

Development Corporation of Mercedes, Inc.

Agenda

October 8, 2020 at 4PM

320 S. Ohio

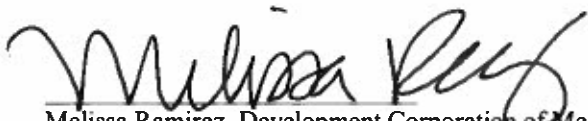
Development Corporation of Mercedes, Inc.
Agenda
October 8, 2020 4PM
320 S Ohio

NOTICE, is hereby given that the Development Corporation of Mercedes, Inc. will be holding a **VIRTUAL Special Called Meeting on Thursday, October 8, 2020 at 4PM at URL: <https://global.gotomeeting.com/join/485918181> /PHONE: 1 877 309 2073 / ACCESS CODE: 485-918-181** for the purpose of considering and taking formal action regarding the following items:

1. Call meeting to order
2. Discussion and Action: September 24, 2020 Minutes
3. Discussion and Action: Consideration to amend the Mercedes Small Business Recovery Grant Eligibility Criteria to include Businesses in a Residential Setting
4. Discussion and Action: Mercedes Small Business Recovery Grant- Manuela Garza, \$3000
5. Discussion and Action: Mercedes Small Business Recovery Grant- Melva Escobar Pedraza, \$3000
6. Discussion and Action: Mercedes Small Business Recovery Grant-Juan Otero, \$3000
7. Discussion and Action: Mercedes Small Business Recovery Grant-Dora Garcia, \$5000
8. Discussion and Action: Mercedes Small Business Recovery Grant-Raquel Hinojosa, \$5000
9. Discussion and Action: Changing the Meeting Day and Time
10. Executive Session: Section 551.087: Economic development negotiations with Project J. Martinez and Project Tree and Section 551.071: pending legal issues and on any regular agenda item requiring confidential, attorney-client advice necessitated by the deliberation or discussion of said item as needed.
11. Discussion and Action: item #10
12. Adjournment

The Board of Directors reserves the right to go into Executive Session at any time during the meeting to consult with its attorney in accordance with Section 551.071, deliberate the purchase or sale of real property in accordance with Section 551.072, deliberate personnel matters in accordance with Section 551.074, and/or deliberate economic development negotiations in accordance with Section 551.087. This notice is given in accordance with Vernon's Texas Code Annotated, Texas Government Code, Section 551.001 et. seq. I hereby certify this Notice of a Meeting of the Development Corporation of Mercedes was posted in accordance with the Open Meetings Act on the outside bulletin board at City Hall of the City of Mercedes, located at 400 S Ohio, visible and accessible to the general public during and after working hours. This notice was posted on the 2nd day of October 2020 at 4:00PM and will remain so posted continuously for at least 72 hours preceding the scheduled time of this meeting in accordance with Chapter 551 of the Texas Government Code.

ATTEST:


Melissa Ramirez, Development Corporation of Mercedes

1. Call meeting to order

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

Development Corporation of Mercedes, Inc.
Virtual Special Called Meeting
Thursday, September 24, 2020 4:00PM
globalgotomeetings.com

Board Members Present:

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

Board Members Absent:

David Garza – Member

EDC Staff Present:

Melissa Ramirez – Executive Director
Rose Saenz – Administrative Coordinator

City Staff Present:

Mark Sossi – DCM Interim Attorney

Others Present:

1. Call Meeting to order

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

2. Discussion and Action: September 17, 2020 Minutes

Roel Villanueva motioned to approve the September 17, 2020 Minutes as presented. Seconded by Jaime Gonzales. All voted aye.

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

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

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

Joe Flores motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$3,000 for Carlos Lunar – DBA R&L Glass Company. Seconded by Tony Garza. All voted aye.

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

Tony Garza motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$3,000 for Linda Cermeno – DBA Joes Tire and Linda. Seconded by Roel Villanueva. All voted aye.

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

Jaime Gonzales motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$3,000 for Rogelio Barrientes – DBA Texas Metro Utilities LLC. Seconded by Peggy Marie Chavez – Yanez. All voted aye.

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

Roel Villanueva motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$3,000 for Myra Elizondo – DBA Elizondo's Bookkeeping Service. Seconded by Tony Garza. All voted aye.

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

Tony Garza motioned to approve Mercedes Small Business Recovery Assistance Grant application in the amount of \$5,000 for Muhammad Owais – DBA Boost Mobile. Seconded by Roel Villanueva. All voted aye.

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

Roel Villanueva motioned to deny Mercedes Small Business Recovery Assistance Grant application for Teri Gonzales – DBA G&G Pool Maintenance. Seconded by Joe Flores. All voted aye.

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

Jaime Gonzales motioned to deny Mercedes Small Business Recovery Assistance Grant application for Juan Pedraza – DBA Pedraza Auto Service, LLC. Seconded by Joe Flores. All voted aye.

11. Discussion and Action: Mercedes Small Business Recovery Grant – Myra Morales

Joe Flores motioned to deny Mercedes Small Business Recovery Assistance Grant application for Myra Morales – DBA Hour Glass Body Contouring. Seconded by Peggy Marie Chavez - Yanez. All voted aye.

6. Adjournment: 4:11 PM

Fred Gonzalez, President

Joe Flores, Jr., Vice President

Tony Garza, Treasurer

Jaime Gonzales, Secretary

Roel Villanueva, Member

David Garza, Member

Peggy Marie Chavez - Yanez, Member

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



Memo

To: Sergio Zavala, City Manager

From: Melissa Ramirez, Executive Director

CC: File

Date: 9/25/2020

Re: Mercedes Small Business Recovery Grant Program Amendment

The current guidelines for the grant program deem home based businesses ineligible. Please see the City Manager's attached email.

Recommendation: Amend the guideline to read "An applicant who has a business in a residential setting may qualify for relief consideration if it has lawfully existed for at least 20 years."

Melissa Ramirez

From: Sergio Zavala <szavala@cityofmercedes.com>
Sent: Thursday, September 24, 2020 4:16 PM
To: ssautobodysolutions@gmail.com; Monica Rodriguez; Rose Saenz; Melissa Ramirez
Subject: Day Care

Follow Up Flag: Follow up
Flag Status: Flagged

Rachel, good to converse with you earlier. As discussed, please see some notes that may be helpful in your effort to secure some financial relief for your mom's day care:

*After we conversed, I checked the B-2 Single Family Residential Zoning District's list of '**Permitted uses**' and discovered that the following *IS* permitted: "**child nurseries**". The Ordinances' Article 26 on Definitions did not have any definition of what the ordinance meant for 'child nurseries'; thus, I looked it up on Google which cites the following: "**Childcare Nursery - a room within the house designed for the care of a young child or children. Nursery school - a daycare facility for preschool-age children.**" This is good news because this explains why the previous administration allowed the daycare businesses in this residential neighborhood to start and continue (subject to the occasional fire/safety inspection by the Fire Marshal). Also, the Business License/Permit requirement was not enacted until September 2017. What this means is that your mom's business was lawfully started, and y'all were not issued a business license back in the '90's because this was not a requirement until late 2017. Bottom Line: it is a lawful business via the general grandfathered rule.

*You do **NOT** have to undergo the CUP process; thus, disregard my comments on this process from our earlier phone call.

*However, the rule remains that a business that's lawful by City Codes (and it is) has to be in a BUSINESS setting...the daycare business is in a residential setting. The only way to have your mom's daycare considered for some financial CARES relief is for the rule to change...there is no other way. A rule that may be considered could be the following: "**An applicant who has a business in a residential setting may qualify for relief consideration if it has lawfully existed for at least 20 years.**" Such an amendment considers both the applicant and the residential neighborhood, i.e., it respects the longevity of the (home) business that has been compliant, and the fact that the residential neighborhood has become accustomed to it for the past 20+ years.

*The amendment (as shown above but can be further refined) must be considered by the DCM Board of Directors and, if they support it, then the matter will be promptly moved forward to the City Commission (CC). Once the CC approves it, your mom's daycare application may be reconsidered for action.

*If this amendment is scheduled at the DCM level, please alert me of when the meeting will be and I will do my best to attend and express that the City's Planning Department nor Management objects to the rule change.

*This is a time-sensitive item since, as of this time, the deadline to spend the CARES monies, ends Oct. 30th...which means that the approvals must be done a week or so before Oct. 30th for processing, assessing.

*I strongly suggest that a 1-page letter be prepared regarding the request for rule change, as cited above (as an example). Address it to the **DCM Board of Directors** and give that to Rose; then, if approved by the DCM, quickly prep the same letter addressed to the '**Mayor and the City Commission**' & send that over to me. I

encourage you to prep that request this evening, and present it to Rose (or Melissa) tomorrow, cuz they may have a DCM meeting next week that they may be able to add to their agenda.

If you have any questions, you may email 'em over. Good luck. 😊

--

Sergio Zavala
City Manager
CITY OF MERCEDES, TEXAS
400 S. Ohio Ave.
Mercedes, TX. 78570
(956) 565-3114, Ext. 127
szavala@cityofmercedes.com

September 24, 2020
Raquel's Daycare License# 406690
Raquel Hinojosa
845 Nevada Street
Mercedes Texas 78570
956-565-5592

ATTENTION: DCM Board of Directors

To whom it may concern:

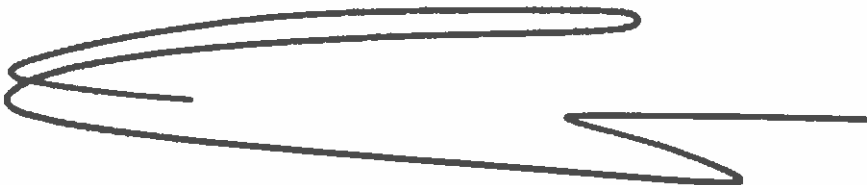
I, Raquel Hinojosa, owner of Raquel's Daycare located at 845 Nevada St. Mercedes Texas ask that the amendment listed below be refined. Current rule remains that a business that is lawful by City Codes (and it is) has to be in a BUSINESS setting. The daycare business is in a residential setting. The only way for the daycare to be considered for financial CARES relief is for the rule to change. A rule that may be considered could be the following: **AN APPLICANT WHO HAS A BUSINESS IN A RESIDENTIAL SETTING MAY QUALIFY FOR RELIEF CONSIDERATION IF IT HAS LAWFULLY EXISTED FOR AT LEAST 20 YEARS.** Such an amendment considers both the applicant and the residential neighborhood, i.e., it respects the longevity of the (home) business that has been compliant, and the fact that the residential neighborhood has become accustomed to it for the past 20+ years.

The B-2 Single Family Residential Zoning District's list of 'Permitted uses' states on Ordinances' Article 26 that a "**Child Nurseries**" IS permitted. "Childcare Nursery – a room within the house designated for the care of a young child or children. Nevertheless, The Texas Department of Health and Human Services Commission Administration did allow and grant State License # 406690 on April 15, 1991. The daycare business has successfully operated in the residential neighborhood since 1991 and has been subject to annual state compliance inspections, criminal background, CPR/first aid, educational Workforce Solutions training, and fire/safety inspections by our local city fire marshal as well.

Furthermore, the Business License Permit requirement was not enacted until September 2017. This shows that the Daycare Business was lawfully started and was not issued a business license back in 1991. Please note that it is a lawful business via the general grandfathered rule.

COVID-19 has negatively affected the daycare services we provide to our faithful clients, so we'd appreciate the Board's empathetic understanding to our financially stressed plight.

Sincerely,
Raquel Hinojosa

A large, stylized handwritten signature in black ink, appearing to be 'Raquel Hinojosa', written over a horizontal line.

4. Discussion and Action: Mercedes Small Business Recovery Grant-Manuela Garza, \$3000

Memo

To: DCM Board of Directors

From: Rose Saenz

CC: Melissa Ramirez, Executive Director

Date: 9/25/20

Re: Mercedes Small Business Grant Program

Recommendation:

Manuela Garza – Approve 3K

Melva Escobar Pedraza – Approve 3K

Juan Otero – Approve 3K

Dora Garcia – Approve 5K

Rachel Hinojosa – Approve 5K

Mercedes Small Business Recovery Assistance Grant Program

APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

First/Last Name of person completing this application: Manuela Garza
Name of Business: SACKK'S Party Supplies & Gifts
Business Type: Flower shop / events decor.
Address of Business: 310 S. Texas Ave. Mercedes, TX.
Email Address: mel1973@gmail.com Phone Number: 956-514-1188
956-584-4525

BUSINESS OWNERSHIP

Tax ID #: 32016314811
Entity Name: SACKK'S Party Supplies & Gifts
Name of business owner (if different from above): Manuela GARZA
Number of years in business: 17 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 #: 1 (Part-time # employees:)

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

Yes No ✓

Is your business operated as a sole proprietorship?

Yes ☒ No ☐

USE OF FUNDS

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

☒ Rent/mortgage payment. List specific amount. \$ 500.00

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

☒ Employee support (salaries, insurance, paid leave) \$ 1,400.00

☒ Utilities (i.e. electricity, water, phone, internet, etc.) \$ 1,143.09

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

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

Total Amount \$

Total Grant amount requested from Mercedes DCM: \$ 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: Texaco National Bank

Name of your Bank Officer: Elena Martinez

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

If no, why not?

DOCUMENTS TO BE ATTACHED

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

1. W-9 Form.
2. Receipt or cancelled check of most recent lease/mortgage payment.
3. Receipt or cancelled check of most recent utility payment (water, electric, phone, gas, etc.).
4. Receipt or cancelled check for salary payments made to furloughed employees, *if applicable*.
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.

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

☒ Paycheck Protection Program (PPP)

Requested amount:

4,900.00

☒ Economic Injury Disaster Loan (EIDL)

Requested amount:

28,400.00

**Provide proof of application provided via attachment.*

If not, why not?

ACKNOWLEDEMENTS/SIGNATURES

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

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

M.G. 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.)

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

M.G. 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.

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

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

M.G. 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 SACKK's Party Supplies & Gifts

Written:

Manuela Garza

Legal Representative

08/07/2020

Title

Signed:

Legal Representative

Title

Signed as Individual:

Manuela Garza

Date

08/07/2020

Form

W-9(Rev. October 2018)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**► Go to www.irs.gov/FormW9 for instructions and the latest information.**Give Form to the
requester. Do not
send to the IRS.**

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

MANUELA GARZA

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

SACKK'S PARTY SUPPLIES AND GIFTS

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.

310 S TEXAS AVE

6 City, state, and ZIP code

MERCEDES TX 78570

7 List account number(s) here (optional)

Requester's name and address (optional)

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

Social security number

6 4 0 - 4 2 - 8 7 2 3

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 ►*Manuela Garza*

Date ►

8-7-20

General Instructions

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

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

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

- Form 1099-INT (interest earned or paid)

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

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

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

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank Manuela Galvan Garza	
2 Business name/disregarded entity name, if different from above dba Sackks Party Suppliss & Gifts	
3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner. <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.) 310 S. Texas Apt. A	Requester's name and address (optional) Texas National Bank 4908 S. Jackson Rd. Edinburg, Texas 78539
6 City, state, and ZIP code Mercedes, Texas 78570	
7 List account number(s) here (optional) LN# 990966	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
6	4	0	-	4	2	-	8	7	2	3
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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding. If you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

15.00
10.00
10.00
4.00
69.00

5
5
5
5
5

ASSESSED
STICKER
ROAD BRIDGE ADD-ON FEE
MOBILITY FEE
HANDLING FEE
TOTAL

Texas

USA
TX

DRIVER LICENSE



12186158

Class C

10/13/2018

10/11/2024

DOB 10/11/1973

GARZA

MANUELA GALVAN

802 NEVADA ST

MERCEDES TX 78570-0000

12 Restrictions NONE

1a End NONE

16 Hgt 5'-07"

18 Sex F

18 Eyes BRO

5 DD 06619881005133378290

Manuela Galvan

SCHEDULE Y

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Supplies: Attach to Form 1040 or 1040-SR

Additional Income and Adjustments to Income▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.**2019**Attachment
Sequence No. **01**

Your social security number

Manuela Garza**XXXX-XX-XXXX**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	23,780
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	23,780

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	1,691
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	1,691

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

Schedule Y (Form 1040 or 1040-SR) 2019

11A

1040 U.S. Individual Income Tax Return 2019

OMB No. 1545-0047

Use Only: Do not write or print in this space

Filing Status

☐ Single

☐ Married filing jointly

☐ Married filing separately (MFS)

☒ Head of household (HOH)

☐ Qualifying widow(er) (QW)

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

Your first name and middle initial

Last name

Your social security number

Manuela

Garcia

XXX-XX-XXXX

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions

Apt. no.

310 S Texas

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

MERCEDES, TX 78570

Foreign country name

Foreign province/state/country

Foreign postal code

Presidential Election Campaign
Check here if you or your spouse filed jointly, and \$3 to go to the fund.
Checking a box below will not change your tax in any way.

☐ Yes ☐ No

If more than four dependents, see inst. & check here ☐

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

You: ☐ Were born before January 2, 1955

☐ Are blind

Age/Blindness

Spouse: ☐ Was born before January 2, 1955

☐ is blind

Dependents (see instructions)

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.)	Child tax credit	Credit for other dependents
Cynthia	Garcia	XXX-XX-XXXX	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jose	Garcia	XXX-XX-XXXX	Son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2.	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	23,789
b	Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income	7b	23,892
8a	Adjustments to income from Schedule 1, line 22	8a	1,481
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	22,171
9	Standard deduction or itemized deductions (from Schedule A)	9	19,350
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	744
11a	Add lines 9 and 10	11a	19,114
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	3,057

Standard Deduction

• Single or married filing separately \$12,300

• Married filing jointly or qualifying surviving spouse \$24,600

• Head of household \$18,300

• If you claimed any tax other than standard Deduction, see instructions

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

Form 1040 (2019)

12a Tax (see instructions). Check if any from:

1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☒

12a 300

b Add Schedule 2, line 3, and line 12a and enter the total 12b 300

13a Child tax credit or credit for other dependents 13a 300

b Add Schedule 3, line 7, and line 13a and enter the total 13b 300

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 3,361

16 Add lines 14 and 15. This is your total tax 16 3,361

17 Federal income tax withheld from Forms W-2 and 1099 17

18 Other payments and refundable credits:

a Earned income credit (EIC) 18a 5,144

b Additional child tax credit. Attach Schedule 8812 18b 1,400

c American opportunity credit from Form 8863, line 8 18c

d Schedule 3, line 14. 18d

e Add lines 18a through 18d. These are your total other payments and refundable credits 18e 6,544

19 Add lines 17 and 18e. These are your total payments 19 6,544

Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 3,205

21 a Amount of line 20 you want refunded to you. If Form 8878 is attached, check here ☐ 21a 3,205

Direct deposit? ☒ b Routing number 114920128 ☒ c Type ☒ Checking ☐ Savings

See instructions. ☒ d Account number XXXX10018

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

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.)
50696 05-11-2020 Florist
Spouse's signature (if a joint return, both must sign) Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.)

Phone no. 956-683-4525

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

07-07-2020

XXXXXXXXXX

☒ Self-employed

Preparer's name Luana Lucio

Phone no. 956-683-1040

☐ Third Party Designee

Firm's name Liberty Tax - Office 12172

Firm's address 1802 N 10th St

McAllen, TX 78501

Firm's EIN 20-1875564

Go to www.irs.gov/Form1040SR for instructions and the latest information.
EEA

Form 1040 (2019)



Creating Opportunities

Account Details - Nr. 6781667259

Actions

Account Details

Fraud Mgt Referrals

Log Complaint

Notes

Participants

Service Request

Product CodeACCD - CD/ST/SEC FIXRA

Status0 ACTIVE

Legal StatusN/A

SSN/TIN640428723

Late Charges\$0.00

Unpaid Fees\$0.00

Past Due Amt\$0.00

Partial Paid Amount\$0.00

Payment Due Amount\$500.00

Payment MethodN

Payments Remaining6

Escrow Payment Amt\$0.00

Payments Made7

Interest Paid YTD\$359.93

Tax Paid YTD\$0.00

Interest Paid Prior YTD\$0.00

Tax Paid Prior YTD\$0.00

Interest Payment AmtN/A

Payoff Amount\$16,188.12

Scheduled Amount\$500.00

Current Due Date10/17/2020

Collateral530 - BBVA USA (ONUS)

Origination Date02/19/2020

Original Amount\$19,325.00

Available Balance\$0.00

Escrow Balance\$0.00

Maturity Date03/17/2021

Interest Rate3.60000000

Principal Balance\$16,184.93

Interest Amount\$3.19

Days Past Due0

Payment Due Date10/17/2020

Principal Payment AmtN/A

Officer18201

RegionHOUSTON - 21

BankTEXAS - 21

BankruptcyN

ForeclosureN

Cost Center18340

NameMANUELA GARZA

Address802 NEVADA ST MERCEDES TX 78570 - USX

PropertyN/A, , ,

Investor No.N/A

DEPOSITS AND OTHER CREDITS

Date	Description	Deposits
Jun 01	DEPOSIT	546 55 ✓
Jun 01	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	263 03
Jun 01	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	446 67
Jun 04	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	75 00
Jun 05	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	391 07
Jun 08	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	388 11
Jun 09	DEPOSIT	137 43 ✓
Jun 09	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	86 59
Jun 10	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	158 36
Jun 11	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	215 00
Jun 12	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	201 35
Jun 15	DEPOSIT	1,410 00 ✓
Jun 15	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	71 50
Jun 16	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	75 77
Jun 17	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	156 96
Jun 17	SBAD TREAS 310 MISC PAY RMT*CT*5335457909 200 35677 F8113***** \ *****5790973000 MANUELA Galvan Garza	28,400 00
Jun 18	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	281 45
Jun 22	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	211 07
Jun 23	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	65 00
Jun 24	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	22 00
Jun 25	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	445 26
Jun 26	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	326 96
Jun 26	SBAD TREAS 310 MISC PAY NTE*PMT*EIDG 3303246752\ EIDG *****46752 MANUELA GALVAN GARZA	4,000 00
Jun 29	DEPOSIT	678 93 ✓
Jun 30	MERCHANT SERVICE/PMT PROC 84870021737682 SACKKS PARTY SUPPLIES	252 22

DEBITS AND OTHER WITHDRAWALS

Date	Description	Withdrawals
Jun 02	MERCHANT SERVICE/FEES SEP 84870021737682 SACKKS PARTY SUPPLIES	59 47 ✓
Jun 02	BANKCARD DEPOSIT/FEES 000912200423848 SACKKS FLOWERS AND GIF	65 69 ✓
Jun 09	GOLDENRULE/INS PREM 094044787 MANUELA GARZA	153 65 ✓
Jun 10	SYNCHRONY BANK/CC PYMT 650172052032338 MANUELA GARZA	100 00 ✓
Jun 11	ATT/PAYMENT 889117011EPAYR MANUELA GARZA	65 53 ✓
Jun 11	ADT SECURITY SER/ADTPAPACH 310358595 GARZA, MANUELA	66 93 ✓
Jun 15	SECURITYNATIONAL/PREM DEBIT 04S001035233 MANUELA GARZA	58 20 ✓
Jun 15	FDG/LEASE PYMT 052-1499654-000 MANUELA GARZA	70 26 ✓
Jun 17	FORD MOTOR CR/FORDCREDIT 056479587 MANUELA GARZA	350 00 ✓
Jun 23	TNB LN#180439	42 99 ✓
Jun 23	TNB LN#180439	157 01 ✓
Jun 25	SCI CEM/FUNERAL/APDDRAFT 015500911739 GALVAN GARZA, MANUELA	21 57 ✓
Jun 25	SCI CEM/FUNERAL/APDDRAFT 015500911740 GALVAN GARZA, MANUELA	43 05 ✓
Jun 29	FDG/ANNUAL FEE 052-1499654-000 MANUELA GARZA	30 20 ✓
Jun 29	SECURITYNATIONAL/PREM DEBIT 04S001035235 MANUELA GARZA	61 08 ✓
Jun 29	SYNCHRONY BANK/CC PYMT 650172052032338 MANUELA GARZA	80 13 ✓

Utility



ATM/POS TRANSACTION SUMMARY (Continued)

Date	Description	Deposits	Withdrawals
Jun 18	POS PURCHASE WITH PIN DOLLAR TR 2109 W LINCOLN TX 789670 *****6076 06/18 12:24		51 88 ✓
Jun 22	POS PURCHASE NON-PIN ENTRUST ENERGY ——— Utility 800-871-8100 TX 999999 *****6076 06/19 01:32		196 37 ✓
Jun 22	POS PURCHASE NON-PIN SPECTRUM ——— Utility 855-707-7328 TX 999999 *****6076 06/20 10:13		264 64 ✓
Jun 22	POS PURCHASE WITH PIN FAMILY DOLLAR # MERCEDES TX 451829 *****6076 06/20 10:22		15 55 ✓
Jun 22	POS PURCHASE NON-PIN TRINIS FLORERIA 1 WESLACO TX 999999 *****6076 06/20 02:57		55 75 ✓
Jun 22	POS PURCHASE NON-PIN AMAZON COM SEATTLE WA 000000 *****6076 06/21 19:41		9 09 ✓
Jun 23	POS PURCHASE NON-PIN BORDERLAND HARDWARE MERCEDES TX V95093 *****6076 06/22 01:44		30 30 ✓
Jun 23	POS PURCHASE NON-PIN AMAZON COM SEATTLE WA 000000 *****6076 06/21 19:39		11 86 ✓
Jun 23	POS PURCHASE NON-PIN AMAZON COM SEATTLE WA 000000 *****6076 06/21 19:35		9 09 ✓
Jun 23	POS PURCHASE NON-PIN AMAZON COM SEATTLE WA 000000 *****6076 06/21 19:31		5 67 ✓
Jun 25	POS PURCHASE WITH PIN FAMILY DOLLAR #2429 MERCEDES TX 451829 *****6076 06/25 14:20		6 50 ✓
Jun 26	POS PURCHASE NON-PIN AMAZON COM SEATTLE WA 000000 *****6076 06/21 19:31		8 54 ✓
Jun 30	POS PURCHASE NON-PIN H-E-B GAS #370 MERCEDES TX 999999 *****6076 06/29 08:42		20 16 ✓
Jun 30	POS PURCHASE NON-PIN AMAZON COM SEATTLE WA 000001 *****6076 06/30 15:43		64 84 ✓

CHECKS PAID

* Indicates a Skip in Check Number(s)

Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
Jun 01	1777	60 00	Jun 10	1783	329 00	Jun 23	1787	150 00
Jun 04	*1779	582 00	Jun 10	1784	405 00	Jun 25	*1789	814 00
Jun 03	*1781	350 00	Jun 15	1785	382 00	Jun 25	1790	350 00
Jun 09	1782	24 00	Jun 15	1786	534 00	Jun 30	1791	300 00

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
Jun 01	2,387.92	Jun 10	1,029.98	Jun 22	29,320.81
Jun 02	2,120.84	Jun 11	1,112.52	Jun 23	28,978.89
Jun 03	1,472.90	Jun 12	831.92	Jun 24	29,000.89
Jun 04	902.00	Jun 15	1,238.67	Jun 25	28,211.03
Jun 05	1,271.14	Jun 16	1,214.61	Jun 26	29,529.45
Jun 08	1,659.25	Jun 17	29,421.57	Jun 29	30,036.97
Jun 09	1,705.62	Jun 18	29,651.14	Jun 30	29,904.19



Account Number
Statement Date 06/30/2020
Statement Thru Date 06/30/2020
Page 2

CHECKS PAID

* Indicates a Skip in Check Number(s)

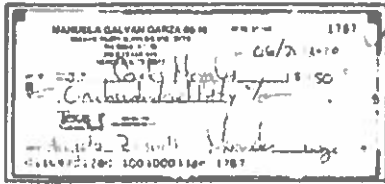
Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
Jun 01	9002	430 00	Jun 10	9005	500 00	Jun 22	9007	440 00
Jun 08	9003	110 00	Jun 15	9006	440 00	Jun 29	9008	440 00
Jun 09	9004	440 00						

DAILY BALANCE SUMMARY

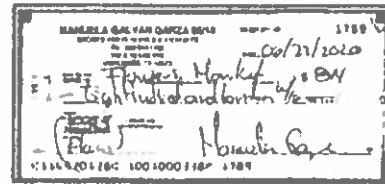
Date	Balance	Date	Balance	Date	Balance
Jun 01	4,030 00	Jun 10	2,980 00	Jun 22	2,100 00
Jun 08	3,920 00	Jun 15	2,540 00	Jun 29	1,660 00
Jun 09	3,480 00				



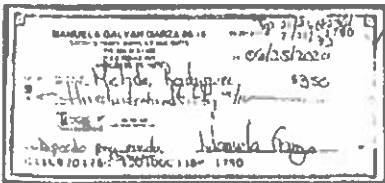
CHECK IMAGES (Continued)



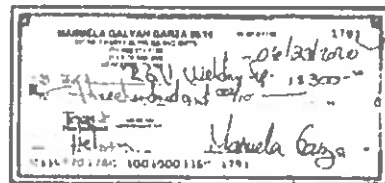
06/23/2020 Check 1787 \$150.00



06/25/2020 Check 1789 \$814.00



06/25/2020 Check 1790 \$350.00



06/30/2020 Check 1791 \$300.00

Melinda Rodriguez

Event sales

Memo Deposit

Flower's Market

RGV Welding



Economic Injury Disaster Loan

U.S. Small Business Administration
Economic Injury Disaster Loan

LOAN AUTHORIZATION AND AGREEMENT

Date: 04.11.2020 (Effective Date)

On the above date, this Administration (SBA) authorized (under Section 7(a) of the Small Business Act, as amended) a loan (SBA Loan #5133457009) to Mantella Gai'ne Gorm (Borrower) of 310 S TEXAS AVE MERCEDER TEXAS 78570 in the amount of twenty-eight thousand five hundred and 00/100 Dollars (\$28,500.00), upon the following conditions:

PAYMENT

- Installment payments, including principal and interest, of \$139.00 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 1.21% 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: (i) inventory, (ii) equipment, (iii) instruments, including promissory notes (iv) chattel paper, including tangible chattel paper and electronic chattel paper, (v) documents, (vi) letter of credit rights, (vii) accounts, including health-care insurance receivables and credit card receivables, (viii) deposit accounts, (ix) commercial tort claims general intangibles, including payment intangibles and software and (x) so-called collateral as such term may from time to time be defined in the Uniform Commercial Code. The security interest Borrower grants includes all accessories, attachments, improvements, parts, supplies and replacements for the Collateral, all products, proceeds and collections thereof and all receipts and documents relating thereto.
- For loan amounts of \$25,000 or less, SBA is not taking a security interest in any collateral.

COMMERCIAL PROMISSORY NOTE

LOAN NUMBER	NOTE DATE	PRINCIPAL AMOUNT	MATURITY DATE	PROCESSOR
990966	05/18/2020	\$ 4,900.00	05/18/2022	Lisa Yanez
LOAN PURPOSE: Paycheck Protection Program				

BORROWER INFORMATION Marueta Galvan Garza DBA Sockits Party Supplies & Gifts

**310 S. TEXAS AVE
MERCEDAS, TX**

NOTE. This Commercial Promissory Note will be referred to in this document as the "Note."

LENDER. "Lender" means Texas National Bank whose address is 4908 S. Jackson Rd, Edinburg, Texas 78539, its successors and assigns.

BORROWER. "Borrower" means each person or legal entity who signs this Note.

PROMISE TO PAY. For value received, receipt of which is hereby acknowledged, on or before the Maturity Date, the Borrower promises to pay the principal amount of \$ 4,900.00 (\$ Four Thousand Nine Hundred USD & 00/100) and all interest on the outstanding principal balance and any other charges, including service charges, to the order of Lender at its office at the address noted above or at such other place as Lender may designate in writing. The Borrower will make all payments in lawful money of the United States of America.

PAYMENT SCHEDULE. This Note will be paid according to the following schedule: 17 consecutive payments of principal and interest in the amount of \$ 274.00 beginning on 12/18/2020 and continuing on the same day of each month thereafter. This will be followed by 1 payment of principal and interest in the amount of \$ 298.50 on 05/18/2022. The unpaid principal balance of this Note, together with all accrued interest and charges owing in connection therewith, shall be due and payable on the Maturity Date. All payments received by the Lender from the Borrower for application to this Note may be applied to the Borrower's obligations under this Note in such order as determined by the Lender.

INTEREST RATE AND SCHEDULED PAYMENT CHANGES. Interest will begin to accrue on 05/18/2020. The interest rate on this Note will be fixed at 1.000% per annum.

Nothing contained herein shall be construed as to require the Borrower to pay interest at a greater rate than the maximum allowed by law. If, however, from any circumstances, Borrower pays interest at a greater rate than the maximum allowed by law, the obligation to be fulfilled will be reduced to an amount computed at the highest rate of interest permissible under applicable law and if, for any reason whatsoever, Lender ever receives interest in an amount which would be deemed unlawful under applicable law, such interest shall be automatically applied to amounts owed, in Lender's sole discretion, or as otherwise allowed by applicable law. Interest on this Note is calculated on an Actual/360 day basis. This calculation method results in a higher effective interest rate than the numeric interest rate stated in this Note. The unpaid balance of this loan after the Maturity Date, whether by acceleration or otherwise, shall be subject to a post-maturity rate of interest equal to 18.000% per annum.

LATE PAYMENT CHARGE. If any required payment is more than 10 days late, then at Lender's option, Lender will assess a late payment charge of 5.000% of the amount of the regularly scheduled payment then past due.

PREPAYMENT PENALTY. This Note may be prepaid, in full or in part, at any time, without penalty.

RIGHT OF SET-OFF. To the extent permitted by law, Borrower agrees that Lender has the right to set-off any amount due and payable under this Agreement, whether matured or unmatured, against any amount owing by Lender to Borrower including any or all of Borrowers accounts with Lender. This shall include all accounts Borrower holds jointly with someone else and all accounts Borrower may open in the future. Such right of set-off may be exercised by Lender against Borrower or against any assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor of Borrower, or against anyone else claiming through or against Borrower or such assignee for the benefit of creditors, receiver, or execution, judgment or attachment creditor, notwithstanding the fact that such right of set-off has not been exercised by Lender prior to the making, filing or issuance or service upon Lender of, or of notice of, assignment for the benefit of creditors, appointment or application for the appointment of a receiver, or issuance of execution, subpoena or order or warrant. Lender will not be liable for the dishonor of any check when the dishonor occurs because Lender set-off a debit against Borrowers account. Borrower agrees to hold Lender harmless from any claim arising as result of Lender exercising Lenders right to set-off.

DISHONORED ITEM FEE. If Borrower makes a payment on the loan with a check or preauthorized charge which is later dishonored, a fee in the amount of \$35.00 will be charged.

RELATED DOCUMENTS. The words "Related Documents" mean all promissory notes, security agreements, mortgages, deeds of trust, deeds to secure debt, business loan agreements, construction loan agreements, resolutions, guaranties, environmental agreements, subordination agreements, assignments, and any other documents or agreements executed in connection with the indebtedness evidenced hereby this Note.

whether now or hereafter existing, including any modifications, extensions, substitutions or renewals of any of the foregoing. The Related Documents are hereby made a part of this Note by reference thereto, with the same force and effect as if fully set forth herein.

DEFAULT. Upon the occurrence of any one of the following events (each, an "Event of Default" or "default" or "event of default"), Lender's obligations, if any, to make any advances will, at Lender's option, immediately terminate and Lender, at its option, may declare all indebtedness of Borrower to Lender under this Note immediately due and payable without further notice of any kind notwithstanding anything to the contrary in this Note or any other agreement: (a) Borrower's failure to make any payment on time or in the amount due; (b) any default by Borrower under the terms of this Note or any other Related Documents; (c) any default by Borrower under the terms of any other agreement between Lender and Borrower; (d) the death, dissolution, or termination of existence of Borrower or any guarantor; (e) Borrower is not paying Borrower's debts as such debts become due; (f) the commencement of any proceeding under bankruptcy or insolvency laws by or against Borrower or any guarantor or the appointment of a receiver; (g) any default under the terms of any other indebtedness of Borrower to any other creditor; (h) any writ of attachment, garnishment, execution, tax lien or similar instrument is issued against any collateral securing the loan, if any, or any of Borrower's property or any judgment is entered against Borrower or any guarantor; (i) any part of Borrower's business is sold to or merged with any other business, individual, or entity; (j) any representation or warranty made by Borrower to Lender in any of the Related Documents or any financial statement delivered to Lender proves to have been false in any material respect as of the time when made or given; (k) if any guarantor, or any other party to any Related Documents terminates, attempts to terminate or defaults under any such Related Documents; (l) Lender has deemed itself insecure or there has been a material adverse change of condition of the financial prospects of Borrower or any collateral securing the obligations owing to Lender by Borrower. Upon the occurrence of an event of default, Lender may pursue any remedy available under any Related Document, at law or in equity.

GENERAL WAIVERS. To the extent permitted by law, the Borrower severally waives any required notice of presentment, demand, acceleration, intent to accelerate, protest, and any other notice and defense due to extensions of time or other indulgence by Lender or to any substitution or release of collateral. No failure or delay on the part of Lender, and no course of dealing between Borrower and Lender, shall operate as a waiver of such power or right, nor shall any single or partial exercise of any power or right preclude other or further exercise thereof or the exercise of any other power or right.

JOINT AND SEVERAL LIABILITY. If permitted by law, each Borrower executing this Note is jointly and severally bound.

SEVERABILITY. If a court of competent jurisdiction determines any term or provision of this Note is invalid or prohibited by applicable law, that term or provision will be ineffective to the extent required. Any term or provision that has been determined to be invalid or prohibited will be severed from the rest of this Note without invalidating the remainder of either the affected provision or this Note.

SURVIVAL. The rights and privileges of the Lender hereunder shall inure to the benefits of its successors and assigns, and this Note shall be binding on all heirs, executors, administrators, assigns, and successors of Borrower.

ASSIGNABILITY. Lender may assign, pledge or otherwise transfer this Note or any of its rights and powers under this Note without notice, with all or any of the obligations owing to Lender by Borrower, and in such event the assignee shall have the same rights as if originally named herein in place of Lender. Borrower may not assign this Note or any benefit accruing to it hereunder without the express written consent of the Lender.

DUTY TO NOTIFY. Borrower agrees to notify Lender if there is any change in the beneficial ownership information provided to Lender. Additionally, Borrower agrees to provide Lender with updated beneficial ownership information in the event there is any change in the beneficial ownership information provided to Lender.

GOVERNING LAW. This Note is governed by the laws of the state of Texas except to the extent that federal law controls.

HEADING AND GENDER. The headings preceding text in this Note are for general convenience in identifying subject matter, but have no limiting impact on the text which follows any particular heading. All words used in this Note shall be construed to be of such gender or number as the circumstances require.

ATTORNEYS' FEES AND OTHER COSTS. Borrower agrees to pay all of Lender's costs and expenses in connection with the enforcement of this Note including, without limitation, reasonable attorneys' fees, to the extent permitted by law.

ADDITIONAL PROVISIONS. When SBA is the holder, this Note will be interpreted and enforced under Federal law, including SBA regulations. Lender or SBA may use state or local procedures for filing papers, recording documents, giving notice, foreclosing liens, and other purposes. By using such procedures, SBA does not waive any Federal immunity from state or local control, penalty, tax, or liability. As to this Note, Borrower may not claim or assert against SBA any local or state law to deny any obligation, defeat any claim of SBA, or preempt Federal law.

See Exhibit "A" attached hereto and made a part hereof.

WAIVER OF JURY TRIAL. All parties to this Note hereby knowingly and voluntarily waive, to the fullest extent permitted by law, any right to trial by jury of any dispute, whether in contract, tort, or otherwise, arising out of, in connection with, related to, or incidental to the relationship established between them in this Note or any other instrument, document or agreement executed or delivered in connection with this Note or the Related Documents.

By signing this Note, Borrower acknowledges reading, understanding, and agreeing to all its provisions and receipt hereof.

By: **Manuela Galvan Garza** Date: **05/18/2020**
Its: **Owner**

EXHIBIT "A" TO TEXAS NATIONAL BANK COMMERCIAL NOTE

LOAN # 990966

BORROWER ACKNOWLEDGES, WARRANTS, REPRESENTS AND AGREES THE FOLLOWING:

- (I) ALL REPRESENTATIONS, WARRANTIES, AND DISCLOSURES SET FORTH IN BORROWER'S APPLICATION FOR THE PAYCHECK PROTECTION PROGRAM VIA THE U.S. SMALL BUSINESS ADMINISTRATION (THE "PROGRAM") ARE INCORPORATED HEREIN BY REFERENCE, AND CONTINUE TO BE TRUE AND CORRECT;
- (II) REPAYMENT OF THE LOAN PROCEEDS SHALL BE REQUIRED UNLESS AND UNTIL BORROWER QUALIFIES, CONFIRMS AND OBTAINS PAYMENT RELIEF UNDER THE TERMS OF THE PROGRAM;
- (III) FORGIVENESS, WAIVER, OR OTHER RELIEF FROM THE PAYMENT TERMS OF THE LOAN SHALL BE DETERMINED SOLELY BY THE TERMS OF THE PROGRAM AND BORROWER'S QUALIFICATIONS THEREUNDER;
- (IV) APPROVAL AND CLOSING OF THE LOAN DOES NOT ESTABLISH BORROWER'S QUALIFICATION, NOR DOES IT CREATE, EVIDENCE OR AUTOMATICALLY GUARANTEE BORROWER'S QUALIFICATION FOR REPAYMENT RELIEF; AND
- (V) THE BANK DOES NOT REPRESENT, WARRANT, OR GUARANTEE BORROWER'S QUALIFICATION FOR PAYMENT RELIEF UNDER THE PROGRAM.

Borrower:

By: **Manuela Galvan Garza** Date **05/18/2020**
Its: **Owner**

COMMERCIAL LOAN SETTLEMENT STATEMENT

LOAN NUMBER	AGREEMENT DATE	PROCESSOR
990966	05/18/2020	Lisa Yanez

BORROWER INFORMATION Manuela Galvan Garza DBA Sochi's Party Supplies & Gifts

**310 S. TEXAS AVE
MERCEDDES, TX**

BORROWER. The term "Borrower" means each person or legal entity identified above in the BORROWER INFORMATION section.

LENDER. "Lender" is Texas National Bank whose address is 4908 S. Jackson Rd, Edinburg, Texas 78539

TOTAL LOAN AMOUNT	\$ 4,900.00
--------------------------	--------------------

DISBURSEMENTS	
AMOUNT GIVEN DIRECTLY TO BORROWER	\$ 4,900.00
AMOUNTS PAID TO OTHERS ON BORROWERS BEHALF	
TOTAL FUNDS DISBURSED	\$ 4,900.00

By signing this Settlement Statement, each Borrower acknowledges reading, understanding and receiving a copy of a completed copy of this statement

By: **Manuela Galvan Garza** Date: **05/18/2020**
Its: **Owner**

ORAL AGREEMENT DISCLAIMER



LOAN NUMBER	DATE	PRINCIPAL AMOUNT	MATURITY DATE	PROCESSOR
990966	05/18/2020	\$ 4,900.00	05/18/2022	Lisa Yanez

BORROWER INFORMATION

Manuela Galvan Garza DBA Sedalia Party Supplies & Gifts

**310 S. TEXAS AVE
MERCEDES, TX**

PARTIES. "Parties" means collectively each person or legal entity who signs this Oral Agreement Disclaimer.

LENDER. "Lender" means Texas National Bank whose address is 4908 S. Jackson Rd, Edinburg, Texas 78539 , its successors and assigns.

WRITTEN LOAN AGREEMENT. Means one or more promises, promissory notes, agreements, undertakings, security agreements, deeds of trust or other documents, or commitments, or any combination of those actions or documents pursuant to which Lender loans or delays repayment of or agrees to loan or delay repayment of money, goods or another thing of value or to otherwise extend credit or make financial accommodation.

The Parties and Lender have entered into a Written Loan Agreement. It is the intention of the Parties and Lender that this Oral Agreement Disclaimer be incorporated by reference into each of the documents executed for this transaction.

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

THERE ARE NO UNWRITTEN ORAL AGREEMENTS BETWEEN THE PARTIES.

By signing this Oral Agreement Disclaimer, each party acknowledges reading, understanding, and agreeing to all of the provisions.

By: **Manuela Galvan Garza** Date: **05/18/2020**
Its: **Owner**

Texas National Bank

By: **Edna R. Martinez** Date: **05/18/2020**
Its: **Senior Vice-President**



Banking Resolution

This is a Certified copy of Banking Resolution that was passed at a Meeting of the Board of Directors of **Manuela Galvan Garza** dba **Sackks Party Supplies & Gifts**, at which was presented on **05/18/2020**.

RESOLVED, that this Board of Directors hereby authorizes and directs

Name and Title	Signature
A. <u>Manuela Galvan Garza, Owner</u>	<hr/>
B. <hr/>	<hr/>
C. <hr/>	<hr/>
D. <hr/>	<hr/>
E. <hr/>	<hr/>

1. **BORROW MONEY.** Borrow the principal amount of **\$ 4,900.00** on behalf and in the name of the above.
2. **EXECUTE NOTES.** To execute and deliver to Lender such promissory notes or other evidence of indebtedness. To deliver to Lender such notes of the Company upon Lender's forms at such rates of interest and such terms as may be agreed upon.
3. **ENDORSE CHECKS.** Endorse checks and orders for payment of money or otherwise withdraw or transfer funds on deposit with Texas National Bank.

Name: Manuela Galvan Garza
Owner

Date
05/18/2020

Name: _____ Date _____

Name: _____ Date _____

Name: _____ Date _____

E-CONSENT TO TEXAS NATIONAL BANK COMMERCIAL NOTE

LOAN NUMBER	DATE	
990966	05/18/2020	

This E-Signatures Authorization Acknowledgment And Consent will also be referred to in this document as the "Agreement" and constitutes the full agreement by and between Texas National Bank ("Financial Institution") and Manuela Galvan Garza DBA Sackks Party Supplies & Gifts (each a "Consenting Party"), with respect to the use of electronic signature.

Financial Institution and Consenting Party agree to the following:

1. Each Consenting Party authorizes Financial Institution to use an electronic signature of the Consenting Party for all documents, agreements, attachments, addendums including, without limitation, all deposit and lending related documents such as account agreements, loan agreements, security agreements, mortgages, deeds of trust, guaranties and hypothecations (collectively, the "Documents") in any way connected to the transaction ("Transaction") being entered into between the Consenting Party and the Financial Institution. This consent is specifically to permit an electronic signature (as of the nature then in use by the Financial Institution) in lieu of hand-written signatures on any one or more of the Documents.
2. Financial Institution consents to accept such signatures as true, correct and binding signatures of the Consenting Party and to enter into the Transaction in reliance thereon.
3. Each Consenting Party agrees that its electronic signature will be enforceable as and to the full extent of a hand-written signature as an original for enforcement/enforceability of the Documents containing the electronic signature(s), whether in court (state or federal), arbitration or otherwise. Consenting Party will not raise any defenses or invoke regulatory or statutory claim attempting to invalidate the enforceability of the Documents to which the electronic signature is affixed.

NOTICES. Any notice from Financial Institution to Consenting Party shall be deemed given when mailed, postage paid, and addressed to any Consenting Party at the last address furnished by any Consenting Party to the Financial Institution. Any notice from Consenting Party to Financial Institution shall be deemed given when mailed, postage paid, and addressed to the Financial Institution at its principal place of business.

ENTIRE AGREEMENT. This Agreement contains and constitutes the entire understanding between Financial Institution and each Consenting Party regarding the subject matter hereof and may not be modified, amended, or terminated except by written agreement signed by Financial Institution and each Consenting Party that such modification, amendment or termination affects. All prior or subsequent oral agreements and/or discussions relating to this Agreement are superseded by this Agreement. Further, in the event of any conflict between the terms and provisions contained in this Agreement and any other document(s) relating to use of electronic signatures, the terms and provisions of this Agreement shall control.

BINDING EFFECT. The obligations hereof shall bind the heirs, executors, administrators, successors, and assigns of each Consenting Party, and all rights, benefits and privileges hereby conferred on Financial Institution shall be and hereby are extended to and conferred upon and may be enforced by its successors and assigns. Further, if any Consenting Party is a partnership, the obligations hereof shall continue in force, and apply, notwithstanding any change in the membership of such partnership, whether arising from the death or retirement of one or more partners or the accession of one or more new partners.

ENFORCEABILITY. Whenever possible each provision of this Agreement shall be interpreted in such manner as to be effective and valid under applicable law. If any provision of this Agreement shall be prohibited by or invalid under applicable law, such provision shall be ineffective only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this Agreement.

HEADINGS. Section headings/titles are for convenience only and are not to be used in construing or interpreting this Agreement.

GOVERNING LAW. This Agreement shall be governed by the laws of the state of Texas except to the extent that federal law is controlling.

By signing this Agreement, Financial Institution and each Consenting Party acknowledge reading, understanding and agreeing to all of its provisions.

CONSENTING PARTIES:

By: **Manuela Galvan Garza** Date **05/18/2020**
Its: **Owner**

FINANCIAL INSTITUTION:

Texas National Bank

By: **Edna R. Martinez** Date **05/18/2020**
Its: **Senior Vice-President**

FIRE INSPECTION REPORT

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

DATE 07-08-2020 ^{2019 - 2020} INSPECTION REINSPECTION
FACILITY NAME: Stack's Floor Shop
PHYSICAL & MAILING ADDRESS: 310 E. Texas Ave.
PHONE # 956 514 1182 OWNER/MANAGER: Manuel Lopez

TYPE OF INSPECTION:	OCC. CLASS	TEST
ROUTINE <input checked="" type="checkbox"/> ANNUAL	CONST. TYPE: _____ SQ FT _____	GAS LINE PRESSURE
FACILITY FIRE DRILL	# FLOORS _____ SPR S P	HYDROSTATIC PRESSURE
ROUGH-IN COMPLAINT	HYDRANT LOC. _____	SPR S P
FINAL PLAN REVIEW	SPR/S.P. CONN. _____	HOOD SYSTEM/NFPA &
	SPEC. HAZ.: _____	MECHANICAL CODE

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

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

REMARKS Everything is in order at this time

☒ COMPLIES WITHIN CODE TODAY ☐ DOES NOT COMPLY AT THIS TIME ☐ WILL REINSPECT BY _____

Manuel Lopez
OWNER/OCCUPANT

R. Lopez 609
FIRE MARSHAL/FIRE INSPECTOR

SUCH CONDITIONS ARE VIOLATIONS OF EITHER CITY OR STATE FIRE PREVENTION REGULATIONS. PLEASE CORRECT HAZARDOUS AND HFLP PREVENT FIRES. NON-COMPLIANCE IS SUBJECT TO PENALTIES UNDER CITY & STATE REGULATIONS.

5. Discussion and Action: Melva Escobar Garza, \$3000



Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 9/25/20
Re: Mercedes Small Business Grant Program

Recommendation:

Manuela Garza – Approve 3K
Melva Escobar Pedraza – Approve 3K
Juan Otero – Approve 3K
Dora Garcia – Approve 5K
Rachel Hinojosa – Approve 5K

Mercedes Small Business Recovery Assistance Grant Program

APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

First/Last Name of person completing this application: Melva Escobar Pedruza
Name of Business: Mexican Advertising
Business Type: Retail
Address of Business: 5001 East US Expressway 83 space #1 Mercedes, TX 78570
Email Address: melvaelnorte@yahoo.com Phone Number: (956) 648-0787 cel.

BUSINESS OWNERSHIP

Tax ID #: 83-3858738
Entity Name: Mexican Advertising
Name of business owner (if different from above): Melva Escobar Pedruza
Number of years in business: 1 year

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

PERSONNEL

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

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

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

Yes — No ✓

Yes ☒ No ☐

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

[illegible]

3.

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.

(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) **P**

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

☐ Other (see instructions) **P**

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

Exempt payee code (if any) _____

Exemption from FATCA reporting

code (if any) _____

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

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

5001 EAST US EXPRESSWAY 83 SUITE 750

Requester's name and address (optional)

6 City, state, and ZIP code

MERCEDES, TX 78750

7 List account number(s) here (optional)

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

Social security number

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

or

Employer identification number

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

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

Under penalties of perjury, I certify that:

- 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 Joint*

Date

8/17/2020**General Instructions**

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

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

UNITED STATES OF AMERICA
PERMANENT RESIDENT

ONE YEAR 11.4.12

Surname

ESCOBAR PEDRAZA

Given Name

MELVA

USCIS#

214-914-073

Category

IR0

Country of Birth

Mexico

Sex

F

Date of Birth

14 JAN 1967

Card Expires

11/10/28

Resident Since

11/10/18



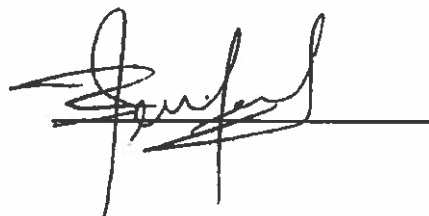


132 8 Pound, 8000 in any 100 Stamps. USPS Mail to U.S. 1 Pound 8000 100 10000
C1USA2149146737MSC1891262705<<
6701147F2811109MEX<<<<<<<<<<9
ESCOBAR<PEDRAZA<MELVA<<<<<<<<<<

To Whom It May Concern:

I hereby certify that Mrs. Otilia Pedraza Rodriguez works in Mexican Advertising receiving a weekly salary of \$384 in cash and a monthly salary of \$1,536. If any additional information is required please do not hesitate to contact me

Best regards,

A handwritten signature in black ink, appearing to be "J. S. S. S.", written over a horizontal line.

Request for Taxpayer Identification Number and Certification

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

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

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

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

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
4913 La Vista St.

6 City, state, and ZIP code
McAllen, Tx. 78501

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

83-3858738

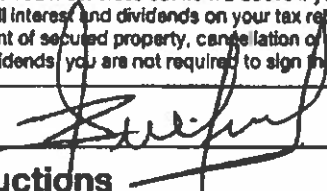
Part II Certification

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 this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ 

Date ▶ **8-19-2020**

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.

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

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

Your first name and middle initial Last name Your social security number
Melva Escobar Pedraza 046-45-4532

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

4913 La Vista St
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
McAllen, TX 78501
Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ☐

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
		b	Taxable int. Att. Sch. B if reqd.
3a	Qualified dividends	3a	
		b	Ordinary div. Att. Sch. B if reqd.
4a	IRA distributions	4a	
		b	Taxable amount
c	Pensions and annuities	4c	
		d	Taxable amount
5a	Social security benefits	5a	
		b	Taxable amount
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	
7a	Other income from Schedule 1, line 9	7a	12,748.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	12,748.
8a	Adjustments to income from Schedule 1, line 22	8a	901.
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	11,847.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0	11b	0.

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

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

Form 1040 (2019)

12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814	12a	0.
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		
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	1,801.
16 Add lines 14 and 15. This is your total tax	16	1,801.
17 Federal income tax withheld from Forms W-2 and 1099	17	
18 Other payments and refundable credits:		
a Earned income credit (EIC)	18a	286.
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	286.
19 Add lines 17 and 18e. These are your total payments	19	286.

Refund

Direct deposit?
See instructions.

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. <input type="checkbox"/>	21a	
b Routing number		c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d Account number		
22 Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	1,515.
24 Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

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

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

Sign Here

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if
Ricardo V Reyna	Ricardo V Reyna		P01333527	<input checked="" type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.		<input checked="" type="checkbox"/> Self-employed	
Andy & Bertie Villarreal Tax	361-883-1441			
Firm's address	Firm's EIN			
3141 Morgan Avenue				
Corpus Christi, TX 78405-2161				

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019

Attachment
Sequence No. 01

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

Melva Escobar Pedraza

Your social security number

046-45-4532

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	12,748.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	12,748.

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	901.
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	901.

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

Melva Escobar Pedraza

Your social security number

046-45-4532

Part I Tax

1	Alternative minimum tax. Attach Form 6251.	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,801.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	1,801.

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **09**

Name of proprietor Melva Escobar Pedraza		Social security number (SSN) 046-45-4532
A Principal business or profession, including product or service (see instructions) Advertising		B Enter code from instructions 541800
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.) 83-3858738
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input checked="" 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	115,054.
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	115,054.
4 Cost of goods sold (from line 42)	4	79,410.
5 Gross profit. Subtract line 4 from line 3	5	35,644.
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	35,644.

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

8 Advertising	8		18 Office expense (see instructions)	18	577.
9 Car and truck expenses (see instructions)	9	10,816.	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	3,000.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	458.
16 Interest (see instr.):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b	540.	b Deductible meals (see instructions)	24b	132.
17 Legal and professional services	17		25 Utilities	25	360.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	7,013.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			28	22,896.
29 Tentative profit or (loss). Subtract line 28 from line 7.	29			29	12,748.
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			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			31	12,748.

32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.
---	---

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory. a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36 79,410.
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40 79,410.
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 79,410.

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 3/01/19

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

a Business 18,648 b Commuting (see instructions) _____ c Other 10,043

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

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

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

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

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

Accounting	325.
Bank Charges	180.
Internet	840.
Outside Services	4,800.
Postage	131.
Printing	185.
Telephone	552.
48 Total other expenses. Enter here and on line 27a	48 7,013.

SCHEDULE SE
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **17**

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

Melva Escobar Pedraza

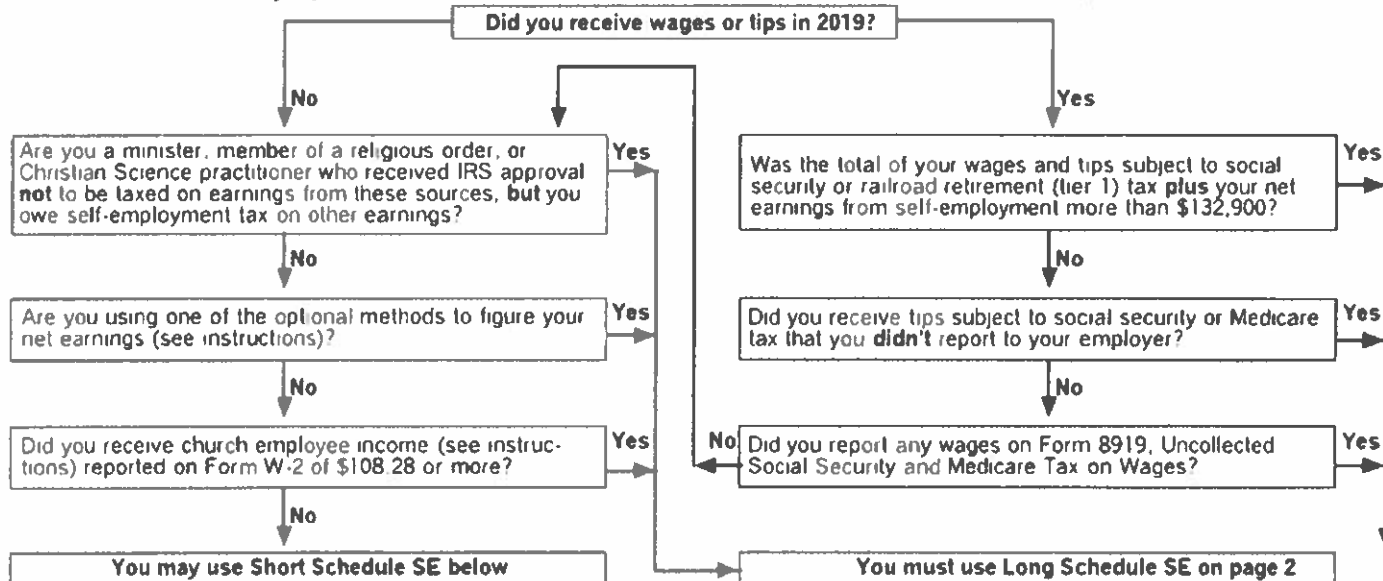
Social security number of person
with self-employment income ►

046-45-4532

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

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

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



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

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1 b	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	12,748.
3 Combine lines 1a, 1b, and 2	3	12,748.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	11,773.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	5	1,801.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	901.

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

Schedule SE (Form 1040 or 1040-SR) 2019

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Department of the Treasury
Internal Revenue Service▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Melva Escobar Pedraza

Your taxpayer identification number

046-45-4532

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Melva Escobar Pedraza	83-3858738	11,847.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	11,847.	
3	Qualified business net (loss) carryforward from the prior year	3	0.	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	11,847.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		2,369.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	0.	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		2,369.
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		0.
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		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16		0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17		0.

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

Form 8995 (2019)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC)) and Head of Household (HOH) Filing Status
 ▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2019Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Melva Escobar Pedraza

Taxpayer identification number

046-45-4532

Enter preparer's name and PTIN

Ricardo V Reyna P01333527**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I—V for the benefit(s) claimed (check all that apply).

☒ EIC☐ CTC/ACTC/ODC☐ AOTC☐ HOH

- 1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?
- 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?
- 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)
- 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)
- a Did you make reasonable inquiries to determine the correct, complete, and consistent information?
- b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)
- 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)
- List those documents, if any, that you relied on.

- 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?
- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?
- (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
- a Did you complete the required recertification Form 8862?
- 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed.
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*:
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Discussion and Action: Mercedes Small Business Recovery Grant- Juan Otero, \$3000



Memo

To: DCM Board of Directors
From: Rose Saenz
CC: Melissa Ramirez, Executive Director
Date: 9/25/20
Re: Mercedes Small Business Grant Program

Recommendation:

Manuela Garza – Approve 3K
Melva Escobar Pedraza – Approve 3K
Juan Otero – Approve 3K
Dora Garcia – Approve 5K
Rachel Hinojosa – Approve 5K

Mercedes Small Business Recovery Assistance Grant Program

APPLICATION

Please complete the application and answer every question shown below. The Mercedes DCM requests that each business enter a response in EACH of the required fields below.

CONTACT INFORMATION

First/Last Name of person completing this application: Juan P. Otero
Name of Business: Yi & Ye's Ice cream
Business Type: Retail
Address of Business: 5001 E. Expressway (space #47) Mercedes Tx 78570
Email Address: juan1962otero@hotmail.com Phone Number: 956) 483 0195
483-9624

BUSINESS OWNERSHIP

Tax ID #: 3-20399-6838-6
Entity Name: Yi & Ye's Ice cream
Name of business owner (if different from above): _____
Number of years in business: 3

BUSINESSES THAT ARE INELIGIBLE TO APPLY

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

PERSONNEL

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

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

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

Yes _____ No X

Is your business operated as a sole proprietorship?

Yes X No _____

USE OF FUNDS

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

_____ Rent/mortgage payment. List specific amount. \$ 1453 =

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

_____ Employee support (salaries, insurance, paid leave) \$ 1200 =

_____ 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 \$ 2653 =

Total Grant amount requested from Mercedes DCM: \$ 2653 =

(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: Wells Fargo

Name of your Bank Officer: Jesus Villalpando

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

If no, why not?

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

If not, why not?

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 _____

Written: _____
Legal Representative

Title

Signed: _____
Legal Representative

Title

Signed as Individual: _____

Date 08-21-2020

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

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. Juan P. Otero	
2 Business name/disregarded entity name, if different from above Yi & Ye's Ice Cream	
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) ► <small>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.</small> <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>Applicable to accounts maintained outside the U.S.</small>
5 Address (number, street, and apt. or suite no.) See instructions. 802 Turtle Dr.	Requester's name and address (optional)
6 City, state, and ZIP code Mission, Tx	
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	
454 - 97 - 6940	
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

Date ►

08-21-2020

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

**Request for Taxpayer
Identification Number and Certification**

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
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.
5001 EAST US EXPRESSWAY 83 SUITE 750

6 City, state, and ZIP code
MERCEDES, TX 78750

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholdings. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part 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 Here Signature of U.S. Person **See signature** Date **8/17/2020**

General Instructions

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

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

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.

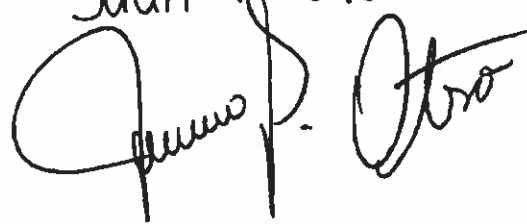
Provided Pursuant to Reg §31.3406(h)-3. Certificates

Cat. No. 10231X Form W-9 (Substitute Form)

To whom it may concern:

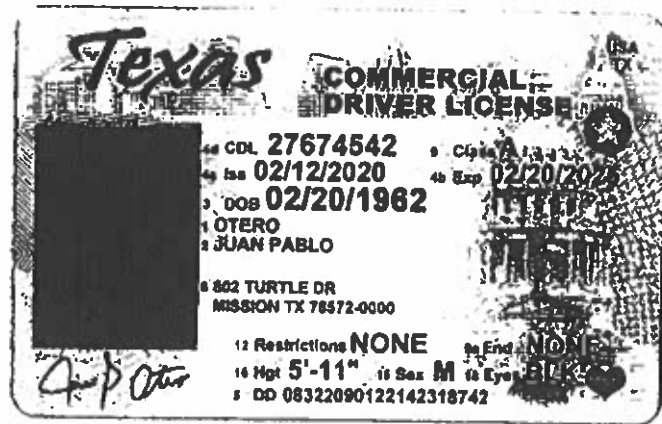
I hereby certify that Mrs. Kenia Otero works in Yiye's Ice cream, receiving a weekly payment of \$300⁼ (three hundred and 00/100) in cash and a monthly of \$1,200⁼ (one thousand two hundred and 00/100). If any additional information is required please do not hesitate to contact me.

Best regards.

Juan P. Otero.


SIMON PROPERTY GROUP
Tenant Ledger Excludes SECD & PRPD
For DBA Number/Name: 908927 - Yi & Ye's Ice Cream Kiosk

Project ID	Lease Number	DBA Number/DBA Name	Document Number	Document Type	GL Date	Receipt Number	Receipt Date	Pay Item	Bill Code	Billed Amount	Payment Amount	Write Off	Open Amount	Unapplied Cash
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3154568	RD	9/3/2019			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3154568	RD	9/3/2019	0167	9/3/2019	001	KSKR		-25.00	0.00		
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3154568	RD	9/3/2019	00166	9/9/2019	001	KSKR		-1,428.00	0.00		
			Total 3154568							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3171009	RD	10/1/2019			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3171009	RD	10/1/2019	00188	10/8/2019	001	KSKR		-1,453.00	0.00		
			Total 3171009							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3188976	RD	11/1/2019			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3188976	RD	11/1/2019	00171	11/8/2019	001	KSKR		-1,453.00	0.00		
			Total 3188976							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3208078	RD	12/1/2019			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3208078	RD	12/1/2019	00174	12/8/2019	001	KSKR		-1,453.00	0.00		
			Total 3208078							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3228025	RD	1/2/2020			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3228025	RD	1/2/2020	00175	1/14/2020	001	KSKR		-1,453.00	0.00		
			Total 3228025							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3243477	RD	2/3/2020			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3243477	RD	2/3/2020	00180	2/6/2020	001	KSKR		-1,453.00	0.00		
			Total 3243477							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3259873	RD	3/2/2020			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3259873	RD	3/2/2020	00181	3/5/2020	001	KSKR		-1,453.00	0.00		
			Total 3259873							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3279855	RD	4/1/2020			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3279855	RD	4/1/2020		5/15/2020	001	KSKR		-1,453.00	0.00		
			Total 3279855							1,453.00	-1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3292244	RD	4/30/2020			001	KSKR	-1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3292244	RD	4/30/2020		5/15/2020	001	KSKR		1,453.00	0.00		
			Total 3292244							-1,453.00	1,453.00	0.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3302599	RD	5/1/2020			001	KSKR	1,453.00			0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3302599	RD	5/1/2020	72017	7/13/2020	001	KSKR		0.00	-1,453.00		
			Total 3302599							1,453.00	0.00	-1,453.00	0.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3318882	RD	6/1/2020			001	KSKR	1,453.00			728.50	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3318882	RD	6/1/2020	00187	6/8/2020	001	KSKR		-728.50	0.00		
			Total 3318882							1,453.00	-728.50	0.00	728.50	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3331727	RD	7/1/2020			001	KSKR	1,453.00			953.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3331727	RD	7/1/2020	00190	7/8/2020	001	KSKR		-500.00	0.00		
			Total 3331727							1,453.00	-500.00	0.00	953.00	
7908	04984659	908927 - Yi & Ye's Ice Cream Kiosk	3349067	RD	8/3/2020			001	KSKR	1,453.00			1,453.00	
			Total 3349067							1,453.00			1,453.00	
Total 908927 - Yi & Ye's Ice Cream Kiosk										-11,397.50	-1,453.00	-1,453.00	3,132.50	
MAIN TOTAL:										-11,397.50	-1,453.00	-1,453.00	3,132.50	



Juan Otero

Yiye's ice cream

Mercedes Oulets.

Thanks Melissa.



2107-642 202001130

TEXAS ROADSIDE ASSISTANCE 1-800-515-5555

☐ Directive to physician
has been filed at tol 2

☐ Emergency
contact number

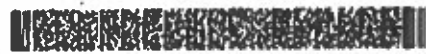
☐ Allergic reaction
to drugs

CLASS: A-Comb veh w/ GVWR ≤ 20,001 lbs provided towed veh ≤ 10,001 lbs

RESTRICTIONS - NONE

ENDORSEMENTS:

NONE



REV. 10/9/2014

RECEIPT

No. 579001

DATE

3/3/20

March

This is what I usually
pay for rent. \$1453⁰⁰

April

The outlets were closed, so I
didn't pay for these months.

May

☒ Track your expenses
☐ Clothing ☐ Food
☐ Credit Card ☐ Utilities
☐ Entertainment ☐ Insurance

☐ Transportation
☐ Mortgage
☐ Other

03-03-20

181

CPG Mercedes, L.P.

one thousand four hundred fifty three and 00/100

Espocio # 47

BALANCE
FORWARD

THIS ITEM

1453⁰⁰

BALANCE

OTHER

BALANCE
FORWARD

For added security, your name and account number do not appear on this copy.

NOT NEGOTIABLE

RECEIPT

No. 579001

DATE

3/3/20

June - I re-open and paid a partial amount.

Track your expenses

- | | | |
|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Utilities | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other |

TAX DEDUCTIBLE ITEM

06-03-20

187

CPG Mercedes L P

Seven hundred twenty six and 50/100

Esposito #47

BALANCE
FORWARD

THIS ITEM

BALANCE

DEPOSIT

OTHER

BALANCE
FORWARD

726.50

NOT NEGOTIABLE

For added security, your name and account number do not appear on this copy

RECEIPT

No. 579001

DATE

3/3/20

July and August.

It's hard for me to pay the rent so we got an agreement.

* I pay \$500⁰⁰ but, I only open weekends.

I will be back to pay 1'453⁰⁰ after this situation ends and the outlets open at regular hours.

Track your expenses...

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Utilities | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other |

☐ PAY-REDUCIBLE ITEM

07-03-20

190

C.P.G Mercedes L.P.
Five hundred and 00/100

Espocio #47 Ice Cream

BALANCE

FORWARD

THIS ITEM

BALANCE

DEBIT

OTHER

BALANCE

FORWARD

190

500⁰⁰

00/100

NOT NEGOTIABLE

For added security, your name and account number do not appear on this copy.

RECEIPT

No. 579001

DATE

3/3/20

Agost

☐ Track your expenses...

☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other:

☐ TAX DEDUCTIBLE ITEM

193

08-21-20

C/G Mercedes L.P.
Five hundred and 00/100

BALANCE
FORWARD

THIS ITEM

DEPOSIT

DEPOSIT

DEPOSIT

DEPOSIT

DEPOSIT

Espresso #47 Ice Cream

For added security, your name and account number do not appear on this copy

NOT NEGOTIABLE

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

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

Your first name and middle initial JUAN P		Last name OTERO	Your social security number 454-97-6940
If joint return, spouse's first name and middle initial KENIA Z		Last name OTERO	Spouse's social security number 481-27-3680
Home address (number and street). If you have a P.O. box, see instructions. 802 TURTLE DR			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MISSION TX 78572			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
			If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
MIGUEL A	OTERO	480-35-5306	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MARBELLA I	OTERO	481-37-8028	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2.	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	24,201
b	Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income. ▶	7b	24,201
8a	Adjustments to income from Schedule 1, line 22	8a	1,618
b	Subtract line 8a from line 7b. This is your adjusted gross income. ▶	8b	22,583
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	0
11a	Add lines 9 and 10	11a	24,400
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0

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

Form 1040 (2019)

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	
b	Add Schedule 2, line 3, and line 12a and enter the total.	12b	
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	
15	Other taxes, including self-employment tax, from Schedule 2, line 10.	15	3,236
16	Add lines 14 and 15. This is your total tax.	16	3,236
17	Federal income tax withheld from Forms W-2 and 1099.	17	
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	5,828
b	Additional child tax credit. Attach Schedule 8812.	18b	2,800
c	American opportunity credit from Form 8863, line 6.	18c	
d	Schedule 3, line 14.	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits.	18e	8,628
19	Add lines 17 and 18e. These are your total payments.	19	8,628
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid.	20	5,392
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here.	21a	5,392
b	Routing number Bank Product	c Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number applied for		
22	Amount of line 20 you want applied to your 2020 estimated tax.	22	
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions.	23	
24	Estimated tax penalty (see instructions).	24	

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

Refund

Direct deposit?
See instructions.

Amount You Owe**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 you an Identity Protection PIN, enter it here (see inst.)

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

JESUS ALVARADO

Preparer's signature

Date

02/23/2020

PTIN

P00277293

Check if:

☐ 3rd Party Designee

☒ Self-employed

Firm's name ▶ ALVARADO TAX SVC

Phone no. 712-258-0554

Firm's address ▶ 321 W 15TH ST SIOUX CITY IA 51103

Firm's EIN ▶

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor JUAN P OTERO		Social security number (SSN) 454-97-6940
A Principal business or profession, including product or service (see instructions) ice cream sales		B Enter code from instructions 722515
C Business name. If no separate business name, leave blank. yi yes		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
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"/> Yes <input checked="" type="checkbox"/> No
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 checked="" 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 39,634
2 Returns and allowances	2
3 Subtract line 2 from line 1	3 39,634
4 Cost of goods sold (from line 42)	4
5 Gross profit. Subtract line 4 from line 3	5 39,634
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 39,634

Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising	8
9 Car and truck expenses (see instructions)	9 14,129
10 Commissions and fees	10
11 Contract labor (see instructions)	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15
16 Interest (see instructions):	
a Mortgage (paid to banks, etc.)	16a
b Other	16b
17 Legal and professional services	17
18 Office expense (see instructions)	18
19 Pension and profit-sharing plans	19
20 Rent or lease (see instructions):	
a Vehicles, machinery, and equipment	20a
b Other business property	20b
21 Repairs and maintenance	21 2,601
22 Supplies (not included in Part III)	22
23 Taxes and licenses	23
24 Travel and meals:	
a Travel	24a
b Deductible meals (see instructions)	24b
25 Utilities	25
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 16,730
29 Tentative profit or (loss). Subtract line 28 from line 7	29 22,904
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 22,904
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	
32a <input type="checkbox"/> All investment is at risk.	
32b <input type="checkbox"/> Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42		

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

43	When did you place your vehicle in service for business purposes? (month, day, year)	► 01/01/2018
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	24360
b	Commuting (see instructions)	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

48	Total other expenses. Enter here and on line 27s	48	
----	--	----	--

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

2019Submission Identification Number (SID) **42272420200551002308**

Taxpayer's name

JUAN P OTERO

Social security number

454-97-6940

Spouse's name

KENIA Z OTERO

Spouse's social security number

481-27-3680**Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)**

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	22,583
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	3,236
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	5,392
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize ALVARADO TAX SVC to enter or generate my PIN
ERO firm name
as my signature on my tax year 2019 electronically filed income tax return.

45497Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ **02/23/2020**

Spouse's PIN: check one box only

☒ I authorize ALVARADO TAX SVC to enter or generate my PIN
ERO firm name
as my signature on my tax year 2019 electronically filed income tax return.

45497Enter five digits, but
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ **02/23/2020****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

42272442272

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ **02/23/2020****ERO Must Retain This Form — See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879** (2019)

BCA

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Name of proprietor JUAN P OTERO		Social security number (SSN) 454-97-6940
A Principal business or profession, including product or service (see instructions) ice cream sales		B Enter code from instructions 722515
C Business name. If no separate business name, leave blank. yi yes		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
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	39,634
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	39,634
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	39,634
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	39,634

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	14,129	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	2,601
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b Reserved for future use	27b	
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	22,904	28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	16,730
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	22,904
			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.		
			32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		
			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42		

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

43	When did you place your vehicle in service for business purposes? (month, day, year)	► 01/01/2018
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
	a Business	24360
	b Commuting (see instructions)	
	c Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

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

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

JUAN P & KENIA Z OTERO

Your social security number

454-97-6940

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	22,904
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 ▶ 1099k	8	1,297
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	24,201

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	1,618
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	1,618

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

Schedule 1 (Form 1040 or 1040-SR) 2019

BCA

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

JUAN P & KENIA Z OTERO

Your social security number

454-97-6940

Part I Tax

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

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	3,236
6 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a Household employment taxes. Attach Schedule H	7a	
b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9 Section 965 net tax liability installment from Form 965-A	9	
10 Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 15	10	3,236

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

Schedule 2 (Form 1040 or 1040-SR) 2019

8CA

Name: JUAN P & KENIA Z OTERO

SSN: 454-97-6940

	TSJ	Amount
1 Gambling winnings from Form W-2G		
2 Form 1099-MISC, lines 3, 7, and 8		
3 Taxable distributions from education savings accounts (ESAs) and QTPs		
4 Recovery of itemized deductions		
5 Foreign income exclusion from Form 2555, line 45		
6 Excess business losses from Form 461		
7 Income addition from Form 6478, line 2		
8 Income addition from Form 8814, line 12		
9 Taxable Archer MSA distributions from Form 8853, line 8		
10 Taxable Medicare Advantage MSA distributions from Form 8853, line 12		
11 Taxable long-term care insurance contract payments from Form 8853, line 26		
12 Taxable HSA distributions from Form 8889, line 16		
13 Income for failure to maintain HDHP coverage from Form 8889, line 20		
14 Jury duty pay		
15 NOL carried forward - enter as a negative amount		
16 Medicaid waiver payments to a care provider incorrectly reported on Form W-2		
17 Describe - 1099k	t	1,297
18 Describe -		
19 Describe -		
20 Describe -		
21 Describe -		
22 Describe -		
23 Describe -		
24 Describe -		
25 Describe -		
26 Describe -		
27 Describe -		
28 Describe -		
29 Describe -		
30 Describe -		
31 Total other income		1,297

SCHEDULE EIC
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

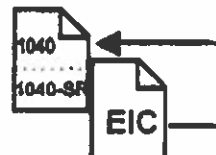
JUAN P & KENIA Z OTERO

Earned Income Credit

Qualifying Child Information

▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**

▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2019

Attachment
Sequence No. **43**

Your social security number
454-97-6940

Before you begin:

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



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

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	MIGUEL A	OTERO	MARBELLA I	OTERO		
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	480-35-5306		481-37-8028			
3 Child's year of birth	Year <u>2004</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2006</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON		DAUGHTER			
6 Number of months child lived with you in the United States during 2019 • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		<u> </u> months Do not enter more than 12 months.	

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

BCA

Schedule EIC (Form 1040 or 1040-SR) 2019

SCHEDULE 8812
(Form 1040 or 1040-SR)

Additional Child Tax Credit

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2019

Attachment
Sequence No. 47

Department of the Treasury
Internal Revenue Service (89)

Name(s) shown on return

JUAN P & KENIA Z OTERO

Your social security number

454-97-6940

Part I All Filers

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

1 If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise:			
1040 and	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a).	}	1 4,000
1040-SR filers:			
1040-NR filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).		
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49.	2	
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit.	3	4,000
4	Number of qualifying children under 17 with the required social security number: 2 x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit.	4	2,800
TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.			
5	Enter the smaller of line 3 or line 4.	5	2,800
6a	Earned income (see instructions).	6a	21,286
b	Nontaxable combat pay (see instructions).	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result.	7	18,786
8	Multiply the amount on line 7 by 15% (0.15) and enter the result. Next, on line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	2,818

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	9	
10	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10.	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-.	13	
14	Enter the larger of line 8 or line 13. Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit.	15	2,800
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Enter this amount on Form 1040, line 18b; Form 1040-SR, line 18b; or Form 1040-NR, line 64.

SSN: 481-37-8028

A		B	
Yes	No	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Household Expenses for the Year 2019		Your home	Other home
a	Lodging		
b	Food		
c	Utilities and telephone		
d	Repairs		
e	Other		
f	Total expenses		
g	Number of occupants		
h	Cost per occupant		

a	Your home		
b	Other home		
c	Clothing		
d	Personal grooming		
e	Medical and dental		
f	Education		
g	Child care		

l	Contributions		
j	Travel and recreation		
k	Capital items		
i	Other		
m	Total support		
n	Amount contributed by the individual and others		

a	Gross income		
b	Exempt or excludable income		
c	Line a + line b		
d	Funds not used for support		
e	Line d - line c. Also enter on line 8n		

USDOOEP1

US Child Tax Credit, and credit for other dependents Federal Extension Payment, and Carryovers Worksheet 2019

Name: JUAN P & KENIA Z OTERO

SSN: 454-97-6940

Child Tax Credit (CTC) / Credit for Other Dependents (ODC)

1	\$2,000 X	2	qualifying children for child tax credit		4,000
2	\$500 X		dependents that qualify for the other dependent credit		
3	Add lines 1 and 2				4,000
4	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico			22,583	
5	Modified AGI limitation \$400,000 married filing jointly; \$200,000 all others			400,000	
6	Subtract line 5 from line 4. If -0-, go to line 7. If more than zero, round up to next \$1,000				
7	Multiply line 6 by 5%				
8	Maximum child tax credit and other dependent credit. Subtract line 6 from line 1. You cannot take either credit if this amount is -0-				4,000
9	Amount from Form 1040, line 11, or Form 1040NR, line 45				
10	Credits for foreign tax, dependent care, education, retirement savings, residential energy (Part II), plug-in electric drive motor vehicles, mortgage interest, and elderly				
10	Subtract line 10 from line 9				
11	Child tax credit and credit for other dependents				0

Amount paid with Federal extension (Form 4888 or 2350)

Carryovers from 2019 to 2020

1	Section 179 expense disallowed, Form 4562, accumulative total				
2	Net operating loss from 2019 only, Form 1045				
	Amount carried forward from 2018. Listed on Form 1040, line 21, or Form 1040NR, line 21				
3	2019 charitable contributions. Organization limit:				
	Cash 60%	Cash or other property 50%	30%	Capital Gain 30%	20%
4	Investment interest expense, Form 4952, accumulative total				
5	Foreign tax credit from 2019 only, Form 1118. Enter amount carried back, if any				
		2017	2018	2019	
6	Mortgage interest credit, Form 8396				
7	DC first-time homebuyer credit, Form 8859				
8	Prior year minimum tax credit, Form 8801, cumulative total				
9	AMT limited qualified electric vehicle credit from 2019 only				
10	Nonrecaptured net section 1231 losses				
	2015	2016	2017	2018	2019
11	Excess business loss from 2019 only				
12	Qualified business net loss from 2019				
	Amount carried forward from 2018. Used on Form 8995 or 8995-A				
13	Total qualified REIT dividends and PTP loss from 2019				
	Amount carried forward from 2018. Used on Form 8995 or 8995-A				

Name: JUAN P & KENIA Z OTERO

SSN: 454-97-6940

Gross Income	2017	2018	2019
Wages and salaries	24,730	6,130	
Interest and dividends			
Business income	798	20,350	22,904
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			1,297
Total gross income	25,528	26,480	24,201
Adjustments to income	56	1,438	1,618
Adjusted gross income	25,472	25,042	22,583
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions	12,700	24,000	24,400
Exemptions	16,200		
Qualified business income deduction	0	208	0
Taxable income	-3,428	834	-1,817
Tax (2019 - 1040, line 11)	0	84	0
Alternative minimum tax			
Other taxes	112	2,875	3,236
Credits and Payments			
Credits		84	
Withholding	1,863	156	
EIC and Additional Child Tax Credit	7,291	8,374	8,628
Estimated tax payments			
Other payments			
Total credits and payments	9,154	8,614	8,628
Tax liability after credits	112	2,875	3,236
Estimated tax penalty			
Refund or (Balance Due)	9,042	5,655	5,392
Federal marginal tax bracket	10.0 %	10.0 %	10.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2019: