

**14. Discussion and Action: Mercedes Small Business
Recovery Grant – John Hinkle, \$5,000**

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 10/15/2020
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
Samantha Castaneda- Approve \$3K
Donald Morales- Approve \$3K
John Hinkle- Approve \$5K
Heriberto Reynoso- Approve \$5K
Raul Cantu- Approve \$3K
Rachel Hinojosa- Approve \$3K
Jessica Pena- 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, No Taxes Filed)
Andres A Casarez – Deny \$3K (Owes Property tax)
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)
Javier Moroles – Deny \$5K (Currently has 19 employees)
Catalina Mata- Deny \$5K (Being evicted)
Ashley Werbiski-Deny \$3K (Not a separate business)

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: John Hinkle
Name of Business: Mid Valley Pharmacy, LLP
Business Type: Pharmacy
Address of Business: 400 E. Expressway 83 Mercedes, TX 78870
Email Address: Midvalleypharmacy@yahoo.com Phone Number: 9565854111

BUSINESS OWNERSHIP

Tax ID #: 202018087
Entity Name: Mid Valley Pharmacy, LLP
Name of business owner (if different from above): _____
Number of years in business: 14

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 #: 15 (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 _____ No X

USE OF FUNDS

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

X Rent/mortgage payment. List specific amount. \$ 5100.00

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

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

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

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

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

Total Amount \$ 5100.00

Total Grant amount requested from Mercedes DCM: \$ 5000.00

(amount shown above may not exceed:

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: BIBVA Compass

Name of your Bank Officer: Roy De Leon

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)
☒ Economic Injury Disaster Loan (EIDL)

Requested amount: _____

Requested amount: _____

90,920

150,000

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

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

Mid Valley Pharmacy, LLC

Written:

John Hinkle

Legal Representative

Pharmacist in charge
co-owner

Title

Signed:

[Signature]

Legal Representative

Co-owner

Title

Signed as Individual:

[Signature]

Date

9.22.2020

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 OR

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

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific instructions on page 3.

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

CZH INVESTMENTS 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) ► P

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

☐ Other (see instructions) ►

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.

608 E. HARRISON AVE

6 City, state, and ZIP code

HARLINGEN, TX 78550

7 List account number(s) here (optional)
6896337

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

8 1 - 4 6 1 5 5 3 0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►

Date ►

9/28/20

General Instructions

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

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


Purpose of Form



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

- Form 1099-INT (interest earned or paid)

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

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

Texas **DRIVER LICENSE** 

 **4a DL 02519694** **9 Class C**
4a Iss 08/11/2017 **4b Exp 08/28/2023**
3 DOB 08/28/1971
1 HINKLE
2 JOHN RICHARD
8 1908 S PARKWOOD
ARLINGTON TX 78850-0000
12 Restrictions A **9a End NONE**
1a Hgt 5'-11" **1b Sex M** **1c Eyes BLU** 
5 DD 72619780086141918290

Employer identification number (EIN) **20-2018087**

Name (not your trade name) **MID-VALLEY PHARMACY LLP**

Trade name (if any) **Mid-Valley Pharmacy**

Address **400 E EXPRESSWAY 83**
Number Street Suite or room number

MERCEDES **TX** **78570**
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
(Check one.)

☐ 1: January, February, March

☒ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

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

REV 06/18/20 Q8DT

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	15
2	Wages, tips, and other compensation	2	104,705.45
3	Federal income tax withheld from wages, tips, and other compensation	3	10,546.00
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	104,705.45 × 0.124 =	12,983.48
5a	(i) Qualified sick leave wages	× 0.062 =	
5a	(ii) Qualified family leave wages	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	104,705.45 × 0.029 =	3,036.46
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	16,019.94
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	26,565.94
7	Current quarter's adjustment for fractions of cents	7	-0.02
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	26,565.92
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)

MID-VALLEY PHARMACY LLP

Employer identification number (EIN)

20-2018087

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)

MID-VALLEY PHARMACY LLP

Employer identification number (EIN)

20-2018087

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

Print your title here

Date

Best daytime phone

Paid Preparer Use OnlyCheck 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)

20-2018087

Name (not your trade name)

MID-VALLEY PHARMACY LLP

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	55.84	25	
2		10		18		26	
3	55.84	11		19		27	
4		12		20	3,957.26	28	
5		13		21		29	
6	3,768.52	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 1

7,837.46

Month 2

1	55.84	9		17		25	
2		10		18	3,650.16	26	
3		11		19	25.24	27	
4	3,766.42	12		20		28	
5		13		21		29	55.84
6		14		22		30	
7	64.26	15	55.84	23		31	
8		16		24			

Tax liability for Month 2

7,673.60

Month 3

1	3,723.86	9		17		25	
2		10		18		26	
3		11		19		27	
4		12	376.70	20		28	
5		13		21		29	3,657.32
6		14		22	55.84	30	
7		15	3,136.60	23	32.14	31	
8	72.40	16		24			

Tax liability for Month 3

11,054.86

Total liability for the quarter

26,565.92

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.

REV 06/18/20 QBDT

For Paperwork Reduction Act Notice, see separate instructions.

BAA

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

Account: 1 PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER \$5,100.00

MID VALLEY PHARMACY LLP
805 W EXPRESSWAY 83
MERCEDES, TX 78570

Please Direct Any Questions To
(800) 249-2508
Online Bill Payment Processing Center

1054/1130

0000907428
August 25, 2020

BBVA USA
14285 4777108 014297 014297 0001/0001 0014285

Pay FIVE THOUSAND ONE HUNDRED AND 00/100 DOLLARS

TO THE ORDER OF CZH INVESTMENTS LLC
608 E HARRISON AVE
HARLINGEN, TX 78550-9160

14285

\$ *****5,100.00

Void After 180 DAYS.
Signature On File
This check has been authorized
by your depositor

⑈ 907428 ⑈ ⑆ 130605471: 0051147483 ⑈

ISN# 002005042467

Date 8/27/2020

126835448

Security features on this document include a Micro-Fine
Border. Absence of these features may indicate alteration.
* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

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

ENDORSE HERE
for Payor

Commercial Building Lease

Terms

Date: September 10, 2018

Landlord: CZH INVESTMENTS, LLC

Landlord's Address: 400 E. Expressway 83
Mercedes, TX 78570
Hidalgo County

Tenant: MID VALLEY PHARMACY, LLP

Tenant's Address: 400 E. Expressway 83
Mercedes, TX 78570
Hidalgo County

Premises:
Street address/Suite: 400 E. Expressway 83
City, State, Zip: Mercedes, TX 78570

Base Rent (monthly): \$5,100.00 per month

Term: 60 months

Commencement Date: September 10, 2018

Termination Date: September 10, 2023 then month to month

Security Deposit: None

Use: Pharmacy and Office

Amount of Liability Insurance: Death/bodily injury: \$1,000,000.00

Definitions

"Rent" means Base Rent plus any other amounts or money due Landlord by Tenant.

"Landlord" means Landlord and its agents, employees, invitees, licensees or visitors.

"Tenant" means Tenant and its agents, employees, invitees, licensees or visitors.

"Common Areas" means all facilities and areas of the building, parking areas and other areas not used exclusively by a Tenant that are intended and/or designated by Landlord from time to time for the common, general, and nonexclusive use of all tenants of the building. Landlord has the exclusive control over and right to manage the Common Areas.

"Operating Expenses" means all reasonable expenses, including real property taxes, and insurance premiums that Landlord pays in connection with the ownership, operation, and maintenance of the building and Common Areas, except principal and interest on any debt, expenditures classified as capital expenditures for federal income tax purposes, and expenses for which Tenant is otherwise required to reimburse Landlord.

Clauses and Covenants

A. Tenant agrees to-

1. Lease the Premises for the entire Term beginning on the Commencement Date and ending on the Termination Date.
2. Accept the Premises in their present condition "AS IS", the Premises being currently suitable for Tenant's intended use.
3. Pay to Landlord at Landlord's address, Operating Expenses within thirty (30) days after Landlord provides invoices received by or paid by Landlord for such expenses.
4. Send monthly, in advance, on the first day of the month, the Base Rent to Landlord at Landlord's Address.
5. Send, as additional Rent, all other amounts due under this lease.

6. Pay a late charge of 5 percent of any Rent not received by Landlord by the tenth day of the month in which it is due.
7. Pay for all electric, water and other utility service to the Premises.
8. Allow Landlord to enter the Premises to perform Landlord obligations, inspect the Premises, and show the Premises to prospective purchasers or tenants.
9. Pay all insurance, maintenance and repairs except roof, walls and foundation.
10. Repair any damage to the Premises caused by Tenant.
11. Submit in writing to Landlord any request for repairs, replacement, and maintenance that are the obligations of Landlord.
12. Maintain public liability insurance for the Premises and the conduct of Tenant's business, naming Landlord as an additional insured, in the amounts stated in the lease.
13. Maintain insurance on Tenant's personal property.
14. Deliver certificates of insurance to Landlord before the Commencement Date and at the time such insurance policy is renewed.
15. **INDEMNIFY, DEFEND, AND HOLD LANDLORD AND LIENHOLDER, AND THEIR RESPECTIVE AGENTS, HARMLESS FROM ANY INJURY (AND ANY RESULTING OR RELATED CLAIM, ACTION, LOSS, LIABILITY, OR REASONABLE EXPENSE, INCLUDING ATTORNEY'S FEES AND OTHER FEES AND COURT AND OTHER COSTS) OCCURRING IN ANY PORTION OF THE PREMISES. THE INDEMNITY CONTAINED IN THIS PARAGRAPH (A) IS INDEPENDENT OF TENANT'S INSURANCE, (B) WILL NOT BE LIMITED BY COMPARATIVE NEGLIGENCE STATUTES OR DAMAGES PAID UNDER THE WORKER'S COMPENSATION ACT OR SIMILAR EMPLOYEE BENEFIT ACTS, (C) WILL SURVIVE THE END OF THE TERM, AND (D) WILL APPLY EVEN IF AN INJURY IS CAUSED IN WHOLE OR IN PART BY THE ORDINARY NEGLIGENCE OR STRICT LIABILITY OF LANDLORD BUT WILL NOT APPLY TO THE EXTENT AN INJURY IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF LANDLORD AND LIENHOLDER, AND THEIR RESPECTIVE AGENTS.**

16. If requested, deliver to Landlord a financing statement perfecting the security interest created by this lease.
17. Vacate the Premises and return all keys to the Premises on termination of lease.
18. On request, execute an estoppels certificate that states the Commencement Date and Termination Date of the lease, identifies any amendments to the lease, describes any rights to extend the Term or purchase rights, list defaults by Landlord, and provides any other information reasonably requested.

B. Tenant agrees not to-

1. Use the Premises for any purpose other than that stated in the lease.
2. Create a nuisance.
3. Interfere with any other tenant's normal business operations or Landlord's management of the building.
4. Permit any waste.
5. Use the Premises in any way that is extra hazardous, would increase insurance premiums, or would void insurance on the building.
6. Change the Landlord's lock system.
7. Alter the Premises without Landlord's written consent.
8. Allow a lien to be placed on Premises.
9. Assign this lease or sublease any portion of the Premises without Landlord's written consent.

C. Landlord agrees to-

1. Lease to Tenant the Premises for the entire Term beginning on the Commencement Date and ending on the Termination Date. The air conditioning and heating system will be operating at commencement day.
2. Obey all laws, ordinances, orders and rules and regulations applicable to the use, condition, and occupancy of the building.

3. Provide normal utility service connections to the building.
4. Return the Security Deposit to Tenant, less itemized deductions, if any, within sixtieth day after the date the Tenant surrenders the Premises.
5. Repair, replace and maintain the (a) roof, (b) foundation and (c) exterior walls. The Landlord is not responsible for air conditioner and heating system after the Tenant's initial occupation of the Premises.

D. Landlord agrees not to-

1. Interfere with Tenant's possession of the Premises as long as Tenant is not in default.

E. Landlord and Tenant agree to the following:

1. *Alterations.* Any physical additions or improvements to the Premises made by Tenant will become the property of Landlord. Landlord may require that Tenant, at termination of this lease and at Tenant's expense, remove any physical additions and improvements, repair any alterations, and restore the Premise to the condition existing at the Commencement Date, normal wear excepted.
2. *Abatement.* Tenant's covenant to pay Rent and Landlord's covenants are independent. Except as otherwise provided, Tenant will not be entitled to abate Rent for any reason.
3. *Release of Claims/Subrogation.* LANDLORD AND TENANT RELEASE EACH OTHER FROM AND LIENHOLDER, AND THEIR RESPECTIVE AGENTS, FROM ALL CLAIMS OR LIABILITIES FOR DAMAGE TO THE PREMISES OR BUILDING, DAMAGE TO OR LOSS OF PERSONAL PROPERTY WITHIN THE BUILDING, AND LOSS OF BUSINESS OR REVENUES THAT ARE COVERED BY THE RELEASING PARTY'S PROPERTY INSURANCE OR THAT WOULD HAVE BEEN COVERED BY THE REQUIRED INSURANCE IF THE PARTY FAILS TO MAINTAIN THE PROPERTY COVERAGES REQUIRED BY THIS LEASE. THE PARTY INCURRING THE DAMAGE OR LOSS WILL BE RESPONSIBLE FOR ANY DEDUCTIBLE OR SELF-INSURED RETENTION UNDER ITS PROPERTY INSURANCE. LANDLORD AND TENANT WILL NOTIFY THE ISSUING PROPERTY INSURANCE COMPANIES OF THE RELEASE SET FORTH IN THIS PARAGRAPH AND WILL HAVE THE PROPERTY INSURANCE POLICIES ENDORSED, IF NECESSARY, TO

PREVENT INVALIDATION OF COVERAGE. THIS RELEASE WILL NOT APPLY IF IT INVALIDATES THE PROPERTY INSURANCE COVERAGE OF THE RELEASING PARTY. **THE RELEASE IN THIS PARAGRAPH WILL APPLY EVEN IF THE DAMAGE OR LOSS IS CAUSED IN WHOLE OR IN PART BY THE ORDINARY NEGLIGENCE OR STRICT LIABILITY OF THE RELEASED PARTY OR ITS AGENTS BUT WILL NOT APPLY TO THE EXTENT THE DAMAGE OR LOSS IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE RELEASED PARTY OR ITS AGENTS.**

4. *Casualty/Total or Partial Destruction*

- a. If the Premises are damaged by casualty and can be restored within ninety days, Landlord will, at its expense, restore the roof, foundation, Common Areas, and structural soundness of the exterior walls of the Premises and any leasehold improvements within the Premises that are not within Tenant's rebuilding obligations to substantially the same condition that existed before the casualty and Tenant will, at its expense, be responsible for replacing any of its damaged furniture, fixtures, and personal property and performing Tenant's rebuilding obligations. If Landlord fails to complete the portion of the restoration for which Landlord is responsible within ninety days from the date of written notification by Tenant to Landlord of the casualty, Tenant may terminate this lease by written notice delivered to Landlord before Landlord completes Landlord's restoration obligations.
- b. If the Premises cannot be restored within ninety days, Landlord has an option to restore the Premises. If Landlord chooses not to restore, this lease will terminate. If Landlord chooses to restore, Landlord will notify Tenant of the estimated time to restore and give Tenant an option to terminate this lease by notifying Landlord within ten days. If Tenant does not terminate this lease, the lease will continue and Landlord will restore the Premises as provided in a. above.
- c. To the extent the Premises are untenantable after the casualty, the Rent will be adjusted as may be fair and reasonable.

5. *Condemnation/Substantial or Partial Taking*

- a. If the Premises cannot be used for the purposes contemplated by this lease because of condemnation or purchase in lieu of condemnation, this lease will terminate.
 - b. If there is condemnation or purchase in lieu of condemnation and this lease is not terminated, Landlord will, at Landlord's expense, restore the Premises, and the Rent payable during unexpired portion of the Term will be adjusted as may be fair and reasonable.
 - c. Tenant will have no claim to the condemnation award or proceeds in lieu of condemnation.
6. *Uniform Commercial Code.* Tenant grants Landlord a security interest in Tenant's personal property now or subsequently located on the Premises. This lease is a security agreement under the Uniform Commercial Code. Land may file a copy of this lease as a financing statement or execute and file a financing statement on behalf of Tenant.
7. *Default by Landlord/Events.* Defaults by Landlord are failing to comply with any provision of this lease with thirty (30) days after written notice.
8. *Default by Landlord/Tenant's Remedies.* Tenant's remedies for Landlord's default are to sue for damages.
9. *Default by Tenant/Events.* Defaults by Tenant are (a) failing to pay timely Rent, (b) abandoning or vacating a substantial portion of the Premises, and (c) failing to comply within ten (10) days after written notice of default as to any other provision of this lease other than the defaults set forth in (a) and (b) above.
10. *Default by Tenant/Landlord's Remedies.* Landlord's remedies for Tenant's default are to (a) enter and take possession of the Premises, after which Landlord may relet the Premises on behalf of Tenant and receive the rent directly by reason of the reletting, and Tenant agrees to reimburse Landlord for any expenditures made in order to relet; (b) enter the Premises and perform Tenant's obligations; and/or (c) terminate this lease by written notice and sue for damages. Landlord may enter and take possession of the Premises by self-help, by picking or changing locks if necessary, and may lock out Tenant or any other person who may be occupying the Premises, until the default is cured, with being liable for damages.

11. *Default/Waiver/Mitigation.* It is not a waiver of default if the nondefaulting party fails to declare immediately a default or delays in taking any action. Pursuit of any remedies set forth in this lease does not preclude pursuit of other remedies in this lease or provided by law. Landlord and Tenant have a duty to mitigate damages.
12. *Security Deposit.* If Tenant defaults, Landlord may use the Security Deposit to pay arrears of Rent, to repair any damage or injury, or to pay any expense or liability incurred by Landlord as a result of the default.
13. *Holdover.* If Tenant does not vacate the Premises following termination of this lease, Tenant will become a tenant at will and must vacate the Premises on receipt of notice from Landlord. No holding over by Tenant, whether with or without the consent of Landlord, will extend the Term. Rent during any Holdover period shall be 150% of the Base Rent.
14. *Alternative Dispute Resolution.* Landlord and Tenant agree to mediate in good faith before filing a suit for damages.
15. *Attorney Fees.* If either party retains an attorney to enforce this lease, the party prevailing in litigation is entitled to recover reasonable attorney's fees and court and other costs.
16. *Venue.* Venue is in the county in the county in which the Premises is located.
17. *Entire Agreement.* This lease, together with the attached exhibits and riders, is the entire agreement of the parties, and there are no oral representations, warranties, agreements, or promises pertaining to this lease or to any expressly mentioned exhibits and riders not incorporated in writing in this lease.
18. *Amendment of Lease.* This lease may be amended only by an instrument in writing signed by Landlord and Tenant.
19. *Limitation of Warranties.* THERE ARE NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR OF ANY OTHER KIND ARISING OUT OF THIS LEASE, AND THERE ARE NO WARRANTIES THAT EXTEND BEYOND THOSE EXPRESSLY STATED IN THIS LEASE.
20. *Notices.* Any notice required or permitted under this lease must be in writing. Any notice required by this lease will be deemed to be delivered(whether actually

received or not) when deposited with the United States Postal Service, postage prepaid, certified mail, return receipt requested, and addressed to the intended recipient at the address shown in this lease. Notice may also be given by regular mail, personal delivery, courier delivery, facsimile transmission, or other commercially reasonable means and will be effective when actually received. Any address for notice may be changed by written notice delivered as provided herein.

21. *Abandoned Property.* Landlord may retain, destroy, or dispose of any property left on the Premises at the end of the Term.

TENANT:

MID VALLEY PHARMACY, LLP

By: _____
ELIGIO ADRIAN CERVANTES, Manager

By: _____
ROBERT E. ZAMORA, Manager

By: _____
JOHN HINKLE, Manager

LANDLORD:

CZH INVESTMENTS, LLC

By: _____
ELIGIO ADRIAN CERVANTES, Partner

By: _____
ROBERT E. ZAMORA, Partner

By: _____
JOHN HINKLE, Partner

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TENANT:

MID VALLEY PHARMACY, LLP

By: _____


ELIGIO ADRIAN CERVANTES, Manager

LANDLORD:

CZH INVESTMENTS, LLC

By: _____

ROBERT E. ZAMORA, Partner

SBA Loan #4810387907

Application #3303311604

U.S. Small Business Administration

Economic Injury Disaster Loan

LOAN AUTHORIZATION AND AGREEMENT

Date: 06.15.2020 (Effective Date)

On the above date, this Administration (SBA) authorized (under Section 7(b) of the Small Business Act, as amended) a Loan (SBA Loan #4810387907) to Mid Valley Pharmacy LLP (Borrower) of 400 E Expressway 83 Mercedes Texas 78570 in the amount of one hundred and fifty thousand and 00/100 Dollars (\$150,000.00), upon the following conditions:

PAYMENT

- Installment payments, including principal and interest, of \$731.00 Monthly, will begin Twelve (12) months from the date of the promissory Note. The balance of principal and interest will be payable Thirty (30) years from the date of the promissory Note.

INTEREST

- Interest will accrue at the rate of 3.75% per annum and will accrue only on funds actually advanced from the date(s) of each advance.

PAYMENT TERMS

- Each payment will be applied first to interest accrued to the date of receipt of each payment, and the balance, if any, will be applied to principal.
- Each payment will be made when due even if at that time the full amount of the Loan has not yet been advanced or the authorized amount of the Loan has been reduced.

COLLATERAL

- For loan amounts of greater than \$25,000, Borrower hereby grants to SBA, the secured party hereunder, a continuing security interest in and to any and all "Collateral" as described herein to secure payment and performance of all debts, liabilities and obligations of Borrower to SBA hereunder without limitation, including but not limited to all interest, other fees and expenses (all hereinafter called "Obligations"). The Collateral includes the following property that Borrower now owns or shall acquire or create immediately upon the acquisition or creation thereof: all tangible and intangible personal property, including, but not limited to: (a) inventory, (b) equipment, (c) instruments, including promissory notes (d) chattel paper, including tangible chattel paper and electronic chattel paper, (e) documents, (f) letter of credit rights, (g) accounts, including health-care insurance receivables and credit card receivables, (h) deposit accounts, (i) commercial tort claims, (j) general intangibles, including payment intangibles and software and (k) as-extracted collateral as such terms may from time to time be defined in the Uniform Commercial Code. The security interest Borrower grants includes all accessions, attachments, accessories, parts, supplies and replacements for the Collateral, all products, proceeds and collections thereof and all records and data relating thereto.
- For loan amounts of \$25,000 or less, SBA is not taking a security interest in any collateral.



Paycheck Protection Program
Borrower Application Form

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

Check One: <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable	
Business Legal Name Mid Valley Pharmacy, LLP			
Business Address 400 E Expressway 83 Mercedes, Tx 78570		Business TIN (EIN, SSN) 20-2018087	Business Phone 9565654111
		Primary Contact John Hinkle	Email Address midvalleypharmacy@yahoo.com
Average Monthly Payroll:	\$ 36368	x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request:	\$ 90920
Purpose of the loan (select more than one):		Number of Employees: 15	
<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain):			

Applicant Ownership

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

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Robert Zamora	Owner	33.3	452-55-887	14995 N Valencia Cir, Harlingen
John Hinkle	Owner/Pharmacy	33.3	295-60-369	1909 S Parkwood, Harlingen

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

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

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

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

**15. Discussion and Action: Mercedes Small Business
Recovery Grant – Heriberto Reynoso, \$5,000**

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 10/15/2020
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
Samantha Castaneda- Approve \$3K
Donald Morales- Approve \$3K
John Hinkle- Approve \$5K
Heriberto Reynoso- Approve \$5K
Raul Cantu- Approve \$3K
Rachel Hinojosa- Approve \$3K
Jessica Pena- 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, No Taxes Filed)
Andres A Casarez – Deny \$3K (Owes Property tax)
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)
Javier Moroles – Deny \$5K (Currently has 19 employees)
Catalina Mata- Deny \$5K (Being evicted)
Ashley Werbiski-Deny \$3K (Not a separate business)

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: Heriberto Reynoso
Name of Business: Reybotics, LLC
Business Type: Limited Liability Corporation
Address of Business: 701 Vogel Dr. Ste A, Mercedes, TX 78570
Email Address: heriberto@reybotics.com Phone Number: (956)346-7983

BUSINESS OWNERSHIP

Tax ID #: 83-3141211
Entity Name: Reybotics, LLC
Name of business owner (if different from above): _____
Number of years in business: 9 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 #: 6 (Part-time # employees:)

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

Yes X No

Is your business operated as a sole proprietorship?

Yes _____ No X

USE OF FUNDS

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

X Rent/mortgage payment. List specific amount. \$ \$5,000

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

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

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

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

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

Total Amount \$ \$5,000

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: JP Morgan Chase Bank

Name of your Bank Officer: Omar Quintanilla

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:
 X Economic Injury Disaster Loan (EIDL) Requested amount: 10,000

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

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

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

 X 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.)

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

 X 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.

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

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

 X 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 Reybotics, LLC

Written: Heriberto Reynoso
Legal Representative

 CEO
Title

Signed: Heriberto Reynoso
Legal Representative

 CEO
Title

Signed as Individual: Heriberto Reynoso

Date October 11, 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 OR

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

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

REYBOTICS, LLC
COVID19 GRANT REQUEST TO MERCEDES EDC

TABLE OF CONTENTS

PERSONAL DOCS

W9 FORM
APPLICANT'S ID (DRIVER'S LICENSE)

SBA EIDL COVID GRANT

WEBSITE APP SUBMISSION
EMAIL #1 SUBMISSION FOR \$10,000
EMAIL #2 APPROVAL
BANK ACH CREDIT (DEPOSIT) FROM SMALL BUSINESS ADMINISTRATION

MERCEDES EDC GRANT USAGE

ZIWA (LANDLORD) LEASE MONTHLY INVOICE
REYBOTICS MONTHLY LEASE PAYMENTS (REQUESTING REIMBURSEMENT): MAX \$5,000

BANK PAYOUTS TO EMPLOYEES

DANIEL REYNOSO
JOSEMANUEL MONDRAGON
MIKE ESPINOZA
RICARDO CUEVAS
MICHELLE WALKER
ROLANDO DE LA CERDA

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Heriberto Reynoso	
	2 Business name/disregarded entity name, if different from above Reybotics, LLC	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 1015 N. Texas Blvd STE 20B	Requester's name and address (optional)
	6 City, state, and ZIP code Weslaco, TX 78596	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	
Social security number [][]-[][]-[][][][][][] or Employer identification number [8][3]-[3][1][4][1][2][1][1]	
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ► <i>Heriberto Reynoso</i>	Date ► April 6, 2020
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

Texas **DRIVER LICENSE** 

 **DL 24163218** **Class C**
Iss 06/03/2019 **Exp 02/10/2025**
DOB 02/10/1988
REYNOSO
HERIBERTO
2318 RED RIVER DR
MISSION TX 78572-0000
Restrictions A **End NONE**
Hgt 5'-11" **Sex M** **Eyes BRO**
DD 02310960166023718426

Heriberto Reynoso



24163218 001 00000000 TEXAS ROADSIDE ASSISTANCE: 1-800-325-5555

☐ Directive to physician has been filed at lat # ☐ Emergency contact number ☐ Allergic reaction to drugs

CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or 216 pass, including driver

RESTRICTIONS - A - With corrective lenses

ENDORSEMENTS
NONE



HEV 10/10/2016

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ZIWA HOLDINGS, LTD		
	2 Business name/disregarded entity name, if different from above ZIWA HOLDINGS, LTD		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 1952 S. PRICE RD.		Requester's name and address (optional)
	6 City, state, and ZIP code BROWNSVILLE TX 78521		
	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								
5	6		-	2	5	2	2	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 ► 4/25/19
-----------	-------------------------------------------------------------------------------------------------------------------	--------------------------

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



OMB Control #3245-0406
Expiration Date: 09/30/2020

Disaster Loan Assistance

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

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

Application Submitted

Your application number is

3303591646

You will not receive an email confirmation of your application submission. You will be notified through the email address you submitted (**herbertor88@yahoo.com**) when we are processing your application. We expect this to take about a week. Please write down your application number or print this page for your records.

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U.S. Small Business Administration (SBA)

sba.gov

Visit site

Important Information from Small Business Administration (SBA) - Your EIDL Application

Yahoo/Inbox



Small Business Administration <news@updates.sba.gov>

To: heribertor88@yahoo.com



Sun, May 3 at 12:33 AM



U.S. Small Business
Administration

Dear Applicant,

We understand the challenges your business is facing due to the massive disruption caused by the Coronavirus (COVID-19) pandemic. You are receiving this message as a notification that your Economic Injury Disaster Loan (EIDL) application is currently being processed in the order it was received. You will receive an email notification when there is a change to your application status.

Without question, COVID-19 has caused an extraordinary impact on our nation's small businesses, and the demand for emergency working capital provided by the EIDL program is at historic levels. The SBA is processing applications from small businesses and private non-profit organizations across the country as quickly as possible. We thank you for your patience and understanding as we work to assist as many applicants as possible.

Additional information on available resources to assist your business during the effects of COVID-19 may be found online at www.sba.gov/coronavirus.

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U.S. Small Business Administration (SBA)

sba.gov

Visit site

SBA Application No. 3303591646 - Approved

Yahoo/Inbox



disastercustomerservice@sba.gov

To: Heriberto Reynoso



Mon, Jul 13 at 3:16 AM



Your SBA Economic Injury Disaster Loan Application is Approved

Your SBA Application No. 3303591646 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

[Reply](#), [Reply All](#) or [Forward](#)

CHASEforBUSINESS

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TOTAL BUS CHK (...2188)
REYBOTICS, LLC

\$2,059.45	Available credit	Available plus credit
Available balance	\$0.00	\$2,059.45
\$2,359.45		
Present balance		

Uncollected funds	Total \$0.00
-------------------	--------------

Account activity

SHOWING Search

Filtered by: ACH credit \$10000 to \$10000

Date	Description	Type	Amount
May 5, 2020	SBAD TREAS 310 MISC PAY EIDG:3303591646 CCD ID: 9101036151	ACH credit	\$10,000.00

ZIWA HOLDINGS, LTD

3521 OLD PORT ISABEL ROAD
BROWNSVILLE, TX 78526

Date	Invoice #
7/15/2020	79

Bill To

Reybotics
Heriberto Reynoso
701 Vogel Drive
Mercedes TX

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	6350 sq ft @ Mercedes MT 1 August Rent 2020 Reybotics 701 Vogel Dr. Mercedes TX Base Rent - \$3,175.00 Additional Rent \$770.00	3,945.00	3,945.00
Thank you for your business.		Total	\$3,945.00

ZIWA HOLDINGS, LTD

3521 OLD PORT ISABEL ROAD
BROWNSVILLE, TX 78526

Date	Invoice #
9/1/2020	80

Bill To
Reybotics Heriberto Reynoso 701 Vogel Drive Mercedes TX

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	6350 sq ft @ Mercedes MT 1 September Rent 2020 Reybotics 701 Vogel Dr. Mercedes TX Base Rent - \$3,175.00 Additional Rent \$770.00	3,945.00	3,945.00
Thank you for your business.		Total	\$3,945.00

CHASE *for* BUSINESS

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Date sent	Status	Recipient	Type	Amount
Oct 9, 2020	In Process ⓘ	Saira Muniz - Ziwa Holdings	Out of network	\$3,945.00
Sep 2, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,945.00
Aug 3, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,945.00
Jul 28, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Jul 21, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Jul 10, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Jun 23, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
May 27, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
May 5, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Mar 6, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Mar 4, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Jan 23, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Jan 22, 2020	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Dec 7, 2019	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Oct 1, 2019	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Sep 26, 2019	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00
Jul 31, 2019	Completed	Saira Muniz - Ziwa Holdings	Out of network	\$3,150.00

CHASE *for* BUSINESS

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Date sent	Status	Recipient	Type	Amount
Aug 18, 2020	Completed	Daniel Reynoso	Real-time	\$100.00
Aug 14, 2020	Completed	Daniel Reynoso	Real-time	\$1,000.00
Jun 25, 2020	Completed	Daniel Reynoso	Real-time	\$600.00
May 15, 2020	Completed	Daniel Reynoso	Real-time	\$5,855.00
May 7, 2020	Completed	Daniel Reynoso	Real-time	\$1,000.00
Apr 21, 2020	Completed	Daniel Reynoso	Real-time	\$1,000.00
Apr 7, 2020	Completed	Daniel Reynoso	Real-time	\$1,000.00
Apr 1, 2020	Completed	Daniel Reynoso	Real-time	\$200.00
Mar 24, 2020	Completed	Daniel Reynoso	Real-time	\$200.00
Mar 18, 2020	Completed	Daniel Reynoso	Real-time	\$30.00
Mar 17, 2020	Completed	Daniel Reynoso	Real-time	\$400.00
Mar 16, 2020	Completed	Daniel Reynoso	Real-time	\$25.00
Mar 11, 2020	Completed	Daniel Reynoso	Real-time	\$120.00
Mar 3, 2020	Completed	Daniel Reynoso	Real-time	\$1,500.00
Feb 27, 2020	Completed	Daniel Reynoso	Real-time	\$400.00
Feb 22, 2020	Completed	Daniel Reynoso	Real-time	\$200.00
Feb 21, 2020	Completed	Daniel Reynoso	Real-time	\$300.00
Feb 19, 2020	Completed	Daniel Reynoso	Real-time	\$500.00
Feb 18, 2020	Completed	Daniel Reynoso	Real-time	\$120.00
Feb 12, 2020	Completed	Daniel Reynoso	Real-time	\$135.00
Feb 11, 2020	Completed	Daniel Reynoso	Real-time	\$900.00
Feb 10, 2020	Completed	Daniel Reynoso	Real-time	\$300.00
Feb 9, 2020	Completed	Daniel Reynoso	Real-time	\$500.00

Date sent	Status	Recipient	Type	Amount
Feb 8, 2020	Completed	Daniel Reynoso	Real-time	\$300.00
Feb 5, 2020	Completed	Daniel Reynoso	Real-time	\$300.00
Feb 1, 2020	Completed	Daniel Reynoso	Real-time	\$400.00
Jan 28, 2020	Completed	Daniel Reynoso	Real-time	\$500.00
Jan 24, 2020	Completed	Daniel Reynoso	Real-time	\$300.00
Jan 23, 2020	Completed	Daniel Reynoso	Real-time	\$400.00
Jan 22, 2020	Completed	Daniel Reynoso	Real-time	\$1,000.00
Dec 26, 2019	Completed	Daniel Reynoso	Real-time	\$300.00
Dec 20, 2019	Completed	Daniel Reynoso	Real-time	\$2,300.00
Dec 3, 2019	Completed	Daniel Reynoso	Real-time	\$100.00
Oct 17, 2019	Completed	Daniel Reynoso	Real-time	\$200.00
Oct 11, 2019	Completed	Daniel Reynoso	Real-time	\$4,150.00
Oct 9, 2019	Completed	Daniel Reynoso	Real-time	\$200.00
Oct 7, 2019	Completed	Daniel Reynoso	Real-time	\$300.00
Oct 3, 2019	Completed	Daniel Reynoso	Real-time	\$200.00
Oct 2, 2019	Completed	Daniel Reynoso	Real-time	\$300.00
Oct 1, 2019	Completed	Daniel Reynoso	Real-time	\$100.00
Sep 24, 2019	Completed	Daniel Reynoso	Real-time	\$700.00
Aug 20, 2019	Completed	Daniel Reynoso	Real-time	\$400.00
Aug 13, 2019	Completed	Daniel Reynoso	Real-time	\$600.00

CHASE *for* BUSINESS

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Date sent	Status	Recipient	Type	Amount
Sep 26, 2020	Completed	Jose Manuel Mondragon	Real-time	\$250.00
Sep 26, 2020	Completed	Jose Manuel Mondragon	Real-time	\$500.00
Sep 11, 2020	Completed	Jose Manuel Mondragon	Real-time	\$232.00
May 18, 2020	Completed	Jose Manuel Mondragon	Real-time	\$1,000.00
May 4, 2020	Completed	Jose Manuel Mondragon	Real-time	\$589.52
May 2, 2020	Completed	Jose Manuel Mondragon	Real-time	\$300.00
Apr 21, 2020	Completed	Jose Manuel Mondragon	Real-time	\$1,000.00
Apr 18, 2020	Completed	Jose Manuel Mondragon	Real-time	\$300.00
Apr 16, 2020	Completed	Jose Manuel Mondragon	Real-time	\$250.00
Apr 7, 2020	Completed	Jose Manuel Mondragon	Real-time	\$800.00
Mar 21, 2020	Completed	Jose Manuel Mondragon	Real-time	\$800.00
Mar 21, 2020	Completed	Jose Manuel Mondragon	Real-time	\$92.00
Mar 6, 2020	Completed	Jose Manuel Mondragon	Real-time	\$800.00
Feb 19, 2020	Completed	Jose Manuel Mondragon	Real-time	\$800.00
Feb 8, 2020	Completed	Jose Manuel Mondragon	Real-time	\$480.00
Jan 25, 2020	Completed	Jose Manuel Mondragon	Real-time	\$400.00
Jan 22, 2020	Completed	Jose Manuel Mondragon	Real-time	\$155.00

Date sent	Status	Recipient	Type	Amount
Dec 19, 2019	Completed	Jose Manuel Mondragon	Real-time	\$170.00
Dec 17, 2019	Completed	Jose Manuel Mondragon	Real-time	\$100.00
Oct 22, 2019	Completed	Jose Manuel Mondragon	Real-time	\$1.00
Oct 22, 2019	Completed	Jose Manuel Mondragon	Real-time	\$500.00

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CHASE *for* BUSINESS

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Date sent	Status	Recipient	Type	Amount
Mar 4, 2020	Completed	Miguel Espinoza UTRGV ME	Real-time	\$297.50
Mar 4, 2020	Completed	Miguel Espinoza UTRGV ME	Real-time	\$80.00
Feb 20, 2020	Completed	Miguel Espinoza UTRGV ME	Real-time	\$1,272.00
Feb 10, 2020	Completed	Miguel Espinoza UTRGV ME	Real-time	\$157.00
Feb 1, 2020	Completed	Miguel Espinoza UTRGV ME	Real-time	\$378.00
Feb 1, 2020	Completed	Miguel Espinoza UTRGV ME	Real-time	\$4.50
Jan 22, 2020	Completed	Miguel Espinoza UTRGV ME	Real-time	\$315.00
Dec 19, 2019	Completed	Miguel Espinoza UTRGV ME	Real-time	\$380.00
Nov 7, 2019	Completed	Miguel Espinoza UTRGV ME	Real-time	\$90.00
Sep 27, 2019	Completed	Miguel Espinoza UTRGV ME	Real-time	\$175.00
Sep 26, 2019	Completed	Miguel Espinoza UTRGV ME	Real-time	\$755.00

CHASE *for* BUSINESS

Printed from Chase for Business

Date sent	Status	Recipient	Type	Amount
Jun 24, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$684.00
Jun 2, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$288.00
May 11, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$232.00
Apr 29, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$160.00
Apr 14, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$317.50
Apr 13, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$100.00
Mar 21, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$295.00
Mar 4, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$187.50
Feb 20, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$170.00
Feb 6, 2020	Completed	Ricardo Cuevas Reybotics Mentor	Real-time	\$80.00

CHASE *for* BUSINESS

Printed from Chase for Business

Date sent	Status	Recipient	Type	Amount
May 11, 2020	Completed	Michelle Ly Walker Reybotics Me	Real-time	\$280.00
Apr 29, 2020	Completed	Michelle Ly Walker Reybotics Me	Real-time	\$304.00
Apr 14, 2020	Completed	Michelle Ly Walker Reybotics Me	Real-time	\$448.00
Mar 21, 2020	Completed	Michelle Ly Walker Reybotics Me	Real-time	\$85.00
Mar 4, 2020	Completed	Michelle Ly Walker Reybotics Me	Real-time	\$277.50
Feb 20, 2020	Completed	Michelle Ly Walker Reybotics Me	Real-time	\$1.00
Feb 20, 2020	Completed	Michelle Ly Walker Reybotics Me	Real-time	\$490.00

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CHASE *for* BUSINESS

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Date sent	Status	Recipient	Type	Amount
Mar 6, 2020	Completed	Roland De La Cerda	Real-time	\$185.00
Feb 20, 2020	Completed	Roland De La Cerda	Real-time	\$650.00
Feb 1, 2020	Completed	Roland De La Cerda	Real-time	\$170.00
Jan 22, 2020	Completed	Roland De La Cerda	Real-time	\$167.50
Dec 19, 2019	Completed	Roland De La Cerda	Real-time	\$165.00

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**16. Discussion and Action: Mercedes Small Business
Recovery Grant – Raul Cantu, \$3,000**

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 10/15/2020
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
Samantha Castaneda- Approve \$3K
Donald Morales- Approve \$3K
John Hinkle- Approve \$5K
Heriberto Reynoso- Approve \$5K
Raul Cantu- Approve \$3K
Rachel Hinojosa- Approve \$3K
Jessica Pena- 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, No Taxes Filed)
Andres A Casarez – Deny \$3K (Owes Property tax)
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)
Javier Moroles – Deny \$5K (Currently has 19 employees)
Catalina Mata- Deny \$5K (Being evicted)
Ashley Werbiski-Deny \$3K (Not a separate business)

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: Rail Cantu
Name of Business: Kool Stuff
Business Type: Retail
Address of Business: 5001 E. Hwy 83 Suite #511, Mercedes, Tx. 78570
Email Address: rcb_cantu@yahoo.com Phone Number: (956) 961-5845

BUSINESS OWNERSHIP

Tax ID #: 3-20281-5864-3
Entity Name: Kool Stuff
Name of business owner (if different from above): _____
Number of years in business: 3 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 #: _____ (Part-time # employees: 3)

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. \$ 2,800.00
- ☐ Purchases supplies to offer alternative business access (i.e. curbside pickup, delivery, website upgrades for online sales, etc.) \$ _____
- ☐ Employee support (salaries, insurance, paid leave) \$ _____
- ☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 200.00
- ☐ Expenses associated with increased material costs from suppliers or alternate suppliers. \$ _____
- ☐ Purchase of COVID-19 supplies for business protection/cleaning. \$ _____

Total Amount \$ 3,000.00

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

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

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

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

FINANCIAL ASSISTANCE (Currently pending or received)

Name of your primary financial institution: Bank OF America

Name of your Bank Officer: N/A

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

If no, why not?

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

☒ Paycheck Protection Program (PPP) Requested amount \$ 2,803.00
☐ 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.**

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

RC 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.)

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

RC 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.

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

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

RC 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 Kool Stuff

Written: _____
Legal Representative

Title

Signed _____
Legal Representative

Title

Signed as Individual: RC

Date 08/17/2020

Form

W-9

(Substitute Form)

Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**▶ Go to www.irs.gov/FormW9 for instructions and the latest information.Give Form to the
requestor. Do not
send to the IRS.Print or type.
See Specific instructions on page 3.

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

SIMON PROPERTY GROUP (ILLINOIS) LP

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

RIO GRANDE VALLEY PREMIUM OUTLETS / MERCEDES PREMIUM OUTLETS LP

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

☐ Individual/sole proprietor or
single-member LLC☐ C Corporation☐ S Corporation☒ Partnership☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

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.

PO BOX 822324

Requester's name and address (optional)

6 City, state, and ZIP code

PHILADELPHIA, PA 19182-2324

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholdings. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part 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

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

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
HereSignature of
U.S. Person ▶*See just*

Date ▶

10/14/2020

General Instructions

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

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

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

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

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

Cat. No. 10231X

Form W-9 (Substitute Form)

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. RAUL CANTU	
2 Business name/disregarded entity name, if different from above KOOL STUFF	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 5001 E. EXPRESSWAY 83, STE 511	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										
6	3	5	-	8	0	-	6	1	5	5
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 ►

[Signature]

Date ► **10/14/2020**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

Employer identification number (EIN) **26-1600992**

Name (not your trade name) **RAUL CANTU**

Trade name (if any) **KOOL STUFF**

Address **5001 E Expressway 83 Ste 622**

Number **5001** Street **E Expressway** Suite or room number **83 Ste 622**

City **MERCEDES** State **TX** ZIP code **78570**

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2020
(Check one)

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

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

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

Part 1: Answer these questions for this quarter.

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

2 Wages, tips, and other compensation **4230.40**

3 Federal income tax withheld from wages, tips, and other compensation **132.00**

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

	Column 1	Column 2
5a Taxable social security wages	4230.40	524.57
5b Taxable social security tips		
5c Taxable Medicare wages & tips	4230.40	122.68
5d Taxable wages & tips subject to Additional Medicare Tax withholding		
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		647.25
5f Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions)		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		779.25
7 Current quarter's adjustment for fractions of cents		[0.05]
8 Current quarter's adjustment for sick pay		
9 Current quarter's adjustments for tips and group-term life insurance		
10 Total taxes after adjustments. Combine lines 6 through 9		779.20
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		
12 Total taxes after adjustments and credits. Subtract line 11 from line 10		779.20
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PP), 944-X, or 944-X (SP) filed in the current quarter		
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions		779.20
15 Overpayment. If line 13 is more than line 12, enter the difference		

Check one: ☐ Apply to next return. ☐ Send a refund.

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

WIA

Name (not your trade name)
RAUL CANTU

Employer identification number (EIN)
26-1600992

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

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

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

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

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 12.

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

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

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages .

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

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

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

☐ Yes. Designee's name and phone number

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

☒ No.

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

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

X

Sign your
name here

Print your
name here
Print your
title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name ROLANDO NUNEZ

PTIN P00296462

Preparer's signature

Date 9/18/20

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

EIN 26-1251614

Address 2309 S DILWORTH RD

Phone 956-367-3986

City HARLINGEN

State TX

ZIP code 78552



Raul Cantu <rcbcantu@gmail.com>

Your Paycheck Protection Program loan has been approved

1 message

Bank of America <onlinebanking@alerts.bankofamerica.com>

Mon, May 4, 2020 at 9:56 AM

Reply-To: Bank of America <reply-to8b16717c630d7a74-29_HTML-1405629399-73720-8692@alerts.bankofamerica.com>

To: rcbcantu@gmail.com

BANK OF AMERICA 

Your Paycheck Protection Program loan has been approved

Thank you for completing and signing the attestation form and promissory note. Your loan has been approved and funds will be deposited within 1-2 business days into the account you noted on your application.

Purpose of these funds:

These funds are made available under the federal Paycheck Protection Program and disbursement is subject to its conditions. As of April 2, 2020, the Small Business Administration has stated in an Interim Final Rule, available at U.S. Treasury's page on Assistance for Small Businesses that Paycheck Protection Program loan proceeds can only be used for:

- Payroll costs (as defined in the Small Business Act)
- Costs related to the continuation of group health care benefits during periods of paid sick, medical or family

KOOL STUFF LLC
 5001 E. EXPRESSWAY 83, STE 622
 MERCEDES, TX 78570

RBS
 Company
 Mail

1049
 35-2/1130 TX
 18020

DATE 07/09/2020

PAY TO THE
 ORDER OF Mercedes Premium Outlets, LP. \$ 1,500.⁰⁰

One thousand and five hundred dollars ^{00/100} DOLLARS

Bank of America
 ACH R/T 111000025

TEMP TENANT - Y
 LEASE # 930198

FOR RECEIVED

⑈001049⑈ ⑆113000023⑆ 586038298947⑈

KOOL STUFF LLC
 5001 E. EXPRESSWAY 83, STE 622
 MERCEDES, TX 78570

RBS
 Company
 Mail

1046
 35-2/1130 TX
 18020

DATE 06/03/2020

PAY TO THE
 ORDER OF Mercedes Premium Outlets, LP. \$ 1,500.⁰⁰

One thousand five hundred ^{00/100} DOLLARS

Bank of America
 ACH R/T 111000025

TEMP TENANT - Y
 FOR KOOL STUFF LEASE # 930198

RECEIVED

⑈001046⑈ ⑆113000023⑆ 586038293947⑈

KOOL STUFF LLC
 5001 E EXPRESSWAY 83
 MERCEDES, TX 78570

RBS
 Company
 Mail

1128
 35-2/1130 TX
 18020

DATE 08/05/2020

PAY TO THE
 ORDER OF Mercedes Premium Outlets, LP. \$ 1,500.⁰⁰

One thousand and five hundred dollars ^{00/100} DOLLARS

BANK OF AMERICA
 ACH R/T 111000026

TEMP TENANT - Y
 FOR Rent LEASE # 397528

RECEIVED

⑈001128⑈ ⑆113000023⑆ 586038293947⑈

Temporary Tenant Lease Agreement

Lease Name (DBA): Kool Stuff		Lease Number: 7908-0220-04383	
Lease Date: 03/01/2020		End Date: 02/28/2021	
Tenant Name (Legal): Raul Cantu		Landlord Name (Legal): MERCEDES PREMIUM OUTLETS, LP, a Texas limited partnership	
Tenant Office Address: 214 W. 18th St. San Juan, TX 78589		Shopping Center Name (DBA) and Address: Rio Grande Valley Prem Outlet 5001 East US Expressway 83, Suite 750 Mercedes, TX 78570	
Tenant Telephone Number: (956) 223-9120		Remit Payment to: Rio Grande Valley Prem Outlet 5001 East US Expressway 83, Suite 750 Mercedes, TX 78570	
Tenant Contact Name: Raul Cantu		Sole Purpose for which Space Can Be Used by Tenant: For the non-exclusive sale of toys, drones, remote control cars, helicopters, hoverboards, toy electric cars, emoji pillows, LED shoes and for no other purpose. Management must approve all displays.	
Sq. Ft. Occupied: 2,595	Unit ID ("Space"): 0618	Pre-paid Rent Amount: \$0.00	Pre-paid Rent Due Date:
SIC/MIX Code: Toys - 1341	Total Rent: \$33,600.00	Security/Damage Deposit Amount : \$2,250.00	Security/Damage Deposit Due Date: 03/01/2020

Minimum Rent Due Date	Minimum Rent Due
03/01/2020	\$2,800.00
04/01/2020	\$2,800.00
05/01/2020	\$2,800.00
06/01/2020	\$2,800.00
07/01/2020	\$2,800.00
08/01/2020	\$2,800.00
09/01/2020	\$2,800.00
10/01/2020	\$2,800.00
11/01/2020	\$2,800.00
12/01/2020	\$2,800.00
01/01/2021	\$2,800.00
02/01/2021	\$2,800.00

Addendum K2
To Temporary Tenant Lease Agreement # 7908-0220-04383
MERCEDES PREMIUM OUTLETS, LP, a Texas limited
partnership

This Addendum K2 is hereby attached to and made a part of the Temporary Tenant Lease Agreement #7908-0220-04383 between MERCEDES PREMIUM OUTLETS, LP, a Texas limited partnership and Raul Cantu dated 2/18/2020. In the event of any conflict between the provisions of this Addendum K2 and the Lease Agreement, the terms and provisions of this Addendum K2 shall govern. Capitalized terms in this Addendum K2 shall have the same meaning as such terms have in the Lease Agreement, unless otherwise noted in this Addendum K2. The Lease Agreement and all addenda attached thereto shall together constitute the Lease.

1. **Monthly Utility Charge.** In addition to Minimum Rent, Tenant shall pay to Landlord on the Minimum Rent Due Date, without notice, demand or offset, a Monthly Utility Charge for Electric in the following amounts:

Period Start	Period End	Amount
03/01/2020	03/31/2020	\$200.00
04/01/2020	04/30/2020	\$200.00
05/01/2020	05/31/2020	\$200.00
06/01/2020	06/30/2020	\$200.00
07/01/2020	07/31/2020	\$200.00
08/01/2020	08/31/2020	\$200.00
09/01/2020	09/30/2020	\$200.00
10/01/2020	10/31/2020	\$200.00
11/01/2020	11/30/2020	\$200.00
12/01/2020	12/31/2020	\$200.00
01/01/2021	01/31/2021	\$200.00
02/01/2021	02/28/2021	\$200.00

In Witness Whereof, the parties have executed this Addendum K2 as of the Lease Date.

Landlord:
Rio Grande Valley Prem Outlet
MERCEDES PREMIUM OUTLETS, L.P., a
Texas limited partnership
By: SPG MERCEDES GP, LLC, a Delaware
limited liability company, its general partner

Tenant:
Raul Cantu
Tenant acknowledges and accepts the foregoing Lease
Agreement, subject to all of the Terms, Conditions, and
Covenants set forth above and which may be
contained on any exhibits attached hereto.

**17. Discussion and Action: Mercedes Small Business
Recovery Grant – Raquel Hinojosa, \$3,000**

Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 10/15/2020
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
Samantha Castaneda- Approve \$3K
Donald Morales- Approve \$3K
John Hinkle- Approve \$5K
Heriberto Reynoso- Approve \$5K
Raul Cantu- Approve \$3K
Rachel Hinojosa- Approve \$3K
Jessica Pena- 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, No Taxes Filed)
Andres A Casarez – Deny \$3K (Owes Property tax)
Karina Rivera – Deny \$3K (No Business License, Failed Fire Inspection)
Claudia Montoya – Deny \$3K (Incomplete application, no backup documentation)
Laura Luna – Deny \$3K (Incomplete application, no backup documentation)
Graciela C. Perez – Deny \$9 K (Incomplete application, no backup documentation)
Christopher Desiga – Deny \$5K (No Quarterly Reports, 1099s or Tax Return)
Javier Moroles – Deny \$5K (Currently has 19 employees)
Catalina Mata- Deny \$5K (Being evicted)
Ashley Werbiski-Deny \$3K (Not a separate business)

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: Raquel Hinojosa
Name of Business: Raquel's Daycare
Business Type: Child Daycare
Address of Business: 845 Nevada Mercedes TX 78570
Email Address: raquelhinojosa@yahoo.com Phone Number: 956-3655576

BUSINESS OWNERSHIP

Tax ID #: 459729576
Entity Name: Raquel's Daycare
Name of business owner (if different from above): Raquel Hinojosa
Number of years in business: 29

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

PERSONNEL

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

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

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

Yes 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) \$ _____

☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 2212.21

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

☒ Purchase of COVID-19 supplies for business protection/cleaning. \$ 808.71

Total Amount \$ 3020.92

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:

Name of your Bank Officer:

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

If no, why not?

No

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

☒ Paycheck Protection Program (PPP)

Requested amount: 1000

☐ 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.**

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

RH 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.)

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

RH 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.

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

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

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

Business Legal Name _____

Written: _____

Legal Representative

Title

Signed: _____

Legal Representative

Title

Signed as Individual: _____

Date

8-12-20

Request for Taxpayer Identification Number and Certification

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

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

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.)

Raquel G. HINDASS

2 Business name (disregarded entity name, if different from above)

Raquel's Bakery

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

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

☐ Other (see instructions) >

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

845 Nevada

City, state, and ZIP code

Mercedes TX 7570

7 List account number(s) here (optional)

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)

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

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.

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

Social security number

459-12-9576

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 >

Raquel HINDASS

Date >

8-5-20

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

USA
TX



TEXAS

DRIVER LICENSE



01590846

Class C

07/19/2018

08/21/2024

08/21/1944

HINOJOSA
RAQUEL GARCIA

8 845 S NEVADA
MERCEDDES TX 78570-0000

12 Restrictions A

9a End NONE

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

5 DD 32619880075119028120

Raquel Hinojosa

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. 09

U.S. Treasury
Tax Service (99)

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

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

proprietor Angel G Hinojosa		Social security number (SSN) 459-72-9576
A Principal business or profession, including product or service (see instructions) Child Day Care Provider	B Enter code from instructions 6 2 4 4 1 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 845 Nevada City, town or post office, state, and ZIP code Mercedes, TX 78570		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G 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		
H If you started or acquired this business during 2019, check here <input type="checkbox"/>		
I 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		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> 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	10,043
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	10,043
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	10,043
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	10,043

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions)		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	76
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	2,083
15 Insurance (other than health)	15	640	23 Taxes and licenses	23	1,640
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	502
17 Legal and professional services	17	50	25 Utilities	25	3,950
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	9,628			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	415			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	415			
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 6199. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

1040-SR)

U.S. Treasury
Tax Service**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2019Attachment
Sequence No. 01

▶ Attach to Form 1040 or 1040-SR.

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

shown on Form 1040 or 1040-SR

Your social security number

459-72-9576

Rafael G Hinojosa

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	415.
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 ▶		
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	415.

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 03/08/20 TTW

Schedule 1 (Form 1040 or 1040-SR) 2019

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-0123

2019

Attachment
Sequence No. 55

▶ Attach to your tax return.

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

of the Treasury
Revenue Service

(a) shown on return

Raquel G Hinojosa

Your taxpayer identification number
459-72-9576

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Raquel G Hinojosa	459729576	415.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	415.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	415.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10
11	Taxable income before qualified business income deduction	11	0.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.	
14	Income limitation. Multiply line 13 by 20% (0.20)			14
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17

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

REV 03/09/20 TTW

Form **8995** (2019)

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:

a Earned income credit (EIC)

18a

b Additional child tax credit. Attach Schedule 8812

18b

c American opportunity credit from Form 8863, line 8

18c

d Schedule 3, line 14

18d

e Add lines 18a through 18d. These are your total other payments and refundable credits

18e

19 Add lines 17 and 18e. These are your total payments

19

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid

20

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ☐

21a

Direct deposit? See instructions

b Routing number X X X X X X X X X X c Type: ☐ Checking ☐ Savings

d Account number X X X X X X X X X X X X X X X X X X

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 0.

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.)

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

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ 3rd Party Designee☐ Self-employedFirm's name
Firm's address

Self-Prepared

Phone no.

Firm's EIN



RAQUEL'S DAYCARE

845 NEVADA ST MERCEDES, TX 78570

956-565-5592 / 956-392-3160

WORK SAFE PLAN

In accordance with the Texas Department of Health and Human Services Commission, we have followed the recommended guidelines to continue to operate for our essential workers during this COVID-19 pandemic.

I Raquel Hinojosa conduct a registered home daycare at my home at the address of 845 Nevada St. Mercedes, Texas 78570 Monday thru Friday from 7:30am-5:30pm. I will only be accepting children for essential working parents following all guidelines from The Texas Department of Health and Human Services Commission. (Form 7265- Attestation of Child Day Care for Essential Workers- Child Care Regulations)

A "Notice of Travel" has been given to those parents. All signed forms from parents are available to view at any time. I currently have a total of 4 children under my care with no other employees. Sanitation supplies as disinfectants, hand sanitizer of at least 60% alcohol, and antibacterial soaps are to be used daily. Frequently touched surfaces and objects such as toys and doorknobs will be disinfected before, during, and after Daycare operations.

Children will be assessed upon attendance for fever, cough, and any Covid-19 symptoms. A temperature will be conducted before entering the daycare daily. ONLY the child will be able to enter the facility. Parents will drop off children at the door without entry and will pick up in the same area at the end of day.

We are working closely with The Center for Disease Control and Prevention, The Texas Department of State Health Services, The Texas Workforce Commission, and local law enforcement for up-to-date information on Covid-19 updates, guidelines, rules, and regulations for the safety and well-being of our children.

RAQUEL HINOJOSA-OWNER

Account Number
Statement Date
Statement Thru Date
Page

05/08/2020
05/10/2020
2

DEPOSITS AND OTHER CREDITS (Continued)

Date	Description	Deposits
Apr 24	SBAD TREAS 310RMISC PAY NTE PMT EIDG:33012638001	1,000.00
Apr 28	EIDG:33000 RAQUEL HINOJOSA LOWER RIO GRANDE/PAYMENTS RMR*IV*406690 200179*PI*530.02 T406690 RAQUEL	530.02



Green Mountain Energy®

Green Mountain Energy
P.O. BOX 699
HOUSTON, TX 77001-0699

11 de agosto de 2020

>000069 4705289 0001 008248 10Z

RAQUEL HINOJOSA
845 NEVADA ST
MERCEDES, TX 78570-3243

Ref: Consumo de 12 Meses - Cuenta de Green Mountain Energy: 9968201-5

Estimado(a) RAQUEL HINOJOSA,

Gracias por contactar a Green Mountain Energy. A solicitud suya, nosotros hemos compilado un historial de su consumo eléctrico con Green Mountain Energy.

Número de Cuenta: 9968201-5
Dirección de Servicio: 845 NEVADA ST MERCEDES, TX 78570-3243
Identificación ESI: 10032789482696450

#122.79
#342.76 pd 7/31/20
+ 8/28/20
#219.97

Fecha de Lectura de Medidor	Consumo (kWh)	Cantidad
07/21/20	2,159	\$245.57 ✓
06/19/20	1,781	\$219.74 ✓
05/20/20	1,568	\$214.61 ✓
04/21/20	1,263	\$124.48 ✓
03/20/20	1,016	\$141.84 ✓
02/20/20	1,017	\$146.20 ✓
01/22/20	1,350	\$191.00
12/18/19	1,311	\$185.76
11/18/19	1,785	\$249.51
10/18/19	1,735	\$242.77
09/19/19	2,150	\$296.53
08/20/19	2,576	\$341.27

Nosotros apreciamos su apoyo continuado de energía renovable. Si nosotros podemos ser de mayor asistencia, por favor no deje de contactarnos sin cargo al 1-866-785-4668.

Gracias,

Sus amigos de Green Mountain Energy

RIR1c
000054400884

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

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

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

RAQUEL HINOJOSA
 845 NEVADA ST
 MERCEDES, TX 78570-3243

Need assistance with utility bills due to the pandemic? LIHEAP funding is available through the end of the year. For more information about availability in your area, visit TexasGasService.com/LIHEAP.

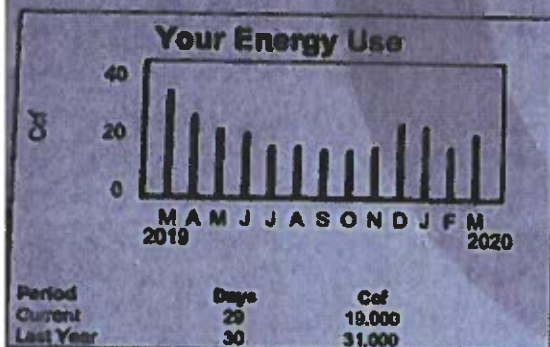
Page 1 of 1

Amount Due		\$34.79
Current Charges Due		03-24-20
Amount Due After Due Date		\$34.79
Account Number		910684249 1049193 45
Rate	MERC VS RES	***DUPLICATE BILL***
Active Deposit	\$15.09	Statement Date 03-06-20

RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance \$35.54
 Payments Received 35.54CR
 Balance Forward \$0.00

Customer Charge	\$16.62
Delivery Charge	8.70
Cost Of Gas	4.62
Pipeline Safety (Per Ccf \$0.06955)	1.32
Energy Efficiency Program	0.55
City Franchise Fee	1.71
Reimb for Gross Receipts Tax	0.68
City Tax	0.69
Current Charges	34.79
Total Amount Due	\$34.79



Meter or Station Number	Service Period From To	Number of Days	Meter Readings Previous Present	Constant	Ccf Billed	WNA/ Ccf	Cost of Gas/Ccf
0215A05391	02-03-20 03-03-20	29	768 787	1.0000	19.000		0.2429600

Texas Gas Service.

A Division of ONE Gas

PO BOX 31427 • St Paul TX 78901-6427

ELECTRONIC SERVICE REQUESTED

Please return this portion when paying by mail. When paying in person, please bring this entire bill with you.

Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an overpayment and check the box to the left.

Account Number	910684249 1049193 45
Amount Due	\$34.79
Current Charges Due	03-24-20
Amount Due After Due Date	\$34.79
Total Enclosed	\$

A 04

0015784 86 YYNNN 68
 RAQUEL HINOJOSA
 845 NEVADA AVE
 MERCEDES TX 78570-3243

TEXAS GAS SERVICE
 PO BOX 219913
 KANSAS CITY, MO 64121-9913



09 910684249104919345 000003479

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

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

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

RAQUEL HINOJOSA
 845 NEVADA ST
 MERCEDES, TX 78570-3243

Need assistance with utility bills due to the pandemic? LIHEAP funding is available through the end of the year. For more information about availability in your area, visit TexasGasService.com/LIHEAP.

Page 1 of 1

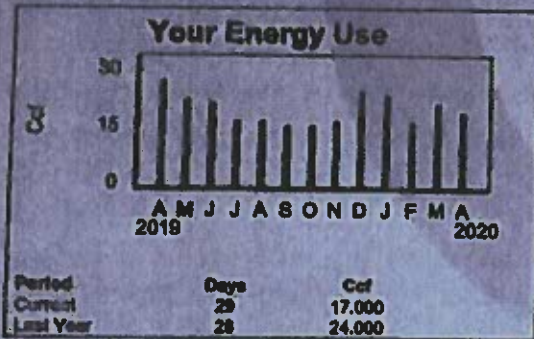
Amount Due		\$19.22
Current Charges Due		04-22-20
Amount Due After Due Date		\$19.22
Account Number		910684249 1049193 45
Rate	MERC VS RES	***DUPLICATE BILL***
Active Deposit	NONE	Statement Date 04-06-20

RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance \$34.79
 Payments Received 34.79CR
 Balance Forward \$0.00

Customer Charge \$16.52
 Delivery Charge 7.78
 Cost Of Gas 3.33
 Weather Normalization 1.56
 Pipeline Integrity (Ccf @ \$0.04128) 0.70
 Energy Efficiency Program 0.50
 RRC Safety and Regulatory Program 1.00
 City Franchise Fee 1.84
 Reimb for Gross Receipts Tax 0.65
 City Tax 0.66
 Current Charges 34.34
 Deposit 15.12CR
 Total Current Charges \$19.22

Total Amount Due \$19.22



Meter or Station Number	Service Period From To	Number of Days	Meter Readings Previous Present	Constant	Ccf Billed	WNA/Ccf	Cost of Gas/Ccf
0215A05391	03-03-20 04-01-20	29	787 804	1.0000	17.000	0.0918334	0.1961200

Please return this portion when paying by mail. When paying in person, please bring this entire bill with you.

Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an overpayment and check the box to the left.

Account Number	910684249 1049193 45
Amount Due	\$19.22
Current Charges Due	04-22-20
Amount Due After Due Date	\$19.22
Total Enclosed	\$

A 04

Texas Gas Service.
 A Division of ONE Gas

PO BOX 21427 • El Paso TX 79961-0427

ELECTRONIC SERVICE REQUESTED

*0016784 88 YYNYYN 06
 RAQUEL HINOJOSA
 845 NEVADA AVE
 MERCEDES TX 78570-3243

TEXAS GAS SERVICE
 PO BOX 219913
 KANSAS CITY, MO 64121-9913



00 910684249104919345 000001922

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

Customer Service: 800-700-2443
 Leaks: 800-959-5325
 Emergency: 800-700-5485
 Hearing Impaired: 711
 TexasGasService.com

Texas Gas Service
 Box 219913
 Kansas City MO 64121-9913

RAQUEL HINOJOSA
 845 NEVADA ST
 MERCEDES, TX 78570-3243

Need assistance with utility bills due to the pandemic? LIHEAP funding is available through the end of the year. For more information about availability in your area, visit TexasGasService.com/LIHEAP.

Page 1 of 1

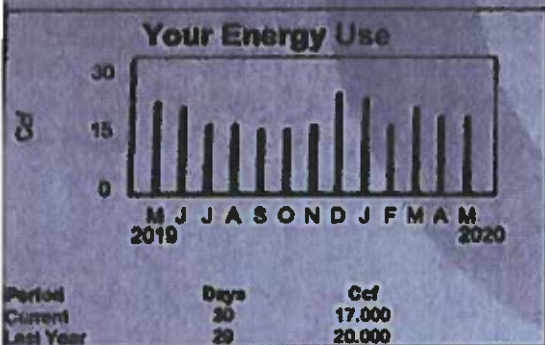
Amount Due		\$32.19
Current Charges Due		05-22-20
Amount Due After Due Date		\$32.19
Account Number		910684249 1049193 45
Rate	MERC 1/8 RES	***DUPLICATE BILL***
Active Deposit	NONE	Statement Date 05-06-20

RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance	\$19.22	
Payments Received	19.22CR	
Balance Forward		\$0.00

Customer Charge	\$16.52	
Delivery Charge	7.78	
Cost Of Gas	3.81	
Weather Normalization	0.23	
Pipeline Integrity (Ccf @ \$0.04128)	0.70	
Energy Efficiency Program	0.50	
City Franchise Fee	1.58	
Reimb for Gross Receipts Tax	0.63	
City Tax	0.64	
Current Charges		32.19

Total Amount Due \$32.19



Meter or Station Number	Service Period From To	Number of Days	Meter Readings Previous Present	Constant	Ccf Billed	WNA/ Ccf	Cost of Gas/Ccf
215A05391	04-01-20 05-01-20	30	804 821	1.0000	17.000	0.0138599	0.2122600

Texas Gas Service.
 A Division of ONE Gas
 PO BOX 31427 • St Paul TX 76131-0427

ELECTRONIC SERVICE REQUESTED

Please return this portion when paying by mail. When paying in person, please bring this entire bill with you.

Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an overpayment and check the box to the left.

Account Number	910684249 1049193 45
Amount Due	\$32.19
Current Charges Due	05-22-20
Amount Due After Due Date	\$32.19
Total Enclosed	\$

A 04

*0015784 88 YNNYN 66
 RAQUEL HINOJOSA
 845 NEVADA AVE
 MERCEDES TX 78570-3243

TEXAS GAS SERVICE
 PO BOX 219913
 KANSAS CITY, MO 64121-9913

09 910684249104919345 000003219

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

Customer Service: 800-700-2443
 Leaks: 800-859-5325
 Hearings by Phone: 800-780-8488
 Hearing Impaired: 711
 TexasGasService.com

Texas Gas Service
 PO Box 218913
 Kansas City MO 64121-9913

RAQUEL HINOJOSA
 845 NEVADA ST
 MERCEDES, TX 78570-3243

Need assistance with utility bills due to the pandemic? LIHEAP funding is available through the end of the year. For more information about availability in your area, visit TexasGasService.com/LIHEAP.

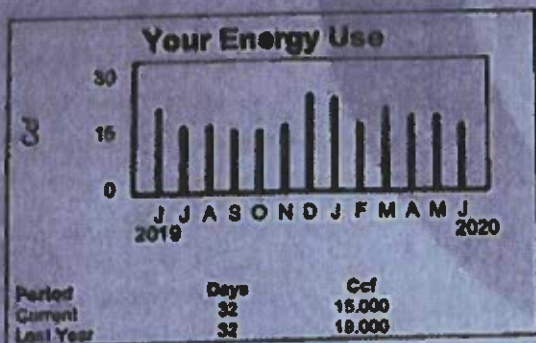
Page 1 of 1

Amount Due			\$30.28
Current Charges Due			06-23-20
Amount Due After Due Date			\$30.28
Account Number			910684249 1049193 45
Rate	MERC VS RES	***DUPLICATE BILL***	
Active Deposit	NONE	Statement Date	06-05-20

RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance \$32.19
 Payments Received 32.19CR
 Balance Forward \$0.00

Customer Charge	\$16.52	
Delivery Charge	8.87	
Cost Of Gas	3.16	
Pipeline Integrity (Ccf @ \$0.04128)	0.62	
Energy Efficiency Program	0.44	
City Franchise Fee	1.48	
Reimb for Gross Receipts Tax	0.59	
City Tax	0.80	
Current Charges		30.28
Total Amount Due		\$30.28



Meter or Station Number	Service Period From To	Number of Days	Meter Readings Previous Present	Constant	Ccf Billed	WNA/Ccf	Cost of Gas/Ccf
0215A05391	05-01-20 06-02-20	32	821 836	1.0000	15.000		0.2109600

Please return this portion when paying by mail. When paying in person, please bring this entire bill with you.

Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an overpayment and check the box to the left.

Account Number	910684249 1049193 45
Amount Due	\$30.28
Current Charges Due	06-23-20
Amount Due After Due Date	\$30.28
Total Enclosed	\$

A 04

Texas Gas Service.
 A Division of ONE Gas
 PO BOX 21421 • El Paso TX 79911-4217

ELECTRONIC SERVICE REQUESTED

RAQUEL HINOJOSA
 845 NEVADA AVE
 MERCEDES TX 78570-3243

TEXAS GAS SERVICE
 PO BOX 218913
 KANSAS CITY, MO 64121-9913

64 910684249104919345 000003028

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

Customer Service: 800-700-2443
 Leaks: 800-859-5325
 Emergencies by Phone: 866-789-5468
 Hearing Impaired: 711
 GasService.com

Gas Service
 PO Box 219913
 Kansas City MO 64121-9913

RAQUEL HINOJOSA
 845 NEVADA ST
 MERCEDES, TX 78570-3243

Need assistance with utility bills due to the pandemic? LIHEAP funding is available through the end of the year. For more information about availability in your area, visit TexasGasService.com/LIHEAP.

Page 1 of 1

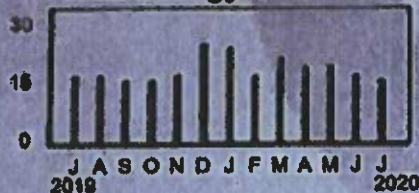
Amount Due		\$29.26
Current Charges Due		07-24-20
Amount Due After Due Date		\$29.26
Account Number		910684249 1049193 45
Rate	MERC I/S RES	***DUPLICATE BILL***
Active Deposit	NONE	Statement Date 07-08-20

RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance \$30.28
 Payments Received 30.28CR
 Balance Forward \$0.00

Customer Charge \$16.52
 Delivery Charge 6.41
 Cost Of Gas 2.76
 Pipeline Integrity (Ccf @ \$0.04128) 0.58
 Energy Efficiency Program 0.41
 City Franchise Fee 1.43
 Reimb for Gross Receipts Tax 0.57
 City Tax 0.58
 Current Charges 29.26
 Total Amount Due \$29.26

Your Energy Use



Period	Days	Ccf
Current	30	14.000
Last Year	29	15.000

Meter or Station Number	Service Period	Number of Days	Meter Readings	Constant	Ccf Billed	WNA/ Ccf	Cost of Gas/Ccf
0215A05391	From 06-02-20 To 07-02-20	30	Previous 836 Present 850	1.0000	14.000		0.1970400

Please return this portion when paying by mail. When paying in person, please bring this entire bill with you.

Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an overpayment and check the box to the left.

Account Number	910684249 1049193 45
Amount Due	\$29.26
Current Charges Due	07-24-20
Amount Due After Due Date	\$29.26
Total Enclosed	\$

A 04

Texas Gas Service.

A Division of ONE Gas

PO BOX 31427 • MPO TX 78601-0427

ELECTRONIC SERVICE REQUESTED

15542 2 AD 9.416 *0015784 36 YYNNNN 66
 RAQUEL HINOJOSA
 845 NEVADA AVE
 MERCEDES TX 78570-3243

TEXAS GAS SERVICE
 PO BOX 219913
 KANSAS CITY, MO 64121-9913

00 910684249104919345 000002926

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

Customer Service: 800-700-2443
Gas Leaks: 800-959-5325
Payments by Phone: 866-760-5488
Hearing Impaired: 711
TexasGasService.com

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

RAQUEL HINOJOSA
845 NEVADA ST
MERCEDES, TX 78570-3243

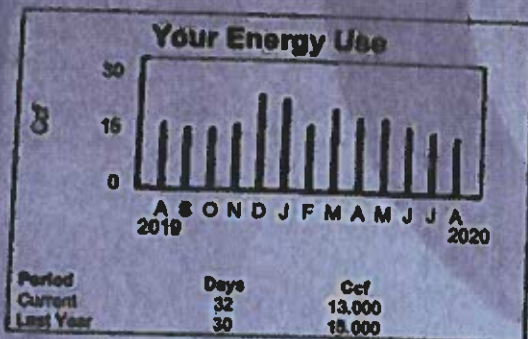
Need assistance with utility bills due to the pandemic? LIHEAP funding is available through the end of the year. For more information about availability in your area, visit TexasGasService.com/LIHEAP.

Amount Due			Page 1 of 1
Current Charges Due			\$30.42
Amount Due After Due Date			08-24-20
Account Number			\$30.42
Rate			910684249 1049193 45
Active Deposit	MERC VS RES	***DUPLICATE BILL***	
	NONE	Statement Date	08-06-20

RATE SCHEDULE(S) AVAILABLE UPON REQUEST

Previous Balance \$29.26
Payments Received 29.26CR
Balance Forward \$0.00

Customer Charge \$17.02
Delivery Charge 7.00
Cost Of Gas 2.79
Pipeline Integrity (Ccf @ \$0.04128) 0.54
Energy Efficiency Program 0.38
City Franchise Fee 1.49
Reimb for Gross Receipts Tax 0.60
City Tax 0.60
Current Charges 30.42
Total Amount Due \$30.42



Meter or Station Number	Service Period	Number of Days	Meter Readings	Constant	Ccf Billed	WNA/ Ccf	Cost of Gas/Ccf
0215A05391	From 07-02-20 To 08-03-20	32	Previous 850 Present 863	1.0000	13.000		0.2148400

Texas Gas Service.

A Division of ONE Gas

PO BOX 21427 • El Paso TX 79921-0427

ELECTRONIC SERVICE REQUESTED

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Share the Warmth helps disadvantaged Texans with home heating costs. To contribute, please include an overpayment and check the box to the left.

Account Number	910684249 1049193 45
Amount Due	\$30.42
Current Charges Due	08-24-20
Amount Due After Due Date	\$30.42
Total Enclosed	\$

A 04

*0615784 88 YVNYNN 68
RAQUEL HINOJOSA
845 NEVADA AVE
MERCEDES TX 78570-3243

TEXAS GAS SERVICE
PO BOX 219913
KANSAS CITY, MO 64121-9913



45 910684249104919345 000003042

DEBITS AND OTHER WITHDRAWALS

Date	Description	Withdrawals
Feb 11	CAPITAL ONE/PHONE PYMT 004139870116643 HINOJOSA RAQUEL	3 11
Feb 11	HOME DEPOT 6577/PURCHASE CHECK NUMBER 7641 WESL TX 1400310000032849423588	100 00
Feb 11	HOME DEPOT 6577/PURCHASE CHECK NUMBER 7642 WESL TX 1400310000032849434230	100 00
Feb 14	HEB #370/CHECKPAYMT CHECK NUMBER 7644	62 91
Feb 19	IOF - FORESTERS/FORESTERS 83936977303012 RAQUEL GARCIA HINOJOSA	132 02
Feb 19	TGS/UTLTYPMNT CHECK NUMBER 7643 910684249104919345	35 54
Feb 19	HEB #370/CHECKPAYMT CHECK NUMBER 7645	7 62
Feb 21	CAPITAL ONE/PHONE PYMT 005133870014534 HINOJOSA RAQUEL	175 00
Feb 21	SHOP YOUR WAY MC/PAYMENT 200043486975412 RAQUEL G HINOJOSA	200 00
Feb 24	HEB #231/CHECKPAYMT CHECK NUMBER 7649	100 77
Feb 26	DOLLAR GEN 03736/ELEC CHECK CHECK NUMBER 7655 MERC TX Z	16 61
Feb 27	HEB #370/CHECKPAYMT CHECK NUMBER 7651	34 91
Feb 27	HEB #370/CHECKPAYMT CHECK NUMBER 7652	11 00
Mar 02	JC PENNEY/CHECK PYMT CHECK NUMBER 7656 XXXXXXXXXX60901	20 57
Mar 03	CAPITAL ONE/PHONE PYMT 006233870060733 HINOJOSARAQUEL	100 00
Mar 03	GREEN MOUNTAIN E/0271D 000009968201 RAQUEL HINOJOSA	146 20
Mar 03	DISCOVER/PHONE PAY 0154 HINOJOSA RAQUEL	150 00
Mar 03	SHOP YOUR WAY MC/PAYMENT 200053084724345 RAQUEL G HINOJOSA	200 00
Mar 10	HOME DEPOT 6577/PURCHASE CHECK NUMBER 7660 WESL TX 1400310000032957985358	119 17
Mar 10	HOME DEPOT 6577/PURCHASE CHECK NUMBER 7661 WESL TX 1400310000032958002574	100 00
Mar 10	HOME DEPOT 6577/PURCHASE CHECK NUMBER 7662 WESL TX 1400310000032958008804	12 99

DEBITS AND OTHER WITHDRAWALS

Date	Description	Withdrawals
Mar 12	HEB #370/CHECKPAYMT CHECK NUMBER: 7663	49.26
Mar 16	BIG LOTS 1516/ELEC CHECK CHECK NUMBER: 7667 WESL TX Z	57.41
Mar 18	TGS/UTLTYPMNT CHECK NUMBER: 7664 910684249104919345	34.79
Mar 18	KOHL'S/CHECK PYMT CHECK NUMBER: 7665 0796892255	100.00
Mar 19	IOF - FORESTERS/FORESTERS 83936977303012 RAQUEL GARCIA HINOJOSA	132.02
Mar 19	CAPITAL ONE/PHONE PYMT 007833870013884 HINOJOSA RAQUEL	150.00
Mar 25	LOWES/CHECK PYMT CHECK NUMBER: 7672 XXXXXXXXXX94983	200.00
Mar 27	CAPITAL ONE/PHONE PYMT 008633860000876 HINOJOSARAQUEL	31.00
Mar 27	GREEN MOUNTAIN E/0271D 000009968201 RAQUEL HINOJOSA	141.84
Mar 30	COMENITY CARD/CHECK PYMT CHECK NUMBER: 7669 304029670087002 0040	129.16
Apr 08	KOHL'S/CHECK PYMT CHECK NUMBER: 7681 0796892255	211.50

DEBITS AND OTHER WITHDRAWALS

Date	Description	Withdrawals
Apr 15	HOME DEPOT/PAYMENT 200090192383747 RAQUEL HINOJOSA	200 00
Apr 15	SHOP YOUR WAY MC/PAYMENT 200090183226489 RAQUEL G HINOJOSA	200 00
Apr 17	TGS/UTLTYPMNT CHECK NUMBER 7682 910684249104919345	19 22
Apr 20	IOF - FORESTERS/FORESTERS 83936977303012 RAQUEL GARCIA HINOJOSA	132 02
Apr 20	CAPITAL ONE/PHONE PYMT 010933870011746 HINOJOSA RAQUEL	150 00
Apr 27	CAPITAL ONE/PHONE PYMT 011633870015554 HINOJOSARAQUEL	250 00
Apr 27	LOWES/CHECK PYMT CHECK NUMBER 7687 XXXXXXXXXX94983	150 00
Apr 28	CHARTER COMMUNIC/CHECK PYMT CHECK NUMBER 7688 8260180110186267	29 99
Apr 29	GREEN MOUNTAIN E/0271D 000009968201 RAQUEL HINOJOSA	174 48
Apr 29	DISCOVER/PHONE PAY 1543 HINOJOSA RAQUEL	300 00
May 07	CAPITAL ONE/PHONE PYMT 012733870009592 HINOJOSA RAQUEL	200 00
May 07	ST JUDE/INTERNET 043000091076402 HINOJOSA RAQUEL	250 00
May 07	HOME DEPOT/PAYMENT 200109270467330 RAQUEL HINOJOSA	300 00

DEBITS AND OTHER WITHDRAWALS

Date	Description	Withdrawals
May 15	SHOP YOUR WAY MC/PAYMENT 200116136231267 RAQUEL G HINOJOSA	200 00
May 19	IOF - FORESTERS/FORESTERS 83936977303012 RAQUEL GARCIA HINOJOSA	132 02
May 19	TGS/UTLTYPMNT CHECK NUMBER 7694 910684249104919345	32 19
May 21	LOWES CC/LOWTELPAY 56677298 N 7981927442694983	211 33
May 28	GREEN MOUNTAIN E/0271D 000009968201 RAQUEL HINOJOSA	214 61
May 28	CAPITAL ONE/PHONE PYMT 014833870014911 HINOJOSARAQUEL	250 00
May 28	DISCOVER/PHONE PAY 1543 HINOJOSA RAQUEL	400 00
Jun 03	SHOP YOUR WAY MC/PAYMENT 200132497879942 RAQUEL G HINOJOSA	300 00
Jun 04	HOME DEPOT/PAYMENT 200133388514061 RAQUEL HINOJOSA	305 24
Jun 05	CAPITAL ONE/PHONE PYMT 015633870017445 HINOJOSA RAQUEL	300 00

DEBITS AND OTHER WITHDRAWALS






Date	Description	Withdrawals
Jun 15	KEMPER LIFE INSU/KEMPER LIF RAQUEL HINOJOSA ST-Z4Y9Z2U0C2X9 RAQUEL HINOJOSA	72.06
Jun 19	IOF - FORESTERS/FORESTERS 83936977303012 RAQUEL GARCIA HINOJOSA	132.02
Jun 22	TIME WARNER CABL/TW CABLE 0110186267 SPA HINOJOSA, RACHEL	29.99
Jun 22	LOWES CC/LOWTELPAY 83401568 N 7981927442694983	300.00
Jun 23	TGS/UTLTYPMNT CHECK NUMBER 7805 910684249104919345	30.28
Jun 23	HEB #485/CHECKPAYMT CHECK NUMBER 7806	135.12
Jun 26	CAPITAL ONE/PHONE PYMT 017733870005513 HINOJOSARAQUEL	250.00
Jun 29	DISCOVER/PHONE PAY 1543 HINOJOSA RAQUEL	250.00
Jun 30	GREEN MOUNTAIN E/0271D 000009968201 RAQUEL HINOJOSA	219.74
Jul 03	CAPITAL ONE/PHONE PYMT 018433870040592 HINOJOSA RAQUEL	250.00
Jul 07	HOME DEPOT/PAYMENT 200161871901708 RAQUEL HINOJOSA	52.69
Jul 07	SHOP YOUR WAY MC/PAYMENT 090161877542820 RAQUEL G HINOJOSA	200.00

Account Number
Statement Date
Statement Thru Date
Page

08/10/2020
08/10/2020
2

DEBITS AND OTHER WITHDRAWALS

Date	Description	Withdrawals
Jul 20	IOF - FORESTERS/FORESTERS 83936977303012 RAQUEL GARCIA HINOJOSA	132 02
Jul 21	TGS/UTLTYPMNT CHECK NUMBER 7813 910684249104919345	29 26
Jul 22	LOWES CC/LOWTELPAY 108608668 N 7981927442694983	300 00
Jul 24	KEMPER LIFE INSU/KEMPER LIF RAQUEL HINOJOSA ST-K3V2L5M8X6N9 RAQUEL HINOJOSA	36 03
Jul 28	CAPITAL ONE/PHONE PYMT 020933870036434 HINOJOSARAQUEL	250 00
Jul 28	DISCOVER/PHONE PAY 1543 HINOJOSA RAQUEL	250 00
Jul 31	GREEN MOUNTAIN E/0271D 000009968201 RAQUEL HINOJOSA	122 79
Aug 03	SHOP YOUR WAY MC/PAYMENT 200184658942697 RAQUEL G HINOJOSA	200 00
Aug 03	CAPITAL ONE/PHONE PYMT 021333870041067 HINOJOSA RAQUEL	225 00

	Date	Number		Description	Amount
+	08/28			DISCOVER/PHONE PAY 1543 HINOJOSA RAQUEL	-250.00
+	08/28			Green Mountain E/0271D 000009968201	-219.97 ✓
+	08/28			CAPITAL ONE/PHONE PYMT 024033870002255	-200.00
+	08/26			Federal Benefit Payment/XXSOC SEC SSA	846.00
+	08/25	7821		Check	-29.99
+	08/21			Lowes CC/LOWTELPAY 133991919 N	-350.00
+	08/19			IOF - FORESTERS/FORESTERS	-132.02
+	08/18	7818		TGS/UTLTYPYMNT Check Number: 7818	-30.42 ✓
+	08/18			LOWER RIO GRANDE/PAYMENTS RMR*IV*406690	143.03
+	08/18			LOWER RIO GRANDE/PAYMENTS RMR*IV*406690	35.76
+	08/17	7820		Teller Cashed Check	-50.00
+	08/14	7819		Teller Cashed Check	-100.00
+	08/10	9999		Check	-250.00
+	08/05	7811		Teller Check	-20.00
+	08/05			Deposit	240.00
+	08/04			LOWER RIO GRANDE/PAYMENTS RMR*IV*406690	486.57
+	08/04			LOWER RIO GRANDE/PAYMENTS RMR*IV*406690	121.65
+	08/03			CAPITAL ONE/PHONE PYMT 021333870041067	-225.00
+	08/03			SHOP YOUR WAY MC/PAYMENT	-200.00

ACTIVE

KA	8221	8965	144	46.98	01-1878-00	100.32
SE SEWER			144	33.02		
GA GARBAGE				11.50		
FF FIRE FEE			1	3.00	03/05/2020	110.22
ER BRUSH				4.50		
TX SALES TAX				1.32		

01/05/2020 02/05/2020

INCL SENIOR/VETERAN DISCOUNT: 911.20

845 NEVADA



01/05/2020 845 NEVADA

02/05/2020

100.32 03/05/2020 110.22

RACQUEL HINOJOSA
845 NEVADA
MERCEDES TX

78570

ACTIVE

01-1878-00

Pay Online at cityofmercedes.com

CITY OF MERCEDES
P. O. BOX 837
MERCEDES, TX 78570

ACTIVE

MA 8965 908C 115 40.20
 SE SEWER 115 29.46
 SA GARBAGE 1 15.50
 FF FIRE FEE 1 3.00
 ER HOUSE 4.50
 TX SALES TAX 1.32

01-1878-00 89.58

04/06/2020 98.85

02/05/2020 03/05/2020

INCL SENIOR/VETERAN DISCOUNT: 911.20

845 NEVADA



02/05/2020

845 NEVADA

03/05/2020

59.98 04/06/2020 98.85

RAQUEL HINOJOSA
 845 NEVADA
 MERCEDES TX

78570

ACTIVE

01-1878-00

Pay Online at CityOfMercedes.com

CITY OF MERCEDES
P. O. BOX 837
MERCEDES, TX 78570

ACTIVE

WA	9080	9255	175	36.66	01-1878-00	113.82
SE	SEWER		175	36.84		
GA	GARBAGE			11.50		
FT	FIRE FEE	1		3.00	05/05/2020	125.07
BR	BRUSH			4.50		
TX	SALES TAX			1.32		

03/05/2020 04/06/2020

INCL SENIOR/VETERAN DISCOUNT: \$11.20

045 NEVADA



03/05/2020

045 NEVADA

04/06/2020

113.82 05/05/2020

125.07

 RAQUEL NINO-OSA
 045 NEVADA
 MERCEDES TX

78570

ACTIVE

01-1878-00

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 CITY OF MERCEDES
 P. O. BOX 837
 MERCEDES, TX 78570

ACTIVE

MA	9253	9476	221	70.67	01-1878-00	133.48
SE SEWER			221	42.49		
GA GARBAGE				11.50		
FF FIRE FEE			1	3.00	06/05/2020	146.70
ER BRUSH				4.50		
TX SALES TAX				1.32		

04/06/2020 05/05/2020

INCL SENIOR/VETERAN DISCOUNT: \$11.20

845 NEVADA



04/06/2020 845 NEVADA

05/05/2020

133.48 06/05/2020

146.70

RAQUEL RINJOJA
845 NEVADA
MERCEDES TX

78570

ACTIVE

01-1878-00

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CITY OF MERCEDES
P. O. BOX 837
MERCEDES, TX 78570

ACTIVE

WA	9573	9726	153	51.27	01-1978-00	91.43
SI SEWER			153	19.82		
GA GARBAGE				21.50		
FF FINE FEE		1		3.60	05/15/2020	100.47
WR DISCH				1.50		
TX SALES TAX				1.37		

06/03/2020 07/03/2020

INCL SENIOR/VEYERAN DISCOUNT: 831.20

845 NEVADA



06/03/2020

845 NEVADA

07/05/2020

PACIFIC RENOJOSA
845 NEVADA
MERCEDRES ST

51.43 06/15/2020

100.47

70510

ACTIVE

01-1978-00

For Online or cityofmercedres.com

***** MERCEDES *****

WA	9726	9834	103	38.56	ACTIVE	
SE SEWER			108	28.59	01-1078-00	87.47
GA GARBAGE				11.50		
FT FIRE FEE			1	3.00	09/07/2020	96.09
BR BRUSH				4.50		
TX SALES TAX				1.32		

INCL SENIOR/VETERAN DISCOUNT: 911.20

07/05/2020 08/05/2020

845 NEVADA



07/05/2020

845 NEVADA

08/05/2020

87.47 09/07/2020

96.09

RAQUEL NIÑOJOSA
845 NEVADA
MERCEDES TX

78570

ACTIVE

01-1078-00

Pay Online at cityofmercedes.com

CITY OF MERCEDES
P. O. BOX 837
MERCEDES, TX 78570

Spectrum

March 18, 2020
 Account Number: 6200 18 011 0100267
 Security Code: 6730
 Service At: 843 NEVADA ST
 MERCEDES TX 75370-3243

Have questions about your bill?
 Visit us at Spectrum.net/billing
 Or call us at 1-855-JD-CPE (TV) and 1-855-TV-7328

Summary	
Previous Balance	\$0.73
Payments Received (Phone Yr.)	-\$0.73
Resending Balance	\$0.00
Current Charges	\$29.99
Total Due by 03/31/20	\$29.99

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

SPECTRUM NEWS

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

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Spectrum

6143 S. PALM HOLLOW RD. FORT WORTH, TX 76116-0517
 (817) 732-8771 or 1-855-JD-CPE (TV) and 1-855-TV-7328

RACHEL HENJOUSA
 843 NEVADA AVE
 MERCEDES TX 75370-3243



March 18, 2020
 RACHEL HENJOUSA
 Account Number: 6200 18 011 0100267
 Service At: 843 NEVADA ST
 MERCEDES TX 75370-3243

Total Due by 03/31/20 **\$29.99**
 Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
 PO BOX 80074
 CITY OF INDUSTRY, CA 91718-0074



626034011016626700029991

Spectrum

April 14, 2020
 Account Number: 6260 18 011 0106267
 Security Code: 8793
 Service At: 845 NEVADA ST
 MERCED, CA 95370-3243

Have questions about your bill?
 Visit us at Spectrum.net/bills
 Or call us at 1-855-70-SPECTRUM (1-855-767-7326)

Summary	
Previous Balance	23.90
Payment Received (Thank You!)	-20.52
Remaining Balance	3.38
Spectrum Voice™	23.90
Current Charges	379.00
Total Due by 05/01/20	379.00

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

Spectrum

4145 E. PALM AVE. #200, P.O. BOX 1000, W. FL. 33578-0000
 (813) 938-1000 or 1-800-955-1000 (toll-free)

RACHEL HINDJORA
 845 NEVADA AVE
 MERCED, CA 95370



SPECTRUM NEWS

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

Switch to Auto Pay Today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit Spectrum.net/autopay

READY TO MOVE? WE'LL DO THE HEAVY LIFTING. Call Spectrum to transfer your services and we'll have them set up on your schedule. Download the My Spectrum App for the most convenient way to handle all of your account needs, pay bills and more. Our simple 3-step service window makes your move and make installation easy. Find out to learn about our relocation options if you'd like to handle the move on your terms. Let's get moving. Call 1-855-762-6526 or visit Spectrum.net/movingspectrum

EXPERIENCE A NEW KIND OF ENTERTAINMENT AT YOUR FINGERTIPS. Hand-picked Internet, FREE (over the HD and On Demand), FREE (on TV App), FREE (on TV) and FREE (on TV) Internet Security Suite all with Spectrum. Call 1-877-618-6716 or visit Spectrum.com

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with the convenient place for handling all your account needs.

April 14, 2020

RACHEL HINDJORA

Account Number: 6260 18 011 0106267

Service At: 845 NEVADA ST

MERCED, CA 95370-3243

Total Due by 05/01/20 **379.00**
 Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
 PO BOX 60074
 CITY OF MERCED, CA 95371-0074



626018011010626700029993

Spectrum

May 14, 2020
 Account Number: 8260 18 011 0186267
 Security Code: 9719
 Service At: 845 NEVADA ST
 MURCE DES TX 78570-3243

Have questions about your bill?
 Visit us at Spectrum.net/billing
 Or call us at 1-815-770-SPECTRUM (1-815-707-7328)

Summary

Service fees of \$4.25 are shown in the
 amount due section of this bill.

Previous Balance	70.00
Payments Received (Thank You!)	-20.00
Remaining Balance	\$0.00
Spectrum Voice™	79.00
Current Charges	\$29.99
Total Due by 05/21/20	\$29.99

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

Spectrum

4145 S. FALGOUTS RD RIVERVIEW FL 33576-8032
 (336) 560-4700 FAX (336) 560-4700 (336) 560-4700

RACHEL HANCOCK
 845 NEVADA AVE
 MURCE DES TX 78570-3243



826018011018626700029993

SPECTRUM NEWS

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

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient
 way to pay your bill on time every month without the hassle of
 buying stamps or writing checks. Visit spectrum.net/autopay

Moving a move? Make the right move with Spectrum. Our
 flexible 1-hour service window respects your time and makes
 installation easy. Transfer your Spectrum services, and we'll have
 everything connected before you're even unpacked. CALL
 1-844-315-6819 and make the right move.

**Download the latest version of the My Spectrum App from
 your device's app store.** The My Spectrum App makes it easier
 for you to manage your Spectrum services. A hassle-free
 experience with one approved place for handling all your account
 needs.



May 14, 2020

RACHEL HANCOCK

Account Number: 8260 18 011 0186267

Service At: 845 NEVADA ST
 MERCEDES TX 78570-3243

Total Due by 05/21/20 **\$29.99**
 Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
 PO BOX 66074
 CITY OF HOUSTON TX 77266-0744



Spectrum

June 14, 2020
Account Number 6260 18 011 0186267
Security Code 0760
Service At 045 NEVADA ST
MERCEDOS TX 76570-3243

Have questions about your bill?
Visit us at Spectrum.net/billing
Or call us at 1-855-70-SPECTRUM (1-855-737-7371)

Summary





























Previous Balance	75.00
Payments Received - Thank You!	-25.00
Remaining Balance	50.00
Spontaneous Voice™	25.00
Current Charges	175.00
Total Due by 07/01/20	\$250.00

SPECTRUM NEWS

NOTE: Taxes, Fees and Charges listed in the Buyer's city apply to Spectrum TV and Spectrum Internet and are detailed on the following page. Taxes, Fees and Charges by Spectrum Video are detailed in the Billing Information section.

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on line every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

PLANNING A MOVE? We can help, and we're ready when you are. Call to transfer your Spectrum services, and we'll have everything connected so you can feel right at home. Call to move your Spectrum services and we'll get you connected with us faster. We'll also tell you how to enable you to connect on your own terms, with easy step-by-step instructions included. Call 1-888-81-7635 or visit Spectrum.com/move

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A handy too-





























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

Spectrum

4142 B. FALKE, WILHOLM ROSENTHAL (P) 13078-0051
 (P) 000 000 000 00 14 00 0000 0000 00 14 0000 0000

RADIEL MIRALOSA
345 ME'ADA AVE
MEXICO D.F. 065 78 72175-2143

Figure 1

June 14, 2020
RACHEL NEMOJOLA
8200 15 011 0106707
643 NIVADA ST
MERCED, CA 95371

Account Number: 0200 18 01 0105707
Service At: 045 NEVADA ST
MERCEDES TX 75370-3243

Total Due by 07/01/20	\$29.00
Amount you are enclosing	\$

Please Remit Payments To:

SPECTRUM
140 BOX 80676
CITY OF INDUSTRY CA 91718-0076

[illegible]

826018011018626700024441

Spectrum

July 14, 2020
 Account Number 8260 18 011 0186267
 Security Code 0750
 Service AL 845 NEVADA ST
 MERCEDES TX 78370-3243

Have questions about your bill?
 Visit us at Spectrum.net/billing
 Or call us at 1-855-704-7777 (1-855-707-7328)

Summary

Previous Balance	79.00
Payments Received - Thank You!	-79.00
Remaining Balance	\$0.00
Spectrum Voice™	79.00
Current Charges	\$29.99
Total Due by 07/31/20	\$29.99

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

Spectrum

4145 S. PALM JUNCTION RD RIVERVIEW FL 33578-0052
 800 780 4871 or 1-877-333-3333 www.spectrum.net

RACHEL HINOJOSA
 845 NEVADA ST
 MERCEDES TX 78370-3243



SPECTRUM NEWS

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

Enroll in Auto Pay Today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit Spectrum.net/autopay

Billing Statements. Details of large print billing statements are available by request and can be provided within 30 days of Spectrum's receipt of the request. To request these statements online, or visit Spectrum's Customer Care Billing Department at 1-855-707-7328.

Telecommunications Relay Service (TRS)
 The Federal Communications Commission (FCC) has adopted one of the 211 dialing codes for access to Telecommunications Relay Service (TRS). TRS provides persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call parties who do not have such disabilities.

For more information about the various types of TRS, see the FCC's consumer fact sheet at <http://www.fcc.gov/consumers/guides/telecommunications-relay-service> or call 800-877-8111 to be connected to a TRS Center.

July 14, 2020
 RACHEL HINOJOSA
 Account Number 8260 18 011 0186267
 Service AL 845 NEVADA ST
 MERCEDES TX 78370-3243

Total Due by 07/31/20 **\$29.99**
 Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
 PO BOX 90074
 CITY OF ANCHORAGE AK 99500-0074
 1-800-441-7227

826018011018626700029999

Spectrum

August 14, 2020
 Account Number 8760 18 011 0100267
 Security Code 0720
 Service At: 845 NEVADA ST
 MERCEDES TX 76570-3243

Have questions about your bill?
 Visit us at Spectrum.net/billing
 Or call us at 1-855-70-SPECTRUM (1-855-707-7329)

Summary	
Previous Balance	79.00
Payments Received - Thank You!	-79.00
Remaining Balance	\$0.00
Spectrum Value™	79.00
Current Charges	\$29.00
Total Due by 08/31/20	\$29.00

SPECTRUM NEWS

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

Cancel to Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay

PLANNING A MOVE? We can help, and we're ready when you are. Call to transfer your Spectrum services, and we'll have everything transferred so you can feel right at home. Call to move your Spectrum services and we'll get you connected with top hotels. We'll ship well-stocked kits to enable you to connect on your own terms, with easy step-by-step instructions included. CALL 1-855-341-3407 or visit Spectrum.com/moveeasy

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App then acts as a remote that over to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your desired needs.

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

Spectrum

4143 S. FAULKNER RD RIVERVIEW FL 33576-0002
 CDR 1028 845 00 11 20 12000 00000000 00 01 07 00 00 00

RACHEL HINOJOSA
 845 NEVADA AVE
 MERCEDES TX 76570-3243



August 14, 2020

RACHEL HINOJOSA

Account Number 8760 18 011 0100267
 Service At 845 NEVADA ST
 MERCEDES TX 76570-3243

Total Due by 08/31/20 **\$29.00**
 Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
 PO BOX 80074
 CITY OF INDUSTRY CA 91714-0074



826018011018626700009991

020217170

Check 7640

\$100.00

[illegible]

02/26/2020

Check 7648

598.73

\$29.99

03/24/2020

7697

As for me
and my family

22-27

\$29.99

Pay to the
Order of *Superfund*

Superfund

TELEPHONE BANK

THE WILL SERVE THE LORD

Reginald

61149201285 76970390368-6

\$29.99

05/27/2020 Check 7697

MODEL NUMBER
 MODEL NUMBER
 AND NUMBER
 THE NUMBER

7815
 7815

Praise
 the Lord

2-24-03

\$29.99

For the Lord
 is Good

7815 39-388-5

07/28/2020

\$29.99

07/28/2020 Check 7815

7633

For me
and my family...

1-21-20

\$75.42

Robert Dyer

Debra Dyer

For the use of the Lord

2:15

Robert Dyer

01/22/2020 7633 39 368 05

01/22/2020

Check 7633

\$75.42

2-14-20

1510032



24:15

01:47 04/04/2013

THE UNIVERSITY OF CHICAGO

\$100.32

7874

11-2-10

5892

Water Dept

colours of 20

1

Location

mul. red. Crist. 2000 55-1

Digitized by

1821036772

03/23/2020

Check 7674

五五五

MEMO
TO: W. J. Dept
FROM: Carson
DATE: 8/13/92
SUBJECT: on Possible
Report
7692
all things 4-24-20
CIVILIAN 7692-17-363-6

4/27/2020

Check 7692

\$1113.82

BANK OF AMERICA
 1001 N. W. 10th St.
 Miami, FL 33136
 (305) 375-1234

Pay to the order of Water Dept
 City of Miami
 \$133.48

Date 05/27/2020
 Amount \$133.48
 Signature Roguel D. Lopez
 Title City of Miami

MICR Line: 6144720128C 769639-368-6

05/27/2020

Check 7696

\$133.48

\$81.94



Unlimited Possibilities

Invoice

Date: 8/14/2020
Raquel Hinojosa

DESCRIPTION	UNIT PRICE	TOTAL QTY	LINE TOTAL
Lysol 19oz	\$20.00	10	\$200.00
Box of KN95	\$20.00	1	\$20.00
Box of 50 mask	\$15.00	1	\$15.00
Delivery			\$5.00
Final Price			\$260.00

Thank you for your business!



Part Number	Line	Description	Quantity	Price	Net	Total
HS1GAL	NON	HAND SANITIZER GALLO ()	1.00	78.00	45.0000	45.00
HS64OZ	NON	HAND SANITIZER 64OZ ()	1.00	50.00	0.0000	0.00

Subtotal 45.00
SALES TAX 8.2500%

Total 48.71

Customer Signature
I agree to pay total amount
according to card issuer agreement.

WARRANTIES & RETURNS
MUST BE ACCOMPANIED BY
THIS INVOICE

Receipt



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

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

April 23, 2020

Raquel Hinojosa
Raquel Hinojosa
845 Nevada
Mercedes, TX 78570

RE: SBA Disaster Loan Application Number: 3301263800

Dear Raquel Hinojosa,

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

Economic injury is not substantiated.

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

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

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

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

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

Your request must:

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

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

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

Sincerely,

Application Processing Department

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