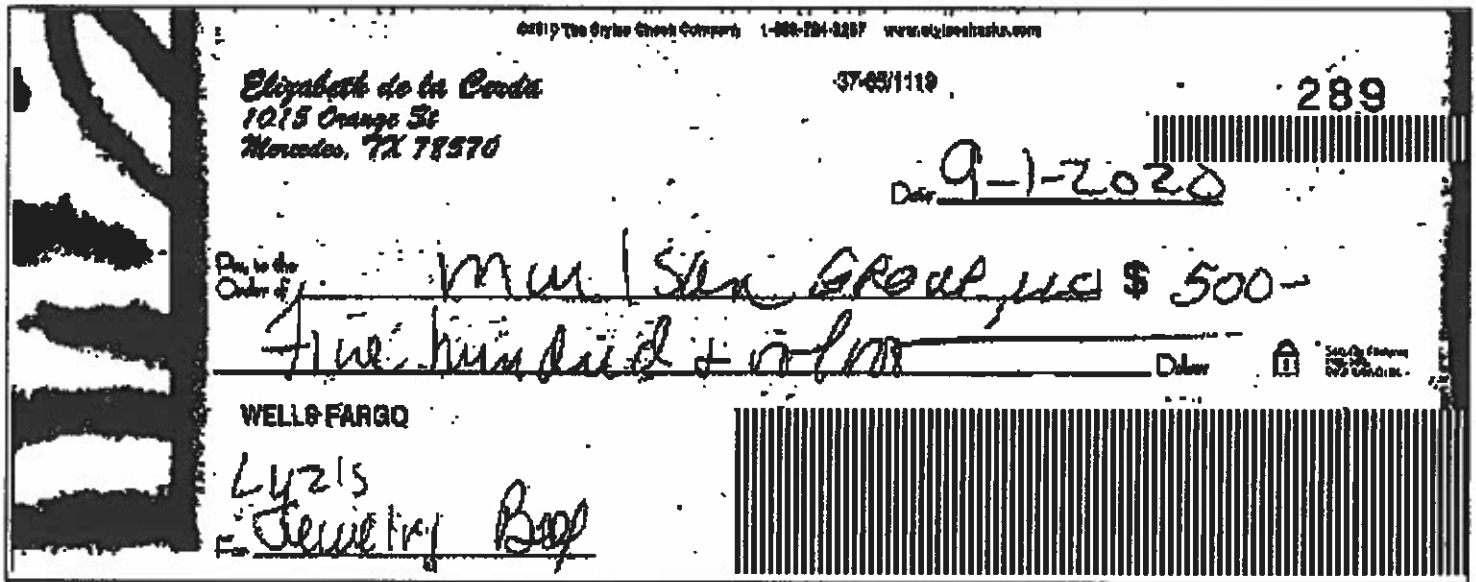
Showing Results 1 thru 25

Heritage-Power | PO Box 5370 McAllen, Texas 78502 | 888-551-0373 | PUCT Certificate # 10251

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

Rent @ 322 S. TEXAS

Check Number	289
Date Posted	09/03/20
Check Amount	\$500.00



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

 Equal Housing Lender

Find messages, documents, photos or people



Home

Compose

← Back



Archive



Move



Delete



Spam



GoDaddy.com, LLC

Inbox 999+

Unread

Starred

Drafts 105

Sent

Archive

Spam

Trash

^ Less

Views Hide

Photos

Documents

Subscriptions

Deals

Receipts

Groceries

Travel

Folders Show

**service@paypal.com** <service@paypal.com>  
To: Elizabeth de la Cerna

Mon, Sep 7 at 11:01 AM

Sep 7, 2020 08:59:56 PDT  
Transaction ID:  
04H04915PA8688440

Hello Lyz's Jewelry Box,

**You sent a payment of \$31.98 USD to GoDaddy.com, LLC**  
(billing@godaddy.com)

It may take a few moments for this transaction to appear in your account.

**Merchant**GoDaddy.com, LLC  
billing@godaddy.com  
480-505-8855**Instructions to merchant**

You haven't entered any instructions.

Description	Unit price	Qty	Amount
Websites + Marketing	\$30.00		
Ecommerce - Renewal - 1	USD	1	\$30.00 USD
Month			

website

Find messages, documents, photos or people

Home

Compose

Archive Move Delete Spam



Inbox 999+

Unread

Starred

Drafts 105

Sent

Archive

Spam

Trash

Less

Views Hide

Photos

Documents

Subscriptions

Deals

Receipts

Groceries

Travel

Folders Show

LLC

(billing@godaddy.com)

It may take a few moments for this transaction to appear in your account.

**Merchant**

GoDaddy.com, LLC  
billing@godaddy.com  
480-505-8855

**Instructions to merchant**

You haven't entered any instructions.

Description	Unit price	Qty	Amount
Websites + Marketing			
Ecommerce - Renewal - 1	\$30.00	1	\$30.00 USD
Month	USD		

**Subtotal** \$30.00 USD

Tax \$1.98 USD

**Total** \$31.98 USD**Payment** \$31.98 USD

Charge will appear on your credit card statement as "PAYPAL  
"GODADDY.COM"

Payment sent to billing@godaddy.com

Payment sent from lyzdlc@yahoo.com

website

**CITY OF MERCEDES BUSINESS LICENSE &  
CERTIFICATE OF OCCUPANCY**  
(NON-TRANSFERABLE)

**LYZ'S JEWELRY BOX**

LICENSE No.: 9913208  
ISSUED TO: LYZ'S JEWELRY BOX  
ADDRESS: 332 S. TEXAS MERCEDES TX 78570  
EXPIRES: 10/01/2021

- ✦ This structure was inspected and found to comply with all the adopted codes at the time this structure was constructed.
- ✦ The City of Mercedes has found this structure to be safe for occupancy.



*Moni Rodriguez*  
Monica Rodriguez, Planner Code Enforcement



# CITY OF MERCEDES

REC#: 01058904 10/02/2020 2:52 PM  
OPER: W2 TERM: 002  
REF#: VISA

ACCT #: XXXXXXXXXXXXXXXXXXXX  
AUTH #: 068050  
TRAN #: 000000001257  
TYPE: PURCHASE

TRAN: 417.0000 OCCUPATIONAL LICENSE  
9913208-10/01/21 LYZ'S JEWELRY BOX  
BUSINESS LICENSE INIT 25.00CR

TENDERED: 25.00 CREDIT CARD  
APPLIED: 25.00-

---

CHANGE: 0.00

MERCEDES FIRE DEPARTMENT  
400 S. OHIO, MERCEDES, TEXAS 78570  
(956) 565-3114

DATE: 10-02-2020

INSPECTION

REINSPECTION

FACILITY NAME: Lyz's Jewelry Box

PHYSICAL & MAILING ADDRESS: 322 S. Texas Ave.

PHONE #: 952 463 8382

OWNER/MANAGER: Elizabeth de la Cerdas

TYPE OF INSPECTION:

ROUTINE  
FACILITY  
ROUGH-IN  
FINAL

ANNUAL  
FIRE DRILL  
COMPLAINT  
PLAN REVIEW

OCC. CLASS

CONST. TYPE: SQ. FT.  
# FLOORS SPR. S.P.  
HYDRANT LOC:  
SPR/S.P. CONN.:  
SPEC. HAZ:

TEST:

GAS LINE PRESSURE  
HYDROSTATIC PRESSURE  
SPR. S.P.  
HOOD SYSTEM/NFPA &  
MECHANICAL CODE

1. Accumulation of rubbish, trash paper, etc.
2. Combustible(s) stored under wooden stairs.
3. Merchandise obstructing aisles.
4. Poor housekeeping throughout the building.
5. Insufficient number of exits.
6. Exit doors blocked/locked during business hours.
7. No Exit(s) and/or emergency lights.
8. Exit and/or emergency lights not working properly.
9. Vents unsafely arranged on water heater and/or dryers.
10. Chemically treated dust mops and oily rags not stored in metal containers (with lids).
11. Using gasoline as cleaning agent.
12. Defective wiring on/at \_\_\_\_\_.
13. Lighting devices improperly installed.
14. Lighting devices too close to stock.
15. Junction boxes, light switches, and electrical outlets without safety covers.
16. Wiring and equipment not wired in conduit.
17. Wiring not done by a licensed electrician.
18. Accumulation of grease on cooking stove.
19. Filters, duct and hood with grease.
20. Hood over stove and deep fat fryer does not meet NFPA 96 requirements.
21. Automatic fire extinguishing system not installed/ maintained as per NFPA 96 requirements.
22. Fire extinguisher(s) not maintained as per NFPA #10.

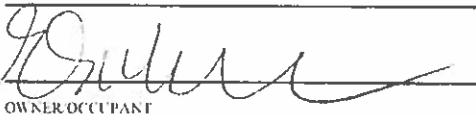
23. Fire extinguisher(s) not checked by a licensed inspector on an annual basis.
24. Fire extinguisher(s) blocked.
25. No fire extinguisher(s) in building
26. Pressurized cylinders not anchored.
27. Automatic sprinkler/fire alarm system(s) to be maintained/ inspected by a licensed company on an annual basis.
28. All sprinkler systems shall be supervised in accordance with City building Codes.
29. Sprinkler riser area not kept clean at all times.
30. Fire Department Connections blocked.
31. Not maintaining 18" clearance from Sprinkler Head(s).
32. Caps missing from Fire Department Connections.
33. Water gong not working.
34. Repair or replace hose and/or nozzle at dispensing pumps.
35. The using of L.P.G. instead of natural gas.
36. No smoke detector as per HB # 2046.
37. No hearing-impaired smoke detector found as per HB # 162.
38. No "No Smoking" signs.
39. Occupancy load appears to be exceeding.
40. No occupancy load sign.
41. No address in front of occupancy.
42. No pressure test on natural gas line.
43. Other Hazard(s). (See REMARKS)

REMARKS: Everything is in order at this time

COMPLIES WITHIN CODE TODAY

DOES NOT COMPLY AT THIS TIME

WILL REINSPECT BY: \_\_\_\_\_

  
OWNER/OCCUPANT

  
FIRE MARSHAL / FIRE INSPECTOR

SUCH CONDITIONS ARE VIOLATIONS OF EITHER CITY OR STATE FIRE PREVENTION REGULATIONS. PLEASE CORRECT HAZARD(S) AND HELP PREVENT FIRES. NON-COMPLIANCE IS SUBJECT TO PENALTIES UNDER CITY & STATE REGULATIONS



**5. Discussion and Action: Mercedes Small Business  
Recovery Grant – San Juanita Gonzalez, \$2,964.62**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/9/20  
**Re:** Mercedes Small Business Grant Program

---

## Recommendation:

Dr. Barbara Baggerly - Hinojosa – Approve 3K  
Elizabeth de la Cerda – Approve 3K  
San Juanita Gonzalez – Approve \$2964.62  
Mateo Diaz IV – Approve 3K  
Amadia Gonzalez – Approve 3K  
Mateo Diaz IV – Approve 5K  
Mateo Diaz IV – Approve 5K  
Mirelda Perales – Approve 5K  
Chandra Sanchez – Approve 5K  
Luis Fernandez – Deny 3K (Not in a commercial setting)  
Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)  
Andres A Casarez – Deny 3K (Owes Property tax)  
Karina Rivera – Deny 3K (No Business License)  
Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)  
Laura Luna – Deny 3K (Incomplete application, no backup documentation)  
Graciela C. Perez – 9 K (Incomplete application, no backup documentation)  
Javier Moroles – 5K (Currently has 19 employees)

# 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: San Juanita Gonzalez  
Name of Business: Hairs 'R' Us  
Business Type: Barber-Stylist Salon  
Address of Business: 242 S. Texas #5  
Email Address: hairs-r-us@yahoo.com Phone Number: 456 (376) 9661

## BUSINESS OWNERSHIP

Tax ID #: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 28

## BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

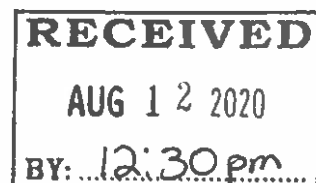
## PERSONNEL

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

Full-time Employees #: 3 (Part-time # employees: 1)

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

Yes \_\_\_\_\_ No ✓



Is your business operated as a sole proprietorship?

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

## USE OF FUNDS

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

_____ Rent/mortgage payment. List specific amount.	\$ <u>2000</u>
_____ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
_____ Employee support (salaries, insurance, paid leave)	\$ <u>9</u>
_____ Utilities (i.e. electricity, water, phone, internet, etc.)	\$ <u>909.70</u>
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ <u>8</u>
_____ Purchase of COVID-19 supplies for business protection/cleaning.	\$ <u>54.92</u>
Total Amount \$ <u>2964.62</u>	

Total Grant amount requested from Mercedes DCM: \$ 2964.62

(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: BBA Compass

Name of your Bank Officer: N/A

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

If no, why not? I never thought I would qualify because my business is so small.

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 thought my business was too small to qualify.

## ACKNOWLEDEMENTS/SIGNATURES

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

☒ 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 Hairs 'R' Us

Written: San Juanita Gonzalez  
Legal Representative

Owner  
Title

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

\_\_\_\_\_  
Title

Signed as Individual: Jani

Date 8/12/20

## **DOCUMENTS TO BE ATTACHED**

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

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

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

## **Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application**

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

**Email:** smallbuscares2020@cityofmercedes.com OR

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

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

**Request for Taxpayer  
Identification Number and Certification**

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

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

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

2 Business name/disregarded entity name, if different from above  
**Hairs - R - US**

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.  
**242 S. Texas #5**

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	8	-	9	4	-	0	6	9	6
---	---	---	---	---	---	---	---	---	---	---

or

**Employer identification number**

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

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

**Sign Here**    Signature of U.S. person ►     Date ► **10-9-20**

**General Instructions**

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

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

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)

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

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

**Request for Taxpayer  
Identification Number and Certification**

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) Pilar Canales

Business name/disregarded entity name, if different from above  
N/A

Check appropriate box for federal tax classification:  
☒ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ☐ Exempt payee  
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
242 S. TEXAS  
City, state, and ZIP code  
Mercedes, TEXAS 78570

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number  
451-52-0261

Employer identification number  
N/A

**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).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ X Mrs. Canales Date ▶ 08/27/20

**General Instructions**

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

**Purpose of Form**

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

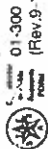
**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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





# TEXAS SALES AND USE TAX PERMIT

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

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

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

SAN JUANITA GONZALES

HAIRS "R" US UNISEX SALON  
242 S TEXAS AVE STE 5  
MERCEDES  
HIDALGO COUNTY

TX 78570-3135

NAICS: 812111 Barber Shops

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

CITY: MERCEDES

EFF: 03/18/2019

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

Type of permit	SALES AND USE TAX
Taxpayer number	3-20275-6148-2
Location number	00002
First business date of location	03/18/2019

Glenn Hegar  
Comptroller of Public Accounts

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

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

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

All permits are issued subject to the provisions of the law. This permit may be revoked, suspended or cancelled for a violation of any provision of any taxing statute administered by the Texas Comptroller of Public Accounts or of any rule adopted by the Comptroller to administer those statutes. Receipt of this permit does not mean that the taxpayer to whom it is issued is in good standing with the Comptroller.

You are responsible for collecting the correct amount of local taxes. For example, if our records show that one of your locations is outside the city limits, but it is actually inside the city, you may be responsible for collecting and remitting the city's sales tax. If the local sales tax authorities on this permit are incorrect, call 1-800-252-5555.

Taxpayer name and mailing address

SAN JUANITA GONZALES  
242 S TEXAS AVE STE 5  
MERCEDDES

11

TX 78570-3135

*Operating without a valid permit is a misdemeanor punishable by a fine of not more than \$500 per day.*

Legal citation: TEX. TAX CODE ANN., chs. 111 and 151.

***For an existing business, this permit replaces the permit you now hold for this location. All previous sales and use tax permits issued by the Texas Comptroller of Public Accounts for this location are void.***

RECEIPT

DATE

07/18/20

No.

6405232

FROM

Hairs R Us

Five Hundred Dollars ~~200~~ <sup>200</sup>

\$500.00

DOLLARS

☒ DEBIT

☐ FOR

July 2020

ACCOUNT		<input type="checkbox"/> CASH
PAYMENT		<input type="checkbox"/> CHECK
BAL DUE		<input checked="" type="checkbox"/> MONEY ORDER
		<input type="checkbox"/> CREDIT
		<input type="checkbox"/> CARD

FROM

Bob Carale

TO

Thank You

BY

**RECEIPT** DATE 08/21/20 No. **6405239**

FROM Norma Garza \$500<sup>00</sup> DOLLARS

☒ FOR RENT August 2020 Check # 461

☐ FOR

ACCOUNT ☐ CASH

PAYMENT ☒ CHECK

BAL DUE ☐ MONEY ORDER

☐ CREDIT CARD

FROM PB Canales TO

BY Thank you

**RECEIPT** DATE 06/04/20 No. **6405219**

FROM Hairs R Us \$250<sup>00</sup> DOLLARS

☒ FOR RENT Past Due Paid in Full Check 1405

☐ FOR

ACCOUNT ☐ CASH

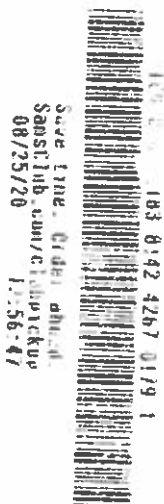
PAYMENT ☐ CHECK

BAL DUE ☐ MONEY ORDER

☐ CREDIT CARD

FROM PB Canales / Thank you TO

BY 06/04/20



# ITEMS SOLD 7

Visit [santaclub.com](http://santaclub.com) to see your savings

980244588 MM N 100LS 16.98

980280477 FACE MASK 11.98

980280477 FACE MASK 11.98

299338 FOIL 2 PACK 17.98

972499 PRESS/SEAL 7.98

221811 10X3000FILM 16.28

980246459 BLEACH LUNC 13.98

SUBTOTAL 97.16

TAX 1 0.250 0.02

TOTAL 105.16

CASH TEND 105.18

CHANGE DUE 0.00

THANK YOU,  
Norma

SON'S CLUB  
CLUB MANAGER ARNOLD GOMEZ  
(956) 507-7305  
621 W EXPRESSWAY 77  
HARLINGEN TX 78550  
08/25/20 12:55 9770 06269 002 544  
V MEMBER 101 \*\*\*\*\*1093

# The State of Texas,

County of HIDALGO

Know All Men by These Presents:

Made this 20TH

day of

FEBRUARY

2019, by and between

PILAR B. CANALES

, known herein as LESSOR,

and

SAN JUANITA GONZALEZ DBA HAIRS "r" us

, known herein as LESSEE,

(The terms "Lessor" and "Lessee" shall be construed in the singular or plural number according as they respectively represent one or more than one person.)

WITNESSETH, That the said Lessor does by these presents Lease and Demise unto the said Lessee the following described property, to-wit: Lying and being situated in the County of HIDALGO, State of Texas, and being

242 S. TEXAS SUITE # 5  
MERCEDES, TEXAS 78570

for the term of INDEFINITE PERIOD  
2019 and ending the day of

beginning the 18TH day of FEBRUARY

INDEFINITELY

therefor the sum of FIVE HUNDRED & 00/100-----

, paying  
DOLLARS,

payable EVERY 18TH OF EACH MONTH BEGINNING 02-18-19.

THE REQUIRED \$100.00 DEPOSIT WAS PAID ON 01-16-19.

upon the conditions and covenants following:

First. That Lessee will well and PUNCTUALLY pay said rents in manner and form as hereinbefore specified, and quietly deliver up said premises on the day of the expiration of this lease, in as good condition as the same were in when received, reasonable wear and tear thereof excepted.

Second. That the said premises shall be used for COMMERCIAL USE ONLY

and for no other purpose.

Third. That Lessee will not sub-let said premises, or any part thereof, to any person or persons whatsoever, without the consent of said Lessor, IN WRITING, thereto first obtained.

Fourth. That on failure to pay the rent in advance, as aforesaid, or to comply with any of the foregoing obligations, or in violation of any of the foregoing covenants, the Lessor may declare this lease forfeited at Lessor's discretion and Lessor or Lessor's agent or attorney shall have the power to enter and hold, occupy and repossess the entire premises hereinbefore described, as before the execution of these presents.

## OTHER TERMS AND CONDITIONS:

1. RENT IS DUE ON THE 18TH DAY OF EACH MONTH OF THIS CONTRACT. IF RENT IS NOT PAID ON OR BEFORE ITS DUE DATE OF ANY MONTH OF THIS CONTRACT, A LATE FEE OF 5% WILL BE ADDED TO THE RENT, AND AN ADDITIONAL \$2.00 PER DAY UNTIL RENT IS PAID. IF THE RENT BECOMES IN ARREARS 2 MONTHS, LESSEE WILL SURRENDER THE LEASED PROPERTY TO LESSOR IN THE SAME CONDITION IT WAS GIVEN TO HIM/HER PLUS ANY IMPROVEMENTS MADE TO PROPERTY.
2. THE LESSEE WILL FULLY RESPONSIBLE FOR ANY INJURIES TO HIMSELF/HERSELF, HIS/HER FAMILY, GUESTS, AND CLIENTS/CUSTOMERS (INCLUDING DEATH) THAT MIGHT OCCUR IN THE BUILDING AND HIS/HER LEASED PROPERTY. LESSEE WILL BE FULLY RESPONSIBLE FOR ANY DAMAGES TO HIS/HER PERSONAL PROPERTIES, THAT OF HIS/HER FAMILY, GUESTS OR CLIENTS/CUSTOMERS THAT MIGHT OCCUR IN THE BUILDING OR HIS/HER LEASED PROPERTY.
3. LESSEE IS RESPONSIBLE FOR INSURING HIS/HER PERSONAL PROPERTY.  
(SEE BACK FOR CONTINUATION OF OTHER TERMS AND CONDITIONS)

IN TESTIMONY WHEREOF, The parties to this agreement have hereunto set their hands in duplicate, the day and year above written.

Linda B. Ochoa

LINDA B. OCHOA, AUTHORIZED REP. LESSOR

San Juanita Gonzalez

SAN JUANITA GONZALEZ LESSEE

4. LESSEE MUST KEEP HIS & HER SMALL CHILDREN IN HIS & HER LEASED PROPERTY AND MUST ACCOMPANY THEM TO RESTROOMS OR IN HALLWAYS AND OTHER LESSEES' SUITES.
5. LESSEE MUST GIVE LESSOR A 30-DAY IN ADVANCE WRITTEN NOTICE PRIOR TO THE END OF CONTRACT IF THEY INTEND TO RENEW CONTRACT IN ORDER TO HAVE DEPOSIT RE-IMBURSED AND THAT IS AFTER A CAREFUL INSPECTION BY LESSOR FOR ANY DAMAGES. IN CASE DAMAGES ARE FOUND, THE DEPOSIT MONEY WILL BE USED TO MAKE THE REPAIRS AND THE DIFFERENCE WILL BE RE-IMBURSED.
6. BUSINESS HOURS ARE FROM 7:00 AM THROUGH 7:00 PM, MONDAY THROUGH SATURDAY, CLOSED ON SUNDAY.
7. ADVERTISING SIGNS MUST NOT COVER OTHER LESSEES' SIGNS. NO SIGNS ON WALLS OF THE HALLWAY. KEEP YOUR SIGNS INSIDE YOUR SUITES.
8. GOSSIPING IS FROWNED UPON, ALL LESSEES MUST NOT INTERFERE WITH THE OTHER LESSEES PERSONAL LIVES. ARGUING, PHYSICAL FIGHTING WITH ANY PERSON IN THE BUILDING WILL BE CAUSE OF CANCELLING OF CONTRACT.
9. ANY VIOLATION OF ANY OF THE TERMS AND CONDITIONS WILL NULLIFY AND CANCEL CONTRACT.

on

Please

to

Beginning

Ending



sprint.com/contactus



1-888-211-4727  
(\*2 from your Sprint Phone)

1 of 7

## Account Information

**Account Name:**  
HAIRS "R" US UNISEX SALON

**Account Number:**  
435159095

**Invoice Number:**  
435159095-040

**Bill Date:**  
Aug 01, 2020

**Bill Period:**  
Jun 29 - Jul 28, 2020

## Last Bill

Previous Total Due

\$496.49

Plans

\$117.99

Payments - Thank you!

-\$348.49

Misc. Charges & Adjustments

-\$17.37

Adjustments to Previous Charges

-\$136.37

Equipment

\$129.17

Balance Forward

\$11.63

Surcharges\*

\$11.30

Government Taxes & Fees

\$6.71

Charges This Bill

\$247.80

## This Bill

Detach and return this remittance form with your payment.  
Past due amount of \$11.63 due immediately. New charges due by Aug 21.  
Account Number 435159095

Amount Due

Amount Enclosed

\$259.43

HAIRS "R" US UNISEX SALON

242 S TEXAS AVE STE 5

MERCEDES, TX 78570-3135

Presorted  
FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
Sprint

## Last three months (new charges)

Due Immediately

\$11.63

Due Aug 21

\$247.80

## Total Amount Due

\$259.43



**Pay Online**  
sprint.com/mysprint



**Pay by Phone**  
1-800-784-2608  
(\*3 from your Sprint Phone)



**Pay by Mail**  
Return the form below with  
a check payable to Sprint



PO Box 629023 El Dorado Hills, CA 95762



PO Box 54977  
Los Angeles, CA 90054-0977

435159095 00000024780 0000000011630 000000259432

Please see the News and Notices section on page 2 for important information and changes to Sprint's policies.

Any unpaid balance after the due date may be subject to a late payment charge per your contract.

Surcharges are rates we choose to collect from you at our discretion to help defray certain costs, including but not limited to costs associated with government programs and network connections. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include, but are not limited to: Federal USF, Regulatory Charge, Administrative Charge, Gross Receipts Charge, and other charges. The amounts and components used to calculate surcharge amounts are subject to change.

000070 2/5









sprint.com/contactus

1-888-211-4727

(\*2 from your Sprint Phone)

1 of 6

## Account Information

**Account Name:**  
HAIRS "R" US UNISEX SALON

**Account Number:**  
435159095

**Invoice Number:**  
435159095-039

**Bill Date:**  
Jul 02, 2020

**Bill Period:**  
May 29 - Jun 28, 2020

## Last Bill

**Previous Total Due** \$413.21

**Payments - Thank you!** -\$175.00

**Balance Forward** **\$238.21**

**Due Immediately** **\$238.21**

## This Bill

**Plans** \$117.99

**Misc. Charges & Adjustments** -\$22.64

**Equipment** \$129.17

**Surcharges\*** \$13.09

**Government Taxes & Fees** \$20.67

**Charges This Bill** **\$258.28**

**Due Jul 22** **\$258.28**

## Last three months (new charges)



**Pay Online**  
sprint.com/mysprint



**Pay by Phone**  
1-800-784-2608



**Pay by Mail**  
Return the form below with  
a check payable to: Sprint

Please see the News and Notices section on page 2 for important information and changes to Sprint's policies.

\*Any unpaid balance after the due date may be subject to a late payment charge per your contract.

\*Surcharges are rates we choose to collect from you at our discretion to help defray certain costs, including but not limited to costs associated with government programs and network connections. Surcharges are not taxes or amounts we are required to collect from you by law. Surcharges may include, but are not limited to: Federal USF, Regulatory Charge, Administrative Charge, Gross Receipts Charges, and other charges. The amounts and components used to calculate surcharge amounts are subject to change.

000120 2/5



HAIRS "R" US UNISEX SALON  
242 S TEXAS AVE STE 5  
MERCEDDES, TX 78570-3135

PO Box 54977  
Los Angeles, CA 90054-0977



PO Box 629023 El Dorado Hills, CA 95762

Detach and return this remittance form with your payment.  
Past due amount of \$238.21 due immediately. New charges due by Jul 22.  
Account Number 435159095

Amount Due

**\$496.49**

Amount Enclosed

\$

435159095 00000025828 000000238210 000000496493

**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 <b>San Juanita</b>	Last name <b>Gonzalez</b>	Your social security number <b>458-94-0696</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>10831 Compadre St</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Mercedes TX 78570</b>		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 inst. 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 inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	HSR 3811	1	3,811.			
	2a	Tax-exempt interest . . . . .	2a	b	Taxable interest . . . . .			
	3a	Qualified dividends . . . . .	3a	b	Ordinary dividends . . . . .			
	4a	IRA distributions . . . . .	4a	b	Taxable amount . . . . .			
	c	Pensions and annuities . . . . .	4c	d	Taxable amount . . . . .			
	5a	Social security benefits . . . . .	5a	8,077.	b	Taxable amount . . . . .	5b	0.
	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . ▶ <input type="checkbox"/>		6				
	7a	Other income from Schedule 1, line 9 . . . . .		7a	265.			
	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income . . . . . ▶		7b	4,076.			
	8a	Adjustments to income from Schedule 1, line 22 . . . . .		8a				
	b	Subtract line 8a from line 7b. This is your adjusted gross income . . . . . ▶		8b	4,076.			
Standard Deduction See Standard Deduction Chart below.	9	Standard deduction or itemized deductions (from Schedule A)	9	13,850.				
	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0.				
	11a	Add lines 9 and 10 . . . . .	11a	13,850.				
	b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	11b	0.				

**Standard Deduction Chart\***

IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .	IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly or Qualifying widow(er)	1	25,700	Married filing separately	1	13,500
	2	27,000		2	14,80
	3	28,300		3	16,1
	4	29,600		4	17,

\* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, yr spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**12a Tax (see instructions). Check if any from:**1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ **12a** 0.**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 0.**13a** Child tax credit or credit for other dependents **13a****b** Add Schedule 3, line 7, and line 13a and enter the total **13b****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** 0.**16** Add lines 14 and 15. This is your total tax **16** 0.**17** Federal income tax withheld from Forms W-2 and 1099 **17****18 Other payments and refundable credits:**

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

**a** Earned income credit (EIC) **18a****b** Additional child tax credit. Attach Schedule 8812 **18b****c** American opportunity credit from Form 8863, line 8 **18c****d** Schedule 3, line 14 **18d** 43.**e** Add lines 18a through 18d. These are your total other payments and refundable credits **18e** 43.**19** Add lines 17 and 18e. These are your total payments **19** 43.**Refund 20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid **20** 43.**21a** Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ☐ **21a** 43.Direct deposit? ☒ **b** Routing number 1 1 3 0 1 0 5 4 7 **c** Type: ☒ Checking ☐ SavingsSee instructions. **d** Account number 6 7 2 3 6 0 0 0 3 9**22** Amount of line 20 you want applied to your 2020 estimated tax **22****Amount You Owe 23** Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions **23****24** Estimated tax penalty (see instructions) **24****Third Party Designee**Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below.☒ No

(Other than paid preparer)

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

**Sign Here**

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

Your signature

Date

Your occupation

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

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

Date

Spouse's occupation

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

Phone no.

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ 3rd Party Designee☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

**SCHEDULE 1**

(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://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

San Juanita Gonzalez

Your social security number

458-94-0696

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	265 .
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	265 .

**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	
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	

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

REV 04/05/20 TTW

Schedule 1 (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](http://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

San Juanita Gonzalez

Your social security number

458-94-0696

**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	
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	

**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	43 .
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	43 .

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

REV 04/05/20 TTW

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](http://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 <b>San Juanita Gonzalez</b>		Social security number (SSN) <b>458-94-0696</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Barber</b>	<b>B</b> Enter code from instructions ▶ <b>8 1 2 1 1 1</b>	
<b>C</b> Business name. If no separate business name, leave blank.		<b>D</b> Employer ID number (EIN) (see instr.)
<b>E</b> Business address (including suite or room no.) ▶ <b>10831 Compadre St</b> City, town or post office, state, and ZIP code <b>Mercedes, TX 78570</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2019, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> 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 . . . . . ▶ <input type="checkbox"/>	<b>1</b>	<b>15,234.</b>
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>15,234.</b>
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>15,234.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6 . . . . . ▶	<b>7</b>	<b>15,234.</b>

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

<b>8</b> Advertising . . . . .	<b>8</b>	<b>125.</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	<b>113.</b>
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>		<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>1,027.</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	<b>5,000.</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	<b>667.</b>
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	<b>1,213.</b>
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	<b>60.</b>
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	<b>187.</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>500.</b>	<b>25</b> Utilities . . . . .	<b>25</b>	<b>1,800.</b>
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . . ▶	<b>28</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	<b>4,277.</b>
<b>30</b> 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 . . . . .	<b>30</b>		<b>b</b> Reserved for future use . . . . .	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	<b>31</b>	<b>265.</b>			
<b>32</b> 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 <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Barber Supplies	780.
Sales Tax for products	677.
Gas	1,203.
signs repair	139.
Remodeling of building	1,165.
Repairs and Maintenance	313.
48 Total other expenses. Enter here and on line 27a	4,277.

**Premium Tax Credit (PTC)**

OMB No. 1545-0074

**2019**Attachment  
Sequence No. **73**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

Name shown on your return

San Juanita Gonzalez

Your social security number

458-94-0696

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size (see instructions)		1	1
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	12,153.	
b	Enter the total of your dependents' modified AGI (see instructions)	2b		
3	Household income. Add the amounts on lines 2a and 2b (see instructions)		3	12,153.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC		4	12,140.
5	Household income as a percentage of federal poverty line (see instructions)		5	100 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.			
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7	0.0208
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	253.	
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	21.	

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☐ Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☒ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
11 Annual Totals							
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
12 January	838.	928.	21.	907.	838.	832.	
13 February	838.	928.	21.	907.	838.	832.	
14 March	838.	928.	21.	907.	838.	832.	
15 April	838.	928.	21.	907.	838.	832.	
16 May	838.	928.	21.	907.	838.	832.	
17 June	838.	928.	21.	907.	838.	832.	
18 July	838.	928.	21.	907.	838.	832.	
19 August	189.	928.	21.	907.	189.	188.	
20 September							
21 October							
22 November							
23 December							
24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	6,055.
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	6,012.
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	43.

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44	29	



**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
	Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
<b>36</b>	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

## 2019

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

CUI846840-11100923694-2

Box 1. Name <b>SANJUANITA GONZALEZ</b>		Box 2. Beneficiary's Social Security Number <b>458-94-0696</b>
Box 3. Benefits Paid in 2019 <b>\$8,076.50</b>	Box 4. Benefits Repaid to SSA in 2019 <b>NONE</b>	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) <b>\$8,076.50</b>
<b>DESCRIPTION OF AMOUNT IN BOX 3</b> Paid by check or direct deposit \$8,076.50 Medicare Part B premiums deducted from your benefits \$135.50 Total Additions \$8,212.00 Subtract Non-taxable payments \$135.50 Benefits for 2019 \$8,076.50		<b>DESCRIPTION OF AMOUNT IN BOX 4</b> <b>NONE</b>
		Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>
		Box 7. Address <b>SANJUANITA GONZALEZ 10831 COMPADRES DR MERCEDDES TX 78570-2452</b>
		Box 8. Claim Number (Use this number if you need to contact SSA.) <b>453-84-097-1D6</b>

CUI846840-11100923694-2

Work 10 months

Check = 3,148.00

Card = 6,095.32

Cash =

Sales = 677.00      Card 199.87

• 10 months Rent = 5,000.00

• Phone = 1,800.00

• Product = 553.98

Total = ~~7553.87~~

Remodeling new locatin shop

• ~~614.49~~ Sigs repair = 139.49

• Remodeling = 1,165.39

• Pay to do Work = 835.00

2,139.88

all expense = 9,693.73

New Hddress

242 S. Texas AVE ste. 5

10831 Compadre St  
Merceder, TX

**6. Discussion and Action: Mercedes Small Business  
Recovery Grant – Mateo Diaz IV, \$3,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/9/20  
**Re:** Mercedes Small Business Grant Program

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## Recommendation:

Dr. Barbara Baggerly - Hinojosa – Approve 3K  
Elizabeth de la Cerda – Approve 3K  
San Juanita Gonzalez – Approve \$2964.62  
Mateo Diaz IV – Approve 3K  
Amadia Gonzalez – Approve 3K  
Mateo Diaz IV – Approve 5K  
Mateo Diaz IV – Approve 5K  
Mirelda Perales – Approve 5K  
Chandra Sanchez – Approve 5K  
Luis Fernandez – Deny 3K (Not in a commercial setting)  
Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)  
Andres A Casarez – Deny 3K (Owes Property tax)  
Karina Rivera – Deny 3K (No Business License)  
Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)  
Laura Luna – Deny 3K (Incomplete application, no backup documentation)  
Graciela C. Perez – 9 K (Incomplete application, no backup documentation)  
Javier Moroles – 5K (Currently has 19 employees)

# 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: Mateo Diaz IV  
Name of Business: 1008 Services LLC  
Business Type: Consulting and Business Management  
Address of Business: 5006 East Expressway 83 Unit B  
Email Address: mdiaz0718@gmail.com Phone Number: 956-975-1008

### BUSINESS OWNERSHIP

Tax ID #: 27-1339734  
Entity Name: 1008 Services LLC  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 12

### 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 X

Is your business operated as a sole proprietorship?

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

## USE OF FUNDS

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

_____ Rent/mortgage payment. List specific amount.	\$ _____
_____ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.)	\$ _____
<u>X</u> Employee support (salaries, insurance, paid leave)	\$ <u>3000.00</u>
_____ Utilities (i.e. electricity, water, phone, internet, etc.)	\$ _____
_____ Expenses associated with increased material costs from suppliers or alternate suppliers.	\$ _____
_____ Purchase of COVID-19 supplies for business protection/cleaning.	\$ _____
Total Amount \$ _____	

Total Grant amount requested from Mercedes DCM: \$ 3000.00

(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: Lone Star National Bank

Name of your Bank Officer: Desirae Walker

Have you met with your financial institution (bank) about financial assistance? Yes X 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: 10600.00  
☐ Economic Injury Disaster Loan (EIDL) Requested amount: \_\_\_\_\_

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

If not, why not?

## ACKNOWLEDEMENTS/SIGNATURES

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

NO My business has 1-9 full time (or full time equivalent) employees.

NO 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.)

NO The Tax ID and Entity Name of my business shown above, are true and accurate.

NO 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.

NO By signing this document, I am attesting that I am the majority owner of the business applying for this loan.

NO I will provide proof of efforts to obtain current Federal stimulus grants/loans: EIDL, PPP, etc.

NO I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name \_\_\_\_\_

Written: Mateo Dorcas  
Legal Representative

OWNER  
Title

Signed: [Signature]  
Legal Representative

Dorcas  
Title

Signed as Individual: [Signature]

Date 09/14/20

## Request for Taxpayer Identification Number and Certification

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

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

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

**1008 Services LLC**

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.

**5006 East Expressway 83 Unit B**

6 City, state, and ZIP code

**Mercedes, Texas 78570**

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

or

Employer identification number

2 7 - 1 3 3 9 7 3 4

### Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. person ►

Date ► **09/15/20**

## General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



DRIVER LICENSE

Director: Steven C. McCarver



# DRIVER LICENSE

4d. DL: 07134045 9. Class: C  
4b. Exp: 07/18/2028  
4a. Iss: 07/15/2020

3. DOB: 07/18/1976

1. DIAZ

2. MATEO IV

8. 4300 S BRIDGE BLVD  
WESTLACO, TX 75086

12. Rest: NONE

9a. End: NONE

16. Hgt: 5'-05"

15. Sex: M

18. Eyes: BRO

5. DD: 28322010172115258738

07/18/1976

Employer identification number (EIN) **27-1339734**

Name (not your trade name) **1008 Services, LLC**

Trade name (if any) \_\_\_\_\_

Address **5006 E. Expressway 83 Ste B**  
Number Street Suite or room number

**Mercedes** **TX** **78570**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020  
(Check one.)

☐ 1: January, February, March

☒ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

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

REV 06/18/20 QBDT

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

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

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>1</b>
2	Wages, tips, and other compensation	2	<b>8,325.33</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>846.00</b>
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 <b>8,307.72</b>	$\times 0.124 =$	<b>1,030.16</b>
5a	(i) Qualified sick leave wages	$\times 0.062 =$	
5a	(ii) Qualified family leave wages	$\times 0.062 =$	
5b	Taxable social security tips	$\times 0.124 =$	
5c	Taxable Medicare wages & tips <b>8,307.72</b>	$\times 0.029 =$	<b>240.92</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<b>1,271.08</b>
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	<b>2,117.08</b>
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>2,117.08</b>
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)

1008 Services, LLC

Employer identification number (EIN)

27-1339734

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

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

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

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

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

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

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter  Total must equal line 12.

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

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

REV 06/18/20 QBDT

Next ►

Name (not your trade name)

1008 Services, LLC

Employer identification number (EIN)

27-1339734

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

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

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

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

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

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

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

Sign your name here

Date

7-31-20

Print your name here

Jennifer Sustaita

Print your title here

Accounting Dept.

Best daytime phone

(956) 565-9300

**Paid Preparer Use Only**Check if you're self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

Rev. January 2017)

Department of the Treasury — Internal Revenue Service

Employer identification number  
(EIN)

27-1339734

Name (not your trade name)

1008 Services, LLC

Calendar year

2020

(Also check quarter)

## Report for this Quarter...

(Check one.)

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

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

## Month 1

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22	352.84	30	
7		15		23		31	
8	352.86	16		24			

Tax liability for Month 1

705.70

## Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20	352.84	28	
5		13		21		29	
6	352.84	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

705.68

## Month 3

1		9		17	352.84	25	
2		10		18		26	
3	352.86	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

705.70

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

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

Total liability for the quarter

2,117.08

REV 06/18/20 QBDT

For Paperwork Reduction Act Notice, see separate instructions. BAA

Schedule B (Form 941) (Rev. 1-2017)

**Interview for your Form 941/Schedule B**  
Employer's Quarterly Federal Tax Return

**Instructions:** Use this interview to help you fill out your Form 941 and Schedule B (if applicable).  
\* QuickBooks uses your answers to complete your Form 941.

**Legal Business Name**

Your legal business name . . . . . 1008 Services, LLC

**Business Name Control - E-FILERS ONLY**

Your business name control. **Modify value if needed** (based on 'Legal Business Name' above) . . . 1008

**Select your IRS assigned deposit schedule**

To help determine if the IRS requires you to file a Schedule B, check your IRS assigned deposit schedule:

Monthly . . . . .

Semi-Weekly . . . . .

☒

**Note:** Your selection on Form 941, page 2, line 16 determines if the IRS requires you to file a Schedule B.

**Final Return - Enter the following information for your final return:**

If you do not have to file returns in the future, check here . . . . . ☐

and enter the date that final wages were paid . . . . .

*You would not have to file returns in the future if you went out of business or stopped paying wages this quarter, for example.*

Name of the person keeping the final records . . . . .

Address where those final payroll records will be kept:

Street address . . . . .

City . . . . .

State . . . . .

Zip code . . . . .

**Answer all that apply to you**

If you are a seasonal employer, check here . . . . . ☐

*Seasonal employers are not required to file Form 941 during quarters when they regularly do not have a tax liability because they have no wages. If you are a seasonal employer, checking this box notifies the IRS that you will not have to file a return for one or more quarters of the year.*

Check here if **NO wages** are subject to social security and/or Medicare tax . . . . . ☐

*Check this box only if all wages are not subject to social security and Medicare taxes.  
See Circular E (IRS Pub. 15) for more information on exempt wages.*

Check here if you have no legal residence or principal place of business in any state . . . . . ☐

Check here if you are an exempt organization or government entity . . . . . ☐

**FILE COPY**  
**Mailed**  
**7-31-2020**



1008 SERVICES LLC  
327 W 3RD ST  
MERCEDDES TX 78570

Lone Star National Bank  
520 E Nolana Ave.  
McAllen, TX 78504

Loan Number 259750  
Date 04/15/20  
Maturity Date 04/15/22  
Loan Amount \$ 10,600.00  
Renewal Of \_\_\_\_\_

**BORROWER'S NAME AND ADDRESS**

"I" includes each borrower above, jointly and severally.

**LENDER'S NAME AND ADDRESS**

"You" means the lender, its successors and assigns.

DS6/JON HERBERT

For value received, I promise to pay to you, or your order, at your address listed above the PRINCIPAL sum of

Ten thousand six hundred & no/100

Dollars \$ 10,600.00

☒ Single Advance: I will receive all of this principal sum on 04/15/20. No additional advances are contemplated under this note.

☐ Multiple Advance: The principal sum shown above is the maximum amount of principal I can borrow under this note. On \_\_\_\_\_ I will receive the amount of \$ \_\_\_\_\_ and future principal advances are contemplated.

Conditions: The conditions for future advances are \_\_\_\_\_

☐ Open End Credit: You and I agree that I may borrow up to the maximum amount of principal more than one time. This feature is subject to all other conditions and expires on \_\_\_\_\_.

☐ Closed End Credit: You and I agree that I may borrow up to the maximum only one time (and subject to all other conditions).

INTEREST: I agree to pay interest on the outstanding principal balance from 04/15/20 at the rate of 1.00 % per year until APRIL 15, 2022.

☐ Variable Rate: This rate may then change as stated below.

☐ Index Rate: The future rate will be \_\_\_\_\_ the following index rate: \_\_\_\_\_

☒ Ceiling Rate: The interest rate ceiling for this note is the Quarterly ceiling rate announced by the Credit Commissioner from time to time.

☐ Frequency and Timing: The rate on this note may change as often as \_\_\_\_\_.

A change in the interest rate will take effect \_\_\_\_\_.

☐ Limitations: During the term of this loan, the applicable annual interest rate will not be more than \_\_\_\_\_ % or less than \_\_\_\_\_ %.

Effect of Variable Rate: A change in the interest rate will have the following effect on the payments:

☐ The amount of each scheduled payment will change.

☐ The amount of the final payment will change.

ACCURAL METHOD: Interest will be calculated on a Actual/360 basis.

POST MATURITY RATE: I agree to pay interest on the unpaid balance of this note owing after maturity, and until paid in full, as stated below:

☐ on the same fixed or variable rate basis in effect before maturity (as indicated above).

☒ at a rate equal to 18.000%

☒ LATE CHARGE: If a payment is made more than 10 days after it is due, I agree to pay a late charge of 5.000% OF THE PAYMENT.

☐ ADDITIONAL CHARGES: In addition to interest, I agree to pay the following charges which ☐ are ☐ are not included in the principal amount above: \_\_\_\_\_

PAYMENTS: I agree to pay this note as follows:

☐ Interest: I agree to pay accrued interest \_\_\_\_\_

☐ Principal: I agree to pay the principal \_\_\_\_\_

☒ Installments: I agree to pay this note in 17 payments. The first payment will be in the amount of \$ 593.63 and will be due NOVEMBER 15, 2020. A payment of \$ 593.63 will be due Monthly thereafter. The final payment of the entire unpaid balance of principal and interest will be due APRIL 15, 2022.

**ADDITIONAL TERMS:**

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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

THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.

Signature for Lender

Desirae Walker  
Senior Vice President

☐ SECURITY: This note is separately secured by (describe separate document by type and date): \_\_\_\_\_

(This section is for your internal use. Failure to file a separate security document does not mean the agreement will not secure this note.)

PURPOSE: The purpose of this loan is OPERATIONAL EXPENSES (SEE PPF)

SIGNATURES: I AGREE TO THE TERMS OF THIS NOTE (INCLUDING THOSE ON PAGE 2). I have received a copy on today's date.

1008 SERVICES LLC

MATEO DIAZ IV, MEMBER

MATEO DIAZ V, MEMBER

Date 4/30/20  
Primary Account  
Enclosures

Page 1  
2561255  
6

1008 SERVICES LLC  
5006 E EXPRESSWAY 83  
MERCEDDES TX 78570

The LSNB Card Manager functions are now available within your LSNB Mobile app.  
One app with all the banking features you need at your fingertips to help you.  
Enroll now to enjoy the features!

#### CHECKING ACCOUNTS

Commercial Checking		Number of Enclosures	6
Account Number	2561255	Statement Dates	4/01/20 thru 4/30/20
Previous Balance		Days in the statement period	
7 Deposits/Credits		Average Ledger	
15 Checks/Debits		Average Collected	
Service Charge			
Interest Paid			
Current Balance			

#### Deposits and Additions

Date	Description	Amount
4/02	Trsf from 0324 TREEHOUSE	100.00
	Confirmation number 402200460	
4/09	Trsf from 0324 TREEHOUSE	4,000.00
	Confirmation number 409200849	
4/09	Trsf from 0324 TREEHOUSE	320.00
	Confirmation number 409200921	
4/14	Trsf from 4273 MATEO DIAZ IV	306.00
	Error	
	Confirmation number 414200956	
4/15	Trsf from 0324 TREEHOUSE	700.00
	Confirmation number 415201545	
4/20	LN#259750 1008 SERVICES LLC	10,600.00
	DS607 BR 35	
4/30	Office Banker Deposit	56.46

## **7. Discussion and Action: Mercedes Small Business Recovery Grant – Amadia Gonzalez, \$3,000**

# Memo

**To:** DCM Board of Directors  
**From:** Rose Saenz  
**CC:** Melissa Ramirez, Executive Director  
**Date:** 10/9/20  
**Re:** Mercedes Small Business Grant Program

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## Recommendation:

Dr. Barbara Baggerly - Hinojosa – Approve 3K  
Elizabeth de la Cerda – Approve 3K  
San Juanita Gonzalez – Approve \$2964.62  
Mateo Diaz IV – Approve 3K  
Amadia Gonzalez – Approve 3K  
Mateo Diaz IV – Approve 5K  
Mateo Diaz IV – Approve 5K  
Mirelda Perales – Approve 5K  
Chandra Sanchez – Approve 5K  
Luis Fernandez – Deny 3K (Not in a commercial setting)  
Dalia de la O Carr – Deny 3K (No Quarterly Reports, no Sales Tax Reports)  
Andres A Casarez – Deny 3K (Owes Property tax)  
Karina Rivera – Deny 3K (No Business License)  
Claudia Montoya – Deny 3K (Incomplete application, no backup documentation)  
Laura Luna – Deny 3K (Incomplete application, no backup documentation)  
Graciela C. Perez – 9 K (Incomplete application, no backup documentation)  
Javier Moroles – 5K (Currently has 19 employees)

# 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: Amadía González  
Name of Business: Lullabji Daycare  
Business Type: Childcare  
Address of Business: 512 W. 10th St.  
Email Address: Agonz11428@aol.com Phone Number: 956-565-2952

### BUSINESS OWNERSHIP

Tax ID #: 24-265271  
Entity Name: Lullabji Daycare  
Name of business owner (if different from above): \_\_\_\_\_  
Number of years in business: 27

### BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

### PERSONNEL

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

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

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

Yes      No ✓

Is your business operated as a sole proprietorship?

Yes ☒ No ☐

## USE OF FUNDS

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

\_\_\_\_\_ Rent/mortgage payment. List specific amount. \$ \_\_\_\_\_

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

☒ Employee support (salaries, insurance, paid leave) \$ 3000

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

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

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

Total Amount \$ 3000

Total Grant amount requested from Mercedes DCM: \$ 3000.00

(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: RIO BANK

Name of your Bank Officer: Mr. Gumbel

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

If no, why not?

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

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

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

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

If not, why not?

## ACKNOWLEDEMENTS/SIGNATURES

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

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

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

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

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

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

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

  ✓   I affirm this business is in good standing with the City of Mercedes with respect to taxes, fees, utility payments, or other financial obligations.

Business Legal Name   Lullaby's Daycare  

Written:   Amelia Gonzalez    
Legal Representative

  owner    
Title

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

\_\_\_\_\_  
Title

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

Date \_\_\_\_\_

## DOCUMENTS TO BE ATTACHED

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

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

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

## Directions for Submitting the Mercedes Small Business Recovery Assistance Grant Application

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

**Email: [smallbuscares2020@cityofmercedes.com](mailto:smallbuscares2020@cityofmercedes.com) OR**

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

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



# Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
See Specific Instructions on page 3.

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

**Amalia Gonzalez**

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

**Lullaby's Day Care**

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.

**512 W 10th**

Requester's name and address (optional)

6 City, state, and ZIP code

**Mercedes, Tx 78570**

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

or

Employer identification number

**74-2652371**

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign  
Here

Signature of  
U.S. person ►

**Amalia Gonzalez**

Date ► **10-7-20**

## General Instructions

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

Texas

USA  
TX

DRIVER LICENSE



4d DL 06194847 9 Class C  
4a Iss 09/26/2018 4b Exp 06/16/2024  
3 DOB 06/16/1962  
1 GONZALEZ  
2 AMADIA RUIZ

8 10016 E MERCEDES DR  
MERCEDES TX 78570-0000

12 Restrictions A 9a End NONE  
16 Hgt 5'-04" 15 Sex F 18 Eyes GRN  
5 DD 24312810099246448640

*Amadia Ruiz*

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

950117  
OMB No. 1545-0029

Employer identification number (EIN) **74-2652371**

Name (not your trade name) **Amadia Gonzalez**

Trade name (if any) **Lullaby's Day Care Center**

Address **512 W 10th St**  
Number Street Suite or room number

**Mercedes** **TX** **78570**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

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

☒ **1: January, February, March**

☐ **2: April, May, June**

☐ **3: July, August, September**

☐ **4: October, November, December**

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

REV 04/09/20 QBDT

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

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

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

**2** Wages, tips, and other compensation **2** **8,789.43**

**3** Federal income tax withheld from wages, tips, and other compensation **3** **373.00**

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

	Column 1		Column 2
<b>5a</b> Taxable social security wages . . .	<b>8,789.43</b>	$\times 0.124 =$	<b>1,089.89</b>
<b>5b</b> Taxable social security tips . . .		$\times 0.124 =$	
<b>5c</b> Taxable Medicare wages & tips. . .	<b>8,789.43</b>	$\times 0.029 =$	<b>254.89</b>
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
<b>5e</b> Add Column 2 from lines 5a, 5b, 5c, and 5d . . .			<b>1,344.78</b>
<b>5f</b> Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) . .			
<b>6</b> Total taxes before adjustments. Add lines 3, 5e, and 5f . . .			<b>1,717.78</b>
<b>7</b> Current quarter's adjustment for fractions of cents . . .			<b>0.02</b>
<b>8</b> Current quarter's adjustment for sick pay . . .			
<b>9</b> Current quarter's adjustments for tips and group-term life insurance . . .			
<b>10</b> Total taxes after adjustments. Combine lines 6 through 9 . . .			<b>1,717.80</b>
<b>11</b> Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
<b>12</b> Total taxes after adjustments and credits. Subtract line 11 from line 10 . . .			<b>1,717.80</b>
<b>13</b> 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			<b>1,717.80</b>
<b>14</b> Balance due. If line 12 is more than line 13, enter the difference and see instructions . .			
<b>15</b> Overpayment. If line 13 is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

► You MUST complete both pages of Form 941 and SIGN it.  
For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. BAA

Form **941** (Rev. 1-2020) **Next ►**

# Texas Workforce Commission's Unemployment Tax Services Employer's Quarterly Report - Filed on April 22, 2020

## \*\*\* EMPLOYER FILE COPY \*\*\*

As of October 06, 2020 04:57 PM

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

### Wage Report - Period Jan Feb Mar 2020

TWC Tax Account Number: 01-994423-9

Employer: AMADIA GONZALEZ  
LULLABYS DAY CARE CENTER  
512 W 10TH ST  
MERCEDES, TX 78570-3702

Report Due Date: May 15, 2020

Payment Due Date: May 15, 2020

Filed On: Apr 22, 2020 02:01 PM

Filed By: Payroll Processing, Intuit

Were any of the Texas employees listed on this report paid wages to another state during 2020? No

### Wage Report Information

Number of Employees:

Jan 2020: 2

Feb 2020: 3

Mar 2020: 3

Texas County: HIDALGO

### Employee Wage Summary

Texas Total Wages Reported: \$8,789.43

Other States Taxable Wages: \$0.00

Texas Taxable Wages: \$8,789.43

### Tax Summary

Tax Rate: 5.21%

**Tax = Texas Taxable Wages x Tax Rate**

Tax: \$457.93

Late Reporting Penalty: \$0.00

Late Payment Interest: \$0.00

Report Amount: \$457.93

### Employee Wage Details - Filed on April 22, 2020

1-3 of 3

	S.S.N.	Name	Texas Total Gross Wages
1	452-67-8874	Vento, F	\$2,265.99
Report Totals			\$8,789.43

Employer identification number (EIN) **74-2652371**

Name (not your trade name) **Amadia Gonzalez**

Trade name (if any) **Lullaby's Day Care Center**

Address **512 W 10th St**  
 Number Street Suite or room number

**Mercedes** **TX** **78570**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020  
 (Check one.)

☐ 1: January, February, March

☒ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

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

REV 06/18/20 QBDT

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

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

<b>1</b>	<b>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)</b>	<b>1</b>	<b>3</b>
<b>2</b>	<b>Wages, tips, and other compensation</b>	<b>2</b>	<b>6,332.03</b>
<b>3</b>	<b>Federal income tax withheld from wages, tips, and other compensation</b>	<b>3</b>	<b>355.00</b>
<b>4</b>	<b>If no wages, tips, and other compensation are subject to social security or Medicare tax</b>	<input type="checkbox"/>	<b>Check and go to line 6.</b>

	Column 1		Column 2
<b>5a</b> Taxable social security wages	<b>6,332.03</b>	$\times 0.124 =$	<b>785.17</b>
<b>5a (i)</b> Qualified sick leave wages		$\times 0.062 =$	
<b>5a (ii)</b> Qualified family leave wages		$\times 0.062 =$	
<b>5b</b> Taxable social security tips		$\times 0.124 =$	
<b>5c</b> Taxable Medicare wages & tips	<b>6,332.03</b>	$\times 0.029 =$	<b>183.63</b>
<b>5d</b> Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
<b>5e</b> Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d		<b>5e</b>	<b>968.80</b>
<b>5f</b> Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		<b>5f</b>	
<b>6</b> Total taxes before adjustments. Add lines 3, 5e, and 5f		<b>6</b>	<b>1,323.80</b>
<b>7</b> Current quarter's adjustment for fractions of cents		<b>7</b>	
<b>8</b> Current quarter's adjustment for sick pay		<b>8</b>	
<b>9</b> Current quarter's adjustments for tips and group-term life insurance		<b>9</b>	
<b>10</b> Total taxes after adjustments. Combine lines 6 through 9		<b>10</b>	<b>1,323.80</b>
<b>11a</b> Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		<b>11a</b>	
<b>11b</b> Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1		<b>11b</b>	
<b>11c</b> Nonrefundable portion of employee retention credit from Worksheet 1		<b>11c</b>	

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

Next ►

Name (not your trade name)

Amadia Gonzalez

Employer identification number (EIN)

74-2652371

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

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

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

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

☐ Yes. Designee's name and phone number

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

☐ No.

REV 06/18/20 QBDT

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

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

**X**

Sign your  
name here

Print your  
name here

Tony Garza

Print your  
title here

Accountant

Date

Best daytime phone (956) 825-9300

**Paid Preparer Use Only**Check if you're self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

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

EIN

Address

Phone

City

State

ZIP code

# Texas Workforce Commission's Unemployment Tax Services

## Employer's Quarterly Report - Filed on July 23, 2020

### \*\*\* EMPLOYER FILE COPY \*\*\*

As of October 06, 2020 04:54 PM

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

#### Wage Report - Period Apr May Jun 2020

TWC Tax Account Number: 01-994423-9

Employer: AMADIA GONZALEZ  
LULLABYS DAY CARE CENTER  
512 W 10TH ST  
MERCEDES, TX 78570-3702

Report Due Date: Jul 31, 2020

Payment Due Date: Jul 31, 2020

Filed On: Jul 23, 2020 10:04 AM

Filed By: Payroll Processing, Intuit

Were any of the Texas employees listed on this report paid wages to another state during 2020? No

#### Wage Report Information

Number of Employees:

Apr 2020: 2

May 2020: 2

Jun 2020: 3

Texas County: HIDALGO

#### Employee Wage Summary

Texas Total Wages Reported: \$6,332.03

Other States Taxable Wages: \$0.00

Texas Taxable Wages: \$6,332.03

#### Tax Summary

Tax Rate: 5.21%

**Tax = Texas Taxable Wages x Tax Rate**

Tax: \$329.90

Late Reporting Penalty: \$0.00

Late Payment Interest: \$0.00

Report Amount: \$329.90

#### Employee Wage Details - Filed on July 23, 2020

1-3 of 3

	S.S.N.	Name	Texas Total Gross Wages
1	452-67-8874	Vento, F	\$3,010.93
Report Totals			\$6,332.03

## Accrual Basis

**As of October 1, 2020**



# Lullaby's Day Care Center

## Transactions by Account

### As of October 1, 2020

Type	Date	Num	Adj	Name	Memo	Ctr	Split	Credit
<b>Feb 20</b>								
Paycheck	02/01/2020	1557		Rachel M Vasquez			-SPLIT-	597.71
Paycheck	02/01/2020	1556		Joanna Cavazos*			-SPLIT-	441.89
Check	02/01/2020	1558		Alicia Garza	96hrs@7.25		Contract Labor	696.00
Check	02/02/2020	1559		PFS			Professional F...	100.00
Paycheck	02/17/2020	1562		Rachel M Vasquez			-SPLIT-	511.63
Paycheck	02/17/2020	1560		Fatima Vento			-SPLIT-	437.03
Paycheck	02/17/2020	1561		Joanna Cavazos*			-SPLIT-	279.86
Check	02/17/2020	1563		Alicia Garza	81hrs@7.25		Contract Labor	587.25
Check	02/17/2020	1564		PFS			Professional F...	100.00
Liability Check	02/17/2020	E-pay		United States Treas...	74-2652371 ...		-SPLIT-	213.06
								3,964.43
<b>Feb 20</b>								
<b>Mar 20</b>								
Paycheck	03/02/2020	1566		Joanna Cavazos*			-SPLIT-	207.56
Paycheck	03/02/2020	1565		Fatima Vento			-SPLIT-	493.63
Paycheck	03/02/2020	1567		Rachel M Vasquez			-SPLIT-	496.79
Check	03/02/2020	1568		Alicia Garza	70hrs@7.25		Contract Labor	507.50
Check	03/02/2020	1569		PFS			Professional F...	100.00
Liability Check	03/02/2020	E-pay		United States Treas...	74-2652371 ...		-SPLIT-	272.32
Liability Check	03/16/2020	E-pay		United States Treas...	74-2652371 ...		Payroll Liabili...	182.33
Paycheck	03/16/2020	1571		Joanna Cavazos*			-SPLIT-	117.17
Paycheck	03/16/2020	1572		Rachel M Vasquez			-SPLIT-	511.63
Paycheck	03/16/2020	1570		Fatima Vento			-SPLIT-	493.63
Check	03/16/2020	1573		Alicia Garza	80hrs@7.25		Contract Labor	580.00
Check	03/16/2020	1574		Katalyee R Gonzalez	30Hr @ 7.25		Contract Labor	217.50
Check	03/16/2020	1575		PFS			Professional F...	100.00
Liability Check	03/16/2020	E-pay		United States Treas...	74-2652371 ...		-SPLIT-	273.04
Paycheck	03/31/2020	1576		Fatima Vento			-SPLIT-	505.35
Paycheck	03/31/2020	1577		Rachel M Vasquez			-SPLIT-	606.75
Check	03/31/2020	1578		Alicia Garza	98hrs@7.25		Contract Labor	710.50
Check	03/31/2020	1579		Katalyee R Gonzalez	30Hr @ 7.25		Contract Labor	217.50
Check	03/31/2020	1580		PFS			Professional F...	100.00
Liability Check	03/31/2020	E-pay		United States Treas...	74-2652371 ...		-SPLIT-	262.90
								6,956.10
<b>Mar 20</b>								
<b>Apr 20</b>								
Paycheck	04/16/2020	1581		Fatima Vento			-SPLIT-	441.39
Paycheck	04/16/2020	1582		Rachel M Vasquez			-SPLIT-	446.53
Check	04/16/2020	1583		Alicia Garza	69hrs@7.25		Contract Labor	500.25
Check	04/16/2020	1584		Katalyee R Gonzalez	35Hr @ 7.25		Contract Labor	253.75
Check	04/16/2020	1585		PFS			Professional F...	200.00
Liability Check	04/16/2020	E-pay		United States Treas...	74-2652371 ...		-SPLIT-	277.52
								2,119.44
<b>Apr 20</b>								
<b>May 20</b>								
Paycheck	05/01/2020	1587		Fatima Vento			-SPLIT-	540.19

11:26 AM

10/01/20

Accrual Basis

Lullaby's Day Care Center  
Transactions by Account  
As of February 1, 2020

Type	Date	Num	Adj	Name	Memo	Clr	Split	Credit
Elsa State Bank								
Paycheck	02/01/2020	1557		Rachel M Vasquez			-SPLIT-	597.71
Paycheck	02/01/2020	1556		Joanna Cavazos*			-SPLIT-	441.89
Check	02/01/2020	1558		Alicia Garza	96hrs@7.25		Contract Labor	696.00
Total Elsa State Bank								1,735.60
TOTAL								1,735.60

11:26 AM

10/01/20

Accrual Basis

**Lullaby's Day Care Center**  
**Transactions by Account**  
**As of October 1, 2020**

Type	Date	Num	Adj	Name	Memo	Clr	Split	Credit
Elsa State Bank								
Paycheck	10/01/2020	1648		Fatima Vento			-SPLIT-	540.19
Paycheck	10/01/2020	1649		Joanna Cavazos*			-SPLIT-	174.08
Paycheck	10/01/2020	1650		Rachel M Vasquez			-SPLIT-	559.20
Check	10/01/2020	1651		Reneah Aguilar	80Hr @ 7.25		Contract Labor	580.00
Check	10/01/2020	1652		Katalyea R Gonzalez	35Hr @ 7.25		Contract Labor	253.75
Total Elsa State Bank								2,107.22
TOTAL								2,107.22